Journal of Public Health Sciences (JPHS)
Vol. 3, No. 03, pp. 137-145
journal.iistr.org/index.php/JPHS
DOI: 10.56741/jphs.v3i03.658

The Relationship Between Social Support and Depression Level in Victims of Domestic Violence

[1]Ariani Fatmawati, [1]Rizky Annisa , [1]Bhekti Imansari, [1]Sitti Syabariyah*
Corresponding Author: * sittisyabariyah@unisa-bandung.ac.id
[1] Universitas 'Aisyiyah Bandung, Bandung, Indonesia

ARTICLE INFO

Article history
Received 28 June 2024
Revised 14 October 2024
Accepted 16 October 2024

Keywords
Cross-sectional study
Depression
Domestic violence
Mental health
Social support

ABSTRACT

Domestic violence (DV) has significant mental health consequences, including depression. Social support plays a critical role in mitigating these effects. This study aims to explore the relationship between social support and depression levels among domestic violence victims. The research employed a correlational, cross-sectional design, collecting data via questionnaires. The instruments used included demographic data, the Social Support Questionnaire-6 (SSQ-6) to assess social support, and the Patient Health Questionnaire-9 (PHQ-9) to measure depression levels. The study population consisted of 40 women victims of domestic violence who had reported their cases to the UPTD PPA in West Java Province. Bivariate data analysis was conducted using the Spearman test. The majority of respondents were aged 25-44 (57.5%), had a high school education (40%), were unemployed (75%), and had experienced psychological violence (30%). A notable 62.5% of respondents reported insufficient social support, and 45% were found to have moderate depression. The analysis revealed a significant relationship between social support and depression levels (p-value= 0.005, <0.05). These findings confirm that there is a significant association between social support and depression levels in domestic violence victims.

This is an open-access article under the CC–BY-SA license.

Introduction

Domestic violence is defined as any action, particularly against women, that results in physical, sexual, or psychological harm, suffering, or neglect within the domestic sphere. This includes threats, coercion, or unlawful deprivation of freedom [1]. According to the United Nations Declaration, violence against women can take the form of physical, sexual, psychological, or economic abuse. Physical violence may include acts such as slapping, hitting, choking, or even murder, while sexual violence includes coerced sexual activities. Psychological violence encompasses behaviors that intimidate or humiliate, including isolation, threats, or verbal aggression. Economic violence may involve withholding financial resources or controlling access to employment [1].

Data from the 2022 Online Information System for the Protection of Women and Children revealed that out of 28,890 victims of violence, 24,352 were women and 4,538 were men [2]. In 2021, gender-based violence (GBV) against women accounted for 338,496 cases, marking an increase from 226,062 cases in 2020 [3]. The majority of these cases, 99.09%, occurred within the personal sphere, with violence against wives (VAW) making up a substantial portion.

Women who experience domestic violence are at risk of various mental health issues, including depression, anxiety, trauma, and feelings of hopelessness [1]. Depression is characterized by low motivation, self-blame, and disturbances in sleep and appetite [4]. Severe or prolonged episodes of depression can significantly impair daily functioning and may even lead to suicide. Each year, more than 700,000 people die by suicide, making it the fourth leading cause of death among 15-29-year-olds [5].

Research has consistently shown a link between domestic violence and mental health disorders. For example, Ref. [6] found that 51.9% of domestic violence victims experienced Post-Traumatic Stress Disorder (PTSD), and 66.4% reported symptoms of major depression. Similarly, Ref. [7] reported that more than half of their study's participants met the criteria for PTSD and depression. In China, a study by Ref. [8] found high rates of depression among women who experienced psychological (65.8%), physical (69.5%), and sexual violence (75.8%).

Social support is a key factor in mitigating the mental health impact of domestic violence. Social support can be emotional, informational, instrumental, or evaluative, and it has been shown to reduce depressive symptoms [9],[10]. Research by Ref. [11] demonstrated that domestic violence, coupled with a lack of social support, exacerbates depressive symptoms. Strengthening social support networks has been identified as an effective strategy to alleviate mental health burdens. Additionally, research by Ref. [12] highlighted the positive influence of social support on the mental health of domestic violence survivors.

In Indonesia, Law No. 18 of 2014 on Mental Health mandates that mental health efforts be carried out through promotive, preventive, curative, and rehabilitative approaches. These efforts must be integrated and sustainable, involving cross-sector collaboration. Nurses play a crucial role in early detection and intervention for mental health issues [13]. This study aims to examine the relationship between social support and depression levels among victims of domestic violence.

