COMPARING THE ANXIETY AND DEPRESSION SYMPTOMS OF SHELTER HOME RESIDENTS WITH AND WITHOUT A HISTORY OF INTIMATE PARTNER VIOLENCE

Nabihah Ahamad Fouzi [1, 2], Salmi Razali [1]*, Yuhaniz Ahmad [1,3], Fatimah Sham [4], Suzanna Daud [5] & Nadzratulaiman Wan Nordin [5]

[1] Department of Psychiatry, Faculty of Medicine, Universiti Teknologi MARA, Sungai Buloh, Selangor, Malaysia
[2] Department of Psychiatry, Hospital Tengku Ampuan Rahimah, 41200 Klang, Selangor, Malaysia
[3] School of Quantitative Sciences (SQS), Universiti Utara Malaysia, 06000 Sintok, Kedah, Malaysia
[4]Center of Nursing Studies, Faculty of Health Sciences, Universiti Teknologi MARA, Puncak Alam, Selangor, Malaysia
[1] Department of Obstetrics and Gynaecology, Faculty of Medicine, Universiti Teknologi MARA, Sungai Buloh, Selangor, Malaysia

*Corresponding author: drsalmi@uitm.edu.my

ABSTRACT

Depression and anxiety are among the common mental health challenges that are experienced by the survivors of intimate partner violence (IPV). Despite the detrimental consequences of depression, anxiety and IPV, there is sparse knowledge on the prevalence and clinical manifestations of these trio phenomena among survivors of IPV at shelter homes in Malaysia. This study aimed to determine the prevalence of depression, anxiety and each type of IPV and compare the symptoms of depression and anxiety experienced by survivors of each type of IPV. This cross-sectional study conveniently collected data from four Malaysian shelter homes. Young women aged 15 and above who gave informed consent and fulfilled the selection criteria were enrolled in the study voluntarily. The tools are; i) the WHO Multi-country Study on Women's Health and Life Events Questionnaire which assessed the background sociodemographic of participants and previous partners as well as the experience of each type of violence; controlling behaviour, physical violence, sexual violence, and emotional violence; ii) Patient Health Questionnaire (9-Items) which screen for depressive symptoms; iii) Generalized Anxiety Disorder (7-Items) which determine Generalized Anxiety Disorder (GAD); and iv) the Mini-International Neuropsychiatric Interview to confirm the diagnosis of Major Depressive Disorder (MDD). Most survivors (86.8%) reported experience of any form of IPV throughout their lifetime. The most reported type of IPV was controlling behaviour by an intimate partner (82.4%), emotional violence (59.3%), sexual violence (58.2%), and physical violence by an intimate partner (29.7%). About 68.1% of participants had GAD and 54.9% had MDD. Survivors of emotional and sexual violence significantly have higher total scores, and all the symptoms of anxiety compared to those without that violence. The symptoms of depression that survivors of sexual violence significantly experience are physical symptoms including sleep problems, poor appetite or overeating, and psychomotor retardation or agitation. Survivors of emotional violence significantly had higher psychological symptoms of depression such as lack of interest or pleasure, poor concentration and difficulty in functioning. Survivors of physical violence significantly experienced only a lack of interest or pleasure compared to those who had not

experienced physical violence. Survivors of IPV are suffering from depression, anxiety and other impacts of IPV. Mental health professionals and shelter home authorities should collaborate to provide effective interventions to manage these disturbances so that the survivors can have an optimum quality of life.

Keywords: Depression, anxiety, intimate partner violence, emotional violence, sexual violence, shelter homes

INTRODUCTION

Depression is among the significant and common mental health challenges that survivors of intimate partner violence (IPV) face (White et al., 2024). Most cases of IPV include repeated exposure to abuse, chronic stress, and trauma. Prolonged fear and the inability to control surrounding violent life may instil feelings of helplessness and hopelessness, which are hallmark symptoms of depression (Zhang et al., 2024). Many survivors of IPV experience psychological abuses that degrade a person's self-worth and self-esteem (Taccini, Rossi, & Mannarini, 2024). They may blame the abuse on themselves and therefore feel unworthy or ashamed; these feelings may further worsen depressive symptoms.

Abusers commonly use isolation of the victim from friends, family, and support networks as a means of control. This social isolation could leave the survivors without emotional support, further contributing to an increased risk for depression (Giesbrecht et al., 2024). Chronic pain, disabilities, and various other medical conditions resulting from physical injuries due to IPV can also contribute to the development of depression (Uvelli et al., 2024). Moreover, disturbed sleep and changes in appetite are also possible due to the stress and injuries among survivors. In addition, financial abuses, loss of jobs, or threats to housing, which may result from IPV, also add loads that might enhance depressive symptoms (Montanez & Donley, 2024).

