

Nurses Preparedness Related to Preventing Domestic Violence Against Women: Based Cross Sectional Survey

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Abstract

Violence against women and children has several very influential impacts on victims, both short term and long term such as physical, psychological and social impacts. The impact of violence on women and children can add to the problems experienced by victims and their families. Some of the physical impacts that occur on women and children who experience violence are physical injuries to the body and even death, unwanted pregnancies and declining health conditions due to permanent injuries or psychological stress. This study aims to assess the knowledge of nurses. This research is a facility-based cross-sectional study that aims to determine the level of knowledge of nurses. The sampling technique in this study was a total sampling of 56 samples, namely health workers who were directly involved in health services in Jambi City. The measuring instrument used in this study was the Physician Readiness to Manage Intimate Partner Violence Survey (PREMIS) questionnaire. Data analysis using chi square This facility based cross sectional study was carried out among 56 nursing personnel from the public sector. Two thirds of nursing personnel (67%) have moderate knowledge scores and 27% have low knowledge scores; 6% have a high knowledge score on violence. The majority of learning or knowledge needs are in the moderate category and the majority do not have the readiness to deal with victims of violence. Similar to violence against women, domestic violence is also a common occurrence. Domestic violence is common enough that it does not fail to take casualties, and the factors of domestic violence are not always big problems; it can be just a small problem but very impactful if it happens to a person who is quite emotional. Domestic violence affects women, who are always victims, and men; however, women are more likely to be victims.

Keyword: Domestic, Knowledge, Nurse, Violence

INTRODUCTION

Violence against women has several impacts that greatly affect victims, both short and long term, such as physical, psychological and social impacts. The impact of violence on women and children can add to the problems experienced by victims and their families. Some of the physical impacts that occur on women and children who experience violence are physical injuries to the body and even death, unwanted pregnancies and declining health conditions due to permanent injuries or psychological stress (Purwanti, 2019).

Lately, in various media such as print and online media, there have been many cases of violence against children as victims, one of which is sexual violence against children

(Anggreni, 2017); Even during the COVID-19 pandemic that is still sweeping Indonesia, it seems that the perpetrators of sexual violence against children do not seem to care about it. News of sexual violence against children is still increasing, making many people sadly angry at the perpetrators (Yusyanti, 2020).

Incidents of violence against women and children are social problems that really need to be handled optimally through various preventive and repressive efforts (M. Handayani, 2017). Community nurses are health workers who always mingle with the community in the work area they are responsible for (R. Handayani, 2020); (Muarifah, 2019). In accordance with the commitment and ethical code of nursing which upholds the values of compassion and morals in service, nurses are health workers who can be relied upon in helping families with domestic violence (Fisnawati, 2016).

The psychological impact on women and children who have experienced violence includes feeling inferior, ashamed, always blaming themselves, feeling worthless, always remembering the incidents of violence they experienced, losing their self-orientation, time and place, even more severe depression or having suicidal idea. and kill himself (Wibhawa, 2017); (Andriani, 2016) . The social impact on women and children who experience violence is being blamed for what happened to them, being abandoned by their partners, ostracized by their families and communities, losing their jobs or roles in society, getting negative stigma, having a blessed future and even being embarrassed because they have experienced acts of violence (Emrianti, 2021); (Utami, 2021); (Ahmad, 2021); (Astuti, 2017).. Women and children as victims of violence really need companions who understand, protect and help solve the problems they face (Fatmawati, 2016). In addition, in terms of handling cases against women, collaboration with several related parties is needed, including law enforcement officials, medical elements, the community and volunteer companions to solve problems .

METHODS

This research is a facility-based cross-sectional study that aims to determine the level of knowledge of nurses. The sampling technique in this study was a total sampling of 56 samples, namely health workers who were directly involved in health services in Jambi City. The measuring instrument used in this study was the Physician Readiness to Manage Intimate Partner Violence Survey (PREMIS) questionnaire which consisted of 5 sections of the

respondent's profile, background (including perceived readiness and knowledge), actual knowledge, opinions, and practice problems. Data analysis using chi square.

RESULTS

Table 1 Distribution of respondent characteristics

No.	Variabel	n	%
1.	Sex		
	Male	3	5.4
	Female	53	94.6
2.	Age		
	20-35 years old	24	42.8
	>36 years old	32	57.2
3	Education		
	Midwife	21	35.7
	Nurse	35	57.1
4	Marriage Status		
	Not married	16	28.6
	Married	40	71.4
5	Duration of Employment		
	1-3 years	5	8.9
	3-5 years	12	21.4
	5-10 years	18	32.5
	>10 years	21	37.2
	Total	56	100

Table 1 shows that the majority of respondents were female, namely 53 respondents (94.6%) and 3 male respondents (5.4%). This results show the majority of respondents are >36 years old, namely 32 respondents (57.2%). This happens because the older you are, the more developed your comprehension and mindset will be, so that the knowledge you get will be better. (Yona, 2018).

