

MODEL DEVELOPMENT FOR REDUCTION OF INTIMATE PARTNER VIOLENCE
PROBLEM IN THAILAND

Miss Montakarn Chuemchit



จุฬาลงกรณ์มหาวิทยาลัย

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วิทยาลัยวิทยาศาสตร์สาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย

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By	Miss Montakarn Chuemchit
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Thesis Advisor	Usaneyya Perngparn, Ph.D.

Accepted by the Faculty of College of Public Health Sciences,
Chulalongkorn University in Partial Fulfillment of the Requirements for the
Doctoral Degree

.....Dean of the College of Public Health Sciences
(Professor Surasak Taneepanichskul, M.D.)

THESIS COMMITTEE

.....Chairman
(Professor Surasak Taneepanichskul, M.D.)

.....Thesis Advisor
(Usaneyya Perngparn, Ph.D.)

.....Examiner
(Assistant Professor Khemika Yamarat, Ph.D.)

.....Examiner
(Assistant Professor Naowarat Kanchanakhan, Ph.D.)

.....External Examiner
(Associate Professor Sompoch Iamsupasit, Ph.D.)

.....External Examiner
(Professor Emeritus Bencha Yoddumnern-Attig, Ph.D.)

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ความรุนแรงในครอบครัวยังคงเป็นปัญหาที่สำคัญในสังคมไทย การศึกษาค้นคว้านี้มีวัตถุประสงค์เพื่อพัฒนารูปแบบเพื่อลดปัญหาความรุนแรงในครอบครัวและเพื่อวัดประสิทธิภาพของรูปแบบดังกล่าวในการลดปัญหาความรุนแรงในชีวิตคู่ โดยรูปแบบการลดปัญหาความรุนแรงในชีวิตคู่นั้น พัฒนามาจากการเก็บข้อมูลเชิงคุณภาพโดยการสัมภาษณ์เชิงลึกผู้ชายที่เป็นผู้กระทำความรุนแรง 10 คน และผู้หญิงที่เป็นเหยื่อความรุนแรงในชีวิตคู่ 10 คน รวมทั้งการทบทวนวรรณกรรมที่เกี่ยวข้อง ผลการศึกษาได้รูปแบบการลดปัญหาความรุนแรงในครอบครัวที่สามีและภรรยามีส่วนร่วมในการทำกิจกรรม รูปแบบกิจกรรมประกอบไปด้วย 2 ส่วน ส่วนแรกเป็นการเข้าร่วมกิจกรรมแยกกลุ่มชายหญิง และส่วนที่สองเป็นการเข้าร่วมกิจกรรมแบบคู่สามีภรรยา ทั้งนี้เพื่อให้ผู้เข้าร่วมเรียนรู้ถึงสาเหตุความรุนแรง ผลกระทบ การปรับเปลี่ยนพฤติกรรม ตลอดจนการเสริมสร้างความสัมพันธ์ระหว่างคู่ ในส่วนการทดสอบเพื่อวัดประสิทธิภาพของรูปแบบนั้น ใช้วิธีการกึ่งทดลองโดยการสุ่มพื้นที่ทดลองอย่างง่าย 2 กลุ่ม โดยมีผู้คู่สามีภรรยาที่มีปัญหาความรุนแรงในชีวิตคู่สมัครใจเข้าร่วมกลุ่มทดลอง 40 คน และกลุ่มควบคุม 40 คน โดยกลุ่มทดลองจะเข้าร่วมกิจกรรมรวม 8 วัน หลังจากเข้าร่วมกิจกรรมเรียบร้อยแล้ว มีการติดตามผลที่ 1, 3, และ 6 เดือน แบบสอบถามประกอบไปด้วยข้อคำถาม 4 ส่วนคือ ข้อคำถามเกี่ยวกับข้อมูลทั่วไป ข้อคำถามเกี่ยวกับความขัดแย้งในครอบครัว ข้อคำถามเกี่ยวกับพฤติกรรมความรุนแรงของคู่ชีวิต และข้อคำถามเกี่ยวกับการตกเป็นเหยื่อความรุนแรงในชีวิตคู่ ผลการศึกษาพบว่า คู่สามีภรรยาที่เข้ากลุ่มทดลองสามารถลดความรุนแรงในชีวิตคู่ได้ดีกว่ากลุ่มควบคุม อย่างมีนัยสำคัญตลอดระยะเวลาการติดตามที่ $p\text{-value} < .05$ โดยการลดความรุนแรงในชีวิตคู่นั้น ประกอบไปด้วย 1. ข้อขัดแย้งภายในครอบครัวลดลง 2. พฤติกรรมความรุนแรงของคู่ลดลง โดยเฉพาะอย่างยิ่ง พฤติกรรมความรุนแรงทางใจ และ 3. การตกเป็นเหยื่อความรุนแรงในชีวิตคู่ลดลง โดยเฉพาะอย่างยิ่งเหยื่อความรุนแรงทางใจ กล่าวโดยสรุปรูปแบบการลดปัญหาความรุนแรงในครอบครัวนี้สามารถเป็นทางเลือกหนึ่งในการช่วยลดปัญหาความรุนแรงในครอบครัวของสังคมไทย โดยหน่วยงานที่เกี่ยวข้องสามารถนำไปใช้โดยปรับให้เหมาะสมกับลักษณะของกลุ่มประชากรต่อไป

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Intimate Partner Violence (IPV) is a significant problem in Thai society. This study aimed to develop the Reduction of Partner Violence model (RPV model) to reduce IPV among married or cohabiting couples and to examine the effectiveness of the RPV model. The RPV model was developed from qualitative study by in-depth interview the voluntary 20 cases; 10 male perpetrators and 10 female victims and related documentary study. The model addresses change at the victim and perpetrator level consists of 2 parts; the first part is separated by gender-specific group and the second part is couple focus approach in order to encourage participants to analyse causes of violence, examine the negative effects of violence, build an alternative non-violent behavior, and enhance a good relationship between the couples. For testing the model effectiveness; two communities were chosen by simple random sampling; one was the experimental area (n=40) and the second was the comparison area (n=40). The participants were married or cohabiting couples who have been facing intimate partner violence. The participants in the intervention group attended 8 days program activities. After attending the program, the participants were evaluated at 1, 3, and 6 months follow up. The questionnaire consisted of 4 parts; Socio-demographic characteristic, Conflict in the family, Partner's Violent Behavior, and Violent Victimization. The study found that the participants who joined the RPV model reduce intimate partner violence significantly better than those in the control group all through study period (p-value <.05). The reduction of intimate partner violence comprised of 1) Reduce Conflict in the family 2) Reduce Partner's Violent behavior particularly Partner's Psychological Violent Behavior and 3) Violent Victimization especially the Psychological Violent victimization. In conclusion, the RPV model can be considered as an effective alternative for reducing violence between partners, however, the application of the RPV model at another area should consider the context of socio-demographic characteristics and the nature of the populations.

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CHAPTER I

INTRODUCTION

1.1 BACKGROUND AND RATIONALE

Violence against women is remaining happen worldwide. Even if a country believes in human right and freedom philosophy, violence against women still take place. “One in 5 of women in the world have experienced some act of physical violence. Every minute woman has been raped 1.3 persons”(1). Violence against women is a significant public health consequences and also human rights violation. “A wide range of physical, mental, sexual and reproductive, and maternal health problems can result from violence against women” (2).

The United Nation describes violence against women as “any act of gender based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (3). There are many forms or types of violence against women. One of the most ordinary forms is domestic violence or intimate partner violence (IPV).

Intimate partner violence or domestic violence regularly happened in the home. The batterer or perpetrator can be the women’s partner, ex-partner or lover. Intimate partner violence takes many forms: “physical violence by means of punching, kicking, stomping, use of weapons to cause injuries, and killing; sexual violence through rape or forced unwanted sex acts; and psychological violence by tormenting, verbal assault, threats, locking up, use of social and economic means to torment, refusal to provide financial support, or verbal degrading” (4)

Intimate partner violence is progressively seen as a major public health outcome (5). Every year approximately 8.7 million women worldwide are victimized by recent or former intimate partner (6). In 48 population-based surveys worldwide indicated that 10-69% of women disclosed being physically battered and emotional abused by an intimate partner at some point of time in their life (5).

The World Health Organization (WHO) reported that “10-50% of women had experienced violence perpetrated by their partners in their lifetime. Twelve to 25 percent have been raped or forced into sex by their partners. Most importantly, intimate partner violence is one of the ten highest causes of death for women of 15-44 years of age” (7). Many research studies from a variety of countries presented that 40-70% of female victims were murdered by their partner, husband or boyfriend, regularly during a continuing abusive relationship (7).

The Reproductive Health Survey in 2006 indicated that 12 million married Thai women in the whole country aged 15-49 years had ever physically abused or emotional abused (8). The study of Archavanitkul et al showed that “44% of Thai women have experienced some act of violence by husband. Twenty nine percent of Thai women have experienced some act of physical violence. Thirty percent of Thai women have experienced some act of sexual violence” (4).

The statistics from one stop crisis center (OSCC) in 9 hospitals of Bangkok Metropolitan Administration showed “out of 216 women who were sexual abused 39.8 % were aged less than 15 years, 34.3% were aged of 15 to 18 years, and 25.9% were aged over 18 years. One in 5 causes to be abused was domestic problem” (9).

Furthermore, I have collected data from one stop crisis center (OSCC) in 3 hospitals of Bangkok Metropolitan Administration which located in city and out of city; between July to December, 2010. The study indicated that every month there

were 60-90 victims visited to the hospital. In these cases, more than 60 % of batterers were married couples / cohabiting, around 30% were acquaintance/cousins, and the rest were stranger. For forms of violence found that 83% were physical violent behavior, 9.1% were psychological violent behavior, and 5.9% were sexual violent behavior. If focused only married and cohabiting couples, the study indicated that 82.2% were physical violence followed by psychological violence (12.8%) and sexual violence (2.7%). For times to get violence, designated that more than 50% of women were re-victimization. In addition, more than 70% of married or cohabiting women were abused more than 1 time.

Likewise, the report of One Stop Crisis Centre of Ministry of Public Health (MOPH), showed that “In 2009 there were 22,925 cases of violence against child and women – average 63 cases per day or 3 cases per hour. The statistics were increasing in 2010; out of 25,744 cases of violence against child and women, 51% were child aged 10-15 years and 48% were women aged 25-45 years. In these cases, most of them were perpetrated by husband/cohabiting” (10). These findings obviously confirmed intimate partner violence as major women’s health problems and also women’s human right violation.

Violence between intimate partners is related to a variety of negative health consequences for women. “These range from mild to severe injuries including fractures and permanent damage to ears and eyes, chronic pain syndromes including chronic pelvic pain, and sexual and reproductive health problems” (11). Violence between intimate relationship have also been connecting to psychological problems, including distress, phobias, nervousness, post-traumatic stress disorder, suicide attempting, and alcohol or substance abuse as a methods of dealing with the psychological impacts (12). “Besides, being a victim of violence can also increase an individual’s risk of further abuse and of becoming a perpetrator of violence” (13). Moreover, the social cost and economic costs of intimate partner violence are tremendous and have affect all through society. “Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities, and limited to care for themselves and their children” (7).

“Intervention to identify victims of IPV and provide effective care and support will help for protecting health, increase victims’ safety behaviors, reduce further harm, and breaking cycles of violence from one generation to the next” (3). For many years, legislation agencies, courts, also social agencies, and public health agencies have attempted to initiate and develop intervention program to support victims of intimate partner violence and prevent perpetrators from remaining to use violent or abusive behavior in their marriage or relationships (14). The intervention can classified to 3 types; 1. Batterer’s intervention that concentrate on perpetrators behavioral change 2. Victim’s intervention that focus on counseling and advocacy to help the victims in living with or departure from their abusive partners. 3. Couple intervention that focus on couple treatment, however, this treatment collaborate substance abuse approaches for intimate partner violence cases in which one or both partners have an alcohol or substance abused problem.

“However, most of IPV violence intervention/program is currently limited in two aspects: first, most of it comes from the United States and other developed countries and, second, there is insufficient research on the long-term effects of such interventions” (3).

In Thailand, most IPV intervention of Government Organizations (GOs) related to train the government officer to have gender sensitivity issues (Center for Health Policy Studies, 2011). “Because of many victims will not disclose their situation unless they are directly asked. Therefore, health and other professionals require the information, knowledge and skills to ensure that they can recognize victims of violence and respond to their needs” (3). For Non-Government Organizations (NGOs), they offered a shelter and provide counseling and emotional support and also give a consult in legal issue for victim. It seems like considerable resources and efforts have been dedicated to build gender sensitivity in multidisciplinary and to protect women victim.

So it is necessary to have a model intervention which differ from a present intervention/program especially program that use a multi-component approach that addresses change at the victim and perpetrator levels which seek to decrease the risk of known offenders committing further offenses that lead to decrease violence between intimate relationship and to protect health and well-being of the spouses ceasing the cycles of violence from one generation to the next. The study will be advantaged for implications for intervention and prevention efforts and also be set up a policy prevention of intimate partner violence in Thai society.

1.2 OBJECTIVE

The objectives of this study aimed to develop model intervention for reduction of intimate partner violence and to examine the Reduction of Partner Violence model (RPV model) for reducing intimate partner violence in term of conflict reduction, violent behavior reduction, and violent victimization reduction in married or cohabiting couples.

Specific Objectives:

1. To develop model for reduction of intimate partner violence
2. To evaluate the effects of the Reduction of Partner Violence model (RPV model) to reduce intimate partner violence
3. To compare (at baseline, 1-month, 3-month, and 6-month) between participants in the intervention and control group as the following;
 - 3.1 Reduce conflict between partners
 - 3.2 Reduce violent behavior between partners
 - 3.3 Reduce violent victimization between partners

1.3 RESEARCH QUESTIONS

The research questions of this study were as followed;

1. Does the model (RPV model) can reduce violence between intimate partners?
2. Do the participants in the intervention group have better reduction of conflict between partners than the control group?

3. Do the participants in the intervention group have better reduction of violent behavior between partners than the control group?

4. Do the participants in the intervention group have better reduction of violent victimization between partners than the control group?

1.4 HYPOTHESIS

1. The Reduction of Partner Violence model (RPV model) can reduce intimate partner violence.

2. The Reduction of Partner Violence model (RPV model) can help the intervention group to reduce conflict between partners.

3. The Reduction of Partner Violence model (RPV model) can help the intervention group to reduce violent behavior between partners.

4. The Reduction of Partner Violence model (RPV model) can help the intervention group to reduce violent victimization between partners.

1.5 EXPECTED BENEFITS AND APPLICATIONS

1. The study will provide a model for reduction of intimate partner violence which is a new model for using multi-component approach that addresses change at the victim and perpetrator level.

2. The study will enhance skills-building of couples to reduce violence between partners.

3. The interventions will be useful for victims and perpetrators, their family member, and community.

4. The program intervention will be useful for Ministry of Social Development and Human Security and related agencies to review and implement this model to reduce intimate partner violence in other areas.

1.6 TERM OF DEFINITION

Intimate Partner Violence means any kind of psychological, physical, or sexual violence by intimate partner at any time. In this study focused on both male and female as the perpetrators of violence against their intimate partners.

Psychological Violence means “emotional and verbal abuses that destroy a partner’s self-esteem and undermine one’s self-confidence such as tormenting, verbal assault, threats, use of social and economic means to torment, refusal to provide financial support, or verbal degrading” (15) and (5).

Physical Violence means “the actual of any physical force with the intent to injure, control, hurt or make partner afraid of abusive, for example, slapping, punching, shoving, choking, kicking, stomping, use of weapons to cause injuries” (15) and (5).

Sexual Violence means “any coercive or unwanted sexual activity or forced unwanted sex acts” (15) and (5).

Conflict in the Family means conflict’s issue in the family that may lead to intimate partner violence. Conflict in the family in this study consisted of Unreasonable, None communicate, Family expense, Family members, Partner’s drinking, Your drinking, Partner’s affair, and Your affair.

Partner’s Violent behavior means behaviors of husband or wife as the violence perpetrators against towards their intimate partners. Partner’s Violent behavior consisted of 13 behaviors were as followed; 1) Insulted you 2) Belittled or humiliated you 3) Frighten you by looked at you, yelling or, smashing thing 4) Threatened to hurt you or someone you love 5) Slapped you or threw something at you 6) Pushed or shoved you 7) Hit you 8) Kicked you 9) Choked or burnt you 10) Threatened to use weapon 11) Physically forced you to have sex 12) Have sexual intercourse even you did not want, and 13) Forced you to do something sexual that humiliating. In addition, from all these 13 behaviors can classify into 3 violent behaviors; 1) Partner’s Psychological Violent behavior; consisted of Insulted you,

Belittled or humiliated you, Frighten you by looked at you, yelling or, smashing thing, and Threatened to hurt you or someone you love 2) Partner's Physical Violent behavior; consisted of Slapped you or threw something at you, Pushed or shoved you, Hit you, Kicked you, Choked or burnt you, and Threatened to use weapon and 3) Partner's Sexual Violent behavior; consisted of Physically forced you to have sex, Have sexual intercourse even you did not want, and Forced you to do something sexual that humiliating (16).

Violent victimization was a violence measurement tool from The Abusive Behavior Inventory (ABI) for intimate partner violence; refers to person's victimization by their partner. Violent victimization can classify to 3 types; 1) Psychological Violent victimization 2) Physical Violent victimization 3) Sexual Violent victimization (Thompson et al, 2006). The scores of Violent victimization ≤ 10 indicated to low risk of intimate partner violence, the scores of Violent victimization > 10 indicate to high risk of intimate partner violence (17).

Reduction of Intimate Partner Violence means populations who those in study group can reduce any kind of conflict between partners, violent behavior between partners, and violent victimization between partners in term of psychological, physical, and/or sexual violence.

CHAPTER II

LITERATURE REVIEWS

In order to understand circumstances of intimate partner violence and health consequences and to develop model intervention for reduction of intimate partner violence problem, 4 related issues are reviewed.

1. Violence against women and intimate partner violence
 - Definition and forms
 - Factors related intimate partner violence
 - Health consequences of intimate partner violence
2. Theories related intimate partner violence
 - Social learning theory
 - Feminist theory
 - Structuration Theory
3. Program intervention and Act for intimate partner violence
 - Victim's intervention
 - Batterer's intervention
 - Couple-focused intervention
 - Act for intimate partner violence in Thailand
4. Related literature review

2.1 VIOLENCE AGAINST WOMEN AND INTIMATE PARTNER VIOLENCE

Definition and forms

“Violence against women is a manifestation of the historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention’s of women full of advancement. Violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men. In many cases, violence against women and girls occurs in the family or within the home, violence is often tolerated. The neglect, physical and sexual abuse, and rape of girl children and women by family members and other members of the household, as well as incidences of spousal and non-spousal abuse, often go unreported and are thus difficult to detect.” (18).

“Violence against women is a danger facing women in every corner of the world. One in 5 of women in the world have experienced some act of physical violence. Every minute woman has been raped 1.3 persons” (1).

Violence against women can be classified into many types. In 1993 the United Nations General Assembly adopted the Declaration on the elimination of Violence against women. The Declaration was the result of a continuous campaign on violence against women by women’s organization. National governments and the global community have come to recognize the need to create and use economic, social, cultural, legislative and political measures to eliminate violence against women. The Platform for Action derived from the United Nations Fourth World Conference on Women at Beijing in 1995 provides as a clear definition and broad scope of violence against women by including the threat of violence and violence that takes place in either the public or the private spheres. The definitions were as followed; (18).

(1) All forms of physical, sexual, and psychological violence against women that take place in the home, dowry-related violence, and all forms of violence stemming from the exploitation of women (18).

(2) All forms of physical, sexual, and psychological violence against women that occur in the public or in a community including sexual harassment, misuse of power at work, school, and at other locations, rape and trafficking (18).

(3) All forms of physical, sexual, and psychological violence against women by state organizations or caused by state's ignore of violence against women taking place in the home, in the community, or in the public places (18).

The root causes of violence against women can be classified into 4 levels (4).

(1) Structural: the basis cause of violence against women in structural is “patriarchy as the structure of society”

(2) Institutional: risk factors of violence against women in social institutions, for instance, spreading of violent media. These entire factors combined can possibly increase women's vulnerabilities to violence.

(3) Interpersonal: contributing factor of violence against women at the interpersonal level comprise of family communications and relations, resource and conflict management. Women are at higher risk of violence when married couples do not have shared responsibilities.

(4) Individuals: the reasons of violence against women in this level for example the history of aggression, alcohol or drug abuse, or lack of emotional control.

“One of the most common forms of violence against women is that performed by a husband or intimate male partner” (5). Men are also more likely to be the perpetrators of violence. Women are more likely to be the victim especially physically abused or emotional abused by acquaintance, often an intimate partner or a family member. “There are various terms used to describe violence between partners. Some studies use the term “intimate partner violence” while other use “domestic violence”, “partner abuse”, “spouse abuse” or “battering” are often used interchangeably and refer to violence that happens between partners in an ongoing relationship including married and cohabiting” (19).

For definition of intimate partner violence found that some studies define intimate partner violence in terms of physical violence while other studies include acts of physical violence and sexual violence. Other studies intimate partner violence as physical, sexual, and psychological violence (20). “However, from a health perspective, there are three major types of intimate partner violence: physical, sexual, and psychological violence” (21). Detail as follows (4);

(1) **Physical violence** is “the actual, attempted or threatened, use of any physical force with the intent to injure, control, hurt or make the women afraid of abusive male partner” (15). For example, slapping, punching, shoving, choking, kicking, stomping, use of weapons to cause injuries, and killing.

(2) **Sexual violence** is “any coercive or unwanted sexual activity (Healey, 1998) through rape or forced unwanted sex acts” (4).

(3) **Psychological violence** includes “emotional and verbal abuse. Emotional and verbal abuse consisted of behaviors intended to destroy a woman’s self-esteem and undermine her self-confidence” (15). For example, tormenting, verbal assault, threats, locking up, use of social and economic means to torment, refusal to provide financial support, or verbal degrading (4) and “various controlling behaviors such as isolating a person from family and friends or restricting access to information and assistance” (5).

In addition, the severity of physical violent behavior was ranked as 1) mild-to-moderate violence and 2) severe violence. For mild-to-moderate violence were pushing, shoving, grabbing or slapping and for severe violence were choking, kicking, or using weapon (16)

Below are some characteristics of each type of violence

Mild-to-Moderate	Severe
Pushing	Choking
Shoving	Closed-fist hitting
Grabbing	Kicking
Slapping	Use of a weapon

While both men and women can be victims, it is far more common for women to tolerate and suffer some form of intimate partner violence (20). Evidence manifests that women suffer disproportionately from assault by their male partners. “In fact, women are three times more likely than men to experience an episode of physical violence by their partners” (22).

Approximately 50 population based surveys from 36 countries around the world show that from “10 to over 50% of women are physically assaulted by intimate partners during their lifetimes, between 10% and 30% reported they had experienced sexual violence by an intimate partners, and between 10% and 27% of women reported having been sexually abused either as children or adults” (23) and (13).

In the United States, estimate one in every five partners faced at least one episode of violence during a one-year period (24). In Australia, found that one in twelve married women had experienced some violence from their current partners (20). Additionally, from WHO multi-country study on women’s health and intimate partner violence which operated in 10 countries found that “the most common act of violence experienced by women was being slapped by their partner. Far from being an isolated event, most acts of physical violence by an intimate partner reflect a pattern of continuing abuse. The vast majority of women who had ever been physically abused by partners experienced acts of violence more than once, and sometime frequently. In each site, over half of women who had experienced a violent act in the past 12 months had experienced that act more than once” (16).

Whereas sexual violence, the WHO multi-country study (WHO, 2005) showed that 6% of women in Japan and 59% in Ethiopia revealed sexual assault by partner. Approximately one third of Ethiopia women disclosed being physically abused by a partner to have sexual intercourse within the past 1 year. In most settings, half of sexual abused was a result of physical forced rather than fear. For Thailand found that “28% of women in the city and 32% of women in the province have

experienced both physical and sexual violence, whereas, 44% of women in the city and 29% of women in the province have experienced sexual violence only. While 20% to 75% of women had experienced of psychological violence by their partner for example being insulted, being humiliated, being threatened with harm, found that between 20% and 75% of women had experienced one or more of these acts” (16).

In Thailand, from the study of intimate partner violence and women’s health found that 41% of participants in Bangkok and 47% in Nakhon Sawan province had experienced physical and/or sexual violence (4). Consistent with Chuemchit and Perngarn study (25) that collected data from one stop crisis center (OSCC) in 3 hospitals of Bangkok Metropolitan Administration, the study revealed that women more than 80% were physically abused by their partners and more than 70% of women who came to the hospital were re-victimization.

Furthermore, it is interesting to note that 78.5% of leading factor to violence in Thai married couples were arguing, and 42.6 % were drinking while violence incident occurred (25). (see the table below).

Arguing	Relationship							
	Married/Cohabitin g		Acquaintance/Cousins		Stranger		Total	
	N	%	n	%	n	%	n	%
Yes	234	78.5	96	70.1	10	27.8	340	72.2
No	64	21.5	41	29.9	26	72.2	131	27.8
Total	298	100.0	137	100.0	36	100.0	471	100.0

Drinking	Relationship							
	Married/Cohabitin g		Acquaintance/Cousins		Stranger		Total	
	N	%	n	%	n	%	n	%
Yes	127	42.6	28	20.4	5	13.9	160	34.0
No	171	57.4	109	79.6	31	86.1	311	66.0
Total	298	100.0	137	100.0	36	100.0	471	100.0

There are many studies show that alcohol is related to violence against women. In 2000, the research entitle “The role of alcohol in Male partners’ assaults on wives” show that heavy drinking on the part of male marital partners doubled the risk of violence against wives (26). As same as the result in Thailand, the research entitled “Effect of alcohol as co-factor of domestic violence” found that 70-80% of all the male subjects drink alcohol and have an experience as a perpetrator (27).

Factors related intimate partner violence

There are many factors related to intimate partner violence, for example, socio-demographic factors, history of previous abuse, lack of peer and family support, multiple ill-health risk factors, characteristics of male partner, and gender power relation (20).

Socio-demographic

Socio-demographic factors are commonly associated with intimate partner violence. Women who were unmarried, had low education levels, low income, and unemployed were more likely to report severe physical violence than those who were not (20). From the WHO multi-country study (16) indicated that

“Age, partnership status, and education interrelate to raise a woman’s risk of partner violence. In all setting included Thailand, found that younger women aged 15 to 19 years were at higher risk of “current” (within the past 12 months) physical or sexual abused by their partners. These results may reproduce that younger men tend to be more violent than older men, and that intimate partner violence tends to start rapid in many relationships. For partnership status found that women who had been separated or divorced stated much more partner violence during their lifetime than recently married women, in addition, there was more violence in the past 12 months among women who were separated or divorces in almost settings, implying in some cases that violence may persist even after separation. There was also more partner violence among women who were cohabiting rather than married. For education found that higher education was associated with less violence in many settings. It may be that women with higher education have a greater range of choice in partners and more ability to choose to marry or not, and

are able to negotiate greater autonomy and control of resources within the marriage” (16).

History of previous abuse

History of previous abuse is also associated with intimate partner violence. There were many studies found that a history of past abuse was a strong risk factor for subsequent abuse, for instance, the study of Amornrat Sricamsuk (2006) found a significant association between abuse before and during pregnancy. Women were abused before pregnancy was also more likely to be abused during pregnancy and postpartum (20). Consistent with the statistics from one stop crisis center (OSCC) in 3 hospitals of Bangkok Metropolitan Administration indicated that more than 70% of married or cohabiting women get violence more than 1 time or could say that these women were re-victimization.

Lacking of peer and family support

Be devoid of family or peer support was another factor related to intimate partner violence. Physical misuse was associated with tension or pressure and lack of perceived support or people could talk or get together with. Besides, multiple health risk factors are also associated with intimate partner violence. “Victims of violence were significantly more likely than non-victims to use alcohol and drugs. Women who had been physically abused during pregnancy were significantly more likely than non-abused women to use alcohol, illicit drugs and cigarettes regularly” (20).

Male partner characteristics

Some characteristics of male partner have also been indicating as risk factors of violence between intimate relationships. Many studies found that women at greatest risk for injury from intimate partner violence included those with male partners who were unemployed and alcohol or drugs misused. In 2000, the research entitles “The role of alcohol in Male partners’ assaults on wives” showed that heavy drinking contributes to double the risk of violence between intimate relationships (26). As same as the result in Thailand, the research entitled “Effect of alcohol as co-factor of domestic violence” found that 70-80% of all the male subjects drink

alcohol and have an experience as a perpetrator (27). In addition, some studies presented a large proportion of intimate partner violence involve alcohol consumption. Kaufman Kantor and Straus (1990) found that over 20% of males were drinking prior to current and severe act of violence to their partner, while females indicated that 10% were drinking prior to the last and severe act of violence (28). Raul Caetano, et al. (2001) found that alcohol plays an important part in intimate partner violence; 30 to 40 % of the men and 27 to 34 % of the women who perpetrated violence against their partners were drinking at the time of the event (29). Consistent with the statistics from One Stop Crisis Centre (OSCC) in 3 hospitals of Bangkok Metropolitan Administration showed that 42.6 % of male partners were drinking while violence incident occurred. There are many causes of intimate partner violence but alcohol is considered that have a direct effect on violence, while others maintain indirect effect. Because of Heavy drinking may contribute directly to an increased risk of violence because of the disinhibiting effect it has on cognitive and perceptions (30).

Gender power relation

Nonetheless, gender power relation factor have been found to be consistently associated with the physical abuse of intimate partner. “At the societal level, include poverty and social norms that reflect male dominance. At the individual level, it has been demonstrated that those who physically assault their partners are more likely to have been raised in families with patriarchal values and subscribe to patriarchal values” (31).

Health consequences of intimate partner violence

Violence by an intimate partner has been related to many instant and long-term health consequences (5). It can impact significantly on health include physical, psychological, and sexual health (20). Partner violence also associated with reproductive health and can lead to gynecological disorders, unwanted pregnancy, premature labor and birth, as well as sexually transmitted infections and HIV/AIDS (5). These negative effects can be long lasting (32).

Physical health

For physical health affect, women who have been assaulted often experience a variety of somatic complaints for instance, chronic headaches, muscle aches, abdominal pain, gastrointestinal disorders and gynecological problems (33) and (5). From the WHO multi-country study on women's health and domestic violence against women indicated that injuries were associated with severe physical violence. "In Thailand, over 20% of ever-injured women reported that they had been injured especially to the eyes and ears more than one times. Moreover, women who had ever experienced physical or sexual partner violence, or both, were significantly more likely to report poor or very poor health than women who had never experienced partner violence. Ever-abused women were also more likely to have had problems with walking and carrying out daily activities, pain, memory loss, dizziness, and vaginal discharge in the past 4 weeks" (16).

The health consequences of sexual violence found that victim may suffer a range of physical injuries. Mostly, physical injury of the victims are mild to moderate degree (34) and (35); "mild degree means traumatic wounds and body parts injured are expected to heal well within 7 days, while moderate degree means traumatic wounds and body parts injured are expected to heal well between 8 and 20 days, whereas severe degree means traumatic wounds and body parts injured are expected to heal well over 20 days" (36). However, the health consequences of sexual violence are varied, including physical and psychological effects, both in the short term and in the long term. Most sexual violence victims can have devastating long term psychological effects, influencing and rapically altering a person's entire life (37).

Psychological health

For mental health found that, women who have tolerance and suffered by intimate partner violence were tend to have psychological health problems, depression, and suicide attempting (13). "Abused women experience a high incidence of stress and stress-related illness such as post-traumatic stress disorders, panic attacks, depression, suicide attempts, sleeping and eating disturbances, low

self-esteem, and alcohol and drug abuse” (20). In the WHO multi-country study mental health problems were indicated through signs such as incapability to enjoy life, crying easily, included thoughts of suicide in one month previous to the interview. In all settings, women victim who had ever perpetrated physical abused or sexual abused, or both, by a partner revealed significantly higher levels of mental health and distress than non-abused women. Additionally, in all settings, women victim who had ever been assaulted by intimate partners were more likely to have suicide thinking or suicide attempting than non-abused women (16).

As review above, health perspective was defined violence between intimate relationship to 3 types; psychological, physical, and sexual violence, As Gordon said “there are three major types of intimate partner violence: psychological, physical, and sexual violence” (21). So in this study will focus on these forms of intimate partner violence: psychological violence, physical violence, and sexual violence and focus on both male and female as the perpetrators of violence against their partners.

In addition for further understanding circumstances and deep-rooted causes of intimate partner violence, theories related intimate partner violence were need to be reviewed

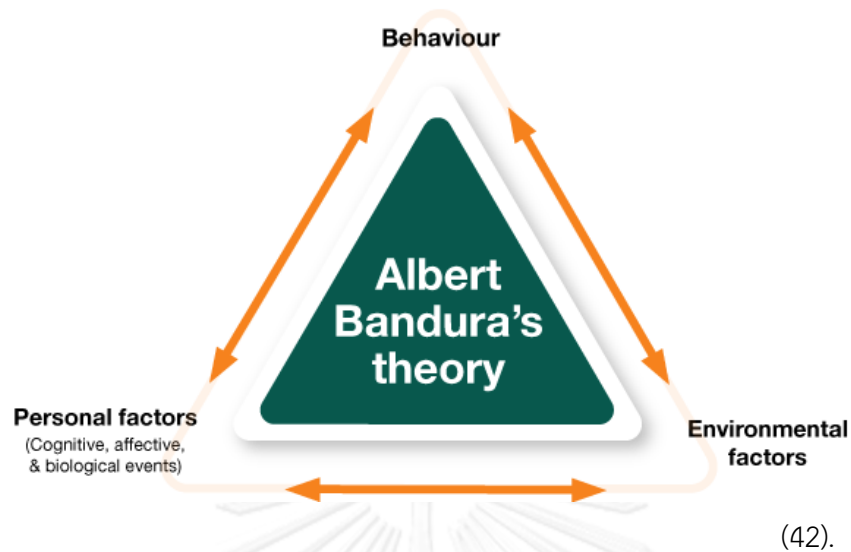
2.2 THEORIES RELATED INTIMATE PARTNER VIOLENCE

Intimate partner violence is a prevalent circumstance worldwide with overwhelming consequences to individual, families, communities and societies. The roots of violence by intimate partner still incompletely clear and are often discussed (26). A variety of theories has been proposed to describe a violence especially intimate partner violence can be understood as operating at varied explanation (McGuire, 2000). There are two theories/ conceptual frameworks have heavily influenced intimate partner etiology research are; 1. Psychological and 2. Feminism (20).

At first, psychological framework of intimate partner violence focused on psychological and psychiatric factors by assumed that perpetrator and/or partner had certain abnormal characteristics that made them prone to intimate partner violence, such as, men might have individual problems with loss of control and excessive drive for aggressive behaviors and women might be a masochism. At present, psychological frameworks of intimate partner violence concentrated on characteristics of individual abuses, especially, in the social learning theory (20). In the social learning theory, violence in the home is stem from a learnt behavior by observing violent behaviors from role models and/or exposure to violence (38), or the idea that aggressive behavior may be transferred from one generation to the next (26); children who see or experience abused are more likely to grow up to a perpetrator or turn to violence victim than non-exposed children (39) or provided understandings how individual one's behavior is developed and continued or maintained (40).

Social Learning Theory

Social Learning Theory is “the theory that person learn new behavior through observational learning of social factors in their environment. If people observe positive, desired outcomes in the observed behavior, then they are more likely to model, imitate, and adopt the behavior themselves”. Social Learning Theory or SLT is “based on the concept of reciprocal determinism, which is the dynamic interplay among personal factors (knowledge, skills, experience, culture, etc.), the environmental, and behavior” (41).



In the research of violence, crime, and criminality, social learning theory is usually applied based on the conceptualized by Ronald L. Akers. The summarized of this concept was “The probability that persons will engage in violence, criminal and deviant behavior is increases and the probability of their confirming to the norm is decreases when they differentially associate with others who commit criminal behavior and espouse definitions favorable to it, are relatively more exposed in person or symbolically to salient violent/deviant models, define it as desirable or justified in a situation discriminative for the behavior, and have received in the past and anticipate in the current or future situation relatively greater reward than punishment for the behavior” (43).

Akers' Social learning theory (SLT) (43) is comprised of four key fundamentals

1. Imitation 2. Definitions 3. Differential associations and 4. Differential reinforcement

1. Imitation refers to the extent to which one emulates the behavior of role models. These role models are significant others whom one admires, whom one has a perceived personal relationship, and whom one has directly behaving. In this theory, predicts a greater probability of intimate partner victimization for those individuals who have personally observed admired others engaging in acts of violence against their partners or tolerating their or other's victimization (44).

2. Definition refers to the individuals' attitudes and values regarding to the morality of the law include law in general and the deviant/criminal behaviors perception. These attitudes may acceptable, unacceptable, or be morally neutral toward irregular behavior. The more strongly individuals authorize values and norms opposite deviant behavior; the less likely they are to involve to it. Consequently, domestic violence victimization is most likely to happen to individual who accept it, tolerate it, and/or weakly against it (44).

3. Differential association refers to the effect of the attitudes and behaviors of significant others. Exposure to the definitions (attitudes) and behaviors of others with has an influential effect on one's own attitudes and behaviors. "In terms of intimate partner victimization, this theory predicts that the probability of repetitive physical aggression by one's partner is greater among those whose close associates (family, friends, and significant others) endorse and/or engage in such conduct themselves" (44).

4. Differential reinforcement refers to costs and rewards anticipation related to a given behavior. The behavior that is expected greater rewards than costs is more likely to be repeated. Repetitive intimate partner victimization is happen to those who view approving or tolerating such violent or aggressive behavior as more rewarding than costly. The rewards of tolerating and accepting their partner's abused may include keeping the relationship, avoiding social criticism, home to live, and financial support for one's self and children (44).

In summary, social learning theory predicts that the prevalence and frequency of repetitive or repetitive victimization is greater among those who (1) have witnessed others they admire using aggression against a partner or tolerating their partner's use aggression against them; (2) hold definitions that approve, tolerate, only weakly disapprove, or are situationally neutralized with regard to the use of partner violence; (3) associate with significant others who hold definitions consistent with the use of partner violence and/or engage in partner violence themselves; and (4) anticipate a greater balance of social and non-social rewards than costs from tolerating partner violence (44).

This study will be applied the Social Learning Theory (SLT) to explain one violent behavior and to clarify why person has engaged in violence or even to understand when one behavior can change to non-violent. However, description about why intimate partner violence occurred with psychological perspective only may not insufficient because there are some evidences to identify that many batterers do not have violent experiences nor do not engage with violent abusers. Additional, the psychological perspective does not offer the answers as to why men with “psychiatric problem” assault their wives and not others for example employees or cousins (45). As a result, the psychological description is inadequate; because it is not mention the power and gender aspect. So for undoubtedly understand about intimate partner violence, still need the explanations about gender and power inequality in couple relationship.

Feminist Theory

Feminist theorists have defined three types of violence against women: physical violence which is direct and visible to the eyes and audible to the ears such as beating, hair pulling, verbal threat and assault, object throwing, and murder; structural violence encompassing economic, social and political features which render women as men’s subordinates; and cultural violence which forms the principles guiding all dominant social and political institutions such as the family, religion, education, and traditions – all of which influence women to accept their subordination without question. These types are rooted in gender power relations and shaped by inequality between the sexes. In other words, violence against women is a gender-based violence because women, as women, are subjected to the violence (4).

The feminist perspective viewed intimate partner violence as a form of social control that emerges directly from the patriarchal structure and the ideology of the family (46) and (38) or the idea that male dominance in society affects interpersonal relationships (26). Feminist theories emphasized gender and power inequality in couple relationship (47). and explain intimate partner violence as an outcome of gender power imbalances (48).

Dobash and Dobash (1979) explained violence against women in terms of coercive control, which focused on the power and control that males exert over females or the subordinate position of women in society. This power and control occurs at both societal level and in the context of home and family. At the societal level, this can be seen as males occupying positions of power and control in government, religious organizations and society in general. At the home and family level, these factors can contribute to violence between husbands and wives (46).

