

SILENT SUFFERING OF INTIMATE PARTNER VIOLENCE, DEPRESSION AND SUICIDALITY: DISCLOSURE OF COVERT AGGRESSIVE BEHAVIOURS VIA ONLINE SURVEY

Yuhaniz Ahmad ^{1, 2}, Nabihah Ahamad Fouzi ¹ & Salmi Razali ^{1*}

¹Department of Psychiatry, Hospital Al-Sultan Abdullah, Faculty of Medicine, Universiti Teknologi MARA (UiTM), Selangor, Malaysia.

²School of Quantitative Sciences, Universiti Utara Malaysia (UUM) Sintok Kedah, Malaysia

*Corresponding author: drsalmi@uitm.edu.my

ABSTRACT

Living in a traditional society, where speaking about negative behaviours of a partner is often frowned upon, makes it harder to discuss Intimate Partner Violence (IPV). This secrecy creates stigma, continues the cycle of violence, and keeps people from seeking help, leading to mental health issues. In Malaysia, police statistics show a serious prevalence of IPV each year, but these numbers likely only show a small part of the actual problem. Many cases of IPV go unreported or are not fully documented, making it hard to assess how common it is accurately. This study aims to fill those gaps. The research used an online survey conducted through Google Forms and shared on social media. Participants included adults aged 18 and older who speak Malay, are currently in an intimate relationship, and have internet access. This study used the Women Abuse Screening Tool (WAST) to evaluate IPV and the Patient Health Questionnaire (PHQ-9) to assess depression. The researchers performed descriptive analysis to find the prevalence of IPV and depression, and correlation analysis to examine how the two are related. The connection between IPV and suicidal behaviours were measured using Subscale 9 of the PHQ-9. Out of 3,120 participants, 875 (28%) reported experiencing depression. More than half reported physical (65.4%), emotional (66.3%), or sexual (69.2%) violence. The study found a positive correlation between IPV and depression ($r=0.180$; $p<0.001$), and a significant association between IPV and suicidal behaviours ($F=53.767$; $p<0.001$). These findings show that digital screening tools can help shape future policies and interventions. The high levels of IPV reported by both men and women in Malaysia highlight the urgent need for action. IPV increases the chances of depression and raises the risk of suicidal behaviours. These results are important for public health policies and support the need to include IPV mental health screenings on national digital health platforms. Working together with various groups, including government and non-governmental organisations (NGOs), is crucial to ending IPV and providing support to vulnerable people. Additionally, this research adds to the growing understanding of hidden IPV, especially in traditional societies, by confirming that digital methods can help identify hidden abuse.

Keywords: Intimate partner violence, depression, suicide, emotional violence, sexual violence, physical violence

INTRODUCTION

According to the World Health Organisation (WHO, 2023), an estimated 3.8 per cent of the global population—approximately 280 million individuals—are affected by depression. This statistic encompasses 5.7 per cent of individuals aged over 60 and 5 per cent of adults overall, with a prevalence of 4 per cent among males and 6 per cent among females. Notably, women experience depression nearly 50 per cent more frequently than men. The report also highlights that over 10 per cent of women who are pregnant or have recently given birth exhibit symptoms of depression on a global scale. Severe depression can lead to tragic outcomes, including suicide, which claims approximately 700,000 lives each year (WHO, 2023).

In Malaysia, the National Health, and Morbidity Survey (NHMS, 2023) indicates that around 4.6 per cent of adults reported experiencing depressive symptoms in the most recent nationwide survey. Alarming, the prevalence of depression among Malaysians aged 16 and older has doubled since the 2019 NHMS, which recorded a rate of 2.3 per cent. Additionally, approximately 43.6 per cent of those suffering from depression have reported experiencing thoughts of self-harm or suicidal ideation (NHMS, 2023). Research consistently demonstrates that depression affects more females than males, highlighting the need for targeted interventions and support.