Table 2 Distribution of Practice Problems: Clinical Management

	Total (n=56)	Total (n=56)
How many new domestic violence cases have you diagnosed in the last 6 months		
None	62,5	35
1-5	28,6	16
6-10	0,0	0
11-20	0,0	0

>21	0,0	0
Not in clinical practice	8,9	5
Which patient groups are routinely asked about domestic violence		
All new patients	0,0	0
All new female patients	0,0	0
All patients at regular intervals	0,0	0
All female patients periodically	0,0	0
Specific patient categories	0,0	0
All female patients at well woman check/cervical screening	5,4	3
All pregnant patients at any point in their pregnancy	5,4	3
All patients with signs/symptoms of violence	17,8	10
Not routinely asked	58,9	33
Not applicable, not in clinical practice	12,5	7
When domestic violence was diagnosed in the past 6 months, which of the following actions did you take		
Provided information	55,4	31
Counselled the woman about options	8,9	5
Conducted a safety assessment for the woman	1,8	1
Conducted safety assessments for girls	5,4	3
Helped the mother develop a safety plan	7,1	4
Referred to other agencies	21,4	12
Do you provide education or resource materials to women who experience harassment		
Yes, almost always	44,6	25
Yes, if it is safe for the woman	7,1	4
Yes, but only at the woman's request	12,5	7
No, due to insufficient referral sources in the community	14,3	8
No, because I don't think these materials are useful in general	5,4	3
Not applicable to my patient population	0	0
Not in clinical practice	12,5	7
Others	3,6	2
Do you have adequate knowledge of referral sources in the community		
Yes	12,5	7
No	53,6	30
Not sure	23,2	13
Not applicable to my patient population	7,1	4
Not in clinical practice	3,6	2
Are you aware of the guidelines from the primary care trust on identifying and managing abuse		
Yes	17,8	10
No	76,8	43
Not applicable	5,4	3

The education level of the respondents in this study was the majority of the nursing profession as many as 35 respondents (57.1%). The education achieved by a person is expected to be a determining factor for productivity, including the adequacy of knowledge,

skills, abilities, attitudes and behavior in carrying out work activities. (Hayati, 2015). Practice Problems: Clinical Management Identifying abuse. Only 28.6% of health workers had identified at least one new case of domestic violence in the previous 6 months (Table 2). Most of these identifications occurred during health worker consultations.

Ask about harassment. Routine questions about harassment were not widespread; even when the patient showed symptoms or signs of violence, only 17.8% of health workers asked all of these patients about domestic violence (Table 2). When asked in more detail about asking patients who showed specific symptoms or disorders related to domestic violence, the highest proportion always or almost always asked questions (5.4% of respondents) were for patients who experienced injuries. However, 58.9% stated that they never or rarely asked about abuse when faced with injured patients. The frequency of asking about abuse in the context of patients showing other signs related to domestic violence is poor; for example, only 12.5% of health professionals ask whether a patient has depression but not in clinical practice.

Actions taken when domestic violence is identified. For domestic violence identified in the last 6 months, 55.4% of health workers reported that they provided information, education or counseling to these women, while 21.4% had made referrals to other institutions. Safety planning is less common. When asked a more detailed question about specific actions taken after identification of domestic violence, the most frequently (almost or always) action taken was providing education (44.6%) — even though 14.3% of respondents had never done so. or rarely do this because of inadequate referral sources. Additionally, 12.5% never or rarely provided referral or resource material when not in clinical practice, 5.4% were less likely to offer statements in favor of or support the woman because they found the material useless, and other 3.6 % are less likely to contact a domestic violence service provider.

Table 3 Distribution of Practice issues: common practice resources

	Total (n=56)	Total (n=56)
Is there a protocol for dealing with domestic violence in your practice		
Yes and widely used	8,9	5
Yes and used to some extent	10,7	6
Yes but not used	3,6	2
No	14,3	8
Not sure	60,7	34
Not applicable to my patient population	0,0	0
Not in clinical practice	1,8	1
Is there a camera available at your work location to		

photograph injuries		
Yes	26,8	15
No	23,2	13
Not sure	41,0	23
Not applicable to my patient population	3,6	2
Not in clinical practice	5,4	3
Are domestic violence education or resource materials available at your work site		
Yes, well displayed and accessed by patients	25	14
Yes, well displayed but not accessed by patients	3,6	2
Yes, but not well displayed	19,6	11
No	16,1	9
Not sure	32,1	18
Not applicable to my patient population	1,8	1
Not in clinical practice	1,8	1
Do you have adequate domestic violence referral sources in your workplace		
Yes	10,7	6
No	26,7	15
Not sure	55,4	31
Not applicable to my patient population	5,4	3
Not in clinical practice	1,8	1

