

ความชุกและการรับรู้ความรุนแรงในคู่ครอง

ภาคตะวันออกเฉียงเหนือ*

Prevalence and perception of Intimate partner violence (IPV) Northeastern of Thailand

บทความวิจัย

วารสารพยาบาลศาสตร์และสุขภาพ

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กฤตยา แสงวงเจริญ Ph.D.** สมพร วัฒนบุญเกียรติ MSc**

Kritaya Sawangchareon Ph.D.** Somporn Wattananukulkit MSc**

บทคัดย่อ

การวิจัยเพื่อศึกษาความชุกและการรับรู้ลักษณะของความรุนแรงต่อคู่ครองที่เกิดขึ้นต่อภรรยาและวิธีการเผชิญปัญหาของภรรยาที่ถูกกระทำรุนแรงในครอบครัวโดยการสุ่มตัวอย่างสำรวจได้ทั้งหมด 401 คน โดยเครื่องมือผู้วิจัยสร้างขึ้นหาความตรงของเนื้อหา และหาความเที่ยงโดยใช้สัมประสิทธิ์อัลฟาครอนบาค ได้ ค่าอัลฟา = .92 วิเคราะห์ข้อมูลโดยหา ความถี่ร้อยละ ค่าเฉลี่ย ค่าฐานนิยม และ F-test จากนั้นได้สัมภาษณ์เชิงลึกผู้ที่ถูกกระทำและสนทนากลุ่มผู้ที่ทำงานเกี่ยวกับความรุนแรงในครอบครัวเพื่อให้เข้าใจปรากฏการณ์ยิ่งขึ้น ผลการวิจัยพบว่าเกิดพฤติกรรมความรุนแรงในครอบครัว 307 คน ร้อยละ 76.6 เมื่อจำแนกการเกิดตามการรับรู้พฤติกรรมรุนแรงพบว่ารุนแรงเล็กน้อย ร้อยละ 47.4 รุนแรงปานกลาง ร้อยละ 64.8 รุนแรงมากมีอันตราย ร้อยละ 51.4 รุนแรงสาหัสคุกคามชีวิต ร้อยละ 38.4 พฤติกรรมในการแก้ไขปัญหาสูงสุด ได้แก่ พยายามระงับสติอารมณ์ การรับรู้ระดับสัมพันธ์ภาพในครอบครัวมีความแตกต่างในการเกิดพฤติกรรมความรุนแรงในครอบครัวอย่างมีนัยสำคัญทางสถิติ ($F=5.21, p=.00$)

คำสำคัญ : ความรุนแรงในครอบครัว ความชุก การเผชิญปัญหา

Abstract

The purpose of this study was to investigate the prevalence, perception on characteristic of violence and to describe the coping strategies of the victims. Survey by interviewing the 401 women were performed. The study tool was developed by the researchers and the reliability was accepted with Cronbach alpha coefficient of 0.92. Data were statistic analyzed through the frequency distribution, mean, mode, ANOVA, F-test. Then in-depth interview the victim and focus group the personal to understand the phenomena. The results showed, that there were 76.6% report violence. The level of violence shown as 4 level of perception ; 1)mild violence 47.4% 2) moderate violence 64.8% 3) violence threaten 51.4%, 4) severe threaten 38.4%. Most of Coping behaviors used was try to control emotion. The level of family relationship was factor related to percept violence against wife with statistic significantly ($F=5.21, p=.00$).

