

Unmasking domestic violence: Examining victim and perpetrator characteristics and injury patterns in Kuching, Sarawak

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ABSTRACT

Introduction: Domestic violence (DV) is a pervasive social and public health issue affecting millions globally, regardless of age, gender or socioeconomic background. Understanding victim and perpetrators' characteristics as well as the DV injury patterns are essential for developing targeted interventions and prevention strategies. Although past DV studies have often focused on female victims, it is increasingly recognised that DV affects a significant proportion of male victims as well. This study aimed to comprehensively examine both male and female DV victims and perpetrators, as well as the anatomical regions affected in DV cases in Kuching, Sarawak, so that a deeper understanding of DV within this community can be enhanced.

Materials and Methods: This prospective, observational study was conducted from March 2021 to March 2023, involving adult DV victims aged 18 years and above admitted to the One Stop Crisis Center (OSCC) of Sarawak General Hospital. Data were collected from the OSCC clerking sheet, focusing on the victims, perpetrators and the violence characteristics.

Results: A total of 133 DV victims were analysed, with 25.6% being male victims. Although majority of the perpetrators in cases involving male victims were male perpetrators, there was a significantly higher number of female perpetrators in these male DV cases (i.e., 5 out of 34 cases, 14.7%) compared to in female DV cases (4 out of 99 cases, 4.0%) ($p = 0.05$). The commonest type of relationship between the victims and perpetrators was spouses or ex-spouses (56.4%). Male victims had more cases involving weapons (67.6%) compared to female victims (26.3%), $p < 0.001$. The most affected anatomical region was the head and neck (63.9%) region although no significant differences were observed.

Conclusion: The study reveals that DV affects individuals across all societal classes and income groups. Although weapons were used more frequently in male DV cases, other injury characteristics and affected anatomical regions were not significantly different between genders, suggesting female perpetrators can inflict similar injuries as male perpetrators. Subgroup analysis showed that the majority of

male victims faced abuse from their children or grandchildren, hinting at hidden geriatric abuse, that should be unmasked and treated as a separate entity.

KEYWORDS:

Domestic violence, victim-perpetrator relationships, male victims, victim characteristics, perpetrator characteristics

INTRODUCTION

Domestic violence (DV) is a pervasive and devastating social and public health issue that affects millions of individuals worldwide, regardless of age, gender, race, religion or socioeconomic background.¹⁻³ Despite the growing awareness and efforts to address DV, it remains a complex and often hidden problem that lurks frequently behind closed doors.¹ The consequences of DV may extend beyond the immediate victims, impacting family members, children, friends and even employers and co-workers as well.¹

Understanding the characteristics of victims and perpetrators in DV cases, as well as the anatomical regions where the injuries are inflicted, is crucial for developing targeted interventions, support services and prevention strategies tailored to victims' specific needs. Raising societal awareness of the negative consequences of DV for example, can help survivors, not only to openly discuss their experiences and seek support, but can also encourage those who are suffering in silence to recognise the abuse they are experiencing.³ Indeed, the World Health Organisation (WHO) emphasises the critical role that the healthcare providers play in DV prevention and education.³ Unfortunately, comprehensive information on the profiles of victims and perpetrators as well as the associated DV injury patterns are not readily available in many regions, including in Malaysia.⁴

In the Malaysian context, Awang and Hariharan⁵ had examined the socioeconomic characteristics of DV victims and perpetrators, the nature and types of violence as well as the frequency of incidents based on secondary data obtained from the Women's Aid Organisation (WAO) Malaysia from 2002 to 2005. Their findings revealed that out of the 162 cases analysed, nearly half of the victims were in their 30s, while 33% were 29 or younger. Similarly, over half of the

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perpetrators were in their 30s. However, the study by Awang and Hariharan⁵ only focused on female DV victims and did not include male victims in its analysis.

Indeed, DV narrative has often been viewed from a female-gendered lens.^{6,7} In reality, however, it is increasingly recognised that DV can affect a substantial proportion of male victims as well. For example, Truman and Morgan⁸ reported that, whilst the frequency of severe DV involving female victims can be as high as 25%, one in nine men were also reported to have experienced some forms of DV with serious consequences including injury, fearfulness and post-traumatic stress disorder. Despite that, in contrast to cases involving female DV victims, cases involving male DV victims are rarely researched.

Hence, there is an urgent need for a comprehensive study examining the characteristics of victims and perpetrators in DV cases across both genders, as well as the anatomical regions affected by these injuries. This study aimed to address this literature gap in order to contribute to a deeper understanding of DV within our community in Kuching, Sarawak.

