

Socialization of prevention of domestic violence in the district X community

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ABSTRACT

Participants numbered 35 people consisting of residents and posyandu cadres, aged 20-55 years, married and unmarried from 3 villages in District X. Based on the results of observations, interviews, and giving Aggression Questionnaire as screening obtained data that in the region these are areas that are vulnerable to physical violence. This is also supported by interviews with residents and posyandu cadres that they lack of knowledge related to other forms of violence and how to prevent other violence from happening. Preventive socialization is carried out in 4 sessions. The results of the socialization showed the mean value before the intervention was 2.63 and after the intervention it was 7.00 with sig. $p > .000$ which means an increase in understanding and knowledge related to violence through psychoeducation.

Keywords: *Prevention of Domestic Violence, Mental Health, Community*

Violence often occurs not only in the group but can also occur between individuals who have close relationships such as family members. The violence occurred in the house which should be a safe place for all family members. Violence is an act of physical, psychological, and sexual abuse committed by a family member (eg, caregiver, intimate adult partner) or by an unrelated person (APA, 2013).

Violence can be classified in three general categories: physical violence (including beating children and partners), emotional violence (including verbal and non-verbal and/or negligence), and incest (including all types of sexual harassment). Physical violence is an action carried out by physical coercion, physical attacks, and physical intimidation. In addition, sexual violence takes the form of coercion and sexual assault (Abbassi & Aslinia, 2018; Chalk & King, 1998).

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Emotional violence is a pattern of behavior that attacks emotional development and a sense of self-worth. Emotional harassment includes excessive, aggressive or unreasonable demands that place expectations on someone beyond their means. Criticizing, belittling, insulting, rejecting, and teasing constantly are some of these verbal attacks. Emotional abuse also includes failure to provide psychological care necessary for psychological growth and development without providing love, support, or guidance (Smullens, 2010).

Factors that tend to be a frequent reason for violence are early marriage, alcohol use, precarious and unemployed work, child abuse, poverty, rapid socio-economic changes, justification of beating of spouses. In addition, there is also a factor of gender disparity and the role of gender, race, ethnicity, age, stages of development, environment, relations with peers, religion and spirituality, and the mass media. Culture that justifies violence, dangerous gender norms, so that it becomes a tradition of violence as a way to resolve conflicts and be acceptable (Chhabra, 2018; Koenig et al., 2003).

The impact of violence on victims is an increase in PTSD symptoms, depression, anxiety, and anger. In addition, these individuals also have difficulty in identifying their emotions and feelings. It also affects mental health and psychological well-being so that when untreated the individual tries to commit suicide (Antai, Okay, Braithwaite, & Lopez, 2014; Chirichella-besemer & Motta, 2008; Goldsmith & Freyd, 2005; Kaiser, 2018).

Furthermore, the impact for the perpetrators themselves is a prison sentence. This is in accordance with the laws and regulations stipulated in the Law of the Republic of Indonesia number 23 of 2004 concerning the elimination of domestic violence. Not only criminal penalties but will also be labeled as perpetrators of violence that have an impact on relationships with others and also requests for divorce from the victim.

Violence tends to occur in disadvantaged and minority communities that lead to negative health including death. Most research related to community violence prevention focuses on punishment enforcement strategies and pays little attention to the role of the community in promoting a safe and comfortable environment. Prevention of violence can be done when neighbors can share norms and values, foster mutual trust, and prosocial behavior of people who are willing to take part in implementing prevention and handling problems (Ohmer et al., 2017).

METHODOLOGY

Assessment for diagnosis enforcement uses observation, interview, screening and scaling methods. Observations were made to look at the background of the participants including age, marital status, number of children, ethnicity, and level of education, and overall environmental conditions.

Furthermore, interviews were conducted randomly to participants who were living in a residential area in District X. The purpose of the interview was to determine the forms of violence that often occur and are often experienced by participants and the causes of such violence. Screening uses Aggression Questionnaire (Buss & Perry, 1992) to find out the form of violence experienced by participants.