Jasinski (2001) explained a feminist perspective on intimate partner violence also focused on the relationship between cultural ideology of male dominance and structural forces that limit women's access to resources. Thus, violence against women becomes a method used by men to maintain social control and power over women (38).

Healey (1998) describes intimate partner violence as a situation where one partner in a relationship uses violent and abusive behaviors in order to control and dominate the other partner. Men generally use abusive behavior to dominate their partners, especially through the use of physical and sexual violence. The uses of these abusive behaviors result from traditional beliefs of male superiority and privilege whereby men believe that they have a right to impose their will and expect servitude from their female partner (15).

For Thai society intimate partner violence is viewed as a private issue or is not viewed seriously (20). Police and members of public organizations often consider intimate partner violence as a private matter (9). Another possible contributing factor that leads to continued violence against women in Thailand is that most of people

in Thai society still place a good deal of blame on women for not acting “appropriately” or not being “careful”. These attitudes lead to a situation where women are reluctant to disclose abuse or to take action to protect their rights. Moreover, the general view of women as sexual objects and a lack of respect for women’s bodies are other important factors linked to violence against women in Thailand (20).

In Thailand, intimate partner violence is also linked to gender roles and inequality of gender status. The notion that the husband is the household head is a common belief in society (20). The position of “head” of the family entitles the incumbent to determine what this will mean for other family members and establishes a general notion of patriarchal authority. As wives, women are expected to do their husbands’ bidding and accept whatever treatment is meted out (49). In summary, intimate partner violence often occurs between individuals behind closed doors and relates to issues of power and control, gender, and patriarchy (20).

Violence against women, specifically intimate partner violence, is central to women’s condition and oppression and as such the application of feminist principles to the proposed study was deemed to be appropriate, and could be used as a framework to make sense of the finding (20). The current study applied feminist principles to emphasize a reciprocal relationship and encourage participating women to be involved in the study. Feminist principles require researchers to ensure trust and openness between the researcher and participating women by establishing relationship during the study process. Besides, researchers are required to continuously be reflexive in order to discard any distorted views and avoid making male-dominated underlying assumptions through the researcher’s own efforts to examine her own views, values, characteristics and assumptions (50).

The present study will be brought feminist perspective to develop the model intervention in order to reduce violence between intimate relationships by set this theory to fundamental concept of the program activities through encourage the couples both husband and wife analyze and practice thinking why and how they and

their partner use violence in the relationship and what worse of violent outcome were.

In addition for better understanding about violence against women and intimate partner violence, there is another theory which point out how violent behavior occur and/or re-occur and how society and persons affect to each other.

Structuration Theory

Structuration theory is a theory about persons and society proposed by Anthony Giddens. Structuration theory discovers the question of whether it is individuals or social produces that shape our social reality. Giddens describes that the connection between structure and action is a key element of social theory; structure and agency are a duality that cannot be apart from one another (51).

“Structuration theory aims to balance between agency and structure; is referred to as the *duality of structure*: social structures make social action possible, and at the same time that social action creates those very structures” (52)

Giddens defines “Structures” as comprising of rules (routines, norms) and resources (material, authoritative) relating human act or behavior: the rules restrain the actions, the resources make it possible. “Agency” is human *action*. Giddens states to be human is to be an *agent*; Agents' knowledge toward society informs their act or behavior, which reproduces social structures, which continue and maintain the dynamics of action.

At a fundamental level, this implies that people make society, but constrained by it at the same time. Action and structure cannot be analyzed apart from each other, “as structures are created, maintained and changed through actions, while actions are given meaningful form only through the background of the structure: the line of causality runs in both directions making it impossible to determine what is changing what. Structure influences human behavior, and humans are capable of changing the social structures they inhabit” (53).

Giddens proposes that structures are usually quite constant, but can be changed. Structures such as “traditions, institutions, moral codes, and other sets of expectations - established ways of doing things can be changed, especially through the unintended consequences of action, when people start to ignore them, replace them, or reproduce them differently” (53). “Thus, actors (agents) employ the social rules appropriate to their culture, ones that they have learned through socialization and experience. These rules together with the resources at their disposal are used in social interactions. Rules and resources employed in this manner are not deterministic, but are applied reflexively by knowledgeable actors, albeit that actors’ awareness may be limited to the specifics of their activities at any given time. Thus, the outcome of action is not totally predictable” (52).

As Giddens theory, also proposes and suggests for the violence study as it grows and happens in every single day life since the repetition of the behavior/acts of individual agents reproduce the structure “As agents, everyone has *some* power-- and thus some freedom but inequalities and differences in power” (54). Violence between intimate relationship as a situation where individual uses aggressive or abuse behaviors in order to superior and command to their partner. “Men using power over women reproduce the structure of patriarchy; Patriarchy, meaning literally “rule of the father”; Patriarchy as a concept is defined as male dominance over women” (54).

Men generally use aggressive or violent behavior to control their couples, specifically through the use of physical and sexual abused. The uses of these aggressive behaviors stem from custom practice or traditional beliefs of male privilege and superiority whereas men also consider that they have a right to force their will and expect inferiority from their female partner (15). Patriarchy is a social system in order to continue and keep women in subordinate positions and also makes women’s subordination seem as usual, and is sustained and approved.

There are many intimate partner violence intervention programs that defined themselves as “feminist” programs; these programs involving gender and power differences in society as a contributing or core cause of violence between intimate relationship as a comment of a provider “Underlying intimate partner violence is the need for men who use the violence to have control and power over their intimate partner. This is entrenched in a patriarchal value system” (26).

On the other hand, there are some programs intervention of intimate partner violence identified that they consider intimate partner violence is stem from psychopathology on the part of the perpetrator or the victim. These programs use psychological perspectives and techniques to counsel the perpetrators and victims. In general, individual who rely on psychopathological explanations for violence between intimate relationships be likely to believe that intimate partner violence is initiated by child abuse or perceiving of domestic violence. Rather, the roots of intimate partner violence and the accountability for elimination of intimate partner violence depend on both partners (26).

This current study will be used the structuration theory to analyze and explain violent behavior in term of point out how intimate partner violence occur and/or re-occur and how society (structures) and persons (agencies) affect to each other.

Additionally, to develop the model reduction of intimate partner violence, concentrate on individual psychopathology, or emphasize only on socio-cultural perspectives of aggressive violence may not enough. It should review and consider other related program intervention also.

2.3 PROGRAM INTERVENTION AND ACT FOR INTIMATE PARTNER VIOLENCE

For several decades, many agencies including social, law institute, and health providers have attempted to develop intervention to assist victims of intimate partner violence and prevent batterers from continuing to use violence in their relationships (14). The intervention/program can be classified to; 1. Victim's Intervention 2. Batterer's Intervention 3. Couple-focused intervention.

Victim's Intervention

Treatments for victims of IPV typically focus on advocacy and counseling to assist the victims in leaving their abusive partners (55). From WHO guidelines, Care and support programs for victims of interpersonal violence included (3);

Advocacy programs: provides services for instance counseling, safety planning, and referral to other agencies which can increase victim's safety behaviors and some short-term violence reduction.

Women's shelters: afford temporary lodging for women and children who have left an violence relationship, provide counseling and emotional support, and legal assistance as well.

Helplines: helplines have been set up for violence victims call for advice and support and also referral to suitable services.

Group Support / Psychosocial intervention: After exposure to a traumatic event, such as an act of violence, a proportion of people will suffer mental health problems such as anxiety, post-traumatic stress disorder and depression (56). Psychological treatments are often used to address these symptoms. There are a number of different methods, but all techniques treat emotional and behavioral problems through conversation with a therapist. Psychological interventions may be carried out individually or in groups (3).

Special courtroom measures: By using screens in the courtroom between witness and perpetrator with the purpose of the witness cannot see, or be seen by, the perpetrator or using a live video link from a separate room (3).

Protection orders: Protection orders are used for forbidding the violent perpetrators away further from the victims (3).

Batterer's Intervention

On the side from mandatory arrest, the standard intervention of batterer is an educational and group treatment that concentrated on feminist psycho-education about power and control often referred to as *the Duluth model* (47).

Evaluation research shows that intervention for batterer programs are at least moderately effective at preventing further assault by abusers. Many evaluation studies in the US and the UK have reported that around fifty percent to ninety percent of individual who complete the programs continue non-violent behavior for follow-up periods between six months to thirty-six months (19).

The **Duluth Model** or **Domestic Abuse Intervention Project** (DAIP) is a program initiated to decrease violence between intimate relationships. The Duluth Model is a feminist description of violence against women that is broadly used by intimate partner violence programs (57). The Duluth model was initiated by Minnesota Program Development, Inc., a [nonprofit](#) organization in [Duluth, Minnesota](#) in 1981. The Duluth program has become a role model for a domestic violence programs. In some states, the Duluth model is the mandated treatment (18). According to this Model, "women and children are vulnerable to violence because of their unequal social, economic, and political status in society" (58).

"Important in the conceptualization of the Duluth model is the theoretical and political influences from both feminist and sociological analyses of domestic violence. The approach is underpinned by some explicit values and principles in positioning domestic violence as an outcome of gender power imbalances" (48).

In 1984, the Domestic Abuse Intervention Project (DAIP) by the staffs has initiated developing curriculum for men groups who abuse and victims of intimate partner violence by operated the focus groups discussions of 200 women who had been assaulted by their partners. They listened to heart-wrenching stories of fear, horror, victimization, and survival (58). "These women were asked, "What do you

want taught in court ordered groups for men who batter?” Their answers spoke to the need to bring the complex reality of battering out into the open. That is, the lived experience of what actually goes on in a battering relationship needed to be recognized and exposed. As the designers probed, women began to talk about the tactics their partners use to control them” (57).

After listening to violence stories, the staffs recorded the most common aggressive behaviors or *tactics* that men were used toward to their partners, such as used children, financial support, insulted and humiliated, blamed of women’s mothering, undermining self-esteem, treat and expressing male privilege (Pope, 1999). “The tactics chosen for the wheel were those that were most universally experienced by battered women” (58).

Furthermore, from focus groups discussions explored that battering is one form of intimate partner violence. It is considered by the pattern of behaviors that an individual uses to purposefully control or dominate to intimate partner. That is why the words “power and control” are in the center of the wheel. “A batterer systematically uses threats, intimidation, and coercion to instill fear in his partner. These behaviors are the spokes of the wheel. Physical and sexual violence holds it all together—this violence is the rim of the wheel” (58).

Many men perpetrator believe that women should be subservient to men and there are still many men share a variance of these sexist beliefs—“*The man is the head of the household* or *You can’t have two captains of one ship*. However, there are other men who batter that don’t believe that their wives or girlfriends should be subservient because of their gender, but they still batter. These men use violence to control their partners because they can and violence works. Violence ends arguments. Violence is punishment—it sends a powerful message of disapproval” (58).

According to this model, the core cause of intimate partner violence is patriarchal ideology and societal authorizing of men's power and control over women. "The fundamental tool of the Duluth model is the ***Power and Control Wheel***, which illustrative how men use coercion male privilege, isolation, psychological assault, economic abuse, and violent behaviors to control over women. The model is implemented in a variety of protocols, lasting 8-36 weeks, and is the unchallenged treatment of a choice in most communities" (14).





DOMESTIC ABUSE INTERVENTION PROJECT

202 East Superior Street
 Duluth, Minnesota 55802
 218-722-2781
www.duluth-model.org

Figure 1 The Power and Control Wheel

The *Power and Control Wheel* is a teaching instrument for men's education curriculum which describes of intimate partner violence and explains abused behaviors. From the intimate partner violence aspect, a clarification of violent behavior must include psychological, physical, and sexual abuse. The wheel demonstrates eight tactics, or groupings of behaviors, indicated by women victim in Duluth as ongoing components of their violent experience (57);

1. Coercion and Threats; "Making threats and using coercion is saying or doing something to make your partner afraid that something bad will happen to her if she doesn't do what you want" (Pence and Paymar, 1990 and Pence and Paymar, 1993). "This tactic involves a stating one's intention to do something that will cause emotional or financial damage or will humiliate or psychologically damage the victim" (57).

2. Intimidation; Intimidation is "the use of actions, words, and looks that are meant to frighten, scare and/or bully a person" (59) and (47).

3. Emotional Abuse; "Actions, statements, or gestures that are attacks on a woman's self-esteem and sense of self-worth. Acts intended to humiliate partner" (57). "Emotional abuse serves as broad generic categories for a variety of non-physical behaviors. While often co-existing with other forms of abusive behaviors, emotional abuse can exist independently of physical violence and may continue to serve as an effort to control her after the physical violence or relationship ends" (57).

4. Isolation; Isolation "is not a behavior, but the result of many kinds of abusive behaviors. Isolating your partner involves any attempt to control who she sees, what she does, what she wants for herself, what she thinks or what she feels" (59) and (47).

5. Using Children; Any attempt to control the intimate partner through the children (60).

6. Male Privilege; Male privilege “is a belief system that contends that men are entitled to certain privileges simply because they are men. As a tactic of control, male privilege is a refusing to recognize partner as an equal and as an adult. Assuming certain privileges because of being male” (60).

7. Economic Abuse; “Using economics as a form of control is making your partner dependent on you for money or resources” (60).

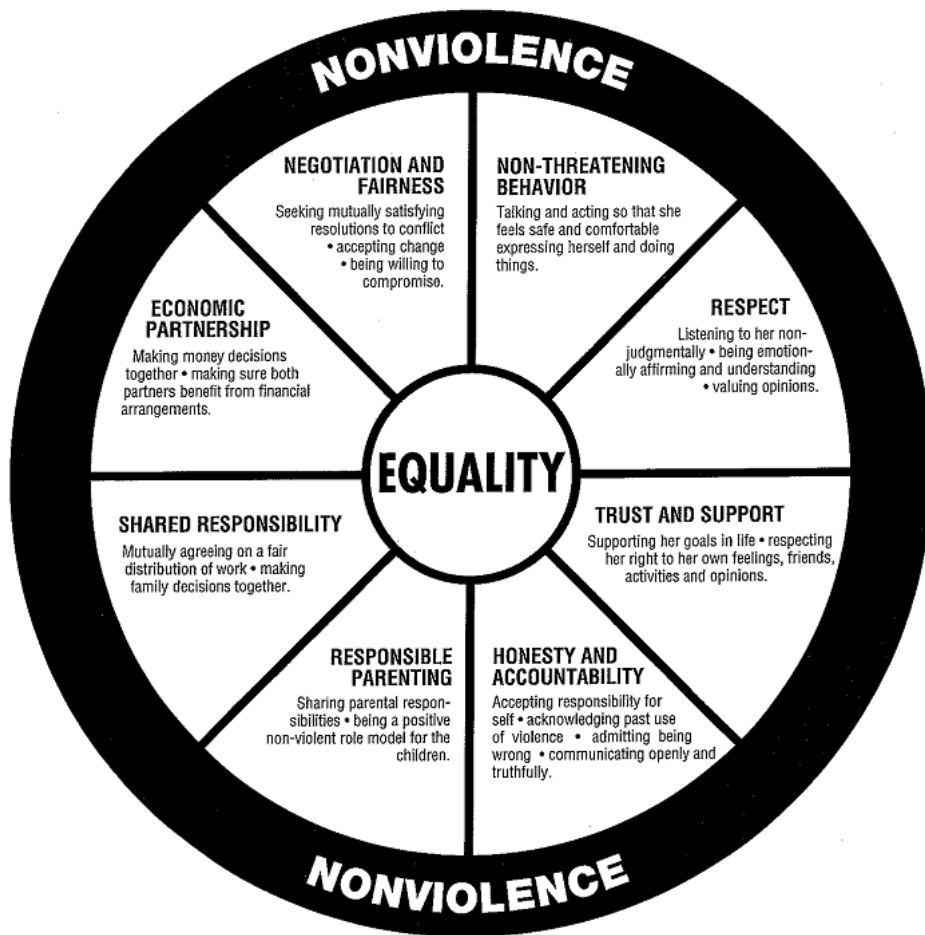
8. Minimizing, Denying and Blaming; Minimizing: Making light of an assault or abusive behavior. Denial: Stating or indicating that what happened didn’t happen. Blame: Shifting responsibility for an abusive behavior onto something or someone else (59).

“Acts of physical and sexual violence as the rim of the wheel provide support and give strength to this broad range of tactics. Battering behaviors happen because of a belief system that men learn in this culture” (60). Basically the perpetrator bases his behaviors on two beliefs: first, that he has the right to dominant or control to his partner’s thoughts, feelings, or activities, and second, that aggressive or violence is a rightful technique of accomplishing that control (59) and (47). “A batterer’s belief that male privilege is natural validates his sense of entitlement to certain rights in his relationships with women. He feels justified in establishing and maintaining his position through any means, including the use of violence. In the family hierarchy include the right to be in charge, to control what his partner does, think and feels, and to be the center of things” (57). However, “Yet not all men batter women even though all men have been socialized in a society that grants them certain gender privileges” (47).

“The wheel is not a theory. It is a conceptual tool. It helps people see the patterns in behavior, and their significance. It is not intended to capture every tactic of control, just primary tactics. Nor will all empirical cases correspond exactly to the wheel” (57). The wheel was based on women’s stories and experiences. “The women victim did not identify a desire for power or control as motivating their

partners to engage in these behaviors. Rather, batterers gained power and control in the relationship as an outcome of those behaviors (57). The DAIP Staffs, however, also determined and identified positive behaviors; not just negative behaviors in their training curriculum for helping the perpetrators to change. For as a result they then initiated the Equality Wheel to define acts or behaviors that characterized intimate relationship based on equality (57).





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 Duluth, Minnesota 55802
 218-722-2781

Figure 2 The Equality Wheel

The Duluth curriculum is an educational approach. The conceptualization and fundamental core of the model is the belief that the perpetrators use physical and sexual aggression and other abusive tactics or abused behaviors to control over their partners. For instance, the perpetrator uses violent behavior to stop quarrels or battles, to stop their partners from doing something, and to penalize their partner for noncompliance. “A central assumption in the Duluth curriculum is that nature and culture are separate. Men are cultural beings who can change the way they use violence in relationships because beliefs about male dominance and the use of violence to control are cultural, not innate” (58). According to program curriculum activities, the participants are engaged in critical thinking, role-playing, also sharing and reflection. Some of perpetrators will arise to realize and understand the consequences of violence have had on their family include themselves, partners, and children, so that some participants turn to aware of alternatives to violence (58).

The Duluth curriculum;

For Men

Men’s educational groups are aimed to empower perpetrators to investigate their understanding of the world, belief systems, and the socio-cultural supports that influence the choices they make in relationships. “At the core of the curriculum is the attempt to structure a process by which each man can examine his actions in light of his concept of himself as a man. That examination demands a reflective process that distinguishes between what is in his nature and what is socially constructed. The things are socially constructed can be changed” (47). The perpetrators’ curriculum leads the participants to explore and investigate their personal use of violent behavior or abusive tactics and also explore non-violent alternatives.

The process encourages men to consider on a far deeper level than they are usually used to in their daily life. “They are asked to become actors rather than reactors--to step back from their lives, to examine the basis of their behavior, and to

understand how it acts against their own human desires to have a trusting, intimate relationship” (60).

The curriculum underlines associates between belief systems of the perpetrators and the tactics or acts used to control or dominant. Change in behaviors is directly linked to changes in one’s belief systems and world view. “Change occurs when batterers are able to internalize a process for deconstructing those belief systems they use to justify and minimize their behavior” (60). Educational group process can bring to true empowerment in perpetrators. It encourages perpetrators to take the risk to reduce dominate and controlling, reduce having all the power. “It asks men to challenge their privilege in society and to consider joining in an act of non-cooperation with the system that has caused so much pain” (60).

For Women

“The DAIP promotes liberation and freedom with women who are oppressed in this culture and controlled in their relationships. Teaching critical thinking supports women who have been battered in analyzing, identifying, and exposing the closed system through which the batterer monopolizes her perception” (60) This process engages stepping back to enlarge her life’s vision, stepping back from the relationship; the conditions and surroundings, definitions, structures, and traditions and myths that border or restrict her freedom are exposed. “The process is designed for women to build culture or reclaim a more natural process for culture. Women’s groups can build and shape our environment. Therefore, its form and process is part of our changing consciousness. It is an integral part of our work to make that group a reflection of our vision for a non-violent world” (60) When participants are given the chance to deliberately interpret and challenge the world, they can bond as performers in a struggle for revolution and social change.

For Relationship

The goals for relationships as: “negotiation and fairness, non-threatening behaviors, respect, trust and support, honesty and accountability, responsible parenting, shared responsibility, and economic partnership. Adaptations of the Equality Wheel offer expanded visions of what change in battering relationships could look like” (60).

- Sexual respect and partnership
- Cultural respect and spiritual reflection
- Values of nonviolence: generosity, love, courage, and compassion
- Behaviors that produce natural, life-supporting power
- Balance
- Dignity, autonomy, and independence
- Division of labor and economic parity
- Affection and companionship
- Equity
- Positive parenting behaviors, love and care for children
- Dependability, security, affection, and encouragement
- Self-care: personal time, health, friendships, and love
- Nurturing environment for children
- Support and communication

The present intervention model will use The Duluth Model for development the program activity. These adaptations will be identified how power and control work in intimate relationships, expand definitions of who or what is coercion, reveal connections of violent to culture, investigate tactics or behaviors, explain the connections between individuals and institutions, classify cultural characteristics that maintain or support violent behavior, or propose images of what well and healthy relationships look like, also building an alternative non- violent behavior, and forming a new environment for participants. To sum up, the focus of intervention is to protect the victim and sought to avoid further battering of perpetrators.

Couple-focused intervention

Couple-focused intervention for intimate partner violence incorporates substance abuse treatment approaches, couples therapy, and skills seems to be an effective approach for cases of intimate partner violence in which individual or both partners have a substance use disorder. Many studies and empirical support confirm that an effective conjoint treatment for alcoholism and substance abuse is “Behavioral Couples Therapy” (BCT)

The objective of BCT is “to build support for abstinence and to improve relationship functioning among married or cohabiting individuals seeking help for alcoholism or drug abuse” (61). Many studies indicated that for couple whose one partner was alcohol or substance abuser; BCT or conjoint treatment was more effective than individual treatment in order to reduce recidivism for perpetrators with alcohol or drug abuse and intimate partner violence (61).

BCT is a conjoint treatment engaging partner-involved treatment for alcohol or substance abuse that offers skills to partner for supporting abstinence and also underlines assistance of relationship problems for the couples.

“With respect to partner violence, non-substance abusing partners are taught certain coping skills and measures to increase safety when faced with a situation where the likelihood of intimate partner violence is increased. In particular, emphasis is placed on using behaviors that reduce the likelihood of aggression when a partner is intoxicated for instance leaving the situation, avoiding conflict and emotionally laden discussion topics with an intoxicated partner” (62).

BCT treatment methods comprised of 2 processes

1. Substance – Focused Intervention : Daily Sobriety Contract

BCT perceives the conjoint treatment can help the substance-abusing patient by the spouse supporting for sobriety. “The therapist arranges a daily *sobriety contract* in which the patient states his or her intent not to drink or use drugs that day, and the spouse expresses support for the patient’s efforts to stay

abstinent. Both partners agree not to discuss past drinking or fears about future drinking at home to prevent substance-related conflicts that can lead to relapse” (61). The spouses document the routine act of the daily contract on a calendar in order to the therapist reviews and assess the contract calendar so that the therapist evaluate how well each couple has done their part.

2. Relationship – Focused Intervention

Two major goals of interventions concentrated on the couple/family relationships are as follows;

2.1 To increase positive feeling, companionship, and commitment to the relationship.

2.2 To enhance communication skills to solve conflicts, problems, and needs for change. Communication skills can help the patient and partner deal with pressure or stress in their relationship and this might be decrease the risk of relapse (61).

A series of increasing positive activities are as follow; Catch Your Partner Doing Something Nice; This process needs each couple to note partner’s caring behavior performed by each day on record sheets then sharing to each other at the end of the week. Caring Day; inspire each participant be the first move to perform lovingly toward their partner rather than waiting for your spouse. Planning Shared Rewarding Activities; Participation by the spouse and family in recreational activities and or social activities can enhancing a good relationship. Planning to share activities together, each activity must include both partners, or with their family (61).

Whereas, enhancing Communications are; Listening Skills; good listening help each partner to understand and supported in addition to slow down interaction. Listening skills practicing by repeat the words and the feelings of the spouse’s message such as “What I heard you say was... Is that right?”. Expressing Feelings Directly; underline that when someone expresses feelings directly, there is a greater chance that the message will be heard because all from feelings or point of view of the sender. Communication Sessions; is a method for discussions involving feelings, issues, or problems. Inspire the spouses to ask each other for a communication when

the situation or problem issues need to be discussed. Negotiating for Requests; teaching the couples to make positive requests and also learning to negotiate and compromise. Compromising and Negotiating can help partners reach a family agreement (61).

The present model will use the Couple-focused intervention to develop program in part of improve relationship of the couples.

Act for intimate partner violence in Thailand

In Thailand, there is an act for intimate partner violence called “**Domestic Violence Victim Protection Act, B.E. 2550**” (63). In this act, comprise of 18 sections. Domestic violence or intimate partner violence is defined in Section 3;

“Domestic violence” means “any act committed with an intention to cause bodily, mentally or healthily harm of, or an act committed intentionally in a manner that may cause bodily, mentally or healthily harm of, a family member or any coercion or undue influence conducted with a view to make a family member to do something, refrain from doing something or accept any act illegally, but not including an act committed through negligence” (63).

“Family member” means “a spouse or ex-spouse, a person who cohabits or used to cohabit as husband and wife without marriage registration, legitimate child” (63).

In addition, in this act have many sections that were important for victims, perpetrators, and government officers as follow;

Section 4; “Whoever conducts any act which is domestic violence is said to commit domestic violence conduct and shall be liable to imprisonment for a term of not exceeding six months or to a fine of not exceeding six thousand Baht or to both” (63).

“The offence under paragraph one shall be compoundable offence, but having no effect to the offence under the Penal Code or other laws. If the offence under paragraph one has also be the offence against bodily harm under section 295 of the Penal Code, such offence shall be compoundable offence” (63).

Section 5; “A domestic violence victim or a person who has found or known of domestic violence conduct shall have the duty to notify a competent official for the execution of this Act. The notification under paragraph one that made in good faith shall be protected and shall not be liable to any civil, criminal or administrative action” (63).

Section 7; “Within three months as from the date the domestic violence victim is in a condition that may, or has an opportunity to, make a notification or file a complaint, if the notification under section 5 or the complaint under section 6 has not been made or filed, the litigation shall be precluded by prescription, but it does not prejudice to the right of the domestic violence victim or an interested person to request for welfare protection under the law establishing the Juvenile and Family Court and Juvenile and Family Court Procedure” (63).

Section 8; “In the case where the complaint has been filed within the prescription period under section 7, the inquiry official shall conduct inquiry thereon without delay and shall, within forty-eight hours after receiving the person who commits domestic violence conduct, send that person together with the inquiry file and his opinion thereon to the public prosecutor in order to file litigation to the Court. If it is unable to file litigation within that period upon a reasonable ground, a motion to extend that period for not exceeding six days shall be submitted to the Court, but not more than three times. In this case, the provisions of the law establishing the District Court and District Court Procedure shall apply mutatis mutandis” (63).

“The inquiry official shall cause a psychiatrist, psychologist or social worker or a person required by the domestic violence victim to join the interrogation of a domestic violence victim in order to give advice” (63).

Section 12; “In the case where the Court passes judgement that a person who commits domestic violence conduct is guilty under section 4, the Court shall have the power to impose the measure for rehabilitation, treatment or probation to that person or to order that person to pay financial assistance, to conduct community service, to refrain from doing an act which may give rise to domestic violence or to be on parole in accordance with the procedure and period specified by the Court in lieu of sentencing” (63).

In Thailand, the intervention related intimate partner violence can be classified source to 2 sources; 1. Intervention from Government Organizations (GOs) and 2. Intervention from Non Government Organizations (NGOs). For GOs, Most IPV intervention related to train the government officer to have a gender sensitivity issues (9) and (64). Because of many victims will not reveal their problem situation unless they are directly questioned. As a result, health practitioner and other related professionals need knowledge and skills to ensure that they can identify violence victims and respond to their needs (3). For NGOs, they offered a shelter and provide counseling and emotional support and also give a consult in legal issue for victim. It seems like considerable resources and efforts have been dedicated to build gender sensitivity in multidisciplinary and to protect women victim.

So it is necessary to have a model intervention which differ from a present intervention/program especially program that use a multi-component approach that addresses change at the victim and perpetrator levels which seek to decrease further violent behavior of the batterer in order to reduce intimate partner violence and to protect health and well-being of the couples including stopping cycle of violence from one generation to the next.

2.4 RELATED LITERATURE REVIEW

From the research review has shown that intimate partner violence is a significant public health problems and a violation of human right and also associated with prompt and long-term health consequences. Intervention to identify perpetrators and victims of intimate partner violence and provide effective care and support will reduce further harm, increase safety, and breaking cycles of intimate partner violence.

Chuemchit and Perngpam (2014) study intimate partner violence situation in Bangkok via quantitative data collection by recorded patient history record of all patients who used services at one stop crisis center (OSCC) in 3 hospitals in Bangkok between July – December, 2010. Patient history record form comprises of socio-economic characteristic, forms of violence, causes of violence, health outcomes, etc. The study found that “In 6 months there were 471 women visited to use services at one stop crisis center (OSCC), in each month, there were 60-90 cases have to admitted or about 6% of inpatients to the hospital. In these cases, 63.3% of perpetrators were married couples / cohabiting, followed by acquaintance/cousins (29.1%) and stranger (7.6%). Examining the forms of violence revealed that 83 % were physical violence, followed by psychological violence (9.1%) sexual violence (5.9%) and other (1.9%). For times to get violence indicated that more than 50% of women victim get violence more than 1 time. If focused only married couples and cohabiting found that more than 70% of women were re-victimization” (25).

Amornrat Sricamsuk (2006) studied the prevalence of domestic violence against pregnant Thai women aged between 18 and 45 years in Khon Kaen Province. Structured questionnaires were used. A cohort of 421 women in their third trimester of pregnancy were recruited from two hospital antenatal clinics and follow up at 6 weeks postpartum either in person at the family planning clinics or by telephone. The results showed that 53.7% of women reported psychological abuse, 26.6% reported acts of physical abuse, and 19.2% have experienced of sexual violence

during the current pregnancy. In the postpartum period, found that, 35.4% women reported psychological abuse, 9.5% reported acts of physical abuse, and 11.3% have experienced of sexual violence. Women who were abused during pregnancy showed significantly poorer health status compared to non-abused women in role emotional functioning, vitality, bodily pain, mental health and social functioning. Women who were experienced postpartum abuse reported significantly lower mean scores in mental health and social functioning than women who did not (20).

The WHO Multi-country study on Women's Health and Domestic Violence Against Women (2005) studied the prevalence and frequency of different forms of physical, sexual, and emotional violence by intimate partners in Bangladesh, Brazil, Peru, Japan, Tanzania, Namibia, and Thailand. In each site there were a representative sample around 1,500 women aged 15 to 49; answer the questionnaire by face-to-face interviews. The study revealed 16 to 61 percent of women had experienced some act of physical partner violence in their lifetime. For sexual violence found that 6 to 58 percent of women reported that they were abused by their partners. In addition, 16 to 69 percent of women disclosed that they had experienced either sexual and/or physical abused by their partner. Furthermore, in all settings, women who experienced of abused either physical and/or sexual violence regularly reported more emotional suffering and identified physical problems recently such as hurt or pain (16).

Gondolf (2004) used a longitudinal 4-year follow-up assessing the effectiveness of perpetrator programs in four cities poses further considerations and confirmation of at least a moderate program effect. "There is a clear de-escalation of re-assault and other abuse, the vast majority of men do reach sustained nonviolence, at the 30-month follow-up, less than 20% of the men had re-assault their partner in the previous year; at the 48-month follow-up, approximately 10% had re-assaulted in the previous year. Moreover, over two-thirds of the women said their quality of life had improved and 85% felt very safe at both these follow-up points" (65). Gondolf summarized that well-developed batterer intervention

programmes with sufficient reinforcement from the legislation or courts do contribute to a significant decline in re-abuse (65).

Kilonzo, et al. (2003) used a qualitative situation analysis to develop a strategy for the provision of comprehensive post rape services in the voluntary counseling and testing sites context. The study focused on three districts. . Assessment was done in 10 voluntary counseling and testing sites, 16 hospitals, and 8 legal and advocacy support programs. Forty key informants were interviewed and 20 FGDs were undertaken. The study indicated that sexual violence was seen as shameful, with diverse views on whether rape happens in relationships. Greater participation in discussions on rape from male groups in comparison to female groups may suggest less social barriers to public discussions of sexuality for men. Generally, views presented by male groups seem to edge towards justification and tolerance for rape, in contrast to women's groups that felt the need for concerted efforts to address rape. Most people were unaware of what to do or where to go in the event of sexual violence. Provision of services by the police and at hospitals was seen to be lacking and rape survivors were often humiliated and re traumatized. The implementation of post rape services within the VCT framework in Kenya must include: Multidisciplinary approaches to developing a regulatory framework, integration of both counseling and clinical management in health care services, building capacities for services provision, and development of referral systems (66).

Lori Michau (2002) operated public discussions on intimate partner violence issue and to place the basis for a more widespread intervention. Seventy-seven people consisted of 37 women and 40 men were engaging in the focus group discussions. All participants shared experiences and exchange ideas and opinions honestly. Additionally, in-depth interview was also organized with 10 women and 8 men. "The interviews provided rich contextual information that deepened understanding about the complexity of beliefs perpetuating violence and the subsequent effects on women and men's lives. The study found that Community members commonly referred to violence as a necessary form of discipline. A man, as the head of the household, is believed to have the responsibility to discipline all

family members. Violence emerged as an acceptable way to teach lessons to women and children. Family violence is a common tactic for asserting authority and power over women. Women accepted responsibility for men's violence. Some women experiencing violence did not confide in family or friends because they felt that this would label them as a *bad wife* or *mother*. This shame and stigma keeps violence underground and prevents community members from supporting the women experiencing violence or confronting violent men. The findings from this study helped organizers better understand local attitudes toward abuse before designing a program of intervention” (67).

Dobash & Dobash (1999) found that “offenders ordered to counseling using the Duluth curriculum and with the threat of immediate consequences for failure to participate (the Duluth model), had a success rate of 73% as opposed to a 33% success rate for those offenders who were simply placed on probation. The researchers were able to document that the program using the Duluth model did in fact put into place the essential elements of the program before comparing it to the group using no educational intervention” (68).

Zimmerman (1995) explored intimate partner violence in Cambodia by in-depth interviews 50 violence victims and interview mother of woman victim who was killed by her husband. “Additional information was gathered from interviews with individuals that an abused woman is likely to encounter in her search for assistance, including judges and court personnel, police officers, district chiefs, village heads, medical workers and midwives, and staff from NGOs. The study highlighted the difficult plight of women who were severely beaten by their husbands. It showed how cultural norms, shame, and the lack of viable alternatives kept women in abusive relationships. Many of interviewed women suffered physical abuse in pregnancy as well as sexual abuse and degrading treatment from their partners. Virtually no public institutions, including the police and health sector, were trained or sensitive to the needs of battered women” (69).

Shepard (1992) tracked “one hundred court-mandated offenders who were ordered to complete a 26-week education program in Duluth over a five-year period. The study found that most of the participants used less violence and less frequently. Forty percent of the court-mandated offender’s recidivated at least once after five years. Extrapolating that number (adding those that didn’t get caught) would conclude that about 60% of court-mandated offenders will use some violence again, but a much lower number will continue to batter their partners on an ongoing basis” (70).

The literature reviews on violence against women and intimate partner violence indicates factors related intimate partner violence, for instance, socio-demographic factors, history of previous abuse, lack of peer and family support, characteristics of male and female partner, and gender power relation. In addition, Intervention to decrease intimate partner violence especially program that use a multi-component approach that addresses change at the victim and perpetrator still essential. Because of intervention may lead to reduce violence between intimate partners and to protect health and well-being of the couples including stopping cycles of violence from one generation to the next.

CHAPTER III

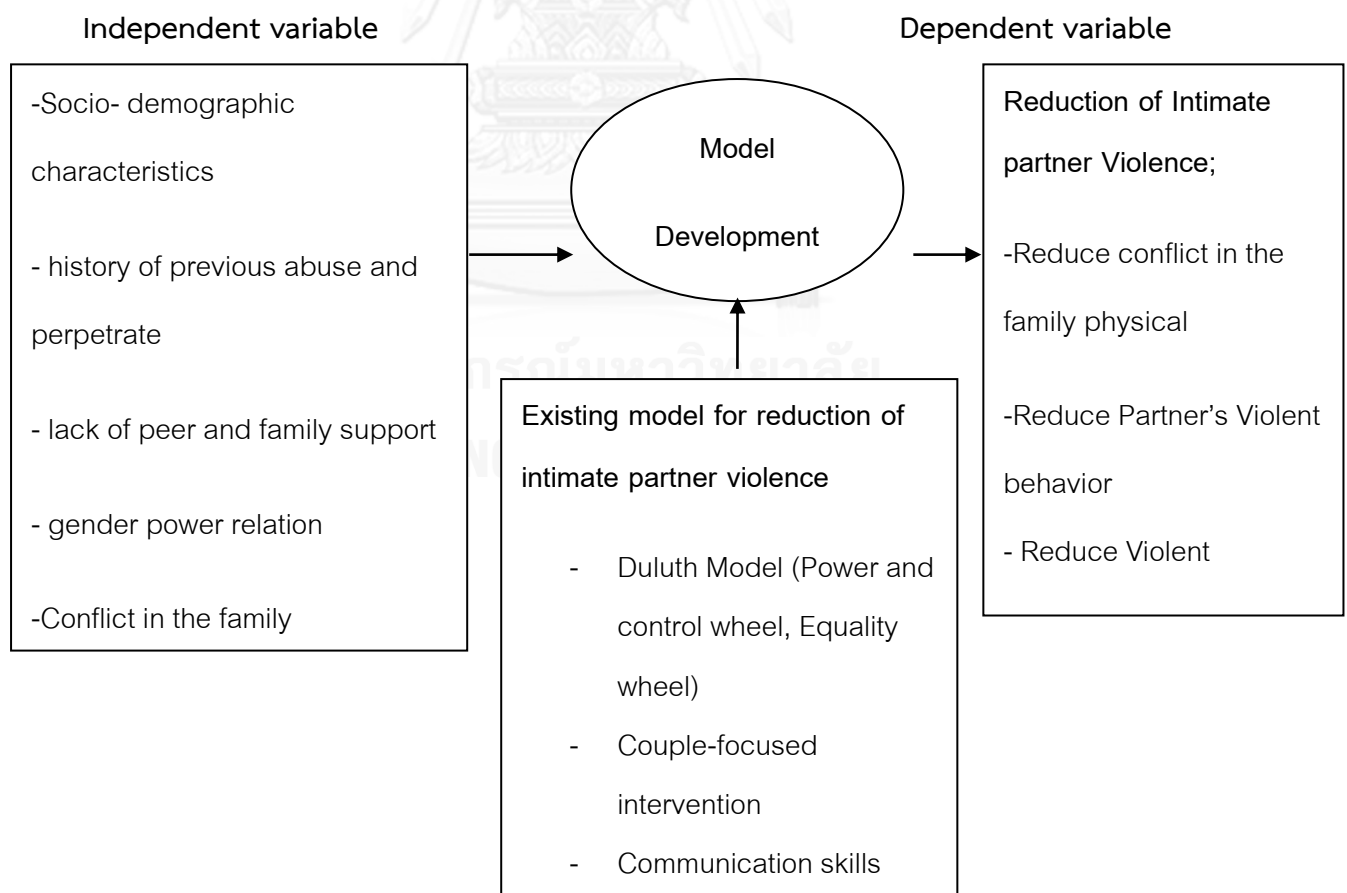
METHODOLOGY

This study is planned to develop model intervention for reduction of intimate partner violence. In addition, the Reduction of Partner Violence model (RPV model) was evaluated to show the effectiveness that could help the participants to reduce intimate partner violence in term of conflict reduction, partner's violent behavior reduction, and violent victimization reduction in married or cohabiting couples.