Aside from depression, anxiety is another current mental health issue among survivors of intimate partner violence (White et al., 2024). The trauma and fear that continue because of IPV make one hypervigilant and anxious, therefore forming anxiety disorders. Each traumatic experience triggers a "fight, flight, or freeze" response in the body (Borkar & Fadok, 2024). Since such abuses happen repeatedly, it means the survivor constantly experiences this state of hyperarousal leading to nervous system dysregulation (Goldberg, 2023). Exposure to unpredictable threats and repeated violence begets feelings of insecurity and chronic fear. This can occur, too, when there is psychological abuse: manipulation, gaslighting, or threats that degrade a survivor's mastery over her or his life and contribute to worry and inability to relax or feel safe (Knox, Karantzas, & Ferguson, 2024). The control and coercion extended to practical issues such as finances, housing, or even child custody, even after the termination of the abusive relationship (Montanez & Donley, 2024). Furthermore, the negative perception, stigma or judgment from other people adds insult to injury and perpetuates further anxiety in survivors of IPV (Murvartian et al., 2024).

Shelter homes have been very instrumental in the provision of protection and support for survivors of intimate partner violence, who predominantly suffer from depression and anxiety. However, a lack of understanding and awareness about such mental health problems within the shelter setting may lead to inappropriate interventions (Fisher & Stylianou, 2019). In addition, only a few shelter workers are trained in trauma-informed care, which uses knowledge about the impact of trauma to provide services sensitive to the needs of traumatised individuals to avoid further re-traumatisation (Chu et al., 2024). Without this knowledge, staff will inadvertently minimise or exacerbate

depression and anxiety experiences among survivors.

Depression and anxiety essentially go undiagnosed in the shelters because there is a general lack of mental health screening instruments or protocols used (Toccalino et al., 2024). Consequently, timely, appropriate mental health interventions may not be instituted, thus exacerbating symptoms. Most shelters are unable to have counsellors or psychologists, either full or part-time, on-site because of funding and staffing constraints (Berry et al., 2024). Furthermore, shelter homes often prioritise physical safety and basic needs over mental health support due to resource constraints. This in turn causes survivors' mental health needs, including depression and anxiety, to remain unaddressed, impeding long-term recovery (White et al., 2024).

There is a paucity of research to guide mental health therapies in shelter homes, especially with depression and anxiety. Hence, this study aimed to determine the prevalence of depression, anxiety, and each type of IPV and compare the symptoms of depression and anxiety experienced by survivors of each type of IPV. We hypothesise that survivors of IPV residing in shelter homes in Malaysia exhibit significantly higher levels of depression and anxiety symptoms compared to those without a history of IPV. This preliminary study may serve as the initial step for further comprehensive research on IPV and mental illnesses among residents in shelter homes.

METHODS

Study design and context of the study

This cross-sectional study was conducted at shelter homes for victims of IPV in Malaysia. Many women who come to the shelters are victims of IPV or domestic violence, while others experience homelessness due to poverty, breakdowns in family relationships, or other socio-economic factors. Some were victims of human trafficking; others were migrants and refugees who also deserved protection. These emergency shelters offer protection to women and their children through rehabilitation programmes that equip them to regain an everyday life. All consented participants were recruited from June 2023 to November 2023.

Study population

In Malaysia, as of 2019, there are 43 officially recognised shelters meant for safe spaces, but not all are solely designated for IPV cases. Of these, 35 are operated by the Social Welfare Department, while seven are managed by NGOs, including one run by the Women's Aid Organisation (WAO). If all the shelters are occupied, the estimated population is around 1200 to 1400 (San et al., 2019). The formal approval to conduct the study was provided through numerous communications and discussions beforehand with the Social Welfare Department and private home representatives. Among all the shelter homes visited, permission for research work was provided in only four, whether public or private. The inclusion criteria consist of women residing in a shelter home who give informed consent to participate in this research and can read and understand either Bahasa Malaysia or English. The exclusion criteria included those with severe mental illness or cognitive impairment that may cause an inability to give informed consent, fill out the questionnaire, or participate in the interview.

Sampling method

Participation in this study was voluntary. Purposive and convenience sampling were used to recruit participants for the study. After the ice-breaking session with the residents, all women residing in the four public or private shelter homes were consecutively approached by the investigators and provided with a patient information sheet describing

the study procedure, risks and benefits and its objectives. Those who expressed interest in participating in the study were screened for eligibility based on the selection criteria. Written informed consent was taken from residents who satisfied the selection criteria. For residents aged 15 years and below, additional consent was also obtained from the legal guardian in shelter homes, specifically the Social Worker Officer. They were also informed about their right to withdraw from the study at any time. All participants who were unclear about the consent or assent to participate in the study were given further clarification individually in simple language, tailored to their age, to ensure voluntary participation without coercion and to protect the best interests of the minors.

A total of 91 participants were included in this study. Consented participants were interviewed face-to-face in private, one-on-one, by trained assessors who were well-informed regarding the predicament of IPV survivors. According to the modules by the World Health Organisation (WHO), to ensure ethical and effective engagement with survivors of IPV, the investigator should prepare a private and secure environment, establish comfort and trust, obtain informed consent, use appropriate communication, provide support and information and address safety concerns accordingly (WHO, 2021). On average, participants took approximately 30 minutes to complete the interview and questionnaires. Once they had finished, they handed the questionnaires to the investigators, who checked the responses for completeness.