INTERVENTION

Community-based violence prevention facilitates programs that educate community supporters and providers about characteristics that may be early indicators of potential threats

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of violence. Practitioners are actively involved in recruiting community members who need direct referral to legal assistance or individuals who can benefit from prevention given later (Weine et al., 2017).

This socialization was given in two forms of major activities. First is the provision of psychoeducation to residents and posyandu cadres related to violence. Second, they provide training to posyandu cadres in tackling acts of violence in the region. The sessions given in this intervention are as follows:

Pre-Session : Contract and building rapport

In this session the interviewees establish rapport by introducing themselves and explaining the community program that will be carried out to the participants. In addition, interventions also help community members understand how community based violence prevention works and why they are needed.

As a result of this session, participants know the therapist so they feel safe in providing information related to acts of violence in their area and are willing to be part of the socialization to be carried out.

Pre-Session: Screening

In this session, participants were given an aggression questionnaire aimed at getting an overview of the violence that usually occurs in the region. Participants were also given space to express their views on violence.

The results of this session found that the majority of residents committed physical and verbal violence. These actions are mostly done to couples. But these actions are unknown to others including other family members or those around him, including neighbors.

Session I: Psychoeducation for the prevention of violence in the family and the environment

In this session participants were given knowledge and understanding related to violence, such as an introduction to the definition of violence, forms of violence, and the impact of violence on perpetrators and victims. In this session a small group will be formed which will be represented by 3-4 people to attend training in session III. It is intended that participants can independently carry out activities without direct assistance from the intervention in the future.

The results of this session participants have additional insight related to violence. In addition, participants also understand the causes of violence, the response that is shown when the victim experiences violence, and the impact caused by violence for both the perpetrators and victims.

Session II: Training and Forming Discussion Groups

In this session participants were given questions aimed at encouraging communities to think and find solutions to problems that occur around their environment. The activity was focused on 15 Family Planning Field Officers (PLKB) from 3 villages that would be formed into 3 groups. Each 1 village has 4 representatives of PLKB officers. The officer becomes a participant who will be taught the skills to dig up information and identify problems and efforts that have been made to correct these problems. Through this method, officers can find solutions to problems experienced.

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The results of this session participants have a small group that can be used to exchange information and communicate with each other intensely and build intimacy and comfort that will be continued by the participants without assistance from the therapist.

Session III: Evaluation

In this session the intervention evaluates and reinforces the changes that have been made by all participants. The intervention provided input related to routine activities carried out by the group. Furthermore, in this session participants were asked to write down their hopes and efforts that would be made in tackling violence.

The results of this session, all participants both on a large scale or in groups can build closer and more open relationships for the continuation of interventions in the region.

Session IV: Termination

In this session the interview ended the session that was conducted together with group members and gave feedback to each other regarding the activities that had been carried out together.

The results of this session participants said that the activity had a positive effect on participants in addressing the problems that exist in the house or in the surrounding environment. Participants try to be a patient person when faced with unpleasant situations and try to understand the needs of family members.

Post-Session: Follow up

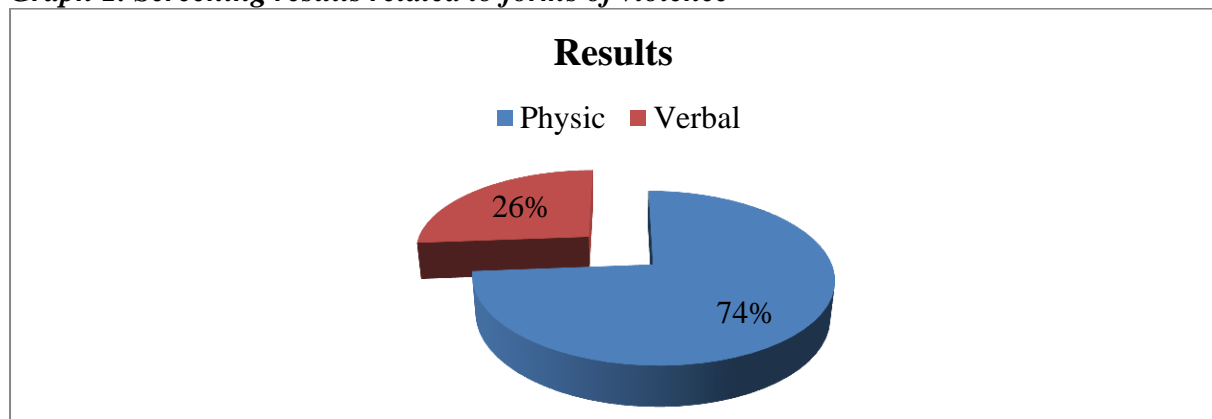
In this session representatives from groups who have been trained report the development of participants related to combating violence in the family and the environment.