MATERIALS AND METHODS

This was a prospective, observational design conducted from March 2021 to March 2023 in One Stop Crisis Center (OSCC) of Sarawak General Hospital (SGH). OSCC is defined as a multidisciplinary, health-system oriented centre that delivers healthcare services as well as a combination of social, legal and shelter support services to victims of domestic violence, child abuse, rape and sexual abuses.⁹

Participants

Participants of this study were all adult DV victims aged 18 years and above admitted to the OSCC of SGH during the study period. Victims who were haemodynamically unstable at the time of admission and cases involving rape or statutory rape, as defined under Section 375 of the Malaysian Penal Code (and not under the Domestic Violence Act or Act 521), were excluded.

Materials

All data needed in this study were obtained from the OSCC clerking sheet. The data can be categorised in to three sections, i.e., (1) characteristics of victims, (2) characteristics of the main perpetrator and (3) characteristics of the violence.

For the characteristics of victims, the variables obtained were the gender, age, monthly income and educational level. For the characteristics of the main perpetrator (defined as the individual perceived by the victim to have inflicted the most significant injuries and trauma, in instances involving multiple perpetrators), the data obtained were the gender of the main perpetrator and their relationship to the victim, such as spouse or ex-spouse, parent, child or grandchild, other relatives, or non-spousal intimate partners. For the characteristics of the abuse, data obtained were: (1) whether the victim was restrained or not, (2) whether the victim put up resistance or not and (3) whether a weapon was used or not during the violence. The anatomical regions inflicted

during the violence were categorised as head and neck, trunk, right and left upper limbs and right and left lower limbs regions.

Procedure

Upon obtaining informed consent from the DV victims, data from the OSCC clerking sheet at SGH were manually entered into a separate data collection form specifically designed for this study. No additional face-to-face interview was necessary. The medical research ethics approval from the Malaysian Medical Research and Ethics Committee (NMRR-20-1437-5483; <https://nmrr.gov.my/>) was obtained before starting this study.

RESULTS

A total of 133 DV victims in OSCC of SGH between March 2021 to March 2023 were included in the analysis. Of these, 34 (25.6%) were male and 99 (74.4%) were female victims. The median age of the entire cohort of victims was 35 years. Mann-Whitney U test revealed that the median age for male victims (42.5 years) was statistically higher than that for female victims (34.0 years), $U = 1151.5$, $z = -2.74$, $p = 0.01$.

Regarding perpetrators' gender, majority were male perpetrators (124 or 92.8%), while only nine (6.8%) were female perpetrators. Similar to cases involving female victims, majority of the perpetrators in male victim cases were also caused by male perpetrators (with 96.0% and 83.5%, respectively). However, the number of female perpetrators in cases of male victims was statistically higher than the number of female perpetrators in cases of female victims, i.e., five out of 34 cases (14.7%) and four out of 99 cases (4.0%), respectively, $p = 0.05$.

The relationships of the main perpetrator with the victim were as follows: the majority of these perpetrators were: (1) spouses or ex-spouses (75 cases or 56.4%), followed by their (2) siblings (20 cases, 15.0%), (3) children or grandchildren (18 cases, 13.5%), (4) relatives (8 cases or 6.0%), (5) non-spousal partners (such as cohabiting boyfriends, girlfriends, fiancé, etc) (7 cases, 5.3%) and (6) parents (5 cases, 3.8%).

Fisher's exact test was used to analyse the relationships of the main perpetrator with the victims according to the victims' gender, revealing statistically significant differences between the groups ($p < 0.001$). Post hoc analysis involved pairwise comparisons using multiple Fisher's exact tests (2×2), and statistically significant differences were noted between (1) the 'spouse/ex-spouse' and 'siblings' groups, (2) the 'spouse/ex-spouse' and 'children or grandchildren' groups, (3) the 'spouse/ex-spouse' and 'relatives' groups, (4) the 'siblings' and 'non-spousal partners' groups and (5) the 'children or grandchildren' and 'non-spousal partners' groups, all with $p < 0.001$.

With regards to whether the perpetrator had used weapons during the abuse, significantly more cases with weapons were observed in male victim cases (23 out of 34, 67.6%) than in female victim cases (26 out of 99, 26.3%), $p < 0.001$.

