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Does Empowering Victim to Earn a Living Reduces the Risk of Domestic Violence Severity? A Narrative Review and A Pilot Study

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ABSTRACT

Defined as the act of causing or attempting to cause physical, psychological or sexual harm to a person by another person who is either a spouse, former spouse, adult child, parent or any other family members, domestic violence is a global public health issue including in Malaysia. One way to mitigate the risk of domestic violence is through the ability of a domestic violence victim to earn her own income. Unfortunately, although some studies have shown that the higher the income level of the victim, the lesser the risk of domestic violence severity; other studies did not demonstrate this relationship. Using the Transtheoretical Model of Change and Walker's cycle of abuse, this paper first highlights the importance of creating awareness that domestic violence is not acceptable as well as advocating for a non-judgmental attitude to minimize stigmatization, secondary traumatization and rendering social support in helping victims toward a journey of sustained change. This paper then reports and discusses the results of a self-administered questionnaire pilot study conducted on female domestic violence victims admitted to the Sarawak General Hospital on the impact of income on domestic violence severity. Broadly speaking, the results suggest that the impact of earning income is not as straightforward as it appears to be and hence, not only that it may not reduce the domestic violence severity but paradoxically, may increase its severity.

Keywords: *domestic violence, economic empowerment. Transtheoretical model of change, Walker's cycle of abuse*

INTRODUCTION

Defined as the act of causing or attempting to cause physical, psychological or sexual harm to a person by another person who is either a spouse, former spouse, adult child, parent or any other family members, domestic violence (DV) is a pervasive global public health issue including in Malaysia. A recent report by the World Health Organization showed that up to almost one third of ever-married or partnered women aged 15–49 years old are estimated to have experienced physical and/or sexual intimate partner violence at least once in their lifetime (WHO, 2021).

In Malaysia, DV is legally defined in the Malaysian Domestic Violence Act 1994 (amended in 2012 and 2017) or Act 521, DV is defined as the commission of one or more of the following acts: (1) "willfully or knowingly placing or attempting to place the victim in fear of physical injury"; (2) "causing physical injury to the victim by such act which is known or ought to have been known would result in physical injury"; (3) "compelling the victim by force or threat to engage in any conduct or act, sexual or otherwise from which the victim has right to abstain"; (4) "confining or detaining the victim against the victim's will"; (5) "causing mischief or destruction or damage to property with intent to cause or knowing that it is likely to cause distress or annoyance to the victim"; (6) causing psychological abuse which includes emotional injury to the victim"; (7) "causing the victims to suffer delusions by using any intoxicating substance or any other substance without the victim's consent or if the consent is given, the consent was unlawfully obtained" or (8) "in the case where the victim is a child, causing the victim to suffer delusions by using any intoxicating substance or any other substance" by a person, either by himself or through a third party, against either (1) his or her spouse; (2) his or her former spouse; (3) a child or (4) any other member of the family (DVA, 1994, 2012, 2017). In fact, the 2017 amendment to the Domestic Violence Act has incorporated elements of economic abuse (i.e., "dishonestly misappropriating the victim's property which causes the victim to suffer distress due to financial loss") suggesting that economic abuse, though can be subtle, is increasingly recognized as a pervasive problem in our society.

A DV victim may also have to face a number of significant and painful consequences. For example, besides having to endure the physical trauma, a DV victim also faces a high risk of developing mental illnesses such as depression, post-trauma stress disorder, suicidal ideation and anxiety, a risk of unwanted pregnancy and sexually transmitted diseases, drug and alcoholic abuse as well as the risk of further physical, emotional or the more nuanced, economic abuse (Campbell, 2002; Ellsberg et al, 2008).