Practice issues: common practice resources The majority of health workers are unsure of the resources available in their practice to help care for women who experience abuse, or know that these resources are not accessible (Table 3)

Table 4 Distribution of Knowledge Level of Nurses

Variable	Category			n	%	Result Category
	Lower	Moderat	High			
Nurse Knowledge	16	32	8	56	100	Medium
	27%	67%	6%	10	100	
Total	11	25	20	0		

Two-thirds of nursing staff (67%) have a moderate knowledge score and 27% have a low knowledge score; 6% have a high knowledge score on violence; based on these results, the majority of learning or knowledge needs are in the medium category and the majority do not have the readiness to deal with victims of violence. Nursing personnel have a sizeable gap in their knowledge related to domestic violence.

DISCUSS

Child sexual abuse, according to ECPAT International, is a relationship or interaction between a child and an older or more resourceful child or adult, such as a stranger, sibling, or parent, where the child is used as an object to satisfy the sexual needs of the perpetrator. These acts use force, threats, bribery, deception, or duress. Activities do not necessarily involve bodily contact between the perpetrator and the child (Ningsih., 2018). Sexual violence is a type of violence that can happen in public places or at home. The legal subjects of sexual violence are women and children, often considered weak victims (Purwanti, 2018).

Cases of sexual violence in Indonesia have increased yearly, with victims not only adults but also teenagers, children, and even toddlers today, and even toddlers today (Noviana, 2015) (Putri, 2017);(Askhori, 2021). The Indonesian Child Protection Commission (KPAI) said in 2015 that there was 1 case of sexual abuse. Indonesian Child Protection Commission) stated that there were 1,726 cases of sexual harassment, with children experiencing abuse in around 58% of cases (Amr, 2016) (Solehati., 2022).

Actions taken when domestic violence is identified. For domestic violence identified in the last 6 months, 55.4% of health workers reported that they provided information, education or counseling to these women, while 21.4% had made referrals to other institutions. Safety planning is less common. When asked a more detailed question about specific actions taken after identification of domestic violence, the most frequently (almost or always) action taken was providing education (44.6%) — even though 14.3% of respondents had never done so. or rarely do this because of inadequate referral sources. Additionally, 12.5% never or rarely provided referral or resource material when not in clinical practice, 5.4% were less likely to offer statements in favor of or support the woman because they found the material useless, and other 3.6 % are less likely to contact a domestic violence service provider.

According to the WHO, violence against women is "violence or treatment in any form of physical or mental ill-treatment in the form of sexual violence or neglect that results in actual or potential harm to women." One in three women is the victim of sexual or physical violence. And based on data from WHO published in 2021, the number of victims of sexual or physical violence reached 852 million women aged 15-49 years, and the national data on physical and sexual violence against women in 2021 is 26.1. In detail, as many as 13.8 women aged 15–49 experienced physical violence in 2021 (Siregar, 2022).

In today's society, it has become normal for the number of cases of child abuse, especially sexual violence, to go up. Due to their high level of dependence, children are more likely to be sexually abused. In contrast, the ability to protect themselves is limited (Purwanti,

2019). Sexual violence is one of the kinds of sexual behavior that are seen as wrong. This means that the practice of sexual relations is carried out violently, outside the bonds of legal marriage, contrary to Islamic teachings (Irbah, 2020); (Khaerani, 2020). Violence is highlighted to prove that the perpetrator has more physical strength or that his physical force is used to facilitate his efforts. There needs to be intensive coordination between related institutions, such as law enforcement agencies, especially for children who are victims (Yusyanti, 2020).

The role of parents is very important in ensuring the continuity of children's growth and development (Astuti, 2017);(Siregar, 2020); (Edi, 2019). This role also affects the development of children's attitudes and habits in carrying out daily activities (Nurbaya, 2019) (Rinta, 2015). Parents play an important role in keeping their children in good and safe conditions, one of which is avoiding acts of sexual violence(Rinta, 2015); (Ernawati, 2018) . Parents can help prevent sexual violence in children by acting as role models, educators, encouragers, supervisors, and communicators .

CONCLUSIONS

Similar to violence against women, domestic violence is also a common occurrence. Domestic violence is common enough that it does not fail to take casualties, and the factors of domestic violence are not always big problems; it can be just a small problem but very impactful if it happens to a person who is quite emotional. Domestic violence affects women, who are always victims, and men; however, women are more likely to be victims.

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