This chapter presents a description of the research methodology including conceptual framework, research design, study site, population and sample, procedure and intervention, research instruments, data collection and data analysis.

3.1 CONCEPTUAL FRAMEWORK

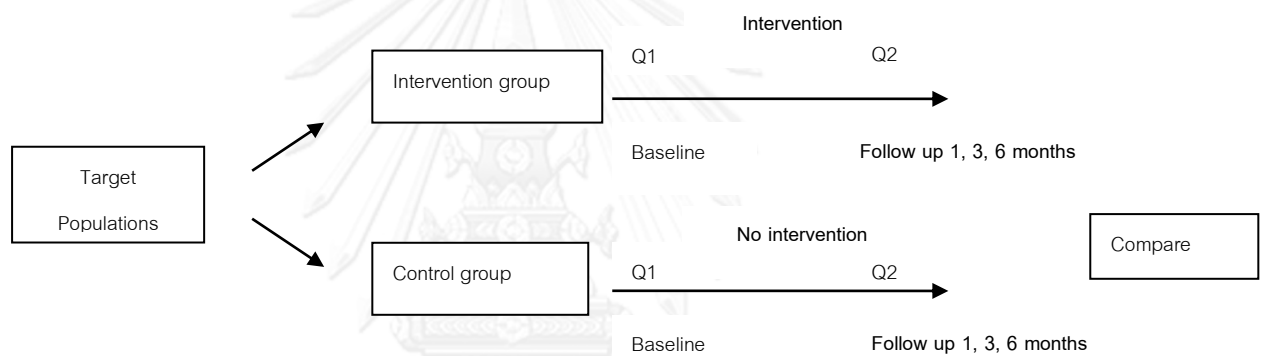
Figure 3 Display the framework, process, and outcomes



3.2 RESEARCH DESIGN

Quasi experimental design was applied for this study. Pre-test (baseline) and post-test are then introduced in order to compare the difference between before and after intervention 1, 3, and 6 months, the sample consisted of an intervention group, who participate in the intervention program, and a control group, who did not participate this program. The study design was as followed;

Figure 4 Flow of participants through the trial



Q1 indicates the assessment of conflict in the family, partner's violent behavior, and violent victimization between partners in term of psychological, physical, and/or sexual violence (baseline) among samples in both intervention and control groups before program implementation.

Q2 indicates the assessment of conflict in the family, partner's violent behavior, and violent victimization between partners in term of psychological, physical, and/or sexual violence (following time) among samples in both study and control groups after program implementation 1, 3, and 6 months.

3.3 STUDY SITE

This study was carried out in Phetchaburi province. Phetchaburi is a province in western Thailand. It is approximately 160 km south of Bangkok. Phetchaburi is a mainly agricultural province with various farms, and also be a popular province for travelling and sightseeing as there are beautiful beaches in the province. The majority of the local populations are involved in agricultural activities including rice farming, fruit farming, palm sugar production, sea and fresh water fisheries, and travel industry

As a quasi-experimental research, the researcher provided the Reduction of Partner Violence model (RPV model) intervention program to violent married or cohabiting couples who lived in the community as experimental areas. Therefore, the study site was selected according to the following steps.

1.) A district of Phetchaburi province that has high rate of intimate partner violence problem had been selected. From Phetchaburi's social situation annual report year 2009 (71) indicated that family's problem and or intimate partner violence was the second rank urgent social problems in the province. Additionally, Phetchaburi's Social Problem Surveillance reported that the most of violence problems in Phetchaburi was domestic violence or intimate partner violence. For domestic violence problem of 2011 compare to domestic violence problem of 2012 discovered that domestic violence problem in 2012 was higher to 13.0% to 2011, similarly, victim from domestic violence in Cha-am district in 2012 was higher than 2011 in double (72). As a result Cha-am district was selected as the experimental area.

2.) While the study could not provide to the whole district, therefore Cha-am municipality was purposively selected by researcher based on the statistics record of domestic violence of Phetchaburi province as a high incidence rate of domestic violence, then, two communities were chosen by simple random sampling; one was the experimental area and the second was the comparison area. There are 27 communities in Cha-am municipality. From simple random sampling; BorPutsa community was an experimental area and Banklongtien community was a comparison area.

3.4 SAMPLE SIZE ESTIMATION

Population: This study occurred in both study areas of Cha-am municipality, BorPutsa community and Banklongtien community were the experiment areas and the comparison area, Participants will be married or cohabiting couples who had intimate partner violence problem, in addition, female partners were assessed by the Abuse Assessment Screen; Hurt, Insulted, Threatened with harm and Screamed at (HITS screening) (2); score > 10 had been included in the study population.

Sample: the step of sample selection was purposively selected by researcher based on the statistics record of domestic violence. Cha-am municipality was purposively selected by researcher based on the statistics record of domestic violence of Phetchaburi province as a high incidence rate of domestic violence, then, two communities were chosen by simple random sampling. As mentioned above; BorPutsa community was an experimental area and Banklongtien community was a comparison area. Populations in these two communities were recruited for this study.

The sample size and power analysis were calculated by G-Power, There are two different aspects of power analysis. One is to calculate the necessary sample size for a specified power, while, the other aspect is to calculate the power when given a specific sample size. For this study, the researcher set G*Power to a t-test involving the difference between two independent means, details are follow;

t test - Means: Difference between two independent means (two groups)

Analysis:	Compromise: Compute implied α & power	
Input:	Tail(s)	= Two
	Effect size d	= 0.5
	β / α ratio	= 1
	Sample size group 1	= 40
	Sample size group 2	= 40
Output:	Noncentrality parameter	= 2.2360680
	Critical t	= 1.3383050
	Df	= 78
	α err prop	= 0.1846853
	β err prop	= 0.1846853
	Power (1- β err prop)	= 0.8153147

The sample size of this research for each group was at least 40 participants, the power was 0.81 (power 80%)

3.5 ELIGIBILITY CRITERIA

Participants were married or cohabiting couples who had experience of intimate partner violence, with the following qualifications:

Inclusion criteria

- Participants were married or cohabiting couples who had intimate partner violence
- Participants both male and female were Thai ethnicity.
- Participants aged 18 and older.
- Female Participants were assessed by HITS screening score > 10, while their male partners immediately included.
- Those who agreed to participate in the study and able to attend the study.

Exclusion criteria

- Those who have a psychiatric disorder.
- Those who are a drug abuser.
- Those who could not completely attend the whole program.

3.6 PROCEDURE

This study consisted of 2 parts. The first part was model development for reduction of intimate partner violence by documentary study and Qualitative study via in-depth interview the women and men voluntaries who were victims and perpetrators. The second part was trial model testing for examining the effectiveness of the model. Details are as follow;

Part I: Model development

Qualitative study was used for in-depth interview abused women and perpetrated men. Qualitative research methods are “extremely useful to researchers and advocates interested in violence. If the goal is to investigate how women experience violence and to understand the mindset and attitudes of abusive men, it will be more productive to use qualitative techniques to probe how men view their partners and how they justify and interpret their behavior. Qualitative techniques will foster much more nuanced understanding of these issues than will quantitative survey. In addition, qualitative methods give more detailed information and contribute much to understand complex processes or causes of violence. Qualitative methods gather information that is presented primarily in text form through narratives, verbatim quotes, descriptions, lists, and case studies. Moreover, Qualitative are helpful for assessing needs, designing prevention campaigns, and planning and evaluating intervention” (67).

Qualitative studies commonly focus “in depth on a relatively small number of cases selected purposefully. In qualitative inquiry, the goal is to select for information richness so as to illuminate the questions under study. In qualitative sampling, the selection of respondents usually continues until the point of redundancy (saturation). This means that when new interviews no longer yield new information and all potential sources of variation have been adequately explored, sampling may stop. For most qualitative studies, 10 to 30 interviews and/or 4 to 8 focus groups will suffice” (73). In this study the estimated sample size of qualitative study was; 10 women victims of intimate partner violence and 10 men perpetrators of intimate partner violence.

The procedure’s details of the this part were as follow;

1. In-depth Interview the voluntaries;

- 1.1 The Participants approaching at 1) Women and Men Progressive Movement Foundation and 2) Emergency Home because of two settings are place for helping, consulting, and solving intimate partner violence.

- 1.2 The snowball sampling was used to find and enroll 20 participants. “Snowball sampling is a method of recruiting participants into research studies. It involves asking each new recruit to suggest several others who can be approached by the researcher for potential enrolment in the study” (15). “The purpose of snowball sampling is to facilitate the identification of hard-to-find cases” (73). Therefore, this technique is proper to identify intimate partner violence cases.

- 1.3 The Participants were victims and perpetrators; 10 female victims and 10 male perpetrators, aged over 18 years old who live in Bangkok, Thailand. Now they were all survivals.

- 1.4 The objective of the projects were explained to the participants; the objectives of the interview were to find out; causes of intimate partner violence, to reflect health consequences from intimate violence, to understand couple’s attitudes towards intimate partner violence and life experiences of men and women encountering violence in their relationship, and to study how couple manages or resolve problems. These all data were good resources to develop program for reduction intimate partner violence.

1.5 The researchers explained the procedures to participants; the interview was taken at least 2 times not over than 3 times, each time took estimated 2 hours. After the participants agreed to participate to the study, all participants signed consent forms that contained information regarding confidentiality, freedom to participate and freedom to withdraw.

2. Documentary study based on feminist theory, Duluth model, and Behavioral Couple Therapy. From documentary study, the intervention will be based on psychological perspectives and feminist perspectives and based on 5 themes, as follow;

- 2.1 Abusive and violent behavior
- 2.2 Consequences and impact of violence
- 2.3 Non-controlling and non-violent behavior
- 2.4 Empowerment and Group support
- 2.5 Communication skills.

The program will be explored over 8 sessions' period, three hours period per session because many studies found that program was effective in reducing violence when it was implemented at least 8 sessions (14). The program consists of 2 parts. The first part is separated by gender-specific group and the second part is couple focus approach.

Program part I: Gender-specific group

Session 1 **Male:** Understanding abusive behavior and social contexts

Investigate how men using a primary tactic and individual violent behavior to dominant and maintain control in the relationship. Focus on general violence against women, rather than on their partner or relationship. Furthermore, examining social influences and cultural that contributes to aggressive behavior

Female: Assessing experience with abuse

Enhancing woman awareness of violent relationship and reflect on her own experience to deeper understand how she turn to a victim and being assaulted.

In addition considered to cultural and social diversity and clarify the impact of socialization on violent abusive.

Session 2 **Male:** Examining specific acts of abuse as a tactic of control

Focused on their own use of violent or abusive behavior. All forms of violence shall be challenged and identified no matter psychological, physical, or sexual

Female: Impact of abuse and group sharing

Examining the harmful and consequences of violent relationship to increase woman's awareness. Reflect her own stories and experience by group sharing and whether decisions that she can enhancing her strength and independence.

Session 3 **Male:** Impact and health consequences

Investigate the negative consequences of abusive behavior and encouraging all participants accept and responsible for all effect on his spouse and others, and take specific to change.

Female: Group Support

Group method for sharing stories and experiences and also supporting between women. Because of getting support or inspire from someone who deeply understands what it is like to live with violence is necessity.

Session 4 **Male:** Exploring and practicing non-controlling and non-violent behavior. Provide and encourage the participants with practical information on exploring non-controlling and nonviolent behavior of relating to their partners such as using time-outs or positive communicating.

Female: Coping and Social support

Increasing women realize and awareness of the ways that can cope with violence. Furthermore, offering information about social support in order to make decisions with safety and recovery.

Program part II: Couples focus approach

Session 5-6 **Increasing positive activities**

Increasing positive feeling, companionship, and commitment to the relationship by 3 activities; as follow; Catch Your Partner Doing Something Nice; this process requires each couple to note partner's caring behavior performed by each day. Caring Day; inspire each participant be the first move to perform lovingly toward their partner rather than waiting for your spouse. Planning Shared Rewarding Activities; support each couple list of any possible activities that involve both couples, or with their children or family.

Session 7-8 **Communications**

Learning different ways of relationship without being dominant and controlling. Listening Skills; Practice listening skills in order to check the message received whether intended by the sender or not. Expressing Feelings Directly; Learning to express feelings directly because there is a greater chance that the message will be heard as all from feelings or point of view of the sender. As a result the speaker must takes responsibility for their feelings and does not blame the others person. Negotiating for Requests; Learning to make positive particular requests and to negotiate which can help partners reach a family agreement.

Intervention Facilitator

Those who has working or related experience in

- violence against women at least 5 years
- counseling/couple counseling at least 5 years
- group facilitator at least 5 years

Part II: Model Testing

Quasi experimental design was applied for testing model. At first this study was aimed to trial and tests the RPV model in Bangkok, however, as a big city and individualism particularly violence between partners are still sensitivity issue in Thai society; intimate partner violence cases in Bangkok were hard to find. Therefore the researcher has to change the setting for trial model. The procedure's details of the this part were as follow;

1st stage: preparation

1. This study occurred in both study areas of Cha-am Municipality, BorPutsa community was the experiment areas (intervention group) and BanKlongtien community was the comparison area (control group), as detailed are above. Participants will be married or cohabiting couples who had intimate partner violence problem.

2. The community leader brought the researcher into two communities for introducing to community members. The researcher screened the target populations especially female partner by using the Abuse Assessment Screen; Hurt, Insulted, Threatened with harm and Screamed at (HITS screening) (3) to determine the level of abused. Score > 10 was a target population and could recruit to the study population.

3. The objectives of participation and the details of the program were clarified to the target subjects, and then the researcher encouraged the cases to participate to the project. After agreed to participate all participants signed consent forms that contained information regarding confidentiality, freedom to participate and freedom to withdraw.

4. Appropriate dates for participation in the model activities were planned by collaboration between participants, researcher and team.

5. The questionnaire were used to collect baseline data both intervention and control group to investigate to socio demographic, risky behavior, conflict in the family, partner's violent behavior, and violent victimization.

2nd stage: implementation

The Reduction of Partner Violence model (RPV model) is a model to reduce violence between married and cohabiting couples; in term of reduce conflict in the family, reduce partner's violent behavior, and reduce violent victimization in term of psychological, physical, and/or sexual violence, in addition, to improve relationship and to increase positive feeling and commitment to the relationship between partners. The Reduction of Partner Violence model (RPV model) stem from documentary study based on Feminist theory, Duluth model, Behavioral Couple Therapy (BCT), and qualitative data collection by in-depth interview victims and perpetrators to find out; causes of intimate partner violence, to reflect health consequences from intimate violence, to understand couple's attitudes towards intimate partner violence and life experiences of men and women encountering violence in their relationship, and to study how couple manages or resolve problems. All these data are worthy resources to develop model.

The Reduction of Partner Violence model (RPV model) is comprised of 8 sessions; takes 8 days long. The important program is contained 5 themes;

1. Abusive and violent behavior
2. Consequences and impact of violence
3. Non-controlling and non-violent behavior
4. Empowerment and Group support
5. Communication skills.

The program consists of 2 parts. The first part is separated by gender-specific group and the second part is couple focus approach, detail as follows;

Part I: Gender-specific group

Topic 1

- | | |
|---------|--|
| Male: | Understanding abusive behavior and social contexts |
| Female: | Assessing experience with abuse. |

Topic 2

Male: Examining specific acts of abuse as a tactic of control

Female: Impact of abuse and group sharing

Topic 3

Male: Health consequences and impact of Violence

Female: Group Support

Topic 4

Male: Exploring and practicing non-controlling and non-violent behavior

Female: Coping and Social support

Part II: Couple focused approach

Topic 1 Increasing positive activities

Topic 2 Communications

3rd stage: follow up

In this stage, the researcher team runs a follow-up at home visit at 1 month, 3 months, and 6 months after intervention. The questionnaires were used to examine conflict in the family, partner's violent behavior and violent victimization.

For Control Group:

The participants in control group received manual for married or cohabiting couple who need help. This manual consisted of referral agencies' list for helping the couples in many aspects for instance shelter, food supplies, psychological support and counseling, legal contact center, medical assistance, education, and job placement. In addition, they had an appointment at 1 month, 3 months, and 6 months for follow-up data collection by research team. The questionnaires were used to examine conflict in the family, partner's violent behavior and violent victimization as well.

3.7 RESEARCH INSTRUMENT

The Semi-structured interview guide was developed by the researcher based on the WHO Multi-country Study on Women's Health and Domestic Violence against Women (16).

The Semi-structured interview guide for women consists of 5 issues

1. Background socio-economic information
2. Prevalence and characteristics of violence
3. Risk and protective factors for IPV
4. Health outcome and other consequences of violence
5. Women's responses to violence

The Semi-structured interview guide for men consists of 5 issues

1. Background socio-economic information
2. Prevalence and characteristics of violence
3. Risk and protective factors for IPV
4. Health outcome and other consequences of violence
5. Way of solution

The Screening tools for intimate partner violence was assessed using the Abuse Assessment Screen; Hurt, Insulted, Threatened with harm and Screamed at (HITS) (3) to identify victims of verbal abuse and physical violence because "the HITS screening tool was found to show the greatest diagnostic accuracy, concurrent validity and reliability compared to a range of other screening tools" (3). The HITS consisted of four questions using a five-point scale from never (1) to frequently (5). Scores will be summed; a score of 10 plus suggests the participant is abused. Cronbach's alpha for the scale in this study was 0.89.

The interviewing questionnaire was developed, comprised of 4 parts as follows:

Part 1 Socio-demographic information; contained sex, age, religious, education, marital status, year of living, partner number, occupational, working hour, income, income sufficiency, etc.

Part 2 The Conflict in the family was examined through 8 main items based on One Stop Crisis Center Patient Form (74) concerning conflict's issue in the family consisted of Unreasonable, None communicate, Family expense, Family members, Partner's drinking, Your drinking, Partner's affair, and your affair. Each item was scored on five scales from "Never" to "Very Frequently". Cronbach's alpha for the scale in this study was 0.84.

Part 3 The Partner's Violence behaviour measurement was applied based on the WHO Multi-country Study on Women's Health and Domestic Violence against Women (16); consisted of 13 items covered Partner's Psychological Violent behavior, Partner's Physical Violent behavior, and, Partner's Sexual Violent behavior. Each item was scored on five scales from "Never" to "Very Frequently". Cronbach's alpha for the scale in this study was 0.94.

Part 4 The Violence Victimization was assessed using The Abusive Behavior Inventory (ABI) (75). Contained of 30 items covered 1. Psychological Aggression items 2. Physical Assault items and 3. Sexual Coercion items; each item was scored on five scales from "Never" to "Very Frequently". Cronbach's alpha for the scale in this study was 0.91.

Outcomes were measures by using the same instrument at baseline prior implementation of the intervention and post intervention for 1, 3 and 6 months follow-up. The questionnaire was tested for validity and reliability before data collection. The content validity was assessed by 3 specialists and experts, whereas, the reliability was pre-test with 30 subjects to assess the appropriate of content and feasibility.

3.8 DATA ANALYSIS

The effects of intervention on the scores were assessed at four points during the study: at baseline, one month after the intervention, three months after the intervention, and six months after the intervention in both intervention and control group.

General linear model repeated measures analysis of variance (ANOVA) was used to test the statistical significance of the intervention effect at each follow-up time. Furthermore, descriptive statistics including frequencies mean (\bar{x}), standard deviation (S.D), and percentages (%) were used for socio-demographic characteristic data. Independent t-test was carried out to formally test for statistical differences between the study and control group. Chi-square test was conducted to examine the relationship the categorical data of the independent variables between groups. In addition, content analysis was used for qualitative data.

3.9 ETHICAL CONSIDERATON

Approval from The Ethics Review Committee for Research Involving Human Research Subjects, Health Science Group, Chulalongkorn University was obtained before the processes started. The researcher were clearly explained the purposes and the procedures of the study to the participants. Inform consent of the participants which contains information of confidentiality, free participation, freedom to withdraw, and no use for other purposes was obtained.

CHAPTER IV

RESULTS

This study aimed to develop model intervention for reduction of intimate partner violence and to investigate the effectiveness of the Reduction of Partner Violence model (RPV model) in term of reduce conflict between partner, reduce violent behaviors between partner, and reduce violent victimization between partner.

This chapter presents the results into 2 parts;

Part I: Model development for reduction of intimate partner violence by documentary study based on Feminist theory, Duluth model, and Behavioral Couple Therapy also in-depth interview the voluntary 20 cases; 10 female victims and 10 male perpetrators. The content analysis was used for data analysis.

Part II: Model testing for examining the effectiveness of the Reduction of Partner Violence model (RPV model) between intervention group and study group, conducted in two communities, Cha-am municipality, Cha-am district, Phetchaburi province. The participants were 80 cases; 40 cases in each group. Only intervention group were participate through RPV model for 8 days curriculum and been followed up for a period of 6 months. This part presents the results of analyzing both groups by descriptive statistics including frequencies and percentages were used for socio-demographic characteristics and inferential statistics including Chi-square test was used for testing the correlation of categorical data between groups, independent t-test was used for investigating the means difference of continuous data between groups, and lastly a General linear model repeated measures analysis of variance (ANOVA) was used to test the statistical significance of the intervention effect at each follow-up time.

4.1 PART I: THE DEVELOPMENT OF REDUCTION OF PARTNER VIOLENCE MODEL (RPV MODEL)

The Reduction of Partner Violence model (RPV model) was developed from documentary study based on 1) Feminist theory 2) Duluth model 3) Behavioral Couple Therapy and qualitative study by in-depth interview the voluntary 20 cases; 10 female victims and 10 male perpetrators.

4.1.1 Documentary study

For Feminist theory, the RPV model uses the core concept of this theory to the first session of the program for participants practice and analyze why intimate partner violence occur and re-occur in their relationship and how they use power or tactics to maintain control over their partners. The feminist perspective viewed intimate partner violence as a form of gender and power inequality in couple relationship which focused on the power and control that one partner exert over the other partner; these factor can contribute to violence between husbands and wives. Specially, intimate partner violence as a situation where one partner in a relationship uses violent and abusive behaviors in order to control and dominate the other partner. Men generally use abusive behavior to dominate their partners, in particular through the use of psychological, physical or even sexual violence. The uses of these abusive behaviors result from traditional beliefs of male superiority and privilege whereby men believe that they have a right to impose their will and expect servitude from their female partner (15). The RPV model applied feminist principles to emphasize a reciprocal relationship and encourage participants both female and male analyze and practice thinking why and how they and their partner use violence in the relationship.

For Duluth model, the RPV model adopted the core concept of this model to develop the model for reducing violence between partners. As Duluth model is a program initiate to decrease violence between intimate relationships, the conceptualization and fundamental core of the model is the belief that the perpetrators use physical and sexual aggression and other abusive tactics or abused behaviors to control over their partners. The tactics or abused behaviors that perpetrators usually use to control over their partners are as followed 1) Coercion and threats 2) Intimidation 3) Emotional abuse 4) Isolation 5) Using children 6) Male privilege 7) Economic Abuse and 8) Minimizing, Denying and Blaming. According to program curriculum activities which are an educational approach, the participants are engaged in critical thinking, role-playing, also sharing and reflection of their violence and consequences. The Duluth curriculum separate 2 gender specific group; 1) Men group; the curriculum leads the participants to explore and investigate their personal use of violent behavior or abusive tactics and also explore non-violent alternatives for example negotiation and fairness, non-threatening and respect, etc. The educational group process can bring to true empowerment in perpetrators. It encourages perpetrators to take the risk to reduce dominate and controlling, reduce having all the power. 2) Women group; “the curriculum promotes liberation and freedom with women who are oppressed in this culture and controlled in their relationships. Teaching critical thinking supports women who have been battered in analyzing, identifying, and exposing the closed system through which the batterer monopolizes her perception” (60). The RPV model was develop based on Duluth model. These adaptations was identified how power and control work in intimate relationships, expand definitions of who or what is coercion, reveal connections of violent to culture, investigate tactics or behaviors, explain the connections between individuals and institutions, classify cultural characteristics that maintain or support violent behavior, or propose images of what well and healthy relationships look like, also building an alternative non- violent behavior.

For Behavioral Couple Therapy (BCT), the RPV model takes the important concept of BCT in part of relationship-focused intervention in order to increase positive activities and teach communication skills between partners. BCT is a conjoint treatment engaging partner-involved treatment for alcohol or substance abuse that offers skills to partner for supporting abstinence (Substance-focused intervention) and also underlines assistance of relationship problems for the couples (Relationship-focused intervention). For Relationship-focused intervention consisted of two major goals 1) To increase positive feeling, companionship, and commitment to the relationship through 3 activities; Catch Your Partner Doing Something Nice, Caring Day, and Planning Shared Rewarding Activities 2) To enhance communication skills to solve conflicts, problems, and needs through Listening Skills, Expressing Feelings Directly, Communication Sessions, and Negotiating for Requests. The Couple-focused intervention or Relationship-focused intervention was based on the second part of RPV model in order to improve relationship between married or cohabiting couples.

In sum, from the documentary study the RPV model focused on 1) feminist theory in order to insight and analyze why intimate partner violence occur and re-occur in the relationship and how the perpetrators use power or tactics to maintain control over their partners 2) Duluth model with aim of identified how power and control work in intimate relationships, expand definitions of who or what is coercion in violence relationship, reflect consequence and outcome of violence, group support, and also building an alternative non-violent behavior and 3) Behavioral Couple Therapy (BCT) in order to increase positive feeling and improve relationship between married or cohabiting couples.

4.1.2 Qualitative study by in-depth interview

Further documentary study based on Feminist theory, Duluth model, and Behavioral Couple Therapy, this study was used a qualitative data collection for development of Reduction of Partner Violence model (RPV model). Qualitative data collection was completed by in-depth interviews the voluntary 20 cases; 10 male perpetrators and 10 female victims, aged over 18 years old who live in Bangkok, Thailand. Now they were all survivals but in the past these 20 persons used to be a victim and/or a perpetrator. All of them completely willing shared their violence experiences to the society.

The purposes of qualitative data collection were deployed to find out; causes of intimate partner violence, to reflect health consequences from intimate violence, to understand couple's attitudes towards intimate partner violence and life experiences of men and women encountering violence in their relationship, and to study how couple manages or resolve problems

Details of qualitative data collection questions

Female Victim	Male Perpetrator
1. Background socio-economic information i.e. Age, Educational background, Occupation	1. Background socio-economic information i.e. Age, Educational background, Occupation
2. Prevalence and characteristics of violence i.e. When did intimate partner violence start? How long have you been abused?, etc.	2. Prevalence and characteristics of violence i.e. What is type of abuse? Were there getting better or getting worse?
3. Risk and protective factors for IPV i.e. Did your partner use an alcohol?	3. Risk and protective factors for IPV i.e. Did you have decision making in relationship?
4. Health outcome and other consequences of violence i.e. Did you get injuries resulting from violence?	4. Health outcome and other consequences of violence i.e. Did you and your partner get injuries from violence?
5. Women's responses to violence i.e. Have you ever leaved him? Have you ever defended yourself physically?	5. Way of solution i.e. What is the best way to resolve violence or conflict in relationship?

Life experiences of men and women encountering violence in their relationship. This study defines 3 types of violence were followed; 1. Physical violence by means of slapping, throwing something, pushing, shoving, or hitting that you could hurt 2. Psychological violence by tormenting, verbal assault, threats, or verbal degrading and 3. Sexual violence through forced unwanted sex acts.

Table 1 Details of violence by Intimate partner (N=20)

Types of violence	Female (n=10)	Male (n=10)	Total (n=20)
Physical			
Slapped or throw something at you	10	3	13
Pushed or shoved you	10	6	16
Hit you with fist or with something else	6	1	7
Psychological			
Insulted or made you feel bad about yourself	10	10	20
Belittled or humiliated you in front of other people	10	10	20
Scared or frighten you on purpose i.e. yelling or smashing things	10	-	10
Sexual			
Forced you to have sexual intercourse	3	-	3

The qualitative study finding showed that both women and men can be victims, however, men are more likely to be the perpetrators or batterers of physical violence and sexual violence than women, whereas, women are more likely to be a violence victim by their partners than men. In addition, the study reflected Thailand social values particularly on gender roles in Thai society in term of beliefs and traditions about what men (husband) and women (wife) should do.

Partner's beliefs and attitudes to a good relationship:

“Good women” (wife) and “Good men” (husband) are based on a good relationship

Beliefs and attitudes of women and men concerning “good women” and “good men” in marriage and or in relationship mirror social values particularly on gender roles in Thailand. All of them indicated beliefs and traditions about what men (husband) and women (wife) should do.

Women's beliefs and attitude regarding “good women” (wife) were; take a good care and pay attention of family members (n=10), take accountability for household work; in case of individual who work outside have to remain doing housework as well (n=7), respects and compliance to the husband (n=7). For “good men” (husband) were; a good leader and command (n=8), be able to take care and responsible for entire family (n=10), help their partner to do partial housework (n=5), no lover or concubine (n=10), no drinking (n=6), no gambling (n=5), and no violent using (n=10).

“For me “good wife” must be someone who is a good care taker of her family. She need to responsible domestic tasks and should be a good follower. For “good husband” means that he must be a good leader and take responsible to the whole family member. In addition, he should not drink, should not gamble, and should not use violence” (48 years old female, interviewed on November 5, 2012).

“Good wife is a person who pay attention to her family member in term of managing a domestic task even she has to work outside she is still to take care of her husband and children. Good husband is someone who can take care of a whole family in term of mental support and money support because he is a head of family. Moreover good husband need to have an honesty, sincerity, and truthfulness to his wife. In addition, it would be better if he can assist his wife to do house work” (33 years old female, interviewed on November 2, 2012).

Men’s beliefs and attitude about “good women” (wife) were; a good housewife (n=10), outstanding domestic tasks skills but also capable to work outside (n=8), reasonable person (n=10), respects and good compliance to the husband (n=7). For “good men” (husband) were; a good command and leader (n=10), provided and afforded for entire family (n=5), can assist housework sometime (n=3).

“Good women are a good housewife. Wife has to take care of her husband and children. Also a good follower and pay respect to her husband. Moreover has to be a reasonable person and no biliousness. Good men are a good leader and can earn a lot of money for plenty to all family members” (60 years old male, interviewed on October 18, 2012).

“Reasonable, honest, respect, and obey are the important things for a good wife. Additionally, she has to had an excellent skills for domestic task and would be better if she able to work outside. Good husband need to take care of a family. He has to provide money for the whole family and would be better if he can help his wife do domestic tasks sometimes” (43 years old male, interviewed on October 21, 2012).

The findings also disclosed several determinants that found to be associated with violence between intimate relationship, were as followed; communication and family relations (n=20), alcohol or substance abuse (n=15), resource management (n=13), and having a lover or an affair (n =3) etc.

Factors related intimate partner violence

Both victims and perpetrators reported that reasons for violence between intimate partners stems from individuals and interpersonal factors. Individual level was lack of emotional control ,lack of anger management, alcohol or substance abuse, or having an affair, In this study indicated that alcohol drinking of partner related to the occurrence of violence (n=15). Having a lover or a concubine can lead to abuse in the family (n =3).

“He is an outgoing person, he usually came back home late and definitely drunk. He started yelling and throwing something away when I asked him to stop or reduce drinking. Some night he wanted sex, I did not want but had to consent because I could not resist his power and did not want the kids to hear our argument” (46 years old female, interviewed on October 20, 2012).

“Every day after finished work I have to hang out with my friend or even drank around at office. We drank until drunk and could not remember how we back home. Sometime my wife came by to ask me back home, I was not happy sometime I back home with her but rarely not, however, it has always ended with our fighting when I reached home. I don't feel like I am part of my family anymore” (60 years old male, interviewed on October 18, 2012).

“He was drunk regularly and every time he drunk he always physically hurt me. Nobody cares or could help even the children, once my sister in law asked him to stop but he suddenly screamed at her so she could not help. I was compelled to accept this condition, never thought to divorce or separate because nowhere to go. I am getting older, no career, no money, I have to tolerate it” (48 years old female, interviewed on November 5, 2012).

“He has changed, come back home late than before and leave at early morning. Often emotionally unstable; One day I found some his sweet message with another woman, I asked him for the truth; he became frustrated, unreasonable, and started shouting or yelling then rushed out of the house. Someday I pulled him to stop him going outside he pushed me back” (33 years old female, interviewed on November 2, 2012).

Interpersonal level was family expenditure and resource management (n=13), communication between partner, and family relations are also associated with intimate partner violence (n=20).

“He has never given me some honor or respect, I did not know why, maybe it was I have no family, no siblings, no cousins, no job and no income. Nowadays I similar like a dependent. He was usually bad behaved to me; yelling, insulting, threatening, and beating sometimes; Hit with bottle of beer. I had no decision-making and no powers. My voice never been heard. Sometimes it feels neglected and discouraged. We were not like a family; no talk no share and no care for each other as husband and wife should do” (48 years old female, interviewed on November 5, 2012).

“I do not know when it has occurred; I just realized that we always had different decision. Every day we have arrived home and then each apart to private zone did not communicate to each other” (43 years old male, interviewed on October 21, 2012).

“Lately we did not have activities together. We did not have breakfast or dinner together not even though going out together, it has never happened. It was kind of separated and independent, in case of there was some situation or problem that we have to make a decision we usually had a different solution which lead to another problem” (45 years old female, interviewed on November 2, 2012).

Based on a present study revealed that when couples do not have share accountabilities and responsibilities on these issues, women are at higher risk of violent aggression. In addition, women are at greatest risk for physical assault from their male partners who intermittently employed or were unemployed or (n=3).

“I admit that I sometime beat my wife because I was stress about unemployment and she kept asking me to go out to find a job. She was not kind of person who support or standby but always forced me” (33 years old male, interviewed on November 2, 2012).

“The problem is he is unemployed. I think he get into a beating mode when he is not happy, he would beat up the wife and also the kids. No one can stop him because he doesn't listen. Sometimes I think he probably is the type who likes beating wife” (33 years old female, interviewed on November 2, 2012).

Health consequences from intimate violence

Violence between intimate partners is related to a variation of negative health consequences. These range from mild to severe injuries.

“The situation was getting worse and worse. He started with yelled and quarreled then throws something at me follow by slapping and beating. It could happen in the house or even in front of others. I couldn’t get up. The pain was all over my body. He banged my head and punched my eyes. The beating was hard. It hurt all over” (38 years old female, interviewed on November 15, 2012).

“We started yelling and screaming to each other. She threw something at me so I got mad then walked straight and pushed her. She did not stop; pushed me back then I slapped her but she grabbed a knife and hit at my back; I am so bloody anyway she brought me to the hospital” (33 years old male, interviewed on November 2, 2012).

Intimate partner violence is just not produce a physical injuries but also produce a permanent psychological pain included distress, nervousness, phobias, post-traumatic stress disorder, and alcohol or substance abuse as a means of dealing with the psychological outcomes.

“The body pain was hurt but the heart pain was worse. I was so worried and couldn’t sleep. I felt ashamed, stressed, decreased self-confidence, and being too embarrassed to show up at work. Sometime I felt bad about myself. I blamed myself for whatever wrong I did for his behavior” (51 years old female, interviewed on November 5, 2012).

Besides, being a violence victim can also raise an individual’s risk of further violent aggression and of becoming a batterer of violence. Furthermore, the social cost and economic costs of violence between intimate partners are enormous and have affect all through society. Women may suffer loneliness and isolation, unable

to work, weight loss, lack of participation in regular activities, and limited to take care for they themselves and children.

How can couples decrease intimate partner violence?

The couples manage or solving problem by they themselves not let other engaged. When intimate partner violence occurred; household family members often hide it to prevent and protect the family's name.

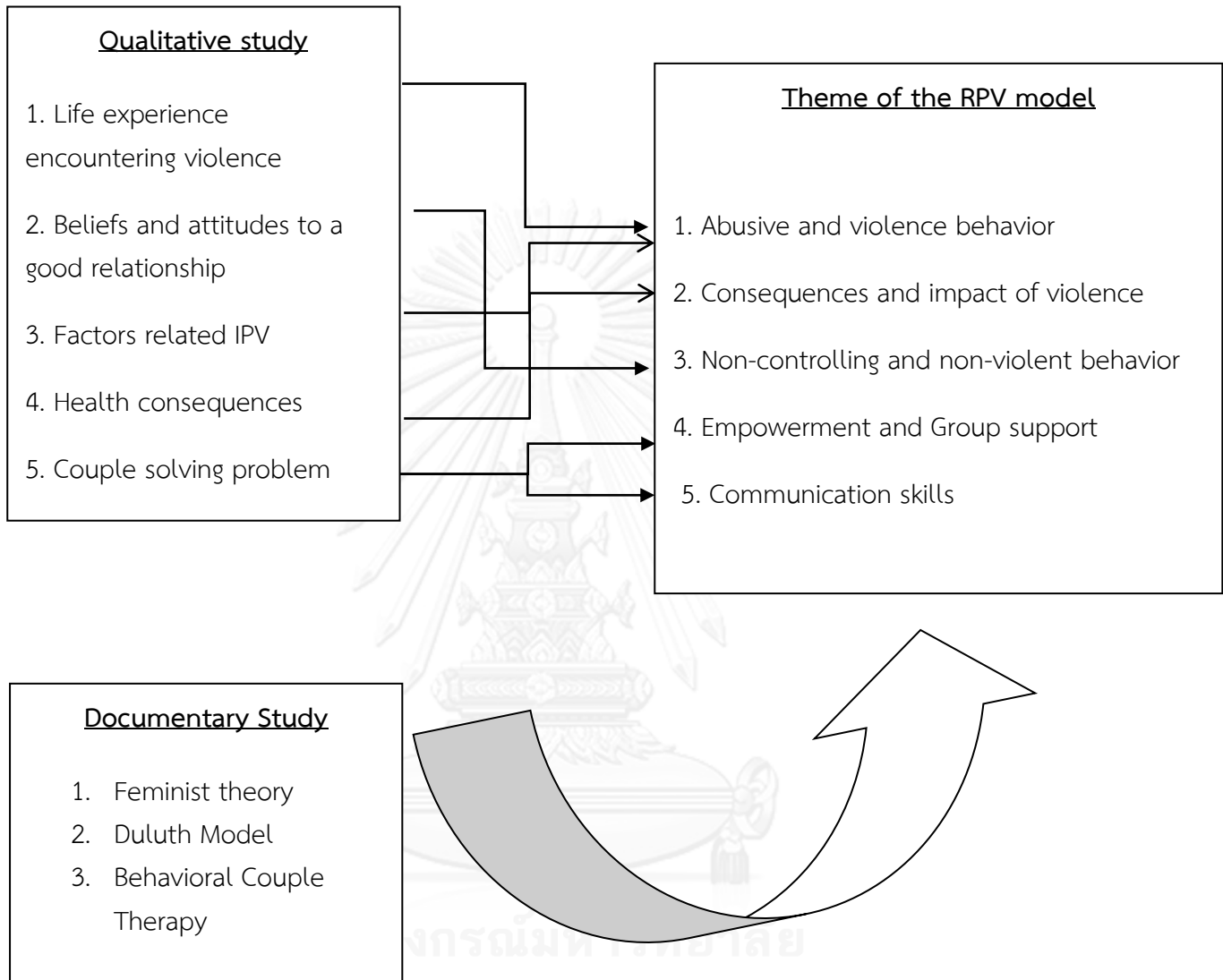
“The study revealed a deep-rooted Thai cultural belief about intimate partner violence. Intimate violence is still a confidential private issue not to be shared with outsiders. Relationship matters between husbands and wives are meant to be kept inside, not to be told to any other person. The victims have to remain in situation of violence in silence and often in isolation. The couples are expected to somehow resolve the issues between them. That why the victim and perpetrator were consensus to the way to reduce their violence by communicate and respect to each other, increase positive feeling, goodwill and each had a commitment to the relationship” (76).