Measurement tools

The instruments utilised in this study were derived from validated surveys previously employed by regional researchers, ensuring good validity and reliability. The WHO *Multi-country Study on Women's Health and Life Events Questionnaire* was used to gather demographic information from the participants. They also completed three questionnaires: the PHQ-9 (*Patient Health Questionnaire*) with nine items and the GAD-7 (*Generalised Anxiety Disorder*) with seven items. To ensure all participants, including minors, understand the questions clearly, explanations in simple language appropriate for their age were also provided on an individual basis. The *Mini-International Neuropsychiatric Interview* (M.I.N.I.) for Major Depressive Disorder was used to confirm the diagnosis of Major Depressive Disorder (MDD) in participants who had a PHQ-9 score of 5 or higher, indicating depression. The interviewers are doctors and psychiatrists who have at least five years' experience in managing individuals with mental illnesses. They have experience in administering all the questionnaires. Prior to data collection, another training was done to ensure that all interviewers were well-trained in all aspects of the study.

WHO Multi-country Study on Women's Health and Life Events Questionnaire

The WHO has provided a questionnaire to measure the women's health and intimate partner violence experiences (García-Moreno et al., 2005). The questionnaire has been locally validated for use in Malaysia (Saddki et al., 2013). Thereby, the Malay version of the WHO Women's Health and Life Experiences Questionnaire should be a valid and reliable measure of the state of women's health and experiences of IPV in Malaysia. This tool was developed not only for the exploration of experiences of violence but also to capture other health and health-related experiences in women's lives. This section asks the participants to fill out four sections, which have been developed based on the WHO Women's Health and Life Events Questionnaire: Sociodemographic data of the participant, which include their substance use status, characteristics of current or most recent partner, experiences of partner violence and other violent experiences (non-partner).

Patient Health Questionnaire-9 items (PHQ-9)

PHQ-9 was used in its Malay version. The instrument is valid and reliable for use as a case-finding instrument among locals in Malaysia (Sherina et al., 2012). It is also relatively short compared to other diagnostic instruments available to diagnose depression. Through the PHQ-9, one can diagnose whether clinical depression is present and determine its severity.

Generalized Anxiety Disorder-7 Items(GAD-7)

The GAD-7 scale is used to assess GAD and assess its severity in clinical practice and research. The Malay version of the GAD-7 was found to be valid and reliable with good sensitivity (76%) and specificity (94%) in determining anxiety cases (Sidik et al., 2012).

Mini-International Neuropsychiatric Interview (M.I.N.I.) for Major Depressive Disorder

The M.I.N.I. is a reliable and validated structured diagnostic interview developed jointly by psychiatrists and clinicians in the United States and Europe for DSM-IV and ICD-10 psychiatric disorders. The Malay version of the M.I.N.I is adjusted to the clinical setting and for assessing positive cases in a community setting. It is proved that the Malaysian version of the M.I.N.I is reliable and valid in eliciting symptom criteria used in making DSM-IV diagnoses for Major Depressive Disorder in less than five minutes (Mukhtar et al., 2012).

Sample size calculation

The sample size is calculated by the formula: Sample size n = [DEFF*Np(1-p)]/ [(d2/ Z21-α/2*(N-1) +p*(1-p] (OpenEpi - Toolkit Shell for Developing New Applications, n.d.) with 5% precision and 95% confidence interval. The population size is estimated from the statistics report of the Department of Social Welfare on domestic violence cases in 2020, which had 129 cases according to the given protection at a safe place and referral to other agencies. This is according to the Department of Social Welfare, 2021. The prevalence of depression among female victims of IPV who participated in a public mental health care program was 73% (Cirici Amell et al., 2023). Considering a sample size calculation, 91 samples would therefore be required; this study looked to approach some 100 participants with an estimated attrition rate of about 10% per cent.

Statistical analysis

Data was analysed using the Statistical Package for the Social Sciences (SPSS) version 29.0 (IBM). The initial analysis was to ensure the normality status of the data. The Kolmogorov-Smirnov (K-S) test was less than 0.05, hence non-parametric statistical tests were used. All continuous variables were described as median and interquartile range, while number (n) and percentage (%) for dichotomous or nominal data. The differences between items of PHQ-9 and GAD-7 between residents with and without each type of IPV were analysed using Mann-Whitney tests.

Ethical considerations

This study was approved by the Universiti Teknologi MARA research ethics committee (Reference Number: REC/05/2023(PG/FB/9).

RESULTS

Characteristics of the study population

This study involved 91 participants. The median age was 17 years old (IQR: 4). Most participants were Malay (89.0%) and Muslim (94.5%). In terms of education, 31.9% were employed, and 75.8% had finished secondary school. The majority were unmarried (93.4%) and from the B40 income group (80.2%). Approximately 26.4% smoked, and 24.2% continued to use alcohol before admission to the shelters. Table 1 provides a summary of the participants' sociodemographic information and substance use status.

