ORIGINAL ARTICLE

Risk Factors of Workplace Violence Among Officers in the Department of Immigration Malaysia

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ABSTRACT

Introduction: Workplace violence (WPV) is a growing occupational safety issue that threatens employees' well-being and organizational functioning, yet empirical evidence among Malaysian immigration officers remains limited, constraining the development of occupation-specific prevention strategies. This study aimed determine the prevalence, characteristics, and risk factors of WPV among officers in the Department of Immigration Malaysia. **Method:** A cross-sectional study was conducted among 283 immigration officers using a validated, self-administered questionnaire. Data were analysed using descriptive statistics, Chi-square tests, and multiple logistic regression. Logistic regression results were expressed as adjusted odds ratios (AOR) with 95% confidence intervals (CI). **Results:** The prevalence of WPV was 23.0%. Verbal abuse was most common (19.1%), followed by bullying/mobbing (5.3%), physical violence (3.9%), and sexual harassment (1.8%). The public (58.8%) and colleagues (45.9%) were the main perpetrators. Bivariate analyses showed significant associations between WPV and public interaction, frequency of interaction, and organizational support. In the multivariable logistic regression, working predominantly with the public (AOR = 3.86, 95% CI: 1.62–9.22), extended daily working hours (AOR = 1.29, 95% CI: 1.04–1.61), and shift work (AOR very large, $p < 0.001$) remained independent predictors of WPV, while race showed variable effects. **Conclusion:** WPV is a significant occupational hazard for immigration officers, driven by public-facing duties, long working hours, and shift schedules. These findings highlight the need for organizational interventions to reduce exposure risks and enhance protective measures, particularly for officers with high public contact and irregular work hours.
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INTRODUCTION

Workplace violence (WPV), as defined by the World Health Organization (WHO), refers to incidents where workers are abused, threatened, or assaulted in circumstances related to their work, resulting in physical injury, psychological trauma, or both (1). WPV includes physical violence (e.g. hitting, pushing, assault) and psychological violence, such as verbal abuse, bullying or mobbing, threats, and sexual harassment (2). Exposure to WPV has been associated with adverse outcomes including anxiety, depression, post-traumatic stress disorder, reduced job satisfaction, absenteeism, and decreased organisational productivity (4–6). Globally, WPV represents a serious occupational health issue, with over two million employees reporting incidents annually (4), and it contributes significantly to workplace fatalities, as reported by the U.S. Bureau of Labor Statistics and the National Safety Council (5, 6). Although WPV is well-documented in the USA and Europe, research in Malaysia remains limited and fragmented (8). Although studies on WPV in Malaysia remain limited, existing research has documented workplace violence among healthcare workers, educators, and service-sector employees. These studies highlight verbal abuse and bullying as the most common forms of violence. However, immigration officers differ from healthcare personnel in terms of enforcement authority, detention responsibilities, and public compliance roles, suggesting distinct exposure mechanisms that warrant separate investigation.

At the international level, workplace violence prevention is addressed through instruments such as the International Labour Organization (ILO) Convention No. 190 on Violence and Harassment at Work, which

recognises violence as a violation of human rights and an occupational safety issue. In Malaysia, although there is no standalone legislation on WPV, protections are embedded within the Occupational Safety and Health Act 1994 (OSHA 1994), which obligates employers to ensure the safety, health, and welfare of employees at work. Additionally, the Department of Occupational Safety and Health (DOSH) issued the Guidance on the Prevention of Stress and Violence at Work, acknowledging psychosocial hazards including workplace violence. While WPV research has largely focused on healthcare workers, immigration officers represent a distinct high-risk occupational group due to the nature of their job tasks. These include border control, enforcement of immigration laws, document verification, detention management, and frequent face-to-face interaction with members of the public in emotionally charged or confrontational situations. Such duties involve authority enforcement, compliance monitoring, and decision-making under time pressure, all of which increase the likelihood of hostile encounters and exposure to workplace violence. Besides, emotional regulation, a core component of emotional intelligence theory, refers to an individual's ability to manage emotional responses during stressful or confrontational situations. Although emotional regulation does not prevent exposure to violence, it may influence how workers perceive, respond to, and cope with aggressive encounters, thereby justifying its inclusion as a psychosocial factor in this study

This study would investigate the risk factors of WPV among officers in the Department of Immigration Malaysia, addressing a critical knowledge gap in local research. This study is underpinned by Social Exchange Theory and Perceived Organisational Support (POS) theory, which posit that employees who perceive strong organisational care and support are more likely to experience positive well-being and reduced vulnerability to adverse workplace outcomes. Organisational support may mitigate WPV by fostering effective reporting systems, supervisory support, and preventive safety practices.. Prior studies demonstrate that strong organizational support enhances employee well-being, reducing the impact of hostile environments (13–16), while effective emotional management aids in coping with workplace stressors and violence (17, 18).