The qualitative finding revealed 5 aspects related to intimate violence and couple relationships; 1) Life experiences encountering violence showed 20 participants both victims and perpetrators disclosed that they faced violence or abusive behaviors via psychological, physical, and sexual violence. The study also reflected that both women and men can be victims, however, men are more likely to be the perpetrators or batterers of physical violence and sexual violence than women, whereas, women are more likely to be a violence victim by their partners than men. 2) Beliefs and attitudes to a good relationship; the study reflected Thailand social values particularly on gender roles in Thai society in term of beliefs and traditions about what men (husband) and women (wife) should do 3) Factors related intimate partner violence; both victims and perpetrators reported that reasons for violence between intimate partners stems from individuals and interpersonal factors. Individual level, for instance, lack of emotional control, lack of anger management, alcohol or substance abuse, or having an affair, Interpersonal

level such as family expenditure, communication between partner 4) Health consequences; the study confirmed that violence between intimate relationship is related to a variation of negative health consequences from mild to severe injuries including psychological pain 5) Couple solving problem; the couples manage or solving problem by they themselves not let other involved. The couples are expected to somehow resolve the issues between them. That is why the couples need to have a consensus to decrease their violence by increase positive feeling and communication skills in order to improve their relationships.

From the study results both qualitative and documentary study based on Feminist theory, Duluth model, and Behavioral Couple Therapy; “This study would propose the program for intimate partner violence reduction. The purposes of the program are; to reduce conflict/ intimate partner violence, to improve relationship functioning among married or cohabiting and to increase positive feeling and commitment to the relationship” (76). The program covered 5 themes were; 1) Abusive and violence behavior 2) Consequences and impact of violence 3) Non-controlling and non-violent behavior 4) Empowerment and Group support and 5) Communication skills (see detail below)

Figure 5 Flow of the RPV development



4.1.3 The RPV Program

“The RPV program based on an educational, process group, skills-building, and couple focused approach” (25). Explored over 8 sessions’ period, three hours period per session because many studies found that program was effective in reducing violence when it was implemented at least 8 sessions (14). The RPV program consists of 2 parts. The first part is separated by gender-specific group (Male group and Female group) and the second part is couple focus approach. The intervention facilitators were those who have been working or related experience in violence against women at least 5 years, counseling/couple counseling at least 5 years and group facilitator at least 5 years. It would be better if can match gender of facilitator to gender-specific group of participants.

Contents of the RPV model:

Program part I: Gender-specific group

Session 1	Male: Understanding abusive behavior and social contexts Female: Assessing experience with abuse
Session 2	Male: Examining specific acts of abuse as a tactic of control Female: Impact of abuse and group sharing
Session 3	Male: Impact and health consequences Female: Group Support
Session 4	Male: Exploring and practicing non-controlling and non-violent behavior Female: Coping and Social support

Program part II: Couples focus approach

Session 5-6	Increasing positive activities
Session 7-8	Communications

The details of the RPV program were followed;

The REDUCTION OF PARTNER VIOLENCE PROGRAMME (RPV model)

Figure 6 Schedule of the RPV model

Day	3 hours periods		3 hours periods	
	Male	Female	Male	Female
1	Understanding abusive behavior and social contexts	Assessing experience with abuse	Examining specific acts of abuse as a tactic of control	Impact of abuse and group sharing
2	Health consequences and impact of violence	Group Support	Exploring and practicing non-controlling and non-violent behavior	Coping and Social support
3	Increasing positive activities (Couple focus approach)			
4	Practicing positive activities (Self practicing at home)			
5	Practicing positive activities (Self practicing at home)			
6	Sharing positive activities			
7	Communications (Couple focus approach)			
8	Communications (Couple focus approach)			

Program Part I. Gender-specific group

Session1:

Male: Understanding abusive behavior and social contexts;

“Let participants analyze how usually men maintain control and abused in the relationship” (25). This session focus only on general violence against women, rather than on their partner or relationship for building the group feels free to share their opinion. Discussing about these behaviors whether how often men treat to his partner;

1. Coercion and Threats; “saying or doing something to make your partner afraid that something bad will happen to her if she doesn’t do what you want” (59) and (47).
2. Intimidation; “the use of actions, words, and looks that are meant to frighten, scare and/or bully a person” (59) and (47).
3. Emotional Abuse; “actions, statements, or gestures that are attacks on a woman’s self-esteem and sense of self-worth. Acts intended to humiliate partner” (57).
4. Isolation; “controlling what she does, who she sees, where she goes, limiting her outside involvement” (59) and (47).
5. Using Children; “Any attempt to manipulate the partner’s behavior through the children” (60).
6. Male Privilege; “belief system that contends that men are entitled to certain privileges simply because they are men. Assuming certain privileges because of being male” (60).
7. Economic Abuse; “using economics as a form of control is making your partner dependent on you for money or resources” (60).
8. Minimizing, Denying and Blaming; “Minimizing: Making light of an assault or abusive behavior. Denial: Stating or indicating that what happened didn’t happen. Blame: Shifting responsibility for an abusive behavior onto something or someone else” (59).

In addition, Identify cultural and social influences that contributes to abusive behavior.

Female: Assessing experience with abuse;

Developing woman awareness of the dynamics of violent relationship and reflect on her own stories and experiences. Increasing critical thinking to enhance women who have been abused in identifying, analyzing, and or exposing the closed system throughout which the perpetrator manipulate her perception and belief. “This method involves stepping back to expand her vision of her life, and as she steps back from the relationship, the conditions, definitions, structures, and mythologies that limit her freedom are exposed” (60).

Additionally, let participants analyze how can women be the perpetrator especially psychological abused to her partner; for instance,

1. Insulted or made partner feel bad about themselves
2. Belittled or humiliated partner in front of other people
3. Scared or frighten partner for example by the way you looked at, by yelling or smashing thing

And or even physical or sexual violence were as followed; slapped or threw something at your partner, pushed your partner, threatened to use or used weapon against your partner, forced partner to have sexual intercourse, etc.

Session 2:

Male: Examining specific acts of abuse as a tactic of control;

“Let participants explore and analyzes their own use of abusive behavior based on 8 tactical behaviors above. Increase the participant's understanding of his abuse as a means of controlling his partner's actions, thoughts, and/or feelings. Moreover let male participants sharing whether they had ever abused by their female partner” (25).

Female: Impact of abuse and group sharing;

Increase woman’s awareness of violence consequences by examining the harmful, damaging and intimate partner violence outcomes. Reflect on her own stories, experiences and her own decisions by group sharing whether it can raise her security, strength, or independence.

Session 3

Male: Health consequences and impact of violence;

“Examining the negative effects of violence, emphasizing the intimate partner violence has been linked to many immediate and long-term health outcomes” (5) included woman’s physical health, emotional and mental health, and encouraging the participants responsibility and accountability for violence impact and consequences to their partners.

Female: Group Support;

Process of Group support is to share stories and experiences and to emotional support between women, it is essential to get support from someone who had ever same experiences and understands what it is like to stay or live with violent behavior. One key element of group support is providing and offering violent victim’s feeling that you are not alone.

“Support group is very significant due to the process allow people to share information and personal experiences, to hear others talk about their situation, and openly discuss their problems without judgment for what should do or don't do. In addition group support is the way to gather people who are facing something similar to support emotional, to offer practical advice and tips for cope condition for one another” (3).

Advantages of participating in support groups may include:

Feeling less lonesome or isolated

Exposed and frankly about your feelings

Reducing distress, depression or anxiety

Increasing a sense of empowerment

Enhancing coping skills

Developing a clearer understanding of your own situation

Getting practical advice and alternative options for coping situation

Session 4:

Male: Exploring and practicing non-controlling and non-violent behavior;

Encourage the participants to alter violent behavior or aggression by examining non-controlling behaviors and nonviolent methods of relating to their partners. Because of their aggressive behavior bring to impact to their marriage; however, these violent behaviors can be changed. This session encouraged and inspired participants to explored and examine non-violent alternatives.

“Change in behaviors is directly linked to changes in one’s belief systems and world view. Change occurs when participants are able to internalize a process for deconstructing those belief systems they use to justify and minimize their behavior. It challenges men to take the risk to stop controlling, stop having all the power. It asks men to challenge their privilege in society and to consider joining in an act of non-cooperation with the system that has caused so much pain” (60).

The session encouraged and empowered participants to explore non-violent behaviors were as followed; “1) negotiation and fairness for example being willing to compromise 2) non-threatening behaviors in term of good behave so that make your partner feels comfortable and safe 3) respect for instance listening and no judgment 4) trust and support; trust and support for your partner’s feeling and activities 5) honesty and accountability for example admitting being wrong and communicating openly and truthfully 6) responsible parenting for instance sharing parental responsibilities and a good role model for children 7) shared responsibility such as making decision together 8) economic partnership in term of making decision together” (60).

Female: Coping and Social support;

Developing women awareness to realize that there are many different methods that women can deal with the abuse. In addition, reflecting the ways she has resolved or coped with the problems in the past and how accomplish all these methods have been for her and family and classify new coping methods that probably will be more accomplish to her. Additionally, providing useful information to participants for make decisions regarding safety and recovery (60).

“Women’s groups can build and shape for their own environment. The group can make and reflect vision for a non-violent world. Therefore, its form and process is part of our changing consciousness. When participants are given the opportunity to consciously interpret and challenge the world, they can unite as actors in a struggle for transformation and social change (60).

II. Couple focuses approach

Session 5-6:

Topic 1: Increasing positive activities;

Increasing positive feeling, companionship and commitment to the relationship by 3 activities; as follow;

1). Doing Something Nice to the Partner; Initiate caring or pleasing behaviors on a daily activity to your partner. This process needs each couple to note partner’s caring behavior performed by each day on record sheets then sharing to each other at the end of the week.

2). Caring Day; Inspire each participant be the first move to perform lovingly toward their partner rather than waiting for your spouse then sharing to each other at the end of this session as well.

3). Planning Activities Together; Encourage each spouse to participate in recreational activities and or social activities together. Recreational activities and or social activities can enhance a good relationship. Planning to share activities together, each activity must include both partners, or with their family.

Session 7-8:

Topic 2: Communications;

Enhancing communication skills to solve conflicts, problems, and needs for change without being control and non-abusive behavior. Communication skills can help the patient and partner deal with pressure or stress in their relationship and this might be decrease the risk of relapse.

1) Listening Skills; good listening help each partner to understand and supported in addition to slow down interaction. Listening skills practicing by repeat the words and the feelings of the spouse's message such as "What I heard you say was... Is that right?".

2) Expressing Feelings Directly; exploring and practicing to express feelings directly other than irritation or anger. Underline that when someone expresses feelings directly, there is a greater chance that the message will be heard because all from feelings or point of view of the sender. In addition, the senders or speakers must take accountability for their own feeling; cannot blame to the others (61).

3) Communication Sessions; creating a communication session as a method for method for discussions involving feelings, issues, or problems. Inspire the spouses to ask each other for a communication when the situation or problem issues need to be discussed. Negotiating for Requests; teaching the couples to make positive requests and also learning to negotiate and compromise. Compromising and Negotiating can help partners reach a family agreement.

Schedule of Activity:

1. The program consisted of 8 sessions in 8 consecutive days and taking 3 hours per session. The first four sessions is separated by gender specific (male group and female group) and the last four sessions is couple focused approach.
2. Structure in each session as follow; following the agenda, bridge from previous session, discuss of current agenda, sharing and exchange experiences, and wrap up by facilitator. For the couple sessions, there were homework assignment for the couples in topic of "increasing positive activities" and "communication session"
3. The couples were appointed to follow and assess the model effectiveness at 1-3-6 months

4.2 PART II: MODEL TESTING: RESULTS OF THE REDUCTION OF PARTNER VIOLENCE MODEL (RPV MODEL)

The socio-demographic characteristic and the outcome measurement

4.2.1 The socio-demographic characteristic

The socio-demographic characteristics of participants are displayed in Table 2. The participants consisted of 40 persons in intervention group and 40 persons in control group. Chi-square test for the categorical data was used to compare the characteristics between groups. Independent t-test for continuous data was conducted to compare the mean of the personal characteristics between the intervention and control groups. The study found that there were no statistically significant difference between sex, age, religion, year of living, partner number, working hour, income, income sufficiency, special job, special income, children, and household family.

The socio-demographic characteristics showed that gender was equal between male and female in both group. The average age of the intervention and control groups were 48.98 (± 11.109) and 48.55 (± 12.955) years old, respectively. It was similar in age between groups (p -value = .875). Most participants of both intervention and control groups had finished a primary school of 30.0% and 57.5% respectively, it had a statistical significant difference between intervention and control group (p -value = .008). The majority of both groups had a marriage registration of 80.0% and 47.5% respectively, it had also a statistical significant difference between intervention and control group (p -value = .005). In addition, Occupation was a statistically significant difference between group (p -value = .009); the majority of intervention were hotel officer (32.5%) followed by employee (30.0%) while the majority of control were fisherman (32.5%) followed by employee (25.0%).

In term of their partner, most of them lived with the first partner (90% and 80%). The average year of living was $24.00(\pm 11.089)$ and $21.65(\pm 12.536)$, number of children was $2.15(\pm 1.183)$ and $2.03(\pm 1.405)$, and household member was $4.15(\pm 1.424)$ and $4.83(\pm 2.427)$. With regard to their income, half of them earned 10,000 – 20,000 Baht per month (32.5% and 40.0%). Further, for income sufficiency; most of them earned sufficiency but cannot saving (75.0% and 70.0%).



Table 2 Socio-demographic characteristics of intervention group and control group

General Information	Intervention		Control		<i>p</i> -value
	n = 40	%	n = 40	%	
Sex					1.000
Male	20	50.0	20	50.0	
Female	20	50.0	20	50.0	
Age					.875 ^a
(Year) ($\bar{x} \pm$ SD)	48.98±11.109		48.55±12.955		
Median (Range)	48 (26-66)		49 (27-75)		
Religion					1.000
Buddhist	40	100.0	39	97.5	
Christian	-	-	1	2.5	
Education					.008
Illiterate	1	2.5	3	7.5	
Primary school	12	30.0	23	57.5	
Secondary	9	22.5	1	2.5	
High School	6	15.0	8	20.0	
Diploma	8	20.0	4	10.0	
Bachelor Degree	4	10.0	1	2.5	
Marital Status					.005
Register	32	80.0	19	47.5	
Non-register	8	20.0	21	52.5	
Year of Living					.377 ^a
(Year) ($\bar{x} \pm$ SD)	24.00±11.089		21.65±12.536		
Partner Number					.348
First	36	90.0	32	80.0	
Second	4	10.0	8	20.0	

Chi square test, a = Independent t-test

Table 2 Socio-demographic characteristics of intervention group and control group (cont.)

General Information	Intervention		Control		<i>p-value</i>
	n = 40	%	n = 40	%	
Occupational					.009
Housewife/ Househusband	6	15.0	2	5.0	
Employee	12	30.0	10	25.0	
Hotel officer	13	32.5	3	7.5	
Fisherman	5	12.5	13	32.5	
Business owner	4	10.0	9	22.5	
Agriculture	-	-	3	7.5	
Working Hour *					.114
8	15	37.5	24	60.0	
9-10	22	55.0	13	32.5	
>10	3	7.5	3	7.5	
Income (Baht per month)					.154
Non	6	15.0	2	5.0	
<10,000	9	22.5	14	35.0	
10,000-20,000	13	32.5	16	40.0	
20,001-30,000	12	30.0	6	15.0	
>30,000	-	-	2	5.0	
Income Sufficiency					.373
Insufficiency	10	25.0	10	25.0	
Sufficiency without saving	30	75.0	28	70.0	
Sufficiency with saving	-	-	2	5.0	

Chi square test, * Respondents' answer

Table 2 Socio-demographic characteristics of intervention group and control group (cont.)

General Information	Intervention		Control		<i>p</i> -value
	n = 40	%	n = 40	%	
Extra Job					.495
Non	36	90.0	38	95.0	
Handy craft	1	2.5	-	-	
Scraped fish	2	5.0	1	2.5	
Massage	1	2.5	-	-	
Garden	-	-	1	2.5	
Extra Income (Baht per month)					.534
Non	36	90.0	38	95.0	
<1,000	-	-	-	-	
1,000-2,000	3	7.5	2	5.0	
2,001-3,000	1	2.5	-	-	
Children					.661 ^a
(Person) (\bar{x} + SD)	2.15±1.182		2.03±1.405		
Number of household member					.138 ^a
(Person) (\bar{x} + SD)	4.15±1.424		4.83±2.427		

Chi square test, a = Independent t-test

4.2.2 The frequency of the characteristic data of conflict in the family

Table 3 shows a comparison of number and percentages of conflict in the family between the intervention and control group. The Conflict in the family consisted of 8 issues were Unreasonable, None communicate, Family expense, Family members, Partner's drinking, Your drinking, Partner's affair, and Your affair. All these conflict issues may lead to misunderstanding and abuse between partners.

The chi- square test analysis disclosed that all these issues were no statistically significant differences between the intervention and control group exclude "Family expense" in the past 12 months and in the past 6 month and "Family expense" in the past 12 month were seen significant differences between groups at p-value = .020, .004, and .037, respectively. Details were as followed;

According to "Unreasonable", it was happened > 5 times in the past 12 month (92.5% and 85%) and was occurred frequently in the past 6 months (50% and 50%) and also in the past 1 month (40% and 32.5%). For "Non communicate", took place > 5 time in the past 12 month (95% and 80%) and happened frequently in the past 6 months (50% and 45%) and also frequently in the past 1 month (37.5% and 42.5%).

In term of "Family member issue" happened rarely to very frequently in the past 6 month (55% and 60%) and happened rarely to very frequently in the past 1 month (45% and 60%). In addition "Partner's drinking issue" was also another conflict in the family, in the past 12 months happened once to >5 times (45% and 50%) and weekly happened in the past 6 months (20% and 20%) and in the past 1 month as well (17.5% and 15%). It was similar in "Your drinking issue", it occurred 2 to > 5 times in the past 12 months (40% and 45%) and weekly happened in the past 6 months and in the past 1 month (17.5% and 15%) and (17.5% and 12.5%). More than 75% of participant in both group reported that "Partner's affair, and Your affair issues" never happened in their relationship in the past 12, 6, and 1 month.

Table 3 Comparing number (n) and percentage (%) of conflict in the family between intervention group and control group

Variables	Intervention		Control		Chi-square test
	n = 40	%	n = 40	%	
Unreasonable					
<u>In the past 12 month</u>					.443
Never	-	-	-	-	
Once	-	-	1	2.5	
2-5 Times	3	7.5	5	12.5	
>5 times	37	92.5	34	85	
<u>In the past 6 month</u>					.622
Never	-	-	-	-	
Rarely (1 time: 6 months)	-	-	1	2.5	
Occasionally (1 time: month)	11	27.5	13	32.5	
Frequently (1 time: week)	20	50.0	20	50.0	
Very frequently (>1time: week)	9	22.5	6	15.0	
<u>In the past 1 month</u>					.496
Never	-	-	1	2.5	
Rarely (1 time: month)	6	15.0	9	22.5	
Occasionally (2-3 times: month)	8	20.0	11	27.5	
Frequently (1 time: week)	16	40.0	13	32.5	
Very frequently (>2-3time: week)	10	25.0	6	15.0	

Table 3 Comparing number (n) and percentage (%) of conflict in the family between intervention group and control group (cont.)

Variables	Intervention		Control		Chi-square test
	n = 40	%	n = 40	%	
Non communicate					
<u>In the past 12 month</u>					.070
Never	-	-	-	-	
Once	-	-	-	-	
2-5 Times	2	5.0	8	20.0	
>5 times	38	95.0	32	80.0	
<u>In the past 6 month</u>					.182
Never	-	-	-	-	
Rarely (1 time: 6 months)	2	5.0	5	12.5	
Occasionally (1 time: month)	6	15.0	11	27.5	
Frequently (1 time: week)	20	50.0	18	45.0	
Very frequently (>1time: week)	12	30.0	6	15.0	
<u>In the past 1 month</u>					.636
Never	2	5.0	3	7.5	
Rarely (1 time: month)	5	12.5	6	16.0	
Occasionally (2-3 times: month)	5	12.5	7	17.5	
Frequently (1 time: week)	15	37.5	17	42.5	
Very frequently (>2-3time: week)	13	32.5	7	17.5	

Table 3 Comparing number (n) and percentage (%) of conflict in the family between intervention group and control group (cont.)

Variables	Intervention		Control		Chi-square test
	n = 40	%	n = 40	%	
Family Expense					
<u>In the past 12 month</u>					.020
Never	-	-	7	17.5	
Once	-	-	-	-	
2-5Times	10	25.0	7	17.5	
>5 times	30	75.0	26	65.0	
<u>In the past 6 month</u>					.004
Never	-	-	7	17.5	
Rarely (1 time: 6 months)	10	25.0	3	7.5	
Occasionally (1 time: month)	7	17.5	15	37.5	
Frequently (1 time: week)	15	37.5	11	27.5	
Very frequently (>1time: week)	8	20.0	4	10.0	
<u>In the past 1 month</u>					.676
Never	8	20.0	11	27.5	
Rarely (1 time: month)	8	20.0	10	25.0	
Occasionally (2-3 times: month)	6	15.0	7	17.5	
Frequently (1 time: week)	10	25.0	8	20.0	
Very frequently (>2-3time: week)	8	20.0	4	10.0	

Table 3 Comparing number (n) and percentage (%) of conflict in the family between intervention group and control group (cont.)

Variables	Intervention		Control		Chi-square test
	n = 40	%	n = 40	%	
Family Members					
<u>In the past 12 month</u>					.037
Never	18	45.0	16	40.0	
Once	-	-	-	-	
2-5Times	4	10.0	13	32.5	
>5 times	18	45.0	11	27.5	
<u>In the past 6 month</u>					.521
Never	18	45.0	16	40.0	
Rarely (1 time: 6 months)	4	10.0	6	15.0	
Occasionally (1 time: month)	12	30.0	16	40.0	
Frequently (1 time: week)	2	5.0	1	2.5	
Very frequently (>1time: week)	4	10.0	1	2.5	
<u>In the past 1 month</u>					.089
Never	22	55.0	22	55.0	
Rarely (1 time: month)	10	25.0	13	32.5	
Occasionally (2-3 times: month)	2	5.0	4	10.0	
Frequently (1 time: week)	6	15.0	-	-	
Very frequently (>2-3time: week)	-	-	1	2.5	

Table 3 Comparing number (n) and percentage (%) of conflict in the family between intervention group and control group (cont.)

Variables	Intervention		Control		Chi-square test
	n = 40	%	n = 40	%	
Partner's drinking					
<u>In the past 12 month</u>					.709
Never	22	55.0	20	50.0	
Once	1	2.5	-	-	
2-5Times	3	7.5	3	7.5	
>5 times	14	35.0	17	42.5	
<u>In the past 6 month</u>					.645
Never	23	57.5	20	50.0	
Rarely (1 time: 6 months)	2	5.0	1	2.5	
Occasionally (1 time: month)	7	17.5	11	27.5	
Frequently (1 time: week)	4	10.0	6	15.0	
Very frequently (>1time: week)	4	10.0	2	5.0	
<u>In the past 1 month</u>					.890
Never	24	60.0	21	52.5	
Rarely (1 time: month)	6	15.0	8	20.0	
Occasionally (2-3 times: month)	3	7.5	5	12.5	
Frequently (1 time: week)	3	7.5	3	7.5	
Very frequently (>2-3time: week)	4	10.0	3	7.5	

Table 3 Comparing number (n) and percentage (%) of conflict in the family between intervention group and control group (cont.)

Variables	Intervention		Control		Chi-square test
	n = 40	%	n = 40	%	
Your drinking					
<u>In the past 12 month</u>					.891
Never	22	60.0	22	55.0	
Once	-	-	-	-	
2-5Times	3	7.5	3	7.5	
>5 times	13	32.5	15	37.5	
<u>In the past 6 month</u>					.498
Never	24	60.0	22	55.0	
Rarely (1 time: 6 months)	3	7.5	1	2.5	
Occasionally (1 time: month)	6	15.0	11	27.5	
Frequently (1 time: week)	3	7.5	4	10.0	
Very frequently (>1time: week)	4	10.0	2	5.0	
<u>In the past 1 month</u>					.333
Never	25	62.5	22	55.0	
Rarely (1 time: month)	5	12.5	11	27.5	
Occasionally (2-3 times: month)	3	7.5	2	5.0	
Frequently (1 time: week)	3	7.5	4	10.0	
Very frequently (>2-3time: week)	4	10.0	1	2.5	

Table 3 Comparing number (n) and percentage (%) of conflict in the family between intervention group and control group (cont.)

Variables	Intervention		Control		Chi-square test
	n = 40	%	n = 40	%	
Partner's Affair					
<u>In the past 12 month</u>					.840
Never	31	77.5	32	80.0	
Once	-	-	-	-	
2-5Times	2	5.0	1	2.5	
>5 times	7	17.5	7	17.5	
<u>In the past 6 month</u>					.612
Never	31	77.5	32	80.0	
Rarely (1 time: 6 months)	1	2.5	-	-	
Occasionally (1 time: month)	1	2.5	3	7.5	
Frequently (1 time: week)	3	7.5	3	7.5	
Very frequently (>1time: week)	4	10.0	2	5.0	
<u>In the past 1 month</u>					.388
Never	32	80.0	32	80.0	
Rarely (1 time: month)	1	2.5	2	5.0	
Occasionally (2-3 times: month)	-	-	2	5.0	
Frequently (1 time: week)	3	7.5	3	7.5	
Very frequently (>2-3time: week)	4	10.0	1	2.5	

Table 3 Comparing number (n) and percentage (%) of conflict in the family between intervention group and control group (cont.)

Variables	Intervention		Control		Chi-square test
	n = 40	%	n = 40	%	
Your Affair					
<u>In the past 12 month</u>					.497
Never	33	82.5	33	82.5	
Once	-	-	-	-	
2-5Times	1	2.5	3	7.5	
>5 times	6	15.0	4	10.0	
<u>In the past 6 month</u>					.287
Never	33	82.5	33	82.5	
Rarely (1 time: 6 months)	1	2.5	-	-	
Occasionally (1 time: month)	2	5.0	6	15.0	
Frequently (1 time: week)	1	2.5	-	-	
Very frequently (>1time: week)	3	7.5	1	2.5	
<u>In the past 1 month</u>					.198
Never	34	85.0	33	82.5	
Rarely (1 time: month)	-	-	4	10.0	
Occasionally (2-3 times: month)	2	5.0	2	5.0	
Frequently (1 time: week)	1	2.5	-	-	
Very frequently (>2-3time: week)	3	7.5	1	2.5	

4.2.3 The frequency of the characteristic data of Partner's violent behaviors

As shown in Table 4 the frequency of Partner's violent behaviors in the time period of 6 months and 1 month before intervention implementation between the intervention group and control group. The Partner's Violent behaviors included 13 issues were 1) Insulted you 2) Belittled or humiliated you 3) Frighten you by looked at you, yelling or, smashing thing 4) Threatened to hurt you or someone you love 5) Slapped you or threw something at you 6) Pushed or shoved you 7) Hit you 8) Kicked you 9) Choked or burnt you 10) Threatened to use weapon 11) Physically forced you to have sex 12) Have sexual intercourse even you did not want, and 13) Forced you to do something sexual that humiliating.

The chi-square test analysis revealed that all these issues were no statistically significant differences between the intervention and control group exclude "Insulted you in the past 1 month" and "Frighten you by looked at you, yelling or, smashing thing in the past 6 months" were seen significant differences between groups at p-value = .043 and .017, respectively. Details were as followed;

In the past 6 months found that the majority of participants in intervention were insulted by partner occasionally (55%) followed by very frequently (20%), whereas, the control were insulted by partner occasionally (50%) followed by frequently (30%). The intervention was occasionally belittled (42.5%), occasionally slapped (35%) by partner, for the control was belittled frequently (45%), was slapped occasionally (42.5%). Most of participants in both groups were never pushed or shoved (35% and 55%), were never hit (92.5% and 97.5%), were never kicked (92.5% and 95%), and a hundred percent were never choked or burnt and was never threatened to use weapon by partner. In term of sexual abused found that 7.5% of the intervention and 2.5% of the control were physically forced to have sex occasionally, 10% of the intervention and 12.5% of the control have to have sexual intercourse even did not want occasionally, and 12.5 % of the intervention and 10 % of the control were forced to do humiliating in sexual activity.

In the past 1 month discovered in both groups were insulted occasionally (37.5% and 35%) followed by very frequently (22.5%) in intervention and frequently (30%) in control. For belittled by their partner found that the intervention was occasionally (30%), whereas the control was frequently (42.5%). In both groups were slapped rarely (40% and 40%), were threatened to hurt you from rarely to very frequently (42.5% and 25%), were rarely to very frequently pushed by partner (65% and 45%). Less than 10% was physically abused by hit and kicked. In term of sexual abused found that both groups were physically forced to have sex rarely (7.5% and 2.5%), have sexual intercourse even did not want from rarely to frequently (12.5% and 15%), and were forced to do humiliating in sexual activity from rarely to frequently (12.5% and 10%).

Table 4 Comparing number (n) and percentage (%) of Partner's Violent behaviors between intervention group and control group

Variables	Intervention		Control		Chi-square test
	n = 40	%	n = 40	%	
Insulted you					
<u>In the past 6 month</u>					.224
Never	-	-	2	5.0	
Rarely (1 time: 6 months)	3	7.5	3	7.5	
Occasionally (1 time: month)	22	55.0	20	50.0	
Frequently (1 time: week)	7	17.5	12	30.0	
Very frequently (>1time: week)	8	20.0	3	7.5	
<u>In the past 1 month</u>					.043
Never	-	-	4	10.0	
Rarely (1 time: month)	9	22.5	8	20.0	
Occasionally (2-3 times: month)	15	37.5	14	35.0	
Frequently (1 time: week)	7	17.5	12	30.0	
Very frequently (≥2-3time: week)	9	22.5	2	5.0	

Table 4 Comparing number (n) and percentage (%) of Partner's Violent behaviors between intervention group and control group (cont.)

Variables	Intervention		Control		Chi-square test
	n = 40	%	n = 40	%	
Belittled or humiliated you					
<u>In the past 6 month</u>					.249
Never	-	-	2	5.0	
Rarely (1 time: 6 months)	1	2.5	2	5.0	
Occasionally (1 time: month)	17	42.5	12	30.0	
Frequently (1 time: week)	12	30.0	18	45.0	
Very frequently (>1time: week)	10	25.0	6	15.0	
<u>In the past 1 month</u>					.235
Never	1	2.5	3	7.5	
Rarely (1 time: month)	6	15.0	8	20.0	
Occasionally (2-3 times: month)	12	30.0	7	17.5	
Frequently (1 time: week)	11	27.5	17	42.5	
Very frequently (>2-3time: week)	10	25.0	5	12.5	
Frighten you by looked at you, yelling or, smashing thing					
<u>In the past 6 month</u>					.017
Never	3	7.5	14	35.0	
Rarely (1 time: 6 months)	11	27.5	5	12.5	
Occasionally (1 time: month)	14	35.0	14	35.0	
Frequently (1 time: week)	7	17.5	6	15.0	
Very frequently (>1time: week)	5	12.5	1	2.5	
<u>In the past 1 month</u>					.169
Never	8	20.0	16	40.0	
Rarely (1 time: month)	12	30.0	11	27.5	
Occasionally (2-3 times: month)	8	20.0	7	17.5	
Frequently (1 time: week)	6	15.0	5	12.5	
Very frequently (>1time: week)	6	15.0	1	2.5	

Table 4 Comparing number (n) and percentage (%) of Partner's Violent behaviors between intervention group and control group (cont.)

Variables	Intervention		Control		Chi-square test
	n = 40	%	n = 40	%	
Threatened to hurt you or someone you love					
<u>In the past 6 month</u>					.156
Never	23	57.5	30	75.0	
Rarely (1 time: 6 months)	-	-	2	5.0	
Occasionally (1 time: month)	10	25.0	4	10.0	
Frequently (1 time: week)	4	10.0	3	7.5	
Very frequently (>1time: week)	3	7.5	1	2.5	
<u>In the past 1 month</u>					.398
Never	23	57.5	30	75.0	
Rarely (1 time: month)	8	20.0	4	10.0	
Occasionally (2-3 times: month)	2	5.0	2	5.0	
Frequently (1 time: week)	3	7.5	3	7.5	
Very frequently (>2-3time: week)	4	10.0	1	2.5	
Slapped you or threw something					
<u>In the past 6 month</u>					.412
Never	13	32.5	17	42.5	
Rarely (1 time: 6 months)	8	20.0	4	10.0	
Occasionally (1 time: month)	14	35.0	17	42.5	
Frequently (1 time: week)	1	2.5	1	2.5	
Very frequently (>1time: week)	4	10.0	1	2.5	
<u>In the past 1 month</u>					.420
Never	13	32.5	18	45.0	
Rarely (1 time: month)	16	40.0	16	40.0	
Occasionally (2-3 times: month)	6	15.0	5	12.5	
Frequently (1 time: week)	2	5.0	-	-	
Very frequently (>1time: week)	3	7.5	1	2.5	

Table 4 Comparing number (n) and percentage (%) of Partner's Violent behaviors between intervention group and control group (cont.)

Variables	Intervention		Control		Chi-square test
	n = 40	%	n = 40	%	
Pushed or shoved you					
<u>In the past 6 month</u>					.090
Never	14	35.0	22	55.0	
Rarely (1 time: 6 months)	10	25.0	3	7.5	
Occasionally (1 time: month)	12	30.0	14	35.0	
Frequently (1 time: week)	2	5.0	-	-	
Very frequently (>1time: week)	2	5.0	1	2.5	
<u>In the past 1 month</u>					.308
Never	14	35.0	22	55.0	
Rarely (1 time: month)	19	47.5	12	30.0	
Occasionally (2-3 times: month)	4	10.0	5	12.5	
Frequently (1 time: week)	1	2.5	-	-	
Very frequently (>2-3time: week)	2	5.0	1	2.5	
Hit you					
<u>In the past 6 month</u>					.305
Never	37	92.5	39	97.5	
Rarely (1 time: 6 months)	3	7.5	1	2.5	
<u>In the past 1 month</u>					.152
Never	38	95.0	40	100.0	
Rarely (1 time: month)	2	5.0	-	-	

Table 4 Comparing number (n) and percentage (%) of Partner's Violent behaviors between intervention group and control group (cont.)

Variables	Intervention		Control		Chi-square test
	n = 40	%	n = 40	%	
Kicked you					
<u>In the past 6 month</u>					.644
Never	37	92.5	38	95.0	
Rarely (1 time: 6 months)	3	7.5	2	5.0	
<u>In the past 1 month</u>					.152
Never	38	95.0	40	100.0	
Rarely (1 time: month)	2	5.0	-	-	
Choked or burnt you					
<u>In the past 6 month</u>					
Never	40	100.0	40	100.0	
<u>In the past 1 month</u>					
Never	40	100.0	40	100.0	
Threatened to use weapon					
<u>In the past 6 month</u>					
Never	40	100.0	40	100.0	
<u>In the past 1 month</u>					
Never	40	100.0	40	100.0	

Table 4 Comparing number (n) and percentage (%) of Partner's Violent behaviors between intervention group and control group (cont.)

Variables	Intervention		Control		Chi-square test
	n = 40	%	n = 40	%	
Physically forced you to have sex					
<u>In the past 6 month</u>					.590
Never	36	90.0	38	95.0	
Rarely (1 time: 6 months)	1	2.5	1	2.5	
Occasionally (1 time: month)	3	7.5	1	2.5	
<u>In the past 1 month</u>					.305
Never	37	92.5	39	97.5	
Rarely (1 time: month)	3	7.5	1	2.5	
Have sexual intercourse even you did not want					
<u>In the past 6 month</u>					.959
Never	34	85.0	33	82.5	
Rarely (1 time: 6 months)	1	2.5	1	2.5	
Occasionally (1 time: month)	4	10.0	5	12.5	
Frequently (1 time: week)	1	2.5	1	2.5	
<u>In the past 1 month</u>					.702
Never	35	87.5	34	85.0	
Rarely (1 time: 6 months)	2	5.0	3	7.5	
Occasionally (1 time: month)	2	5.0	3	7.5	
Frequently (1 time: week)	1	2.5	-	-	

Table 4 Comparing number (n) and percentage (%) of Partner's Violent behaviors between intervention group and control group (cont.)

Variables	Intervention		Control		Chi-square test
	n = 40	%	n = 40	%	
Forced you to do something sexual that humiliating.					
<u>In the past 6 month</u>					.939
Never	34	85.0	35	87.5	
Rarely (1 time: 6 months)	1	2.5	1	2.5	
Occasionally (1 time: month)	5	12.5	4	10.0	
<u>In the past 1 month</u>					.841
Never	35	87.5	36	90.0	
Rarely (1 time: month)	3	7.5	3	7.5	
Occasionally (2-3 times: month)	2	5.0	1	2.5	

4.2.4 The outcome measurement of the average of conflict in the family in the time period before intervention implementation

Independent t-test for continuous data was used to compare the dependent variables of the data between intervention and control group. In Table 5 displayed data of conflict in the family of two groups. The Conflict in the family consisted of 8 issues were as followed; Unreasonable, None communicate, Family expense, Family members, Partner's drinking, Your drinking, Partner's affair, and Your affair. The total scores of each item "in the past 12 month" was 3, and the total scores of each item "in the past 6 month" and "in the past 1 month" was 4.

The Independent t-test analysis disclosed that there were only 2 issues; "none communicate in the past 6 month" and "family expense in the past 12 month" were statistical significant difference between the intervention and the control groups of p-value = .029 and .024 respectively. The average score of none communicate in the past 6 month in the intervention group was 3.05 (± 0.81) and the control group was 2.63(± 0.89). The average score of family expense in the past 12 month in the intervention group was 2.75 (± 0.43) and the control group was 2.30 (± 1.13).

The top five highest the average score of conflict in the family in the past 1 month in both groups were; 1) None communication was 2.80 \pm 1.18 and 2.48 \pm 1.17, 2) Unreasonable was 2.75 \pm 1.00 and 2.35 \pm 1.07, 3) Family expense was 2.05 \pm 1.44 and 1.60 \pm 1.35, 4) Partner's drinking was 0.93 \pm 1.38 and 0.98 \pm 1.29, and 5) Your drinking was 0.90 \pm 1.39 and 0.78 \pm 1.09. All of those top five highest the average scores were no statistically significant difference between both groups of p-value = .221, .090, .155, .868, and .657 respectively.

Table 5 The average of conflict in the family of intervention group and control group in the time period before intervention implementation

Variables	Intervention		Control		<i>p-value</i>
	Mean	S.D.	Mean	S.D.	
Unreasonable					
In the past 12 month	2.93	0.27	2.83	0.44	.228
In the past 6 month	2.95	0.71	2.78	0.73	.283
In the past 1 month	2.75	1.00	2.35	1.07	.090
Non communicate					
In the past 12 month	2.95	0.22	2.83	0.44	.117
In the past 6 month	3.05	0.81	2.63	0.89	.029
In the past 1 month	2.80	1.18	2.48	1.17	.221
Family Expense					
In the past 12 month	2.75	0.43	2.30	1.13	.024
In the past 6 month	2.53	1.08	2.05	1.21	.069
In the past 1 month	2.05	1.44	1.60	1.35	.155
Family Members					
In the past 12 month	1.55	1.44	1.48	1.28	.807
In the past 6 month	1.25	1.35	1.13	1.06	.648
In the past 1 month	0.80	1.09	0.63	0.86	.430
Partner's drinking					
In the past 12 month	1.23	1.42	1.43	1.46	.538
In the past 6 month	1.10	1.44	1.23	1.34	.690
In the past 1 month	0.93	1.38	0.98	1.29	.868

Independent t-test

Table 5 The average of conflict in the family of intervention group and control group in the time period before intervention implementation (cont.)

Variables	Intervention		Control		<i>p-value</i>
	Mean	S.D.	Mean	S.D.	
Your drinking					
In the past 12 month	1.13	1.41	1.28	1.45	.641
In the past 6 month	1.00	1.41	1.08	1.30	.806
In the past 1 month	0.90	1.39	0.78	1.09	.657
Partner's affair					
In the past 12 month	0.63	1.19	0.58	1.17	.851
In the past 6 month	0.70	1.40	0.58	1.21	.671
In the past 1 month	0.65	1.38	0.48	1.06	.528
Your affair					
In the past 12 month	0.50	1.10	0.45	1.01	.834
In the past 6 month	0.50	1.19	0.40	0.92	.678
In the past 1 month	0.48	1.19	0.30	0.79	.443

Independent t-test

From qualitative data indicated that both intervention and control group had some similar conflicts in relationship. Partner violence included psychological abused and physical abused stem from husband-wife and family non communication, Unreasonable, Family expense issue, and alcohol drinking.