Prevalence of IPV and psychiatric disturbances among shelter home residents

The majority (86.8%) report experiences of any form of IPV throughout their lifetime. The most reported type of IPV was controlling behaviour by an intimate partner (82.4%), followed by emotional violence (59.3%), sexual violence (58.2%), and physical violence by an intimate partner (29.7%) (Figure 1). Psychiatric disturbances were prevalent among the participants, with 68.1% experiencing generalised anxiety disorder (GAD) as measured by GAD-7, and 54.9% having major depressive disorder (MDD) as diagnosed with M.I.N.I.

Table 1 Sociodemographic and Substance Use Status of the Women in Shelter Homes

Sociodemographic Variables	n (%)	Median (IQR)
Age (years)		17.00(4)
Religion Muslim Buddhist Hinduism Christian	 86 (94.5%) 1 (1.1 %) 3 (3.3%) 1 (1.1 %)	
Ethnicity Malay Chinese Indian Bumiputera Sabah Bumiputera Sarawak Other	 81 (89.0%) 1 (1.1%) 3 (3.3%) 2 (2.2%) 3 (3.3%) 1 (1.1%)	
Religion Muslim Buddhist Hinduism Christian	 86 (94.5%) 1 (1.1 %) 3 (3.3%) 1 (1.1 %)	
Level of Education No formal education* Primary school* Secondary school Higher (college or university)	 1 (1.1%) 10 (11.0%) 69 (75.8%) 11 (12.1%)	

Employment status Working Not working Studying	29 (31.9%) 11 (12.1%) 51 (56.0%)	
Estimated household income per month B40 (<RM 2500-RM 4849) M40 (RM 4850 – RM 10 959) T20 (> RM 10960)	73 (80.2%) 12 (13.2%) 6 (6.6%)	
Marital status Single Married Widowed	85 (93.4%) 3 (3.3%) 3 (3.3%)	
Smoking status Not smoking Smoking	67 (73.6%) 24 (26.4%)	
Alcohol use Never Used to drink Currently drinking	54 (59.3%) 15 (16.5%) 22 (24.2%)	

Notes: **For participants who have no formal education, primary education or those who have difficulty in understanding any aspects of the study, the participants were given further clarification individually using simple language following their age.*

Comparison between each symptom of depression and each type of IPV

Survivors of sexual violence significantly (p=0.011) have higher total scores of depressions (mean rank=51.94) compared to those without sexual violence (mean rank=37.71). The symptoms of depression that they significantly experience compared to those without sexual violence are sleep problems (mean rank=51.97 vs. 37.67; p=0.007), poor appetite or overeating (mean rank=50.83 vs. 39.26; p=0.033) and moving or speaking slowly or restless (mean rank=51.21 vs. 38.75; p= 0.021) (Table 2).

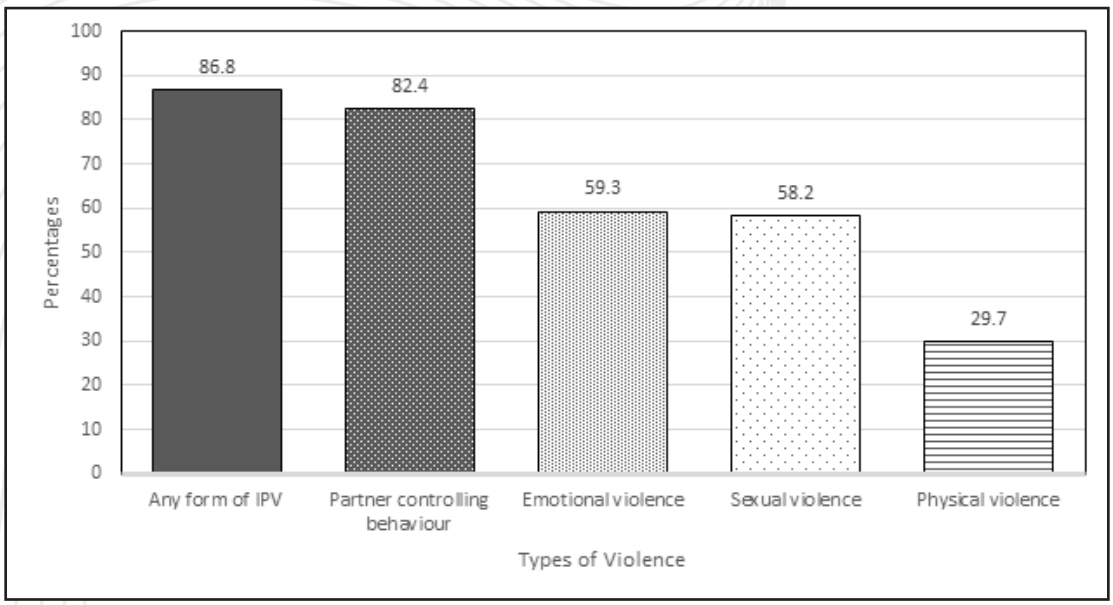
Table 2 Comparison Between Each Symptom of Depression and Sexual Violence as well as Emotional Violence

