Domestic violence against women in rural Indonesia

Searching for multilevel prevention

Elli Nur Hayati
“And among His signs is that He created for you mates from among yourselves, that you may dwell in peacefulness with them, and He has put love and mercy between your (hearts)…”

Al-Qu’ran 30:21

“I order that you treat women with goodness. The best of you are those who treat their wives the best.”

Prophet Muhammad (peace be upon him).
# TABLE OF CONTENTS

TABLE OF CONTENTS........................................................................................................................................................III

ABSTRACT ..................................................................................................................................................................................V

ABSTRAK DALAM BAHASA INDONESIA................................................................................................................................VII

ORIGINAL PAPERS .................................................................................................................................................................IX

ABBREVIATIONS ........................................................................................................................................................................x

BACKGROUND .............................................................................................................................................................................1

- Terminology on violence in close relationships ..................................................................................................................3
- The global burden of domestic violence ..............................................................................................................................5
  - Prevalence of domestic violence ......................................................................................................................................5
  - Risk factors .........................................................................................................................................................................7
  - Physical, reproductive and mental health ..........................................................................................................................8
  - Financial burden .................................................................................................................................................................9
- Interventions to address domestic violence ........................................................................................................................10

AIMS .....................................................................................................................................................................................................11

CONCEPTUAL FRAMEWORK .......................................................................................................................................................12

- Multilevel prevention to address domestic violence ........................................................................................................12
- Gender and gender norms .......................................................................................................................................................13
- Gender and domestic violence ................................................................................................................................................13
- Coping with domestic violence .............................................................................................................................................15
- Implications for multilevel prevention ................................................................................................................................16

THE STUDY CONTEXT ..............................................................................................................................................................17

- National ideology on gender ..................................................................................................................................................17
- National policies to address domestic violence ...................................................................................................................18
- Grass root movements to address domestic violence ........................................................................................................20
- The magnitude of domestic violence in the Indonesian setting ........................................................................................20

MATERIALS AND METHODS ....................................................................................................................................................22

- Methodological approach and general design ...................................................................................................................22
- Study setting .............................................................................................................................................................................23
- Risk factors for physical and sexual violence (Paper I) .......................................................................................................25
  - Study design ......................................................................................................................................................................25
  - Sampling of informants .........................................................................................................................................................26
  - Data collection .....................................................................................................................................................................26
  - Data analyses .......................................................................................................................................................................26
- The coping dynamics of women survivors of domestic violence (Paper II) ........................................................................28
  - Study design ......................................................................................................................................................................28
Sampling of informants .................................................................................................................................................28
Data collection .....................................................................................................................................................................28
Data analyses ...........................................................................................................................................................................29
Men’s views on masculinity, marriage, and domestic violence (Paper III) .................................................................31
Study design ...........................................................................................................................................................................31
Sampling of informants .........................................................................................................................................................31
Data collection ...........................................................................................................................................................................31
Data analyses ...........................................................................................................................................................................32
Challenges faced by the local service agency for women survivors of domestic violence (Paper IV) .................................................................33
Study design ...........................................................................................................................................................................33
Sampling of informants .........................................................................................................................................................33
Data collection ...........................................................................................................................................................................34
Data analyses ...........................................................................................................................................................................34
MAIN FINDINGS .......................................................................................................................................................................36
What factors increase a woman’s risk of being exposed to domestic violence? (Paper I) ......................................................36
How do women survivors of domestic violence cope? (Paper II) .......................................................................................38
What are men’s view on masculinity, domestic violence and its prevention? (Paper III) .......................................................41
Men’s views on prevention strategies .........................................................................................................................................43
What challenges do the local service agency meet in providing services for women survivors of domestic violence? (Paper IV) ........................................................................................................................................43
DISCUSSION ............................................................................................................................................................................46
Overview of findings .................................................................................................................................................................46
Implications for prevention of domestic violence in rural Indonesia .................................................................................................................................47
Primary prevention interventions.........................................................................................................................................................47
Secondary and tertiary prevention interventions .................................................................................................................................50
Methodological considerations .........................................................................................................................................................51
Limitations .......................................................................................................................................................................................51
Trustworthiness ...............................................................................................................................................................................53
Conclusions and recommendations .........................................................................................................................................................53
Individual level ................................................................................................................................................................................54
Community level ...............................................................................................................................................................................54
Structural level ................................................................................................................................................................................55
Additional recommendation ...............................................................................................................................................................55
ABOUT THE RESEARCHER ............................................................................................................................................................56
ACKNOWLEDGEMENT ........................................................................................................................................................................57
REFERENCES ................................................................................................................................................................................62
ABSTRACT

Background: Domestic violence has been recognized globally as one of the most important public health concerns with severe negative health consequences for the exposed women. Through UN bodies several international milestones have successfully pushed attention towards worldwide improvements in the life situations of women. Since the ratification of the Convention on Elimination of Discrimination against Women (CEDAW) in 1984, significant positive changes towards equality between men and women in Indonesia have been initiated, one being the enactment of the Domestic Violence Act in 2004. However, there is still a need to improve the knowledge about what preventive measures that are feasible and work in different settings. This thesis aims to contribute to a better understanding of appropriate prevention strategies against domestic violence in rural Indonesia by exploring: i) risk factors for domestic violence; ii) women’s ways of coping with exposure to violence; iii) men’s views on masculinity and violence within marriage; and iv) challenges faced by local service agency in managing services for women survivors of domestic violence.

Methods: Data from a cross sectional population based study was used to analyze risk factors for physical and sexual abuse among a cohort of pregnant women in Purworejo district. Further, a qualitative phenomenological interview study was conducted to reveal the dynamics of coping among women survivors of domestic violence in the same district. A Grounded Theory study based on focus group discussions with men formed the basis for a situational analysis of the linkage between masculinity and the use of violence within marriage. Finally, a qualitative case study was performed to explore the management practices of a local service agency in the district, to understand the challenges faced in their efforts to address domestic violence.

Results: Sexual violence was associated with husbands’ demographic characteristics (young age and low education) and women’s economic independence. Exposure to physical violence among women was also strongly associated with husbands’ personal characteristics. The attitudes and norms expressed by women confirmed unequal gender relationships. Experiencing violence led women to using an elastic band coping strategy, moving between actively opposing the violence and surrendering or tolerating the situation. The national gender equality policies were shown to have played a crucial role in transforming gender
power relations among men and women (the gender order) in the Indonesian society. Three different positions of masculinity were identified, the traditionalist, the egalitarian, and the progressive, with different beliefs about men’s role within marriage and with various levels of accepting the use of violence. Long term structural preventive efforts and individual interventions targeting the couples in a violent relationship were preferred over reporting the abuser to the authorities. The major challenges faced by the local service agency was the low priority it was given by the authorities, mirrored also in low involvement in the daily service by the assigned volunteers. The local agency also stammered in translating the current law and policies into a society that held on to traditional and religious norms regulating the relationships between men and women.

**Conclusion:** Overall, this thesis illustrates that sociocultural traditions and religious teaching still viscously influence people’s attitudes and beliefs about the use of violence within relationships. Domestic violence has not been accepted as a criminal act but is still to a large extent seen as a private family affair. Culturally sensitive programs aimed to bridging the gap between the current laws and policies and the socio-cultural traditions need to be further developed to protect women from domestic violence and increase gender equity in the Indonesian setting.
ABSTRAK DALAM BAHASA INDONESIA


Metode: Faktor risiko KDRT diukur dengan pengambilan data dari survey berbasis populasi (pada perempuan yang masuk dalam studi longitudinal kehamilan pada tahun 1996-1998 di Purworejo) secara cross sectional, kemudian dianalisa faktor risiko bagi perempuan untuk terkena kekerasan fisik dan seksual. Selanjutnya, wawancara fenomenologis dilakukan untuk mengungkap dinamika coping perempuan korban KDRT di Purworejo. Berikutnya, Grounded Theory dipergunakan untuk menganalisis data dari wawancara diskusi kelompok terfokus dengan kelompok laki-laki (tokoh masyarakat setempat) guna mengeksplorasi pandangan mereka tentang maskulinitas dan KDRT. Terakhir, studi kasus kualitatif dilakukan untuk mengeskplorasi pelaksanaan pengelolaan lembaga layanan (P2TP2A) di Purworejo, guna memahami tantangan yang dihadapi mereka dalam menjalankan fungsi layanan bagi perempuan korban KDRT.

Hasil: Kekerasan seksual berkaitan dengan karakteristik demografis suami (usia dan pendidikan rendah) serta kemandirian ekonomi perempuan; sementara kekerasan fisik berkaitan dengan karakteristik pribadi suami (melihat ibunya
mengalami KDRT dari ayahnya, peminum alkohol, riwayat baku hantam di luar rumah, tidak memberi nafkah lahir). Sikap dan norma yang dianut oleh para perempuan dalam studi ini mencerminkan ketidak setaraan relasi gender. Sementara itu, mengalami KDRT telah membuat perempuan korban KDRT mengembangkan strategi coping yang bergerak seperti karet elastis (tarik ulur), bergerak aktif menentang dan menyerah terhadap situasi yang dihadapi. Di kalangan kelompok laki-laki, terlihat bahwa kebijakan kesetaraan gender yang dicanggankan pemerintah telah berperan penting dalam mentransformasikan kesetaraan gender laki-laki dan perempuan. Hal itu tercermin dari tiga posisi yang teridentifikasi dalam studi ini, yaitu kalompok tradisionalis, egaliter dan progresif, yang masing-masing memiliki tingkat penerimaan yang berbeda terhadap penggunaan kekerasan dalam perkawinan. Mereka lebih menyukai upaya pencegahan jangka panjang secara struktural dan intervensi langsung kepada pasangan yang berkonflik untuk mendamaikan daripada melaporkan pelaku kekerasan ke Polisi. Untuk lembaga layanan, tantangan utama yang dihadapi adalah kurangnya prioritas dari pihak otoritas, yang diikuti dengan rendahnya keterlibatan para relawan yang ditunjuk untuk duduk dalam kepengurusan P2TP2A ini. Mereka juga mengalami kegagalan dalam menerjemahkan kebijakan Negara yang telah ada kepada masyarakat setempat yang masih kental memegang tradisi dan norma tradisional dalam hal hubungan laki-laki dan perempuan.

Kesimpulan: Secara umum tesis ini menggambarkan bahwa tradisi sosiokultural yang tradisional masih sangat kental mewarnai cara berpikir dan bersikap masyarakat atas penggunaan cara-cara kekerasan dalam perkawinan. KDRT belum dapat diterima sebagai tindakan kriminal tetapi masih dianggap sebagai urusan pribadi keluarga. Kedepannya, program-program yang sensitif budaya sangatlah diperlukan untuk mengurangi gap antara kebijakan yang telah ada dengan masyarakat yang masih memegang tradisi yang berlawanan dengan kebijakan tersebut, agar perempuan korban KDRT mendapatkan perlindungan dan meningkatkan kesetaraan gender di Indonesia.
The thesis is based on the following papers:


III. Hayati, E.N., Emmelin, M., Hakimi, M., Eriksson, M. We no longer live in the old days: A qualitative study on men’s views on masculinity and violence within marriage in rural Java, Indonesia. *(Submitted).*

IV. Hayati, E.N., Emmelin, M., Eriksson, M. Challenges for a local service agency to address domestic violence – a case study from rural Indonesia. *(Manuscript).*
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBO</td>
<td>Community Based Organization</td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
</tr>
<tr>
<td>CHN-RL</td>
<td>Center for Health and Nutrition – Research Laboratory</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Surveillance</td>
</tr>
<tr>
<td>DV Act</td>
<td>Domestic Violence Act</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>GA Resolution</td>
<td>General Assembly Resolution</td>
</tr>
<tr>
<td>GOI</td>
<td>Government of Indonesia</td>
</tr>
<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
</tr>
<tr>
<td>IPV</td>
<td>Intimate Partner Violence</td>
</tr>
<tr>
<td>KOMNAS</td>
<td>Komisi Nasional Anti Kekerasan terahadap Perempuan Perempuan (National Commission on Anti Violence against Women)</td>
</tr>
<tr>
<td>MOWECP</td>
<td>Ministry of Women Empowerment and Child Protection</td>
</tr>
<tr>
<td>MOLHR</td>
<td>Ministry of Law and Human Rights</td>
</tr>
<tr>
<td>MSM</td>
<td>Messy Situational Map</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Government Organization</td>
</tr>
<tr>
<td>OSAPE</td>
<td>Office of Social Affairs and People Empowerment (previously was the reporting desk for women survivors before the establishment of the service P2TP2A/service agency)</td>
</tr>
<tr>
<td>OSCC</td>
<td>One Stop Crisis Center</td>
</tr>
<tr>
<td>OSM</td>
<td>Ordered Situational Map</td>
</tr>
<tr>
<td>PP</td>
<td>Peraturan Pemerintah (Government Regulation)</td>
</tr>
<tr>
<td>PKT</td>
<td>Pusat Krisis Terpadu (Integrated Crisis Center)</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post Traumatic Stress Disorder</td>
</tr>
<tr>
<td>P2TP2A</td>
<td>Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak (Integrated Service for the Empowerment of Women and Children)</td>
</tr>
<tr>
<td>SA</td>
<td>Situational Analysis</td>
</tr>
<tr>
<td>SEHATI</td>
<td>Sehat Ibu (Healthy Mother)</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>WCC</td>
<td>Women’s Crisis Center</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WHA</td>
<td>World Health Assembly</td>
</tr>
<tr>
<td>ZTP</td>
<td>Zero Tolerance Policy</td>
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</table>
Violence against women was acknowledged as a priority for international action with the launch of the United Nations (UN) Declaration on the Elimination of Violence against Women through GA Resolution 48/104, 20 December 1993 (UN, 1993). Three years later, the World Health Organization (WHO) adopted a resolution of WHA 49.25, declaring and recognizing violence, including violence within domestic settings, as a public health priority and concern (Krug et al, 2002; Rothman et al, 2003). In addition, the 1994 Cairo Conference on Population and Development launched an international call for a rights-based approach in reproductive health (UNFPA, 1995). In 1995, The Fourth World Conference on Women, Beijing, China, called for the application of “gender mainstreaming” within each nation’s development (UN, 1996a). These international milestones successfully pushed international attention towards worldwide improvements in the life situations of women. The WHO multi-country study, a population-based survey among more than 24,000 women of reproductive age in ten countries across continents, estimates the global prevalence of physical and/or sexual violence to be 15-71% (Garcia-Moreno et al, 2005). Domestic violence is a major cause of physical and mental ill health among women and is strongly related to reproductive health (Campbell, 2002; Garcia-Moreno et al, 2005; Ellsberg et al, 2008).