For unreasonable issue found that both male and female in two groups reported occurred frequently at least every week

“At least one time per week we have issues that lead to misunderstanding and made each other got mad. I do not know why; I have my own reasons and she has her own decision and of course her decision and my reasons are totally different. We were not listening to each other”

(39 years old male, Intervention group)

“I did not understand why it was happened; every week we had to quarrel. He and I always had different decision. Even it was a tiny issues, It has still too hard too compromised”

(47 years old female, Control group)

In term of non-communicate between partners. All female participants in two both groups reported they had problem from non-communicate with their partners. However, most male participants admitted they were also had non communication problem, while, there were some male participants (n=5) reported that they had never had problem with their partner from non-communicate.

“I do not know when it was started; we did not spend time together, nor doing activities even having dinner together. We are so independence and of course if there is some issue to make decision, it always ended with different solution”

(42 years old female, Intervention group)

“I admitted I am an outgoing person, I am quite sure she knew this fact; why we have to discuss about this situation. I did not go with another woman or having an affair, I just hang out with friends. I did not understand how she can be so cold and disinterested to me”

(33 years old male, Intervention group)

For family expense found that “Sometimes I started the quarrel with my partners due to I was pressure about the expenditure. There are many things to take accountability including cost of utilities, monthly expense, and children daily expense. Once I was unemployment she increases my stress by kept asking me to go out to find a job, always force me”

(49 years old male, Intervention group)

“For me, reason for his abused and aggressive was about the family expenditure. He turns into a beating mode when he is tension and not happy, we always started argument when I asked for family expense, he would beat up me and also the kids. No one can stop him “

(29 years old female, Control group)

For alcohol abused problem, the result was reported by 30 females in both groups. They indicated that alcohol drinking of their partner contribute to violence in the family at least once a month, In addition, twenty-one males revealed their drinking behaviors bring to conflict and violence between partners, moreover, four female reported violence abused due to her drinking behavior, while some male (n=5) reported that his partner is an alcohol abused.

“That day he asked me for some money as he wanted to leave for his drinking hours. He wanted some money from me. I refused. We had arguments for a while, then he started insulting, yelling, and threatening, the worst was beating me sometimes. I have no powers. My voice never been heard” (58 years old female, Intervention group),

“He is an alcohol abused, when drunk; he would jump into battle circumstances by stir up a quarrel with me. He therefore would start yelling, throwing, or beating me. He is the type who likes beating women”
(61 years old female, Control group)

“He always physically hurt me when he drunk. Nobody cares or could help because he was not listening. I had to accept to this condition, never thought to leave or divorce because nowhere to go. I am getting older, no career, no money, I have to stand it”
(64 years old female, Intervention group)

4.2.5 The outcome measurement of the average of partner’s violent behavior in the time period before intervention implementation

According to Table 6, presented the average score of partner’s violent behaviors in the time period of 6 months and 1 month before intervention. The partner’s violent behaviors comprised of 13 issues were as followed; 1) Insulted you 2)Belittled or humiliated you 3)Frighten you by looked at you, yelling or, smashing thing 4) Threatened to hurt you or someone you love 5) Slapped you or threw something at you 6) Pushed or shoved you 7) Hit you 8) Kicked you 9) Choked or burnt you 10) Threatened to use weapon 11) Physically forced you to have sex 12) Have sexual intercourse even you did not want, and 13) Forced you to do something sexual that humiliating. The total scores of each behavior were 4.

All of those partner’s violent behaviors both period of 6 months and 1 month were no statistically significant difference between two groups except for “Frighten by looked at you, yelling, or smashing thing” in both periods of 6 month and 1 month were statistically significant difference between intervention and control group. The average frighten scores in the past 6 months in intervention group was 2.00 (± 1.13) and control group was 1.38 (± 1.19). The average frighten scores in the past 1 month in intervention group was 1.75(± 1.35) and control group was 1.10 (± 1.15) at p-value = .019 and .023 respectively.

Additionally, from all these 13 behaviors can classified into 3 violent behaviors; 1) Partner's Psychological Violent behaviors; consisted of Insulted you, Belittled or humiliated you, Frighten you by looked at you, yelling or, smashing thing, and Threatened to hurt you or someone you love; the total scores of Partner's Psychological Violent behaviors was 16 2) Partner's Physical Violent behaviors contained of Slapped you or threw something at you, Pushed or shoved you, Hit you, Kicked you, Choked or burnt you, and Threatened to use weapon; the total scores of Partner's Physical Violent behaviors was 24 and 3) Partner's Sexual Violent behaviors; comprised of Physically forced you to have sex, Have sexual intercourse even you did not want, and Forced you to do something sexual that humiliating; the total scores of Partner's Sexual Violent behaviors was 12.

The average scores of Partner's Physical Violent behaviors in the past 6 month in intervention group was $2.73(\pm 2.71)$ and control group was $2.08(\pm 2.25)$, it was no statistically significant difference between intervention and control group of $p\text{-value} = .247$, the average scores of Partner's Sexual Violent behaviors in the past 6 month of the intervention and control group were $0.75(\pm 1.89)$ and $0.65(\pm 1.51)$ respectively, it was also similar in Partner's Sexual Violent behaviors between group ($p\text{-value} = .795$), however, the scores of Partner's Psychological Violent behaviors in the past 6 month was statistically significant difference between intervention and control groups of $p\text{-value} = .049$, the scores of Partner's Psychological Violent behaviors in the intervention group (8.39 ± 3.59) was significantly higher than control group (6.83 ± 3.34).

Table 6 The average of partner's violent behaviors of intervention group and control group in the time period before intervention implementation.

Variables	Intervention		Control		<i>p-value</i>
	Mean	S.D.	Mean	S.D.	
Insulted you					
In the past 6 month	2.50	0.90	2.28	0.90	.270
In the past 1 month	2.40	1.08	2.00	1.06	.099
Belittled or humiliated you					
In the past 6 month	2.78	0.86	2.60	0.98	.400
In the past 1 month	2.58	1.10	2.33	1.16	.328
Frighten you by looked at you, yelling or, smashing thing					
In the past 6 month	2.00	1.13	1.38	1.19	.019
In the past 1 month	1.75	1.35	1.10	1.15	.023
Threatened to hurt you or someone you love					
In the past 6 month	1.10	1.39	0.58	1.10	.066
In the past 1 month	0.93	1.36	0.53	1.06	.148
Slapped you or threw something at you					
In the past 6 month	1.38	1.25	1.13	1.09	.344
In the past 1 month	1.15	1.16	0.75	0.87	.086
Pushed or shoved you					
In the past 6 month	1.20	1.13	0.88	1.07	.191
In the past 1 month	0.95	1.01	0.65	0.89	.164
Hit you					
In the past 6 month	0.08	0.27	0.03	0.16	.311
In the past 1 month	0.05	0.22	-	-	.156
Kicked you					
In the past 6 month	0.08	0.27	0.05	0.22	.649
In the past 1 month	0.05	0.22	-	-	.160

Independent t-test

Table 6 The average of partner's violent behaviors of intervention and control group in the time period before intervention implementation (cont.)

Variables	Intervention		Control		<i>p-value</i>
	Mean	S.D.	Mean	S.D.	
Choked or burnt you					
In the past 6 month	-	-	-	-	-
In the past 1 month	-	-	-	-	-
Threatened to use weapon					
In the past 6 month	-	-	-	-	-
In the past 1 month	-	-	-	-	-
Physically forced you to have sex					
In the past 6 month	0.18	0.55	0.08	0.35	.355
In the past 1 month	0.08	0.27	0.03	0.15	.312
Have sexual intercourse even you did not want					
In the past 6 month	0.30	0.76	0.35	0.80	.775
In the past 1 month	0.23	0.66	0.23	0.58	1.000
Forced you to do something sexual that humiliating					
In the past 6 month	0.28	0.68	0.23	0.62	.732
In the past 1 month	0.18	0.50	0.13	0.40	.625
Partner's Psychological Violent behaviors					
In the past 6 month	8.38	3.59	6.83	3.34	.049
In the past 1 month	7.65	4.21	5.95	3.51	.054
Partner's Physical Violent behaviors					
In the past 6 month	2.73	2.71	2.08	2.25	.247
In the past 1 month	2.20	2.37	1.40	1.69	.087
Partner's Sexual Violent behaviors					
In the past 6 month	0.75	1.89	0.65	1.51	.795
In the past 1 month	0.48	1.30	0.38	0.95	.696

Independent t-test

Qualitative data confirms significant problem of intimate partner violence; psychological violence by verbal assault, verbal degrading, Insult, threats, use of social and economic means to torment, or refusal to provide financial support; physical violence by throw something, push or shove, Hit, Kick, or threaten to use weapon and sexual violence through forced unwanted sex acts.

For psychological violence, the results indicated that both female and male were abused by their partners, especially in term of insulting, most of female indicated that they were occasionally and frequently abused by their male partners, while most of male exposed that they were rarely and occasionally abused by their female partners. Aimed at belittled or humiliated showed that female participants reported they were abused rather than males reported; female indicated that they were belittled or humiliated by their male partners frequently, while males identified they were rarely belittled or humiliated by their partners.

For physical violence, the study found that the participants who were physical abused by partners; faced Mild-to-moderate violence for instance pushing, shoving, grabbing, or throwing something, whereas, minority were faced severe violence for instance slapping and kicking. The study exposed that twenty-one female participants were throwing something at by partner, while eight males reported they were throwing something at by intimate partner. In addition, fifteen males disclosed were pushing by female partners while they were arguing; moreover, twenty-nine females were pushing by their male partners. Furthermore, the study also found that two female participants faced severe violence by kicking.

“We started arguing by shouting and yelling to each other. She threw something at me so I got angry then walked toward to her and tried to stop her but she did not stop and threw something at me again” (60 years old male, Intervention group)

“He has someone else. I knew it but he kept saying no and denied. One day I found him drove with another woman – that woman. I asked him for the truth he would not say something so I repeatedly asking then he became frustrated, unreasonable, and started shouting or threw something away” (37 years old female, Intervention group)

“He was so mean. We quarreled. He got mad; throw and kicked me. The pain was all over the body. It is just not create a physical wound but also create a permanent scar at your heart” (37 years old female, Control group)

“The beating is getting worse. He starts with threaten then throw something at me and the worst thing would happen is slap and beat me. The pain is real; the body hurt while the heart is broken” (38 years old female, Intervention group)

In term of sexual violence, the study results indicated no male was sexual victim. There were only female participants were sexual victim. Three female participants were physically forced to have sex. Six female participants have to had sexual intercourse even you did not want and reported that they have to do something sexual that humiliating.

“There are many times that I am not ready and willing to have sex, but my husband wants. Repeatedly, I feel I was trapped and not wanting to be with him, Sex is not joyful for me; it is painful”
(46 years old female, Intervention group)

“When he came home drunk late at night and wanted sex, I did not like it but had to consent. I did not want the others to hear. I had to keep it quietly” (27 years old female, Control group)

4.2.6 Comparison of outcome variables of the baseline data between intervention and control group

Independent t-test for continuous data was used to compare the dependent variables of the baseline data between intervention and control group. In the first part of Table 7 showed baseline data of conflict and misunderstanding between partners of two groups. The conflict and misunderstanding between partners stem from Unreasonable, None communicate, Family Expense, Family Members, Partner's drinking, Your drinking, Partner's affair, and Your affair. The total scores of baseline data in each item was 9 (comprised of timing in the past 1 month, whether physical abused, and how to abuse). All 10 conflict's issues were no statistically significant difference between intervention and control group.

The highest average score of conflict and misunderstanding between partners in both groups was Unreasonable was 4.25 ± 2.19 and 3.85 ± 2.07 followed by None communicate was 3.13 ± 1.68 and 2.58 ± 1.33 , it had no statistically significant difference between intervention and control group of p-value = .404 and .110 respectively.

The family expense score in intervention group was $2.63 (\pm 2.29)$ and control group was $1.85 (\pm 1.76)$. The Family Members score in intervention group was $0.90 (\pm 1.35)$ and control group was $0.63 (\pm 0.86)$. The Partner's drinking score in intervention group was $1.85 (\pm 2.58)$ and control group was $1.90 (\pm 2.37)$. The Your drinking score in intervention group was $1.58 (\pm 2.33)$ and control group was $1.38 (\pm 1.20)$. The Partner's affair score in intervention group was $1.13 (\pm 2.19)$ and control group was $0.90 (\pm 1.89)$, and the Your affair score in intervention group was $0.93 (\pm 2.08)$ and control group was $0.60 (\pm 1.52)$. The Family Expense score, Family Members score, Partner's drinking score, Your drinking score, Partner's affair score, and Your affair score were no statistically significant difference between intervention and control groups of p-value = .094, .283, .928, .681, .624, .427 respectively.

In the second part of Table 7 displayed the baseline data of Partner Violent behaviors, the total scores was 52, there were no statistically significant difference between groups of p-value = .053, the average Partner Violent behaviors scores in intervention and control group were 10.33(\pm 6.73) and 7.73 (\pm 5.00) respectively. The Partner Violent behaviors can classify into 3 violent behaviors; 1) Partner's Psychological Violent behaviors, the total scores was 16; the average Partner's Psychological Violent behaviors scores in intervention and control group were 7.65(\pm 4.21) and 5.95 (\pm 3.51) at p-value = .054 2) Partner's Physical Violent behaviors, the total scores was 24; the average Partner's Physical Violent behaviors scores in intervention and control group were 2.20(\pm 2.37) and 1.40 (\pm 1.69) at p-value = .087 and 3) Partner's Sexual Violent behaviors, the total scores was 12; the average Partner's Sexual Violent behaviors scores in both groups were 0.48(\pm 1.30) and 0.38 (\pm 0.95) at p-value = .696

Table 7 Comparison of outcome variables of the baseline data between intervention and control group

Variables	Intervention		Control		<i>p-value</i>
	Mean	S.D.	Mean	S.D.	
Unreasonable	4.25	2.19	3.85	2.07	.404
Non communicate	3.13	1.68	2.58	1.33	.110
Family Expense	2.63	2.29	1.85	1.76	.094
Family Members	0.90	1.35	0.63	0.86	.283
Partner's drinking	1.85	2.58	1.90	2.37	.928
Your drinking	1.58	2.33	1.38	1.20	.681
Partner's affair	1.13	2.19	0.90	1.89	.624
Your affair	0.93	2.08	0.60	1.52	.427

Independent t-test

Table 7 Comparison of outcome variables of the baseline data between intervention and control group (cont.)

Variables	Intervention		Control		<i>p-value</i>
	Mean	S.D.	Mean	S.D.	
Partner Violent behaviors	10.33	6.73	7.73	5.00	.053
Partner's Psychological Violent behaviors	7.65	4.21	5.95	3.51	.054
Partner's Physical Violent behaviors	2.20	2.37	1.40	1.69	.087
Partner's Sexual Violent behaviors	0.48	1.30	0.38	0.95	.696

Independent t-test

4.2.7 The outcome measurement of the baseline data of violent victimization from The Abusive Behavior Inventory (ABI) for Intimate Partner Violence.

Table 8 demonstrated the baseline data of Violent victimization for Intimate Partner Violence from the Abusive Behavior Inventory (ABI). The independent t-test analysis indicated there were no statistically significant difference between intervention and control group of the Violent victimization score of p-value = .126, the total scores of Violent victimization were 116. The average score of Violent victimization in intervention group was 34.63(\pm 15.08) and control group was 29.93(\pm 11.88).

In addition, the Violent victimization score can divide to 3 types; 1.The Psychological Violent victimization 2.The Physical Violent victimization 3.The Sexual Violent victimization. All three these scores were no statistically significant difference between intervention and control groups of p-value = .089, .512 and .670 respectively as detailed as followed; the total scores of Psychological Violent victimization were 68. The average scores of Psychological Violent victimization in intervention group was 27.38(\pm 10.27) and control group was 23.88(\pm 7.71). The total scores of Physical Violent victimization were 36. The average score of Physical Violent victimization in intervention group was 5.93(\pm 5.70) and control group was 5.15(\pm 4.77). The total scores of Sexual Violent victimization were 12. The average scores Sexual Violent victimization in intervention group was 0.83(\pm 2.07) and control group was 0.65(\pm 1.54).

The chi-square test was used to analysis level of violent victimization, indicated that the majority of participants in both groups were a high risk of Intimate Partner Violence (97.5%), it was no statistically significant difference between intervention and control group (p-value = 1.000).

Table 8 Baseline data of Violent victimization of intervention group and control group

Variables	Intervention		Control		<i>p</i> -value
	Mean	S.D.	Mean	S.D.	
Violent victimization	34.63	15.08	29.93	11.88	.126
Psychological Violent victimization	27.38	10.27	23.88	7.71	.089
Physical Violent victimization	5.93	5.70	5.15	4.77	.512
Sexual Violent victimization	0.83	2.07	0.65	1.54	.670
Violent victimization ≤ 10 (Low risk)	n = 1	2.5%	n = 1	2.5%	1.00 ^b
Violent victimization > 10 (High risk)	n = 39	97.5%	n = 39	97.5%	1.00 ^b

Independent t-test, b = Chi square test

4.2.8 The outcome measurement of the follow-up time testing for the effectiveness of the Reduction of Partner Violence model (RPV model)

General linear model repeated measures ANOVA analysis was used for the continuous dependent variables, testing for the differences between intervention effects at the different time. This part was presented the results of Conflict in the family, Partner's Violent Behavior, and Violent Victimization, details as followed;

4.2.8.1 Hypothesis Test of Conflict in the family

The general linear model repeated measures ANOVA showed that the intervention group had statistically significant different on the conflict in the family compare with the control group in issue of Unreasonable, Non-communicate, and Family members, as shown in Table 9 and 10; details as followed;

At all three follow up times after the program completion, the average of Unreasonable, Non-communicate, and Family member were statistically significant difference between intervention and control groups at p-value = .002, p-value <.001, and p-value = .017, respectively. In addition, when compare at one month after intervention until six months after intervention found that Unreasonable was statistically different between groups (p-value <.001, p-value = .053, and p-value <.001, respectively), Non-communicate was also statistically different between groups at all three follow up times, and Family member was statistically different between groups as well (p-value = .006, p-value <.001, p-value = .001, respectively). Specifically, the participants in the intervention group were found to reduce conflict in the family in issues of unreasonable, non-communicate, and family members more than those in the control group.

For issues of Family expense, Partner's drinking, Your drinking, Partner's affair, and Your affair discovered that during all three follow up times, the average of these five issues were similar between the intervention and the control group at p-value = .153, p-value = .172, p-value = .042, p-value = .373, and p-value = .756,

respectively. However, when compared the average of Family expense for the intervention and control group at baseline no differences was identified, but, at 1-3-6 months, the two groups were statistically significant difference (p-value = .012, p-value = .004, and p-value = .001, respectively). In addition, when compared the average of Partner's drinking for the intervention and control group at baseline, 1 and 6 months no differences were identified, but, at 3 months, the two groups was significant difference (p-value = .030). Additionally, when compared the average of Partner's affair and Your affair for the intervention and control group at baseline, 3 and 6 months no differences were identified, but, at 1 month, the two groups were statistically significant difference (p-value = .026 and p-value = .028).

Table 9 Mean and Standard Deviation (SD) of conflict in the family by intervention status and follow-up time of intervention and control groups

Variables		Follow up 1 month		Follow up 3 month		Follow up 6 month	
		Intervention	Control	Intervention	Control	Intervention	Control
Unreasonable	\bar{X}	0.75	2.80	2.83	3.55	2.10	3.48
	SD	0.80	1.48	1.68	1.61	1.69	1.43
Non communicate	\bar{X}	0.55	2.38	1.00	2.58	1.15	2.73
	SD	0.74	1.23	1.06	0.93	1.05	0.90
Family Expense	\bar{X}	1.00	1.73	1.40	2.25	1.25	2.10
	SD	0.98	1.48	1.01	1.48	0.95	1.19
Family Members	\bar{X}	0.10	0.45	0.15	0.85	0.18	0.85
	SD	0.30	0.71	0.36	0.92	0.60	1.05
Partner's drinking	\bar{X}	0.30	0.65	1.10	2.18	1.00	1.75
	SD	1.02	1.76	1.80	2.49	1.70	2.12
Your drinking	\bar{X}	0.15	0.25	0.80	1.35	0.70	1.23
	SD	0.43	0.74	1.30	1.78	1.14	1.60
Partner's affair	\bar{X}	0.18	0.85	0.60	0.90	0.48	1.00
	SD	0.59	1.79	1.60	1.90	1.17	2.05
Your affair	\bar{X}	0.05	0.48	0.30	0.45	0.38	0.40
	SD	0.22	1.17	0.93	1.15	0.93	1.08

: Repeated measures ANOVA

Table 10 Comparing conflict in the family after completed follow-up time in both intervention and control groups by General linear model repeated measures ANOVA

Variables	df	Mean Square	F	p-value
Unreasonable	1	70.313	10.340	.002
None communicate	1	97.903	23.877	<.001
Family expense	1	13.613	2.085	.153
Family members	1	10.513	5.988	.017
Partner's drinking	1	24.753	1.902	.172
Your drinking	1	4.753	.710	.402
Partner's affair	1	8.128	.802	.373
Your affair	1	.378	.098	.756

: Repeated measures ANOVA

Table 10: Comparing conflict in the family after completed follow-up time in both intervention and control groups by General linear model repeated measures ANOVA (cont.)

Variable	Mean Difference	Std. Error	p-value	95%CI	
				Lower Bound	Upper Bound
Unreasonable					
Baseline	.400	.477	.404	-1.349	.549
1 month	-2.050	.268	<.001	1.517	2.583
3 months	-.725	.368	.053	-.008	1.458
6 months	-1.375	.350	<.001	.677	2.073
None communicate					
Baseline	.550	.340	.110	-1.227	.127
1 month	-1.825	.228	<.001	1.371	2.279
3 months	-1.575	.223	<.001	1.130	2.020
6 months	-1.575	.219	<.001	1.138	2.012
Family expense					
Baseline	.775	.457	.094	-1.686	.136
1 month	-.725	.282	.012	.164	1.286
3 months	-.850	.283	.004	.286	1.414
6 months	-.850	.242	.001	.369	1.331
Family members					
Baseline	.275	.254	.283	-.782	.232
1 month	-.350	.123	.006	.106	.594
3 months	-.700	.156	<.001	.388	1.012
6 months	-.675	.188	.001	.302	1.048

Based on estimated marginal means

Table 10: Comparing conflict in the family after completed follow-up time in both intervention and control groups by General linear model repeated measures ANOVA (cont.)

Variable	Mean Difference	Std. Error	p-value	95%CI	
				Lower Bound	Upper Bound
Partner's drinking					
Baseline	-.050	.555	.928	-1.055	1.155
1 month	-.350	.322	.280	-.291	.991
3 months	-1.075	.485	.030	.109	2.041
6 months	-.750	.429	.085	-.105	1.605
Your drinking					
Baseline	.200	.485	.681	-1.166	.766
1 month	-.100	.135	.462	-.170	.370
3 months	-.550	.349	.119	-.144	1.244
6 months	-.525	.312	.096	-.095	1.145
Partner's affair					
Baseline	.225	.457	.624	-1.135	.685
1 month	-.675	.298	.026	.081	1.269
3 months	-.300	.387	.440	-.470	1.070
6 months	-.525	.374	.164	-.219	1.269
Your affair					
Baseline	.325	.407	.427	-1.135	.485
1 month	-.425	.189	.028	.048	.802
3 months	-.150	.235	.526	-.318	.618
6 months	-.025	.225	.912	-.423	.473

Based on estimated marginal means

4.2.8.2 Hypothesis Test of Partner's Violent Behavior

Table 11 to Table 15 shows the results of Partner's Violent Behavior. The study discovered the intervention program had strongly effect to the Partner's Violent behavior; it was a statistically significant difference between groups during three follow up times after the completion of the program as shown in Table 12 (p-value = .035). Figure 7 was also considered in the analysis. The average of Partner's Violent Behavior compare at one month after intervention until six months after intervention was statistically different between the intervention and the control group (p-value <.001, p-value = .002, and p-value <.001, respectively). Specifically, the participants in the intervention group were found to decrease Partner's Violent Behavior more than those in the control. Figure 4.2 displayed the means score by sex in intervention group which reflected that female were abused by their partner more than male at all three follow up time.

However, when classified to Partner's Psychological Violent behavior, Partner's Physical Violent behavior, and Partner's Sexual Violent behavior found that only Partner's Psychological Violent behavior was significant difference between groups during three follow up times after the program completion, details were followed;

For Partner's Psychological Violent behavior was a statistically significant difference between intervention and control group at all through study period as showed in Table 13 (p-value = .012). Additionally, when compare at one month to six months after intervention, both groups were statistically different at p-value <.001 at all three follow up times. Figure 9 presented the Partner's Psychological Violent behaviors mean score; comparing with the baseline found that the mean score was rapidly reduced in 1 month, then gradually higher in 3 months but still lower from the baseline and quite stable from 3 months to 6 months. In addition, Figure 10 showed the means score by sex in intervention group which reflected that female were psychological abused by their partner more than male.

For Partner's Physical Violent behavior, table 14 showed that there was no statistically significant difference between the intervention and control group (p-value = .264). Figure 11 was also considered in the analysis. The average of Partner's Physical Violent Behavior compare at baseline to 6 months follow up found that there were significant difference between groups at 1-3-6-months at p-value = .004, p-value = .034, .033, respectively. In addition, Figure 12. showed the means score by sex in intervention group which reflected that female were physical assaulted by their partner more than male.

For Partner's Sexual Violent behavior, table 15 displayed that there was no statistically significant difference between the intervention and control group (p-value = .637). Figure 13 was also considered in the analysis. When the average of Partner's Sexual Violent behavior for the intervention and the control group were compared at baseline and 1-3-6 months no differences were identified. Additionally, Figure 14 showed the means score by sex in intervention group which reflected that male participants have never had sexual abused by their partners all through study period.

Table 11 Mean and Standard Deviation (SD) partner's violent behavior by intervention status and follow-up time of intervention and control groups

Variables		Follow up 1 month		Follow up 3 month		Follow up 6 month	
		Intervention	Control	Intervention	Control	Intervention	Control
PVB	\bar{X}	2.75	6.53	5.25	8.33	4.73	8.23
	SD	2.10	4.55	2.99	5.14	3.13	4.66
PPsyVB	\bar{X}	2.50	5.40	4.38	6.50	3.93	6.65
	SD	1.78	3.14	1.90	2.96	2.16	2.86
PPhyVB	\bar{X}	0.10	0.88	0.63	1.33	0.45	1.08
	SD	0.38	1.62	0.92	1.83	0.88	1.59
PSexVB	\bar{X}	0.15	0.25	0.25	0.50	0.35	0.50
	SD	0.53	0.67	0.80	1.34	1.09	1.34

: Repeated measures ANOVA

PVB = Partner Violent behavior,
 PPsyVB = Partner's Psychological Violent behavior,
 PPhyVB = Partner's Physical Violent behavior,
 PSexVB = Partner's Sexual Violent behavior

Table 12 Comparing partner's violent behaviors after completed follow-up time in both intervention and control groups by General linear model repeated measures ANOVA

Variables	df	Mean Square	F	p-value
Partner Violent behaviors	1	300.313	4.579	.035

: Repeated measures ANOVA

Partner Violent behaviors

Partner Violent behaviors	Mean Difference	Std. Error	p-value	95%CI	
				Lower Bound	Upper Bound
Baseline	2.600	1.325	.053	-5.239	.039
1 month	-3.775	.792	<.001	2.199	5.351
3 months	-3.075	.941	.002	1.202	4.948
6 months	-3.500	.888	<.001	1.732	5.268

Based on estimated marginal means

Partner Violence Behavior means score by intervention status and measurement time

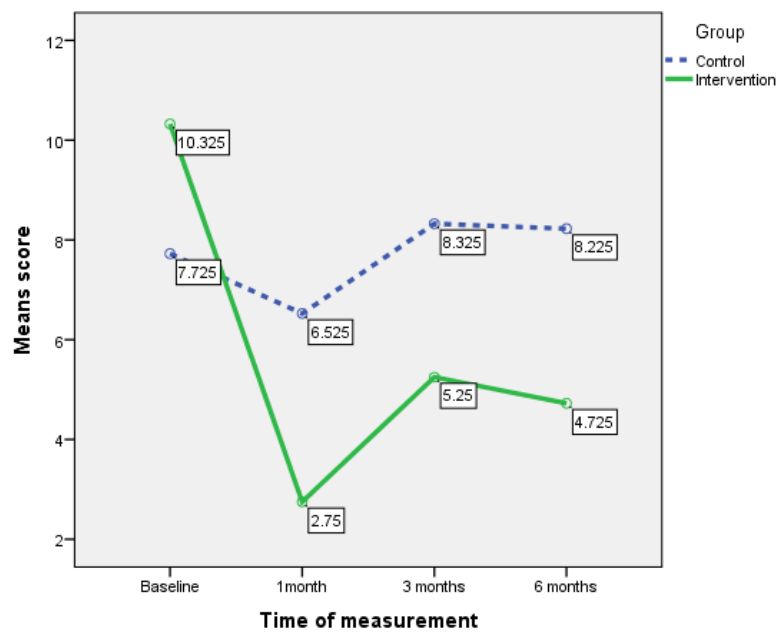


Figure 7 Partner Violent behavior means score by intervention status and measurement time.

Partner Violence Behavior means score by sex in intervention group and measurement time

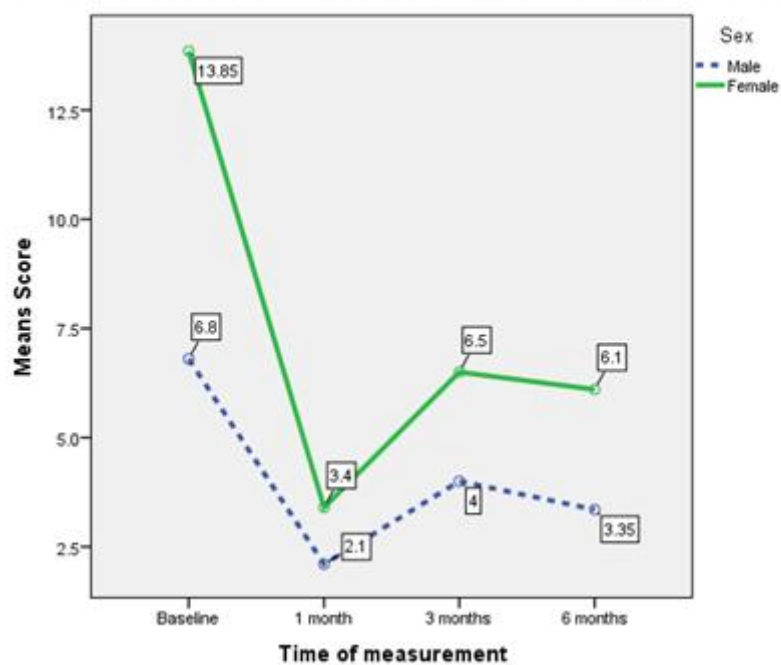


Figure 8 Partner Violent behavior means score by sex in intervention group and measurement time.

Table 13 Comparing Partner's Psychological Violent behaviors after completed follow-up time in both intervention and control groups by General linear model repeated measures ANOVA

Variables	df	Mean Square	F	p-value
Partner's Psychological Violent	1	183.013	6.649	.012

: Repeated measures ANOVA

Partner's Psychological Violent	Mean Difference	Std. Error	p-value	95%CI	
				Lower Bound	Upper Bound
Baseline	1.700	.867	.054	-3.426	.026
1 month	-2.900	.572	<.001	1.762	4.038
3 months	-2.125	.557	<.001	1.017	3.233
6 months	-2.725	.567	<.001	1.596	3.854

Based on estimated marginal means

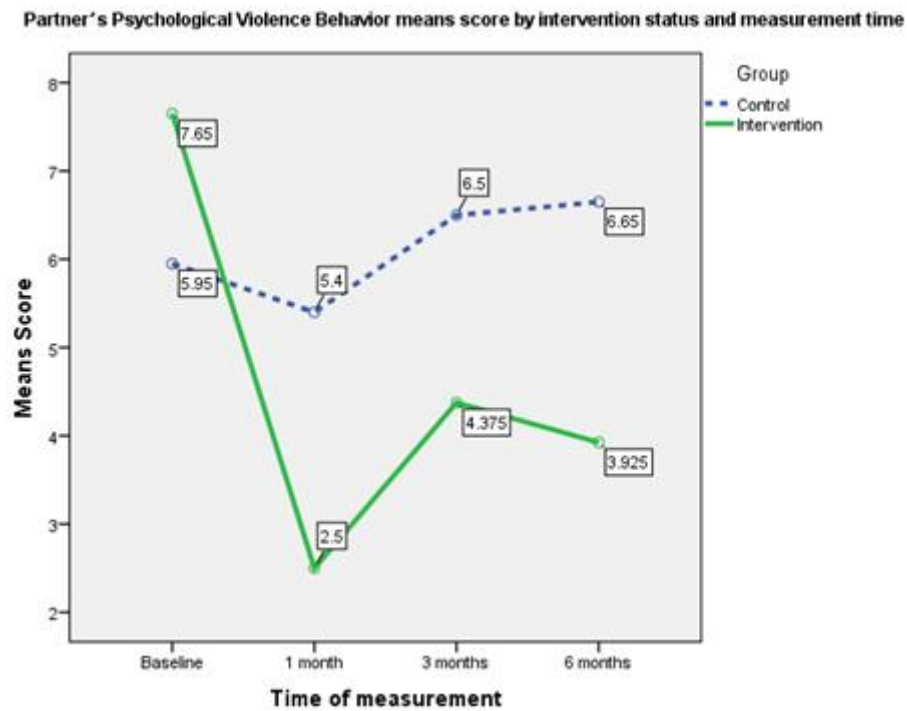


Figure 9 Partner's Psychological Violent behaviors mean score by intervention status and measurement time.

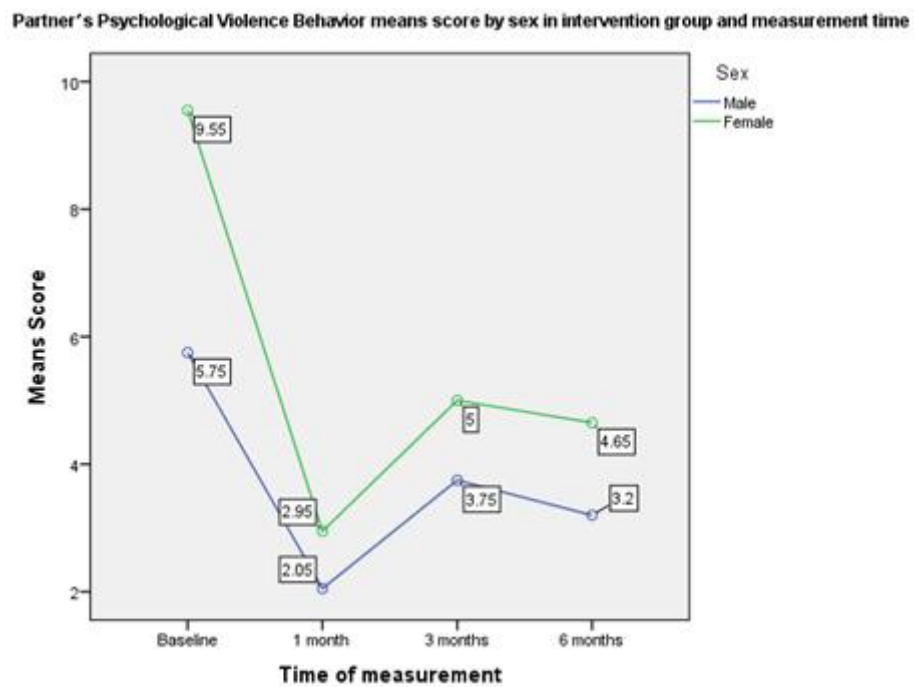


Figure 10 Partner's Psychological Violent behaviors mean score by sex in intervention group and measurement time.

Table 14 Comparing Partner's Physical Violent behaviors after completed follow-up time in both intervention and control groups by General linear model repeated measures ANOVA

Variables	df	Mean Square	F	p-value
Partner's Physical Violent	1	8.450	1.265	.264

: Repeated measures ANOVA

Partner's Physical Violent

Partner's Physical Violent	Mean Difference	Std. Error	p-value	95%CI	
				Lower Bound	Upper Bound
Baseline	.800	.461	.087	-1.718	.118
1 month	-.775	.263	.004	.251	1.299
3 months	-.700	.324	.034	.054	1.346
6 months	-.625	.287	.033	.053	1.197

Based on estimated marginal means

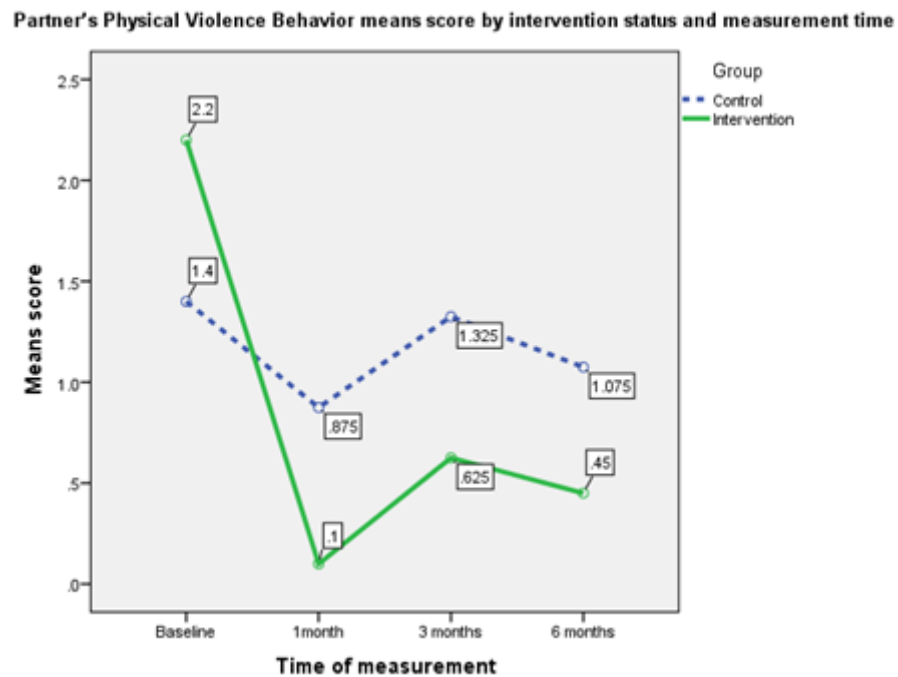


Figure 11 Partner's Physical Violent behaviors means score by intervention status and measurement time.