The most affected anatomical region was the head and neck region (happened in 85 out of 133 cases or 63.9%), followed

Table I: Analysis of relationships of main perpetrators with victim according to victim's gender

	Victim's gender		p-value
	Male (n = 34)	Female (n = 99)	
Victim's age in years (range)	42.5 (19 - 66)	34.0 (18 - 73)	0.01**
Victim's income level			0.32
Median income (RM per month)	RM1150	RM1000	
Income range (RM per month)	RM0 – RM5000	RM0 – RM21000	
Victim's educational level	0.33**		
No formal education	0	1 (1.0%)	
Primary school	7 (21.2%)	9 (9.3%)	
Secondary school	22 (66.7%)	62 (63.9%)	
Pre-university/diploma	2 (6.1%)	17 (17.5%)	
Bachelor degree and above	2 (6.1%)	4 (4.1%)	
Postgraduate degree	0	2 (2.1%)	
Professional qualification	0	2 (2.1%)	
Missing data	1	2	
Number of perpetrators			0.23**
1	31 (91.2%)	96 (97.0%)	
2	3 (8.8%)	2 (2.0%)	
3	0	0	
4	0	1 (1.0%)	
Main perpetrator's gender			0.05**
Male	29 (85.3%)	95 (96.0%)	
Female	5 (14.7%)	4 (4.0%)	
Perpetrator who used alcohol/illicit drug during the abuse	1 (2.9%)	1 (1.0%)	0.45**
Relationship of main perpetrator with the victim			<0.001**
Spouse	4 (11.8%)	71(71.7%)	
Parents	1 (2.9%)	4 (4.0%)	
Sibling	13 (38.2%)	7 (7.1%)	
Children or grandchildren	12 (35.3%)	6 (6.1%)	
Relatives	4 (11.8%)	4 (4.0%)	
Non-spousal partners	0	7 (7.1%)	
Characteristics of abuse			
Weapons used during abuse	23 (67.6%)	26 (26.3%)	<0.001***
Put up resistance during abuse	25 (73.5%)	57 (57.6%)	0.10***
Victim was restrained during abuse	2 (5.9%)	3 (3.0%)	0.60**
Injury patterns:			
Anatomical regions of injuries			
Head and neck	21 (61.8%)	64 (64.6%)	0.84***
Trunk (front)	3 (8.80%)	6 (6.10%)	0.69**
Trunk (back)	4 (11.80%)	12 (12.10%)	0.99**
Left upper limb	12 (35.30%)	27 (27.30%)	0.39***
Right upper limb	10 (29.40%)	27 (27.30%)	0.81***
Left lower limb	2 (5.90%)	10 (10.10%)	0.73**
Right lower limb	4 (11.80%)	8 (8.10%)	0.52**

*Note: As one or more cells have expected count of less than 5, Fisher-exact test was used for this analysis.

by the left upper limb (39 out of 133 cases, 29.3%) and the right upper limb (37 out of 133 cases, 27.8%). No statistically significant differences were observed in all anatomical regions when analysed according to the victims' gender as well as the perpetrators' gender.

Subgroup analysis of the 34 male DV victims revealed that in merely four out of 34 cases (11.8%), the perpetrators were their spouses. Surprisingly, majority of these cases involved siblings (13 out of 34 cases, 38.2%) as well as children or grandchildren (12 out of 34 cases, 35.3%) as the perpetrators. In another four cases (11.8%), the perpetrators were relatives of the victims, and in one case (2.9%), the perpetrator was the parent. Among these 12 cases of male DV abused by their children or grandchildren, the youngest of these victims is 40 years old, while the oldest victim is 66 years old. The detailed

results of the victims' characteristics, perpetrators' characteristics and injury patterns analysed according to victim's gender are given in Table I.

DISCUSSION

Findings from this study suggest that DV can affect individuals from all societal classes, transcending income groups and educational backgrounds. This is evidenced from the fact that although the median income of DV victims in this study (RM 1150 per month for male victims and RM 1000 per month for female victims) was below the minimum wage of Malaysia in 2022 (i.e., RM 1500 per month),10 the range of income of our victims varied considerably from no income at all to earning more than RM20,000 per month for female victims and RM5,000 per month for male victims. In other

words, although lower-income earners are more likely to suffer from DV,¹¹ in reality, DV victims can be found in all socio-economic classes.¹²