MATERIALS AND METHODS

Settings and Participants

A cross-sectional study was conducted among immigration officers working in selected offices within central and northern regions of Peninsular Malaysia. A total of 283 immigration officers by employed convenience sampling due to operational constraints inherent to enforcement work, including shift-based duties, security-sensitive environments, and the absence of a complete sampling frame. Recruitment was conducted independently of duty rosters and without supervisor selection to minimise selection bias. While this approach may limit generalisability, it is appropriate for exploratory occupational health research involving hard-to-reach enforcement populations.

Following the inclusion criteria, which were immigration officers with at least one year of service and direct operational duties involving public interaction. Meanwhile, the exclusion criteria included administrative-only personnel, officers on long-term leave, and those without routine public-facing responsibilities. Ethical approval was obtained from the Ethics Committee for Research Involving Human Subjects, Universiti Putra Malaysia (JKEUPM/2018/362), and all participants provided written informed consent, ensuring confidentiality and voluntary participation. Following instrument selection and translation, quality assurance procedures were conducted, including content validation, pre-testing, and reliability assessment. Cronbach's alpha coefficients exceeded 0.70, indicating acceptable internal consistency. This step was essential to refine ambiguous items, reduce response bias, and confirm the instrument's clarity and consistency prior to full deployment.

Study Instrument

Data were collected using a self-administered questionnaire, translated into Malay, and structured into four key sections. The first section assessed socio-demographic and work-related characteristics, including age, gender, marital status, race, education, income, employment duration, working hours and days, shift work participation, and frequency of public interaction. Perceived organizational support was measured using the 8-item Survey of Perceived Organizational Support (16), applying a 7-point Likert scale from "strongly disagree" (0) to "strongly agree" (6). Emotional regulation was assessed using a 10-item subscale adapted from the Quick Emotional Intelligence Self-Assessment (18), utilizing a 5-point Likert scale ranging from "never" (0) to "always" (4). The original Likert scale ranges of the validated instruments were retained to preserve their established psychometric properties. Although the response ranges differed (0–6 and 0–4), all scales were analysed according to their respective scoring guidelines, and no direct score comparisons across scales were performed. Workplace violence was assessed using adapted items from the ILO/ICN/WHO/PSI questionnaire (2). Although originally developed for healthcare settings, the instrument was selected due to its comprehensive assessment of physical and psychosocial violence. Items were linguistically and contextually adapted by replacing healthcare-specific terminology with references relevant to immigration enforcement. All instruments were administered in Malay, following forward–backward translation procedures to ensure conceptual and linguistic equivalence.

Statistical Analyses

Data were analysed using IBM SPSS Statistics Version 29 for multivariable analysis. Descriptive statistics were used to summarise socio-demographic, occupational, organizational, and emotional characteristics. Normality of continuous variables was assessed using the Shapiro–Wilk test and visual inspection of histograms. Model fit was evaluated using the Hosmer–Lemeshow goodness-of-fit test, and multicollinearity was assessed using variance inflation factors (VIF < 5). Bivariate associations between workplace violence (WPV) and independent variables were examined using Chi-square tests. Variables with $p < 0.20$ in bivariate analyses were included in the multivariable logistic regression to avoid premature exclusion of potential confounders. Adjusted odds ratios accounted for age, gender, working hours, shift work, public interaction, organisational support, and emotional regulation, as well as those theoretically relevant, were entered into a multiple logistic regression model to determine independent predictors of WPV. Logistic regression results were reported as adjusted odds ratios (AOR) with 95% confidence intervals (CI), using robust standard errors to account for potential heteroscedasticity. Model reduction was performed by retaining predictors significant at $\alpha = 0.05$; if none, α was relaxed to 0.10 to avoid overfitting with sparse categories. Multicollinearity was assessed using variance inflation factors (VIF), with a cut-off of < 5 indicating acceptable collinearity. Statistical significance was determined at $p < 0.05$ (two-tailed).