Although violence is manifest in many different forms such as self-harm/directed, interpersonal and collective violence, WHO states that interpersonal violence perpetrated by men toward their intimate women partners is the most common form of violence experienced globally by women (Krug et al, 2002; Heise, 2011). In contrast, men are more likely to be exposed to violence by a stranger, peer or acquaintance than by someone within their intimate relations (Tjaden & Thoennes, 2000; Krug et al, 2002). Other studies show that men are also exposed to violence by their intimate women partners (Strauss & Gelles, 1986; Barber, 2008; Shuler, 2010; Lövestad & Krantz, 2012; Nybergh et al, 2013), and violence is found among same-sex couples (Renzetti, 1988; West, 2002; Halpern et al, 2004). The greatest burden of partner violence is on women since they are exposed more often to sexual violence and more severe physical violence compared to men. Further, women are controlled more coercively by male partners (Tjaden & Thoennes, 2000; Kimmel, 2002; Sohal & James-Hanman, 2013).
Men’s violence against women has been explained using “trait based” and normative approaches, and is influenced by “gender role” conflicts (Moore & Stuart, 2005). Men’s violence has also been related to anger and hostility (Norlander & Eckhardt, 2005). Perceptions about violence, and norms that regulate what it means to be a man or a woman, are part of a cultural context and need to be understood within that context. Understanding men’s perceptions and attitudes of masculinity within a given cultural context are crucial to identify entry points for interventions directed towards men and women.

The WHO multi-country study on domestic violence indicates that women survivors of domestic violence rarely tell their experiences to staff in formal services, or to people in positions of authority, due to fear of being stigmatized (García-Moreno et al, 2005). The same study found that women in developing and developed countries rarely seek help from formal institutions (García-Moreno et al, 2005). Other studies found that social support may significantly reduce negative health outcomes among women exposed to violence (Coker et al, 2002; Constantino et al, 2005; Mburia-Mwalili et al, 2010). Thus, appropriate social support from formal services is potentially an important portal for interventions. There are barriers that keep women exposed to domestic violence from seeking formal social support. The cultural context may influence this. More knowledge is needed on women’s experiences of coping with and escaping from domestic violence in order to develop appropriate prevention intervention programs.

In any field, public health responses are incomplete without prevention efforts (WHO, 2013a). Many countries and agencies initiated prevention programs to reduce violence against women, particularly domestic violence. In 2013, WHO released a report on clinical and policy guidelines for responding to intimate partner violence and sexual violence. These guidelines recommend that health care providers build networks with service agencies such as non-governmental organizations (NGOs) or community based organizations (CBOs) to ensure non-clinical service provision for women survivors (WHO, 2013b). However, little is known about how local service providers fulfil their tasks in responding to the needs of communities and women survivors.

Given the complexity of the aetiology of domestic violence (Bott et al, 2005; WHO, 2013b; IOM, 2013), domestic violence prevention requires the use of an ecological framework (Heise, 1998). Such a framework can help to produce systematic and long lasting societal changes (Harvey et al, 2007). Domestic violence against women is not determined by a single factor, but depends on multiple layers within a given society or community system. Therefore, developing comprehensive and culturally adapted prevention strategies for this public health problem and human rights concern requires thorough exploration at different levels (Hesie, 2011).
This thesis is based on experiences from rural Indonesia, a country that ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1984 and enacted a law against domestic violence in 2004. There are few studies within this field being performed in Indonesia, even though various interventions on women’s rights issue are conducted at the grass roots level. This thesis aims to contribute to a better understanding of feasible preventive strategies that are applicable in the Indonesian setting by exploring risk factors of domestic violence, women’s experiences of coping with domestic violence, men’s views on masculinity and domestic violence, and the local service agency’s performance in managing women survivor services.

Terminology on violence in close relationships

The term “domestic violence” is extensively debated. The discussion concerns both words: “domestic” and “violence”. The concepts of “violence” and “abuse” are frequently used interchangeably by those who study domestic violence (Gelles, 1985). However, the term “abuse” is viewed as problematic and confusing since it covers many types of abuse (not only physical violence), and because no consensus exists on the severity of violence required in order for an act to be considered “abuse” (Strauss & Gelles, 1986). Pope and Ferraro (2006) note that within the domestic violence debate, violence, abuse, and battering are often used interchangeably in political negotiations and ideological conflicts. However, since the terms “violence” and “abuse” have different meanings in different contexts, a precise description of the actual acts being referred to is important, rather than using summary terms that leave the interpretation unclear (Walker, 1999).

The second wave feminists, who brought attention to men’s violence against women in intimate relationships during the 1960s-1970s, began using the word “domestic”. They used “domestic violence” to show how the “sacred sanctuary of the home” could be an arena for oppression and violence against women (Enander, 2008). This term was later criticized since it referred to a place rather than a person (who is the perpetrator?). Further, the term could include other kinds of violence within the home, such as violence against children and the elderly (Enander, 2008). “Spouse abuse” emerged in response to that critique and emphasized the persons involved rather than the place and institution (ie., marriage) in which the violence occurred. This term was criticized for being gender neutral, and not indicating which spouse is abused and which is the abuser (Schechter, 1982). The next term that emerged was “wife abuse” and intended to show the relation between the involved persons. This term was criticized because “wife” refers to someone who is part of a married couple and so excludes dating and cohabitating couples (Ellsberg, 2000). Another term was proposed by Leonore Walker, a prominent woman psychologist who specialized in the field. Walker
emphasized “the learned helplessness” among women who experience violence from their partners. She introduced the term “battered woman” that then was widely used by scholars (Ellsberg, 2000). Later, it was recognized that violence within an intimate relationship did not solely exist among heterosexual couples but also among individuals in same sex relationships (Renzetti, 1988; West, 2002; Halpern et al, 2004). This resulted in the introduction of the term intimate partner violence which encompassed also this form of violent relationship.

The term “family violence” is used interchangeably with domestic violence. “Family violence” refers to any violence committed by a family member that is targeted at other family members regardless of the sex of the offender or victim(s) (Strauss, 1974; Gelles, 1980; Strauss & Gelles, 1986). Here the emphasis is on acts of violence within the family, caused by social-structural conditions such as low socioeconomic status, unemployment, financial problems, and social isolation (Gelles, 1985). However feminist scholars oppose the argument that violence against women within the home is a matter of family conflict-solving and prefer the term “domestic violence”. They see violence against women within the home as a manifestation of unequal gender relations (Kurz, 1989; Lenton, 1995) and the root of violence as gender and power inequality (Anderson, 1997) with male dominance or patriarchy (Lenton, 1995).

Despite the debate on the most appropriate term, domestic violence is widely recognized as an appropriate term to describe violence within an intimate relationship. Domestic violence is also an internationally recognized term for violence against women that occurs in a private setting (Krug et al, 2002; Heise, 2011). The UN Special Rapporteur described and defined the phenomena as:

*Woman-battering or domestic assault is the most common form of domestic violence, characterized by the use of physical or psychological force, or the threat of such force, by the dominant domestic partner, at the same time as recognizing the overwhelming probability that this partner is male, for the purpose of intimidating, manipulating or coercing the subordinate partner (UN, 1996b).*

This description clearly states that domestic violence against women refers to abusive acts that consist of three elements: unequal relationship between the perpetrator and the abused, norms of acceptable violent behaviour, and specific acts that constitute violence as a manifestation of subordination (Visaria et al, 1999). Depending on cultural norms, violence may be viewed as legitimate and justified when used in particular roles and relationships. These norms may justify perpetrator use of violence to systematically control a woman’s life (Pope & Ferraro, 2006).
Domestic violence is the term widely used to define violence against the female spouse in Indonesia. In many parts of Indonesia, the household structure is an extended family where power and control emanate from the husband and other family members. Despite this structure, violence against the female spouse occurs. Therefore, the term “domestic violence” is appropriate to use in this thesis. “Wife abuse” is also used since all female respondents were married (Papers I & II). Further, the contexts for the focus group discussion (FGD) study with men (Paper III) and the case study with a service agency (Paper IV) refer to relationships between women and men within marriage. However, the term “intimate partner violence” (IPV) is sometime used when referring to other researchers who use IPV as their chosen term.

The global burden of domestic violence

Domestic violence is not limited to any class or culture (Visaria et al, 1999) but occurs in all countries, irrespective of social, economic, religious or cultural group (Heise et al, 1999; Krug et al, 2002). Intimate partner violence is almost never a single act, but is accompanied by psychological violence, and a quarter to half of all cases is associated with forced sex (Heise et al, 1999; Ellsberg, 2000). In previous population-based surveys from nearly 50 countries, 10% to 50% of ever-partnered women report having been hit or otherwise physically harmed by an intimate male partner at some point in their lives (Heise et al, 1999). The fact that women are often emotionally involved with and financially dependent upon those who abuse them has profound implications for how women experience violence (Heise et al, 1999). However, different methodologies and outcomes used between studies prior to 2000 hamper the opportunity to make reliable comparisons between settings (Garcia-Moreno et al, 2006). For the purpose of comparability between countries, the WHO developed a multi-country study on women’s health and domestic violence against women to gain common understanding on health outcomes, coping strategies, and risk and protective factors that influence women’s chance of partner violence (Garcia-Moreno et al, 2006).

Prevalence of domestic violence

Since a mixture of physical, sexual and emotional violence often co-exist, Ellsberg et al (2001) emphasize the importance of distinguishing between different forms of violence in order to overcome challenges in measuring domestic violence experiences. They emphasize that results are influenced by the way researchers define violence, the actual questions asked, the timeframe explored, and the sample characteristics (Ellsberg et al, 2001). Since violence is a very sensitive topic, Koss (1993) emphasize the need of ensuring women’s safety when asking about violence experiences. This is necessary to decrease underreporting result-
ant from fear of retaliation. To address this need, WHO released safety and ethical guidelines for research on domestic violence against women (WHO, 2001).

Using a standardized methodological questionnaire, WHO conducted population-based surveys at 15 sites in 10 countries in Africa, Europe, Asia, the Pacific, and Latin America. Lifetime prevalence of physical and/or sexual violence among women was found to be between 15% (Japan) and 71% (Ethiopia) (García-Moreno et al, 2005; Garcia-Moreno et al, 2006). In a more recent systematic review by WHO, life-time prevalence of intimate partner violence ranges between 24.6% in the Western Pacific to 37.7% in Southeast Asia (see Table 1) (WHO, 2013a).

### Table 1. Lifetime prevalence of physical and/or sexual violence among ever-partnered women by WHO region.

<table>
<thead>
<tr>
<th>WHO region</th>
<th>Prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>36.6</td>
<td>32.7 – 40.5</td>
</tr>
<tr>
<td>Americas</td>
<td>29.8</td>
<td>25.8 – 33.9</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>37.0</td>
<td>30.9 – 43.1</td>
</tr>
<tr>
<td>Europe</td>
<td>25.4</td>
<td>20.9 – 30.0</td>
</tr>
<tr>
<td>Southeast Asia</td>
<td>37.7</td>
<td>32.8 – 42.6</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>24.6</td>
<td>20.1 – 29.0</td>
</tr>
</tbody>
</table>


Prior to the WHO multi-country study, population-based studies estimated the prevalence of domestic violence in some Asian countries (Heise et al, 1999). In 1980, Papua New Guinea reported a 67% lifetime prevalence of physical violence in rural settings and 57% urban settings. In South Korea, the two-month prevalence was 38%. Table 2 illustrates current estimates of the prevalence of domestic violence in different Asian countries. Some of the countries were included in the WHO multi-country study, and the rest were performed as separate research or as part of a national survey using the WHO questionnaire.

### Table 2. Lifetime prevalence of physical and/or sexual violence in selected Asian countries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh (province)</td>
<td>62a</td>
</tr>
<tr>
<td>Thailand (province)</td>
<td>47a</td>
</tr>
<tr>
<td>Japan (city)</td>
<td>15a</td>
</tr>
<tr>
<td>Vietnam (national)</td>
<td>34b</td>
</tr>
<tr>
<td>China</td>
<td>43c</td>
</tr>
</tbody>
</table>

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bSource: General Statistics Office of Viet Nam (2010)
cSource: Xu et al (2005)
Risk factors

The search to understand associations between different risk factors and domestic violence led to development of the ecological framework. Urie Bronfenbrenner originally developed this framework to understand human development (Heise, 2011). The framework is helpful for understanding the complex aetiology of domestic violence and for guiding the development of comprehensive intervention programs (Bott et al, 2005).