keywords; intimate partner violence, prevalence, coping

*Research Funding from Faculty of Nursing, Khon Kaen University

**Associate Professor, Department of Psychiatric and mental health nursing, Faculty of Nursing, Khon Kaen University

**Associate Professor, Department of Obstetrics and gynecology nursing, Faculty of Nursing, Khon Kaen University

Introduction

Domestic violence is related to the well-being of the victims and it is a factor that affects the health of the victims¹, especially the intimate partner violence which is a crime that should not be ignored. Death may be the impact on the women who are the victims of violence. Moreover, the victims may feel fear and shame. Some do not want to disclose their domestic violence to the society². The society where there is norm or belief that men are the leaders while women are the followers is the factor contributing to violence against women. A survey of sexual violence against women in Cambodia in the past revealed that there were 60 percent of husbands committing violence to wives, and over 50 percent were injured by violent acts, and 73.9 percent was a head injury³. The study on the perception of physical, mental, emotional, and social and sexual violence in the Northeast of Thailand found that there was 64 percent of the violence in all aspects⁴. In the future, women will be at risk of intimate partner violence for an average of five years before they can escape from that situation⁵. Some women were hurt by psychological harms, including using insulted words and oppressing which were more painful than being hurt physically as it dramatically reduced the stability and confidence of women⁶. For sexual violence, which includes the acts of threatening done by spouse or partner without the consent of another one, although those actions are done successfully or not, and they are likely to cover the denying of necessary care that must be provided to another, has been rarely reported⁷.

The impacts of violence against women obtained from the women receiving to psychiatric service revealed that 46 percent of them were abused

both emotionally and physically. Also, 28 percent of them were physically abused in the medium level. It was reported that the women who were abused were diagnosed having psychosomatic symptom, self-mutilization, grief reaction psychosis, depression, boredom, not being able to control emotions, anxiety disorders, eating disorders, emotional crisis, post-traumatic stress disorder or PTSD⁸. It was also found that the cost of mental health of the women who were abused, but were not physically abused was 33 percent higher than those who were not abused⁹. The health academics have suggested that health officials should be trained how to respond and help the patients. The policy of providing trainings to the health team, particularly the nurses for having nursing standards of the violence should be managed and the counselors giving advice about domestic violence should also be provided¹⁰.

Although mental or emotional violence, social violence, physical violence and sexual violence are caused by different factors, it can explain the cycle in the family. The indicators of the intimate partner violence have been compared with the diagnosis that has been put into the medical diagnosis (ICD 11 and DSM 5). They are the psychiatric indicators of the acts of abuses. Health personnel are aware of and perceive the intimate partner violence affecting on health. The provision of care is increased by understanding the context of violence which leads to the plan to prevent and resolve the problems more effectively¹¹. At the present, a lot campaigns for women's rights and prevention of domestic violence are organized by several organizations. A study of the perceptions of the problems related to violence, the characteristics of violence, and the ways to cope

with violence of women must be available to manage intimate partner violence.

Objectives

To investigate the prevalence, perception of characteristics of intimate partner violence, and to describe the coping strategies of women confronting intimate partner violence.

Research methodology

This research applied mixed-methods of quantitative by survey method and qualitative by in-depth interviews and focus group to support an explaining of the survey result. The survey method of studies on the prevalence of Intimate partner violence. (IPV). A survey was conducted with 401 wives aged 18 years old and over who were willing to cooperate in providing information and living in a big province in the Northeast of Thailand. This province has done campaigns on the rights of women and children and there is the center of prevention and assistance for women who are in crisis which the services have been provided for more than 10 years. It was calculated based the study of domestic violence in the Northeast by Sawangcharoen⁴ for a target sample of 366 people¹². A systemic random was used to select 201 cases of intimate partner violence in a municipal area and 200 cases in the smaller communities of the larger municipal area. The first household was selected at random to collect data, then a wife in every 5 households was selected until 401 were selected, including. An additional 10 % of the sample was selected to account for any sample dropout.

Research instruments.