No.	Symptoms of Depression measured by Patient Health asQuestionnaire (9 items)	Sexual Violence		Mann-Whitney Test	P-Value	Emotional Violence		Mann-Whitney Test	P-Value
		Yes n=53	No n=38			Yes n=54	No n=37		
		Mean Rank	Mean Rank			Mean Rank	Mean Rank		
Q1	Little interest or pleasure	47.04	44.55	952.0	0.644	51.84	37.47	683.5	***0.008**
Q2	Feeling down or depressed	50.00	40.42	795.0	0.069	50.08	40.04	778.5	0.057
Q3	Sleep problem	51.97	37.67	690.0	***0.007**	48.69	42.07	853.5	0.216

Q4	Feeling tired	47.48	43.93	928.5	0.511	48.42	42.47	868.5	0.272
Q5	Poor appetite or overeating	50.83	39.26	751.0	***0.033**	50.32	39.69	765.5	0.051
Q6	Feeling bad about yourself	50.16	40.20	786.5	0.051	49.08	41.50	832.0	0.140
Q7	Trouble concentrating	49.88	40.59	801.5	0.082	51.27	38.31	714.5	***0.016**
Q8	Moving slowly or restless	51.20	38.75	731.5	***0.021**	50.13	39.97	776.0	0.061
Q9	Thoughts of death or hurting self	49.40	41.26	827.0	0.131	48.69	42.08	854.0	0.221
	#Difficulty in functioning	47.16	44.38	945.5	0.587	50.09	40.03	778.0	***0.050**
	Total Scores	51.94	37.71	692.0	***0.011**	51.93	37.93	679.0	***0.010**

Notes: **The Mann Whitney tests are significant when p-value ≤ 0.05; #Difficulty in functioning is an extra question in PHQ-9. The score of this question is not part of the total score of PHQ-9. The results for physical violence, controlling behaviours and total scores of IPV are not significant and not tabulated.*

Survivors of emotional violence significantly (p=0.010) have higher total scores of depressions (mean rank=51.93) compared to those without sexual violence (mean rank=37.93). The symptoms of depression that they significantly experience compared to those without emotional violence are little interest or pleasure in doing things (mean rank=51.84 vs. 37.47; p=0.008), trouble concentrating on things (mean rank=51.27 vs. 38.31; p=0.016) and difficulty in functioning (mean rank=50.09 vs. 40.03; p=0.050). The other two symptoms are almost significant; feeling down, depressed, or hopeless (mean rank=50.08 vs. 40.04; p= 0.057) and poor appetite or overeating (mean rank=50.32 vs. 39.69; p= 0.051). Refer to Table 2 for the detailed comparison between each symptom of depression, sexual violence, and emotional violence.



Survivors of physical violence significantly (p=0.005) experienced little interest or pleasure in doing things compared to those who had not experienced physical violence (mean rank=57.35 vs. 41.21), respectively. However, other symptoms of depression between both groups with and without physical violence are not significantly different. All the symptoms of depression are not significantly different between those with and without IPV when the comparison is made using the total score of IPV. No significant findings were found for analysis on controlling behaviour. The results for physical violence, controlling behaviours and total scores of IPV are not tabulated.

Comparison between each symptom of anxiety and emotional violence

Survivors of emotional violence significantly (p=0.003) have higher total scores of anxieties (mean rank=52.79) compared to those without emotional violence (mean rank=36.09). All symptoms of anxiety as measured by GAD-7 are significantly experienced by the survivors compared to those without the experience of emotional violence. Refer to Table 3 for further details. No significant findings are found for analysis on controlling behaviour, physical violence, sexual violence and total scores of IPV when comparisons between participants with and without experience of those types of violence were analysed. Those non-significant findings are not tabulated.

Table 3 Comparison Between Each Symptom of Anxiety and Emotional Violence

No.	Symptoms of Generalized Anxiety Disorder measured by GAD-7	Emotional Violence		Mann-Whitney Test	P-Value
		Yes n=54	No n=37		
		Mean Rank	Mean Rank		
Q1	Feeling nervous, anxious or on edge	50.73	39.09	743.5	0.029
Q2	Not being able to stop or control worrying	52.76	36.14	634.0	0.002
Q3	Worrying too much about different things	51.44	38.05	705.0	0.11
Q4	Trouble relaxing	51.02	38.68	728.0	0.022
Q5	Being so restless that it is hard to sit still	51.85	37.46	683.0	0.008
Q6	Becoming easily annoyed or irritable	51.67	37.73	693.0	0.007
Q7	Feeling afraid as if something awful might happen	53.12	35.61	614.5	<0.001
	Total Score	**52.79**	**36.09**	**632.5**	**0.003**

Notes: **The Mann-Whitney tests are significant when p-value ≤ 0.05. The results for sexual abuse, physical violence, controlling behaviours and total scores of IPV are not significant and not tabulated.*

DISCUSSION

This study highlighted the significantly high prevalence of every type of intimate partner violence (IPV) experienced by the survivors of IPV seeking refuge and support at shelters in this country. They also experienced a very high prevalence of anxiety and depression compared to the general public in this country. Compared to the findings of a nationwide survey of depression by the Institute of Public Health, Malaysia, 2023, the survivors of IPV at the shelter homes have three times higher percentages of depression and anxiety. Indeed, the traumatic events they experienced have made them susceptible to mental illnesses.