LITERATURE REVIEW

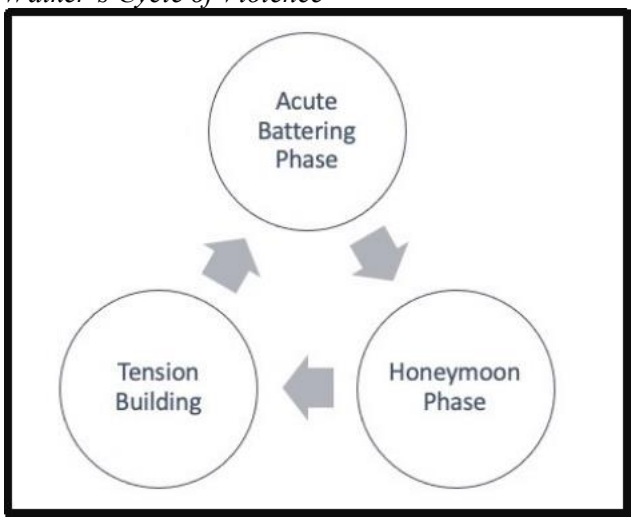
Walker's Cycle of Violence

In fact, many victims often experience repetitive cycles of abuse rather than a single episode of violence (this concept is also known as Walker's cycle of violence) (Walker, 1979; Wilson, 2019) (see Figure 1). Although Walker's cycle of violence has been criticized for being simplistic, it is a still good model that can broadly describe the experiences faced by many DV victims. The four phases in Walker's cycle of violence are: (1) the tension building phase. In this phase, tension between family members begin to occur and steadily builds to the point that the perpetrator becomes angry due to communication breaks down. The victim may feel that he/she is the one to be blamed for causing the troubles in the family, and felt compelled to concede to the demand of the perpetrator. However, the tension often does not subside but may continue to be escalated over a long period of time. (2) The acute battering phase. Although this phase may be the shortest phase of the cycle, this is often the most traumatic phase with physical, sexual and/or psychological abuses being inflicted upon the victim. In fact, the perpetrator at this phase, may convince himself that what he is doing is legitimate (for example, to "discipline the spouse"). (3) The honeymoon phase. In this phase, the perpetrator may recognize that he has gone too far with the abuse and apologizes to the victim. Some perpetrators may even beg for forgiveness or demonstrate sorrows and make promises that this kind of violence will not happen again. Other perpetrators however, may blame the victim for provoking the abuse or may attempt to minimize the severity of the trauma. The perpetrator may shower gifts to the victims making them feel that the abuse is over or

that the perpetrator will change for the better. However, tensions may soon arise again signaling the beginning of yet another cycle of violence (Wilson, 2019).

In this regard, it is imperative for healthcare providers as well as workers from relevant non-governmental organizations (NGO) to help the victim to break these cycles from being perpetuated as it has been shown that the longer a victim experiences these episodes of DV, the worse health outcomes she may have to end up with (Campbell, 2002).

Figure 1
Walker's Cycle of Violence



Note. Adapted from *The battered women* (1st ed), by L. E. Walker, 1979, New York: Harper & Row.

The Intricacies of DV in a Patriarchal Asian Context

However, the realities that a victim faces in an abusive relationship are much more complicated than meets the eyes (Reisenhofer & Taft, 2013). Even if the healthcare providers are ready to assist a victim, she may not be ready to disclose the DV acts and to take advantage of the resources offered (Chang et al., 2010). Disclosing violence, accepting aid from healthcare and NGO workers or even leaving an abusive relationship can be excruciatingly challenging (Reisenhofer & Taft, 2013), particularly in a patriarchal Asian culture (Ho, 1990; Brown, 2014).

A victim may face significant repercussions from the perpetrator and even from her own family, friends or community should she decides to make significant changes such as leaving an abusive relationship, pressing charges against the perpetrator or even to acknowledge the abusive relationships (Reisenhofer & Taft, 2013). There are a number of subtly hidden forces such as the perceived shameful nature of the abuse, the physical isolation ensured as well as the perceived decreased self-efficacy that deter DV disclosure or leaving an abusive relationship (Reisenhofer & Taft, 2013). Additionally, the fear of retaliation, financial hardship, loss of children, the feeling of self-blame, the lack of social and/or family support and the fear of stigmatization are other significant factors that further prohibit the victim from seeking help (Landenburger, 1989).

Similarly, in an Asian context, Ho (1990) reported that one of the factors why Asian women are reluctant to seek outside help and to leave the relationship is the fact that it requires her to break away from the traditional expectation to persevere, maintain peace and harmony and care for the home under any circumstances as well as the consequences of shame and "loss of face" for the entire family. Furthermore, their decision to leave the relationship is also hampered by having to separate their children as it is perceived that the children belong to their fathers. The Asian concept of "loss of face" implies that the entire family clan loses the respect and good name in the society when a member of the family is shamed (Ho, 1990).