The results of this session participants regularly hold meetings with group members and group members to discuss various things not only violence but also various other issues that require advice from others.

RESULTS

The results of the intervention showed an increase in participants' knowledge related to violence in the family and the environment. In addition, participants also got the skills to solve new problems in overcoming violence, namely with assertive strategies to 10 people related to dislike or various things that disturb their thoughts and feelings. It is intended that participants can adjust their attitudes when facing difficult situations such as anger, resentment, displeasure, and frustration that occurs in the family and the environment.

Graph 1. Screening results related to forms of violence



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Based on the screening that was conducted randomly to 20 participants who resided in the District X area, it was found that most of the participants tended to commit physical violence when they were experiencing a situation that was unfortunate for them. But it does not rule out the possibility of physical action is also accompanied by verbal violence such as anger using harsh words.

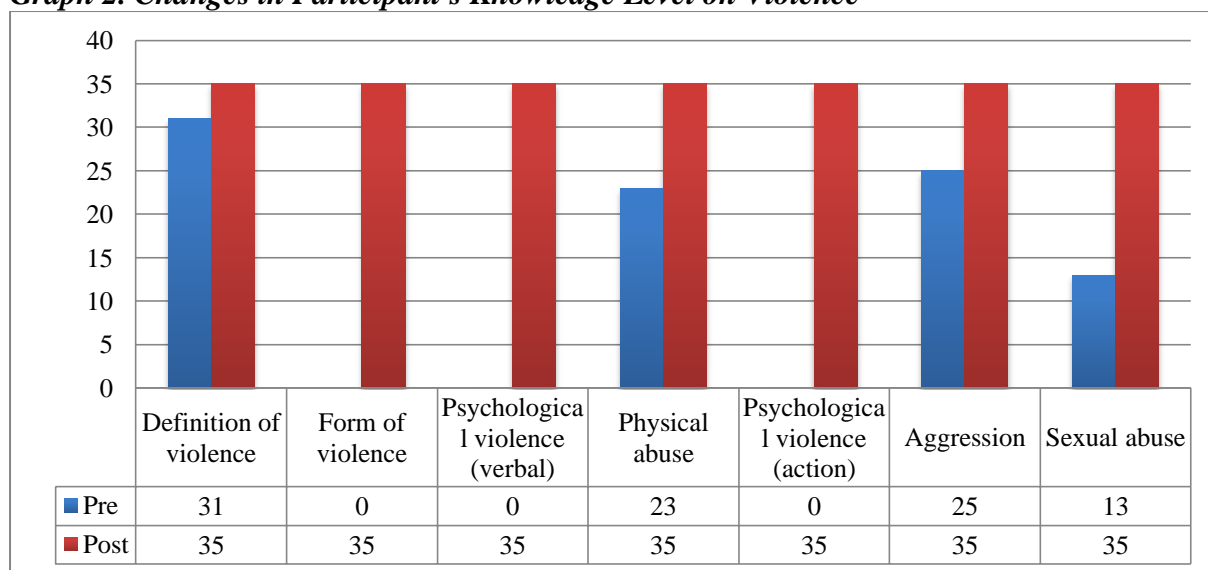
Furthermore, to determine the increase in knowledge and understanding of participants about violence is measured using a questionnaire that is based on forms of violence. This measurement is carried out before and after socialization is given. The range of scores prior to being given 0-4 socialization in the low to moderate category. But after being socialized the range of scores became 7 with a high category. This change in score indicates an increase in participants' understanding and knowledge related to violence. In addition, a paired t-test was performed to determine the significance of the changes indicated by the participants. The following is a table of different paired t-test test results:

Table 1. Different test results for paired t-test

	Mean	N	Std. Deviation	Std. Mean Error	t	Sig.
Pre-test	2.63	35	1.190	.201	-21.727	.000
Post-test	7.00	35	.000	.000		

Based on the above table it can be seen that there are significant differences ($p < 0.000$ and $t = -21,727$) in the understanding of participants before and after the socialization related to violence. This result was also strengthened by an increase in the mean value from 2.63 before socialization was given and after the socialization the mean value was given to 7.00 so overall it can be concluded that participants experienced an increase in knowledge and understanding related to the problem of violence.

Graph 2. Changes in Participant's Knowledge Level on Violence



Based on the pre and post test results it was found that for item 1 there was an increase in understanding related to the definition of violence by all participants. In item 2, all participants from not knowing to knowing the forms of violence in general namely physical, psychological violence including verbal and emotional, and sexual abuse/harassment.

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In item 3 all participants from ignorance to knowing know that actions such as raising voices, cursing with harsh words, insulting are forms of verbal violence. In general, in items 4 and 6 the participants already knew the forms of physical violence and the actions that led to violence quite clearly.

Furthermore, in item 5 all participants from ignorance to knowing that keeping individuals away from close relatives, children, family, and being isolated is an act of violence. Furthermore in item 7 participants also know that unpleasant attitudes and acts of harassment or obscene movements and terrorizing with sexual sentences are forms of sexual violence.

DISCUSSION

Low knowledge about the context of violence in developing countries is also one of the causes of violence against women involving husbands, wives, and other family members (Hossain, 2016). But through the socialization carried out namely with psychoeducation, residents and posyandu cadres showed increased knowledge and provided new information related to violence. In addition, counseling training is also conducted for posyandu cadres for the prevention of violence as well as showing changes in the ability of cadres and citizens as group members to control the drive to carry out acts of aggression that act with violence against others (Pyrko, Dörfler, & Eden, 2016).

The involvement of posyandu cadres as part of mental health promotion is very important. This is because the posyandu cadres will become supporters and facilitators when in the field, so the posyandu cadres are prepared to carry out promotion and prevention of violence after training. The training provided to posyandu cadres is useful so that cadres can later promote and introduce conditions of domestic violence from verbal to physical, the effects of domestic violence, actively promote the rejection of violence, and the actions that must be taken. In addition, posyandu cadres (Gadomski, Wolff, & Tripp, 2001).

In addition, through direct action carried out by intervention assisted by residents and posyandu cadres to prevent violence also has a positive impact on relationships with families through Community-based Participatory Research (CBPR). CBPR benefits the community by increasing knowledge, skills and credibility for members of public health and increasing public awareness about health issues. Through a community-based organization researchers and academics help reach sensitive and alert communities in the prevention of violence (Bloom, Wagman, Hernandez, Yragui, & Glass, 2009).

Through prevention of violence, Posyandu residents and cadres have also contributed to reducing the level of violence in the future. In addition, the husband also becomes more sensitive and caring for his wife and children. Furthermore, residents and posyandu cadres have also prevented the negative effects of domestic violence on children and women namely physical injury to paralysis, reducing the level of juvenile delinquency in the future, reducing the level of anxiety, depression and suicidal ideation in victims of violence. In addition, through socialization and training provided, citizens and cadres can change the traditional gender norms on the status of women. This result is supported by previous studies (Semahegn, Torpey, Manu, Assefa, & Ankomah, 2017).