The two most important types of violence that impact their mental health and result in depression and anxiety are emotional violence and sexual violence. Previous local studies on IPV have also suggested that emotional and sexual violence are the primary types of violence experienced by victims of IPV (Shuib et al, 2013; Kadir et al., 2020). Although controlling behaviour of their spouse is the most prevalent and physical violence occurred in a small proportion of them, these two types of violence showed no different impact when compared with those without those violent experiences.

The findings of this study supported the prominent effect of emotional violence on depression, which has been described by other international researchers (Estefahan et al., 2016; Okafor et al., 2021; Radell et al., 2021). In a review of studies of the impact of each type of IPV on depression and anxiety, it is suggested that emotional violence alone can increase the tendency for depression and anxiety by 2 to 3 times more than control subjects (Radell et al., 2021). A few mediators between emotional abuse and depression and anxiety have been suggested, including the disengagement type of coping strategy (Calvete et al., 2008), emotional dysregulation (Crow et al., 2014), self-esteem, support system (Duru, Balkis, & Turkdoğan, 2019) and social anxiety (Xu et al., 2023). Locally, other factors that could potentially be the mediators for emotional violence and depression are help-seeking patterns (Tengku et al., 2015) and coping mechanisms (Oon et al., 2016). Surely, more comprehensive studies are required to understand the relationship between emotional violence and depression as well as anxiety.

Exploring in-depth the symptoms of depression, it is noteworthy to discuss that the survivors of sexual violence in this study described more physical symptoms of depression, including sleep problems, poor appetite or overeating and psychomotor retardation or agitation. From a psychodynamic explanation, the inner suffering due to sexual violence has been repressed because in Malaysia, there is a strong stigma against sexual violence (such as sexual assault and sex out of wedlock) (Othman et al, 2023), hence the negative inner energy is channelled out in more culturally acceptable physical symptoms of depression. A few experts in psychopathology have described how psychogenic experiences of internal pain and suffering, including sexual violence, can be physically manifested through the unconscious defence mechanism of somatisation (Nelson, 2002; Iloson et al., 2021). These kinds of presentations of depression are vague and ambiguous, hence require thorough evaluation by mental health professionals.

On the other hand, our study suggested that survivors of emotional and physical violence manifested more common psychological symptoms of depression, including lack of interest or pleasure, poor concentration, and difficulty in functioning. After analysis, we found that feeling down and depressed is almost significant. Such presentations are common symptoms of depression and have been described by most researchers before (Zhang et al., 2024; Taccini, Rossi, & Mannarini, 2024). However, despite these popular symptoms of depression, many healthcare providers in Malaysia failed to explore the presence of depression and IPV among patients who seek treatment. According to local researchers on IPV, Colombini et al (2013) commented that clinicians tend to focus on the physical aspect of the injury, minimise the underlying cause of the problem, ignore

emotional care for patients, under-trained, poorly supported in their role to help women beyond merely treating their physical injuries and had time constraint to thoroughly examine potential victims of IPV and their psychological disturbances that might presence.

Moreover, our study highlighted that symptoms of anxiety have clearly manifested among survivors of emotional violence. As described by the participants, the trauma of being the victim of abuse makes them feel nervous, anxious or on edge, find it difficult to stop or control their worry, have trouble relaxing, feel restless, cannot sit still, easily annoyed, or irritable and constantly feel afraid as if something awful might happen. Mental health experts explain that such symptoms occur because of dysregulation of the nervous system and cascades of stress physiology that make the survivors remain in a state of hyper-arousal and hypervigilance when continuously exposed to IPV (Borkar & Fadok, 2024; Goldberg, 2023). Indeed, early detection of anxiety symptoms is crucial so that effective treatment can be offered. Perhaps expanding treatment and management through digital technology such as tele-counselling, virtual mental health clinics, and online discussions and seminars between mental health professionals, shelter home staff, and residents can achieve a significant difference.