While various bio-psychosocial aspects may contribute to depression and suicidal behaviours, one of the most important factors is intimate partner violence (IPV). In a recent systematic review of global research on mental health outcomes of IPV involving 201 studies, which include 250,599 women, it has been suggested that the lifetime psychological violence was the most prevalent form of IPV (White et al., 2024). The review indicated an increase in the tendency for depression, post-traumatic stress disorder (PTSD), and suicidality among women who experience IPV. In Malaysia, according to a systematic review and qualitative synthesis of local studies, the prevalence of IPV in this country ranges between 4.94 to 35.9 per cent (Kadir Shahar et al., 2020). A wide range of prevalence may occur due to differences in the population, settings, procedures, and tools used in the studies. Like the global finding, emotional abuse is the most common type of abuse experienced by the survivors of IPV in this country (Kadir Shahar et al., 2020; Shuib et al., 2013).

Researching IPV is challenging due to its elusive and hidden nature. It is a taboo subject in many societies and is primarily confined to close relationships. A recent scoping review and synthesis of literature on subtle forms of abuse indicates that IPV often manifests as covert behaviour. This behaviour intertwines with both violence and expressions of love or care, making it easily excused and perceived as a regular part of a relationship. Consequently, it becomes difficult to describe and may even occur at sub-threshold levels, complicating detection (Parkinson, Jong, & Hanson, 2024). In low- and middle-income countries, review studies highlight that stigma surrounding IPV is prevalent, further complicating the disclosure of this covert behaviour (Murvartian et al., 2024). Patriarchal gender roles, the normalisation of IPV, victim blaming, and the belief that violence is a personal issue exacerbate the blame, isolation, and discrimination faced by survivors. As a result, many women feel ashamed, perceive themselves as less valuable than they were before experiencing IPV, and often reject or minimise the abuse they endure (Murvartian et al., 2024).

In Malaysia, traditional sociocultural contexts and religious norms often discourage the disclosure of negative spousal behaviours, which reinforces the covert nature of IPV. This social environment fosters stigma, exacerbates the cycle of violence, and deters victims from seeking help, contributing to mental health issues such as depression and suicidal thoughts. Although police reports indicate alarming rates of IPV annually (Women's Aid Organisation, WAO, 2022), these figures likely represent only a fraction of the true prevalence. Therefore, this study aims to determine the prevalence of IPV,

depression, and suicidal behaviour among adults in Malaysia, describe the nature of IPV experiences, and examine the associations between these experiences and mental health outcomes.

METHODS

Study design

This research presents a cross-sectional online survey aimed at assessing the prevalence of IPV within the Malaysian public and examining its association with depression and suicidal thoughts. Recognising that IPV often takes place in discreet environments, the researchers opted for an online survey format to enhance accessibility for this specific population. The use of an online survey is particularly appropriate given the sensitive nature of IPV and the potential risks associated with face-to-face disclosures. Anonymity in online responses serves to mitigate social desirability bias and promotes higher rates of honest disclosure. Nonetheless, it is important to acknowledge the limitations inherent in convenience sampling and the possibility of selection bias.

Data collection

Data was collected through a convenience sampling technique. The survey was distributed to the public through Google Forms, which was shared on social media platforms including Facebook, Instagram, Twitter, and WhatsApp. The inclusion criteria were participants aged 18 years or older, proficient in the Malay language, in an intimate relationship, and having internet access to complete the online questionnaires. Participants were informed of the risks and benefits of the study on the introductory page. Those who agreed to participate were invited to complete the questionnaires. Implied consent was obtained when participants proceeded to the next page, where the actual survey began. To prevent multiple submissions, the Google Form settings restricted one response per browser session. Participants were advised to respond only once, and incomplete responses were excluded from analysis. Data collection was done from July 2023 to May 2024.

Measurement tools

The researchers utilised a structured questionnaire written in Malay, comprising three sections: i) socio-demographic background, ii) the Malay Version-Women Abuse Screening Tool (WAST) for screening IPV victims, and iii) Patient Health Questionnaire (PHQ-9) to assess symptoms of depression and suicidal behaviour. The initial section of the questionnaire captured socio-demographic information, including gender, ethnicity, employment, marital status, and total household income. In Malaysia, socioeconomic status is categorised into three groups: B40 (total household income less than RM4,850), M40 (total household income between RM4,850 and RM10,959), and T20 (total household income exceeding RM10,959). This section also included questions about behaviours related to substance use, such as smoking, alcohol consumption, and drug use. The Malay Version-WAST has cut-off scores equal to 15 and acceptable Cronbach's alpha (0.873), sensitivity (0.596) and specificity (0.767) (Ahmad & Razali, 2024). The first two WAST questions offered three response options: 1 (no tension/no difficulty), 2 (some tension/some difficulty) and 3 (a lot of tension/great difficulty). The remaining six WAST questions also used a 3-point scale ranging from 1 (never) to 3 (often), yielding a total score range of 8 to 24.