RESULTS

A robust response rate of 95% was achieved, with 283 of 300 distributed questionnaires being completed. Referring to **Table I**, the participants were predominantly female (64.0%, n = 181), aged 31–40 years (56.2%, n = 159), married (76.0%, n = 215), and of Malay ethnicity (89.0%, n = 252). The median household income was RM3,000, ranging from RM1,300 to RM30,000. The median duration of employment was 10 years. The median daily working hours and weekly working days were 9.0 hours and 5.0 days, respectively. Most officers did not work in shifts (97.5%, n = 276) or between 7.00 p.m. and 7.00 a.m. (84.5%, n = 239). Frequent public interaction was reported by 75.3% (n = 213) of respondents, with 50.5% (n = 143) indicating interaction with the public "all the time," primarily in indoor settings (91.9%, n = 260).

Prevalence of Workplace Violence (WPV)

As shown in **Table II**, 23.0% (n = 65) of officers reported exposure to at least one form of workplace violence. Verbal abuse was the most frequently reported type (19.1%, n = 54), followed by bullying/mobbing (5.3%, n = 15), physical violence (3.9%, n = 11), and sexual harassment (1.8%, n = 5).

Table I: The distribution of socio-demographic characteristics among respondents (n=283)

Variables	Socio-demographic characteristics		
	f (%)	Median	Min - Max
Age			
≤ 30	76 (26.9)		
31 – 40	159 (56.2)	35.0	19- 67
41 – 50	32 (11.3)		
51 -60	16 (5.7)		
Sex			
Male	102 (36.0)	-	-
Female	181 (64.0)		
Marital Status			
Single	60 (21.2)		
Married	215 (76.0)	-	-
Divorced	8 (2.8)		
Race			
Malay	252 (89.0)		
Chinese	10 (3.5)	-	-
Indian	6 (2.1)		
Others	15 (5.3)		
Education Level			
SPM	130 (45.9)		
Diploma	114 (40.3)		
Degree	27 (9.5)	-	-
Master	12 (4.2)		
PhD	0 (0.0)		
Household Income			
Below RM3000	155 (54.8)	3000	1300 - 30000
RM 3000 – RM8000	114 (40.3)		
Above 8000	14 (4.9)		

Table II: Distribution of WPV among respondents (N = 283)

Types of WPV	Yes	No
	f (%)	f (%)
Workplace violence	**65 (23.0)**	**219 (77.0)**
Physical violence	11 (3.9)	272 (96.1)
Verbal abuse	54 (19.1)	229 (80.9)
Bullying / mobbing	15 (5.3)	268 (94.7)
Sexual harassment	5 (1.8)	278 (98.2)

*Respondents could choose more than one type of workplace violence.

Perpetrators of Workplace Violence

As presented in **Table III**, the public was identified as the most common perpetrator of verbal abuse (14.5%, n = 41) and physical violence (1.8%, n = 5). In contrast, colleagues were the primary perpetrators of bullying/mobbing (3.9%, n = 11) and sexual harassment (1.1%, n = 3).

Table III: Distributions of perpetrators for workplace violence (N=283)

Variables	Physical Violence	Verbal Abuse	Sexual harassment	Bullying / mobbing
	f (%)	f (%)	f (%)	f (%)
12-months prevalence	11 (12.9)	54 (63.5)	15 (17.6)	5 (5.9)
The perpetrator				
Colleagues	3 (3.5)	18 (21.2)	14 (16.5)	4 (4.7)
General Public / Clients	5 (5.9)	41 (48.2)	3 (3.5)	1 (1.2)
Relatives	1 (1.2)	0	0	0
Criminals	1 (1.2)	0	0	0

* Respondents could choose more than one perpetrator.

Association Between Sociodemographic Characteristics and Work Characteristics, Organizational Support, and Emotional Management with WPV

Table IV presents the bivariate associations between socio-demographic characteristics, work characteristics, and workplace violence. Statistically significant associations were observed for interaction with the public (x= 8.884, p = 0.003), persons most frequently worked with (x= 10.250, p = 0.006), and frequency of interaction with the general public (x= 11.600, p = 0.003). Officers who interacted with the public were more likely to report workplace violence compared to those without public interaction (27.2% vs. 16.1%). In addition, officers who predominantly worked with the general public reported a substantially higher prevalence of workplace violence (48.3%) compared to those working mainly with colleagues (20.4%). A dose–response pattern was observed for frequency of public interaction, with workplace violence reported by 15.4% of officers who never interacted with the public, 14.3% among those who interacted sometimes, and 31.5% among those interacting with the public all the time. No statistically significant associations were observed for age, gender, marital status, race, education level, household income, years of employment, working hours per day, working days per week, shift work, night work (7.00 p.m.–7.00 a.m.), routine physical contact with the public, work setting (indoor/outdoor), or number of colleagues in the same workplace (p > 0.05).