CONCLUSION

More than half of the women in shelters who experience IPV endure both emotional and sexual abuse, leading to issues such as depression and anxiety. The researhers have shared the voices of girls and young women in shelters, highlighting their distressing worries and sadness, to eradicate IPV and alleviate their suffering. While the symptoms of anxiety are often apparent, depression can manifest in various ways, including common psychological symptoms and less typical physical warning signs. These may include disruptions in sleep patterns, changes in appetite and weight, and psychomotor retardation. However, certain limitations must be acknowledged in this study. For example, it relied on specific screening tools and did not include cyber violence as a type of IPV. Additionally, the participants predominantly represented Malays from the upper socioeconomic class. Future studies should use comprehensive diagnostic tools and incorporate participants from diverse ethnic backgrounds and various socioeconomic statuses. This study, however, highlights a significant relationship between IPV and mental health disturbances, emphasising the urgent need for a collaborative approach among government authorities, shelter management, and mental health professionals. It is critical for this strategy to address these three interrelated issues effectively. Given the complex nature of psychiatric disturbances and the harmful effects of IPV and mental illnesses, girls and women in shelter homes require comprehensive support for early detection and effective treatment. The reaserachers hope that these initiatives will lead to more effective and compassionate responses to IPV and mental health issues for shelter residents in Malaysia.

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 was presented at the International Convention on Women's Mental Health and Empowerment, Institute of Social Malaysia, Kuala Lumpur, 2024.

REFERENCES

Berry, O. O., Kaufman, P., Weiss, M., Fitelson, E., & Monk, C. (2024). Co-location of specialized mental health services in an intimate partner violence advocacy organization. Medicine, Science and the Law, 64(2), 138-149.

Borkar, C. D., & Fadok, J. P. (2024). Distributed circuits regulating defensive state transitions: freezing, flight and fight. Neuropsychopharmacology, 50(1), 320-321.

Calvete, E., Corral, S., & Estévez, A. (2008). Coping as a mediator and moderator between intimate partner violence and symptoms of anxiety and depression. Violence Against Women, 14(8), 886-904.

Chu, Y. C., Wang, H. H., Chou, F. H., Hsu, Y. F., & Liao, K. L. (2024). Outcomes of trauma-informed care on the psychological health of women experiencing intimate partner violence: a systematic review and meta-analysis. Journal of Psychiatric and Mental Health Nursing, 31(2), 203-214.

Crow, T., Cross, D., Powers, A., & Bradley, B. (2014). Emotion dysregulation as a mediator between childhood emotional abuse and current depression in a low-income African-American sample. Child Abuse & Neglect, 38(10), 1590-1598.

Cirici Amell R., Soler A.R., Cobo J., Soldevilla A.J.M. (2023). Psychological consequences and daily life adjustment for victims of intimate partner violence. The International Journal of Psychiatry in Medicine, 58(1), 6-19.

Colombini, M., Mayhew, S., Ali, S. H., Shuib, R., & Watts, C. (2013). "I feel it is not enough…" Health providers' perspectives on services for victims of intimate partner violence in Malaysia. BMC Health Services Research, 13, 1-11.

Duru, E., Balkis, M., & Turkdoğan, T. (2019). Relational violence, social support, self-esteem, depression and anxiety: A moderated mediation model. Journal of Child and Family Studies, 28, 2404-2414.

Estefan, L. F., Coulter, M. L., & VandeWeerd, C. (2016). Depression in women who have left violent relationships: The unique impact of frequent emotional abuse. Violence Against Women, 22(11), 1397-1413.

Iloson, C., Möller, A., Sundfeldt, K., & Bernhardsson, S. (2021). Symptoms within somatization after sexual abuse among women: A scoping review. Acta obstetricia et gynecologica Scandinavica, 100(4), 758-767.

Institute of Public Health, Malaysia (2024).Tinjauan Kebangsaan Kesihatan dan Morbiditi (NHMS) 2023 (NMMR-22-00545-XAC) Penyakit Tidak Berjangkit dan Permintaan Jagaan Kesihatan: Penemuan Utama. Retrieved from https://iku.nih.gov.my/images/nhms2023/penemuan-utama-nhms-2023.pdf

Fisher, E. M., & Stylianou, A. M. (2019). To stay or to leave: Factors influencing victims' decisions to stay or leave a domestic violence emergency shelter. Journal of Interpersonal Violence, 34(4), 785-811.

García-Moreno Claudia, Jansen HAFM, Ellsberg M, Heise L, Watts C.(2025) WHO multi-country study on women's health and domestic violence against women. Initial results on prevalence, health outcomes and women's responses. World Health Organization.

Giesbrecht, C. J., Kikulwe, D., Sato, C. L., Este, D. C., Watkinson, A. M., & Falihi, A. (2024). "I Felt Like I Was a Puppet—He's the Master, and He's Playing With My Life": Newcomer Women's Experiences of Intimate Partner Violence. Violence Against Women, 30(5), 1226-1254.

Goldberg, X. (2023). Female survivors of intimate partner violence (IPV) and mental health: Possible impact of the stress response. In. Handbook of Anger, Aggression, and

Violence (pp. 1457-1479): Springer.

Kadir S.H., Jafri, F., Mohd, Z. N. A., & Ahmad, N. (2020). Prevalence of intimate partner violence in Malaysia and its associated factors: a systematic review. BMC Public Health, 20, 1-9.