Other than the findings that weapons were significantly used in male DV victims, other characteristics (i.e., whether the victim was restrained during abuse or not and whether the victim put up resistance or not during abuse) as well as the anatomical regions affected were not significantly different between the gender of the victims, suggesting that the female perpetrators are capable to inflict similar intensity and pattern of injuries compared to male perpetrators. Indeed, only a few past studies have been published comparing male and female perpetrators. In the review by Swan et al,¹³ it was shown that women can be just as likely as men to perpetrate physical violence, and some studies even reported a higher prevalence of physical aggression committed by women. Unfortunately, male victims tend to underreport violent offenses due to feelings of shame, fear, perceptions that the injuries were minor enough to be ignored, as well as a lack of information and appropriate support rendered to them.¹⁴ Consequently, we believe that the cohort of our DV cases in Sarawak may also contain underreporting from male victims who might be reluctant to report incidents due to feelings of shame and embarrassment. Unsurprisingly, the head and neck region, due to its exposure and vulnerability, was found to be the most commonly inflicted region in DV, a finding that was also identified in a systematic review on the anatomical regions of elderly abuse.¹⁵

Another key insight that can be gleaned from this study is the finding that as many as one in four DV victims in our population were male victims. Unfortunately, many past research on DV had predominantly focused on female victims despite the fact that men can also be DV victims, experiencing both physical and psychological abuse caused their female partners as the perpetrators.⁶ In fact, one of the main reasons men do not report abuse is the belief that the authorities such as the police would downplay its severity and would not take any serious action.¹⁶ Hence, there is a need for society to be aware that DV cases affecting, as well as avoiding judgmental attitudes so that male victims may feel safe to report such incidents.⁶

More importantly, the subgroup analysis performed on the male victims of DV alone revealed that the majority of perpetrators were not their spouses, but rather their children or grandchildren. This suggests that cases of geriatric abuse may be hidden under the facade of DV. This possibility was further indicated by the fact that the age of male and female victims in this study was as old as 66 and 73 years old, respectively. The global prevalence of geriatric abuse is estimated to be around 15.7%.¹⁷ In Malaysia it was found that the mean age of elder abuse victims was 70 years¹⁸ whilst specifically for Sarawak, it was most prevalent among those aged 60 to 69 years,¹⁹ both of which are consistent with the finding of this current study.

This study has several pertinent limitations that should be mentioned. First, the participants in this study were recruited exclusively from DV victims admitted to OSCC, SGH. Hence, our sample may only be representative of DV cases from the Kuching and Kota Samarahan divisions and may not be

reflective of DV cases from the entire state of Sarawak nor Malaysia as a whole. Second, the study only included DV victims who were admitted the OSCC, potentially overlooking those who suffered in silence and did not report their experiences. Furthermore, DV encompasses not only physical violence but also psychological, sexual and now even include economic abuse as well. Therefore, our data may not capture cases primarily characterised by psychological violence or economic abuse (with less physical violence), as victims who step forward to seek assistance are primarily doing so due to the perceived severity of the physical violence that they experience. Additionally, the study may also have excluded cases where the violence was predominantly sexual in nature, as sexual abuses particularly for rape, statutory rape, and sodomy are legally classified as separate entities in Malaysia. Another limitation of the study is that it only collected personal details of the main perpetrator, neglecting information on secondary, tertiary or other additional perpetrators. Furthermore, we only captured data on whether weapons were used or not, but we did not capture the specific details regarding the types of weapons used (e.g., blunt or sharp objects). Lastly, our study also did not record the specific types of wounds (bruises, abrasions, haematomas, lacerations, etc.) sustained by the victims, as we focused only on the anatomical regions affected.

Despite its limitations, we believe that the findings from this study call for the implementation of comprehensive strategies to improve our support systems, awareness education initiatives as well as reporting mechanisms for all DV victims in Malaysia. Notably, as it is revealed that as one in four DV victims in our study population were male, this emphasises the need for increased awareness and support for male victims. Additionally, the fact that there were no significant differences in terms of the anatomical regions affected between male and female perpetrators suggests that both genders are capable of inflicting similar patterns of injuries. This underscores the necessity of addressing DV issue inclusively, regardless of the perpetrator's gender.

CONCLUSION

This study highlights the importance of recognising domestic violence (DV) as a complex issue affecting individuals across all the societal classes, income groups and educational backgrounds. As such, inclusive support services and educational programs that address the diverse backgrounds of DV victims are needed. Furthermore, this study also sheds light on the potential prevalence of geriatric abuse hidden within these DV cases, as the majority of male victims were abused by their children or grandchildren rather than spouses. Inclusive awareness campaigns that can challenge stereotypes about DV victims, are needed.

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