1. Quantitative data: Collection of data by using the violence behavior assessment form for women which included: 1) A questionnaire of 33 violent behaviors. The meaning of violence in this study was defined as including all conscious physical, verbal, sexual and economic forms whereby drawing sadness or harm to the body. The data from the questionnaires were collected from the nurses in the area who were trained by the researchers to collect the data. The questionnaire about the violent behaviors was developed from the review of literature and interviews from the wives who were abused by their husband. It was verified through content validity. The behaviors were divided into four levels. The violent behavior was classified according to the level of violence that the wives described⁴, including 1.1) a little bit violence which was not harmful, 1.2) moderate violence which can be managed, 1.3) severe violence which the help from family was needed and 1.4) severe violence with acute life-threatening which the help from social institutions was needed. The scores of individual behaviors totaled 1–4 points. It was divided as Physical violent 7 behaviors: items 12, 16, 17, 24, 29, 30, 31, mental violent 9 behaviors: items 6–11, 13–15, social violent 6 behaviors: items 1, 2, 4, 6, 25, 26, economic violent 6 behaviors: items 12, 27, 28, also, there were 6 items of sexual violent behaviors: items 18–23. The sample had to respond based on the experiences of their family. The result would get 1 point for the behavior that had been happened in the family and it would be multiplied to level of violence to be the scores of violent behaviors. 2) The coping behaviors referred to the ways dealing with

the problems or the feelings of the woman when one of violent behaviors occurred⁴. The score was 1 point for each question with a total possible score of 26. The reliability was tested by surveying 30 women in different areas of the community and a Cronbach's alpha coefficient of .92 was achieved.

2. Qualitative data: The data were collected by in-depth interviews from the women who were abused and focus group the personal who involved in one stop crisis service and non-organize who work for violent family to understand the phenomena. The focus group was conducted in the meeting room. During the interviews, each woman was asked 10 questions such their perceptions of the prevalence of violence, their agreement with the characteristics of violence and their rationale for their agreement. In addition, 52 community leaders, operators and staff from in-municipal area and out-municipal area were invited to participate in focus group. Participants consisted of doctors, nurses, lecturers, judges, police, social workers, journalists, public health workers, community leaders, representatives from the private sector, and student representatives.

The quantitative data were analyzed by frequency and percentage, mean, mode, ANOVA (F-test), Pearson correlation (r) for the relationships between the level of perception of the problems and the violent behaviors in the family. Qualitative data were analyzed by coding theme related to quantitative data.

Results

1. General information: From 401 women, it was found that most of participants were living

in-municipal area (71.7 percent), aged 41-61 years old (61.9 percent) and the average age was 46.6 years old. For the marital status, 74.3 percent of them got married with register a marriage certificate. For the educational level, 47.1 percent finished the early elementary school, followed by secondary school (32.9 percent). Also, 38.8 percent of them were workers and 32.5 percent were traders / running business. The average monthly family income was 19,836 baht; 30.5 percent of them earned 5,000-10,000 baht, followed by 20,000 (29.7 percent). Most of them earned inadequate income/ being in debt (46.1 percent). The relationships among the family 1 year ago was good, but having quarrel (55.0 percent) and 30.5 percent had used drugs which was mainly alcohol (18.2 percent).

2. Intimate partner violence: It was found that 307 people faced with violence, representing 76.6 percent. When considering in each aspect of violence, it was found that physical violence was 22.9 percent, emotional and mental violence was 57.6 percent; sexual violence was 26.9 percent, social violence was 55.4 percent and economic violence was 43.9 percent.

3. Perception of violence: The perception of violent of women from 31 violent behaviors was revealed as the followings.

3.1 The levels of violence: There were only 3 violent behaviors that were given with the violence in Level 1. There were 7 violent behaviors that were given with the violence in Level 2. There were 6 violent behaviors that were given with the violence in Level 3. There were 15 violent behaviors that were given with the violence in Level 4.

3.2 According to the violent behaviors,

when considering the violent behavior occurring in the family, it was found that all behaviors were violent behaviors (31 behaviors).

Level 1: Item number 2 was responded by the samples the most: the husband criticized about food, clothing and personality of the wife: 131 persons (32.6 %).

Level 2: Item was responded by the samples the most: the husband quarrels with the wife: 180 persons (39.3 %).

Level 3: Item was responded by the samples the most: the husband drinks alcohol which results in having temper: 101 persons (25.2 %).

