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Submission date: 19-Mar-2023 08:19PM (UTC+0700)

Submission ID: 2040548549

File name: Women_domestic_violence_Nurul_Ilmi-Suriah-Sudirman.pdf (150.33K)

Word count: 4774

Character count: 27026

Mental health and coping strategies in women experiencing domestic violence in Indonesia

Salud mental y estrategias de afrontamiento en mujeres que sufren violencia doméstica en Indonesia

Nurul Ilmi^{1*}, Suriah², Sudirman Nasir³, Ridwan Mochtar Thaha⁴, Yahya Thamrin⁵, Ansariadi⁶

SUMMARY

A good mental health condition allows everyone to actualize their potential and overcome the pressures of life. One of the mental health issues in society is associated with violence, especially against women. ³¹ This study aims to examine the mental health state of Women who have Experienced Domestic Violence (WEDV) in Makassar. The participants in this study consisted of six domestic violence survivors who had reported themselves to The Integrated Service Center for Empowerment of Women and Children (UPT P2TP2A) ⁶ Makassar, Indonesia. This research employs a case study research design under a qualitative research approach. The findings showed

⁷ some results such as a description of the history of domestic violence experienced, the impact of domestic violence on psychosocial aspects such as physical injuries, eating, sleep and emotional disorders, psychosomatic symptoms of depression, suicidal ideation, and social relationships. Further, coping strategies include joining an organization, minimizing interactions and conflicts with a partner, asking for help and support or nothing, and seeking legal help, medical personnel, or social institutions. This study concluded that coping strategies are dynamic. If coping strategies are considered helpful for participants, they will improve their mental health condition.

Keywords: Coping strategies, domestic violence, mental health.

² DOI: <https://doi.org/10.47307/GMC.2023.131.1.12>

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Recibido: 13 de enero 2023

Aceptado: 31 enero 2023

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RESUMEN

Una buena condición de salud mental permite a todos actualizar su p²⁷ncial y superar las presiones de la vida. Uno de los problemas de salud mental en la sociedad está asociado a la violencia, especialmente entre las m²⁸eres. Este estudio tiene como objetivo examinar el estado de salud mental de las mujeres ¹⁴ que han sufrido violencia doméstica en Makassar. Los participantes en este estudio consistieron en seis sobrevivientes de violencia doméstica que habían denunciado a ²⁶ UPT P2TP2A en Makassar. Esta investigación emplea un diseño de investigación de estudio de caso, bajo un enfoque de investigación cualitativa. Los hallazgos mostraron algunos resultados como una descripción de la historia de violencia doméstica experimentada, el impacto de la violencia doméstica en aspectos psicosociales como lesiones físicas, trastornos alimentarios, del sueño y emocionales, síntomas psicósomáticos de depresión, ideación suicida y relaciones sociales. Además, las estrategias de afrontamiento incluyeron unirse a una organización, minimizar las interacciones y los conflictos con un socio, pedir ayuda y apoyo o nada, y buscar ayuda legal, personal médico ¹⁴ instituciones sociales. Este estudio concluyó que las estrategias de afrontamiento son dinámicas. Si las estrategias de afrontamiento se consideran útiles para los participantes, mejorarán su estado de salud mental.

Palabras clave: Estrategias de afrontamiento, violencia doméstica, salud mental.

INTRODUCTION

¹¹ The World Health Organization ¹¹ WHO defines health as the body's condition in physical, mental, and social well-being, without disease or disability. Good mental health enables everyone to reach their full potential, tolerate typical life stresses, and work successfully to benefit society (1). Mental health is a component of realizing a holistic state of health (2). Unfortunately, health difficulties sometimes overlook parts of mental health, although physical and mental health are complementary components of one another (3).

Moreover, one of the mental health issues in public he²⁵ is associated with violence, especially in women. Violence against women is a major problem worldwide and it should be approached as such since it affects public health

and human rights implication (4). In terms of domestic violence (DV), it can be experienced by anyone, both men and women, adults, and children, where exposure to violence comes from other family members. However, in reality, DV is more commonly experienced by women and children (5).

Violence, especially from intimate partners affects all spheres of a woman's life such as autonomy, self-esteem, productivity, ability to take care of herself even to contribute to social activities (4). The aforementioned statement was proven by research in India which showed that 56 % of women who were involved in the study and gained exposure to DV experienced poor mental health conditions (6). In terms of public health priorities, DV is directly tied to infant mortality. The rise in newborn fatalities is also impacted by the mother's exposure to violence and the mental problems that arise from such violence during pregnancy (7). Especially in Makassar, data on violence cases during 2019 reached 523 cases, and DV cases dominated those cases.