The model suggests that intimate partner violence results from the interaction of a number of factors. No single factor can explain why some people are more at risk than others and why it is more common in some contexts than others (Harvey et al, 2007). Recent model revisions are based on updated studies and evidence of strategies to prevent partner violence (Heise, 2011). The reformulated framework, as illustrated in Figure 1, differentiates between risk factors stemming from men, women and their relationship. The model also specifies the “conflict arena” in which the violence takes place and indicates situational and patriarchal violence triggers. The new ecological framework describes how different layers contribute to the occurrence of violence. At the individual level, a person might have genetic disposition, personal traits, or certain childhood experiences. Studies show that alcohol abuse (Jewkes, 2002; Leonard, 2005), witnessing parental violence (Harvey et al, 2007; Dutton, 2000; Fulu et al, 2013),

Figure 1. The framework of partner violence adapted from the revised ecological model (Heise, 2011)
low education (Jewkes et al, 2006; Fulu et al, 2013), and approval of the use of violence against women (White & Kurpius, 2002; Flood & Pease, 2009) each increase the likelihood of a man’s perpetration. Meanwhile, tolerance toward intimate violence, experience of past abuse (Lawoko, 2006), and lack of social support (Carlson et al, 2002; Fowler & Hill, 2004) increase the likelihood of being exposed to domestic violence.

When a person engages in a relationship, their personal background will interact and build a dynamic that will increase or decrease the risk for violence (Heise, 2011). Marital/relationship conflict is the most consistent marker for partner violence (Krug et al, 2002; Vives-Cases et al, 2009), especially if there is the power imbalance in the relationship (Harvey et al, 2007). In a sociocultural setting with an extended family structure, the presence of these family members could increase or decrease the risk of violence. Furthermore, a couple is nested in a layer where they have other individuals such as neighbours, peers, or a work environment that may increase or decrease the likelihood of relationship violence (Heise, 2011).

At the macro-social level, the outer entities that structure a society, such as sociocultural and economic factors, have a similar potential for influencing the likelihood of violence at the micro level (the intimate relation). Levinson (1989) studied 90 different societies and showed that wife abuse is more likely to occur in societies where men have economic and decision-making power in the household, women do not have easy access to divorce, and adults routinely resort to violence to resolve conflicts. Poverty is another societal risk factor that increases the likelihood of domestic violence (Jewkes et al, 2006; Krug et al, 2002; Harvey et al, 2007; Ali et al, 2011).

In this thesis, the ecological model is used as the point of departure for understanding risk factors and appropriate prevention strategies for domestic violence. This model allows us to understand that there is no single factor that “causes” partner violence. Rather, the likelihood of becoming a perpetrator or victim of violence is the result of many factors that interact at different levels of the social ecology (Heise, 2011). Thus, prevention strategies must be multiple and targeted to different levels.

**Physical, reproductive and mental health**

Research from different country settings consistently reveals a profound impact of intimate partner violence toward women’s health (Krug et al, 2002). Intimate partner violence can have direct and indirect health consequences that put women into immediate and long term risk for ill-health.
Women who experience intimate partner violence are significantly more likely to experience serious physical health problems than women who have not experienced such violence (WHO, 2013b). Poor health conditions among women exposed to domestic violence is reported from many settings, including South Africa (Gass et al, 2010), Chinese women in Hong Kong (Tiwari et al, 2013) and other settings worldwide (Campbell et al, 2002; Campbell, 2002; Ellsberg et al, 2008). The physical symptoms reported by women exposed to domestic violence are chronic pain, gastrointestinal problems, and injuries (Campbell, 2002; Brokaw et al, 2002). Types of injuries range from cuts, bruises, and fractures to permanent disability and even death (Sutherland et al, 2002; Krug et al, 2002). Studies from population-based surveys estimate that 40–72% of all women who have been physically abused by a partner are injured at some point in their life (Tjaden & Thoennes, 1998; Ellsberg, 2000) and suffer from a reduction in physical functioning that led them to spend more days in bed than non-abused women (Sutherland et al, 1998).

Women exposed to domestic violence also suffer from adverse reproductive health problems, including sexually-transmitted diseases, unwanted pregnancies (Campbell, 2002; Brokaw et al, 2002), vaginal discharge (Campbell, 2002; Ellsberg et al, 2008), and induced abortion (Winn et al, 2003; Garcia-Moreno et al, 2006). Studies reveal that pregnant women exposed to violence have an increased risk of low birth weight infants (Murphy et al, 2001; Yang et al, 2006), preterm birth (Neggers et al, 2004; Yost et al, 2005) and neonatal intensive care admission of the new-born (Yost et al, 2005). Furthermore, domestic violence increases the woman’s risk of HIV/AIDS infection (Jewkes et al, 2006; Silverman et al, 2008; Francisco et al, 2013).

Those who are exposed to intimate partner violence consistently report an increased risk for mental health problems such as stress, depression, suicidality, post-traumatic stress disorder (PTSD), and excess alcohol and drug use (Golding, 1999; Campbell, 2002; Sutherland et al, 2002).

Financial burden

The US Centres for Disease Control and Prevention (CDC) specifies two types of societal costs caused by domestic or gender based violence (Waters et al, 2004), and differentiate between direct and indirect costs. Direct costs are the actual expenditures related to violence and include healthcare, juridical, and social services. Indirect costs mainly refer to the value of lost productivity from paid work and unpaid work. Indirect costs also include the value of lost lifetime earnings for women who died. Direct cost estimates are problematic in a developing country context, where lack of services gives the mistaken impression that the problem is
not important. In such settings, indirect cost estimates may be more useful since they have more focus on foregone earnings due to death and lost productivity of victims and abusers (due to incarceration), and job loss (Bott et al, 2005).

In some countries, primarily industrialized societies, efforts have been initiated to estimate the economic burden of violence against women. These attempts include estimates of different types of costs, including costs related to individuals, governments, and employers, and the medical, legal, financial, housing and social welfare systems. The results show annual direct costs for handling intimate partner violence survivors ranges from USD 454,000 in Jamaica to USD 1.2 billion in Canada (Morrison & Orlando, 2004).

**Interventions to address domestic violence**

Program prevention to overcome domestic violence was developed at least 30 years ago through several interventions at the individual, relationship and societal levels (Dahlberg & Butchart, 2005; Johnson, 2007). The prevention programs were also developed by using a multilevel prevention approach (Wolfe & Jaffe, 1999; Godenzi & de Puy, 2001; Coker, 2004; Harvey et al, 2007), or designed to address different sectors, such as the legal and justice systems, the educational sector, and the health system (Heise et al, 1999; Bott et al, 2005). However, knowledge on the effectiveness of these domestic violence initiatives is relatively limited (Bott et al, 2005; Heise, 2011).

A review done by Chalk and King (1998) found that among several hundred relevant intervention studies, only 34 were methodologically sound. This was because prevention often requires multiple organizations, strategies, and sectors. This makes it difficult to determine what specific strategies can be credited for measured changes (Chalk & King, 1998). As a result, evidence on effectiveness is often lacking, and the only thing that can be said about certain approaches is whether they are more or less promising (Bott et al, 2005). Also, intervention evaluations were primarily done in developed countries, and evidence from developing countries is very limited (Harvey et al, 2007; Heise, 2011). Studies that identify appropriate program interventions in developing countries should be done for further action recommendations, and to assess the effectiveness of the interventions that are developed.

The intervention initiatives have had different designs that adjust for the sociocultural and political situation of each setting. Domestic violence is a global problem, but developed and developing countries have different risk factors, norms, cultures, and societal life related to domestic violence (Harvey et al, 2007). To develop program interventions against domestic violence for the local society, understanding the local context is needed to respond to this public health problem.
AIMS

The overall aim of this thesis is to contribute to a better understanding of appropriate prevention strategies for domestic violence against women in rural Indonesia.

The specific aims are:
• To study the demographical and attitudinal risk factors associated with women’s experiences of domestic violence (Paper I)
• To explore the dynamics of women’s coping with domestic violence (Paper II)
• To explore the norm systems regulating the use of violence within marriage, focusing on men’s views on masculinity, marriage and domestic violence, and to identify men’s views on possible interventions to decrease domestic violence (Paper III)
• To explore the challenges faced by a local service agency in managing service provision for women survivors of domestic violence (Paper IV)
Since the ultimate aim of this thesis is to understand better the appropriate and feasible strategies for prevention of domestic violence, this section will introduce and describe the concepts of prevention as an important theoretical frame around which the results will be discussed. The concepts of gender norms, masculinity and coping will also be presented since they are used as a framework for discussing the results of the individual papers.

**Multilevel prevention to address domestic violence**

The “three level prevention model” was first introduced in 1964 by Gerard Caplan, a well-known American psychiatrist called “the father of community mental health” (Langely, 1996). A number of experts adapted this preventive model to come up with a systematic approach to domestic violence and child abuse. The three levels primarily concern the time sequence in which various courses of action are adopted, i.e., primary, secondary and tertiary prevention (Wolfe & Jaffe, 1999; Appelit & Kaselitz, 2000; Godenzi & De Puy, 2001):

- **Primary prevention**: Actions to prohibit violence before it occurs. According to Godenzi & De Puy (2001), primary prevention can be divided into two types. The “specific risk approach” focuses on targeting sensitization to the problem, such as eradication of the norms and structures that authorize violence. The “enlarged protection or promotion approach” focuses on reinforcement of prophylactic measures. Primary prevention strategies can be targeted to particular population groups by introducing new values, thinking processes, and relationship skills that are incompatible with violence and that promote healthy, nonviolent relationships.

- **Secondary prevention**: Actions to detect violence in time to void it or to terminate it at the earliest possible stage. An example of secondary prevention efforts is to address interventions to identified individuals who exhibit behaviours associated with domestic violence.

- **Tertiary prevention**: Actions to prevent a renewed outbreak of violence or to soften the impact of violence. Tertiary prevention efforts are the most common and emphasize the identification of domestic violence and its perpetrators and victims, control of the behaviours and their harms, punishment and/or treatment for perpetrators, and support for victims.
Gender and gender norms

The concept of gender was introduced by the American sociologist Ann Oakley in her inspiring book, *Sex, Gender and Society* (first published in 1972). She reflects on women’s situation in western societies from the early 17th century until the beginning of the industrial era, and concludes that human beings take their biological endowments and turn them into certain social roles (Oakley, 1996). She defines “sex” as the word that refers to biological differences between males and females, i.e., the visible difference in genitalia. “Gender” is a matter of culture; it refers to classification into “masculine” and “feminine”. Being male or female is determined by biological evidence, while being masculine or feminine is bound by culture and time (Oakley, 1996). Currently, we understand that these are not the only two aspects that influence the definition of gender. Other aspects, such as age, class, race, ethnicity, sexuality, and religion, all inform and modify the meaning of gender (Kimmel, 2004). The gendered society creates norms on masculinity and femininity by gendering their children, and relationally positions the two sexes in opposition. Further, the gendered society is situational: the meaning of being a man or a woman is different in different settings (Kimmel, 2004).

Gender and domestic violence

In patriarchal societies such as Indonesia where the social structure of oppression exists (Holter, 2005), men are given the power and right to control women as they are the main breadwinner for the family. In contrast, women are expected to be the household caretaker, do child rearing, and show obedience to their husband (Heise et al, 1999). Women’s economic independence may challenge and change the gender order because traditionally women have been economically dependent on their husbands. According to Anderson and Umberson (2001), domestic violence perpetrator actions are shaped by structural changes in the gender order. These authors conclude that by gendering violence, the perpetrator may not only reinforce his masculinity, but also reproduce gender as dominance. The cultural depiction of the husband as the breadwinner supports the greater rewards achieved by men in the workplace, legitimizes male power within the family, and provides men with resources for demonstrating their masculinity (Anderson, 1997; Connell, 1987). The dominant and constantly constructed images of what it means to be a man are believed by the majority. Connell calls this *hegemonic masculinity*, a construction of how men “should be” in relational context to the opposite sex (women). This construct places the man as superior within the arena of the state, the workplace, and the family (Connell, 1993). This hegemonic value successfully plays a role in maintaining the subordination of women (Connell, 1993). In hegemonic masculinity, if a man perceives that his wife has failed in her role as a wife or challenges his power, he may react vio-
To maintain his power and control. However, the power relation emanating from this construction of superiority and subordination may even be problematic for men since not all men comply with the hegemonic values embedded on men.

In addition, Kimmel (2002) points out that domestic violence might be a way for men to utilize power and control over women through “instrumental violence”.

Control-motivated instrumental violence is experienced by men not as an expression of their power but as an instance of its collapse. Men may feel entitled to experience control over women, but they become violent when they do not feel that control. Masculinity, in that sense, has already been compromised; violence is a method to restore manhood and domestic inequality at the same time” (Kimmel, 2002, p. 1353).

In other words, domestic violence may not occur to show how powerful a man is, but because of a man’s frustration at his powerlessness (Kimmel, 2004). Thus, men might use different tactics and behaviours to maintain their superior position, and as their expression of keeping power and controlling their partners.

The Power Control Model (Figure 2) was developed within a US intervention project (Pence & Paymar, 1993). The model is often referred to with regard to imbalance in relations or unequal relationships. This model describes very well the different components of domestic violence that are relevant to the focus of this thesis. The model describes eight different tactics that men may use to maintain power and control, such as coercion and threats, emotional abuse, using children, and economic abuse. Violence is seen as part of a pattern of behaviours rather than isolated incidents of abuse. A perpetrator’s use of physical or sexual assaults might be infrequent, but reinforces the power of other tactics that limit a woman’s ability to act independently (Pence & Paymar, 1993).
Figure 2. The “power and control” model of domestic violence, adapted from Pence & Paymar, 1993.