Level 4: Item was responded by the samples the most: The husband damages stuff when he is furious: 96 persons (23.8 %).

When classifying the levels of the violence that most people had chosen (mode), 47.4 % chose a little bit violence which was not harmful. Also, 64.8 % chose moderate violence which can be managed and 51.4 % chose severe violence which the help from family was needed. Finally, 38.4 % chose severe violence with acute life-threatening which the help from social institutions was needed. The following case study describes the story of one woman willing to share her story of severe violence.

Case study: Mrs. Korn (not her real name) aged 41 years old, was interviewed at the psychiatric hospital in the province conducting the study at 12.00. She came to the hospital with her husband and two male relatives because her husband threatened her with a knife. She was then approached by the researcher and asked to complete the question-

naire about the level and type of violence she experienced.

Korn replied that it was the thing that she was really afraid of and she cried alone. It was too cruel behavior that normal person would not do. For example, when she said something which he did not like, he would throw things and when she went to work, her husband also smashed the car and scolded her until she felt embarrassed and cannot go to work. She replied that "He destroyed stuff in the house, he thought that I would feel pity on them. He wanted to destroy all the things I loved. Mostly, I was abused with psychological violence. Sometimes, I wanted to die. He also abused me with physical violence. Sometimes, my husband slapped me and then he cried (because he was drunk). I had to soothe him and told him I was alright. I think he had mental problem because he drank alcohol, smoked marijuana and used amphetamines."

When did the violence start, the researcher asked? Mrs. Korn responded that it has happened for 4 years, after 15 years of marriage. At first, there was little violence like scolding. But for 4 years, she was afraid that she might die because her husband threatened her like in TV. While he was taken to the hospital, he asked if she would kill him, so he would take revenge.

Detailed information obtained from the researcher's questionnaire was as follows: The violent behaviors that she had faced from her husband included the husband controls the wife's time; the husband prohibits the wife from having relationship with friends or relatives; the husband quarrels with the wife; the husband drinks alcohol which results in having bad temper on the wife; the

husband scolds the wife when being with others; the husband scolds the wife's parents; the husband insults or speaks ironically to the wife; the husband likes to blame of the wife with the same old stories; the husband destroys stuff when he is furious; the husband threatens the wife with words; the husband threatens the wife with weapons or objects; the husband threatens to kill the wife or commit suicide; the husband pushes, pulls, hits, slaps and kicks the wife; the husband attacks the wife with objects/weapons; the husband accuses of the wife that she has an affair with another man; the husband does not have sex with the wife; the wife has problems with the husband that they have to ask for help from the police or others; the husband ignores the wife or children when they are sick and the husband chases the wife out of the house. However, the behavior of hitting the children for being sarcastic the wife had not happened.

She defined all the violent behaviors mentioned above in Level 4 intimate partner violence that were serious threats to life and help from social institutions was needed. Some behaviors occurring at first were in Level 1, 2 and 3, but after that they were in Level 4. The other 7 violent behaviors did not happen with her. For the behaviors that had never happened, she did not think that they were domestic violence. But, if they happened with her, she would consider their levels obviously. If they happened with the wife, the problems must be solved before they reached Level 4. What did she do when having problems? She consulted with her husband's parents, but they cannot help because they were too old. They took good care of their daughter-in-law. Her parents passed away already. Her husband

worked by fishing and doing rice farming. But, when he wanted to take drug, we would find it and quarreled with his wife and friends. Other people in the community were tired of taking care of them because it was annoying. They did not even want to talk to the wife because they thought that the wife took her husband's side.

The coping strategies obtained from the questionnaire indicated that she had used almost every method of coping starting from managing her feelings, emotions, smiling, suppressing, being calm, relaxing, making merits, having hobbies, self-blaming and consulting other people, relatives, friends, people in the community and fortune tellers, everyone except medical personnel and lawyers. She did not use self-irony method, drugs, gambling or going away from home or hanging out at night. Once she thought to get a divorce if her husband used a gun. She once used to escape from him, but she missed him, so she came back. She blamed herself for not being patient and being a couple and not having a strong family.