Consistently, the ACT no. 23 of 2004 concerning the el⁵ination of DV (PWEDV) explains that DV is any act against a person, especially women, that results in physical, sexual, or psychological misery or suffering, including threats to commit acts, coercion, or unlawful deprivation of independence within the scope of the household (8). Violence increases the risk of experiencing trauma, depression, anxiety, post-traumatic stress, and suicidal behavior (9). Referring to the ACT, DV can ⁴ use physical injury and mental problems. DV not only has an impact on physical health but also has an impact on the psyche. Mental problems can be affected by DV including depression, drug and alcohol abuse, anxiety disorders, personality disorders, stress, eating and sleep disorders, the onset of suicidal ideation, and social disorders such as social dysfunction (10).

Domestic violence effects are likely long-lasting and severe (9). Therefore, DV is an important health issue because it can be a repetitive cy²³ related to human survival. Conditions of poor nutritional status at birth are correlated with DV and mental health in pregnant women (7). The long-term impact of DV is that the correlation between violence in children will

cumulatively influence DV in adulthood and result in several risks of exposure to physical and mental disorders (11).

Several studies in Indonesia indicate that many women do not understand in particular DV, including efforts to obtain assistance and access to information related to DV (12). Lazarus and Folkman stated that coping is a set of efforts to overcome various pressures felt by a person, both internal and external (13). Everyone's coping strategies can differ from one another (14). The factors behind this difference in coping strategies are age, gender, family factors, social support, knowledge, economics, and belief/spirituality (15). Furthermore, Lazarus and Folkman divided two coping strategies into problem-focused and emotional-focused coping. Problem-focused coping refers to tactics for reducing stress by learning how to reduce difficulties and adjust. Meanwhile, emotional-focused coping refers to ways for regulating emotions to reduce issues and pressures and adjust. Both coping mechanisms are equally valuable and can be used depending on the individual's circumstances (13).

DV is associated with health issues, both physical and mental. Physical violence intentions can be measured through body exams, but it differs from mental health. Mental health is related to how individual coping strategies or attempts to cope with various perceived pressures, both internally and externally. The purpose of this study is to examine the state of mental health in women who had experienced DV in Makassar city by analyzing the history of experienced DV, obtaining in-depth information about the impact of DV on the mental health condition of participants, obtaining in-depth information about coping strategies carried out in dealing with DV and the form of behavior of seeking psychological help carried out.

6 METHODOLOGY

This study applied a case study research design under a qualitative research approach. Qualitative research is a process that aims to understand and explore social or human problems with

several specific methods, holistically develop complex problems, and analyze and present data naturally (16). Qualitative approaches were used to obtain in-depth data that contain meaning; in this case, the meaning is the actual data and is the value behind the visible data (17). The participant in this study consisted of six who reported to the Integrated Service Center for Empowerment of Women and Children as a part of DP3A (Women's Empowerment and Child Protection Services) in Makassar, Indonesia. The assortment of participants implemented snowball sampling techniques so that after obtaining data from participants, the researchers could look for other participants based on references from the Integrated Service Center for Empowerment of Women and Children of Makassar. The provisions for selecting participants in this study were those who were at least 17 years old and experienced DV.

This study is independent research with assistance from the Women and Children Empowerment Office of Makassar City, Indonesia. The Women and Children Empowerment Office acts as a facilitator who provides informant self-data, then six informants who are willing to participate in the research fill in informed consent as a willingness to participate in the research. This study used in-depth interview techniques with semi-structured interview guidelines compiled by researchers with research supervisors. The data obtained has gone through a triangulation process from the informant's family or the Makassar City Women and Children Empowerment Office. This research has gone through a series of ethical examinations by the Ethics of the Faculty of Public Health, Hasanuddin University.

RESULTS

Experienced History of Domestic Violence

DV was experienced by participants from the beginning of marriage, both in marriages that occurred of their own accord and marriages arranged by the family. This research showed that although couples had known each other and made relationship adjustments before marriage, participants still experienced DV.

“From the beginning of marriage every time there was a problem always said harshly. I knew my husband before marriage, at that time, there were indications of verbal abuse but only a little, after marriage, they were uncovered” (YN, 38 years old).

In detail, the forms of violence experienced by participants were physical, psychological, and domestic neglect. The forms of physical violence received by participants were beating, slapping, and being punched. Psychological violence received by participants included verbal violence, such as being yelled at, threatened, and intimidated. The form of domestic neglect experienced by participants was a restriction or prohibition of activities outside the home to interact even with family.

This study displayed that often the participant was unaware that she was experiencing violence or did not know that she had been a victim of violence, it was also found that violence was accepted by participants as a couple and involved children and parents or other families. The causes of DV were identified as financial problems, jealousy, violence committed without an evident cause; not being provided or insufficient financially; and financial control was detrimental to the informant. DV was also related to economic factors, where the head of the family played a role in making a living feel that he had the authority to commit acts of violence.