Organisational Support and Emotional Management

Table V presents the descriptive distribution of organisational support and emotional management among respondents. The mean organisational support score was 36.5, and based on median cut-off values, respondents were categorised into low and high organisational support groups. A majority of respondents reported high emotional management ability (92.9%, n = 263), while 7.1% (n = 20) were categorised as having low emotional management.

Table VI shows the association between organisational support, emotional management, and workplace violence. A statistically significant association was observed between organisational support and workplace violence (x = 4.314, p = 0.038), whereby officers with low organisational support reported a higher prevalence of workplace violence compared to those with high organisational support. No statistically significant association was found between emotional management and workplace violence (p = 0.072).

Multivariable Logistic Regression Analysis

Table VII presents the results of the multivariable logistic regression analysis examining independent predictors of workplace violence. After adjustment for potential confounders, officers who predominantly worked with the general public were significantly more likely to experience workplace violence compared to those

Table IV: Association between socio-demographic and work characteristics factors with workplace violence among respondents (N = 283).

Risk factors	WPV		X^2	p – value
	Yes f (%)	No f (%)		
Age				
≤ 35 years old	42(26.3)	118 (73.8)	2.780	0.095
> 35 years old	22 (17.9)	101 (82.1)		
Gender				
Male	25 (24.5)	77 (75.5)	0.327	0.567
Female	39 (21.5)	142 (78.5)		
Marital Status				
Single	15 (22.1)	53 (77.9)	0.042	0.838
Married	50 (23.3)	165 (76.7)		
Race				
Malay	59 (23.4)	193 (76.6)	0.837	0.360
Non – Malay	5 (16.1)	26 (83.9)		
Highest Education Level				
≤ SPM	24 (18.5)	106 (81.5)	2.760	0.097
≥ Diploma	9 (26.8)	30 (73.2)		
Household Income				
≤ RM 3000	36 (23.2)	119 (76.8)	0.073	0.626
> RM 3000	28 (21.9)	100 (78.1)		
Years of employment				
≤ 10 years	33 (23.2)	109 (76.8)	0.064	0.801
> 10 years	31 (22.0)	110 (78.0)		
Working hours/day				
≤ 9 hours/day	54 (22.0)	191 (78.0)	0.344	0.558
> 9 hours/day	10 (26.3)	28 (73.7)		
Working days/week				
≤ 5days/week	57(22.4)	197 (77.6)	0.043	0.836
> 5 days/week	7 (24.1)	22 (75.9)		
Working Shift				
Yes	0 (0.0)	7 (100.0)	2.098	0.148
No	64 (23.2)	212 (76.8)		
Working at 7pm – 7am				
Yes	9 (20.5)	35 (79.5)	0.139	0.709
No	55 (23.0)	184 (77.0)		
Interaction with public				
Yes	58 (27.2)	155 (72.8)	8.884	0.003*
No	7 (16.1)	63 (53.9)		
Routine direct physical contact with general public				
Yes	6 (28.6)	15 (71.4)	0.006	0.807
No	53 (26.1)	150 (73.9)		
Persons most frequent work				
Colleagues	29 (20.4)	113 (79.6)	10.250	0.006*
General Public	14 (48.3)	15 (51.7)		
Gender of public that most frequently work with				
Male	28 (28.3)	71 (71.7)	0.756	0.685
Female	14 (27.5)	37 (72.5)		
Frequency of interaction with general public				
Never	2 (15.4)	11 (84.6)		
Sometimes	18 (14.3)	108 (85.7)	11.600	0.003*
All the time	45 (31.5)	98 (68.5)		
Most of the time working at				
Indoor	60 (23.1)	200 (76.9)	0.021	0.884
Outdoor	5 (21.7)	18 (78.3)		
Num. of colleagues in same place				
< 10	37 (20.3)	145 (79.7)	2.007	0.157
> 10	28 (27.7)	73 (72.3)		

*Significant when p-value < 0.05, X^2 = Chi-square test

working mainly with colleagues (AOR = 3.86, 95% CI: 1.62–9.22, p = 0.002). Longer daily working hours were also associated with increased odds of workplace violence (AOR = 1.29, 95% CI: 1.04–1.61, p = 0.022). Officers engaged in shift work had significantly higher odds of experiencing workplace violence compared to non-shift workers (AOR = 8.84, 95% CI: 1.23–63.54, p = 0.031). Race did not remain significantly associated with workplace violence after adjustment.