For assessment of depression and suicidality, the nine questions on the Patient Health Questionnaire-9 (PHQ-9) were used. It is a self-report questionnaire that is based on the nine primary depression criteria listed in the DSM-IV, and Subscale 9 of PHQ-9 was used to assess suicidal behaviour; the "thoughts of better off dead or hurting

self". As the topic involved potential psychological distress, participants were provided with a list of support services, together with addresses and hotlines at the end of the questionnaire to seek help if needed.

Data analysis

The sample size was calculated using Cochran’s formula, which suggests a sample size of $n \geq 2828$. In this study, a sample size of $n = 3120$ was collected, which exceeds the minimum requirement for detecting small to medium effect sizes. Descriptive analysis was used to determine the prevalence of IPV and depression (PHQ-9 scores). Pearson correlation was used to measure the relationship between IPV (WAST scores) and depression (PHQ-9 scores), as the assumptions of normality were satisfied. One-way ANOVA was used to examine mean differences in IPV scores across various levels of suicidality, aiming to reveal the relationship between the two. All statistical tests were performed at a significant level of 0.05. Ordinal logistic regression was applied to examine the odds of suicidality.

Ethical considerations

This study was approved by the Universiti Teknologi MARA research ethics committee in June 2023; REC/06/2023(PG/FB/12).

RESULTS

Socio-demography background

A total of 3120 participants answered the survey. Of the total participants, 1838 (58.9%) were female, and the remaining 1282 (41.1%) were male. More than half of the participants were Malays ($n=1811$; 58.0%), and Muslims ($n=1811$; 58.0%). They have at least a secondary education ($n=1506$; 48.3%) and a college or university level of education ($n=1411$, 45.2%). The majority were employed ($n=2601$; 83.4%), with about two-thirds belonging to the M40 group ($n=2078$; 66.6%), followed by the B40 group ($n=818$; 26.2%) and the T20 group ($n=224$; 7.2%). Most of the participants were married ($n=2698$; 86.5%) and the remaining were single ($n=115$; 3.7%), widowed ($n=185$; 5.9%), separated ($n=77$; 2.5%) and divorced ($n=45$; 1.4%).

Sociodemographic background	Frequency (n)	%
Gender		
Female	1838	58.9
Male	1282	41.1
Religions		
Muslim	1822	58.4
Hinduism	368	11.8
Christian	481	15.4
Others	34	1.1
No religion	415	13.3
Ethnics		
Malay	1811	58.0
Chinese	775	24.8
Indian	405	13.0
Sabah Bumiputra	44	1.4
Sarawak Bumiputra	36	1.2
Others	49	1.6

Level of Education		
No formal education	47	1.5
Primary School	156	5.0
Secondary School	1506	48.3
Higher (College or University)	1411	45.2
Employment Status		
Working	2601	83.4
Not Working	230	7.4
Retired	146	4.7
Studying	143	4.6
Household Monthly Income		
B40 (Less Than RM 4,850)	818	26.2
M40 (RM 4,850 – RM 10,959)	2078	66.6
T20 (More than RM 10, 959)	224	7.2
Marital Status		
Single	115	3.7
Married	2698	86.5
Widowed	185	5.9
Separated	77	2.5
Divorce	45	1.4

Table 1 Respondents’ Sociodemographic background

Intimate Partner Violence

As shown in Table 2, 1,643 respondents (52.7%) indicated that they experienced some level of tension in their interpersonal relationships. Furthermore, 1,872 respondents (60.0%) reported encountering challenges in resolving arguments, while 1,967 respondents (63.0%) expressed that these disputes occasionally led to feelings of being diminished or negatively impacted in terms of self-worth. When specifically inquired about their experiences with various forms of violence, over half of the participants reported having encountered physical (65.4%), emotional (66.6%), or sexual (69.2%) violence.