Coping with domestic violence

The WHO multi-country study on domestic violence revealed that in all settings, once women experience severe physical violence they are more likely to talk to someone compared to those who experience moderate or mild physical violence (Garcia-Moreno et al, 2005). Women’s preference to disclose their experience to a family member or friend, instead of reporting to the local authority or formal institutions may indicate barriers to seeking support that result from cultural norms or other reasons such as fear of losing their children (Garcia-Moreno et al, 2005). Waldrop and Resick (2004) claim that within an abusive relationship, a woman may prefer to use a certain coping strategy; however, she must adjust that strategy to fit her particular situation because of lack of available resources, social support, options for escape, and control (Goodman et al, 2009). As a mechanism of overcoming a stressor, coping cannot be separated from what are called coping resources because those resources directly determine coping responses (Davies, 2002a). In the context of domestic violence, social support is a significant resource for women survivors in relation to their mental health (Carlson et al, 2002; Fowler & Hill, 2004).
Coping is a cognitive and behavioural effort taken to manage the external and/or internal demands of a challenging and stressful situation (Lazarus & Folkman, 1984). Thus, coping is a process; it changes over time and in accordance with situational contexts (Lazarus, 1993). Women’s coping responses to intimate partner violence will affect their decision to stay or to leave the partner (Waldrop & Resick, 2004). Factors that motivate women to seek interventions (support) or to leave abusive relationships include a woman’s awareness that the abuse is escalating in frequency or severity (Garcia-Moreno et al, 2005; Chang et al, 2010), when violence begins to affect the children, and receiving emotional and logistical support of family and friends (Gelles, 1976; Strube & Barbour, 1983; Strube & Barbour, 1984; Chang et al, 2010).

**Implications for multilevel prevention**

Taken together, the sub-studies included in this thesis aim to guide future development of an intervention programs against domestic violence in Indonesia. Identification of the risk factors for exposure to domestic violence (Paper I) and men’s views on masculinity (Paper III) may contribute knowledge needed to create primary preventions programs. The woman survivor’s coping experiences (Paper II) and the service agency experience (Paper IV) may contribute an understanding of how to develop feasible secondary and tertiary prevention programs.

WHO strongly suggests that to achieve systematic and long lasting changes, preventive actions against domestic violence should be developed using an ecological framework (Harvey et al, 2007). In addition, formulation of a multiple level prevention model, as developed by Caplan (1964), will be useful in determining the immediacy of needed interventions. The scope for prevention may lie either in improving or abolishing harmful societal factors, improving institutions, or empowering individuals. The choice of a preventive strategy will vary depending on the view of the root causes of violence, and taking into account that developing countries have different socio-political and cultural situations compared to developed countries (Harvey et al, 2007; Heise, 2011).
THE STUDY CONTEXT

National ideology on gender

Indonesia gained its independence from being a Dutch colony in 1945. The new nation began under the leadership of President Soekarno who did not create any particular policies on women’s roles as citizens. Indonesian women were deeply involved and had significant roles in the efforts for independence and in the independence era under the Old Order regime of President Soekarno. Upon entering the New Order era (under the Soeharto regime), women’s involvement in political matters was strictly limited. They were co-opted into a ‘soft’ nationwide organization called Dharma Wanita (Women’s Dedication). This nationwide organization stated that the main roles of women included being their husband’s companion and caregiver of their children. In the early 1970s, the roles of women (and men) were legally regulated within the Marriage Law No. 1/1974 (State Secretariat of the Republic of Indonesia, 1974). This law states that although husband and wife have equal rights within the marriage, husbands are the heads of household and wives are responsible for taking care of the household. The overall roles given to women by the Indonesian state were to be istri dan ibu (the wife and the mother). Documents from the women’s organization, together with the marriage legislation, became the main references for the government and people in general when determining positions of men and women within society. The ideology of “family harmony”, that women were given a significant role to maintain, was clearly enforced by the state (Sitepu, 1996).

Indonesia is an archipelagic country. Its population of more than 230 million people is the fourth largest in the world. The population is settled in five main big islands and thousands of smaller islands. Java is regarded as the main island among the big five since the Indonesian capital city of Jakarta is located there. Two thirds of the Indonesian population is settled on Java, and the original island inhabitants are Javanese. Since the majority of Indonesians live on this island, most of the public leaders are of Javanese origin. This includes the current Indonesian president. Javanese traditions correspond closely with the national policy described earlier and include the ideal of a woman being submissive and obedient (Hakimi et al, 2011). Javanese traditional values are strongly influenced by Islamic teaching, which interprets men as the leaders of women and therefore requires that a woman be obedient to her husband. The majority (88%) of Indonesians are Mus-
Muslims are taught that once married, a woman is bound to fulfil the socially agreed roles of housekeeping, childbearing, and supporting her husband. The ideology of harmony, which is emphasized by law, is widely applied as a marriage norm and referred to as *njaga praja*. This means that the husband’s honour must be protected from people outside the family (Cholil et al, 1998). Therefore, any domestic violence that occurs within marriage should be muted, as acknowledging it would reveal a lack of harmony within the family and the nation (Sciortino & Smith, 1997).

### National policies to address domestic violence

The global movement to address gender-based violence influenced a change in Indonesian policies toward more gender responsiveness. As a member of the United Nations (UN), Indonesia was morally obliged to ratify international conventions launched by the UN. The first Indonesian milestone of political change in the field of gender equity was ratification of the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1984 (State Secretariat of the Republic of Indonesia, 1984). The next three international milestones that significantly influenced Indonesian gender policy were the launch of the 1993 UN declaration on the Elimination of Violence against Women (UN, 1993), the 1994 Cairo Conference on Population and Development (UNFPA, 1995), and the Fourth World Conference on Women held in Beijing during 1995 (UN, 1996a). Each of the three international milestones changed Indonesian government policy in relation to attainment of Indonesian women’s human rights for better life and equal partnership with men.

In relation to these international calls, the Indonesian government launched a national development policy that included different efforts to achieve equal partnership, *kemitra sejajaran*, between men and women (Firdaus, 2012). In this way, the international milestones became major promoters for the Indonesian government to adjust its national development goals towards gender equity. Initiatives include establishment of a National Commission on Anti-Violence against Women (popularly known as National Commission on Women, KOMNAS Perempuan (Presidential decree, 1998), enactment of a gender mainstreaming policy in national development (Presidential Instruction, 2000), launch of a Zero Tolerance Policy (ZTP) toward violence against women (Ministry of Women’s Empowerment, 2000), endorsement of a law recognizing domestic violence as a criminal act (Ministry of Law and Human Rights, 2004), and agreement (memorandum of understanding/MoU) between several ministries to provide services for women (and children) survivors of domestic violence. By the end of 2011, the Women’s National Commission noted that Indonesia had launched at least 44 policies to address violence against women (KOMNAS Perempuan, 2012). Figure 3 is an overview of the relation between the international milestones and national policies.
The Government of Indonesia (GOI), through the Ministry of Women Empowerment and Child Protection (MOWECP), has enacted a policy to ensure availability of services for women survivors of domestic violence in every province at the district level (Government regulation, 2006). The governmental bodies at provincial and district levels are obligated to set up certain facilities, which include: i) special units within the police department; ii) crisis centres; iii) shelters; and iv) available experts or other professionals in the field (Government Regulation, 2006). In 2011, Integrated Service and Empowerment Units for Women and Children Survivors (P2TP2A) are established in 20 of 34 provinces and 117 of 409 districts. Hospital-based Integrated Crisis Units (PKT) exist in 22 hospitals, Integrated Service Units exist in 42 police-affiliated hospitals (*Rumah Sakit Bhayangkara*), 305 Women and Children Special Units are set up at provincial and district level police stations, and 42 Women’s Crisis Centres (WCC) are run by Women NGOs (Komnas Perempuan, 2012). Except for the WCC, the institutions and units are funded by the national and local governments through annual budgeting programs. The WCCs are managed independently, funded by international donors, and run by women activists at the grass root level.
Grass root movements to address domestic violence

The Indonesian grass root movement has significantly influenced policy change regarding women’s rights in Indonesia. The first Indonesian NGO that advocated for women’s autonomy and rights was Yasanti (established in 1982), followed by Kalyanamitra (established in 1985). In 1993, a specialized NGO focusing on provision of services for women survivors of violence was established in Yogyakarta. This was named Rifka Annisa Women’s Crisis Center. Services provided by Rifka Annisa have been established in many other parts of Indonesia, and their advocacy movement has increased public awareness, particularly with regard to domestic violence (Hakimi et al, 2011). In 2003, Rifka Annisa did a national mapping to identify the different types of services established in different parts of the nation. By 2002, there were least four types of specialized services as well as advocacy for women’s right to be free from violence. Those services can be divided into institutional-based WCC, community-based WCC, pesantren-based WCC (Islamic faith-based WCC), and hospital based One Stop Crisis Center (OSCC) known as Pusat Krisis Terpadu/PKT (Integrated Service Center) (Silawati, 2002).

WCC run by women activists are usually steered by a feminist ideological belief that the root causes of violence against women is the power imbalance between men and women. They actively conduct advocacy activities to enforce policy improvements that fulfil women’s rights and create a gender-just society. These grass root women’s movements have several successful achievements that address domestic violence in Indonesia. This movement influenced endorsement of the Domestic Violence Act in 2004 and the Enactment of Mandatory Regulation which mandated provincial and district level governments to establish service centres for women (and children) survivors of violence (P2TP2A). The existence of these two national laws and regulations ensures that domestic violence is addressed sustainably. This is necessary to achieve of the rights of women survivors of violence in Indonesia. However, little is known about how these national acts and regulations are being implemented. Evaluations on how the local service centres carry out their mission is also lacking.

The magnitude of domestic violence in the Indonesian setting

A previous study revealed a lifetime prevalence of 11% physical abuse and 22% sexual abuse among women in the study site (Hakimi et al, 2011). A study from Makassar city (eastern part of Indonesia) estimated the lifetime prevalence of physical and sexual violence to be 5.7% and 6.4% respectively, among women in reproductive age visiting the primary health care (Shiyun et al, 2013). Other data regarding the magnitude of domestic violence in Indonesia are based on docu-
Data on violence against women is gathered annually by the Indonesian National Commission on Anti Violence against Women/Komnas Perempuan from 300 partner institutions across 30 provinces. In 2009, 143,586 cases were reported: 96% were domestic violence. The figures were similar for 2011 and 2012. These figures only represent violence cases reported to the 300 partner institutions, and do not provide information on the total prevalence of domestic violence in Indonesia. Still, these figures indicate that domestic violence as a major concern (Komnas Perempuan, 2011). Based on these numbers, the National Commission estimated that at least 311 women in Indonesia experience domestic violence each day (Komnas Perempuan, 2012). Meanwhile, data taken from Rifka Annisa, (the first WCC, based in Yogyakarta Province), documented 4823 reported cases of violence against women in from 1994-2011. Of these, 66% were domestic violence cases (Rifka Annisa, unpublished data).

Underreporting is a common problem with domestic violence. Complete data or comprehensive statistics on the issue are scarcely available. The lack of supporting documentation may be because domestic violence continues to be considered as a minor public health issue, and official documentation on the magnitude of the problem has not been addressed by the government. This may also be due to the public view that violence against women within marriage is ‘natural’ and part of a woman’s fate (Munir, 2005).
Methodological approach and general design

This thesis was conducted with a mix of qualitative and quantitative approaches to answer the research questions. In the social and behavioural sciences, this approach started with researchers and methodologists who believed that a combination of qualitative and quantitative methodologies were useful to address different aspects of their research questions (Johnson et al., 2007). Mixed methods research focuses on collecting and analysing quantitative and qualitative data in a single study or a series of studies. The basic premise is that combining quantitative and qualitative approaches will lead to a better understanding of the research questions than if only one method is used (Creswell, 2003).

Mixed methods can provide more and broader evidence regarding the research area. Further, this approach encourages the use of multiple worldviews and is “practical” because the researcher can choose between arrays of methods, depending on the research focus (Creswell, 2003).

Table 3 gives a general overview of the studies included in the thesis. The overall project can be described as having a mixed methods approach even though the individual studies were independent entities and analysed separately (Zhang & Creswell, 2013). Even if quantitative and qualitative methods were not used in a single study, the total (quantitative and qualitative) results from all studies were integrated in the cover story to meet the overall aims. The studies were conducted in a sequential manner so that results from the initial studies could be integrated into the forthcoming studies. The quantitative survey formed the basis by confirming and exploring the magnitude and risk factors of domestic violence in the study setting. However, the main emphasis in the thesis is an in-depth exploration of the complexity of prevention of domestic violence. This is achieved by including views and experiences of women and men, as well as the societal support structures made available by governmental and non-governmental institutions.
Table 3. General overview of the studies

<table>
<thead>
<tr>
<th>Aim</th>
<th>Study design</th>
<th>Methods of data collection</th>
<th>Sampling of informants</th>
<th>Analytical approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>To identify risk factors for domestic violence among women of repro-</td>
<td>Quantitative</td>
<td>Population-based survey</td>
<td>765 women in reproductive age</td>
<td>Descriptive and analytical Multivariate regression analysis</td>
</tr>
<tr>
<td>ductive age (Paper I)</td>
<td>Cross-sectional</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>To explore coping dynamics among women survivors of domestic</td>
<td>Qualitative Phenomenological</td>
<td>In-depth interviews</td>
<td>7 women survivors of domestic violence</td>
<td>Interpretative phenomenology</td>
</tr>
<tr>
<td>violence (Paper II)</td>
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<td></td>
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<tr>
<td>To explore men’s views on masculinity, marriage and domestic</td>
<td>Qualitative Exploratory and</td>
<td>Focus group discussions</td>
<td>44 male community leaders</td>
<td>Situational analysis Grounded Theory</td>
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<td>violence, and their views on possible preventive measures</td>
<td>Analytical</td>
<td></td>
<td></td>
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<td>(Paper III).</td>
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<tr>
<td>To explore challenges faced by a local service agency in managing</td>
<td>Qualitative Exploratory</td>
<td>In-depth interviews; Focus group discussions;</td>
<td>3 volunteers and 1 staff</td>
<td>Situational analysis Grounded theory</td>
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<tr>
<td>services for women survivors of domestic violence</td>
<td>Analytical Case study</td>
<td>Observations; Archival study; Narratives</td>
<td>12 volunteers</td>
<td></td>
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<tr>
<td>(Paper IV).</td>
<td></td>
<td></td>
<td>6 narratives</td>
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<td>6 documents</td>
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**Study setting**

Purworejo District is an administrative part of Central Java Province, and located 60 km west of Yogyakarta Province. According to the 2010 census, Purworejo District has a population of 696,141 with an area of 1,035 km² (Central Statistics Bureau, 2011), including coastal, lowland, highland, and hilly areas. The population density was 640/km² spread in rural (85%) and urban area, and farming is the major occupation (Indonesia Investment Coordinating Board, 2013).
In 1994, the Medical Faculty of Gadjah Mada University established a Community Health and Nutrition Research Laboratories (CHN-RL) in Purworejo district with support from the Indonesian Ministry of Health. CHN-RL undertakes population-based longitudinal surveillance on health and nutrition of women of reproductive age and under-five children, and has a unique surveillance database. The purpose is to establish trends in specific health outcomes, identify the characteristics and determinants of health outcomes, and monitor and evaluate the effectiveness of activities designed to influence health outcomes. This survey has become the Purworejo Demographic and Health Surveillance (DHS) site with three major activities: longitudinal applied research, training, and education. Since 1999, the Purworejo DHS is an active member of the INDEPTH Network (Hakimi et al, 2011).