Material and Methods

This study employed a quantitative approach with a correlational research design, utilizing a cross-sectional method. The researchers examined the relationship between social support and depression levels among victims of domestic violence, with data on both variables collected at a single point in time. The population comprised women who had experienced domestic violence and reported their cases to *Unit Pelaksana Teknis Perlindungan Perempuan dan Anak* (UPTD PPA) in West Java Province -- an operational technical implementation unit for the women's empowerment, child protection, and population control and family planning service. Ethical approval was obtained from the ethics committee under approval number: 528/KEP.01/UNISA-BANDUNG/VI/2023.

The sampling technique used was non-probability sampling with a purposive sampling approach, and the sample consisted of 40 respondents. Inclusion criteria were as follows: female, aged 13-44 years, married, had experienced domestic violence, and had reported the violence to UPTD PPA West Java Province. Exclusion criteria included individuals who refused to participate, were unable to read, or had unstable mental conditions.

Data collection was conducted using a structured questionnaire, which included demographic data, social support as measured by the Social Support Questionnaire-6 (SSQ-6), and depression levels as measured by the Patient Health Questionnaire-9 (PHQ-9). The demographic instrument captured information such as respondent age, education level, occupation, and the type of violence experienced.

The SSQ-6, developed by Sarason et al., consists of 12 items that assess two components of social support: Quantity (Social Questionnaire Number, SSQ6N) and Quality (Social Questionnaire Satisfaction, SSQ6S). Responses were rated on a Likert scale, with values ranging from 1 (very dissatisfied) to 6 (very satisfied). A score below 36 was classified as poor, while a score of 36 or above was classified as good (Delima in Fazriah, 2018). The validity of SSQN ranges from 0.396 to 0.751, and the reliability, measured using Cronbach's Alpha, is 0.97. The validity of SSQS ranges from 0.48 to 0.74, with a reliability of 0.94 [14].

The PHQ-9, developed by Spitzer et al., contains 9 items assessing the severity of depression. Responses were rated on a Likert scale from 0 (never) to 3 (almost every day). The interpretation of scores is as follows: 0-4 (no/minimal depression), 5-9 (mild depression), 10-14 (moderate depression), 15-19 (moderately severe depression), and 20-27 (severe depression). The Indonesian version of the PHQ-9 has been validated with a score of 0.527, and its reliability, as measured by Cronbach's Alpha, is 0.873 [15].

Data were processed using the SPSS software. Univariate analysis was conducted to obtain frequency distributions (percentages) for respondent characteristics, social support, and depression levels among domestic violence victims. Bivariate analysis, using the Spearman statistical test, was performed to assess the relationship between social support and depression levels. A p-value of less than 0.05 was considered statistically significant [16].

Results

Table 1 outlines the predominant characteristics of the respondents. The majority, 23 respondents (57.5%), were within the age range of 25-44 years. Sixteen respondents (40%) had a high school or equivalent level of education, while 30 respondents (75%) were unemployed. Additionally, 12 respondents (30%) experienced psychological violence.

Table 1. Respondent Characteristics

Respondent Characteristics	Total	Percentage
Age (Years)		
• 13-17	6	15
• 18-24	11	27.5
• 24-44	23	57.5
Educational Level		
• Elementary School	9	22.5
• Junior School	9	22.5
• Senior High School	16	40
• Diploma	1	2.5
• Bachelor	5	12.5
Job experience		
• Employee	10	25
• Un-employee	30	75
Forms of violenceexperienced		
• Physical abuse	10	25
• Sexual violence	8	20
• Economic violence	12	30
• Psychological abuse	2	5
• >1 violence	8	20

Table 2 presents the distribution of social support among the respondents. It shows that 25 respondents (62.5%) reported receiving low levels of social support, while 15 respondents (37.5%) indicated that they received adequate or good social support. This

suggests that the majority of the victims of domestic violence in the study perceived a deficiency in the social support available to them, highlighting a potential area for intervention and support services.

Table 2. Social Support

Social Support	Total	Percentage
Less: <36	25	62.5
Good: ≥36	15	37.5

Table 3 provides an overview of the respondents' depression levels. It shows that 18 respondents (45%) experienced moderate depression, 17 respondents (42.5%) were classified as having moderately severe depression, and 4 respondents (10%) suffered from severe depression. This indicates that a significant portion of the domestic violence victims in the study were dealing with moderate to severe depression, emphasizing the critical need for mental health interventions and support.

