The intention of Early Detection of Domestic Violence Victims by health care providers at Puskesmas

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Subtheme: Gender and Violence

Abstract

Intimate partner violence (IPV) is a worldwide public health problem and a violation of human rights (WHO, 2010). Based on the results of the 2016 National Women's Life Survey conducted by the Indonesian Central Statistics Agency (2017), there are still many victims who are 'silent' and 'hidden'. WHO (2005) encourages the health sector to play an active role in preventing and handling violence by providing responsive integrative services. Comprehensive prevention is a secondary prevention system for domestic violence through HCP at the Community Health Service.

An accurate understanding of factors that can build such intentions is required since training for HCPs to carry out early detection that has been carried out in Australia, UK, Canada, and Taiwan, in practice is not widely applied, even decreasing from time to time. Research that is relevant to the issue of early prevention of victims of domestic violence has not provided adequate data on the factors that shape HCP's intention to carry out early detection steps that characterize victim empowerment.

This study aims to build an understanding of the contributions of personal factor (autobiographical memory), cultural factors (curing orientation in treating patients, familism ideology), and structural factor (institutional support) on the intention of HCP at the CHS to carry out early detection which is characterized by victim empowerment.

Survey of 97 doctors, midwives, nurses who have worked at least 1 year from 9 health centers accredited in Surabaya. CHS is selected based on cluster sampling in five areas of Surabaya. Questionnaires used to measure: (a) an autobiographical memory related to domestic violence; (b) intention, perceived behavioral control, subjective norms and attitudes toward early detection characterized by the empowerment of victims; (c) ideology of familism and curing orientation; and (d) institutional support. The measurement used has met the psychometric properties/standards. Descriptive analysis and path analysis using simple linear regression was done with SPSS v.21 programs.

Result: the majority of participants have a strong intention to carry out early detection which is characterized by empowerment of victims in several aspects (respect for victim's autonomy, provide references to service institutions, inquire about the relationship with their husbands, help make safety plans, raise issues of inequality in relationships with victims). However, HCPs tended to be less "trustful of victims' sories" and were quite a bit hesitant to express their trust in victims. Path analysis shows that the stronger the curing orientation, the weaker HCP's intention to carry out that early detection. Curing orientation had a greater effect than HCP's

autobiographical memory of domestic violence, which actually had a positive effect. Institutional support does not affect the intentions of HCP. The ideology of familism that affects his personal life in the family does not affect the perception or assessment of the health worker in his professional role in managing victims of domestic violence at the CHS.

Recommendation: the principles and skills of health workers to empower victims of domestic violence need to be integrated into policies and management of patient management. With strong findings that curing orientation that focuses on biomedicine has the potential to inhibit the intention of HCP to conduct early detection measures characterized by the empowerment of victims, the curriculum of education and its application in education for candidates need to emphasize the importance of the bio-psychosocial approach.

Keywords: health care providers, autobiographical memory, institutional support, curing-caring orientation, familism ideology.

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