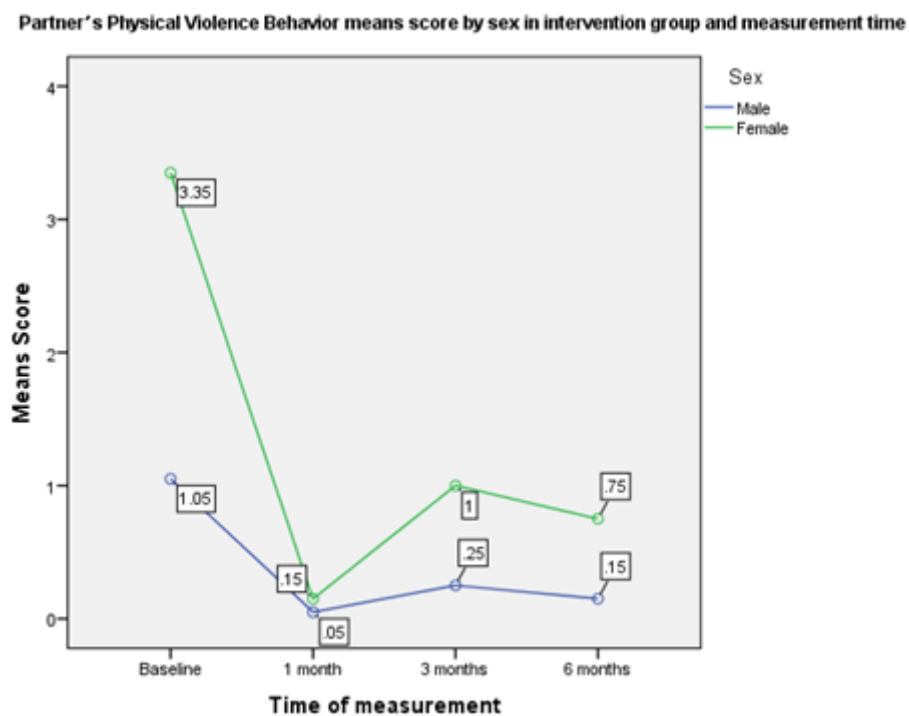


Figure 12 Partner's Physical Violent behaviors means score by sex in intervention group and measurement time.

Table 15 Comparing Partner's Sexual Violent behaviors after completed follow-up time in both intervention and control groups by General linear model repeated measures ANOVA

Variables	df	Mean Square	F	p-value
Partner's Sexual Violent	1	.800	.225	.637

: Repeated measures ANOVA

Partner's Sexual Violent

Partner's Sexual Violent	Mean Difference	Std. Error	p-value	95%CI	
				Lower Bound	Upper Bound
Baseline	.100	.255	.696	-.607	.407
1 month	-.100	.135	.462	-.170	.370
3 months	-.250	.247	.315	-.243	.743
6 months	-.150	.274	.586	-.395	.695

Based on estimated marginal means

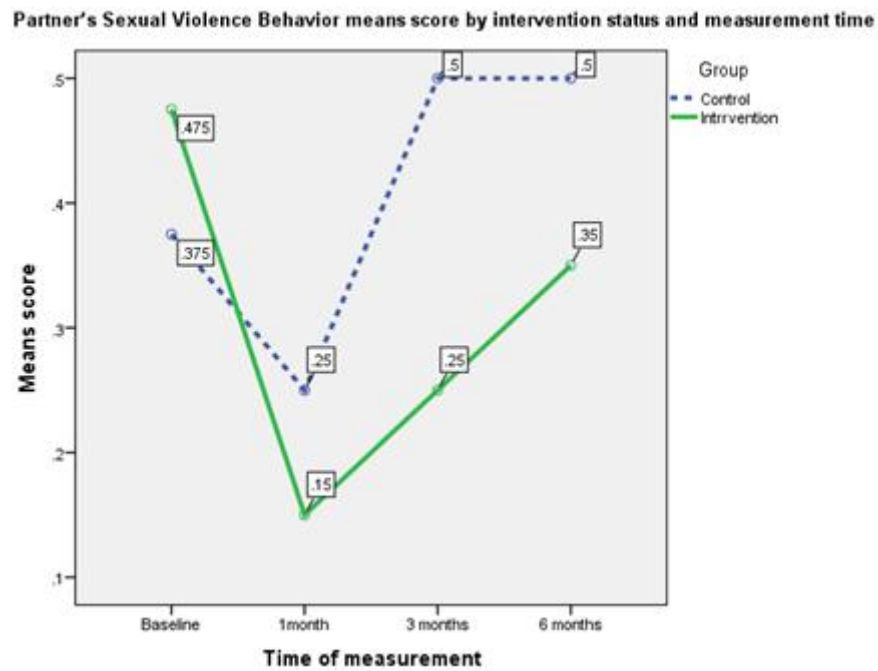


Figure 13 Partner's Sexual Violent behaviors means score by intervention status and measurement time.

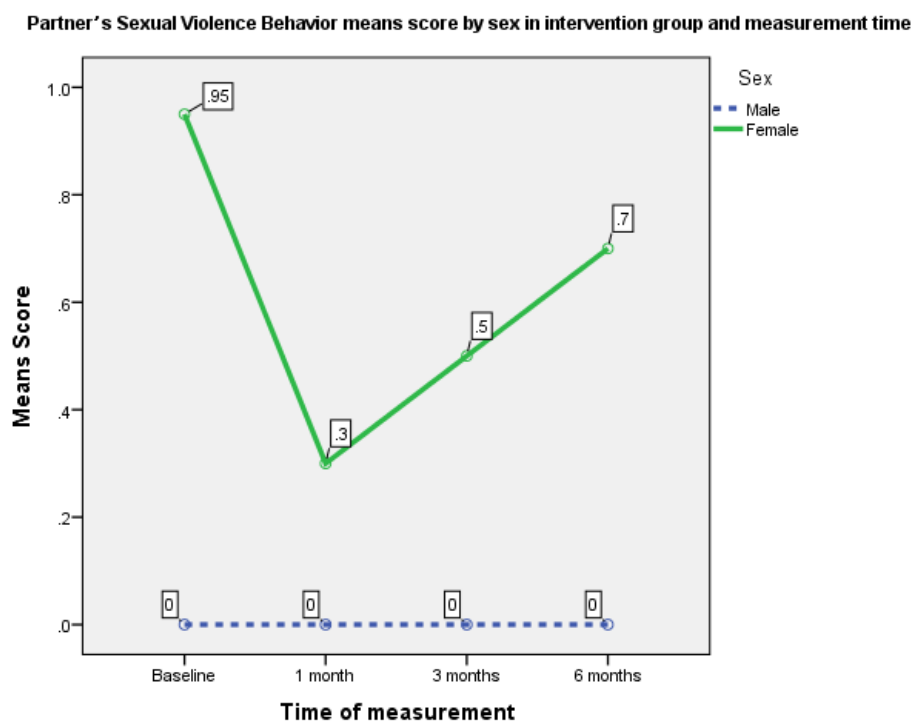


Figure 14 Partner's Sexual Violent behaviors means score by sex in intervention group and measurement time.

4.2.8.3 Hypothesis Test of Violent Victimization

Table 16 to Table 20 shows the results of Violent Victimization. The study discovered the intervention program had strongly effect to Violent Victimization; it was a statistically significant difference between groups all through study period as shown in Table 17 (p-value $<.001$). Specifically, the participants in the intervention group were found to reduce Violent Victimization more than those in the control. Figure 15 displayed the Violent Victimization mean score; comparing with the baseline found that the mean score was rapidly decreased in 1 month, then a little bit higher in 3 months but still lower from the baseline and quite stable from 3 months to 6 months.

However, when classified to Psychological Violent Victimization, Physical Violent Victimization, and Sexual Violent Victimization revealed that only Psychological Violent Victimization was significant difference between groups all three follow up times after the program completion, details were followed;

Psychological Violent Victimization was a significant difference between two groups at all through study period as showed in Table 18 (p-value = $<.001$). Figure 17 was also considered in the analysis, when compare at one month to six months after intervention, both groups were statistically different at p-value $<.001$ at all three follow up times. In addition, Figure 18 showed the means score by sex in intervention group which reflected that in 3 to 6 months after intervention male participants were psychological victimization by their partner more than female.

For Physical Violent Victimization, table 19 showed that there was no statistically significant different between the intervention and control group (p-value = $.143$). Figure 19 was also considered in the analysis. When the average of Partner's Physical Violent Behavior for the intervention and the control group were compared at baseline and 6 months no differences were identified , while at 1 and 3 months were significant difference between groups (p-value = $.005$ and p-value = $.006$). In addition, Figure 20 displayed the means score by sex in intervention group

which reflected that female participants were physical violent victimization by their partner more than male.

For Sexual Violent Victimization, table 20 indicated that there was no statistically significant different between the intervention and control group (p -value = .731). Figure 21 was also considered in the analysis. When the average of Sexual Violent Victimization for the intervention and the control group were compared at baseline and 1-3-6 months no differences were identified. Additionally, Figure 22 showed the means score by sex in intervention group which reflected that male participants have never had sexual violent victimization by their partners all through study period.

Table 16 Mean and Standard Deviation (SD) of violent victimization by intervention status and follow-up time of intervention and control groups

Variables		Follow up 1 month		Follow up 3 month		Follow up 6 month	
		Intervention	Control	Intervention	Control	Intervention	Control
VW	\bar{X}	8.18	5.42	11.50	25.58	11.23	24.10
	SD	19.48	7.89	7.190	8.72	7.40	8.04
PsyWV	\bar{X}	7.73	17.55	10.03	21.70	9.73	20.98
	SD	4.96	6.62	5.71	7.07	6.08	6.51
PhyWV	\bar{X}	0.48	1.80	1.30	3.35	1.38	2.68
	SD	1.18	2.62	2.31	3.91	2.40	3.52
SexWV	\bar{X}	0.15	0.30	0.28	0.48	0.38	0.55
	SD	0.53	0.85	0.81	1.20	1.10	1.38

: Repeated measures ANOVA

VW = Violent victimization,

PsyWV = Psychological Violent victimization,

PhyWV = Physical Violent victimization,

SexWV = Sexual Violent victimization

Table 17 Comparing Violent Victimization after completed follow-up time in both intervention and control groups by General linear model repeated measures ANOVA

Variables	df	Mean Square	F	p-value
Violent victimization	1	5628.013	21.155	<.001

: Repeated measures ANOVA

Violent victimization

Violent victimization	Mean Difference	Std. Error	p-value	95%CI	
				Lower Bound	Upper Bound
Baseline	4.700	3.036	.126	-10.744	1.344
1 month	-11.300	1.513	<.001	8.288	14.312
3 months	-14.075	1.788	<.001	10.516	17.634
6 months	-12.875	1.729	<.001	9.433	16.317

Based on estimated marginal means

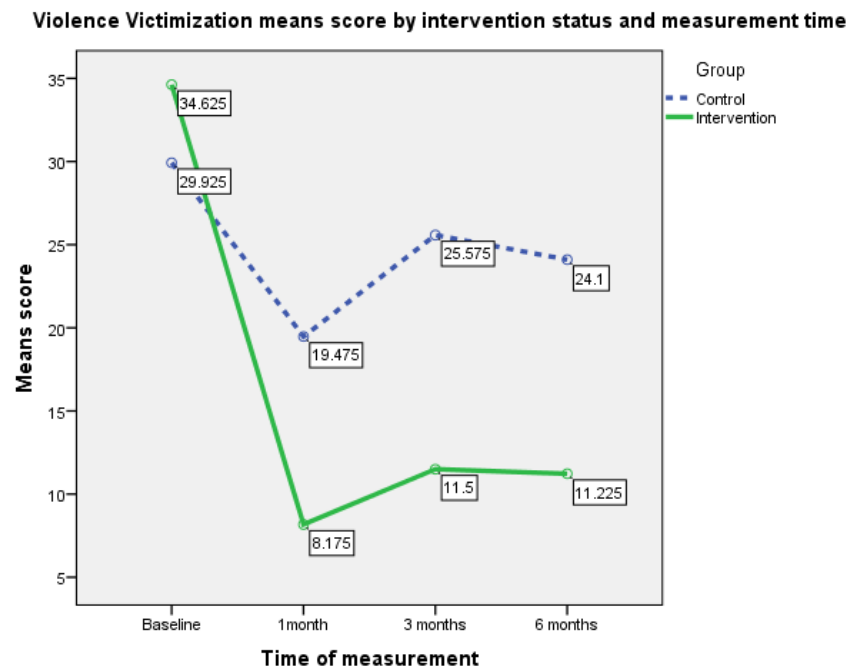


Figure 15 Violent victimization Behavior means score by intervention status and measurement time.

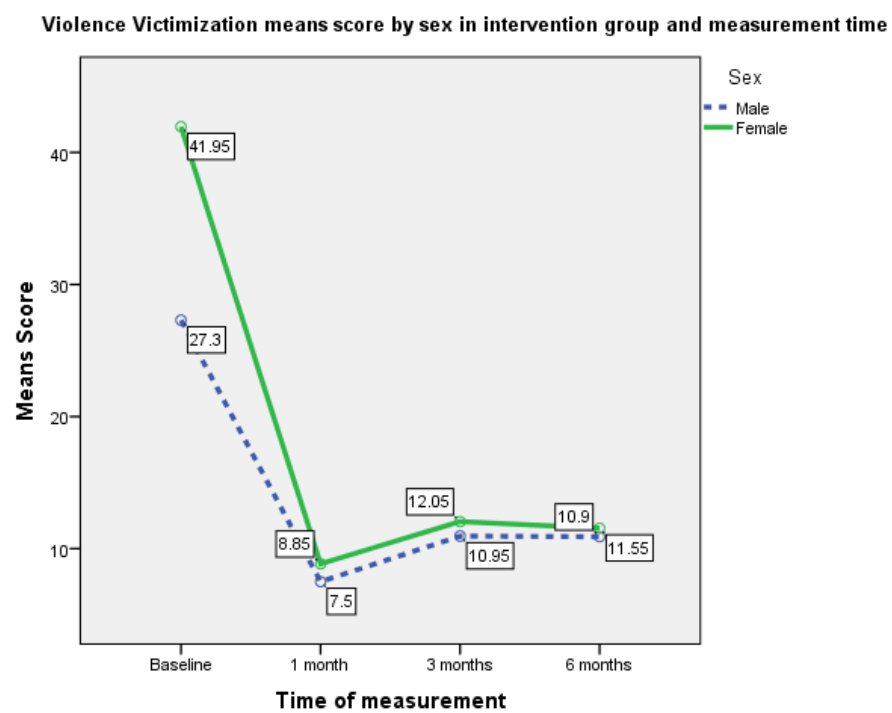


Figure 16 Violent victimization means score by sex in intervention group and measurement time.

Table 18 Comparing Psychological Violent victimization after completed follow-up time in both intervention and control groups by General linear model repeated measures ANOVA

Variables	df	Mean Square	F	p-value
Psychological Violent victimization	1	4277.813	27.405	<.001

: Repeated measures ANOVA

Psychological Violent victimization	Mean Difference	Std. Error	p-value	95%CI	
				Lower Bound	Upper Bound
Baseline	3.500	2.031	.089	-7.543	.543
1 month	-9.825	1.308	<.001	7.221	12.429
3 months	-11.675	1.437	<.001	8.814	14.536
6 months	-11.250	1.409	<.001	8.444	14.056

Based on estimated marginal means

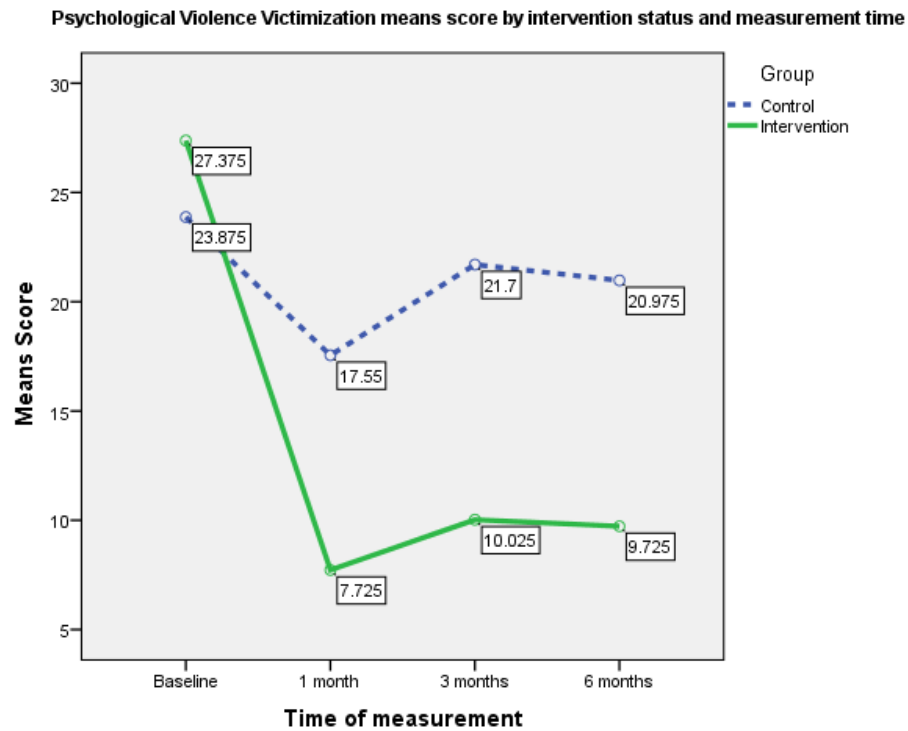


Figure 17 Psychological Violent victimization Behavior means score by intervention status and measurement time.

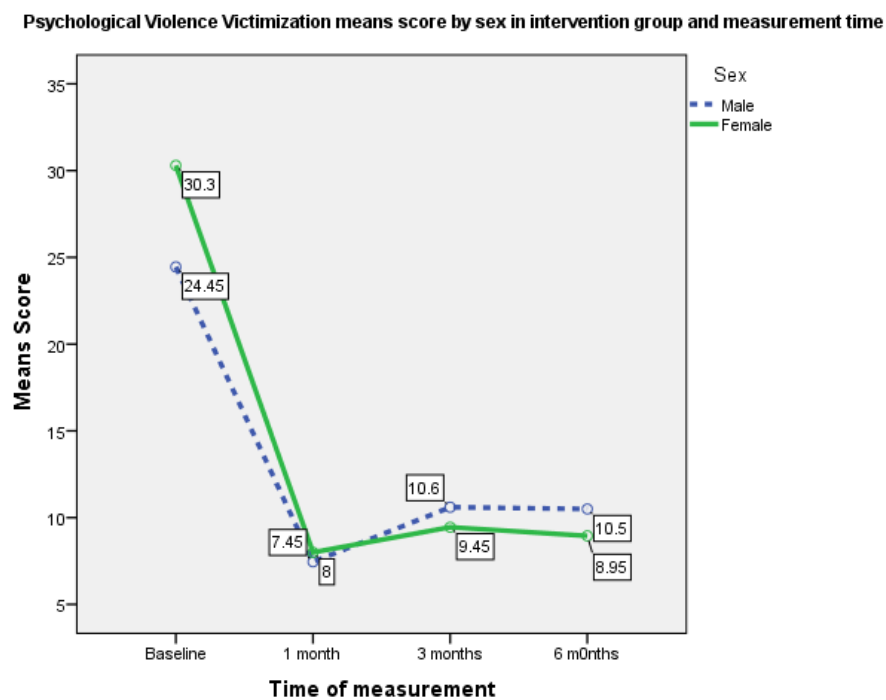


Figure 18 Psychological Violent victimization means score by sex in intervention group and measurement time.

Table 19 Comparing Physical Violent victimization after completed follow-up time in both intervention and control groups by General linear model repeated measures ANOVA

Variables	df	Mean Square	F	p-value
Physical Violent victimization	1	76.050	2.194	.143

: Repeated measures ANOVA

Physical Violent victimization

Physical Violent victimization	Mean Difference	Std. Error	p-value	95%CI	
				Lower Bound	Upper Bound
Baseline	.775	1.176	.512	-3.116	1.566
1 month	-1.325	.455	.005	.420	2.230
3 months	-2.050	.719	.006	.619	3.481
6 months	-1.300	.674	.057	-.041	2.641

Based on estimated marginal means

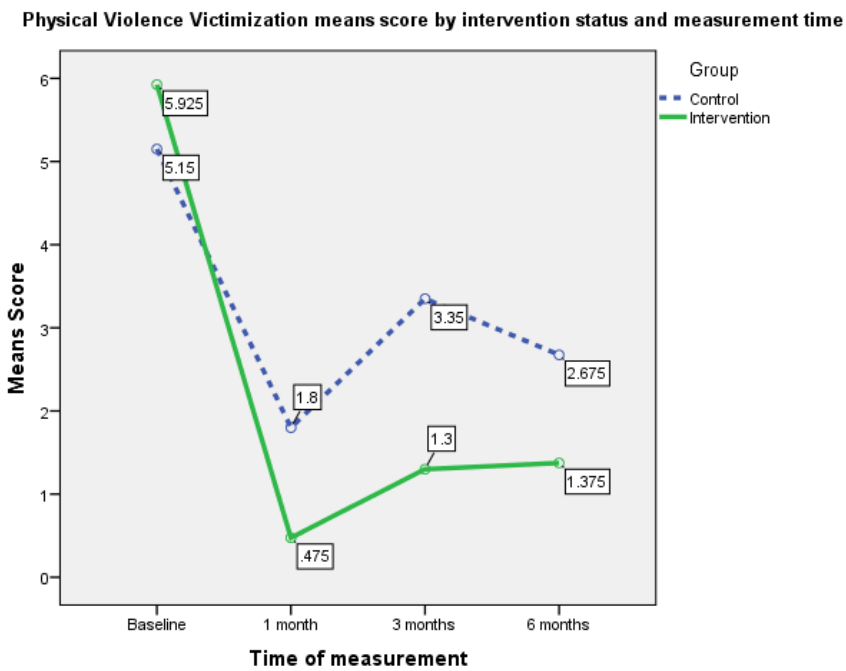


Figure 19 Physical Violent victimization Behavior means score by intervention status and measurement time.

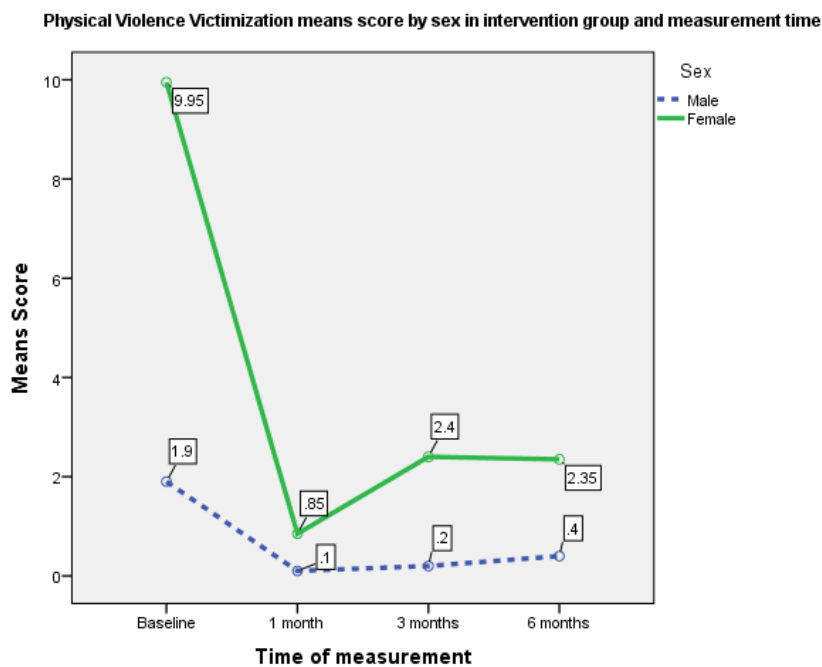


Figure 20 Physical Violent victimization means score by sex in intervention group and measurement time.

Table 20 Comparing Sexual Violent victimization after completed follow-up time in both intervention and control groups by General linear model repeated measures ANOVA

Variables	df	Mean Square	F	p-value
Sexual Violent victimization	1	.613	.119	.731

: Repeated measures ANOVA

Sexual Violent victimization

Sexual Violent victimization	Mean Difference	Std. Error	p-value	95%CI	
				Lower Bound	Upper Bound
Baseline	.175	.409	.670	-.989	.639
1 month	-.150	.159	.349	-.167	.467
3 months	-.200	.229	.386	-.256	.656
6 months	-.175	.279	.532	-.380	.730

Based on estimated marginal means

Sexual Violence Victimization means score by intervention status and measurement time

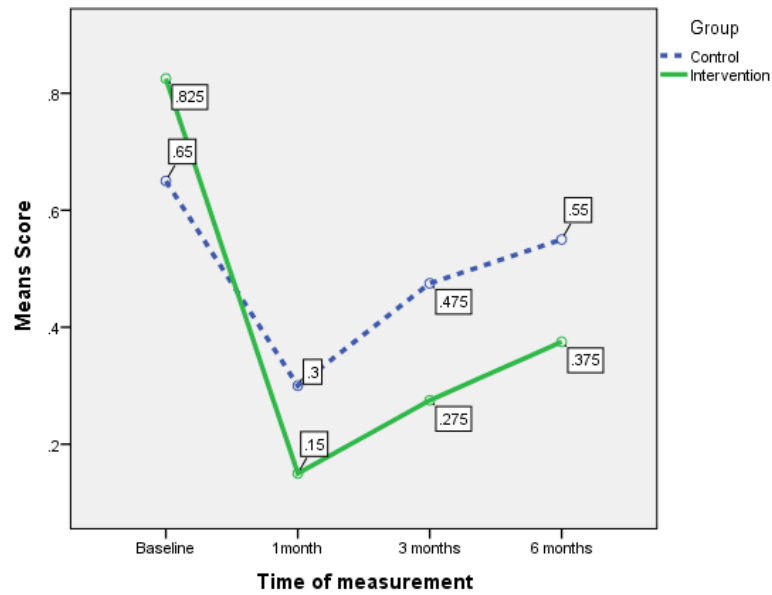


Figure 21 Sexual Violent victimization Behavior means score by intervention status and measurement time.

Sexual Violence Victimization means score by sex in intervention group and measurement time

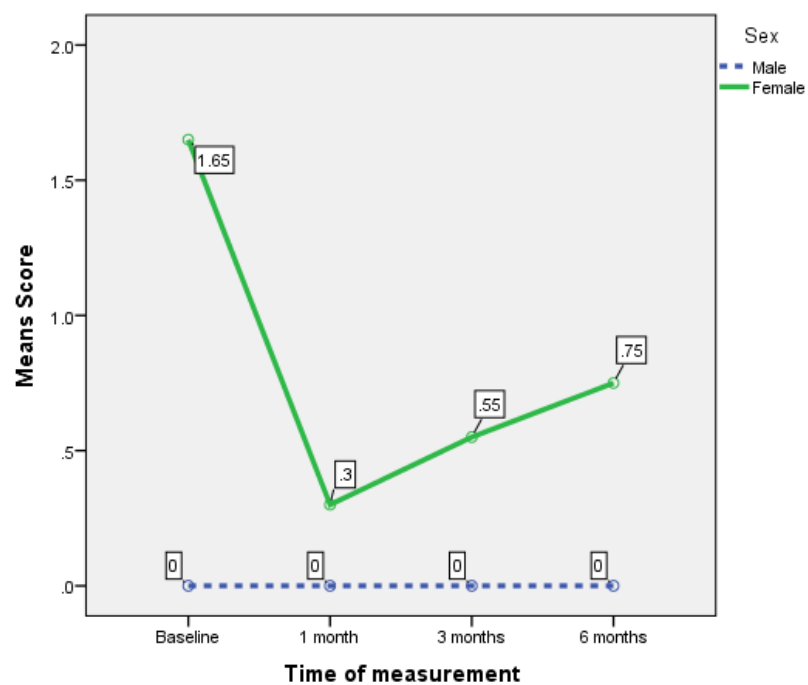


Figure 22 Sexual Violent victimization means score by sex in intervention group and measurement time.

4.2.9 Comparison of level of violent victimization of the baseline data between intervention and control group

The chi-square test was used to analysis level of violent victimization, indicated that the majority of participants in both groups were a high risk of Intimate Partner Violence (97.5%), it was no statistically significant difference between intervention and control group (p-value = 1.000).

Table 21 Comparison of level of violent victimization of the baseline data between intervention and control group

Variables	Intervention		Control		<i>p-value</i>
	n	%	n	%	
Violent victimization ≤ 10 (Low risk)	1	2.5	1	2.5	1.00
Violent victimization > 10 (High risk)	39	97.5	39	97.5	1.00

: Chi square test

4.2.10 The Level of Violent victimization of the follow-up time testing for the effectiveness of the Reduction of Partner Violence model (RPV model)

The Generalized Linear Model by Generalized Estimating Equations analysis was used for the binary outcome, testing for the differences between intervention effects at the different time, which were presented in Table 22 and Table 23. The intervention program had strongly effect to the Level of Violent victimization; it was a statistically significant difference between intervention and control group at all three follow up times by proportion score changed -0.62 (p-value <.001) at one month after intervention, -0.55 (p-value <.001) at three months and -5.18 after intervention, and -0.52 (p-value <.001) at six months after intervention.

Table 22 Outcomes measurement by intervention status and follow-up time of intervention and control groups

Variables		Follow up 1 month		Follow up 3 month		Follow up 6 month	
		Interventio	Contro	Interventio	Contro	Interventio	Contro
		n	l	n	l	n	l
Violent victimizatio n ≤ 10	n %	28 70.0	3 7.5	24 60.0	2 5.0	24 60.0	3 7.5
Violent victimizatio n > 10	n %	12 30.0	37 92.5	16 40.0	38 95.0	16 40.0	37 92.5

: Generalized Estimating Equations analysis,

Table 23 Effect size of Level of violent victimization by intervention status and follow-up time of intervention and control groups

Variables	Intervention effect <i>adjusted for confounding factors</i>					
	1 month after intervention		3 months after intervention		6 months after intervention	
	<i>Proportion Change</i> (95% CI)	<i>P-value</i>	<i>Proportion Change</i> (95% CI)	<i>P-value</i>	<i>Proportion Change</i> (95% CI)	<i>P-value</i>
Level of violent victimization (>10)	-0.62 (-0.78 to -0.46)	<.001	-0.55 (-0.71 to -0.39)	<.001	-0.52 (-0.69 to -0.36)	<.001

: Generalized Estimating Equations analysis,

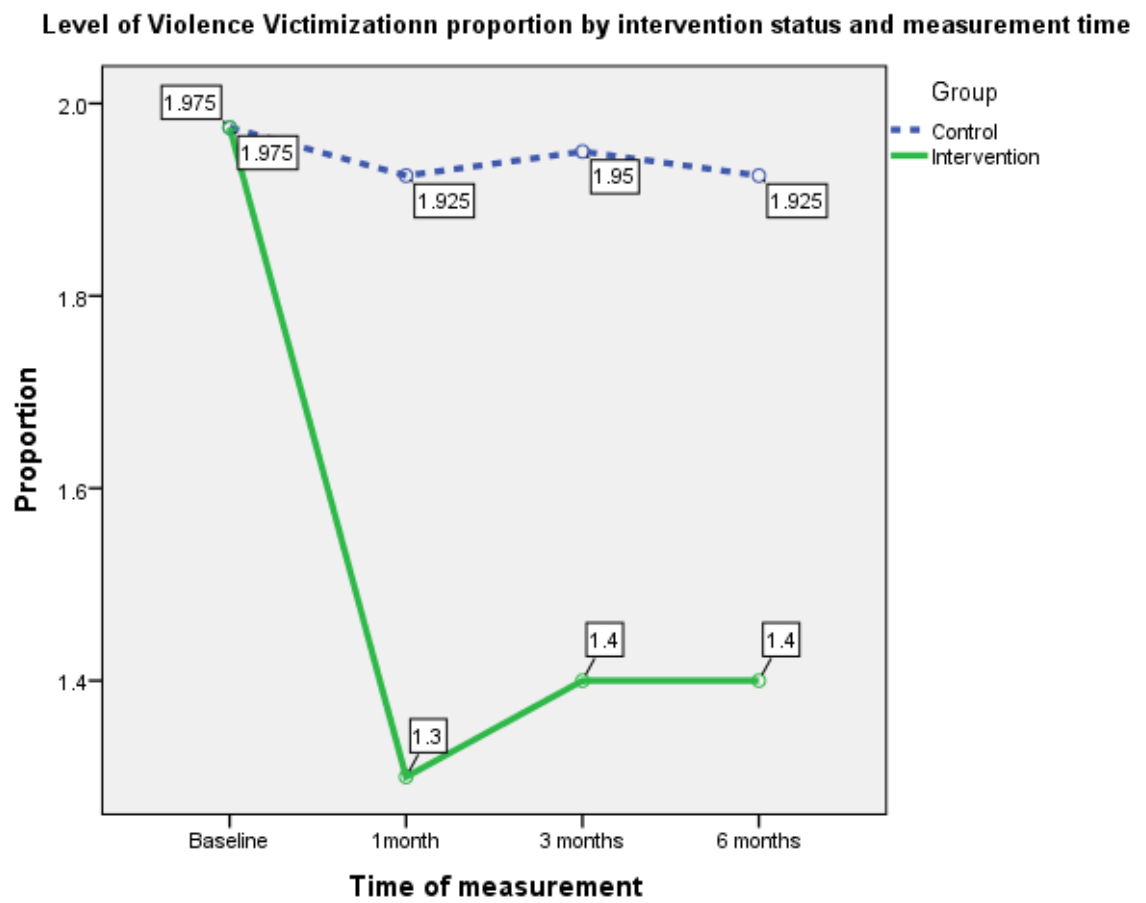


Figure 23 Level of Violent victimization proportion by intervention status and measurement time.

CHAPTER V

DISCUSSIONS AND CONCLUSIONS

This chapter was discussed and concluded based on the objectives, hypotheses and results of this study. This quasi-experimental study aimed to evaluate the effectiveness of the Reduction of Partner Violence model (RPV model) for reducing conflict, violent behavior, and violent victimization among married or cohabiting couples in Cha-am city, Cha-am district, Phetchaburi province. The specific objectives of this research were to develop the Reduction of Partner Violence model (RPV model) and to examine the model for reducing intimate partner violence; detailed as follow;

1. To develop model for reduction of intimate partner violence
2. To reduce conflict between partners
3. To reduce violent behaviors between partners
4. To reduce violent victimization between partner

The research was operated with the expectation of the outcome might be useful for the married or cohabiting couple in order to reduce intimate partner violence, increase positive feeling between partner, and also commit to the relationship. The participants were 80 persons of married or cohabiting couples in 2 communities of Cha-am city, Cha-am district; 40 persons in each community. In this chapter presented a brief description of the major findings and the relationship between the results of the study compared to the related studies.

5.1 DISCUSSIONS

This quasi-experimental study was conducted to evaluate the effectiveness of the Reduction of Partner Violence model (RPV model) for reducing conflict in the family, as well as dropping violent behaviors. The RPV model was also expected to decrease violent victimization among married or cohabiting couples.

The evaluation specified obviously that the program was effective in reducing violence between partners. The effectiveness of the program can verify by the four hypotheses as followed;

5.1.1 The Reduction of Partner Violence model (RPV model) can reduce intimate partner violence.

First, the RPV model could help the participants reduce intimate partner violence compared with those who not entered the program, at p-value $<.001$. The number of high risk of intimate partner violence decreased from 92.5% (baseline) to 30% (1 month follow up) and sustain at 40% (3 and 6 months follow up).

Based on the first objective was to develop model intervention in order to decrease violence between partners, after study both qualitative by in-depth interview 20 voluntaries who had ever faced intimate partner violence and documentary study based on Feminist theory, Duluth model, and Behavioural Couple Therapy; this study would propose the program for reduction of violence between partners called the Reduction of Partner Violence model or RPV model.

As intimate partner violence differs from other crime because it happens in the home. It is one of the most difficult crimes to prevent because people generally consider the home is one of the safest places. When Intimate partner violence happens, household members often hide it to protect the family's name. The victims have to remain in situation of violence in silence and often in isolation (4). Therefore, the key element concepts of this model were using multi-component approach that addresses change at the victim and perpetrator level.

The core concept of the RPV model is an educational, process group, skills-building, and couple focused approach. All these concepts integrated from 2 main conceptions; the Duluth model (47) and the Behavioural Couples Therapy (61) because there were much more studies to confirm that the Duluth model and BCT can help married or cohabiting couples to reduce conflict/ intimate partner violence, to improve relationship functioning, and to increase positive feeling and commitment to the relationship” (77), (78), and (61).

The RPV model contains 2 parts. The first part is separated by gender-specific group and the second part is couple focus approach; all program of the RPV model includes 5 themes were; 1) Abusive and violence behavior 2) Consequences and impact of violence 3) Non-controlling and non-violent behavior 4) Empowerment and Group support and 5) Communication skills. In addition, the program explored over 8 sessions' period, three hours period per session which consistent with many studies found that program was effective in reducing violence when it was implemented at least 8 sessions (14). However, for maintained cessation of intimate partner violence; follow up and evaluation in the long run is needed.

5.1.2 The married or cohabiting couples who joined the RPV model could reduce conflict in the family better than those in the control group after the completion of the program.

The second factor providing the effectiveness of the RPV model was that it could reduce conflict between partners. A comparison of the married or cohabiting couples who joined the program and those who did not disclosed that the couples who joined the program can reduce conflict in the family; particularly in issue of Unreasonable, Non-communicate, and Family members. The study results revealed that the conflict issue of Unreasonable, Non-communicate, and Family members in the intervention group were significant all three follow up times. The couples who in the intervention group were found to have a statistically different than the control groups (p-value = .002, p-value <.001, and p-value = 0.17, respectively).

However, the conflict's issues in the family comprised of 8 issues were 1)Unreasonable 2)None communicate 3)Family expense 4)Family members 5)Partner's drinking 6)Your drinking 7)Partner's affair and 8)Your affair. For issue of Family expense, Partner's drinking, Your drinking, Partner's affair and Your affair were found similar between both groups. Nevertheless, when compare the average of Family expense, Partner's affair and Your affair at the first month after the RPV model implementation found that there were significant difference between the intervention and the control groups (p-value = 0.12, p-value = .026, p-value = .028, respectively). In addition, when compare the average of Family expense and Partner's drinking at three months after the program completion showed that the two groups were statistically significant difference (p-value = .004 and p-value = .030). Lastly when compare the average of Family expense at six months after the intervention program disclosed that both groups were still significant difference between the intervention and the control groups (p-value = .001)

From the result revealed that, the RPV model was not affect to Partner's drinking issue, Your drinking issue, Partner's affair issue, and Your affair issue at all through study period. The study showed that the RPV model has affected to Partner's drinking issue for only 3 months after intervention implementation. This finding was consistent with O'Farrell study (77) that registered 303 male married who engaged with alcoholic problem into couple's treatment. The intervention integrated various procedures were followed; sobriety contract, relapse prevention, and communications sessions for example increasing positive feelings, shared activities together. The study indicated that greater treatment involvement was associated to greater reduction in violence aggression. For O'Farrell study disclosed that at the end of treatment, each spouse need to finish a continued recovery plan to be assessed quarterly for 2 years. This study also summarized that violence treatment related to alcohol problems are quite more successful in the long term than short term. From Sricamsuk study (20) identified that alcohol consumption was found to be associated with intimate partner violence, however, to reduce or eliminate

violence between intimate partner, alcohol used should be considered as a contributing factor rather than a cause of intimate partner violence. In case of believing that alcohol used is a cause of violence between partners, the perpetrators are likely to assault or abused to their partners and believe they are not responsible or held accountable for their behaviors; alcohol therefore used as an excuse to assault partners

In addition, the RPV model has decrease Partner's affair issue and Your affair issue only the first month after intervention implementation. This finding was consistent with Baucom study (79) that initiated an integrated activity program for married or cohabiting couples who have had extramarital affairs. The intervention program incorporates procedures which comprised of 3 concepts were; cognitive behavioral approaches, insight-oriented approaches and forgiveness approaches. There were variety activities in these program, for instance, time-out techniques, problem-solving and communication skills, determine family-of-origin, and investigate factors that throw in to the affair, use of acceptance and tolerance building, also non-avoiding responsibility of one own. The program was used to 19 married couples for examining the effectiveness; however, the results indicated that treatment effect size is small and the participants showed almost no differences in marital satisfaction.