DISCUSSION

This study significantly contributes to the existing literature by quantifying the prevalence of workplace violence (WPV) among officers in the Department of Immigration Malaysia. The findings show a prevalence of 23.0% of respondents experiencing at least one type of WPV in the past year, which is notably higher than the 8.9% reported among law enforcement employees in a 2011 study, reinforcing the notion that law enforcement occupations face elevated annual rates of WPV (19). This relatively high prevalence may be associated with officers' frequent and high-volume interactions with the public. The public was identified as the most frequently reported source of workplace violence among respondents (58.8% of cases), supporting prior research that law enforcement officers are frequently victimized by strangers (19). In contrast, colleagues were the main perpetrators for bullying, mobbing, and sexual harassment (45.9%). Uncommon forms of WPV from criminals and relatives each accounted for only 1.2% of cases, which aligns with prior government workplace surveys that reported low rates of criminal-intent violence such as robbery (19). The most common form of WPV was verbal abuse (19.1%), a finding consistent with studies on social workers and law enforcement in the USA and Canada, where verbal abuse was also the most frequent type of violence experienced (20, 21). The physical violence prevalence of 3.9% was also slightly higher than the 2.9% reported in a past National Crime Victimization Survey, indicating a potential increased risk for these officers (22). The analysis identified key risk factors for WPV. A statistically significant association was found between the presence and frequency of interaction with the public and WPV (p=0.003 and p=0.006 respectively). This reinforces existing evidence that working with the public represents a recognised occupational risk for workplace violence (10,23–26)., consistent with existing literature that identifies working with the public as a "situation at risk" for WPV (10). Furthermore, a significant association was confirmed between organizational support and WPV (p=0.038), with respondents who perceived low support being more likely to experience violence (46.2%). This underscores the protective role of an organization's efforts to value its employees and care for their well-being (11, 15). In contrast, no significant association was found between emotional management and WPV (p=0.072).

Next, the logistic regression findings provide important insights into independent risk factors for WPV among immigration officers. The strong effect of working predominantly with the public aligns with prior evidence that high-frequency public interaction is a critical "situation at risk" for occupational violence, common in public service jobs such as law enforcement

Table V: Distribution of organizational support and emotional management among respondents (N=283)

Domains	Risk Factors			
	f (%)	Mean (±SD)	Median	Min - Max
Organizational support				
Low	13 (4.6)	36.5 (±6.5)	34.0	18 - 56
High	270 (95.4)			
Emotional Management				
Low	20 (7.1)	29.2 (±6.2)	29.0	13 - 40
High	263 (92.9)			

Table VI: Association between organizational support and emotional management with workplace violence among respondents (N = 283).

Risk factors	WPV		X^2	p - value
	Yes, f (%)	No, f (%)		
Organizational support				
Low	6 (46.2)	7 (53.8)	4.314	0.038*
High	58 (21.5)	212 (78.5)		
Emotional Management				
Low	4 (20.0)	16 (80.0)	0.084	0.072
High	60 (22.8)	203 (77.2)		

*Significant when p-value < 0.05, X^2 = Chi-square test

Table VII: Multivariable logistic regression analysis of factors associated with workplace violence

Predictor	WPV Yes, n (%)	WPV No, n (%)	β	SE	AOR	95% CI	p
Most frequent person worked with							
Colleagues (reference)	18 (15.3)	100 (84.7)	—	—	1.00	—	—
Public	47 (27.7)	123 (72.3)	1.35	0.44	3.86	[1.62, 9.22]	.002
Race							
Malay (reference)	56 (22.1)	197 (77.9)	—	—	1.00	—	—
Non-Malay	9 (30.0)	21 (70.0)	0.39	0.52	1.48	[0.53, 4.16]	.458
Shift work							
No (reference)	63 (22.7)	215 (77.3)	—	—	1.00	—	—
Yes	2 (66.7)	1 (33.3)	2.18	1.01	8.84	[1.23, 63.54]	.031
Working hours per day	—	—	0.25	0.11	1.29	[1.04, 1.61]	.022