Experience of IPV described in WAST	n	%
W1. In general, how would you describe your relationship		
- No tension	753	24.1
- Some Tension	1643	52.7
- A lot of Tension	724	23.2
W2. Do you and your partner work out arguments with		
- No difficulty	802	20.7
- Some difficulty	1872	60.01
- Great difficulty	446	4.3
W3. Do arguments ever result in you feeling put down or bad about yourself?		
- Never	1048	33.6
- Sometimes	1967	63.0
- Often	105	3.4

W4. Do arguments ever result in hitting, kicking or pushing?		
Never	1097	35.2
Sometimes	1950	62.5
Often	73	2.3
W5. Do you feel frightened by what your partner says or does?		
Never		
Sometimes	892	28.6
Often	1982	61.5
	246	7.9
W6. Has your partner ever abused you physically?		
Never	1081	34.6
Sometimes	1984	63.6
Often	55	1.8
W7. Has your partner ever abused you emotionally?		
Never	1051	33.7
Sometimes	1967	63.0
Often	102	3.3
W8. Has your partner ever abused you sexually?		
Never	961	30.8
Sometimes	1928	61.8
Often	231	7.4

Table 2 Intimate Partner Violence Experiences

In terms of physical abuse, 55 respondents (1.8%) indicated that they were 'often' subjected to physical violence, whereas 1,984 respondents (63.6%) reported experiencing it 'sometimes.' Regarding incidents of conflict, respondents reported that these interactions resulted in hitting, kicking, or pushing 'often' (n=73; 2.3%) and 'sometimes' (n=1,950; 62.5%). Concerning emotional abuse, 102 respondents (3.3%) stated that they were 'often' victims of emotional maltreatment, while 1,967 respondents (63.0%) reported facing this form of abuse 'sometimes.' Additionally, many respondents often felt afraid due to their partner's words or actions (n=240; 7.9%), while a larger group felt this way sometimes (n=1,982; 63.5%). About sexual abuse, participants reported experiences of abuse 'often' (n=231; 7.4%) and 'sometimes' (n=1,928; 61.8%) perpetrated by their partners.

Depression and Intimate Partner Violence

Out of the total participants, 875 (28%) were diagnosed with depression, while the remaining 2,245 participants (72%) did not have depression. A positive correlation exists between Intimate Partner Violence (IPV) and depression; as the score on the WAST (which measures IPV) increases, the depression score also tends to increase ($r = 0.180$; $p < 0.001$). Please refer to Figure 1 for more details.

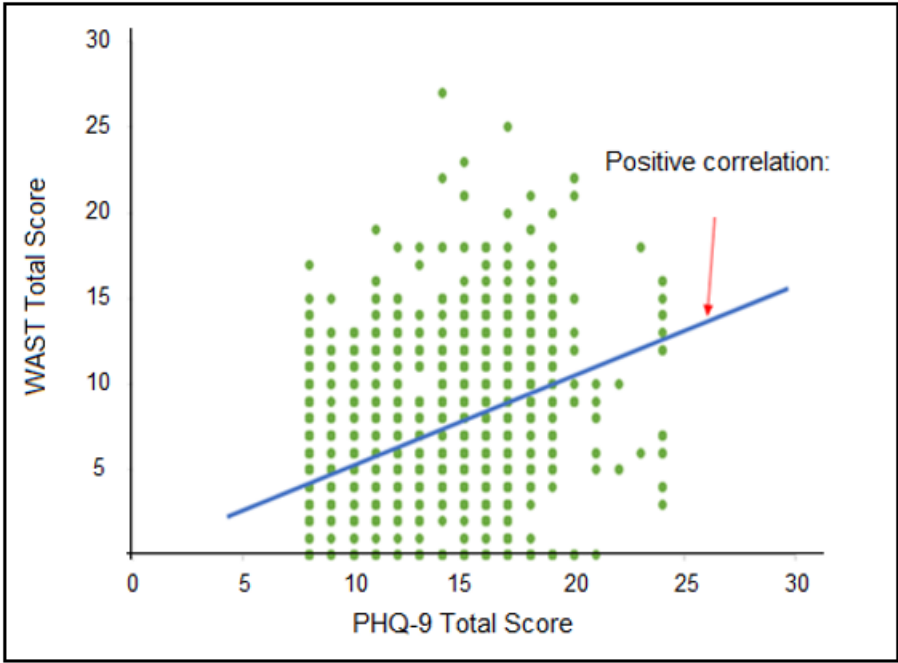


Figure 1 Linear correlation between WAST (intimate partner violence) and PHQ-9 (depression) total scores.