Table 3. Depression Level

Depression Level	Total	Percentage
No/minimal depression: 0-4	1	2.5
Moderate depression: 10-14	18	45.0
Depression is quite severe: 15-19	17	42.5
Severe depression: 20-27	4	10.0

Table 4 illustrates a significant relationship between social support and depression levels among victims of domestic violence, with a p-value of 0.005, which is below the 0.05 threshold. This finding indicates that the level of social support is statistically associated with the severity of depression in these victims, suggesting that better social support could potentially reduce the impact of depression in domestic violence cases. This relationship emphasizes the importance of strengthening social support systems in Indonesia to improve mental health outcomes for domestic violence survivors.

Table 4. Example table Relationship between Social Support and Depression Level (n=40)

Variables	Depression level		p-value
	No/minimal depression	Moderate/severe/ severe depression/ depression	
Social Support			
Good	1 (2.5%)	14 (35%)	0.005
Worse	0 (0%)	25 (62.5%)	

Discussion

The majority of domestic violence victims in the study were within the age range of 25-44 years (57.5%), which indicates that most victims are in their productive years. Additionally,

most victims (75%) were unemployed. This is reflective of a patriarchal upbringing and culture, which often dictates that women should be entirely dependent on their husbands. Such societal norms contribute to women's lack of independence and economic self-sufficiency. Consequently, when domestic violence occurs, these women feel compelled to endure it. This dependency dynamic also allows husbands to feel more powerful over their wives' helplessness [17].

Regarding educational background, the study found that 16 respondents (40%) had a high school or equivalent education, 1 respondent (2.5%) had a diploma, and 5 respondents (12.5%) had a bachelor's degree. These findings suggest that education alone does not shield women from domestic violence. The competition between husbands and wives often stems from inequality in fulfilling personal desires, including education, social relations, economic dominance, and work conditions. These disparities can lead to rivalry, which may escalate into domestic violence. Additionally, cultural beliefs persist that men should not be inferior to women, thereby justifying the use of violence against wives as a means of satisfying male ego [17].

The study also highlighted that psychological violence was the most common form experienced, with 12 respondents (30%) reporting it. Other forms of violence included physical violence (10 respondents, 25%), sexual violence (8 respondents, 20%), and multiple forms of violence (8 respondents, 20%). According to Ref. [8], the prevalence of psychological violence among victims was 77.7%, physical violence 40.2%, and sexual violence 11%. In addition, 52% of victims experienced two or more types of violence. Another study by Ref. [12] revealed that emotional violence was more prevalent than other types. Violence is often the result of psychological stress and a husband's inability to manage frustration. These frustrations typically stem from unmet expectations, such as being unprepared for marriage, lacking stable employment, or feeling restricted in freedom. As a result, husbands may resort to negative behaviors such as drinking, which can lead to physical, sexual, and psychological violence, as well as neglecting their families [17].

The study found that 25 respondents (62.5%) received inadequate social support. According to Caplan, social support plays a critical role in maintaining an individual’s psychological and physical well-being. It can offer validation, a sense of self-worth, and help during illness, acting as a safety net for recovery and emotional stability [10]. Ref. [11] found that a lack of perceived social support was significantly associated with more severe depressive symptoms.

Regarding depression, 18 respondents (45%) exhibited moderate levels, 17 respondents (42.5%) showed moderately severe levels, and 4 respondents (10%) were categorized as having severe depression. Violence against women can have a far-reaching

impact, affecting mental health, behavior, physical health, economic stability, and social well-being. Mental health issues, particularly depression, are prevalent among women who experience domestic violence [1]. A study by Ref. [6] found a strong correlation between partner violence and mental health problems, with 51.9% of victims reporting PTSD and 66.4% showing symptoms of major depression. Furthermore, the form of violence experienced by the victims was linked to their depression levels. Ref. [8] reported that depression prevalence was 65.8% among victims of psychological violence, 69.5% for physical violence, and 75.8% for sexual violence.

The study also revealed a significant relationship between social support and depression levels, with a p-value of 0.005 (<0.05). This finding aligns with Ref. [11], who reported that domestic violence, maladaptive coping strategies, and a lack of social support were all significantly associated with depressive symptoms. The study suggests that addressing mental health distress among women should include early detection and prevention of domestic violence, enhancing social support systems, and promoting coping mechanisms to manage stress.

The study's results underscore the importance of social support in mitigating mental health issues among domestic violence survivors. To reduce the occurrence of domestic violence, the involvement of various stakeholders is essential. These efforts could include enabling victims to confide in trusted relatives and friends, increasing public awareness of gender equality and domestic violence risks, forming community organizations through local leaders, and fostering collaborations with governmental bodies. Moreover, counselors can provide tailored support based on social support theory to meet the unique needs of each victim [18]. Additionally, research by Ref. [19] showed that social support is positively correlated with the physical quality of life of domestic violence victims.