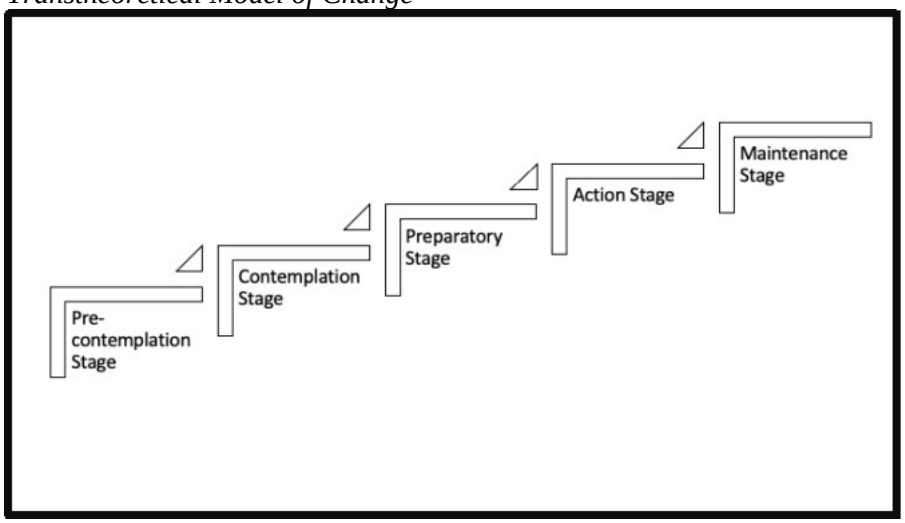
Besides that, unsupportive, non-judgmental healthcare and NGO workers or a lack of privacy may further compound their reluctance in this matter (Feder et al., 2006). Often, victim wishes that their healthcare providers demonstrate a greater understanding on the complexity of their DV experiences including the social and psychological ramifications, to understand its long-term nature (and, hence, the difficulty of finding a quick fix), and to be given some space and time to be able to progress at their own pace and not to be pressured to disclose, leave the relationship, or press charges against their partner or ex-partner (Feder et al., 2006).

Another important caveat that a healthcare provider should keep in mind is the fact that a pre-requisite for a victim to accept help is the realization that what she is experiencing is not acceptable (Reisenhofer & Taft, 2013; García-Moreno et al., 2015). Until and unless that the abusive attacks hurled at her are identified and named, the victim may not be willing to muster up the courage to make that turning point (Chang et al., 2010; García-Moreno et al 2015). Technically, turning points or proverbially, the "last straw that broke the camel's back" are defined as the specific incidents, factors or circumstances that permanently change how the victim perceives the DV experiences and their help-seeking or self-empowerment behaviors planned and made in order to attempt their situations (Chang et al., 2010). Chang et al. (2010) identified 5 pivotal turning points for a victim: (1) the need to protect others (particularly her children) from the perpetrator; (2) the escalating severity/humiliation with the abuse to the degree that even her life is threatened; (3) the increased awareness of options/access to support and resources; (4) a series of disappointments in changing the perpetrator's abusive behavior /a loss of hope that the relationship can improve/recognition that the cost of staying in the relationship is too great to bear any longer and (5) the perpetrator's betrayal or fidelity

Transtheoretical Model of Change

One of the helpful frameworks that a healthcare provider or NGO worker can use to journey together with a DV victim and to empower her to make the necessary turning points is the Transtheoretical Model of Change (TTM) (Prochaska & Velicer, 1997) (see Figure 2). TTM describes the five stages of an individual's readiness to change their behavior. These five stages are pre-contemplation, contemplation, preparation, action and maintenance. In the pre-contemplation stage, the victim does not yet have the awareness of the need to take action to change her current behavior or the state that she is in. In the contemplation stage, the victim begins to see that her current state is destructive for her and she starts to weigh in on the benefits and risks of making such behavioral changes. In the preparatory stage, the victim sees that behavioral changes are worth taking after considering the benefits and the risks and she begins to explore the various options on how to change her current state. In the action stage, the victim makes noticeable changes such as deciding to disclose the acts of the perpetrator, seek for interim protection order or to leave the abusive relationship. At this stage, she may be subjecting herself and those under her care to risk of repercussions or retaliation. In the maintenance stage, the victim needs enough grit and resilience as well as social support in order to maintain and sustain the changes made. Otherwise, the victim may relapse and return back into the abusive relationship and may even subject herself to more severe forms of violence. The victim requires empathetic support in every stage along the continuum of the TTM model. Among the enablers that increase the determination of a victim to change are the degree of family and social support as well as the availability of financial resources or employment. On the contrary, the degree of emotional attachment to the perpetrator decreases the ability of the victim to initiate change (Alexander et al., 2009).

Figure 2
Transtheoretical Model of Change



Note. Adapted from *The Transtheoretical model of health behavior change*, by J. O. Prochaska & W. F. Velicer, 1979, *12*(1), p. 38-48.