Suicidality and Intimate Partner Violence

As shown in Table 3, WAST scores were significantly higher among participants who reported frequent suicidal thoughts, indicating a positive association between IPV severity and suicidality. Furthermore, the result of the F-test in Table 3 indicates that there is a significant association between IPV and suicidality ($F=53.767$; $p<0.001$).

Table 3 Association Between IPV and Level of Suicidal Thoughts

Suicidality			WAST Score		ANOVA Test	
Frequency	n	%	Mean	SD	F	p-value
Not at all	1314	42.1	14.21	3.514	53.767	$p<0.001^*$
Several days	1245	39.9	14.46	3.515		
More than half the day	468	15.0	16.39	2.313		
Nearly everyday	93	3.0	15.60	2.763		

Notes: WAST= Women Abuse Screening Tool; SD= Standard Deviation; * denotes ANOVA Test (F) is significant at the 5% level of significance

Predictors of suicidality

Following the earlier analysis that demonstrated significant correlations between IPV, depression, and suicidal thoughts, a more in-depth investigation was conducted to identify significant predictors of suicidality. Suicidality was measured using item 9 of the Patient Health Questionnaire (PHQ-9), which captures the frequency of suicidal ideation. While IPV and depression were both positively correlated with suicidality in the bivariate analysis, an ordinal logistic regression was performed to assess their predictive value alongside other sociodemographic and behavioural variables (see Table 4).

Table 4 Parameter Estimates for Ordinal Logistic Regression Model of Suicidality

95% Confidence Interval						
	Estimate	Std. Error	Sig.	Odds Ratio	Lower Bound	Upper Bound
[PHQ9 = 0]	-1.900	0.280	<0.001*	0.15	-2.449	-1.352
[PHQ9 = 1]	0.876	0.273	0.001*	2.40	.340	1.411
[PHQ9 = 2]	3.443	0.292	<0.001*	31.28	2.871	4.014
WAST SCORE	0.072	0.011	<0.001*	1.07	.051	.093
Depres- sion	-3.050	0.109	<0.001*	0.05	-3.264	-2.836
Religions	0.013	0.355	0.971	1.01	-.682	.709
Ethnics	-0.539	0.354	0.129	0.58	-1.234	.156
Education	-0.297	0.079	<0.001*	0.74	-.452	-.142
Employ- ment	0.113	0.106	0.287	1.12	-.095	.320
Income	-0.102	0.084	0.227	0.90	-.267	.064
Marriage	0.176	0.206	0.393	1.19	-.227	.579
Num_of_ partner	0.093	0.091	0.305	1.10	-.085	.270
Smoking	0.004	0.097	0.970	1.00	-.187	.195
Alcohol	0.248	0.114	0.029*	1.28	.025	.470

(*Test is significant at 5%.)

Reference category for dependent variable is PHQ9=3 (Thought of suicidality in almost every day). Value of 1 for each independent variable is yes to depression, Muslim, Malay, Secondary education, Employed, belongs to other than M40 category of income, married, had only 1 partner, smoking and took alcohol.

The model showed good overall fit, with a chi-square value of 1307.369 ($p < 0.001$), indicating that the inclusion of predictor variables significantly improved the model over the null model. Table 4 revealed that several variables were significant predictors of increasing levels of suicidal thoughts. Notably, the total WAST score, which reflects the severity of intimate partner violence, had a positive and statistically significant association with suicidality ($\beta = 0.072$, $p < 0.001$). This suggests that with every one-unit increase in IPV score, the odds of reporting higher suicidal ideation increase significantly.