REFERENCES

Abbassi, A., & Aslinia, S. D. (2018). Family violence, trauma and social learning theory. *Journal of Professional Counseling: Practice, Theory & Research*, 38(1), 16–27. <https://doi.org/10.1080/15566382.2010.12033863>

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- Antai, D., Oke, A., Braithwaite, P., & Lopez, G. B. (2014). The effect of economic, physical, and psychological abuse on mental health: A population-based study of women in the philippines. *International Journal of Family Medicine*, 2014.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual (5th ed.)* Washington, DC: American Psychiatric Publishing.
- Bloom, T., Wagman, J., Hernandez, R., Yragui, N., & Glass, N. (2009). Partnering with community-based organizations to reduce intimate partner violence. *Hispanic Journal of Behavioral Sciences*, 31(2), 244–257.
- Buss, A. H., & Perry, M. (1992). The aggression questionnaire. *Personality and Individual Differences*, 63(3), 452–459.
- Chalk, R., & King, P. A. (1998). *Violence in families*. Washington D. C: National Academy Press.
- Chhabra, S. (2018). Effects of societal/domestic violence on health of women. *iMedPub Journals*, 2(1:6), 1–7.
- Chirichella-besemer, D., & Motta, R. W. (2008). Psychological maltreatment and its Relationship with negative affect in men and women. *Journal of Emotional Abuse*, 8(4), 423–445. <https://doi.org/10.1080/10926790802480380>
- Gadomski, A. M., Wolff, D., & Tripp, M. (2001). Changes in health care providers' knowledge, attitudes, beliefs, and behaviors regarding domestic violence, following a multifaceted intervention. *Academic Medicine*, 76(10), 1045–1052.
- Goldsmith, R. E., & Freyd, J. J. (2005). Awareness for emotional abuse. *Journal of Emotional Abuse*, 5(1), 95–123.
- Hossain, A. (2016). The impact of domestic violence on women: A case study of rural Bangladesh. *Sociology and Criminology*, 4(1), 1–8. <https://doi.org/10.4172/2375-4435.1000135>
- Kaiser, F. (2018). Relationship between violence and mental health in the Afghan refugees: Plight of the Internally Displaced Person (IDP). *Clinical Neuropsychology*, 3, 52. <https://doi.org/10.4172/2472-095X-C1-003>
- Koenig, M. A., Lutalo, T., Zhao, F., Nalugoda, F., Wabwire-mangen, F., Kiwanuka, N., ... Gray, R. (2003). Domestic violence in rural Uganda : evidence from a community-based study. *Bulletin of World Health Organization*, 81(1), 53–60.
- Ohmer, M. L., Teixeira, S., Booth, J., Zuberi, A., Kolke, D., Ohmer, M. L., ... Kolke, D. (2017). Strategies for building collective efficacy and improving community health preventing violence in disadvantaged communities. *Journal of Human Behavior in the Social Environment*, 26(7–8), 608–621. <https://doi.org/10.1080/10911359.2016.1238804>
- Pyrko, I., Dörfler, V., & Eden, C. (2016). Thinking together : What makes communities of practice work ? *Human Relations*, 11, 1–21. <https://doi.org/10.1177/0018726716661040>
- Semahegn, A., Torpey, K., Manu, A., Assefa, N., & Ankomah, A. (2017). Community based intervention to prevent domestic violence against women in the reproductive age in Northwestern Ethiopia : a protocol for quasi-experimental study. *Reproductive Health*, 14(155), 1–12. <https://doi.org/10.1186/s12978-017-0414-2>
- Smullens, S. (2010). Five cycles of emotional abuse : codification and treatment of an invisible malignancy.
- Weine, S. M., Stone, A., Saeed, A., Shanfield, S., Behars, J., Gutman, A., & Mihajlovic, A. (2017). Violent extremism, community-based violence prevention, and mental health professionals. *The Journal of Nervous and Mental Disease*, 205(1), 54–57. <https://doi.org/10.1097/NMD.0000000000000634>

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Conflict of Interest

The author declared no conflict of interests.

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