The Impact of Economic Empowerment

Indeed, economic empowerment has often been touted as a means to minimize the risk of DV and severity of DV (Gibbs et al., 2017). It is theorized that economic empowerment leads to improved welfare and better well-being (Eggers del Campo & Steinert, 2022), and this in turn, reduces the severity of DV (Farmer & Tiefenthaler, 1997). For example, (1) by increasing economic resilience, it reduces poverty-related stress, improved mental well-being and reduced risk of alcoholism and drug abuses; (2) by increasing household income, it leads to less quarrels and conflicts over money issues and (3) by empowering the victim to earn her own living, it leads to greater confidence, capacity and capability for her to be more financially independent, to leave or threaten to leave an abusive relationship (if any) as well as greater appreciation from her partner of her worth (Abramsky et al., 2019; Farmer & Tiefenthaler, 1997). These benefits of economic empowerment could be explained using the dependency theory (Bornstein, 2006). According to the dependency theory, victims with some amount of income earning capacity would have greater reservation utility and therefore, reduces their dependency on their spouses.

However, the findings from past studies on the impact of income on the risk and severity of DV thus far, had been rather mixed (Abramsky et al., 2019; Peterman et al., 2018). Furthermore, the number of related studies conducted in Asian settings including in Malaysia had been scanty. To the best of our knowledge, there was no specific study conducted on the population of DV victims in Sarawak with regards to the role of income-earning in reducing the severity of DV.

METHODOLOGY

Procedure

Using the validated World Health Organization (WHO) Violence Against Women Instrument (VAWI) (WHO, 2005; Nybergh et al., 2012), we conducted a cross-sectional, self-administered questionnaire pilot study on DV victims admitted to the One Stop Crisis Center (OSCC) in Sarawak General Hospital to examine the role of income on DV severity. Data collection took place between March 2021 to June 2022. Comparisons of categorical data were carried out using Pearson's chi-square or Fisher's exact test where appropriate. In this regard, Fisher's Exact test would be used if any of the expected cells in the categorical table has frequencies of less than five (Laerd Statistics 2017). A p-value of less than 0.05 was taken as statistically significant. Medical research ethics approval was obtained from the Malaysian Medical Research and Ethics Committee with reference no NMRR-20-1437-54831 (https://nmrr.gov.my/).

Participants
We included all DV victims admitted to OSCC aged 18 and above years old. Victims who were not medically stable (e.g., requiring resuscitation) were excluded. Male DV victims were excluded as well. Written informed consent was obtained from the victims prior to the commencement of the data collection.

Materials
The World Health Organization Violence Against Women Instrument (VAWI) is a validated instrument developed to assess violence victimization primarily against women (WHO, 2005; Nybergh et al., 2012). VAWI addresses three types of violence, i.e., (1) physical violence, (2) psychological violence and (3) sexual violence. This study adopted this instrument to understand the types and degree of severity of domestic violence to shed meaningful information for future domestic violence prevention. This instrument was used in our study. It contains 6 items in the physical violence construct, 4 items in the psychological violence construct and 3 items in the sexual violence construct.

According to the Department of Statistics Malaysia (DOSM 2020), the median monthly income in Sarawak was RM4544 per month in 2019. Based on this cut-off value, we defined low-income earners in Sarawak as those who earned below the median income level, i.e., below RM4,544 and high-income earners are those who earned above the median income level, i.e., RM4,544 and above.

FINDINGS AND DISCUSSION

Findings
A total of 82 female DV victims were recruited during the 15 months' period. The mean age of our participants were 35.59 years old (SD +/- 11.00 years old). The details of the demographic data are given in Table 1. The categorical analysis between income earnings and types of violence acts as described in VAWI are not significantly associated suggesting to us that income earning may not play a protective role against DV severity in our cohort of participants. The details of the categorical analyses using Chi-square test or Fisher-exact test are described in Table 2.

Table 1
Demographic Data of Participants

Variable		**N**	**%**
Ethnicity			
	Malay	48	58.5
	Iban	7	8.5
	Bidayuh	1	1.2
	Chinese	18	22.0
	Others	8	9.8
Marital Status			
	Single	10	12.2
	Married	65	79.3
	Divorced	4	4.9
	Widowed	3	3.7
Income Earning			
	Non-income earners	19	23.2
	Low-income earners	59	72.0
	High-income earners	4	4.9

Table 2

Associations between Violence Acts in Violence Against Women Instrument (VAWI) with Individual Income Level