Depression status, on the other hand, was a strong and statistically significant predictor. Participants who reported being depressed had significantly lower odds of suicidal thoughts compared to those with depression ($\beta = -3.050$, $p < 0.001$). Similarly, educational level also emerged as a significantly negative factor. Participants who

completed only up to secondary education had lower odds of reporting suicidality compared to those with education beyond secondary ($\beta=-0.297$, $p<0.001$). While this result may seem counterintuitive, it could reflect reporting differences or contextual factors affecting disclosure and mental health literacy across education levels.

Furthermore, alcohol consumption was positively associated with suicidality ($\beta=0.24$, $p=0.029$), indicating that individuals who consumed alcohol had higher odds of suicidal thoughts than those who did not. Other variables, including religion, ethnicity, employment status, income category, marital status, number of partners, and smoking behaviour, were not statistically significant predictors in this model (all $p>0.05$). For instance, employment status did not affect suicidality ($p=0.287$), nor did marital status ($p=0.393$) or smoking ($p=0.970$).

DISCUSSION

This study reveals that there are significant rates of abusive behaviours against spouses, which are higher than those reported using traditional face-to-face methods (Kadir Shahar et al., 2020; Shuib et al., 2013). More than half of the participants reported experiencing physical, emotional, and sexual abuse. The use of digital data collection methods may have fostered more honest reporting among respondents, as they were less likely to face fear and stigma. This idea is supported by previous research, which suggests that online tools enhance disclosure in sensitive situations (Eckstein, 2021).

Intimate Partner Violence affects not only physical safety but also psychological well-being. Experiences of physical abuse, such as being hit or kicked, can significantly impact both physical and mental health. Emotional abuse, which includes humiliation and psychological control, especially when visible to others, can severely damage a victim's self-esteem (Güler, Bankston, & Smith, 2022). Cultural stigmas surrounding sexual abuse often prevent survivors from speaking out. The high prevalence of IPV found in this study may be attributed to the use of an online survey, which allows respondents to report their experiences more freely without the fear of stigma or feelings of inferiority. This aligns with findings from other studies (Eckstein, 2021) that suggest digital methods, such as online surveys and virtual counselling, can help reduce barriers to IPV disclosure. However, the differences in prevalence rates observed in this study compared to previous research (Kadir Shahar et al., 2020) may also stem from variations in data collection methods, measurement tools, and study populations. This discrepancy highlights a significant public health concern regarding the underreporting and normalisation of IPV in Malaysia.

A significant positive association was found between IPV and both depression and suicidal thoughts, aligning with international findings (Li et al., 2024; Muhammad et al., 2024). Violent experiences often trigger feelings of helplessness, inferiority, and hopelessness, which are key features of depressive disorders (Badenes-Sastre et al., 2025). In Malaysia, societal norms that tolerate or minimise IPV further silence victims and delay help-seeking (Shuib et al., 2013). The perceived helplessness from abuse may push victims toward suicidal thoughts, reinforcing the need for trauma-informed interventions. Therefore, addressing the psychological impact of violence requires a holistic approach that includes mental health interventions, community support, and stigma reduction efforts to break this cycle of violence.

The ordinal logistic regression model identified several significant predictors of suicidality. These findings extend earlier bivariate analyses by clarifying which factors remain important when considered together. Most notably, IPV, as measured by WAST scores, consistently predicted higher levels of suicidal thoughts. This suggests that increased experiences of violence contribute to more profound emotional distress, likely increasing vulnerability to suicidal ideation. Depression also showed a strong effect, where those who are depressed were much less likely to report suicidality, contradicting past studies linking mood disorders with suicide risk. This unexpected result emerged

regarding the role of depression in suicide.

Contrary to the established evidence linking mood disorders to a high risk of suicide, this study's analysis found that respondents with depression were less likely to report frequent suicidal thoughts than those without depression. These results may be influenced by underreporting of suicidal ideation among depressed individuals due to stigma or fear of disclosure, as well as possible cultural differences in expressing emotional distress. It is also possible that, in this sample, other psychosocial stressors such as intimate partner violence and alcohol use exerted a more substantial influence on suicidal ideation, thus weakening the direct effect of depression when examined in a multivariable context. These findings highlight the need for further investigation of potential mediating and moderating factors that shape the depression-suicide relationship in different cultural and situational contexts.