4. The ways to solve the problems of those having violent behaviors

Top 5 behaviors used to solve the problems when there was violence were as follows: 1) control of emotions, 2) having for physical and mental relaxation, 3) doing hobbies for relaxing, 4) ignoring and hoping the situation will be better and 5) smiling when meeting other people. The 5 behaviors used the least included: 1) going to night club and spending a lot of money, 2) gambling for relaxation, 3) throwing things and having arguments, 4) taking sleeping pills or anti-anxiety drugs and 5) consulting with the lawyer.

5. The relationships between the perception of violence and the violent behaviors

When the relationships between the perception of the levels of violence and the violent behaviors were tested by using the Pearson's correlation, there was no statistically significant correlation ($r = -0.06$, $p = 0.21$).

The relationships between the perception of the levels of violence and the violent behaviors were no statistically significant correlation ($r = -0.06$, $p = 0.21$). Also, from the analysis of various factors (ANOVA), including age, occupation, education, living areas, economic status, marital status and family history of substance use, significantly statistical differences were not found from both the perception of the levels of violence and the domestic violence. However, it was found that the levels of family relationships affected the levels of domestic violence significantly different ($F = 1.48$, $p = .007$) and the different level of family relationships influenced the violent behaviors statistically significant difference ($F = 5.21$, $p = .00$).

Focus group results: After presenting the prevalence and the case studies at the meeting of the network of preventing and ending violence on women and children, the discussion on various issues related to intimate partner violence were analyzed and concluded.

Focus group members accepted the fact that there was domestic violence and they were worried that it would lead to other issues such as economic problems, or children might be both physically and mentally hurt. Although there is Family Act allowing the police to help the victims, they can only help when something happens as a

result of the violence. Sometimes, the authorities do not want to deal with this problem because the family problem is considered a family matter. Wives have been taught that if they are abused, people in society are obligated to help the family to be strong and sustain the family relationship.

Identifying the levels of violence will provide better awareness and the problems will be better solved from the experience of being a wife that got divorced 13 years ago. After getting the information on the perception of the levels of the severity of the violence, the former idea that domestic violence was only physical abuse was changed as the wife knew that there were several levels of violence. So, women can understand and solve the problem before it became the violence in Level 4. She said that from her own experiences, there was violence from Level 1–3, but she did not know this knowledge because she perceived that Levels 1, 2 and 3 of violence were common structure of family and did not think it was violence. The severity of the natural structure of the family was not seen as violence. She thought it was individual behaviors. But, now she cannot bear it anymore, so she wanted to get divorced. Some people around her did not want her to get divorced because they thought that getting divorced may cause unhappiness. But after getting divorce, she and family were happy.

Knowledge about violence is needed to provide to people. The cultural system has never provided knowledge about the prevention of violence. This knowledge should be cultivated since people were young. We have never known if women can pass the levels of violence and have knowledge that can help everyone to feel equal. We do not have the

ways to use media to promote to everyone that there are Acts. Currently, there are still many gaps that are needed to be resolved in the family relation issues. The locals know this problem better than the authorities. If the locals want to send this information to the community and family, they have to use their strength. The answers obtained from the officials when asking for help included that they have to train for professions and protect themselves. These officials agreed that they must recognize the truth and recognize the issues of intimate partner violence in order to solve these issues. They recognized that answers should come from the community because in practice, people from the community know the problems and have better ideas on how to solve their problems.