The Effect of Domestic Violence on Mental Health Conditions

Departing from this current study, DV causes stress, depression, and withdrawal from social situations owing to feelings of guilt and the desire to avoid disagreeing with the spouse. One of the participants had suicidal ideas. Eating disorders (difficulty eating and loss of appetite), sleep disorders (difficulty sleeping and restlessness), and other psychosomatic symptoms, such as body shaking, were also identified.

This study also found that participants and those around them were affected by violence, resulting in a recurrent cycle. For example, one of the participants had DV throughout pregnancy, putting the fetus's safety in danger, from infants born with low birth weight (LBW) to being unable

to exclusively nurse their two children. Because violence was commonly committed against other family members, such as children and parents, it was typical for participants to contemplate filing for divorce, especially when other family members' mental health was also harmed.

“The impact is more on the child's psychic, every time I am beaten by my husband, my son cries in front of his father “Don't beat mama, I will not be naughty anymore, pap”. But still he is going to hit me” (AP, 26 years old).

Coping Strategies and Help-Seeking Behaviors Facing DV

Participants were identified as developing various coping strategies in dealing with DV. At first, participants tended to cover up DV experienced by family and neighborhood or chose to avoid conflict. Because the participant covers up family problems, feels embarrassed, thinks they can solve domestic problems internally, and believes that the partner can change his behavior. When these measures appeared to be ineffective, the participant advised additional parties, such as their own or the couple's family, close friends, community leaders, or local safe homes, to seek psychological protection and assistance. The participant's family's support was not always as expected since the family was sometimes viewed as uneducated or biased by supporting the perpetrator of DV and criticizing the participant as the victim.

DISCUSSION

History of Domestic Violence

Marriage should be a comfortable bond for both parties. However, it is often undeniable that in domestic life, conflicts arise, which often results in DV. Thus, a good marriage relationship will improve the quality of marriage, improve mental health and avoid DV (18).

The forms of violence received are physical, verbal, and domestic neglect. Two of six participants in a romantic relationship before deciding to marry a partner explained that they had found violent tendencies before marriage.

However, they believed that after marriage, the couple would change and could have an ideal marriage. Indeed, DV is a behavior that tends to be carried out repeatedly (19).

Data obtained from the World Health Organization in 2021 showed that the number of victims of physical and sexual violence reaches 852 million people in women aged 15 to 49 years, meanwhile, national data on women in 2021 showed that the prevalence of physical and sexual violence was 26.1% (20). This research found that participants considered commonplace violence as an expression of a partner's anger, so they often did not realize that they were victims of DV during their married life. This cycle can happen due to the participant's lack of knowledge about DV. In addition, economic factors show that women cannot be financially independent, so they must be entirely dependent on their husbands. This economic factor causes most DV victims to persist in abusive behavior; reversely, DV accusers become superior.

In harmony, the increasing incidence of DV in Indonesia every year indicates that more efficient protection efforts are needed to provide education that DV is not something that can be normalized. Promotive efforts in the form of health education aim to improve and empower the community to increase self-awareness and prevent DV (20).

Sociodemographic aspects such as age, gender, ethnicity, religion, economic status, marital status, and area of residence contribute to mental health (21). Participants who experienced DV lived in densely populated areas. This is also supported by interviews with officers from the Integrated Service Center for Empowerment of Women and Children who show that the number of domestic violence survivors is more significant in certain sub-districts in Makassar with a larger population density. A study found the relationship between violence and overcrowding population was higher in urban and poor areas. Household crowding is also related to domestic violence between adults (22), as we know that living with extended family in a house is commonplace in Indonesia. Another study on DV in Manado city in 2018-2019 linked the relationship between population density and economic factors with the incidence of DV (23). In relation to population density, education level, and income is also

Demographic aspects that affect DV, the family who are less educated and have lower incomes are more likely to experience family violence (24). Lower levels of education are associated with less effective coping strategies and less stable financial conditions (25). However, data from the Integrated Service Center for Empowerment of Women and Children reveals that violence against women with a high degree of education is not unusual.

7 The Impact of Domestic Violence on Participants

The individual is organized and systemic as a part of the family, group, and community of society. So that everyone's behavior impacts not only oneself but also other family members of the community. The physical and psychic violence that the participant had could be experienced by the participant and his closest people, such as the child and the elderly.