Note:
WPV = workplace violence; AOR = adjusted odds ratio; CI = confidence interval;
SE = standard error. Outcome variable coded as 0 = no WPV, 1 = experienced WPV. Adjusted for age, gender, frequency of public interaction, organisational support, and emotional regulation. Robust standard errors were applied.
p < .05 indicated statistical significance.

and healthcare where workers confront potentially aggressive individuals (23-26). Extended daily working hours similarly increased exposure risk, echoing studies in enforcement and healthcare sectors where prolonged shifts were linked with fatigue, irritability, and higher vulnerability to aggressive encounters. The association between shift work and WPV is consistent with international literature identifying night or irregular shifts as high-risk periods due to lower staffing levels, reduced supervision, and increased contact with potentially aggressive individuals. Studies on nurses have shown increased risks of physical assault during evening, night, or rotating shifts, with shiftwork linked to fatigue and greater vulnerability (27-29). Although the effect size in this study was extremely large, it likely reflects sparse-data issues, yet the significant association underscores the importance of considering shift scheduling in preventive strategies. Interestingly, race also emerged as a factor, though interpretation is limited by the small number of non-Malay respondents. Previous research indicates racial/ethnic differences in WPV vulnerability, influenced by social and personal vulnerabilities including discrimination and communication barriers. Minority groups may face distinct risks of verbal harassment or bullying in occupational settings, reinforcing the importance of larger and more diverse samples for better understanding. Overall, the regression confirms that public interaction, shift work, and extended working hours are independent occupational risk factors; while organizational and emotional factors, though significant in bivariate analyses, did not remain robust after adjustment. These findings underscore the necessity of organizational interventions such as limiting excessive working hours, strengthening staffing during shifts, and enhancing safety measures in public-facing roles to mitigate WPV risks.

Beyond empirical comparisons, these findings can be further understood through established occupational stress theories. These findings may be interpreted using the Job Demand–Control model, whereby high job demands such as prolonged working hours, and frequent public interaction increase psychosocial strain and vulnerability to workplace violence. In addition, person–environment fit theory suggests that misalignment between occupational demands and organisational resources may exacerbate exposure risks.

From a preventive perspective, these findings underscore the importance of organisational-level interventions to mitigate workplace violence. Such measures include the implementation of clear workplace violence reporting mechanisms, routine risk assessments for public-facing roles, de-escalation and conflict management training, and adequate staffing during extended or shift-based working hours. In the Malaysian context, these interventions align with the employer's general duty under the Occupational Safety and Health Act 1994 to ensure employees' safety, health, and welfare at work, as well as the Department of Occupational Safety and Health (DOSH) 'Guidance on the Prevention of Stress and Violence at Work', which recognises workplace violence as a psychosocial hazard requiring systematic management.

CONCLUSION

In conclusion, this study establishes WPV as a critical occupational hazard among officers in the Department of Immigration Malaysia, with a notable prevalence predominantly involving verbal abuse. The public emerged as the main perpetrators of verbal abuse. Frequent public interaction and low organizational support were identified as significant risk factors in the bivariate analysis. Importantly, the multivariable logistic regression confirmed that public-facing duties, extended working hours, and shift work were identified as being associated with workplace violence. Race also appeared significant, although interpretation is limited by the small number of non-Malay respondents. These findings underscore the need for organisational interventions aimed at reducing exposure to identified risk factors for workplace violence such as regulating working hours, enhancing safety measures for officers with high public contact, and addressing risks associated with shift work—to mitigate workplace violence. This study is limited by its cross-sectional design, convenience sampling, and reliance on self-reported data. The small number of shift-working and non-Malay officers limited subgroup analyses and model stability. Future longitudinal studies are recommended. Although the cross-sectional, self-reported nature of the data introduces limitations such as recall and non-response bias, the results offer a strong foundation for future longitudinal studies and policy-driven strategies to prevent WPV in high-risk enforcement settings. Future prevention efforts should prioritise policy implementation, staff training in conflict de-escalation, structured reporting systems, and psychosocial risk management in line with Malaysian occupational safety and health policies.

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