Discussion

1. The prevalence of domestic violence against women reached a high of 77.6 % which was similar to other studies about women around the world but higher in this particular area. In the past, most of northeastern Thailand was organized in the extended family system with the husband staying in the wife's family. Today, most of these of extended families have dissolved into a single family system¹³. The husband has a chance to do violence to wife as no older person in family to control or to respect. The study showed that when violent occurred in family most of them need the older relative came to solve this problem⁴. For the physical abuse / sexual abuse by partner, there were 23/ 27 % which were still close to the recent studies conducted during the last 1 year which was 21.3-22.7%^{13, 14}. According to the survey in the Northeast, the physical, mental,

emotional and sexual violence was found 64%⁴ which was lower than that of in Greece⁵ which 80% of women were reported with being abused with violence in the family. This might be because women can claim their rights more while husbands do not adapt themselves and are still stuck with the old faith. The single family in the urban area is required to struggle due to economic issues. Women also have self-disclosure after they have gained knowledge and changed the attitude of being a victim. Moreover, the samples in urban areas have been protected by the organizations which are responsible for the protection of domestic violence in women and children. The province has also organized campaigns to educate the community about the domestic violence, the prevention and the service unit for the domestic violence since 2002. So, the women in the community are brave to disclose themselves.

2. The violent behaviors: Physical violence on sexual violence increased 23% and 27% in foreign countries. Several studies indicated that 15-61% of women were assaulted by men who lived together⁷. Sexual and physical violence was also found in the studies conducted in different areas and ages. For the groups using the same tools, it was found that the prevalence of Vietnamese spouses was 34%, and in the Solomon Island, Kiribati was over 60%.^{7, 14} It may be up to 80% in the study of the women who were treated in clinics. Surveys in several countries indicated that 10-15% of women were forced to have sexual relations with husband. There were more women having a history of being sexually abused by husband. Women recognized their rights and law more. In Thailand, the Act of 2550 B.E. Provided that the wife who is sexually abused

can sue the husband.

3. The perception of the level of violence: The violence found was mostly psychological and social violence. According to the levels of violence that most people had chosen, 47.4% chose a little bit violence which was not harmful; 64.8% chose moderate violence which can be managed; 51.4% chose severe violence which the help from family was needed and 38.4% chose severe violence with acute life-threatening which the help from social institutions was needed. This was close to the prevalence in Indonesian which was measured by WAST and 36.3% were found.¹⁵ It can be seen that nearly 40 percent of wives in the community had been abused with violence and needed help from experts. The study found that the problems which were rated in Level 4 and needed to be solved by experts or officers were 15 items, while there were only 10 items from the former studies. The 5 items added included the followings. 1) The husband throws or destroys stuff when he is furious. 2) The husband threatens the wife because she does not have sex with him. 3) The wife has problems with the husband that they have to ask for help from the police or others. 4) The husband steals properties for buying alcohol to drink /gambling. 5) The husband hits the children for being sarcastic the wife. These were similar to the study conducted 10 years ago⁴ and it covered the behaviors which were similar to the behaviors in WAST (Women abuse screening Tool for detecting IPV¹⁵ which asked only 8 questions.

The increase of the violence in Level 3 and Level 4 showed that wives needed more help and they were also considering the rights of their children more. The studies conducted by WHO in

other countries revealed that the violence in severe level was between 29–62% in different areas and ages. Most of them were sexual and physical violence. For the groups using the same tools, it was found that the prevalence of Vietnamese spouses was 34%, and in the Solomon Island, Kiribati was over 60%.^{7, 14} It may be up to 80 percent in the study of the women who were treated in clinics. Also, 51.4 percent chose severe violence which the help from family was needed and 38.4 percent chose severe violence with acute life-threatening which the help from social institutions was needed. From the previous study, if violence occurred with the women themselves, they rated it the highest level because it threatened their feelings. From the case that was interviewed, she rated the violence in Level 4 as severe violence with acute life-threatening which the help from social institutions was needed. There were some behaviors that were in Level 1, 2, 3 when they occurred at first. After that, they were rated in Level 4. For the behaviors that did not happen to her, she considered that they were not severe. It was the result of increasing of knowledge and knowing that there were many sources of help. Since the family and relatives cannot help her anymore, she had to get help from the social institutions after she had faced with violence for nearly five years. This was similar to the confirmation of the experts having experiences in helping people to solve problems claiming that people tended to resolve the problems by themselves before asking for help from others. This was consistent with the study stating that in the future women at risk will remain with the relationship with violence for an average of five years before they escape from that situation.¹⁰