Participants who experienced violence since they were pregnant could not exclusively breastfeed their children. Several studies have shown that mothers who experience DV have a lower probability to initiate breastfeeding and a higher probability of discontinuing exclusive breastfeeding (26) use of breastmilk substitutes (BMS). It can also be influenced by some factors such as fetal condition, maternal nutrition, and weight gain (27). DV during pregnancy can result in maternal poor general health, stress, negative risky behavior, fetal infection, poor fetal growth, placenta detachment, premature ruptures, and even fetal death (27). DV also increases the risk of neonatal health, including anomalous congenital abnormalities, premature birth, low birth weight, and a high risk of postpartum depression (28). This condition can appear due to a lack of nutritional intake during pregnancy or health problems and related to mental health conditions resulting from accepted violence. For older children, DV can affect physical and mental health as it was reported that the participant's child was traumatized to mingle and meet his father (29).

In most cases, the DV between a couple comprises more than one sort of violence. Each informant suffered many types of violence, including physical and verbal abuse, as well as

neglect. According to one study, women who experienced more than one kind of DV had poorer health outcomes and a tenfold increased risk of suicide than women who had never experienced DV (29). This study showed that one informant with the most prolonged exposure to domestic violence showed suicidal ideation.

DV is a severe health issue with long-term and short-term consequences affecting maternal reproductive health and child health. Domestic violence affects both the physical and mental components of an individual. DV also has an impact on family connections, which can lead to other societal problems. This study shows that DV causes a strained connection between the informant and the child or mother, the informant and the ex-family, husband or the participant and his children. In a larger sense, DV can lead to disagreements in the residential or work environment.

Coping Strategies to Deal with DV & Efforts to Seek Psychological Help

Each individual has a different ability to overcome the problems experienced. Coping strategies are efforts made by individuals to overcome or control the obstacles encountered. The form of coping strategies in each individual is dynamic and can change from one condition to another depending on the influencing factors (30). The used coping strategies carried out by participants in this study included joining organizations or communities, minimizing interactions and conflicts with spouses, asking for family help, or not telling the family, and seeking legal help, medical personnel, or social institutions to decide to divorce. This productive behavior is closely related between the individual and his environment to produce and support himself to face challenges (31).

Moreover, the family provides emotional support through care, empathy, attention, and feedback for the informant so that by telling the family, the informant does not feel alone. Family support also helps DV survivors to increase their confidence and ability to overcome problems and anxiety (32). On the contrary, some individuals try to hide family issues to seek assistance from paralegals, community organizations, or the

police. Participants frequently avoid topics that generate quarrels because they believe it is a safe method to avoid accepting violence from their partner. Another study explains that feelings of hurt, fear, trauma, and anger can lead individuals to avoid the source of the problem (32).

In this study, several obstacles were encountered so that participants chose to survive and did not seek help, as follows: Avoiding conflicts with the couple, feeling ashamed of the problem at hand, not getting the support as expected, and being financially dependent on their partner, so they have no other options.

Four out of six participants later decided to separate from their partners because they could not accept the persistent domestic violence experienced. Divorce is seen as an adaptive coping strategy for individuals, particularly those who have experienced domestic abuse in the past and have suffered medical effects. Although it is not easy, divorce can help the participant terminate the abuse experienced, develop self-confidence, reduce trauma, and enable the informant to build social interactions with family and community. The success of each coping strategy varies based on the values and beliefs embraced the consideration of distance and the significance of the support received by the participant.

CONCLUSIONS

The conclusions of this study can be summarized as follows: 1) Participants experienced DV from the beginning of the marriage; the forms of violence experienced include physical violence, psychological violence, and domestic neglect. The participant was unaware of having been a victim of domestic violence for years and regarded it as a natural expression of anger. 2) DV affects the biopsychosocial components of the participants. This study showed that participants experienced various conditions ranging from bruises, injuries, eating disorders, sleep disorders, difficulty controlling emotions, psychosomatics, and depression. Informants with the most prolonged exposure to domestic violence tend to commit suicide. Participants also tended to withdraw from the social environment because they felt shame and fear. In the social aspect,

domestic violence also affected participants' relationships with nearby people, such as children and parents in the residential environment. 3) The participants develop coping strategies such as joining an organization or community, minimizing interactions and conflicts with a partner, asking for family help or nothing, and seeking legal help, medical personnel, or social institutions. This coping strategy is dynamic; at any time, it can change according to the needs and conditions of the participant. When the coping strategy is felt to be adaptive to the participants, it will affect and improve their mental health. 4) Participants obtain psychological assistance by sharing their experience with the closest relative, such as family or friends, or legal, medical, and social institutions, such as the shelter team, such as children and parents in the residential environment.

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Acknowledgments

The authors wish to thank the participants in this study for the trust and courage in contributing to it. We thank the Integrated Service Center for Empowerment of Women and Children, Women Empowerment, and Child Protection Services, for providing us with this study.

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