With the launch of the Zero Tolerance Policy (ZTP) in 2000, the Purworejo District government formally appointed the Office of Social Affairs and People Empowerment (OSAPE) to form a task force unit with the main function of providing complaint desks for women survivors of violence. A research team named SEHATI (Sehat Ibu—Healthy Mother), originally focused on nutrition
and maternal health, decided to join with the Purworejo DHS to perform a population-based survey on domestic violence. As mentioned earlier, this is the only population-based study on domestic violence from Indonesia. The study found a lifetime prevalence of 11% for physical violence, and 22% for sexual violence (Hakimi et al, 2011). This became the start for this thesis project. In 2009, the P2TP2A (Pusat Pelayanan Terpadu Perempuan dan Anak/Integrated service centre for women and children survivors of violence) formal office was established under the District Head Decree number 188.4/35/2009. The P2TP2A is an independent body and since its establishment, the OSAPE no longer operates as the service desk. By the end of 2012, the P2TP2A documented 132 domestic violence cases and 141 child abuse cases in the district. Thus, the issue of domestic violence is now known to people in this district.

Risk factors for physical and sexual violence (Paper I)

Study design

A cross-sectional population-based survey was conducted to identify demographic and norms-related attitudinal risk factors for physical and sexual violence among women of reproductive age.
**MATERIALS AND METHODS**

**Sampling of informants**

Between April 1996 and October 1998, a cohort of 846 newly pregnant women was enrolled in the DHS Purworejo through CHN-RL of Gadjah Mada University. Each of the 846 women participated in the pregnancy cohort during 1996-1998. This cohort was eligible for a retrospective study of domestic violence in December 1999 to February 2000. Of these, 49 women refused to participate in part or all of the study for a variety of reasons. A final sample of 765 women participated in the SEHATI (Healthy Mother) interview. The maximum duration between delivery and the SEHATI interview was 3.9 years (Hakimi et al, 2011).

**Data collection**

Data were collected from December 1999 through February 2000 by 12 trained female field workers and two female supervisors who could speak the local language and had previous data collection experience. Interviews were conducted in private, in each of the respondent’s houses. To ensure interview confidentiality, presence of any family members was avoided. During the field work phase, questionnaires were checked daily by the field supervisors. Once approved, they were taken to Yogyakarta for data entry.

The research team used a culturally and linguistically adapted version of the WHO questionnaire. To test the questionnaire and train the field workers in conducting interviews, the questionnaire was piloted with women who came from a similar setting. Apart from the women’s demographics, general life, and health (physical and mental), the questionnaire also documented women’s violence experiences (physical, sexual and emotional), response to violence, attitudes about gender norms, and justification for violence.

**Data analyses**

We focused on variables that relate to violence experience, socio-economic factors related to the woman and the man, behavioural characteristics of the man, and attitudes towards gender norms. Table 5 summarizes the variables used.
### Table 4. Description of the variables included in the analyses.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience of violence</td>
<td>Physical violence by a current or former intimate partner:</td>
</tr>
<tr>
<td></td>
<td>• Slapped, hit by an object, pushed, dragged, kicked, or beaten by her husband; regarded as physical abuse</td>
</tr>
<tr>
<td></td>
<td>Sexual violence by current or former intimate partner:</td>
</tr>
<tr>
<td></td>
<td>• Physically forced to have sex when she did not want to, or had sex because she was afraid of what her husband might do, or forced to perform sexually degrading acts; regarded as sexual abuse</td>
</tr>
<tr>
<td>Prevalence</td>
<td>• Lifetime: Having experienced any of the described acts at any time during her life</td>
</tr>
<tr>
<td></td>
<td>• Current: Experiencing any of the described acts within 12 months prior to the interview</td>
</tr>
<tr>
<td>Socio-demographic variables</td>
<td>Woman’s and husband’s</td>
</tr>
<tr>
<td></td>
<td>• age (age-groups)</td>
</tr>
<tr>
<td></td>
<td>• education (9 years/more than 9 years)</td>
</tr>
<tr>
<td></td>
<td>• residence (highland/lowland)</td>
</tr>
<tr>
<td></td>
<td>• type of work (agricultural/non-agricultural)</td>
</tr>
<tr>
<td>Husband’s psychosocial and behavioural characteristics</td>
<td>• Witnessed his mother being hit by his father,</td>
</tr>
<tr>
<td></td>
<td>• Willing to share his income with his wife,</td>
</tr>
<tr>
<td></td>
<td>• Stealing his wife’s money,</td>
</tr>
<tr>
<td></td>
<td>• Being unfaithful, fighting with other men, and being drunk often</td>
</tr>
<tr>
<td>Attitudes toward gender roles</td>
<td>Agree or disagree to the statements:</td>
</tr>
<tr>
<td></td>
<td>• “a good wife obeys her husband”</td>
</tr>
<tr>
<td></td>
<td>• “family problems should only be discussed with a family member”</td>
</tr>
<tr>
<td></td>
<td>• “a man should show who the boss is”</td>
</tr>
<tr>
<td></td>
<td>• “a wife is obliged to have sex with her husband”</td>
</tr>
<tr>
<td></td>
<td>• “a woman should be able to choose her own friends”</td>
</tr>
<tr>
<td></td>
<td>• “others outside the family should intervene (in case of violence)”</td>
</tr>
<tr>
<td>Justification for a husband to hit his wife</td>
<td>Endorsement of six possible reasons why a husband would be justified in hitting his wife:</td>
</tr>
<tr>
<td></td>
<td>• “she does not do the household chores well”</td>
</tr>
<tr>
<td></td>
<td>• “she disobeys him”</td>
</tr>
<tr>
<td></td>
<td>• “she asks him about girlfriends”</td>
</tr>
<tr>
<td></td>
<td>• “he suspects that she is unfaithful”</td>
</tr>
<tr>
<td></td>
<td>• “she is unfaithful”</td>
</tr>
</tbody>
</table>
|                                        | (The variables were recoded into three categories: “hitting a wife is never justified”; “hitting a wife is justified for one reason only”; and “hitting a wife is justified for two or more reasons”)

| Justification for a wife to refuse sex | Endorsement of four statements regarding possible scenarios in which a woman has the right to refuse sex:                                                                                                 |
|                                        | • “if she does not want to”                                                                                                                                                                                |
|                                        | • “if he is drunk”                                                                                                                                                                                         |
|                                        | • “if she is sick”                                                                                                                                                                                         |
|                                        | • “if he mistreats her”                                                                                                                                                                                    |
|                                        | (The variables were recoded into three categories: “to refuse sex is justified for all four reasons”, “to refuse sex is justified for up to three reasons”, and “to refuse sex is justified for one or no reason at all”)

---

**MATERIALS AND METHODS**

**Table 4.** Description of the variables included in the analyses.
Crude and adjusted odds ratios with 95% confidence intervals (CI) were calculated for bivariate and multivariate logistic regression analyses. In the multivariate analyses, only significant variables from the bivariate analyses were included. Logistic regression analyses were used for if women with certain demographic characteristics were more likely to experience domestic violence compared to women with different demographic characteristics. The adjusted odds ratio controlled for whether the association between an explanatory factor and violence experience was confounded by other variables (Campbell et al, 2007).

The coping dynamics of women survivors of domestic violence (Paper II)

Study design
A phenomenological approach was employed as this is suitable for transforming lived experience into a textual expression of its essence (van Manen, 1997). Through an empathetic interview, a woman survivor of violence is able to formulate her life history from the past to the present, and can explore, share, and validate her feelings and insights. Phenomenology provides the opportunity to voice this (Davies, 2002a; 2002b). Such opportunity, expressing the internal struggle in facing abuse, provides a valuable depiction of the development and use of inner resources that facilitates survival, strength, identity formation, and protection (Davies, 2002a).

Sampling of informants
The sampling technique was purposive and the selection of informants was based on criterion sampling, by which individuals were approached who were exposed to domestic violence and willing and able to articulate their experiences (Creswell, 2007). Informants (women survivors) were women who were in touch with officers at the consulting desk of Office of Social Affairs and People Empowerment (OSAPE). The women were contacted by these officers and offered to join the study. Seven women consented to participate, and were introduced to the researcher.

Data collection
All interviews were performed in places where the informants felt comfortable talking about their experiences. The interviews took approximately 1-1.5 hours. To assure confidentiality, only the interviewer and a female field assistant were present during the interview. A semi-structured interview guide was developed and used during the interviews, based on the following areas (see Figure 5).
**Data analyses**

The analyses followed a phenomenological approach developed by van Manen (2011) that combines features of descriptive and interpretative phenomenology. This uses both empirical and reflective methods. Empirical inquiry activities aim to explore the range and varieties of the interview data that are appropriate for the phenomenon under study. Reflective inquiry activities aim to interpret the aspects of meaning or meaningfulness that are associated with the phenomenon. Exploration of meaning at the interpretative level provides an opportunity to grasp the abstract or conceptual levels of the phenomenon under investigation (van Manen, 2011).

Figure 6 illustrates how the analyses started with the descriptive level, (ie., the interviews), continued with transcription, and selected the meaning units. The identified meaning units were further constructed into formulated meaning units. The analyses then proceeded to the interpretative level, starting with interpretation of the (descriptive) formulated meanings into sub-themes. Finally, we clustered the sub-themes into themes, and integrated themes into a comprehensive phenomenon.
Table 5 describes the analytical process, illustrated with examples of meaning units from the text. The texts were first interpreted on a descriptive level, and then formulated into meaning units, and further interpreted on a reflective level to become sub-themes.

Table 5. Example of the analytical process of the interview texts.

<table>
<thead>
<tr>
<th>Empirical inquiry (from the transcripts)</th>
<th>Formulated meaning (descriptive analysis)</th>
<th>Reflective inquiry (interpretative analysis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wore a Muslim veil because he wanted me to. I had to keep everything covered. I wasn’t allowed to look beautiful and I wasn’t allowed to dress up. As a wife, I did what he wanted. If he told me what to do, I did what he said...the important thing to me was to maintain peace at home...</td>
<td>Her performance was directed by him. She was obedient and complied with his order to keep the marriage intact.</td>
<td>Being controlled on how to perform. Obedience and submissiveness as a strategy to maintain family harmony. Traditional beliefs about women’s role in marriage.</td>
</tr>
<tr>
<td>I couldn’t take it anymore so I told the head of the local Health Centre when he asked “Why are you always getting chickenpox?” (they said) but actually they were really cigarette burns, not chicken pox.</td>
<td>She confessed during health care that she was burned by his cigarette butts.</td>
<td>Self-disclosure during health care. Physically tortured.</td>
</tr>
</tbody>
</table>
Men’s views on masculinity, marriage, and domestic violence (Paper III)

Study design
In exploring men’s knowledge and experiences on masculinity, the use of violence within marriage, and their views on possible interventions to decrease domestic violence, interviews were conducted in the format of focus group discussions (FGD). FGDs are often used as a quick and convenient way to collect data from several people simultaneously. FGDs explicitly use group interaction as part of the methods. The researcher asks each person, and encourages the participants to talk to one another and to exchange and comment on each other’s experiences and points of view (Kitzinger, 1994). FGDs allow researchers to utilize group interaction to explore people’s personal experiences and knowledge of a certain topic. In addition, they are ideal for capturing opinions and normative systems (Dahlgren et al, 2004).

Sampling of informants
The sampling process was purposive with an aim to reach men who could reflect, on their own and others’ behalf, on issues related to masculinity, marriage, violence, and interventions to prevent domestic violence. The aim was to include men from different geographical settings that represented coastal, lowland, and hilly areas of Purworejo District. To reach informants, we contacted village authorities and informed them about the aim of the study. Local community leaders were invited to join, and the criteria for community leaders were identified by the local authorities.

Data collection
Moderators for the FGDs were two male field workers who were trained in domestic violence issues. One was a local person from Purworejo, and the other was from Rifka Annisa, Yogyakarta (WCC based in Yogyakarta). The FGDs were conducted in a village meeting hall, and the discussions lasted for 1.5 to 2 hours. The FGDs were recorded for subsequent transcription. A semi-structured interview guide was developed to steer the FGD process. Figure 7 provides the main questions expanded on in the FGDs.
MATERIALS AND METHODS

Figure 7. Main topics explored in the focus group discussions.

**Data analyses**

To answer the research question, situational analysis was used. Situational analysis stems from the tradition of Grounded Theory. This approach allows the researcher to acknowledge the field’s disorganisation and complexity, and further understand uncertainty and contradictions in the data (Clarke, 2005).