Conclusion

This study highlights the significant impact of domestic violence on women's mental health, particularly depression, and the crucial role of social support in mitigating these effects. It shows that most victims are between 25 and 44 years old, unemployed, and economically dependent, which increases their vulnerability to abuse. Despite varying education levels, cultural dynamics and power imbalances in relationships contribute to the prevalence of domestic violence. Psychological abuse was the most common form reported, emphasizing the need for greater recognition of its impact. The study also finds a strong link between domestic violence and depression, with many victims experiencing moderate to severe symptoms. Lack of social support was associated with more severe depression, highlighting the importance of

robust support networks for victims. The findings suggest that a multifaceted approach is needed to address domestic violence, including raising awareness, promoting gender equality, strengthening social support systems, and ensuring access to resources. Early intervention and counseling based on social support theory are essential to improving the mental health of survivors.

Conflict of Interest

The authors declare that there is no conflict of interest.

References

[1] Sitepu, P. N., Rahayu, T. E., Santosa, D., Said, A., Budiati, I., Ayuni, S., Reagan, H. A., Susianto, Y. (2017). *Statistik Gender Tematik, Mengakhiri Kekerasan Terhadap Perempuan dan Anak di Indonesia* [Thematic gender statistics - Ending violence against women and children in Indonesia]. Ministry of Women's Empowerment and Child Protection.

[2] Ministry of Women's Empowerment and Child Protection. (2022). *SIMFONI PPA (Sistem Informasi Online Perlindungan Perempuan dan Anak)* [Online Information System for Women and Child Protection]. https://kekerasan.kemenpppa.go.id/ringkasan

[3] National Commission on Violence Against Women. (2022). *Bayang-Bayang Stagnansi: Daya Pencegahan dan Penanganan Berbanding Peningkatan Jumlah, Ragam dan Kompleksitas Kekerasan Berbasis Gender Terhadap Perempuan* [Shadows of stagnation: The power of prevention and handling versus the increase in the number, variety, and complexity of gender-based violence against women]. Komnas Perempuan. https://komnasperempuan.go.id/download-file/816.

[4] Walker, J., Payne, S., & Jarrett, N. (2012). *Psychology for nurses and the caring professions*. McGraw-Hill Education (UK).

[5] World Health Organization. (2021). *Depressive disorder (depression)*. https://www.who.int/news-room/fact-sheets/detail/depression

[6] Peltzer, K., Pengpid, S., McFarlane, J., & Banyini, M. (2013). Mental health consequences of intimate partner violence in Vhembe district, South Africa. *General Hospital Psychiatry, 35*(5), 545-550. https://doi.org/10.1016/j.genhosppsych.2013.04.001

[7] Nathanson, A. M., Shorey, R. C., Tirone, V., & Rhatigan, D. L. (2012). The prevalence of mental health disorders in a community sample of female victims of intimate partner violence. *Partner abuse*, *3*(1), 59-75. https://doi.org/10.1891/1946-6560.3.1.59

[8] Yuan, W., & Hesketh, T. (2019). Intimate partner violence and depression in women in China. *Journal of Interpersonal Violence, 36*(21-22), NP12016-NP12040. https://doi.org/10.1177/0886260519888538

[9] Dirgayunita, A. (2016). Depresi: Ciri, Penyebab dan Penangannya [Depression: Characteristics, causes, and treatment]. *Journal An-Nafs: Kajian Penelitian Psikologi*, 1(1), 1-14. https://doi.org/10.33367/psi.v1i1.235

[10] Swarjana, I. K. (2022). *Konsep Pengetahuan, Sikap, Perilaku, Persepsi, Stres, Kecemasan, Nyeri, Dukungan Sosial, Kepatuhan, Motivasi, Kepuasan, Pandemi Covid-19, Akses Layanan Kesehatan – Lengkap Dengan Konsep Teori, Cara Mengukur Variabel, dan Contoh Kuesioner* [Concepts of knowledge, attitude, behavior, perception, stress, anxiety, pain, social support, compliance, motivation, satisfaction, COVID-19 pandemic, access to health services - Complete with theoretical concepts, how to measure variables, and examples of questionnaires]. ANDI Publisher.

