

**THE EFFECTIVENESS OF RESILIENCY TRAINING
TO IMPROVE FAMILY WELL-BEING AMONG WOMEN
EXPERIENCED SEXUAL VIOLENCE IN ACEH**

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ABSTRACT

Sexual harassment has many negative impacts on the victims, both physically and psychologically. Women as victims of sexual harassment feel difficulties when they interact in social environment. The psychological impact on the victim will result in prolonged trauma and depression which can then lead to unhealthy attitudes such as insecurity, excessive fear, and disturbed mental conditions. For this reason, this study aimed to examine the effectiveness of resiliency training to improve family well-being among women victims of sexual violence in Aceh. The number of participants recruited were 7 women who have experienced sexual violence in PSAA Aceh. The research design used a one group pretest-posttest design and the data were collected using family well-being scale. The results of data analysis indicated that the provision of resiliency training did not have a significant contribution on increasing family well-being. This could be explained because the incidents of sexual violence experienced by the subjects have happened several years ago, so they have adapted to their families to the presence of children born from the sexual violence.

Keywords: *sexual violence; resiliency training; women*

Introduction

Edgar (in Milligan, Fabian, Coope, & Errington, 2006), mentions the term family well-being as a concept for the realization of objective well-being and subjective well-being in the family. Objective well-being includes the achievement of material and physical needs, while subjective well-being includes the achievement of social and emotional needs in a family.

Well-being in the family is the main key to achieve peacefulness for each of family member, both parents and children. Sadly, this condition is not always easily achieved by every individual, especially families who have extreme problems such as domestic violence and sexual violence. This family problem often occurs in the international, national, and local contexts, including Aceh. According to data from The World Bank (2013), the female

population is increasing day by day, so the issues related to the protection of women become a focus and an important topic for discussion. Data on the number of female population based on statistics shows an increase since five years with most countries in the world, and it reported that the female population is getting bigger than the male population, although there are some countries that still have the same or smaller ratio. From 2009 to 2013, the percentage of women population ratio lies between the interval of 51% and 53% (The World Bank, 2013). What needs further attention is the increasing number of cases of sexual violence against women, both in America and Asia (Chancellor & Ramaul, 2013; International, 2013; Nybergh, Taft, Enander, & Krantz, 2013; Rajani, Rani, & Flip, 2011; Rezaie, 2013; Thurman et al., 2003). The World Health Organization (WHO) in its research "A Global Voice for Women Studies" states that 1 in 3 women in the world have the risk of being hit, raped, or abused during their lifetime (International, 2013).

Natahadibrata (2013) in The Jakarta Post reports that domestic violence has increased in Aceh since 2011. This is concluded based on a survey conducted by the NGO Monitoring Network 231 which focuses on the implementation of Article 231 of Law No. 11/2006 on women's empowerment and child protection in Aceh. They found 1,060 cases were recorded as cases of violence against women from 2011 to 2012, and only 561 of them were verified.

Furthermore, recorded data and cases handled by the Integrated Service Center for the Empowerment of Women and Children (P2TP2A/*Lembaga Pusat Pelayanan Terpadu Pemberdayaan Perempuan Dan Anak*) reveals that cases related to violence in all districts/cities in Aceh have increased in recent years. There were 797 cases that occurred in 2015, 1,648 cases in 2016, and 1,791 cases in 2017 (P2TP2A, 2018). Furthermore, one of the victim's assistants at P2TP2A Banda Aceh City said that there were 59 cases of violence in Banda Aceh in 2014, 133 cases in 2015, and 176 cases in 2016. There are various kinds of violence experienced by women in Aceh, from children to the elderly. The most dominant form of violence from 2016-2017 was sexual abuse cases which were mostly experienced by children. P2TP2A records cases of sexual violence/harassment in Aceh that have increased in the last two years, namely 487 cases in 2016 and an increase of 704 cases in 2017 (aceh.tribunews.com, 2018). From the 23 districts/cities in Aceh, cases of sexual violence recorded in 2016-2017 were highest in North Aceh (123 cases), then Banda Aceh (94 cases), Aceh Besar (81 cases), Bireuen (69 cases), Pidie (57 cases), Bener Meriah (52 cases), Central Aceh (45 cases) and East Aceh (35 cases) (acehbisnis.co, 2018).