Open coding is manually performed at the start of the analysis. Then the codes are put into a *messy situational map* (MSM) that illustrates each element available in the situation of inquiry. The next step continues by categorizing the open codes into an *ordered situational map* (OSM). Within the OSM, categories/labels of the major elements in the situation of inquiry are developed. These two initial situational maps (MSM and OSM) help to identify the major debate elements that are used as the basis for the axes of the final positional map. A positional map, which can be the final product for presenting the study results, lays out the different positions regarding particular discourses, controversies and debates surrounding the subject being researched (Clarke, 2005). Figure 8 illustrates the OSM that emerged from the initial data analysis. There are at least fourteen elements identified, and only five examples of those elements are presented. The final positional map (see figure 1, Paper III) shows how men’s positions on masculinity are related to their concordance on the use of violence within marriage.
MATERIALS AND METHODS

Figure 8. Part of the ordered situational map (OSM) identified in the initial analysis.

Challenges faced by the local service agency for women survivors of domestic violence (Paper IV)

Study design
A case study approach was used to answer the research question of this study. A case study is an appropriate approach when “how” and “why” qualitative questions are posed to a small number of key actors, with a focus on contemporary, underexplored events (Yin, 1999). A case study is designed to identify details from the viewpoints of the participants by using multiple sources of data (Tellis, 1997; Baxter & Jack, 2008). Not all sources are essential in every case study, but the multiple sources of data increase the reliability and credibility of the study results (Tellis, 1997). Case study is a valuable health science research method to develop theory, evaluate programs, and develop interventions (Baxter & Jack, 2008). The “case” in this study is management of the local service agency (P2T-P2A) and their staff experience of challenges faced in providing service for women survivors of domestic violence.

Sampling of informants
Since the case is the management of the service agency and their experiences, informants were recruited at the local level. Along with the Head of the District’s Decree (official command from the Head of the District), volunteers from different representatives were invited to join the study. The representative volunteers consist of civil servant personnel from the Office of Health, Social Affairs, Family....
Planning and Women Empowerment Office, Religious Affairs, Purworejo District Hospital, District Police Station, and community-based women’s organizations.

**Data collection**

Data were collected through several methods, including: a focus group discussion with twelve volunteers involved in the management of the service agency; four in-depth interviews with the coordinator, one staff and two volunteers; an archival study on formal documents, working documents, leaflets and brochures; written narratives from six personnel (coordinators, staff and volunteers); and observations of daily staff activities and interactions, and the office setting. For each of the data collection methods, there was a list of features to be addressed (data collection guide) as illustrated in Figure 9.

![Figure 9](image-url) Data collection methods and data collection guides.

**Data analyses**

Data from the multiple sources were converged and merged in the analysis process. Situational analysis was used to analyse the very rich data, and following Clarke (2005), started with a manual open coding of all data. The open codes were then entered into a messy situational map (MSM), and further grouped and organized into an ordered situational map (OSM) that contained all basic elements in the situation of inquiry, namely the practice of the service centre. The OSM facilitated identification of the most significant elements, as well as links...
and relations between these elements. From this, a social world/arenas map was developed that illustrates the most prominent social actors and their arenas, as well as their interactions in the situation being studied. A social world/arena map is useful for identifying actions and interactions of various entities (actors and recipients) along with possible conflicts, cooperation, competitions, exchanges, and negotiations (Vasconcelos et al, 2012). Figure 10 illustrates some of the elements on the ordered situational map that were identified from the data:

Figure 10. Ordered situational map of elements identified in the data.
Main findings

What factors increase a woman’s risk of being exposed to domestic violence? (Paper I)

The women in this study were sampled from a pregnancy cohort within the Purworejo DHS site (Hakimi et al, 2011). Of the 846 women, 765 participated for a response rate of 94%. Reasons for non-participation were moved out of the area (27), death (5), or refusal (49). The basic socio-demographic characteristics of the participants are given in Table 7.

Table 6. Characteristics of women who participated in the study.

<table>
<thead>
<tr>
<th>Basic characteristic</th>
<th>Number of women N=765 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman’s age</td>
<td></td>
</tr>
<tr>
<td>&gt; 35 years</td>
<td>216 (28%)</td>
</tr>
<tr>
<td>≤ 35 years</td>
<td>549 (72%)</td>
</tr>
<tr>
<td>Woman’s education</td>
<td></td>
</tr>
<tr>
<td>&gt; 9 years</td>
<td>305 (40%)</td>
</tr>
<tr>
<td>≤ 9 years</td>
<td>460 (60%)</td>
</tr>
<tr>
<td>Woman’s economic independence</td>
<td></td>
</tr>
<tr>
<td>No personal income</td>
<td>509 (80%)</td>
</tr>
<tr>
<td>Has personal income</td>
<td>156 (20%)</td>
</tr>
<tr>
<td>Number of children</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>134 (18%)</td>
</tr>
<tr>
<td>≥ 2</td>
<td>631 (82%)</td>
</tr>
<tr>
<td>Geographical area</td>
<td></td>
</tr>
<tr>
<td>Lowland</td>
<td>432 (57%)</td>
</tr>
<tr>
<td>Highland</td>
<td>330 (43%)</td>
</tr>
</tbody>
</table>

The lifetime prevalence of experience of physical (11%) and sexual (22%) violence found in an earlier study were confirmed (Hakimi, et al, 2011). We found no significant associations between most of the socio-demographic variables related to the women and experience of violence (ie., age, age at marriage, education, parity, educational gap with husband).

With respect to risk factors, sexual and physical violence had different risk profiles. The only common risk factor was a husband who has extra-marital affairs. Sexual violence was also significantly associated with a husband younger than
Main findings

Women who reported sexual violence were more likely to have independent income (AOR 1.65; 95%CI 1.08-2.32), and an unfaithful husband (AOR 2.3; 95%CI 1.09-4.88). Exposure to physical violence was strongly associated with psychological and behavioural characteristics of the husband, even though only a small proportion of the women reported them. They included a husband who witnessed his mother being beaten by his father (AOR 5.16; 95%CI 1.96-13.5), been unfaithful (AOR 8.15; 95%CI 3.64-18.3), used alcohol (AOR 5.39; 95%CI 2.46-11.8), or had fights with other men (AOR 5.16; 95%CI 1.96-13.5). These analyses were adjusted for socio-demographic and behavioural factors that were significantly associated with the outcome (See Table 1, Paper I).

Figure 11. Percentage of women who agreed with statements that expressed traditional gender norms.

Figure 11 indicates that the majority of the women supported at least four of six statements that express traditional, patriarchal gender norms. Further analysis shows that women who agreed that “others should intervene in cases of violence” had a lower risk of having been exposed to physical violence than those who disagreed. Women who agreed that a woman was obliged to have sex with her husband had a lower risk of having been exposed to physical violence than those who disagreed. However, women who supported the statements relating to obedience, i.e., “good wife obeys her husband” and “a man should show who the boss” were more likely to have experienced sexual violence than women who disagreed (See Table 2, Paper I).
Main findings

Figure 12 shows how women agreed to statements about justification for a woman to refuse sex and for a man to hit his wife. Many of the women agreed to none or only one of the reasons for a man to hit his wife. This suggests a low acceptance of domestic violence. However, those women who supported more justifications for male physical violence were also more likely to have been exposed to both physical and sexual violence, although the association was only significant for sexual violence (OR 2.09; 95% CI 1.30-3.38) (See Table 2, Paper I).

How do women survivors of domestic violence cope? (Paper II)

This interview study were only included women who in contact with the local women’s affairs office. Their basic characteristics are given in Table 13. Their ages ranged between 33-50 years, they had at least 12 years of education, were economically independent, and were living with two or three children. Three of the women were divorced prior to the interview, while the other four continued to live in an abusive marriage. Each woman had varying experiences of physical and sexual violence and differed in her experiences of extent and severity of violence.
Table 7. Characteristics of the women informants.

<table>
<thead>
<tr>
<th>Age</th>
<th>Education</th>
<th>Occupation</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>Bachelor degree</td>
<td>Primary health care staff</td>
<td>2</td>
</tr>
<tr>
<td>35</td>
<td>High school</td>
<td>Runs small shop</td>
<td>2</td>
</tr>
<tr>
<td>33</td>
<td>Bachelor degree</td>
<td>Runs small shop</td>
<td>2</td>
</tr>
<tr>
<td>50</td>
<td>Bachelor degree</td>
<td>Health district officer</td>
<td>2</td>
</tr>
<tr>
<td>43</td>
<td>Bachelor degree</td>
<td>Teacher</td>
<td>3</td>
</tr>
<tr>
<td>42</td>
<td>Bachelor degree</td>
<td>Teacher</td>
<td>3</td>
</tr>
<tr>
<td>38</td>
<td>Bachelor degree</td>
<td>Sub-district officer</td>
<td>2</td>
</tr>
</tbody>
</table>

Our analyses resulted in four main themes and six subthemes that together illustrate the coping dynamics of these women survivors.

Table 8. Themes, sub-themes and how these themes are represented in the data.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-themes</th>
<th>Represented by</th>
</tr>
</thead>
<tbody>
<tr>
<td>The ruined self</td>
<td>The supporting actors</td>
<td>Loss of self-respect</td>
</tr>
<tr>
<td></td>
<td>VERSUS</td>
<td>Physical harm</td>
</tr>
<tr>
<td></td>
<td>The closed gates</td>
<td></td>
</tr>
<tr>
<td>The outer realities</td>
<td>Family and friends</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neighbours and police</td>
<td></td>
</tr>
<tr>
<td>The inner realities</td>
<td>Fight to rescue</td>
<td>The self and the children</td>
</tr>
<tr>
<td></td>
<td>VERSUS</td>
<td>A good wife and a good mother</td>
</tr>
<tr>
<td></td>
<td>Maintaining harmony</td>
<td></td>
</tr>
<tr>
<td>Elastic band coping strategy</td>
<td>Opposing</td>
<td>Taking legal action</td>
</tr>
<tr>
<td></td>
<td>VERSUS</td>
<td>Tolerate his oddities</td>
</tr>
<tr>
<td></td>
<td>Surrender</td>
<td></td>
</tr>
</tbody>
</table>

Table 8 illustrates how the ruined self refers to the negative effects of domestic violence. That is, the overall loss of self-respect and confidence that each woman had, even if each handled the situation in different ways. The ruined self also refers to the negative physical health consequences of battering.

“I was taken to the hospital and received intensive care for two weeks. I was unconscious after I consumed a mixture of sleeping pills and poison used to exterminate pets. I felt like there was no way out”. (Survivor 1, 39 years)

Exposed to some violence for years caused stress for these women, and led to a certain coping dynamics in order to continue their live. The coping dynamics consisted of evaluations of their external and internal situations. They faced contradicting situations within the external and internal realities.
**Main findings**

The outer realities stand for the women’s external situation, which has the influence of significant others and formal institutions that function as supporting actors (assisting) or closed gates (ignoring). Not all outsiders supported the women survivors in their rights to dignity; some even ignored them and denied their need of help.

“He hit and kicked me so hard that I fell down....then he banged the door and went out....I screamed and my kid cried a lot...so my mother came and helped me, and the neighbours came over and asked my husband what had happened, but he kept silent. And then he went to his uncle’s house....my mother and the neighbours did nothing to him...just like that”. (S2, 35 years)

Two women received significant support from formal institutions; that made an immense contribution to ending the violence in the women’s lives.

“I am so fortunate that I was referred to a woman’s NGO who provides legal services for women who suffered from violence, just like me. And they showed me how to end his violence. I decided to take legal action, and they showed me how to proceed, my rights, my access to different sources...and I am free now”. (S3, 33 years)

The inner realities stand for the internal situation that illustrates the dilemma faced by the women when choosing between fighting to rescue or to maintain the harmony. The motivation to rescue was driven by their basic need to feel secure and safe for themselves and their children. On the other side, there was an inner voice saying that they must remain in the marriage to protect the family and marriage harmony.

“Why should you live like this? Why should you?” my father asked, and he asked me to move to his town several times. But I did not dare to do so....so strange that I always confirmed his (husband’s) words, did what he asked, and had no courage to act against him. (S4, 50 years)

The children’s safety was the greatest reason for the women to think about a better and safer life, without the children’s exposure to violence from their father.

One night I felt so scared that he’s going to come and take the kids, so I checked my kids and just held them both. They are the most valuable thing to me. Let me be poor, but I don’t want to lose my kids. I don’t want him to meet with the little ones ... he’s not allowed to. (S1, 39 years)

The theme, elastic band strategy, is the overall theme that captures the coping strategy characterized by movement back and forth between opposing the violence or surrendering and accepting the situation. The strategy implied a constant stretching by opposing the violence through spiritual framing, seeking
external support, being assertive, and making a positive diversion. However, the stretching was often followed by withdrawal and surrender through submissiveness, keeping silent, or ignoring the husband’s violent behaviour.

*I wore a Muslim veil because he wanted me to keep everything covered, I wasn’t allowed to look beautiful and wasn’t allowed to get dressed up. As a wife, I did what he wanted, for the sake of maintaining peace at home. (S1, 39 years)*

The stretching of the elastic band resembles how these women struggle to improve their lives by not being passive, but actively improving their lives in their own ways.

*I became more and more frustrated to see what he did over and over again…. and then I started to think about how to change my life into a happier one…. I started to prepare myself for higher education, so that in the long run I will have a better income and a stable career. (S5, 43 years)*

**What are men’s view on masculinity, domestic violence and its prevention? (Paper III)**

Forty-four men were identified as “community leaders” by the local authorities and participated in six different FGDs. Each group was composed of five to nine participants, ranging in age from 20 to 71 years (mean age 39 years), and 88% were married. Other information on participant characteristics is listed in Figure 13.