Interestingly, education level and alcohol consumption emerged as significant predictors of suicidality. Individuals with secondary education reported lower levels of suicidality; however, this may be due to differences in how people of varying educational backgrounds understand and express their feelings, rather than an actual reduction in risk. An expected outcome from the ordinal logistic regression analysis was that individuals who reported consuming alcohol had significantly higher odds of experiencing suicidal thoughts compared to those who did not consume alcohol ($\beta=0.248$, $p=0.029$).

As with any study, there are limitations. The use of self-reported screening tools may introduce potential recall and social desirability biases. Additionally, the cross-sectional design limits the ability to infer causality. The sample, which was skewed toward middle- and upper-income groups with internet access, may not fully represent more marginalised IPV survivors. These factors may limit the generalizability of findings to more marginalised groups.

Deep-rooted patriarchal norms in Malaysia, along with religious and societal pressures, contribute to the silencing of victims and discourage reporting. It is important to challenge these norms to facilitate policy reform and increase access to mental health support for survivors of IPV. Given that in Malaysia, social and cultural norms that normalise violence or blame the victim worsen the situation, measures to raise awareness, strengthen protection, and provide psychosocial support are very important. This step is needed to break the cycle of violence and help victims recover and achieve well-being. Community awareness campaigns should focus on breaking cultural norms that normalise violence and encourage open discussion about the issue.

Additionally, it is essential to consider digital interventions such as hotlines, online screenings, and virtual counselling as part of efforts to help IPV survivors (Eckstein, 2021). These efforts require cross-sector collaboration between government agencies, NGOs, and health service providers. It is essential to ensure comprehensive support, including legal protection, mental health services and rehabilitation programmes.

CONCLUSION

This study reveals a disturbingly high prevalence of IPV among adults in Malaysia, with over half of the participants reporting experiences of physical, emotional, and sexual abuse. Such aggressive behaviours have a profound impact, not only on physical health but also on mental well-being, often leading to depression and suicidal thoughts. Furthermore, higher IPV severity, depression, and alcohol use is linked to increased risk of suicidal thoughts. The findings reveal a clear link between IPV and mental health issues, emphasising the need better to understand the psychological toll of abuse in intimate relationships. Basically, these results align with previous research, showing that abuse, particularly emotional abuse, significantly contributes to mental health challenges like PTSD and depression. Cultural and social norms in Malaysia, which tend to normalise IPV, make it even harder for victims to seek help, worsening the situation. This finding

underscores the urgent need for initiatives that challenge these norms, reduce stigma, and raise awareness to break the cycle of violence.

This study has limitations due to its reliance on self-reported screening tools and a sample that may disproportionately represent individuals from middle to upper socioeconomic groups because of internet access requirements. Future research should incorporate diagnostic tools and aim for better representation of B40 (bottom 40% of income earners) and rural populations. Theoretically, this study contributes to the growing body of research on digital disclosure of IPV by highlighting the importance of anonymity in capturing sensitive data. It shows that online platforms can effectively reach hidden populations and should be integrated into public health responses. Expanding resources such as virtual counselling, active hotlines, and community awareness campaigns could significantly improve outcomes. To tackle this issue, collaboration between government agencies, non-governmental organisations (NGOs), and service providers is essential to offer comprehensive support for IPV survivors. Future research should prioritise including more diverse populations and utilising advanced diagnostic tools to understand the prevalence and impact of IPV better.

Additionally, incorporating longitudinal study designs can help explore causal pathways between IPV and mental health over time. Mixed-method approaches may also provide deeper insights into the cultural dynamics and lived experiences associated with covert IPV. Together, these efforts can help pave the way for a more effective and empathetic response to IPV in Malaysia. Government and NGOs must address IPV and provide robust support for these vulnerable groups. Initiatives such as active hotline disclosure, online screening, and virtual counselling could be vital components of interventions aimed at eliminating IPV and assisting survivors.

Acknowledgement

This study is funded by the Ministry of Higher Education Fundamental Research Grant Scheme: FRGS/1/2021/SS0/UITM/02/17 through Research Management Centre, Universiti Teknologi MARA; ID: 600-RMC/FRGS5/3(063/2021). Part of the findings of this study were presented in the International Convention on Women's Mental Health and Empowerment, Institute of Social Malaysia, Kuala Lumpur, 2024.