In sum, the results confirmed that at all through study period, the RPV model can decrease most of the conflict issues in the family between the couples excepting conflict of alcohol consumption issue and extra marital affair issue. As Meichenbaum study (80) reported that men need to develop nonviolent conflict resolution skills, take accountability for their abuse or aggressive behavior, expand empathy and sympathy to their partner's victimization, also improve and implement non-gender stereotypic attitudes and behaviors toward intimate relationship with their couples, in addition reduce the level of dependence on their intimate partners. However, for these two issues can explain by Social Learning Theory (SLT) as individual's behaviour comprised of 4 key elements (44); 1.Imitation 2.Definitions

3. Differential associations and 4. Differential reinforcement. Participants who were still have conflict issues in the family may 1. Admire someone (Imitation) was engaging in the same conflict issues or tolerating their victimization 2. Accept alcohol consumption, weakly oppose to extra marital affair and or tolerate it (Definitions) 3. Associate with someone such as friend, family, or significant others who were all related intimate partner violence (Differential associations) and 4. View intimate partner violence as a rewarding than costly to maintaining the relationship (Differential reinforcement) for example, individual who was tolerating and accepting their partner's affair may wish keeping the relationship, avoiding social criticism, or still have financial support for one's self and children until you are on silence. Consistent with the qualitative data that some female participants stated that *"I was compelled to accept this condition, never thought to divorce or separate because nowhere to go. I am getting older, no career, no money, I have to tolerate it especially, it just only husband and wife stuff"* This message confirms the deep-rooted cultural belief in Thai society is that conflicts or abusive behaviors between partners is a confidential private issue not to be shared with the outsiders, as per saying *"ความในอย่านำออก ความนอกอย่านำเข้า (Kwam Nai Yaa Num Ook Kwam Nok Yaaa Num Koa)"* which mean that relationship matters between husbands and wives are meant to be kept inside, not to be share with the outsider.

5.1.3 The Reduction of Partner Violence model (RPV model) can help the intervention group to reduce violent behavior between partners.

Third, the RPV model could help the participants in the intervention group decreased Partner's Violent Behavior. As mentioned in chapter IV that partner's violent behaviors consist of 13 issues were 1) Insulted you 2) Belittled or humiliated you 3) Frighten you by looked at you, yelling or, smashing thing 4) Threatened to hurt you or someone you love 5) Slapped you or threw something at you 6) Pushed or shoved you 7) Hit you 8) Kicked you 9) Choked or burnt you 10) Threatened to use weapon 11) Physically forced you to have sex 12) Have sexual intercourse even you did not want, and 13) Forced you to do something sexual that humiliating.

The research results demonstrated that the married or cohabiting couples who entered the RPV model can reduce Partner's Violent Behavior better than the non-entering at p -value = .035. In addition, the average of Partner's Violent Behavior compare at one month after intervention until six months after intervention was statistically different between the intervention and the control groups (p -value <.001, p -value = .002, and p -value <.001, respectively). As a result, the mean score of partner's violent behaviors of the intervention group was significantly lower than the control group all through study period.

In addition, in case of classify to 3 violent behaviors types were, 1) Partner's Psychological Violent behaviors, 2) Partner's Physical Violent behaviors, and 3) Partner's Sexual Violent behaviors, the study indicated that only Partner's Psychological Violent behavior was significant difference between the intervention and the control groups during three follow up times after the completion of the program at p -value at .012. Furthermore, when compare at one month, three months, and six months after program implementation, the two groups were statistically different at p -value <.001 at all three follow up times.

For Partner's Physical Violent behavior, the results revealed that there was similar between the intervention and the control groups (p -value = .264), however, when compare the average of Partner's Physical Violent behavior at 1-3-6 months after intervention found that intervention group was significantly lower than the control group at p -value = .004, p -value = .034, and p -value = .033, respectively. Consistent with the Shepard study (Shepard, 1987) that follow-up a one year 39 victims whose intimate partner had completely participated to treatment program, the result showed that victims disclosed significantly less of physical and psychological aggression when compared to assaulted rate during time periods previous or during their participation in the program. Furthermore, sixty-nine percent of women stated that during the past three months they had no physical violence experienced, while forty-one percent indicated no psychological violence experiencing.

For Partner's Sexual Violent Behavior, the study indicated that there was no statistically significant difference between the intervention and control groups (p -value = .637). In addition, when comparing the average of Partner's Sexual Violent behavior for both groups at baseline and 1-3-6 months found that the intervention group was not better than the control group. Specially, the couples in the intervention group were not found to decrease Partner's Sexual Violent Behavior better than the control group. Additionally, the study also showed that only female participants had sexual abused experiences by their partners all through study period.

In brief, the research results indicated that, the RPV model has strongly effect to decrease the Partner's Violent Behaviors particularly the Partner's Psychological Violent behaviors all through study period. The Babcock study (78) explored a meta-analysis of twenty-two studies of treatment for intimate partner violence; all based on the Duluth model indicated that the treatments are quite successful to decrease psychological violent behavior rather than physical and sexual violent behavior. The finding was also consistent with O'Leary study (81) which recruited Seventy-five volunteer couples to conjoint group treatment for psychological, physical, and also sexual aggression between partners. After completely attended to the whole program, the study result showed that, at both post-intervention and one-year follow-up, the perpetrators less their psychological aggression by 47%, their minor to moderate physical aggression by 55%, but not reduced sexual and severe physical aggression. In addition, third-fourth of the husbands was not maintained cessation of physical aggression during the year following treatment. Only one-fourth of the husbands were violence-free and cessation and maintenance rates were obtained for wives.

As I mentioned in the chapter II; Intimate partner violence stems from individual factor and societal factor. At individual factor, the psychological perspective was popularly used to describe violence between partners (45). For example history of previous abuse and perpetrates, however, "there are much

more incidences to show a lot of abusers do not have a childhood abuse history nor does come from violent home” (37). From this reason the societal factor was used to describe violence; intimate partner violence as an outcome of patriarchy as the structure of society, gender power imbalances, and social norms that reflect male dominance. As a result, Power and gender are needed to explain intimate partner violence particularly in term of physical abused and sexual abused. As Healey said intimate partner violence as a situation where one partner in a relationship uses violent and abusive behaviors in order to control and dominate the other partner. Men generally use abusive behavior to dominate their partners, especially through the use of physical and sexual violence. The uses of these abusive behaviors result from traditional beliefs of male superiority and privilege whereby men believe that they have a right to impose their will and expect servitude from their female partner (15).

Aldarondo, and Mederos (82) pointed that the most appropriate intervention program for men who were physically assaulted to their partners is in gender – specific group (men-only specialized groups) operating within a coordinated community response network. This encourages men’s responsibility for changing violent behaviors, develop nonviolent resolution skills, start nonviolent relationships, and provide specialized services. On the contrary, these finding was different with Simpson study (83). The Simpson study supports the efficacy of conjoint therapies that focus on intimate partner violence for married or cohabiting couples who engage in mild to moderate physical assault but still want to stay together and keep the relationship. The study found that forty-five percent of one hundred thirty-four couples had experienced low-level violent behavior in the year prior to participate the treatment, after completed up to 26 sessions of intervention program and two years follow-up assessments; the couples maintained very low levels of physical violence during and after treatment and showed reductions in psychological violence when relationship and individual functioning enhanced.

5.1.4 The married or cohabiting couples who entered the RPV model could decrease Violent Victimization between partners better than those in the control group after the program implementation.

The last factor providing the effectiveness of the RPV model was that it could decrease Violent Victimization between partners. A comparison of the couples who entered the RPV program and those who did not discovered that the intervention program had strongly effect to Violent Victimization; it was a statistically significant difference between the intervention and the control groups all through study period at p -value $<.001$. Specifically, the couples in the intervention group were found to reduce Violent Victimization more than those in the control group.

In addition, when classified to 1) Psychological Violent Victimization, 2) Physical Violent Victimization, and 3) Sexual Violent Victimization the research results indicated that only Psychological Violent Victimization was statistically significant difference between the intervention and the control groups all through study period after the program completion at p -value = $<.001$. Moreover, when compare at 1 month, 3 months, and 6 months after program implementation, the two groups were statistically different at p -value $<.001$ at all three follow up times. Specially, the average score of Psychological Violent Victimization of the intervention group was significantly lower than the control group all through study period. As same as Gregory and Erez study (84) indicated that thirty-three women whose partners attended to a batterer intervention program revealed that half of the women considered the program had improved for their better relationship, Eighty-one percent reported less psychological violence abused by their partners, and seventy percent stated that the treatment decreased the aggressions and threats they did experience.

For Physical Violent Victimization, the study disclosed that the intervention group was not better than the control group (p -value = $.143$), however, when compare the average of Partner's Physical Violent behavior at baseline and 1-3-6 months after the program completion found that the average of Partner's Physical

Violent behavior at 1 and 3 months of the intervention group was significantly lower than the control group at p -value = .005 and p -value = .006. Consistent with Shepard Study (Shepard, 1988) that collected data from 92 perpetrators and 77 victims at the three following program; intake (beginning), counseling (middle), education groups (end), and also follow-up three months after intervention completion. The study showed that fewer aggressions were revealed at program phases with significant reductions in physical and psychological violence occurring during the first three months of the program. In addition, in the beginning group; eighteen percent of the perpetrators and seven percent of the victims reported that no physical assault had occurred during the three months previous to the program participation, in the middle group; Seventy-six percent of the perpetrators disclosed that no physical violence had happened during the three months of counseling, and in the education group; eighty-one percent of the perpetrators and sixty-nine percent of the victims stated no physical violence during the education phase of the intervention program. Moreover, for three month follow-up group found that sixty-one percent of victims no physical violence during the three months after intervention completion. Additionally, No psychological assault was reported during the past three months. On the contrary, there were much more women admitted that interventions may not have breaking the violence as they have been continuing to abused experiencing. Moreover, one-fifth of the women reported an increase in verbal abused and aggression and also disclosed that the program intervention increase their partner angry or taught the men new tactic strategies for abuse after batterer interventions (84).

For Sexual Violent Victimization, the study revealed that there was no statistically significant different between the intervention and control groups (p -value = .731). In addition, when compare the average of Sexual Violent Victimization for both groups at baseline and 1-3-6 months found that the intervention group was still similar to the control group. Specially, the couples in the intervention group were not found to decrease Sexual Violent Victimization better than the control group.

Additionally, the study also showed that only female participants had Sexual Violent Victimization by their partners all through study period.

The finding was consistent with many studies (85), (81), (86), and, (87) which found that couple focused approach is as effective for mild-to-moderate violence especially decrease psychological aggression. However, if there is severe intimate partner violence, the couple is most likely not appropriate for any couples therapy. Additionally, the result of RPV model indicated that the Physical Violent victimization and the Sexual Violent victimization were similar between groups after intervention implementation. This finding is supported by previous research, which revealed that approximately one-thirds of perpetrator who completes group intervention programs for Intimate partner violence treatment remains violent abused to their intimate relationships. “In addition, Twenty percent of men continue to be severely violent to their intimate partners, some still used sexual aggression to their intimate relationships. Consequently, one in five men who attend intervention programs will continue to abuse, even if they attend treatment. For this reason there is a need to monitor perpetrators and to accomplish confidential and safety-oriented contacts with abused victims” (80).

From result of the Violent Victimization confirmed that the RPV model decreased mild to moderate violence all three follow up times while severe violence in term of physical and sexual violent victimization were not different between groups after intervention. As Structuration Theory (51) tried to explain the connection between individuals and social forces that shape the social reality. The structuration theory explained the connection between structure (routines, norms) and action that cannot be conceived of apart from one another. From this theory; Human’s belief, norms, traditions or other sets of expectations establish individual’s action or behavior which reproduces social structures, which continue and maintain the dynamics of action. As a result, violence grows and happens in every single day life since the repetition of the behavior/acts of individual reproduce the structure (52). “As human, everyone has *some* power--and thus some freedom but inequalities

and differences in power” (54). Violence between intimate relationship as a situation where individual uses aggressive or abuse behaviors in order to superior and command to their partner. “Men using power over women reproduce the structure of patriarchy; Patriarchy, meaning literally “rule of the father”; Patriarchy as a concept is defined as male dominance over women” (54). Additionally, the notion that the husband is the household head is a common belief in Thai society (20). As wives, women are expected to do their husbands’ bidding and accept whatever treatment is meted out (49) particular response for husband sexual need is one of responsibility for a good wife. All these mechanism reproduce this norm which may lead to violence between partners.

In summary, the present study showed the strongly effect of the RPV model to reduce abusive behavior or violence between intimate relationship by 1) Reduce conflict in the family; particularly in issue of Unreasonable, Non-communicate, and Family members 2) Reduce Partner’s Violent Behavior particularly Partner’s Psychological Violent Behavior and 3) Reduce Violent Victimization in particular Psychological Violent Victimization, Additionally, this study results also reflected most of all figures of the participants’ behavior in the intervention group were a V-shape; the average score was rapidly reduced in 1 month comparing with the baseline, then gradually higher in 3 months and quite stable from 3 months to 6 months. Therefore for maintaining the reduction of abused behaviors, the model may need to be some booster session after 1 month to sustain intimate partner violence reduction in the long run.

5.2 CONCLUSIONS

5.2.1 Intimate partner violence occurs from conflict between couples. Marital conflict can lead to assault. Individuals who lack the life skills required to control their anger and cope with conflict and stress are likely to possibly to use of violence.

5.2.2 Intimate partner violence stems from societal and individual factors. At societal level, intimate partner violence as an outcome of patriarchy as the structure of society, gender power imbalances, and social norms that reflect male dominance. At individual level, intimate partner violence associated with husband-wife and family communication, socio-demographic factors, history of previous abuse and perpetrates lack of peer and family support, alcohol or drug abuse.

5.2.3 The couples manage or resolve problem by they themselves not let other involved. When intimate partner violence happen, household members often hide it to protect the family's name. The deep-rooted cultural belief in Thailand is that intimate partner violence is a confidential private issue not to be shared with the outsiders, as per saying “ความในอย่านำออก ความนอกอย่านำเข้า (*Kwam Nai Yaa Num Ook Kwam Nok Yaaa Num Koa*)” which mean that internal issues need not brought outside; external issues should not brought inside or relationship matters between husbands and wives are meant to be kept inside, not to be told to any other person. The couples therefore have to remain in situation of violence in silence and often in isolation.

5.2.4 The RPV model decreased most of the conflict issues in the family between married or cohabiting couples at all three follow up times excluded Partner's drinking issue, Your drinking issue, Partner's affair issue and Your affair issue. However, the RPV model decreased Partner's drinking issue at three months after intervention, whereas, the Partner's affair issue and Your affair issue were reduced at the first month by the RPV model after implementation.

5.2.5 The RPV model reduced Partner's Violent Behavior after implemented intervention particularly Partner's Psychological Violent Behavior were decreased during three follow up times after program implementation. For Partner's Physical Violent Behavior found that the average score compare at baseline to 6 months

follow up were significant between group at 1-3-6 months follow up, while Partner's Sexual Violent behaviors were not different between groups all through study period.

5.2.6 The RPV model decreased the Violent Victimization after intervention especially the Psychological Violent victimization was decreased all three follow up times, however, the average of Physical Violent victimization were significant between group at 1 and 3 months follow up whereas, the Sexual Violent victimization were not different between groups after intervention.

5.2.7 The RPV model is suitable for married or cohabiting couples who are related to mild to moderate violence. Additionally, the couples should acknowledge that abuses is a problem and want to solve the violence, above and beyond, they are still wish staying together.

5.3 LIMITATIONS

5.3.1 As a trial the RPV model, the study was conducted with couples who live in Cha-am municipality, Cha-am district, Phetchaburi Province only. Therefore, the results might be limited and cannot be the representative of the whole couples in Thailand.

5.3.2 The sample size of this study was eighty persons. Consequently, the generalizability of the findings should be made with cautions.

5.3.3 The questionnaire interviewing was used for data collection. Since intimate partner violence is a sensitive issue as a private or personal issue in Thai society, it is possible that participants did not want to reveal the abuse or aggression behavior of one own and partners because of shame and embarrassment. So the answer could contribute to over-reporting and under-reporting, however, numerous procedures were implemented to assure confidentiality as well as reliability and make the participants feel comfortable answering honestly.

5.3.4 The application of the RPV model at another community should consider the context of socio-demographic characteristics and the nature of participants.

5.4 RECOMMENDATIONS

5.4.1 The participants in the present study were eighty persons and the study was conducted in one district, therefore, the generalizability of the findings to be limited for this population group, which require further research.

5.4.2 As the abusive behaviors of the participants were gradually higher after 1 month follow-up, as a result, the intervention may need to be re-implemented every one month or every other month to sustain intimate partner violence reduction in the long run and should extended follow-up be continued to one or two years.

5.4.3 Contribution to another future research need to explore possibility and implementation from in-depth interview especially expand to childhood experiences, love life and work life in order to insight understand the process or stages of intimate partner violence. Because of there are several underlying causes behind these scenes that need to be dug out and analyzed to discover the main causes as well as their root causes of intimate partner violence

5.4.4 The RPV model may suitable for married or cohabiting couples who faced to mild to moderate violence rather than severe violence. For effective reduction of severe violence, the present findings suggested that the curriculum should more focus on physical and sexual violence issues. In addition should screen and classified the participants to the mild to moderate violence group and the severe violence group in order to find the tailored- made intervention to fit the needs of each group accordingly.

5.4.5 Also, based on the results of this study, at least two more aspects of treatment need to be added into the model; alcohol consumption and extra marital affairs.

5.4.6 This research supports the fact that intimate partner violence is still a significant problem in Thai society. Intimate partner victimization is not a private issue, but also a human right violation and related to physical health, mental health, and sexual health. Actions at the policy and practice level are therefore urgently required.

5.4.7 Create agencies in every province for specially responsible providing services to married or cohabiting couples both perpetrators and victims who are suffering from intimate partner violence. These agencies must function as a one-stop service center includes advocacy program for instance counseling, safety planning, and referral to suitable agencies. In addition, should also provide a shelter and emotional support as well.

5.4.8 Initiate a public campaign, headed by the government, through the mass media to eliminate violence between intimate relationships. State agencies must take responsibility in public advocacy and monitoring incidences of violence and state responses to this issue. The state should also seek to eliminate the use of gender-based violence by the media. As media are significant performers in building public understanding and realization on violence, the content therefore should avoid reproducing violence between intimate relationships and also support producing of all content and information that advocates gender equality, peaceful and loving families without violence.

5.4.9 Create a monitoring and support network among community-based organizations and capable authorities to ensure effective service delivery to the couples. Family members must be encouraged to intervene in situations of violence and receive assistance. Couples must be urged to participate to all levels activities.

In conclusion, intimate partner violence is one of a major public health problem and a violation of human rights. As associated with negative health outcomes, intimate partner violence lead to psychological, physical, sexual and reproductive health problems. In addition, the social and economic costs of intimate partner violence are enormous and have effects throughout society. Victims may suffer isolation, incapability to work or participate to regular activities, and limited to care for themselves and their children. Further, being a victim of violence can also increase an individual's risk of further abuse and of becoming a perpetrator of violence. Intervention to identify victims of intimate partner violence and provide effective care and support will help for protecting health; reduce further harm, and breaking cycles of violence from one generation to the next. So it is necessary to

have a model intervention that addresses change at the victim and perpetrator level which seek to reduce intimate partner violence. The Reduction of Partner Violence model (RPV model) can be considered as an effective alternative for reducing violence between partners, however, the application of the RPV model at another area or another community should consider the context of socio-demographic characteristics and the nature of the populations.



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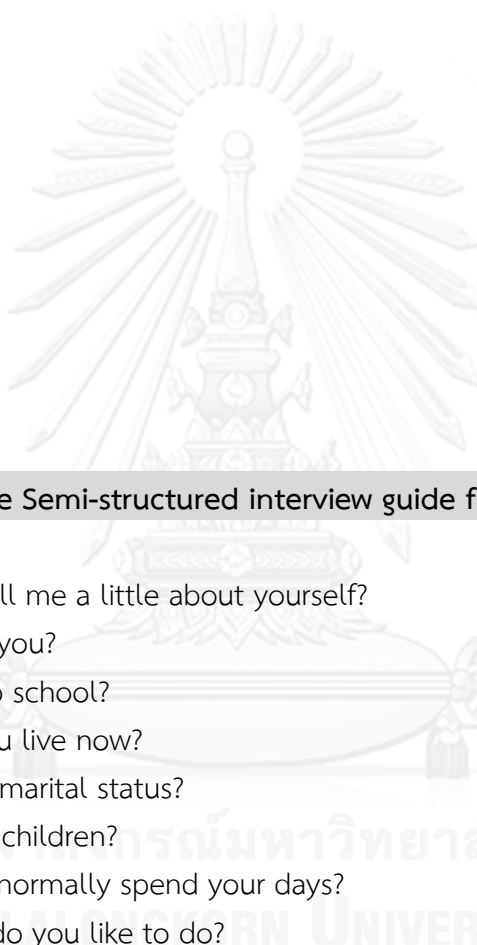
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APPENDIX

APPENDIX A
QUESTIONNAIRE

จุฬาลงกรณ์มหาวิทยาลัย
CHULALONGKORN UNIVERSITY



The Semi-structured interview guide for women

1. Can you please tell me a little about yourself?

How old are you?

Did you go to school?

Where do you live now?

What is your marital status?

Do you have children?

How do you normally spend your days?

What things do you like to do?

What is your Current or most recent employment/sources of income?

2. Tell me about your partner.

How old is he?

Did he go to school?

What does he do?

How did you first meet?

When did you get married?

What is his current or most recent employment?

3. Could you please tell me about impressive stories in your marriage?

4. When did your problems with your partner start?

How long has this continued? (Prevalence during last year, Prevalence ever)
(Frequency)

What is type of abuse (physical, sexual, emotional)? (Severity of abuse)

Are there times when this has improved, or gotten worse?

(Initiation and duration of violence)

5..Risk and protective factors for Intimate Partner Violence

Yourself

Can you access to and control of resources?

Do you have history of previous victimization

Can you access support outside the household from friends?

Do you belongs to any group/association

Have you ever witnessed violence between parents as a child?

Do you use an alcohol or drug?

Your partner

Does he have decision making in relationship?

Has he ever witnessed violence between parents as a child?

Does he use an alcohol or drug?

Does he has physically aggressive towards other men

6. Has it had a great effect on your physical well-being? In what ways?

(Physical health problems)

Do you have Injuries resulting from physical violence?

Do you use of health services as a result of injuries?

How has it affected your feelings about yourself? In what ways?

(Psychological distress)

Do you think that it is having an effect on your children? In what ways?

Has it affected your ability to provide for the family or go to work/ earn money?

Has it affected your ability to attend community meetings?

7. How did you response to violence?

Do u leaving or staying with him?
 Why are you still in relationship with him?
 Did you ever defend yourself physically?
 Whether you ever hit first
 Whether you ever left/frequency left

8. Have you ever discussed your problems with others?
 Who knows about situation? How did they respond?
 Who intervened or tried to stop violence? Satisfaction with response?
 Was there more that you would have liked them to do?
 Who you would have liked to get more help from?
 What sort of things would have helped?
 Which agencies or authorities that you turn to?
 What factors motivate or inhibit the process of seeking help?
9. Do you know Domestic Violence Victim Protection Act, B.E. 2550? Is this Act useful for you? How?
10. Looking back at your situation, what advice would you give another woman who has just started to have these sorts of problems with her husband?
11. What is the best solution? How?

The Semi-structured interview guide for men

1. Can you please tell me a little about yourself?
 How old are you?
 Did you go to school?
 Where do you live now?
 What is your marital status?
 Do you have children?
 How do you normally spend your days?
 What things do you like to do?
 What is your current or most recent employment/sources of income?
2. Tell me about your partner

How old is she?

Did she go to school?

What does she do?

How did you first meet?

When did you get married?

What is her current or most recent employment?

3. Could you please tell me about impressive stories in your marriage?

4. When did your problems with your partner start?

How long has this continued? (Prevalence during last year, Prevalence ever)
(Frequency)

What is type of abuse (physical, sexual, emotional)? (Severity of abuse)

Are there times when this has improved, or gotten worse?

(Initiation and duration of violence)

5..Risk and protective factors for Intimate Partner Violence

Yourself

Do you have decision making in relationship?

How is communications in the family?

Have you ever witnessed violence between parents as a child?

Do you use an alcohol or drug?

Do you have physically aggressive towards other men

Your partner

Can she access to and control of resources?

Does she have history of previous victimization?

Can she access support outside the household from friends?

Does she belongs to any group/association

Has she ever witnessed violence between parents as a child?

Does she use an alcohol or drug?

6. How does violence affect to you and your partner' health?

Do you have injuries resulting from violence? In what ways?

Does she have injuries resulting from violence?

Does she use of health services as a result of injuries?

Has it affected her ability to provide for the family or go to work/ earn money?

Do you think that it is having an effect on your children? In what ways?

7. How was she response to violence?

8. Have you ever discussed your problems with others?

Who knows about situation? How did they respond?

Who intervened or tried to stop violence? Satisfaction with response?

9. Do you know Domestic Violence Victim Protection Act, B.E. 2550? Is this Act useful for you? How?

10. In your opinion, what is the way for solution this problem?

The Abuse Assessment Screen

Hurt, Insulted, Threatened with harm and Screamed at (HITS);

How often does your partner?	Never (1)	Rarely (2)	Sometime s (3)	Fairy often (4)	Frequency (5)
1. Physically hurt you					
2. Insult you or talk down to you					
3. Threaten you with harm					
4. Scream or curse at you					



แบบสอบถาม

โครงการการพัฒนารูปแบบเพื่อลดปัญหาความรุนแรงในครอบครัว

คำชี้แจง โปรดทำเครื่องหมาย ✓ ในช่อง หรือเติมข้อความลงในช่องว่างตรงตามความเป็นจริง

วันที่ตอบแบบสัมภาษณ์ วันที่.....เดือน.....ปี.....

ส่วนที่ 1 ข้อมูลส่วนบุคคลทั่วไป

ชื่อ.....

ที่อยู่.....

หมายเลขโทรศัพท์.....

1.	เพศ	<input type="checkbox"/> ชาย	<input type="checkbox"/> หญิง		
2.	วัน เดือน ปีเกิด.....	อายุ.....	ปี		
3.	ศาสนา	<input type="checkbox"/> พุทธ	<input type="checkbox"/> คริสต์	<input type="checkbox"/> อิสลาม	<input type="checkbox"/> อื่นระบุ.....
4.	การศึกษาสูงสุดของท่าน	<input type="checkbox"/> ไม่ได้เรียน	<input type="checkbox"/> ประถมศึกษา	<input type="checkbox"/> มัธยมต้น	
		<input type="checkbox"/> มัธยมปลาย/ปวช.	<input type="checkbox"/> ปวส./อนุปริญญา	<input type="checkbox"/> ปริญญาตรี	
		<input type="checkbox"/> สูงกว่าปริญญาตรี	<input type="checkbox"/> อื่นๆ ระบุ.....		

5.	สถานภาพสมรส <input type="checkbox"/> จดทะเบียนสมรส <input type="checkbox"/> ไม่จดทะเบียนสมรส
6.	สถานภาพการอยู่กิน อยู่ด้วยกัน ปี คู่คนที่
7.	อาชีพปัจจุบัน ทำงานวันละ.....ชั่วโมง
8.	รายได้ของท่านต่อเดือนบาท/เดือน
9.	รายได้เพียงพอต่อค่าใช้จ่ายหรือไม่ <input type="checkbox"/> ไม่เพียงพอ <input type="checkbox"/> เพียงพอแต่ไม่มีเหลือเก็บ <input type="checkbox"/> เพียงพอมีเงินเหลือเก็บ
10.	มีงานพิเศษอื่นๆหรือไม่ <input type="checkbox"/> ไม่มี <input type="checkbox"/> มี ระบุงาน..... รายได้งาน พิเศษ.....บาท
10.	จำนวนบุตร.....คน
11.	จำนวนสมาชิกในครัวเรือน.....คน มีใครบ้าง (โปรดระบุรายละเอียด เช่น ตา 1 คน ยาย 1 คน ลูกชาย 1 คน ลูกสาว 1 คน เป็นต้น)

ส่วนที่ 2 ความสัมพันธ์ภายในครอบครัว

2.1 คุณและคู่คนปัจจุบันของคุณ เคยใช้อารมณ์ และหรือไม่ฟังความคิดเห็นซึ่งกันและกัน หรือไม่

ไม่เคย (ข้ามไปข้อ 2.2) เคย

2.1.1 ในช่วง 12 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ เคยใช้อารมณ์ และหรือไม่ฟังความคิดเห็นซึ่งกันและกัน มากน้อยแค่ไหน

ไม่เคย 1 ครั้ง
 2-5 ครั้ง มากกว่า 5 ครั้ง

2.1.2 ในช่วง 6 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ เคยใช้อารมณ์ และหรือไม่ฟังความคิดเห็นซึ่งกันและกัน มากน้อยแค่ไหน

ไม่เคย นานๆครั้ง (1 ครั้งใน 6 เดือน)
 เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)
 เป็นประจำ (>1 ครั้งใน 1 สัปดาห์)

2.1.3 ในช่วง 1 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ เคยใช้อารมณ์ และหรือไม่ฟังความคิดเห็นซึ่งกันและกัน มากน้อยแค่ไหน

- ไม่เคย นานๆครั้ง (เดือนละ 1 ครั้ง)
 เป็นครั้งคราว (2-3 ครั้งต่อเดือน) บ่อยๆ (สัปดาห์ละ 1 ครั้ง)
 เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

2.1.4 การใช้อารมณ์ และหรือการไม่ฟังความคิดเห็นซึ่งกันและกันดังกล่าว ได้มีการลงไม้ลงมือหรือไม่

- ไม่มี (ข้ามไปข้อ 2.2) มีบ้าง มีทุกครั้ง
 ใครเป็นผู้กระทำ คู่ของคุณ ตัวคุณ

กระทำอย่างไร

- ขว้างปาสิ่งของ ผลัก เตะ ตบ ตี
 ใช้อุปกรณ์/อาวุธ เช่น ไม้ กรรไกร มีด อื่นๆ ระบุ

ครั้งสุดท้ายเหตุการณ์ดังกล่าวเกิดขึ้นเมื่อใด.....

ขอความกรุณาเล่าเหตุการณ์/เรื่องราวที่เกิดขึ้น.....

.....

2.2 คุณและคู่คนปัจจุบันของคุณ เคยไม่พูดคุยหรือไม่สื่อสารถึงความต้องการของกันและกัน หรือไม่

- ไม่เคย (ข้ามไปข้อ 2.3) เคย

2.2.1 ในช่วง 12 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ เคยไม่พูดคุยหรือไม่สื่อสารถึงความต้องการของกันและกัน มากน้อยแค่ไหน

- ไม่เคย 1 ครั้ง
 2-5 ครั้ง มากกว่า 5 ครั้ง

2.2.2 ในช่วง 6 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ เคยไม่พูดคุยหรือไม่สื่อสารถึงความต้องการของกันและกัน มากน้อยแค่ไหน

- ไม่เคย นานๆครั้ง (1 ครั้งใน 6 เดือน)
 เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)
 เป็นประจำ ($>$ 1 ครั้งใน 1สัปดาห์)

2.2.3 ในช่วง 1 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ เคยไม่พูดคุยหรือไม่สื่อสารถึงความต้องการของกันและกัน มากน้อยแค่ไหน

- | | |
|--|--|
| <input type="checkbox"/> ไม่เคย | <input type="checkbox"/> นานๆครั้ง (เดือนละ 1 ครั้ง) |
| <input type="checkbox"/> เป็นครั้งคราว (2-3 ครั้งต่อเดือน) | <input type="checkbox"/> บ่อยๆ (สัปดาห์ละ 1 ครั้ง) |
| <input type="checkbox"/> เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์) | |

2.2.4 การไม่พูดคุยหรือไม่สื่อสารถึงความต้องการของกันและกันดังกล่าว ได้ส่งผลให้เกิดความไม่เข้าใจและนำไปสู่การลงไม้ลงมือหรือไม่

- | | | |
|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> ไม่มี (ข้ามไปข้อ 2.3) | <input type="checkbox"/> มีบ้าง | <input type="checkbox"/> มีทุกครั้ง |
| ใครเป็นผู้กระทำ | <input type="checkbox"/> คู่ของคุณ | <input type="checkbox"/> ตัวคุณ |

กระทำอย่างไร

- | | |
|---|---|
| <input type="checkbox"/> ขว้างปาสิ่งของ | <input type="checkbox"/> ผลัก เตะ ตบ ตี |
| <input type="checkbox"/> ใช้อุปกรณ์/อาวุธ เช่น ไม้ กรรไกร มีด | <input type="checkbox"/> อื่นๆ ระบุ |

ครั้งสุดท้ายเหตุการณ์ดังกล่าวเกิดขึ้นเมื่อใด.....

ขอความกรุณาเล่าเหตุการณ์/เรื่องราวที่เกิดขึ้น.....

2.3 คุณและคู่คนปัจจุบันของคุณเคยมีความไม่เข้าใจกัน ในเรื่องเหล่านี้หรือไม่

- | | | |
|---|---------------------------------|------------------------------|
| 2.3.1 เศรษฐกิจ เช่น เงินไม่เพียงพอต่อการใช้จ่าย | <input type="checkbox"/> ไม่เคย | <input type="checkbox"/> เคย |
| 2.3.2 เรื่องคนภายในบ้าน เช่น ลูก/ญาติพี่น้อง | <input type="checkbox"/> ไม่เคย | <input type="checkbox"/> เคย |
| 2.3.3 คู่ชีวิตดื่มเครื่องดื่มแอลกอฮอล์ เช่น เหล้า เบียร์ ไวน์ | <input type="checkbox"/> ไม่เคย | <input type="checkbox"/> เคย |
| 2.3.4 คุณดื่มเครื่องดื่มแอลกอฮอล์ เช่น เหล้า เบียร์ ไวน์ | <input type="checkbox"/> ไม่เคย | <input type="checkbox"/> เคย |
| 2.3.5 คู่ชีวิตมีคนอื่น | <input type="checkbox"/> ไม่เคย | <input type="checkbox"/> เคย |
| 2.3.6 คุณมีคนอื่น | <input type="checkbox"/> ไม่เคย | <input type="checkbox"/> เคย |



2.4 คุณและคู่คนปัจจุบันของคุณ เคยไม่เข้าใจกันด้วยเรื่อง “เศรษฐกิจ เช่น เงินไม่พอใช้จ่าย” หรือไม่

ไม่เคย (ข้ามไปข้อ 2.5) เคย

2.4.1 ในช่วง 12 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง “เศรษฐกิจ เช่น เงินไม่พอใช้จ่าย” มากน้อยแค่ไหน

ไม่เคย 1 ครั้ง
 2-5 ครั้ง มากกว่า 5 ครั้ง

2.4.2 ในช่วง 6 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง “เศรษฐกิจ เช่น เงินไม่พอใช้จ่าย” มากน้อยแค่ไหน

ไม่เคย นานๆ ครั้ง (1 ครั้งใน 6 เดือน)
 เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)
 เป็นประจำ (>1 ครั้งใน 1 สัปดาห์)

2.4.3 ในช่วง 1 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง “เศรษฐกิจ เช่น เงินไม่พอใช้จ่าย” มากน้อยแค่ไหน

ไม่เคย นานๆ ครั้ง (เดือนละ 1 ครั้ง)

เป็นครั้งคราว (2-3 ครั้งต่อเดือน) บ่อยๆ (สัปดาห์ละ 1 ครั้ง)

เป็นประจำ ($\geq 2-3$ ครั้งต่อสัปดาห์)

2.4.4 การไม่เข้าใจกันด้วยเรื่อง “เศรษฐกิจ เช่น เงินไม่พอใช้จ่าย” ดังกล่าว นำไปสู่การลงไม้ลงมือหรือไม่

ไม่มี (ข้ามไปข้อ 2.5) มีบ้าง มีทุกครั้ง

ใครเป็นผู้กระทำ คู่ของคุณ ตัวคุณ

กระทำอย่างไร

ขว้างปาสิ่งของ ผลัก เตะ ตบ ตี

ใช้อุปกรณ์/อาวุธ เช่น ไม้ กรรไกร มีด อื่นๆ ระบุ

ครั้งสุดท้ายเหตุการณ์ดังกล่าวเกิดขึ้นเมื่อใด.....

ขอความกรุณาเล่าเหตุการณ์/เรื่องราวที่เกิดขึ้น.....

2.5 คุณและคู่คนปัจจุบันของคุณ เคยไม่เข้าใจกันด้วยเรื่อง “คนภายในบ้าน เช่น ลูก/ญาติพี่น้อง” หรือไม่

ไม่เคย (ข้ามไปข้อ 2.6) เคย

2.5.1 ในช่วง 12 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง “คนภายในบ้าน เช่น ลูก/ญาติพี่น้อง” มากน้อยแค่ไหน

ไม่เคย 1 ครั้ง

2-5 ครั้ง มากกว่า 5 ครั้ง

2.5.2 ในช่วง 6 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง “คนภายในบ้าน เช่น ลูก/ญาติพี่น้อง” มากน้อยแค่ไหน

ไม่เคย นานๆ ครั้ง (1 ครั้งใน 6 เดือน)

เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)

เป็นประจำ (>1 ครั้งใน 1 สัปดาห์)

2.5.3 ในช่วง 1 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง “คนภายในบ้าน เช่น

ลูก/ญาติพี่น้องมากน้อย” แค่ไหน

- ไม่เคย นานๆครั้ง (เดือนละ 1 ครั้ง)
 เป็นครั้งคราว (2-3 ครั้งต่อเดือน) บ่อยๆ (สัปดาห์ละ 1 ครั้ง)
 เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

2.5.4 การไม่เข้าใจกันด้วยเรื่อง “คนภายในบ้าน เช่น ลูก/ญาติพี่น้อง” ดังกล่าว นำไปสู่การลงไม้ลงมือหรือไม่

- ไม่มี (ข้ามไปข้อ 2.6) มีบ้าง มีทุกครั้ง
 ใครเป็นผู้กระทำ คู่ของคุณ ตัวคุณ

กระทำอย่างไร

- ขว้างปาสิ่งของ ผลัก เตะ ตบ ตี
 ใช้อุปกรณ์/อาวุธ เช่น ไม้ กรรไกร มีด อื่นๆ ระบุ

ครั้งสุดท้ายเหตุการณ์ดังกล่าวเกิดขึ้นเมื่อใด.....

ขอความกรุณาเล่าเหตุการณ์/เรื่องราวที่เกิดขึ้น.....

2.6 คุณและคู่คนปัจจุบันของคุณ เคยไม่เข้าใจกันด้วยเรื่อง “คู่วิตติ์มเครื่องตีมแอลกอฮอล์ เช่น เหล้า เบียร์ ไวน์” หรือไม่

- ไม่เคย (ข้ามไปข้อ 2.7) เคย

2.6.1 ในช่วง 12 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง “คู่วิตติ์มเครื่องตีมแอลกอฮอล์ เช่น เหล้า เบียร์ ไวน์” มากน้อยแค่ไหน

- ไม่เคย 1 ครั้ง
 2-5 ครั้ง มากกว่า 5 ครั้ง

2.6.2 ในช่วง 6 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง มากน้อยแค่ไหน

- ไม่เคย นานๆครั้ง (1 ครั้งใน 6 เดือน)
 เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)
 เป็นประจำ (>1 ครั้งใน 1 สัปดาห์)

2.6.3 ในช่วง 1 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง “คู่วิตติ์มเครื่องตีมแอลกอฮอล์ เช่น เหล้า เบียร์ ไวน์” มากน้อยแค่ไหน

- ไม่เคย นานๆครั้ง (เดือนละ 1 ครั้ง)

เป็นครั้งคราว (2-3 ครั้งต่อเดือน) บ่อยๆ (สัปดาห์ละ 1 ครั้ง)

เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

2.6.4 การไม่เข้าใจกันด้วยเรื่อง “คูชีวิตดื่มเครื่องดื่มแอลกอฮอล์ เช่น เหล้า เบียร์ ไวน์” ดังกล่าว นำไปสู่การลงไม้ลงมือหรือไม่

ไม่มี (ข้ามไปข้อ 2.7) มีบ้าง มีทุกครั้ง

ใครเป็นผู้กระทำ คู่ของคุณ ตัวคุณ

กระทำอย่างไร

ขว้างปาสิ่งของ ผลัก ตะ ตบ ตี

ใช้อุปกรณ์/อาวุธ เช่น ไม้ กรรไกร มีด อื่นๆ ระบุ

ครั้งสุดท้ายเหตุการณ์ดังกล่าวเกิดขึ้นเมื่อใด.....

ขอความกรุณาเล่าเหตุการณ์/เรื่องราวที่เกิดขึ้น.....