<table>
<thead>
<tr>
<th>Education</th>
<th>&lt;=9 years = 39%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&gt;9 years = 61%</td>
</tr>
<tr>
<td>Living area</td>
<td>Coastal = 28%</td>
</tr>
<tr>
<td></td>
<td>Lowland = 34%</td>
</tr>
<tr>
<td></td>
<td>Hilly = 38%</td>
</tr>
<tr>
<td>Occupation</td>
<td>Village authority = 52%</td>
</tr>
<tr>
<td></td>
<td>Other = 48%</td>
</tr>
</tbody>
</table>

*Figure 13. Characteristics of the focus group participants.*
In general, there was a gap between what these men believed to be the “ideal man”, as taught by their religion, and the facts and realities of society about men’s performance as illustrated in Figure 14. We interpret this as men at this site were disoriented in finding their position within the gender order. We labelled this “the masculine incongruity”. Are they superior, or are they equal to women? The socio-political and economic consequences of national gender equality policy challenges men to reorient themselves within the gender regime, and challenges them to be more open-minded to positioning themselves as equal partners of women.

![Figure 14. The imbalance between the ideal husband versus the actual/real husband.](image)

With that background, we identified three masculine identities that describe the role of men within marriage and corresponding levels of acceptance to the use of violence within marriage. The first masculine identity was represented by codes that discussed the importance of persisting beliefs that man is the superior sex and charged by God to be the leader and the decision-maker (the traditionalist). This position strictly sticks to the religious teaching interpretations on men’s leadership position within their relationship with women. The second identity was represented by codes indicating that man is the superior sex but has some flaws that can be covered by women (the pragmatist). The third was represented by codes indicating that men and women are equal beings (the egalitarian). These “masculine identities” have different beliefs on how to set the relational system of man and woman within marriage, including the roles of husband and wives, and views on wife abuse. The traditionalist was identified as the position with the highest degree of acceptance to use of violence within marriage, followed by moderate acceptance by the pragmatist, and least acceptance by the egalitarian.
**Men’s views on prevention strategies**

What were men’s thoughts about suitable interventions to address domestic violence? These could be divided into four different positions (see Figure 15).

![Figure 15. Positions of different views on possible intervention against domestic violence.](image)

*Position 1* represents the majority of men at the study site (*the mainstream*), who consider wife abuse to be a public matter that needs an advocate for improvement of formal and informal educational curriculum and other long-term preventive efforts. These men viewed the Indonesian education system as having failed to promote good character and mind-sets in the younger generation, meaning mature and stable personalities. *Position 2*, (*the minority*), believes that wife abuse is a public affair, and the abusers are the most responsible. Therefore, reporting the man to the authorities is the most appropriate intervention. This view was taken by a minority of men. *Position 3*, (*the harmonious*), was the second most popular position and was held by those who consider wife abuse a private and internal family matter that should be addressed through kinship discussions and private religious sessions. Finally, *Position 4*, (*the static*), represents those who view wife abuse as a private affair of the husband, who se duty it is to uphold his household leadership. Marital conflicts should be kept tightly within the family. Thus, this view does not really take a position on what kind of interventions that are needed, because it does not see the need of any interventions.

**What challenges do the local service agency meet in providing services for women survivors of domestic violence? (Paper IV)**

From the overall data collected using different methods (interviews, FGD, short narratives, observations, and archive reviews), we found a gap between the socio-
cultural arena and the law & policy arena which need to be bridged by the service agency management, to avoid contradiction between the two arenas in addressing domestic violence. Contradiction will potentially hamper the benefit of the law in protecting and defending the women survivors’ rights. Actors involved within the arenas were identified as broadly confirmed to support the elimination of domestic violence, but at the ground and action level, contradictions and barriers were identified that challenge the service delivery of the Service Agency (see Table 9). Those contradictions have created a situation where the Service Agency was ambiguous and “lost its way” in providing service for women survivors. The low priority given to the Service Agency by the local authorities and the gap between the legal system and local traditional values were found to be the major challenges faced by the Service Agency.

Table 9. The actors and their contributions to the service agency.

<table>
<thead>
<tr>
<th>The Actors</th>
<th>Contributions to the management practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Ministries (MOLHR and MOWECP)</td>
<td>Present but rely on others. The ministries are endorsing the regulations and policies, and the local governmental level will apply those regulations and policies. This means that the ministries are relying to other bodies to implement the roles.</td>
</tr>
<tr>
<td>The Police Officers</td>
<td>Mandated but reactive roles. Based on the Indonesia DV Act, the Police will following up any reports on domestic violence cases, as long as the women themselves that make the report. Consequently, if the women do not make any report, then the Police will not be able to do anything.</td>
</tr>
<tr>
<td>The Head of the District (Bupati)</td>
<td>Powerful but passive. Bupati is the authority that assigned for the establishment of the service agency at his district, based on the national regulation. Unfortunately he has put too less efforts in supporting the service agency when his back up is crucially needed.</td>
</tr>
<tr>
<td>The Health Staff</td>
<td>Concerned but limited by profession. The health care staffs are strongly committed to support the women survivor in accessing the medical service. However, they could not improve the health care system since policy changing is beyond their capacity.</td>
</tr>
<tr>
<td>The Staff</td>
<td>Central but powerless. The only full time staff at this service agency has play the central administrative and other office practicalities, so that her availability is very important to support the agency’s work. Even so, her role is very practical, so that cannot be expected for doing something more strategic for the current practice of the agency management.</td>
</tr>
<tr>
<td>The Volunteers</td>
<td>Assigned but lack of priority. The representative volunteers are supporting the effort of eliminating domestic violence and feel satisfied if the effort in achieving the minimum standard service regulation is achieved. Unfortunately, they have main affiliation at other offices and organizations so they could not dedicate and committed more time and efforts at the service agency.</td>
</tr>
<tr>
<td>The Women Survivors</td>
<td>Motivated but lack of cultural support. Public dissemination of the DV Act and the presence of the service agency have encouraged the local women to bring out and report their domestic violence experience to the authority. Even so, women cannot do this without additional support from their social surrounding.</td>
</tr>
<tr>
<td>The Religious and Indigenous Leaders</td>
<td>Powerful and influential but invisible. The value of family harmony (as thought by the religion interpretation) is widely perceived by the volunteers. Consequently, charging any disputes within familial and marital life using legal action is preferred to be avoided.</td>
</tr>
</tbody>
</table>
Another important finding from this study was the labor division within the management committee. The gender composition of the male-female representatives at the management committee was 1:2 (at the operative level) but within the advisory board the composition was 2:1. This means, more women than men volunteers assigned at the operative level, but more men at the non-operative, advice provider level. The minimum attendance of the volunteers at this agency might be related to this situation, since the women volunteers assigned at this agency have no more time for additional public tasks as they already have double tasks (work and household).
DISCUSSION

Overview of findings
Exposure to sexual violence was associated with the husband’s demographic characteristics (i.e., young age and low education) and the woman’s economic independence. In contrast, exposure to physical violence was strongly associated with the husband’s personal characteristics. Attitudes and norms expressed by the women emphasized the presence of unequal gender relationships, especially among those living in the highlands or married to men with low education. Women who experience violence survive by long-term coping strategies that dynamically move between actively opposing the violence and tolerating the situation (an “elastic band” strategy) until they receive tangible external support from service agencies. Internally, women are trapped between the need to escape the abuse and their internalized norms that a woman should stay and be a good wife and a good mother. In a society that places the burden of family harmony on the woman, a failed marriage is her fault. The availability of external and internal resources guided their decision to stay or to leave the marriage. External agency support was crucial in assisting women to terminate an abusive marriage.

This thesis suggests that men’s adaptation to social, political and cultural changes regarding gender equity resulted in the formation of different positions on masculinity among men in the study site. Three different positions on masculinity were identified: the traditionalist, the egalitarian, and the progressive. There are different beliefs about men’s roles within marriage, and various levels of accepting the use of violence. To address domestic violence, this group of men preferred the use of long term structural interventions (primary prevention) and individual interventions to reconcile the conflicting couples (secondary prevention). Reporting perpetrators to the authorities was the least preferred intervention because they did not consider wife abuse to be a criminal act.

The local service agency faced challenges in their role as a “government assigned” body, mandated to deliver services for women survivors of domestic violence. Some of the challenges were related to the time constraints of their volunteers, since the volunteers were all full-time affiliates at other institutions. Women volunteers were more active at the operative and time-consuming level. Their “double burden” at home and work may have limited their time for additional
tasks within the agency. Another challenge was the ineffective consolidation within the overall management committee. This was due to a top-down approach used by the local authority in establishing this service agency. Further, the socio-cultural traditions of kinship discussion in resolution of marital disputes, including domestic violence, were preferred by the management committee, rather than to charge the perpetrator under the Domestic Violence Act. The lack of priority from the local authority for maintaining the existing service agency, and the cultural norm barriers to addressing domestic violence are huge challenges and may have hampered women survivors from realizing benefits from the Domestic Violence Act.

This thesis illustrates the complexity and multifactorial challenges faced in addressing domestic violence in rural Indonesia. Taken together, the sub-studies reveal that socio-cultural beliefs such as the philosophy of family harmony, impunity or lack of accountability for the male perpetrators, and unequal gender norms that rank men as superior are deeply rooted within the Purworejo District society.

**Implications for prevention of domestic violence in rural Indonesia**

As suggested by this thesis and previous research, domestic violence is a complex public health and human right issue (Bott et al., 2005; WHO, 2013b; IOM, 2013). Prevention efforts should preferably use the ecological framework (Heise, 1998) to ensure long-lasting changes (Harvey et al, 2007; Heise, 2011). A multilevel prevention framework proposed by Caplan (1964) is also applicable in designing prevention efforts. This multilevel model has been adapted by current researchers in developing prevention against domestic violence (Wolfe & Jaffe, 1999; Appelit & Kaselitz, 2000; Godenzi & De Puy, 2001). Both models are suitable for suggesting relevant prevention interventions in this study setting.

**Primary prevention interventions**

Primary prevention involves efforts to reduce the incidence of a problem in a population before it occurs (Caplan & Caplan, 2000). Given our finding that husband low educational attainment is associated with women’s exposure to violence (Paper I), it is promising that the Government of Indonesia (GOI) has improved educational access for both men and women. Both are expected to complete nine years of basic education through the National Education Law number 20/2003 (Ministry of Education, 2003). Our study found that men in the study site preferred long term policy changes in school curricula as a prevention strategy (Paper III). Primary prevention targeted at the society through policy changes is labelled as the “enlarge protection/promotion approach”
(Godenzi & De Puy, 2001). This approach includes introducing new values to particular population groups, thinking processes, and relationship skills that are incompatible with violence and can promote healthy and nonviolent relationships. These efforts can be targeted at populations at risk for violence in intimate relationships, or they can be directed universally at broad population groups such as school-age children or members of a particular community (Godenzi & De Puy, 2001). This thesis highlights the urgent need of introducing new values that are in line with the existing laws and regulations against domestic violence. Among other things, this implies reducing the gap between the law and policy and the socio-cultural arenas as described in Paper IV.

Learning from some European countries, primary prevention activities include putting lessons on violence against women into the school curricula, public campaigns for raising awareness, and state actions through policy changes and improvement (Appelit & Kaselitz, 2001). Those initiatives have been implemented in Indonesia, except for putting the lessons on violence against women into the school curricula. Meanwhile, primary prevention initiatives from developing countries such as Pakistan, India, Nigeria, Ghana and South Africa, primarily focus on changing cultural gender norms (Heise, 2011). To challenge cultural gender norms, primary prevention initiatives performed in other parts of the world include awareness raising campaigns, small group workshops, which may be accompanied by community engagement activities (eg, street theatre, posters), behaviour change and communication strategies, and social norms marketing including “edutainment” programs (Heise, 2011). There are two good examples of edutainment programs as a media for changing gender attitude, one from South Africa and another from Nicaragua. The TV Program “Soul City” in South Africa was shown to have an impact on the society awareness on domestic violence (House of Commons, 2004). Similarly the Nicaraguan TV program entitled “Sexto Sentindo” increased the community awareness on gender and sexuality issues (Howe, 2007).

Community mobilization interventions (Harvey et al, 2007; Heise, 2011) aim to change the community attitudes, norms and behaviours related to gender practices that underlie power imbalances between men and women. Examples of such interventions are found from developing countries such as Uganda (Francisco et al, 2013), India (Verma, et al, 2006) and South Africa (Jewkes et al, 2008). Our findings clearly indicate a prevailing hegemonic view on masculinity in Indonesia that emphasizes men’s superiority (Conell, 1987). However, it is also clear that there is an ongoing transition in gender norms that creates a window of opportunity for change. As a suggestion, community outreach activities might need to be further developed by local Service Agencies. Further, the egalitarian masculinity norms held by some men in the study setting need to be further spread and communicated. The power and effectiveness of using trusted role models in attempts
to changing norms have been underlined by other (Merzel & D’Afflitti, 2003). A big challenge in addressing domestic violence in this site is the socio cultural beliefs stemming from the strict interpretations of the religious norms and the masculinity norms held by the traditional position (as shown in the result of Paper III). However, recent activism in Indonesia is coloured by the emergence of pro-feminist groups of young men. They created a national network and alliance called “Aliansi laki-Laki Baru” (New Men Alliance), which gives hope for the development of gender equality norms. Men involved in the New Men Alliance are representatives for a progressive position and an egalitarian masculinity, as found in Paper III. These new emerging masculinities are most promising in promoting gender egalitarian norms through primary prevention efforts such as public campaigns and discussions. Men with this egalitarian masculinity identity could potentially function as role models in changing gender norms. In addition, given the powerful role of religion in this setting, one can assume that potential religious leaders who are involved in the New Men Alliance could be important role models for changing gender norms.