	Variable	Non-income earners (n = 19)	Low-income earners (n = 59)	High-income earners (n = 4)	p-value
Psychological Violence					
	Insulted me in a way that made me feel bad about myself	17 (89%)	39 (66.1%)	4 (100%)	0.06
	Belittled and humiliated me in front of other people	10 (52.6%)	24 (40.7%)	2 (50.0%)	0.64
	Tried to scare and intimidate me on purpose (e.g., by the way he/she looked at you, by yelling or smashing things)	17 (89.5%)	40 (67.8%)	2 (50.0%)	0.11
	Threatened to hurt me or someone I care about	10 (52.6%)	36 (61.0%)	2 (50.0%)	0.76
Physical Violence					
	Pushed or shoved me	18 (94.7%)	46 (78.0%)	2 (50.0%)	0.08
	Thrown something at me that could have hurt me	10 (52.6%)	21 (35.6%)	2 (50.0%)	0.39
	Hit me with his/her fist or with some other object that could have hurt me*	18 (94.7%)	49 (83.1%)	2 (50%)	0.08
	Kicked and dragged me and beat me up	8 (42.1%)	29 (49.2%)	2 (50%)	0.86
	Choked me or burnt me on purpose	4 (21.1%)	16 (27.1%)	0 (0%)	0.44
	Hurt me with a knife, a gun or some other weapon	0 (0%)	5 (8.5%)	0 (0%)	0.35
Sexual Violence					
	Demanded to have sex with me even though I did not want to (but did not use physical force)	3 (15.8%)	12 (20.3%)	2 (50%)	0.30
	Forced me to have sex against my will by using his/her physical strength (by hitting, holding me firmly or threatening me with a weapon)	0 (0%)	6 (10.2%)	1 (25.0%)	0.19
	Forced me to perform sexual acts that I experienced as degrading and/or humiliating	0 (0%)	7 (11.9%)	1 (25.0%)	0.16

Note. *Fisher-Exact test was performed for this item as 3 cells (50%) have expected count of less than 5. All other items were analyzed using Chi-square Test.

Discussion

The findings from this pilot study suggest that empowering DV victim to earn a living may not reduce the severity risk of violence in Sarawak. Whilst this preliminary result should be interpreted with caution, the data thus far suggest that women who earn a higher income may encounter DV as severe as those in the lower income or no income groups. As mentioned, studies on the impact of income on DV incidences and DV severity has thus far been of mixed results (Abramsky et al., 2019; Peterman et al., 2018).

Similarly, Abramsky et al. (2019) also found that although some amount of income by the victims may be protective against DV, but when the victim contributes financially more than her spouse, this may lead to more arguments within the household, and thus, higher risk of more severe DV. Even in the Malaysian setting, whilst Yut-Lin & Othman (2008) and Othman et al. (2021) found that income played a positive role to reduce the risk of DV, Awang & Hariharan (2011) did not found it to be so.

This irony could be explained using two theories. According to the gender role strain theory (Pleck, 1995), when the victim earns more than her partner, the partner may perceive this as a reflection of his failure to fulfill his gendered role as the breadwinner for the family and thus results in a lot of negative stress reaction that may escalate to severe DV. A related theory that may explain this is the relative resource theory (Atkinson et al., 2005). According to this theory, when the victim earns more than her spouse, she may be perceived by the partner that she has transgressed her gender roles and she poses a threat to him, which may escalate into severe DV.

This study has a number of limitations that should be mentioned. First, this is a pilot study and at the time of writing, data collection is still going on. Second, the participants were recruited from SGH only. Hence, majority of the participants were from the vicinity of Kuching and Kota Samarahan divisions may not be representative of the entire Sarawakian perspective or even Malaysian perspective. Third, this pilot study only analyzed the association between income level and DV acts. Perhaps income earning itself is not enough to serve as an impetus to propel the victims through the stages of change as defined in the TTM model (Prochaska & Velicer, 1997) and to escape the cycles of violence (Walker, 1979). Perhaps there are other factors that could have perpetuated these cycles of violence (Reisenhofer & Taft, 2013).

CONCLUSION

In conclusion, despite of the limitations of this pilot study, the findings from this study suggest that empowering victims to earn a living does not reduce the risk of DV severity. The impact of income on DV severity is not as straightforward as it seems to be. Whilst from the dependency theory perspective, empowering a victim to earn a living reduces her dependency and increases her resourcefulness to initiate changes and to leave an abusive relationship. However, the reality is that it "always takes two to tango". From the gender role strain theory and relative resource theory perspectives, a victim with too high a capability and capacity to earn an income that exceeds that of her spouse may have tilted the resource provision and threaten the traditional role of her spouse; thus, paradoxically increases the DV severity.

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