Based on the data compiled by researchers from various sources of the report, more specifically, sexual violence focused of this study is sexual violence that occurs against girls, both violence perpetrated by one family member and perpetrators from outside the family itself, especially women who have experienced sexual violence and have lived in the Aceh Children's Social Institution of Darussa'adah (PSAA/*Panti Sosial Asuhan Anak*). Researchers considered taking this institution because the PSAA social institution is a special location for victims of sexual harassment, both in the form of physical abuse, rape, and those who are pregnant and have children. Victims of sexual violence who live in this institution come from all over Aceh so that they can become a sample covering the issue of the whole of Aceh itself.

Furthermore, women as victims of sexual harassment experience many impacts, especially when interacting in social environment and this stays for long period of time (Irwanto, 2004). Sexual harassment can threaten identity and result in low self-esteem of the victim (Collier, 1998; Kendall-Tackett, Williams, & Finkelhor, 1993). The psychological impact on the victim will result in prolonged trauma and depression which can then lead to unhealthy attitudes such as insecurity, excessive fear, and disturbed mental conditions (Irwanto, 2004; Zastrow & Kirst-Ashman, 1989). Adheswary (2010) states that individuals who experience sexual harassment will experience stress reactions, experience fear, lose self-confidence, experience sleep disturbances, and become irritable.

Victims of sexual harassment will experience difficult times and stress both physically and psychologically. Many of them have had difficulty getting up and recovering from trauma and stressful conditions. The ability to wake up and recover from trauma or stressful conditions in psychology is commonly referred to resilience. In simple term, resilience can be defined as a person's capacity that makes them able to endure and be strong in facing many stressors (Bukhori, Hassan, Hadjar, & Hidayah, 2017). For this reason, based on the description above, this study aimed to investigate the effectiveness of resiliency training to improve family well-being among women victims who experienced sexual harassment and violence in Aceh.

Methods

The design used in this study was a one group pretest-posttest design. The pretest measurement was carried out once before the intervention administration process, while the post-test measurement was performed after the intervention process to determine the pattern of effects arising from the intervention given. Measurement of family well-being was developed using the concepts of objective well-being and subjective well-being from Edgar's theory (in Peisher et al., 2001) which was later improved by Hafiza (2018). This scale consists of 4 aspects, namely: objective well-being, the quality of relationships between family members, regulation of positive and negative emotions, and life satisfaction.

The score for family well-being was obtained from the total score of all aspects of the family well-being scale. This score showed the quality of family well-being among women victims of sexual violence. The higher the total score obtained, the higher the quality of family well-being. Likewise, the lower the total score obtained, the lower the quality of family well-being. The data analysis technique used in this study was the Paired Sample T-Test analysis with the help of the SPSS for Windows version 20.0 program. This analysis was used to see if there were differences in family well-being between pretest and posttest.

Results

1. Demographic Data of Research Respondents

The resiliency training group consisted of 7 subjects who lived at the PSAA Darussa'adah. The following is the demographic data of the research subjects.

Table 1.

Demographic Data

Name (Initial)	Age (Year)	Education Level
NV	20	Elementary School
NS	26	Senior High School
TN	18	Senior High School
NR	22	Elementary School
DD	21	Elementary School
MT	17	Senior High School
LD	16	Elementary School

Based on the table above, it can be seen that the age of the subjects ranged from 16 to 26 years old with elementary and high school education.

2. Analysis from Individual Data

a. Subject NV

Based on the family well-being scale, it was known that NV had a score of 11 at pretest which was in the low category, then increased 3 points at posttest to 14 which still classified in the low category. It could also be seen that at the time of the pretest NV got a score above the group mean. Meanwhile, at the posttest, the NV subject got a score below the group mean.