REFERENCES

- Ahmad, Y., & Razali, S. (2025). Determining the Cut-Off Score of the Malay Version of Women Abuse Screening Tool (WAST) for Intimate Partner Violence Screening in Malaysia. *Environment-Behaviour Proceedings Journal* 10(S130), 107-113. doi:<https://doi.org/10.21834/e-bpj.v10iS130>
- Badenes-Sastre, M., Medinilla-Tena, P., Spencer, C. M., & Expósito, F. (2025). Cognitive Distortions and Decision-Making in Women Victims of Intimate Partner Violence: A Scoping Review. *Psychosoc Interv*, 34(1), 23-35. doi:10.5093/pi2025a3
- Eckstein, J. (2021). To Harm and Heal: Digital Disclosure and Support-Seeking for IPV Victims. *Open Information Science*, 5, 175-189. doi:10.1515/opis-2020-0120
- Güler, A., Bankston, K., & Smith, C. R. (2022). Self-esteem in the context of intimate partner violence: A concept analysis. *Nurs Forum*, 57(6), 1484-1490. doi:10.1111/nuf.12798.
- Kadir Shahar, H., Jafri, F., Mohd Zulkefli, N.A., & Ahmad, N. (2020). Prevalence of intimate partner violence in Malaysia and its associated factors: a systematic review. *BMC Public Health*, 20, 1550. <https://doi.org/10.1186/s12889-020-09587-4>
- Li, Z., Qiao, X., Zhu, Y., & Shi, X. (2024). Psychological abuse and suicidal behaviors among female college students with dating experience: A moderated mediation model.

- Current Psychology, 43(14), 12434-12446. doi:10.1007/s12144-023-05325-2
- Muhammad, T., Akhtar, S. N., Ali, W., & Maurya, C. (2024). Cross-lagged relationships between exposure to intimate partner violence, depressive symptoms and suicidal thoughts among adolescent and young married women. *J Affect Disord*, 360, 259-267. doi:10.1016/j.jad.2024.05.088
- Murvartian, L., Matías-García, J. A., Saavedra-Macías, F. J., & Crowe, A. (2024). A Systematic Review of Public Stigmatization Toward Women Victims of Intimate Partner Violence in Low- and Middle-Income Countries. *Trauma, Violence, and Abuse*, 25(2), 1349-1364. doi:10.1177/15248380231178756
- NHMS. (2023). Technical Report, National Health and Morbidity Survey (NHMS) 2023: Non-Communicable Disease and Healthcare Demand. Retrieved from <https://iku.nih.gov.my/images/nhms2023/report-nhms-2023.pdf>
- Parkinson, R., Jong, S. T., & Hanson, S. (2024). Subtle or Covert Abuse Within Intimate Partner Relationships: A Scoping Review. *Trauma, Violence, and Abuse*, 25(5), 4090-4101. doi:10.1177/15248380241268643
- Shuib, R., Endut, N., Ali, S. H., Osman, I., Abdullah, S., Oon, S. W., . . . Shahrudin, S. S. H. (2013). Domestic Violence and Women's Well-being in Malaysia: Issues and Challenges Conducting a National Study Using the WHO Multi-country Questionnaire on Women's Health and Domestic Violence Against Women. *Procedia - Social and Behavioral Sciences*, 91, 475-488. doi:<https://doi.org/10.1016/j.sbspro.2013.08.445>
- Women's Aid Organization. (WAO, 2023). Domestic Violence Statistics. Retrieved from <https://wao.org.my/domestic-violence-statistics/>
- White, S. J., Sin, J., Sweeney, A., Salisbury, T., Wahlich, C., Montesinos Guevara, C. M., . . . Mantovani, N. (2024). Global Prevalence and Mental Health Outcomes of Intimate Partner Violence Among Women: A Systematic Review and Meta-Analysis. *Trauma, Violence, and Abuse*, 25(1), 494-511. doi:10.1177/15248380231155529
- World Health Organization. (WHO, 2023). Depressive disorder (depression). Retrieved from <https://www.who.int/news-room/fact-sheets/detail/depression>