4. Facing with problems: The ways to solve the problems of the wives who had been abused can be divided into seven groups as this study demonstrates. The last behavior contributed to the problems, even it happened a little, especially self-harm. The experts solving the problems were needed. The previous studies revealed that the solutions that the women had used did not work¹⁴ and caused physical problems such as fatigue, pain, allergy, suffocation, depression and anxiety. Also, nearly 50 percent committed suicide while 20 percent were PTSD and 64 percent were more likely to deny needed care.⁷ Self-blame moderated physical abuse, such that high levels of physical abuse interact with high level of self-blame in their association with PTSD. Even though psychological and sexual abuse did not associate with self-blame and PTSD.¹⁶ As women report higher levels of psychological abuse reported less negative attitudes toward IPV. The importance condition that can limit women IPV survivors' ability to receive care from mental health condition were eight distinct clusters: unsure, limited IPV special resources, barriers to access, systems taboos, immediate crisis needs, fear-stigma, offender control and cultural concerns¹⁷ can explain this case study.

Although the relationships between the perception of problems and the behaviors of domestic violence that occurred were not associated statistically significant ($R = -0.06$, $p=0.21$), the perception of the levels of domestic violence often came from the understanding. In Khon Kaen province, there are campaigns to educate the people on a regular basis. So, the people giving the information understood the problems and the solutions to the

problems were mostly their direct experiences which there were victims in the family and the problems were needed to be solved within the family first. The help from outside was then needed. The analysis of the various factors (ANOVA) in relation to the perception of the levels of violence and the violence found that family relationships affected the level of domestic violence significantly ($F = 1.48$, $p = .007$). The different family relationships caused the behaviors of domestic violence with statistically significant difference ($F = 5.21$, $p = .00$).

The family relationships and the violent acts can occur in both directions. That is to say, when there is violence, there is relationship and when there is relationship problem, there is violence¹⁴. The women who face domestic violence still live in the family and the family relationship is worse. Women who are at risk will remain with the relationship with violence up to an average of five years¹⁰ before they can escape from the situation.

In conclusion, the feature of this study was the survey of the incidence of domestic violence against women who continued living in the family and in the community. The amount of IPV, and level of characteristic was changed but the characteristic of violence, the thought and belief still similar with 10 year ago. There were needs of solutions, the efforts to resolve the violence that happened to her and the ways to face the problem that reflected to the associated persons a view of the wives who were bear on the acts of violence from husbands with the examples from the case study. Also, the thinking of those who were involved in this matter enabled the realization of the domestic violence that still occurred and continued. Women continued to be

the victims in high numbers even they tried to help themselves and there was help from the family and relatives. But, when there was a high level of violence, the women still needed the help from experts in the community to prevent and reduce violence in the future. It is a challenge for many disciplinary experts to work on this problem.

Recommendations

1. The behaviors and the types of violence in this study were different from other research studies. Therefore, the comparison was needed to consider the details in each type. The research studies in other areas can adapt the questions based on the needs of help and the solutions of specific problems. This study had already categorized the behaviors.

2. For personnel who are working to solve the problem of domestic violence, the severity levels obtained from this study could lead to the design of the care and services that fit the needs of domestic violence that will happens in the future. The recognition of the levels of violence can also be applied to the majority population of the country to understand the impacts in each area.

3. The study also found that the family relationships were associated with violence. To understand the factors that affect family relationships and the occurrence of domestic violence towards women, the characteristics of family in violence prevention should be studied in order to apply it to promote the prevention and the solutions.

Limitations

As any research, this study contains limitations. First, the study is based on self-reports of women's recalling their previous IPV experiences. It is possible that some women inadvertently, may under or over report their experiences. Second, the cross-sectional design does not allow a firm causal link to be established. Third, a qualitative study of IVP should include additional interviews to allow data saturation and provide deeper information related to coping strategies. Despite these weakness, the results of this study bring provision of new insights to design better interventions and prevention measures.