.....

2.7 คุณและคู่คนปัจจุบันของคุณ เคยไม่เข้าใจกันด้วยเรื่อง “คุณดื่มเครื่องดื่มแอลกอฮอล์ เช่น เหล้า เบียร์ ไวน์” หรือไม่

ไม่เคย (ข้ามไปข้อ 2.8) เคย

2.7.1 ในช่วง 12 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง “คุณดื่มเครื่องดื่มแอลกอฮอล์ เช่น เหล้า เบียร์ ไวน์” มากน้อยแค่ไหน

ไม่เคย 1 ครั้ง

2-5 ครั้ง มากกว่า 5 ครั้ง

2.7.2 ในช่วง 6 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง “คุณดื่มเครื่องดื่มแอลกอฮอล์ เช่น เหล้า เบียร์ ไวน์” มากน้อยแค่ไหน

ไม่เคย นานๆ ครั้ง (1 ครั้งใน 6 เดือน)

เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)

เป็นประจำ ($>$ 1 ครั้งใน 1 สัปดาห์)

2.7.3 ในช่วง 1 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง “คุณดื่มเครื่องดื่มแอลกอฮอล์ เช่น เหล้า เบียร์ ไวน์” มากน้อยแค่ไหน

- ไม่เคย
 นานๆครั้ง (เดือนละ 1 ครั้ง)
 เป็นครั้งคราว (2-3 ครั้งต่อเดือน)
 บ่อยๆ (สัปดาห์ละ 1 ครั้ง)
 เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

2.7.4 การไม่เข้าใจกันด้วยเรื่อง ดังกล่าว นำไปสู่การลงไม้ลงมือหรือไม่

- ไม่มี (ข้ามไปข้อ 2.8)
 มีบ้าง
 มีทุกครั้ง
 ใครเป็นผู้กระทำ
 คู่ของคุณ
 ตัวคุณ

กระทำอย่างไร

- ขว้างปาสิ่งของ
 ผลัก เตะ ตบ ตี
 ใช้อุปกรณ์/อาวุธ เช่น ไม้ กรรไกร มีด
 อื่นๆ ระบุ

ครั้งสุดท้ายเหตุการณ์ดังกล่าวเกิดขึ้นเมื่อใด.....

ขอความกรุณาเล่าเหตุการณ์/เรื่องราวที่เกิดขึ้น.....

.....

2.8 คุณและคู่คนปัจจุบันของคุณ เคยไม่เข้าใจกันด้วยเรื่อง “คู่ชีวิตมีคนอื่น” หรือไม่

- ไม่เคย (ข้ามไปข้อ 2.11)
 เคย

2.8.1 ในช่วง 12 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง มากน้อยแค่ไหน

- ไม่เคย
 1 ครั้ง
 2-5 ครั้ง
 มากกว่า 5 ครั้ง

2.8.2 ในช่วง 6 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง “คู่ชีวิตมีคนอื่น” มากน้อยแค่ไหน

- ไม่เคย
 นานๆครั้ง (1 ครั้งใน 6 เดือน)
 เป็นครั้งคราว (1 ครั้งใน 1 เดือน)
 บ่อยๆ (1 ครั้งใน 1 สัปดาห์)
 เป็นประจำ (>1 ครั้งใน 1 สัปดาห์)

2.8.3 ในช่วง 1 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง “คู่ชีวิตมีคนอื่น” มากน้อยแค่ไหน

- ไม่เคย
 นานๆครั้ง (เดือนละ 1 ครั้ง)

เป็นครั้งคราว (2-3 ครั้งต่อเดือน) บ่อยๆ (สัปดาห์ละ 1 ครั้ง)

เป็นประจำ ($\geq 2-3$ ครั้งต่อสัปดาห์)

2.8.4 การไม่เข้าใจกันด้วยเรื่อง “คูชีวิตมีคนอื่น” ดังกล่าว นำไปสู่การลงไม้ลงมือหรือไม่

ไม่มี (ข้ามไปข้อ 3.11) มีบ้าง มีทุกครั้ง

ใครเป็นผู้กระทำ คู่ของคุณ ตัวคุณ

กระทำอย่างไร

ขว้างปาสิ่งของ ผลัก เตะ ตบ ตี

ใช้อุปกรณ์/อาวุธ เช่น ไม้ กรรไกร มีด อื่นๆ ระบุ

ครั้งสุดท้ายเหตุการณ์ดังกล่าวเกิดขึ้นเมื่อใด.....

ขอความกรุณาเล่าเหตุการณ์/เรื่องราวที่เกิดขึ้น.....

.....

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2.9 คุณและคู่คนปัจจุบันของคุณ เคยไม่เข้าใจกันด้วยเรื่อง “คุณมีคนอื่น” หรือไม่

ไม่เคย (ข้ามไปข้อ 3.1) เคย

2.9.1 ในช่วง 12 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง “คุณมีคนอื่น” มากน้อยแค่ไหน

ไม่เคย 1 ครั้ง

2-5 ครั้ง มากกว่า 5 ครั้ง

2.9.2 ในช่วง 6 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง “คุณมีคนอื่น” มากน้อยแค่ไหน

ไม่เคย นานๆครั้ง (1 ครั้งใน 6 เดือน)

เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)

เป็นประจำ (>1 ครั้งใน 1สัปดาห์)

2.9.3 ในช่วง 1 เดือนที่ผ่านมา คุณและคู่คนปัจจุบันของคุณ ไม่เข้าใจกันด้วยเรื่อง “คุณมีคนอื่น” มากน้อยแค่ไหน

- ไม่เคย นานๆ ครั้ง (เดือนละ 1 ครั้ง)
 เป็นครั้งคราว (2-3 ครั้งต่อเดือน) บ่อยๆ (สัปดาห์ละ 1 ครั้ง)
 เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

2.9.4 การไม่เข้าใจกันด้วยเรื่อง “คุณมีคนอื่น” ดังกล่าว นำไปสู่การลงไม้ลงมือหรือไม่

- ไม่มี (ข้ามไปข้อ 4.1) มีบ้าง มีทุกครั้ง
 ใครเป็นผู้กระทำ คู่ของคุณ ตัวคุณ

กระทำอย่างไร

- ขว้างปาสิ่งของ ผลัก เตะ ตบ ตี
 ใช้อุปกรณ์/อาวุธ เช่น ไม้ กรรไกร มีด อื่นๆ ระบุ

ครั้งสุดท้ายเหตุการณ์ดังกล่าวเกิดขึ้นเมื่อใด.....

ส่วนที่ 3 พฤติกรรมความรุนแรงในครอบครัว

สิ่งต่อไปนี้เคยเกิดขึ้นกับคู่ชีวิตหลายๆคู่ และอาจจะเคยเกิดขึ้นกับคู่ของคุณ

3.1 ในช่วง 6 เดือนที่ผ่านมา คู่ของคุณเคย แสดงอาการถูกเหยียดหยาม หรือทำให้คุณรู้สึกไม่ดีต่อตัวเอง หรือไม่

- ไม่เคย นานๆ ครั้ง (1 ครั้งใน 6 เดือน)
 เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)
 เป็นประจำ ($>$ 1 ครั้งใน 1 สัปดาห์)

ในช่วง 1 เดือนที่ผ่านมา คู่ของคุณเคย แสดงอาการถูกเหยียดหยาม หรือทำให้คุณรู้สึกไม่ดีต่อตัวเอง หรือไม่

- ไม่เคย นานๆ ครั้ง (เดือนละ 1 ครั้ง)
 เป็นครั้งคราว (2-3 ครั้งต่อเดือน) บ่อยๆ (สัปดาห์ละ 1 ครั้ง)
 เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

3.2 ในช่วง 6 เดือนที่ผ่านมา คู่ของคุณเคย แสดงให้รู้ว่าคุณไม่มีความสำคัญ หรือทำให้คุณอับอายต่อหน้าคนอื่น หรือไม่

- ไม่เคย นานๆ ครั้ง (1 ครั้งใน 6 เดือน)

เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)

เป็นประจำ (>1 ครั้งใน 1 สัปดาห์)

ในช่วง 1 เดือนที่ผ่านมา คู่ของคุณเคย แสดงให้รู้ว่าคุณไม่มีความสำคัญ หรือทำให้คุณอับอายต่อหน้าคนอื่น หรือไม่

ไม่เคย นานๆครั้ง (เดือนละ 1 ครั้ง)

เป็นครั้งคราว (2-3 ครั้งต่อเดือน) บ่อยๆ (สัปดาห์ละ 1 ครั้ง)

เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

3.3 ในช่วง 6 เดือนที่ผ่านมา คู่ของคุณเคย ตั้งใจทำให้คุณรู้สึกกลัวหรือตกใจ เช่น ด้วยวิธีการมอง ตะโกนเสียงดัง ขว้าง ปา สิ่งของ หรือไม่

ไม่เคย นานๆครั้ง (1 ครั้งใน 6 เดือน)

เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)

เป็นประจำ (>1 ครั้งใน 1 สัปดาห์)

ในช่วง 1 เดือนที่ผ่านมา คู่ของคุณเคย ตั้งใจทำให้คุณรู้สึกกลัวหรือตกใจ เช่น ด้วยวิธีการมอง ตะโกนเสียงดัง ขว้าง ปา สิ่งของ หรือไม่

ไม่เคย นานๆครั้ง (เดือนละ 1 ครั้ง)

เป็นครั้งคราว (2-3 ครั้งต่อเดือน) บ่อยๆ (สัปดาห์ละ 1 ครั้ง)

เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

3.4 ในช่วง 6 เดือนที่ผ่านมา คู่ของคุณเคย ขู่จะทำร้ายคุณ หรือคนที่คุณรัก หรือไม่

ไม่เคย นานๆครั้ง (1 ครั้งใน 6 เดือน)

เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)

เป็นประจำ (>1 ครั้งใน 1 สัปดาห์)

ในช่วง 1 เดือนที่ผ่านมา คู่ของคุณเคย ขู่จะทำร้ายคุณ หรือคนที่คุณรัก หรือไม่

ไม่เคย นานๆครั้ง (เดือนละ 1 ครั้ง)

เป็นครั้งคราว (2-3 ครั้งต่อเดือน) บ่อยๆ (สัปดาห์ละ 1 ครั้ง)

เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

3.5 ในช่วง 6 เดือนที่ผ่านมา คู่ของคุณเคย ตบหน้าหรือขว้างปาสิ่งของที่อาจทำให้คุณได้รับบาดเจ็บหรือไม่

ไม่เคย นานๆครั้ง (1 ครั้งใน 6 เดือน)

เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)

เป็นประจำ (>1 ครั้งใน 1สัปดาห์)

ในช่วง 1 เดือนที่ผ่านมา คู่ของคุณเคย ตบหน้าหรือขว้างปาสิ่งของที่อาจทำให้คุณได้รับบาดเจ็บหรือไม่

ไม่เคย

นานๆครั้ง (เดือนละ 1 ครั้ง)

เป็นครั้งคราว (2-3 ครั้งต่อเดือน)

บ่อยๆ (สัปดาห์ละ 1 ครั้ง)

เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

3.6 ในช่วง 6 เดือนที่ผ่านมา คู่ของคุณเคย ผลักหรือกระแทกคุณ หรือไม่

ไม่เคย

นานๆครั้ง (1 ครั้งใน 6 เดือน)

เป็นครั้งคราว (1 ครั้งใน 1 เดือน)

บ่อยๆ (1 ครั้งใน 1 สัปดาห์)

เป็นประจำ (>1 ครั้งใน 1สัปดาห์)

ในช่วง 1 เดือนที่ผ่านมา คู่ของคุณเคย ผลักหรือกระแทกคุณ หรือไม่

ไม่เคย

นานๆครั้ง (เดือนละ 1 ครั้ง)

เป็นครั้งคราว (2-3 ครั้งต่อเดือน)

บ่อยๆ (สัปดาห์ละ 1 ครั้ง)

เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

3.7 ในช่วง 6 เดือนที่ผ่านมา คู่ของคุณเคย ต่อยคุณ หรือตีด้วยสิ่งของ/สิ่งอื่นๆที่อาจทำให้คุณได้รับบาดเจ็บหรือไม่

ไม่เคย

นานๆครั้ง (1 ครั้งใน 6 เดือน)

เป็นครั้งคราว (1 ครั้งใน 1 เดือน)

บ่อยๆ (1 ครั้งใน 1 สัปดาห์)

เป็นประจำ (>1 ครั้งใน 1สัปดาห์)

ในช่วง 1 เดือนที่ผ่านมา คู่ของคุณเคย ต่อยคุณ หรือตีด้วยสิ่งของ/สิ่งอื่นๆที่อาจทำให้คุณได้รับบาดเจ็บหรือไม่

ไม่เคย

นานๆครั้ง (เดือนละ 1 ครั้ง)

เป็นครั้งคราว (2-3 ครั้งต่อเดือน)

บ่อยๆ (สัปดาห์ละ 1 ครั้ง)

เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

3.8 ในช่วง 6 เดือนที่ผ่านมา คู่ของคุณเคย ตะ ลาก หรือซ้อมคุณ หรือไม่

ไม่เคย

นานๆครั้ง (1 ครั้งใน 6 เดือน)

เป็นครั้งคราว (1 ครั้งใน 1 เดือน)

บ่อยๆ (1 ครั้งใน 1 สัปดาห์)

เป็นประจำ (>1 ครั้งใน 1สัปดาห์)

ในช่วง 1 เดือนที่ผ่านมา คู่ของคุณเคย ตะ ลาก หรือข้อมคุณ หรือไม่

ไม่เคย นานๆครั้ง (เดือนละ 1 ครั้ง)

เป็นครั้งคราว (2-3 ครั้งต่อเดือน) บ่อยๆ (สัปดาห์ละ 1 ครั้ง)

เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

3.9 ในช่วง 6 เดือนที่ผ่านมา คู่ของคุณเคย บีบคอ รัดคอ ทำให้พุง/ไหม้ หรือไม่

ไม่เคย นานๆครั้ง (1 ครั้งใน 6 เดือน)

เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)

เป็นประจำ (>1 ครั้งใน 1สัปดาห์)

ในช่วง 1 เดือนที่ผ่านมา คู่ของคุณเคย บีบคอ รัดคอ ทำให้พุง/ไหม้ หรือไม่

ไม่เคย นานๆครั้ง (เดือนละ 1 ครั้ง)

เป็นครั้งคราว (2-3 ครั้งต่อเดือน) บ่อยๆ (สัปดาห์ละ 1 ครั้ง)

เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

3.10 ในช่วง 6 เดือนที่ผ่านมา คู่ของคุณเคย ขู่ว่าจะใช้อาวุธหรือลงมือใช้อาวุธ เช่น มีด ปืน หรืออาวุธอื่น ทำร้ายคุณ หรือไม่

ไม่เคย นานๆครั้ง (1 ครั้งใน 6 เดือน)

เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)

เป็นประจำ (>1 ครั้งใน 1สัปดาห์)

ในช่วง 1 เดือนที่ผ่านมา คู่ของคุณเคย ขู่ว่าจะใช้อาวุธหรือลงมือใช้อาวุธ เช่น มีด ปืน หรืออาวุธอื่น ทำร้ายคุณ หรือไม่

ไม่เคย นานๆครั้ง (เดือนละ 1 ครั้ง)

เป็นครั้งคราว (2-3 ครั้งต่อเดือน) บ่อยๆ (สัปดาห์ละ 1 ครั้ง)

เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

3.11 ในช่วง 6 เดือนที่ผ่านมา คู่ของคุณเคย ใช้กำลังบังคับให้คุณมีเพศสัมพันธ์เมื่อคุณไม่ต้องการมีเพศสัมพันธ์ด้วย หรือไม่

ไม่เคย นานๆครั้ง (1 ครั้งใน 6 เดือน)

เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)

เป็นประจำ (>1 ครั้งใน 1สัปดาห์)

ในช่วง 1 เดือนที่ผ่านมา คู่ของคุณเคย ใช้กำลังบังคับให้คุณมีเพศสัมพันธ์เมื่อคุณไม่ต้องการมีเพศสัมพันธ์ด้วย หรือไม่

ไม่เคย นานๆครั้ง (เดือนละ 1 ครั้ง)

เป็นครั้งคราว (2-3 ครั้งต่อเดือน) บ่อยๆ (สัปดาห์ละ 1 ครั้ง)

เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

3.12 ในช่วง 6 เดือนที่ผ่านมา คุณยอมมีเพศสัมพันธ์ ทั้งๆที่ไม่ได้ต้องการ แต่เพราะกลัวสิ่งที่จะเกิดตามมาหรือไม่

ไม่เคย นานๆครั้ง (1 ครั้งใน 6 เดือน)

เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)

เป็นประจำ (>1 ครั้งใน 1สัปดาห์)

ในช่วง 1 เดือนที่ผ่านมา คุณยอมมีเพศสัมพันธ์ ทั้งๆที่ไม่ได้ต้องการ แต่เพราะกลัวสิ่งที่จะเกิดตามมาหรือไม่

ไม่เคย นานๆครั้ง (เดือนละ 1 ครั้ง)

เป็นครั้งคราว (2-3 ครั้งต่อเดือน) บ่อยๆ (สัปดาห์ละ 1 ครั้ง)

เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)

3.13 ในช่วง 6 เดือนที่ผ่านมา คู่ของคุณเคย บังคับให้ทำอะไรในเรื่องเพศที่ทำให้คุณรู้สึกแยะ หรือไม่ชอบหรือรู้สึกต่ำต้อย หรือไม่

ไม่เคย นานๆครั้ง (1 ครั้งใน 6 เดือน)

เป็นครั้งคราว (1 ครั้งใน 1 เดือน) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)

เป็นประจำ (>1 ครั้งใน 1สัปดาห์)

ในช่วง 1 เดือนที่ผ่านมา คู่ของคุณเคย บังคับให้ทำอะไรในเรื่องเพศที่ทำให้คุณรู้สึกแยะ หรือไม่ชอบหรือรู้สึกต่ำต้อย หรือไม่

ไม่เคย นานๆครั้ง (เดือนละ 1 ครั้ง)

เป็นครั้งคราว (2-3 ครั้งต่อเดือน) บ่อยๆ (สัปดาห์ละ 1 ครั้ง)

เป็นประจำ (\geq 2-3 ครั้งต่อสัปดาห์)



ส่วนที่ 4 **แบบวัดการถูกระทำความรุนแรงทางจิตใจ ทางร่างกาย และทางเพศ**
 คู่ของคุณเคยแสดงพฤติกรรมต่อไปนี้กับคุณหรือไม่ อย่างไร

พฤติกรรม	(0) ไม่เคย	(1) นานๆครั้ง (1 ครั้งใน 6 เดือน)	(2) เป็นครั้งคราว (1 ครั้งใน 1 เดือน)	(3) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)	(4) เป็น ประจำ (>1 ครั้งใน 1 สัปดาห์)
1. เรียกชื่อและวิพากษ์วิจารณ์คุณ					
2. พยายามห้ามไม่ให้คุณทำในสิ่งที่คุณต้องการ เช่น การออกไปข้างนอกกับเพื่อน หรือการไปสังสรรค์					
3. จ้องมองคุณด้วยสายตาตุตัน					
4. ห้ามไม่ให้คุณใช้เงินในส่วนของตนเอง					
5. จบการสนทนาและตัดสินใจด้วยตัวของเขาเอง โดยไม่ปรึกษาหารือ					
6. ขู่ว่าจะตี หรือขู่ว่าจะขว้างปาสิ่งของใส่คุณ					
7. ผลัก ดึง คว่ำ หรือกระแทกคุณ					

8. ถูกครอบครัวหรือเพื่อนของคุณ					
9. กล่าวหาคุณว่าคุณเอาใจใส่คนอื่นหรือสิ่งอื่นมากกว่า					
10. จำกัดค่าใช้จ่ายของคุณ					
11. ใช้ลูกขู่คุณ เช่น บอกคุณว่าคุณจะสูญเสียสิทธิ์การเลี้ยงดูลูก หรือขู่ว่าจะหนีไปพร้อมกับลูก					
12. หงุดหงิด โมโห เมื่องานบ้านไม่เรียบร้อยตามที่ต้องการ ไม่ว่าจะเป็นอาหารเย็น ความสะอาดภายในบ้าน หรือการซักผ้า					
13. พูดบางสิ่งบางอย่างที่ทำให้คุณรู้สึกกลัว เช่น บอกคุณว่าอาจมี “เหตุการณ์เลวร้าย” เกิดขึ้น หรือขู่ว่าจะฆ่าตัวตาย					
14. ตบ ตี หรือต่อย คุณ					
15. ให้คุณทำเรื่องน่าอับอาย ขายหน้า เช่น ให้คุณร้องขอการให้อภัยจากเขา หรือการต้องขออนุญาตเวลาจะใช้รถหรือทำสิ่งต่างๆ					
พฤติกรรม	(0) ไม่เคย	(1) นานๆครั้ง (1 ครั้งใน 6 เดือน)	(2) เป็นครั้งคราว (1 ครั้งใน 1 เดือน)	(3) บ่อยๆ (1 ครั้งใน 1 สัปดาห์)	(4) เป็นประจำ (>1 ครั้งใน 1 สัปดาห์)
16. คอยเช็คหรือตรวจสอบคุณเสมอ เช่น แอบฟังคุณพูดโทรศัพท์ เช็คเลขไมล์ที่รถของคุณ หรือโทรศัพท์ไปหาคุณที่ทำงานบ่อยๆ					
17. ขับรถหวัดเฉียวเมื่อคุณนั่งไปด้วย					
18. กัดดันให้คุณมีเพศสัมพันธ์ในแบบที่คุณไม่ชอบหรือไม่ต้องการ					
19. ปฏิเสธที่จะทำงานบ้านหรือเลี้ยงดูลูก					
20. ขู่คุณด้วยมีด ปืน หรืออาวุธอื่นๆ					
21. ตีกันคุณเพื่อลงโทษ					
22. บอกคุณว่าคุณเป็นพ่อแม่ที่ไม่ดี					
23. ห้ามหรือพยายามห้ามไม่ให้คุณไปทำงาน					

24. เขวี้ยงปาทำลายสิ่งของ					
25. เตาะคุณ					
26. ใช้กำลังบังคับให้คุณมีเพศสัมพันธ์ด้วย					
27. เขวี้ยงคุณ					
28. ทำให้อวัยวะเพศของคุณได้รับบาดเจ็บ					
29. รััดคอหรือบีบคอคุณ					
30. ใช้มีด ปืน หรืออาวุธอื่นๆกับคุณ					



Appendix B

Protection of human subjects' rights



ข้อมูลสำหรับกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัย

ชื่อโครงการวิจัย	การพัฒนารูปแบบเพื่อลดปัญหาความรุนแรงในครอบครัวในประเทศไทย
ชื่อผู้วิจัย	นางสาวนทกานต์ เชื่อมชิต ตำแหน่ง นิสิตปริญญาเอก
สถานที่ติดต่อ	(ที่ทำงาน) วิทยาลัยวิทยาศาสตร์สาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย อาคารสถาบัน 2 ชั้น 4 ถนนพญาไท แขวงวังใหม่ เขตปทุมวัน กรุงเทพฯ 10330 (ที่บ้าน) 846/86 ซอยพระราม 2 ซอย 43 แขวงบางมด เขตจอมทอง กรุงเทพฯ หมายเลขโทรศัพท์ (ที่ทำงาน) 02-2188439 โทรศัพท์ (ที่บ้าน) 02-451-7616 โทรศัพท์มือถือ 089-8375096 Email: dollydream25@yahoo.com

1. ขอเรียนเชิญท่านเข้าร่วมในการวิจัยเกี่ยวกับการพัฒนาแบบเพื่อลดปัญหาความรุนแรงในครอบครัว โดยมีการสัมภาษณ์ในประเด็นความรุนแรงและผลกระทบของความรุนแรงในชีวิตคู่

ก่อนที่ท่านจะตัดสินใจเข้าร่วมในการวิจัยนี้ กรุณาใช้เวลาในการอ่านข้อมูลต่อไปนี้อย่างละเอียดรอบคอบ และสอบถามข้อมูลเพิ่มเติมหรือข้อมูลที่ไม่ชัดเจนได้ตลอดเวลา

2. โครงการวิจัยนี้ เกี่ยวข้องกับการศึกษาความรุนแรงในชีวิตคู่และผลกระทบจากความรุนแรงที่เกิดขึ้น ตลอดจนการพัฒนากิจกรรมเพื่อลดความรุนแรงในชีวิตคู่

3. วัตถุประสงค์ในการวิจัย คือ เพื่อพัฒนารูปแบบเพื่อลดปัญหาความรุนแรงในครอบครัว โดยการศึกษาเอกสารที่เกี่ยวข้องและสัมภาษณ์ผู้ที่ประสบปัญหาความรุนแรงในครอบครัว ทั้งผู้ถูกระทำ (หญิง) และผู้กระทำ (ชาย) ถึงเหตุการณ์และผลกระทบจากความรุนแรงที่เกิดขึ้น รวมทั้งแนวทางในการแก้ไขปัญหาดังกล่าว ตลอดจนข้อเสนอแนะ ทั้งนี้เพื่อนำข้อมูลที่ได้มาพัฒนารูปแบบกิจกรรมในการลดปัญหาความรุนแรงในครอบครัวต่อไป

4. กลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัยนี้ แบ่งออกเป็น 2 ส่วนด้วยกัน คือ 1. กลุ่มประชากรสำหรับการเก็บข้อมูลเชิงคุณภาพ (สัมภาษณ์เชิงลึก) แบ่งเป็นผู้หญิงอายุ 18 ปีขึ้นไปที่มีประสบการณ์ความรุนแรงในครอบครัว จำนวน 10-20 คน และผู้ชายอายุ 18 ปีขึ้นไปที่มีประสบการณ์ใช้ความรุนแรงต่อคู่สมรส/คู่ชีวิต จำนวน 10-20 คน ที่อาศัยอยู่ในกรุงเทพมหานคร โดยการเข้าถึงกลุ่มตัวอย่างนั้น จะประสานงานกับมูลนิธิหญิงชายก้าวไกล และบ้านพักฉุกเฉิน เพื่อคัดเลือกผู้หญิงที่ได้รับผลกระทบจากความรุนแรงในครอบครัว ซึ่งปัจจุบันได้เปลี่ยนจาก “ผู้ถูกระทำ” มาเป็น “ผู้ผ่านพ้น” แล้ว ซึ่งผู้ผ่านพ้นในที่นี้ หมายถึง ผู้ที่อาจจะไม่ถูกระทำแล้ว หรือผู้ที่ยังมีโอกาสที่จะถูกระทำซ้ำ แต่สามารถเข้าใจปัญหาและแก้ไขปัญหาอย่างมีสติได้ ทั้งนี้เพื่อที่ผู้หญิงที่เป็นกรณีศึกษาจะสามารถเล่าถึงเหตุการณ์ที่ผ่านมาได้ โดยไม่ได้รู้สึกว่าเป็นการถูกระทำซ้ำอีกครั้งหนึ่ง ทั้งนี้จะใช้วิธีสุ่มตัวอย่างแบบสโนว์บอลหรือแบบลูกโซ่ คือกลุ่มตัวอย่างแรกจะเป็นผู้ให้คำแนะนำในการเลือกตัวอย่างถัดไป อย่างไรก็ตามก่อนที่กลุ่มตัวอย่างแรกจะให้ชื่อกลุ่มตัวอย่างถัดมา ต้องได้รับความยินยอมจากเจ้าตัวเสียก่อน ทั้งนี้กลุ่มตัวอย่าง ต้องสามารถสื่อสารภาษาไทยได้ และมีความยินดีสละเวลาเข้าร่วมการวิจัย ด้วยการตอบแบบสัมภาษณ์ถึงเหตุการณ์และผลกระทบจากความรุนแรงในครอบครัว ตลอดจนแนวทางในการแก้ไขปัญหาและข้อเสนอแนะต่างๆ และ 2. กลุ่มประชากรสำหรับการทดสอบรูปแบบกิจกรรมสำหรับการลดความรุนแรงในครอบครัว โดยกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัยที่จะเข้าร่วมกิจกรรม คือ คู่สมรส/คู่ชีวิต (ชายหญิง) ที่มีอายุ 18 ปีขึ้นไป จำนวน 40 คู่ โดยแบ่งเป็นกลุ่มทดลองและกลุ่มควบคุม กลุ่มละ 20 คู่ 40 คน

5. โครงการวิจัยนี้ ผู้วิจัยจะเป็นผู้ดำเนินการสัมภาษณ์กลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัยตัวต่อตัว แยกสัมภาษณ์ชายหญิง และหรืออาจจะมียุคคลที่ผู้มีส่วนร่วมวิจัยร้องขอให้อยู่ด้วยระหว่างสัมภาษณ์ ณ มูลนิธิหญิงชายก้าวไกล และหรือบ้านพักฉุกเฉิน แต่หากมีกลุ่มตัวอย่าง โดยเฉพาะกลุ่มตัวอย่างผู้ชาย รู้สึกไม่สะดวกใจ จะมีผู้ช่วยวิจัยผู้ชายซึ่งเป็นเจ้าหน้าที่ของมูลนิธิหญิงชายก้าวไกล เป็นผู้สัมภาษณ์แทน โดยการสัมภาษณ์แต่ละครั้ง จะใช้ห้องประชุมที่มีความเป็นส่วนตัว และเป็นส่วนตัว ผู้วิจัยจะมีการสอบถามถึงสาเหตุของความรุนแรงในชีวิตคู่ ผลกระทบจากความรุนแรงที่เกิดขึ้น ตลอดจนข้อเสนอแนะในการแก้ไขปัญหาดังกล่าว หากข้อคำถามหรือประเด็นใดที่ผู้ถูกสัมภาษณ์รู้สึกไม่สะดวกใจที่จะตอบ สามารถเลือกที่จะไม่ตอบคำถามได้ หรือเมื่อใดที่ผู้ถูกสัมภาษณ์รู้สึกอยากจะพัก สามารถกระทำได้อย่างทันที การสัมภาษณ์จะใช้เวลา ประมาณ 2-3 ชั่วโมง หากยังไม่แล้วเสร็จ อาจจะมีการขอสัมภาษณ์ในครั้งต่อไป แต่จะไม่เกิน 2 ครั้ง โดยการ

เก็บข้อมูลจะเก็บจนกว่าข้อมูลจะอิ่มตัว ทั้งนี้ในการสัมภาษณ์แต่ละครั้งจะมีการบันทึกเสียงไว้สำหรับนำมาวิเคราะห์เนื้อหาต่อไป แต่เมื่อการวิจัยเสร็จสิ้นแล้ว คณะผู้วิจัยจะทำลายเทปบันทึกเสียงนั้นสำหรับสถานที่การจัดกิจกรรมสำหรับการลดความรุนแรงในชีวิตคู่นั้น จะใช้สถานที่ที่อยู่ในชุมชนเพื่อสะดวกสำหรับการเข้าร่วมกิจกรรม ซึ่งการจัดกิจกรรมเพื่อทดสอบประสิทธิภาพของรูปแบบการลดความรุนแรงในชีวิตคู่นั้น กลุ่มตัวอย่างจะต้องเข้ากลุ่มร่วมทำกิจกรรมทั้งหมด 8 ครั้ง ครั้งละ 3 ชั่วโมง และมีการติดตามประเมินผลในเดือนที่ 1, 3 และ 6 หลังจากเข้าร่วมกิจกรรม โดยการตอบแบบสอบถาม

6. ผู้วิจัยเป็นผู้แจกเอกสารข้อมูลสำหรับประชากรตัวอย่างให้แก่ผู้มีส่วนร่วมการวิจัยทุกคนได้อ่านรายละเอียดเกี่ยวกับโครงการวิจัยก่อนที่จะมีการเซ็นลงนามยินดีเข้าร่วมกับโครงการฯ

7. หากในกระบวนการคัดเลือกผู้มีส่วนร่วมในการวิจัย พบว่าผู้วิจัยไม่อยู่ในเกณฑ์คัดเข้า แต่อยู่ในสถานะที่สมควรได้รับความช่วยเหลือหรือคำแนะนำ ผู้วิจัยจะส่งต่อข้อมูลหรือแจ้งให้กับเจ้าหน้าที่มูลนิธิหญิงชายก้าวไกล และบ้านพักฉุกเฉินทราบ เพื่อประสานงานการขอความช่วยเหลือหรือให้คำแนะนำต่อไป

8. การเข้าร่วมเป็นผู้มีส่วนร่วมในการวิจัยของท่าน จะเป็นส่วนสำคัญที่ทำให้โครงการวิจัยนี้สำเร็จได้ ซึ่งผลที่คาดว่าจะได้รับจากงานวิจัยชิ้นนี้คือ การทราบถึงขนาดและลักษณะปัญหาความรุนแรงในครอบครัว ปัจจัยที่มีส่วนเกี่ยวข้องกับความรุนแรง ผลกระทบของความรุนแรง ตลอดจนการแก้ปัญหาของชีวิตคู่ ซึ่งสิ่งเหล่านี้จะเป็นข้อมูลสำคัญในการนำไปพัฒนากิจกรรมเพื่อลดความรุนแรงในครอบครัว โดยรูปแบบกิจกรรมที่ได้จากงานวิจัยนี้ หน่วยงานทั้งภาครัฐและเอกชนสามารถนำไปขยายผลเพื่อแก้ไขปัญหาความรุนแรงในสังคมไทยต่อไป

9. การเข้าร่วมเป็นกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัยเป็นโดยสมัครใจ และสามารถปฏิเสธที่จะเข้าร่วมหรือถอนตัวจากการวิจัยได้ทุกขณะ โดยไม่ต้องให้เหตุผลและไม่สูญเสียประโยชน์ที่พึงได้รับ

10. หากท่านมีข้อสงสัยให้สอบถามเพิ่มเติมได้โดยสามารถติดต่อผู้วิจัยได้ตลอดเวลา และหากผู้วิจัยมีข้อมูลเพิ่มเติมที่เป็นประโยชน์หรือโทษเกี่ยวกับการวิจัย ผู้วิจัยจะแจ้งให้ท่านทราบอย่างรวดเร็ว เพื่อให้ท่านทบทวนว่ายังสมัครใจจะยังคงร่วมอยู่ในงานวิจัยต่อไปหรือไม่

11. ข้อมูลที่เกี่ยวข้องกับท่านจะเก็บเป็นความลับ หากมีการเสนอผลการวิจัยจะเสนอเป็นภาพรวม ข้อมูลใดที่สามารถระบุถึงตัวท่านได้จะไม่ปรากฏในรายงาน

12. การวิจัยนี้จะมีค่าพาหนะสำหรับการเดินทางมาเข้าร่วมการวิจัยครั้งละ 200 บาท

13. หากท่านไม่ได้รับการปฏิบัติตามข้อมูลดังกล่าวสามารถร้องเรียนได้ที่ คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย ชั้น 4 อาคารสถาบัน 2 ซอยจุฬาลงกรณ์ 62 ถนนพญาไท เขตปทุมวัน กรุงเทพฯ 10330 โทรศัพท์ 0-2218-8147 โทรสาร 0-2218-8147 E-mail: eccu@chula.ac.th



หนังสือแสดงความยินยอมเข้าร่วมการวิจัย

ทำที่.....

วันที่.....เดือน.....พ.ศ.

เลขที่ ประชากรตัวอย่างหรือผู้มีส่วนร่วมในการวิจัย.....

ข้าพเจ้า ซึ่งได้ลงนามท้ายหนังสือนี้ ขอแสดงความยินยอมเข้าร่วมโครงการวิจัย

ชื่อโครงการวิจัย การพัฒนารูปแบบเพื่อลดปัญหาความรุนแรงในครอบครัวในประเทศไทย

ชื่อผู้วิจัย นางสาวมนทกานต์ เชื้อมชิต ตำแหน่ง นิสิตปริญญาเอก

สถานที่ติดต่อ วิทยาลัยวิทยาศาสตร์สาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย

อาคารสถาบัน 2 ชั้น 4 ถนนพญาไท แขวงวังใหม่

เขตปทุมวัน กรุงเทพฯ 10330

หมายเลขโทรศัพท์ 02-2188154 หมายเลขโทรสาร 02- 2188439

โทรศัพท์มือถือ 089-8375096

ข้าพเจ้าได้รับทราบรายละเอียดเกี่ยวกับที่มาและวัตถุประสงค์ในการทำวิจัยรายละเอียดขั้นตอนต่างๆ ที่จะต้องปฏิบัติหรือได้รับการปฏิบัติและประโยชน์ซึ่งจะเกิดขึ้นจากการวิจัยเรื่องนี้ โดยได้อ่าน

รายละเอียดในเอกสารชี้แจงผู้เข้าร่วมการวิจัยโดยตลอด และได้รับคำอธิบายจากผู้วิจัย จนเข้าใจเป็นอย่างดีแล้ว

ข้าพเจ้าจึงสมัครใจเข้าร่วมในโครงการวิจัยนี้ ตามที่ระบุไว้ในเอกสารชี้แจงผู้เข้าร่วมการวิจัย โดยข้าพเจ้ายินยอมตอบแบบสัมภาษณ์ความรุนแรงและผลกระทบของความรุนแรงในครอบครัว และหรือเข้าร่วมกิจกรรมของโครงการวิจัยเพื่อลดความรุนแรงในครอบครัว

ข้าพเจ้ามีสิทธิถอนตัวออกจากการวิจัยเมื่อใดก็ได้ตามความประสงค์ โดยไม่ต้องแจ้งเหตุผล ซึ่งการถอนตัวออกจากการวิจัยนั้นจะไม่มีผลกระทบในทางใดๆ ต่อข้าพเจ้าทั้งสิ้น

ข้าพเจ้าได้รับคำรับรองว่า ผู้วิจัยจะปฏิบัติตามข้าพเจ้าตามข้อมูลที่ระบุไว้ในเอกสารชี้แจงผู้เข้าร่วมการวิจัย และข้อมูลใดๆ ที่เกี่ยวข้องกับข้าพเจ้า ผู้วิจัยจะเก็บรักษาเป็นความลับ โดยจะนำเสนอข้อมูลการวิจัยเป็นภาพรวมเท่านั้น ไม่มีข้อมูลใดในการรายงานที่จะนำไปสู่การระบุตัวข้าพเจ้า

หากข้าพเจ้าไม่ได้รับการปฏิบัติตรงตามที่ได้ระบุไว้ในเอกสารชี้แจงผู้เข้าร่วมการวิจัยข้าพเจ้าสามารถร้องเรียนได้ที่คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย ชั้น 4 อาคารสถาบัน 2 ซอยจุฬาลงกรณ์ 62 ถนนพญาไท เขตปทุมวัน กรุงเทพฯ 10330 โทรศัพท์ 0-2218-8147 โทรสาร 0-2218-8147 E-mail: eccu@chula.ac.th

ข้าพเจ้าได้ลงลายมือชื่อไว้เป็นสำคัญต่อหน้าพยาน ทั้งนี้ข้าพเจ้าได้รับสำเนาเอกสารชี้แจงผู้เข้าร่วมการวิจัย และสำเนาหนังสือแสดงความยินยอมไว้แล้ว

ลงชื่อ..... ลงชื่อ.....

(.....)

(.....)

ผู้วิจัยหลัก

ผู้มีส่วนร่วมในการวิจัย

จุฬาลงกรณ์มหาวิทยาลัย
CHULALONGKORN UNIVERSITY

VITA

Montakarn Chuemchit was born in Phetchaburi province, Thailand on August 25, 1978. Finished Bachelor of Arts in Journalism and Communication, 1999, Second Class Honors, Thammasat University,

Bangkok, Thailand. Master of Arts in Communication Arts, 2002, Very good Thesis entitled “The Victimization of Women in Newspapers and Their Survival”, Chulalongkorn University, Bangkok, Thailand. In present, She is a researcher at College of Public Health Sciences. Chulalongkorn University, Bangkok, Thailand. Her research interest is violence against women particularly intimate partner violence, women health, gender, sexuality & sexual health and elderly health.





จุฬาลงกรณ์มหาวิทยาลัย
CHULALONGKORN UNIVERSITY