

The Domestic Violence Screening Through The Empowerment of Mental Health Cadres

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Abstract

Domestic violence spans across cultures and many countries include Indonesia. In the women and children perspectives, it is taboo to report the domestic violence because it is a private matter, not for the public domain. Therefore domestic violence screening through the empowerment and mentoring of mental health cadres is needed to raise awareness of domestic violence in rural community. The aim of this study is to explore the influence of the empowerment and mentoring of mental health cadres on screening domestic violence. A quasi experimental was conducted among mental health cadres. The total sampling derived from six sub district of Kalegen village. Data were analyzed by using SPSS (version 19). A total sample of 22 mental health cadres aged between 28 years to 49 years. There is a high significant screening capability in pretest-posttest after empowerment and mentoring of mental health cadres ($p > .001$). The empowerment and mentoring of mental health cadres on screening domestic violence could strengthen support and raising domestic violence awareness. This intervention should become a part of community health program in community. A longitudinal study can be carried out to prevent domestic violence.

Keywords

domestic violence; mental health cadres; quantitative study

INTRODUCTION

Domestic violence spans across cultures and many countries. The prevalence domestic violence in Southeast Asia was 37.7% (WHO, 2013). Domestic violence is a patterns of coercive behavior in a relationship used to maintain power and control over in directed and non directed form. Although domestic violence is common experienced by women (Heise, 2011), but another study put men as a victim of domestic violence (Lövestad & Krantz, 2012; Nybergh et al, 2013). According to national socioeconomic survey 2006, the

estimation level of women victim in Central Java province, Indonesia is 3.4 and more than half (55,1%), violence conduct by their spouse (Utami, 2013). Nearly two out of three women victims of violence in both urban and rural areas have experienced in humiliation (Utami, 2013).

Indonesia has implemented prevention programs to reduce violence against

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women, particularly domestic violence. The domestic violence intervention was aimed to prevent further impact to victim such as post traumatic stress disorder (PTSD), depression, HIV, and other traumas such as battered women syndrome (Hien & Ruglass, 2009).

The most common cause domestic violence is economic difficulty. This cause is a majority trigger the domestic violence in Magelang. Kalegen village is a rural community in Magelang district, Central Java Province. Most of people in Kalegen village have a taboo perspectives in reporting domestic violence. This is supported by another findings mentioned that most of women choose not to report their abuse experiences to the police (Rennison & Welchans, 2000; Tjaden & Thoennes, 2000). Therefore we choose Kalegen as a pilot project of domestic violence prevention through the empowerment and mentoring of mental health cadres in rural community. We also consider that Kalegen village is being a part of Desa Siaga Sehat Jiwa (DSSJ) program. DSSJ program focused on community mental health and the program based on community mental health nursing model (Keliat, et al, 2011). This program is developed since 2006 after tsunami Aceh, and spread across province in Indonesia. In Kalegen village itself, this program developed as the result of corporation between Bandongan community health center and Poltekkes Kesehatan Kemenkes Semarang.

METHOD

We conducted a quasi experimental study using quantitative statistical method with one-group pretest-posttest design. There are eight stages in empowerment and mentoring of mental health cadres. First, welcome and orientation. In this stage mental health cadres met in the meeting followed by community nurses from Bandongan community health center and also stakeholder in Kalegen village which consisted of religious leader, the head of the district, health staff. Second stage, community psychiatric nurses gives an educational pro-

gram about domestic violence screening for mental health cadres. Third stage, mental health cadres support & experience sharing about domestic violence. Fourth stage, knowing the impact of stress, setting and monitoring goals. Fifth stage, domestic violence prevention. Sixth stage, mental health cadres build a networks of domestic violence awareness. Seventh stage, mentoring mental health cadres for domestic violence in six sub district in Kalegen village. The six sub district are Dusun Kalegen; Dusun Kaweron, Dusun Banyuwangi, Dusun Kiringan, Dusun Dileman, and Dusun Karanglo. Mental health cadres socialize the networks of domestic violence awareness to community. Eighth stage, recognizing progress & staying on track. All stage need 50 hours to implement this program. A total participants of 22 mental health cadres who underwent their Desa Siaga Sehat Jiwa (DSSJ) program by community psychiatric nurses participated in this study.

This study approval was obtained from the Ethics Committee of Poltekkes Kemenkes Semarang. The mental health cadres signed informed consent prior to the study. Informed consent was obtained from all individual participants included in the study. It was agreed that this research would be carried out according to Declaration of Helsinki.