Women in our study (Paper I) expressed high adherence to traditional gender norms. However, the majority of them endorsed the statement that a woman has a right to refuse sex for any reason (as stated in the WHO questionnaire). This may indicate greater sexual autonomy than in many other WHO settings (Hakimi et al, 2011). Our findings also indicate that the 8% of women who do not support the right to refuse sex are more likely to experience physical violence, and women who consider hitting is justifiable are more likely to experience sexual violence. These findings are similar to other studies (Garcia-Moreno et al, 2005; Flood and Pease, 2009), that find exposure to sexual and physical violence to be positively associated with women’s greater approval of intimate partner violence. According to Flood and Pease (2009), women’s response to victimization (whether they keep silent or report to the police) is shaped by their own attitudes and the people in their surroundings. Internalized norms and access to external support also influence women’s coping strategies, as shown in Paper II. When women approve of the use of violence, they are more likely to blame themselves and less likely to report it to the authorities. Such women will continue to be exposed to long-term violence (Flood and Pease, 2009). By changing gender norms, women may be more able and willing to report their experiences of violence, and might gain access to external support.

Primary prevention strategies may also be based on a “specific risk approach” that includes programs using specific actions intended for early violence prevention. These programs have two main components. First, they focus on spreading information about the extent, forms, and effects of violence. Second, they attempt to detect violence and provide the means for intervention (Godenzi & De Puy, 2001). At this study site, for example, this approach could be applied as attempts
to reach young couples and low educated-socioeconomic community to provide them with information on domestic violence.

In low-income settings, other primary prevention strategies hold promise. For example, microfinance projects, combined with gender equality training and community-based initiatives that address gender inequality and communication and relationship skills, can be used (WHO, 2012). One such prevention intervention was conducted through a financial empowerment program with microfinance loans to reduce domestic violence among women in rural South Africa (Pronyk et al, 2006). However, this thesis shows that even if women in this setting were adequately educated and had financial resources, they failed to end abuse without adequate external support. Paper I shows that women who are economically independent are more likely to experience sexual violence. Thus, financial empowerment and independence among women is not enough to change gender power relations and prevent domestic violence. We found, as have others, that women’s economic independence may be counteracted by rural isolation and cultural values that emphasize family unity (Hassouneh-Phillips, 2001).

Secondary and tertiary prevention interventions

Secondary prevention of domestic violence implies creating an early warning system for violence in the social environment, providing prompt intervention, protection and security, and lowering the risk of continued violence (Appelit & Kaselitz, 2001). The difference between secondary and tertiary prevention of domestic violence is small. Both are usually called “interventions” in this field. The findings from this thesis give clear examples of the violent tactics that can be used by men to maintain power and control within a relationship (Kimmel, 2002). It also illustrates the dilemma that women face in deciding how to act, when in a violent relationship. Her coping strategies change over time, depending on her social situation and level of dependency (Lazarus, 1993). However, our study also suggests that women’s access to external institutional support convincingly facilitates improvement of women’s lives and freedom from violence (Paper II). Therefore, improved support systems for women survivors are an important component for secondary and tertiary prevention efforts. Other studies have documented the important role of outer support, such as social support from family, friends, or neighbours, in significantly influencing coping with violence (Barnett et al, 1996; Liang et al, 2005; Davis 2002b).

Men at this study site preferred direct individual interventions directed towards the couples in conflict rather than reporting them to the police (Paper III). We also found that the existing service agency faced challenges in bridging the gap between the law and policy and the socio-cultural arenas (Paper IV). The service agency is hampered by ambiguity when providing service for women survivors.
Thus, improving agency performance and joining these two arenas would potentially benefit women survivors who seek assistance. Bell and Goodman (2001) compared women who receive advocacy services (legal representation and support, referral to community agencies, information about abuse, and other forms of social and instrumental support) with those who did not. They found there was significantly less psychological and physical re-abuse in the intervention group as compared with the comparison group (Bell & Goodman, 2001). Another study shows that women who spend at least one night in a shelter and receive a specific program of counselling services, reports a decreased rate of re-abuse and an improved quality of life during the subsequent 2 years (Wathen & MacMillan, 2003). This illustrates that responding flexibly to a women survivor’s needs, and providing advocacy and broad social support, could be a more successful strategy for eliminating domestic violence than a treatment program for perpetrators (Goodman & Epstein, 2005).

In Europe, secondary and tertiary prevention programs that are designed to address domestic violence include establishment of women survivor support services such as counselling programs, shelters, training of professionals, healthcare response and training of health attendants, multi-agency initiatives, and programs for perpetrators (Appelit & Kaselitz, 2001). In Indonesia, secondary and tertiary prevention programs are similar to those in the industrialized countries. However, this thesis highlights the challenges for these programs in the Indonesian setting, given the strong socio-cultural values of family harmony and male superiority.

The national and local government initiatives to establish a service provider at this study site is truly a positive initiative to fulfil secondary and tertiary prevention efforts. However, the lack of documentation of work, achievements, effectiveness and performance might limit knowledge about how to improve future practices and policy (MacMillan, et al, 2009). This knowledge gap makes it hard to understand the “black box” of service provider performance and effectiveness (Macy et al, 2011). Thus, research and improved documentation of the current service provider work and performance should be a priority in order to be able to improve services.

**Methodological considerations**

**Limitations**

The study that focused on risk factors for domestic violence (Paper I) was conducted almost 13 years ago. Therefore, the results may no longer be valid since societal changes can influence both violence exposure and attitudes. We know that the telecommunication media, infrastructure development, and transporta-
tion have improved along with the district development plan. From a demographic perspective, data from the Ministry of Man Power and Transmigration indicated that the labour participation rate in this district was quite stable, at least based from 2008-2012 there have been no changes in men’s and women’s rate (3:2) of labour participation (Ministry of Manpower and Transmigration, 2013). Furthermore, it should be noted that a decade is a short time when it comes to changing cultural gender norms and how they influence exposure to violence. Nonetheless, generalizing the findings to today’s situation should be made carefully and considering these aspects.

The survey results may be specific to districts that are similar to Purworejo in terms of economic, geographic and health status level. Purworejo District can be described as being in the middle compared to other districts in Indonesia. Purworejo is being located in Java Island, the main island with the capital city of Jakarta. This means that the infrastructure is better than on the other islands belonging to Indonesia.

The sampling frame for Paper I included only married women recruited from a pregnancy cohort where all respondents had experienced at least one pregnancy. Thus, even if the measures used in this study were the same as in the WHO multi-country study, the results are not directly comparable with the other WHO sites.

The WHO questionnaire was translated into Indonesian, but since people at the study site speak Javanese, the field workers had to translate some parts of the questions into the local language. This may have introduced some interviewer bias. We tried to minimize interviewer bias through training and debriefing sessions with the interviewing staff.

Paper II focused on coping strategies among women survivors. The author is aware of the limitations introduced by the informants being homogenous in terms of educational level, i.e., they all had more than 9 years of education. The described coping mechanisms may not be applicable to less educated women who have not sought support. Those who do not seek support may be more prone to accept their situation and remain in an abusive relationship.

The limitations for Paper III was related to the relatively heterogeneous male participants within the FGDs, especially related to the presence of married and unmarried male participants. Since the FGD discussed the role of men within marriage, those who were unmarried might have expressed their pure normative views on marriage and not their real experience of marriage. However, FGDs aim at capturing norms and attitudes within a community, rather than solely indi-
individual experiences (Dahlgren, et al, 2004) and we believe that the views expressed by unmarried men still reflect valid norms about men’s role within marriage in our study setting.

Data for Paper IV was collected only from the most frequently present volunteers involved within the management committee, while the less involved proved hard to reach. This means that the data did not capture the full variation of experiences of those who were less involved in the service agency. Though, the use of several different data collection methods, ie. interviews, FGDs, observations, archive study and narratives, still allowed us to study our case from several different angles, thus allowing a detailed exploration of the management service agency and their experiences.

Trustworthiness
The credibility of qualitative research depends on close interaction between the researcher and the informants (Dahlgren et al, 2004), and to a prolonged engagement with the study area and the research topic. The author’s experience of working with domestic violence issues and long-term involvement in studies in Purworejo assured this. However, there is also a need for “putting pre-understanding within brackets” and focusing on the actual experiences of the informants. Efforts were thus made to avoid being influenced by pre-knowledge, especially during the data collection phase. During the analysis phase, the researcher must challenge his/her interpretations. Measures taken to increase trustworthiness included peer debriefing within the research team and making reflexive notes and memos on preliminary thoughts about the analyses. The use of different methodologies in the thesis project, ie., mixing quantitative and qualitative approaches and using triangulation of data collection within the qualitative studies, is a way of increasing the overall trustworthiness of the results.

The transferability (generalization) of the qualitative studies can be described in terms of naturalistic and analytical generalization (Dahlgren et al, 2004). The generation of knowledge at the abstract level of interpretation can be valid on an analytical or theoretical level in other settings. We think that the results from this thesis can be transferable, especially to those with similar socio-economic conditions and with similar cultural and religious norm systems and beliefs.

Conclusions and recommendations
The aim of this thesis was to contribute to a better understanding of appropriate prevention strategies against domestic violence in rural Indonesia. The conclusions and recommendations related to the need for prevention against domestic violence in rural Indonesia on different levels include:
**Individual level**

**Primary prevention**

- Training and workshop programs can assist men in reformulating ideas, promote gender equality, and supportive masculinity values and norms. Role models who advocate for an egalitarian masculinity, such as representatives from the New Men Alliance and/or religious leaders, should be involved and utilized in these efforts.

- Since religious teaching is very influential in this society, regular forums are needed for discussing progressive religious interpretations among indigenous religious leaders. These groups of indigenous religious leaders will be essential as future gender equalitarian promoters. They need to be involved and included in the work of local service providers.

**Community level**

**Primary prevention**

- Although the risk factors for sexual and physical violence are somewhat different, our findings suggest that interventions designed to transform women’s subordination norms into gender equality norms are needed to prevent further victimization against women. This can be done by increasing availability of public messages and information that challenge existing cultural gender norms. For example, this could be done through scientific and/or religious public discussions, art performances, leaflets, brochures, and posters, as well as using egalitarian men as role models for gender equality partnership. Those activities and messages could be presented for the public in general, in parental meeting forums, and to young couples who are applying for their marriage registration. For youth programs, campaigns using similar methods can be conducted at schools.

**Secondary/tertiary prevention:**

- Skills improvement for counselling women survivors is needed. Women selected from various community-based organizations are suitable for this training, and they should be the lay counsellors who provide counselling for women survivors at the village reporting desk.

- Involving men in counselling is needed. Selected men from indigenous religious groups are suitable to be trained for this male counselling skill. They should be the lay counsellors who provide counselling for perpetrator men at the village reporting desk.
**Structural level**

*Secondary/tertiary prevention*

- Capacity building for the personnel at local service agencies is needed to provide better knowledge on the nature of domestic violence from the perspective of gender norms, gender inequality and the perspective of the law. The service agencies have a crucial role in overcoming the gap between existing laws and regulations and socio-cultural values. Appropriate training, raising awareness, and capacity building for involved actors are needed to address domestic violence.

- Consolidation and coordination meetings between local authorities and personnel involved in addressing domestic violence must be conducted to improve commitment for these services. Political prioritization for stable funding to operate service agencies is required.

- Optimizing currently available reporting desks at the village level is needed. This should be done by assigning one specialized field officer, in addition to current administrative staff, to monitor the progress of the reporting desks. This will enable continuous monitoring efforts without adding additional tasks to the currently overburdened personnel.

**Additional recommendation**

Documenting scientifically the application of governmental policies on domestic violence is highly needed. This will provide an evidence base for what is effective and supporting and what is not effective or hampering. These scientific documentations should then be used to guide further improvements for all government institutions, grass root activists, and funding agencies in addressing domestic violence Indonesia.
ABOUT THE RESEARCHER

My interest in the field of domestic violence started with my involvement establishing the Rifka Annisa Women’s Crisis Center, Yogyakarta, in 1993 and continued throughout the following socio-political changes in Indonesia. I have been working in this field for many years in various capacities including: providing counselling for women survivors, managing the women’s crisis center, facilitating capacity buildings for staffs and volunteers from different regions, and advocating for local and national policy change. These experiences were crucial to my further academic training starting with my involvement in the international research collaboration on “domestic violence and women’s health” between Gadjah Mada University (GMU), Rifka Annisa (WCC), Umeå University, and PATH USA during 1999-2000. The report “Silence for the sake of harmony: Domestic violence and women’s health in Central Java” summarised the findings from a cross-sectional survey on domestic violence, and played an important role in supporting a nationwide grass roots movement to enact the domestic violence bill.

I think that these years of PhD training will enable me to contribute, in a better way, both within the grass roots movement and in the academic field to fight domestic violence. The suggestions for preventive strategies - at different levels - that I make in this thesis will be my mind map and guide my future participation in improving the lives of women in Indonesia.
ACKNOWLEDGEMENT

I found this section the most difficult part to write. This does not mean that the earlier parts were easier, but for those I had lots of references to experts and researchers from different parts of the world, and both real and virtual documents to consult. I could narrate and reformulate what I cognitively understood and learned from them. For this acknowledgement, I have no reference but my heart that has no capability to think but only to feel.

The acknowledgements below is what I feel about my prolonged academic training. Even though all are formulated with thankfulness and gratitude, I believe that they cannot fully represent my true tribute to all of those who have taken part in my academic journey.

My first gratitude goes to Allah, the almighty, who gave me the passion to endure the challenges faced. I had too many commitments to deal with while home, but also full love and support from my family; I had a peaceful and quite atmosphere to read and write in Umeå but it was also lonely, cold and dark. This was Your gift, teaching me about the balance in life. There is never 100% perfection in life and without Your blessing, this journey would never have happened.

I am very much appreciate to the financial support given by STINT for my participation in the Master’s Program in Public Health and Sida/SAREC for the doctoral study plan development. My appreciation also goes to the Umeå Centre for Global Health Research (through FAS, Swedish Council for Working Life and Social Research, grant no. 2006-1512) that allowed me to finalize my thesis work. Thank you also for the Swedish Research School for Global Health in supporting my course attendance in Malmo during 2011.

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