Knox, L., Karantzas, G., & Ferguson, E. (2024). The role of attachment, insecurity, and stress in partner maltreatment: a meta-analysis. Trauma, Violence, & Abuse, 25(1), 721-737.

Montanez, J., & Donley, A. (2024). Employment, income level, financial stress, and domestic violence. Encyclopedia of Domestic Violence (pp. 1-10). Springer.

Mukhtar, F., Bakar ,A.K.A., Junus, M.M., Awaludin, A., Aziz, S.A., & Midin, M. (2012). A preliminary study on the specificity and sensitivity values and inter-rater reliability of Mini International Neuropsychiatric Interview (MINI) in Malaysia. Asean J Psychiatry, 13(2), 157–64.

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, & Abuse, 25(2), 1349-1364.

Nelson, S. (2002). Physical symptoms in sexually abused women: somatization or undetected injury?. Child Abuse Review, 11(1), 51-64.

Okafor, C. N., Barnett, W., Zar, H. J., Nhapi, R., Koen, N., Shoptaw, S., & Stein, D. J. (2021). Associations of emotional, physical, or sexual intimate partner violence and depression symptoms among South African women in a prospective cohort study. Journal of Interpersonal Violence, 36(9-10), NP5060-NP5083.

Oon, S. W., Shuib, R., Ali, S. H., Endut, N., Osman, I., Abdullah, S., & Ghani, P. A. (2016). Exploring the coping mechanism of women experiencing Intimate Partner Violence in Malaysia. International E-journal of Advances in Social Sciences, 2(5), 549-553.

Othman, N. S., Ma'rof, A. A., Abdullah, H., & Kamarudin, M. S. (2023). Unveiling the unspoken: A comprehensive literature review on the hidden crisis of out-of-wedlock pregnancies among Malaysian youth. International Journal of Academic Research in Business and Social Sciences,13(14), 57–68.

Radell, M. L., Abo Hamza, E. G., Daghustani, W. H., Perveen, A., & Moustafa, A. A. (2021). The impact of different types of abuse on depression. Depression Research and Treatment, 1, 6654503.

Saddki, N., Sulaiman, Z., Ali, S. H., Tengku Hassan, T. N. F., Abdullah, S., Ab Rahman, A., ... & Baharudin, Z. (2013). Validity and reliability of the Malay version of the WHO Women's Health and Life Experiences Questionnaire. Journal of Interpersonal Violence, 28(12), 2557-2580.

San L.W, Masidi Y, Dandavati N, Tan S, Chung Y.R, & Parkinson K .(2019). The shelter needs of domestic violence survivors and the availability and accessibility of shelters and related services in Selangor and Kuala Lumpur by Women's Aid Organization (WAO). Retrieved from https://www.ohchr.org/EN/Issues/Women/SRWomen/Pages/SheltersProtectionOrders.aspx

Sherina MS, Arroll B, Goodyear-Smith F. (2012). Criterion Validity of the PHQ-9 (Malay Version) in a Primary Care Clinic in Malaysia. Med J Malaysia, 67(3), 309–15.

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.

Sidik SM, Arroll B, Goodyear-Smith F. Validation of the GAD-7 (Malay version) among women attending a primary care clinic in Malaysia. J Prim Health Care, 4(1), 5–11.

Taccini, F., Rossi, A. A., & Mannarini, S. (2024). Understanding the role of self-esteem and emotion dysregulation in victims of intimate partner violence. Family Process, 63(4), 2258-2275

Toccalino, D., Haag, H., Nalder, E., Chan, V., Moore, A., Wickens, C. M., & Colantonio, A. (2024). "Using the right tools and addressing the right issue": A qualitative exploration to support better care for intimate partner violence, brain injury, and mental health. Plos One, 19(10), e0311852.

Tengku H.T.N. F., Ali, S. H., & Salleh, H. (2015). Patterns of help-seeking among women experiencing intimate partner violence in Malaysia. Asian Journal of Women's Studies, 21(1), 77-92.

Uvelli, A., Ribaudo, C., Gualtieri, G., Coluccia, A., & Ferretti, F. (2024). The association between violence against women and chronic pain: a systematic review and meta-analysis. BMC Women's Health, 24(1), 321. doi: 10.1186/s12905-024-03097-w.

White, S. J., Sin, J., Sweeney, A., Salisbury, T., Wahlich, C., Montesinos Guevara, C. M., & Iqbal, N. (2024). Global prevalence and mental health outcomes of intimate partner violence among women: a systematic review and meta-analysis. Trauma, Violence, & Abuse, 25(1), 494-511.

Xu, H., Luo, X., Shen, Y., & Jin, X. (2023). Emotional abuse and depressive symptoms among the adolescents: the mediation effect of social anxiety and the moderation effect of physical activity. Frontiers in Public Health, 11, 1138813.

Zhang, B., Wong, A., Constantino, R. E., & Hui, V. (2024). The association between psychological distress, abusive experiences, and help-seeking among people with intimate partner violence. BMC Public Health, 24(1), 1060.