We developed an instrument to measure the domestic violence screening among mental health cadres that consisted of detection and give support from Domestic Violence Questionnaire (Indu, et al, 2011; Patmisari, 2014, Fransiska, 2012). After the questionnaire was pre-tested by expert validity, there were 16 items to assess the ability of detecting and 11 items to assess the ability of giving support. Each item was scored from 1 to 4 (1: once/twice, 2: 3-5 times, 3: 6-10 times, and 4: 11 times or more). The instrument in this study has been found to have high internal consistency ($\alpha = .96$). One weeks after the baseline, that is, after one complete program, a re-assessment was conducted. Within 12 weeks mental health cadres could complete the training. The capability of mental health cadres were con-

ducted pre- and post intervention to measure the influence of the empowerment and mentoring of mental health cadres on domestic violence screening. Response rate of the 22 mental health cadres participated for this study was high (100%).

RESULTS AND DISCUSSION

Mental health cadres demographics

The socio-demographic and background characteristics of participants were analyzed using univariate analysis. These participants consisted of 20 females (91%) and 2 males (8%) with a mean age of 38.7 years (SD, 0.5; range, 28 to 49 years). All participants were married (100%) and most of them were private employees (86%) and have education for more than nine years (64%). These and other characteristics are summarized in Table 1.

Table 1. Socio demographic variables at baseline

Variables	N	%
Age		
< 35 years	6	27
≥ 35 years	16	73
Sex		
Male	2	91
female	20	8
Education		
< 9 years	11	36
≥ 9 years	14	64
Marriage status		
Married	22	100
Divorce	0	0
Occupational status		
Government employee	3	14
Private employee	19	86

Domestic violence screening

Data were analysed using SPSS for Windows (SPSS Inc., Chicago, IL, USA). In table 2, our findings show that the pre-post difference on domestic violence screening

was significant (pairwise t-tests; all $p < .05$) The pre-test score has considerably increased. Domestic violence screening with capability of detection subscale responded changed (change: $M = 23$). The improvement also shown in capability of giving support (change: $M = 9$) (see figure 1).

Table 2. Domestic violence screening score

	Pre		Post		p value
	Mean	SD	Mean	SD	
Domestic violence screening	50	6.05	73	7.02	.001
Capability in detection					
Capability in give support	71	3.34	80	3.45	.001

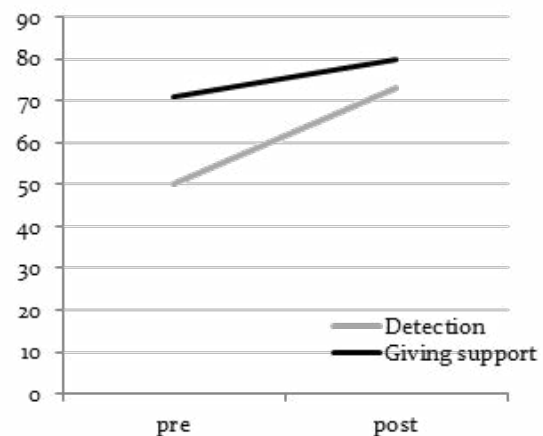


Figure 1. Change score in detection and giving support

In the participants demographic showed that most of the mental health cadres were women ($n = 22$). Women reported significantly more interpersonal problems with the immediate family than men. The results showed that the mental health cadres' capability in detection increasing significantly. The improvement capability was associated with the implementation of empowerment and mentoring program. Modul of domestic violence help mental health cadres in program implementation. Community psychiatric nurses encourages mental health to thoroughly document their activities in community. It is supported by Godenzi & De Puy (2001) mentioned that

with the two main components in early violence prevention are spreading information about the extent, forms, and effects of violence and mental health cadres attempt to detect domestic violence. Each mental health cadres educate the women and men in local meeting with domestic violence prevention guide.

The barrier in help seeking according to Hien and Ruglass (2009) were personal and family safety, economic dependence, psychological factor, socio-cultural factor, and legal factor. Knowing barrier is very important for mental health cadres in giving support to the victim to report the incident. Because if the victim feel helplessness, incompetent and withdraw could into a state of passivity (Barnett, 2001). Carlson et al (2004) found that lack of social support increase the risk to expose with domestic violence and also mentioned that social support is the resource for improving women survivors mental health. Domestic violence prevention should preferably utilize the community. Heise (1998) use the term *ecological framework* to reach long effect of prevention program (Harvey et al, 2007; Heise, 2011).

Limitation

This study has several limitations. First, the results may not be generalizable to all rural community in Indonesian. For future studies, sample could have given to larger sizes that would generalized the data to other populations. A second limitation of the study was conducted only one group, so we recommend that the research is conducted using control group.

CONCLUSION

The empowerment and mentoring of mental health cadres on screening domestic violence could strengthen support and raising domestic violence awareness. This intervention should become a part of community health program in community. A longitudinal study can be carried out to prevent domestic violence.

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