[11] Tonsing, K. N., Tonsing, J. C., & Orbuch, T. (2020). Domestic violence, social support, coping, and depressive symptomatology among South Asian women in Hong Kong. *Journal of Loss and Trauma, 26*(2), 134-152. https://doi.org/10.1080/15325024.2020.1738056

[12] Umbreen Khizer, F. K. Bukhari, & S. Fahd. (2020). Impact of perceived social support and domestic violence on mental health among housewives. *Journal of Business and Social Review in Emerging Economies, 6*(3), 1153-1157. https://doi.org/10.26710/jbsee.v6i3.1382

[13] Ministry of Health of the Republic of Indonesia. (2020). *Pedoman Penyelenggaraan Kesehatan Jiwa di Fasilitas Kesehatan Tingkat Pertama* [Guidelines for the implementation of mental health in first-level health facilities]. Ministry of Health of the Republic of Indonesia.

https://promkes.kemkes.go.id/buku-pedoman-penyelenggaraan-kesehatan-jiwa-di-fasilitas-kesehatan-tingkat-pertama
[14] Fazriah, A. (2018). *Hubungan Dukungan Sosial Dengan Tingkat Depresi Pada Lansia Di Balai Perlindungan Sosial Tresna Werdha (BPSTW) Ciparay Bandung* [The relationship between social support and depression in the elderly at the Ciparay Tresna Werdha Social Protection Center]. (Doctoral dissertation, Universitas' Aisyiyah Bandung).
[15] Dian, C. N., Effendy, E., & Amin, M. M. (2022). The validation of the Indonesian version of Patient Health Questionnaire-9. *Open Access Macedonian Journal of Medical Sciences, 10*(T7), 193-198. https://doi.org/10.3889/oamjms.2022.9293.
[16] Dahlan, M. S. (2014). *Statistik untuk kedokteran dan kesehatan: Deskriptif. Bivariat, dan Multivariat, Dilengkapi Aplikasi Menggunakan SPSS* [Statistics for medicine and health: Descriptive, bivariate, and multivariate equipped with applications using SPSS]. Epidemiology Indonesia.
[17] Alimi, R., & Nurwati, N. (2021). Faktor penyebab terjadinya kekerasan dalam rumah tangga terhadap perempuan [Factors causing domestic violence against women]. *Jurnal Penelitian Dan Pengabdian Kepada Masyarakat (JPPM)*, *2*(2), 20-27. https://doi.org/10.24198/jppm.v2i2.34543
[18] Merrell, J. (2001). Social support for victims of domestic violence. *Journal of psychosocial nursing and mental health services*, *39*(11), 30-35.
[19] Hitijahubessy, C. N., Affiyanti, Y., & Budiati, T. (2018). Dukungan sosial dan kualitas hidup fisik perempuan korban kekerasan dalam rumah tangga [Social support and physical quality of life of women victims of domestic violence]. *Jurnal Kesehatan Terpadu (Integrated Health Journal)*, *9*(1), 1-10. https://doi.org/10.32695/jkt.v1i9.8

Authors



Ariani Fatmawati is a junior lecturer at the Faculty of Health Sciences, Universitas ‘Aisyiyah Bandung, specializing in nursing. She also works as a visiting lecturer at Universiti Teknologi Mara (UiTM) Malaysia. Her research interests are centered around women’s health studies and maternity nursing. (email: ariani.fatmawati@unisa-bandung.ac.id).



Rizki Annisa is a research member in this study, contributing her expertise to investigating key issues related to the topic. She obtained her Bachelor's degree from Universitas Aisyiyah Bandung, where she developed a strong academic foundation in her field. With a keen research interest, she is passionate about advancing knowledge and making meaningful contributions to her study area. Throughout her academic career, she has focused on topics related to health and well-being, with a particular emphasis on women's health. (email: rizkiannisa243@gmail.com).



Bhekti Imansari is a lecturer at the Faculty of Health Sciences, Universitas ‘Aisyiyah Bandung. She holds both her Bachelor's and Master's degrees from Padjadjaran University. Her expertise lies in maternity nursing, and she has contributed significantly to the field with the publication of three books and numerous articles in national journals. (email: bimansari@gmail.com).



Dr. Sitti Syabariyah, S.Kp., M.S. Biomed, is a senior lecturer and associate professor at the Faculty of Health Sciences, Universitas ‘Aisyiyah Bandung. She obtained her doctoral degree from the University of Indonesia. Her areas of expertise include nursing, health, hospital management, and risk management. She has contributed extensively to the academic community, publishing numerous articles in international journals. Additionally, she serves as a visiting senior lecturer at Universiti Teknologi Mara (UiTM) Malaysia. She is also a reviewer for the Journal of Health Sciences and Medical Development. (email: sittisyabariyah@unisa-bandung.ac.id).