Findings in this study also have policy implications, among which to provide governmental and non-governmental organizations fighting violence against women reliable empirical on which to base and adequate their interventions.

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References

1. Rhodes KV, et al. Intimate partner Violence and Co morbid Mental Health Conditions among Urban Male Patients. *Annals of Family Medicine* 2009; 7: 47-55.

2. Saito AS, Cooke M, Creedy DK, Chaboyer W. Thai women's experience of intimate partner violence during the perinatal period: A case study analysis. *Nursing and Health Science* 2009; 11: 382-7.
3. Nelson E, Zimmermam C. Household Survey on Domestic Violence in Cambodia, Phnom Penh. IDRC Project against Domestic Violence; 1996.
4. Sawangchareon K, Wattananukulkeirt S, Chanthapreeda N, Tanwattanakul J, Itrat P. Husband's violence against wives in Northeast Thailand. *J Nurse Assoc Thai* 2003; 21: 37-48. (in Thai)
5. Ramon S, et al. Understanding the connection between intimate partner violence and mental health within the European context implication for innovative practice. *Praxis* 2015; 4(14): issue 1-2, 1-21.
6. Kneisl CR, Trigoboff E. Contemporary Psychiatric-Mental Health nursing. 3rd Ed. Boston: Pearson; 2013.
7. Heyman RE, Slep AMS, Foran HM. Enhanced definition of Intimate Partner Violence for DSM5 and ICD11 May Promote Improved screening and Treatment. *Family Process* 2015; 54: 64-81.
8. Bengtsson-Tops A, Saveman BI, Tops D. Staff experience and understanding of working with abused women suffering from mental illness. *Health & Social Care in the Community*, 2009; 17: 459-465. Doi: 10-1111/j. 1365-2524.2009.00843.x.
9. Bonomi AE, Anderson ML, Rivera FP, Thomson RS. Health Care Utilization and Costs Associated with Physical and Nonphysical-Only Intimate Partner Violence. *Health Service Research*, 2009; 44: 1052-1067. Doi: 10.1111/j.14756773.2009.00955.x.
10. Allard C. Caring for people who experience domestic violence. *Emergency Nurse* 2013; 21: 12-6.
11. Varcarolis EM, Halter MJ. Foundations of Psychiatric & Mental Health Nursing. St.Louis: Saunders & Elsevier; 2010.
12. Lwanga SK, Lemeshow S. Sample size determination in health studies: a practical manual. Geneva: World Health Organization; 1991.
13. Kritaya S, Pongsuwan P. Factors affecting youth's risky behaviors and Violence in Northeastern of Thailand. *Journal of Nursing Science and Health* 2009; 32: 21-33.
14. Garcia-moreno C, Riecher-Rossler A. (eds). Violence against women and Mental Health: Key Issues Mental health. Basel, Karger, 2013; 178: 1-11. Doi: 10.1159/000343777.
15. Islanders L, Braun KL, Katz AL. Testing the Woman Abuse Screening Tool to Identify Intimate Partner Violence in Indonesia. *J Interpers Violence*, 2015; 30: 1208-1225, first published on July 10, 2014 doi: 10.1177/0886260514539844.
16. Reich MC, Jones JM, Woodward MJ, Blackwell M, Lindsey LD, Beck JG. Does Self-Blame Moderate Psychological Adjustment Following Intimate Partner Violence? *J Interpers Violence*, 2015; 30: 1493-1510, first published on July 4, 2014. Doi: 10.1177/088626051454080017.

17. Shepherd-McMullen C, Mearns J, Stokes JE, Mechanic MB. Negative Mood Regulation Expectancies Moderate the Relationship Between Psychological Abuse and Avoidant Coping. *J Interpers Violence*, 2015; 30: 1553–1566, first published on July 20, 2014. Doi: 10.1177/0886260514540805.