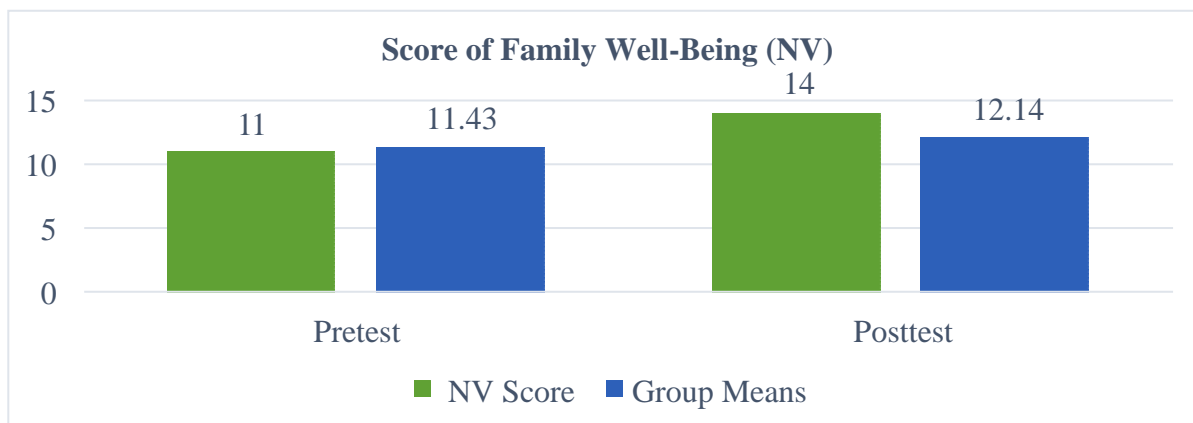


Figure 1. Comparison of Family Well-Being Scores between NV and Group Means

b. Subject NS

Based on the family well-being scale, it was known that NS had a score of 10 at pretest which was included in the low category, then decreased 1 point at posttest to 9 and was still classified in the low category. It was also seen that at the time of the pretest NS got a score below the group mean. Likewise, at the time of the posttest, the NS subject got a score below the group mean.

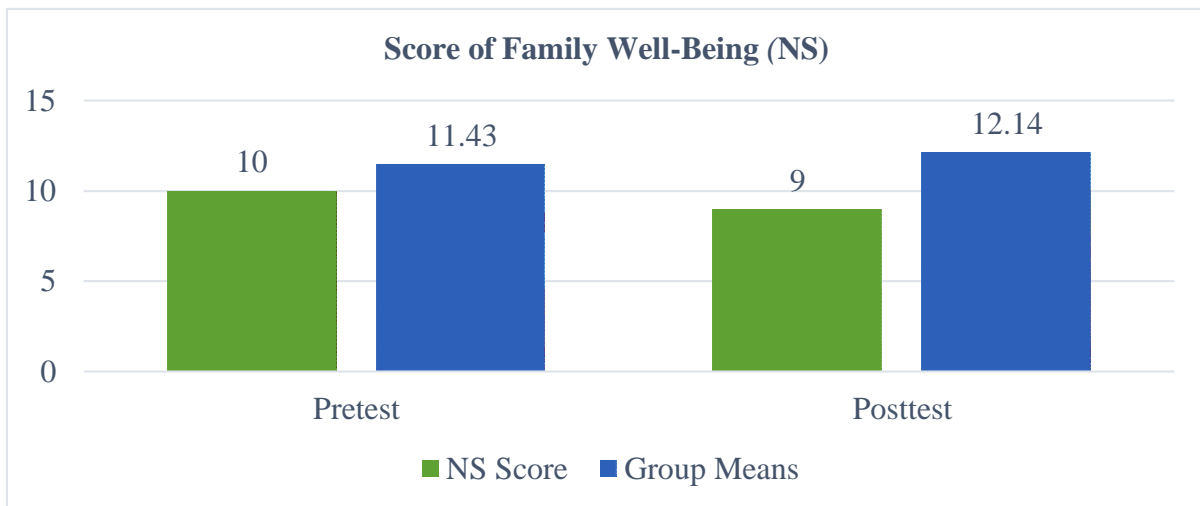


Figure 2. Comparison of Family Well-Being Scores between NS and Group Means

c. subject TN

Based on the family well-being scale, it was known that TN had a score of 14 at the pretest which was in the high category, then at the posttest the score was still the same but was classified in the low category. It could also be seen that at the time of the pretest TN got a score above the group mean. Likewise, at the posttest the TN subject got a score above the group mean.

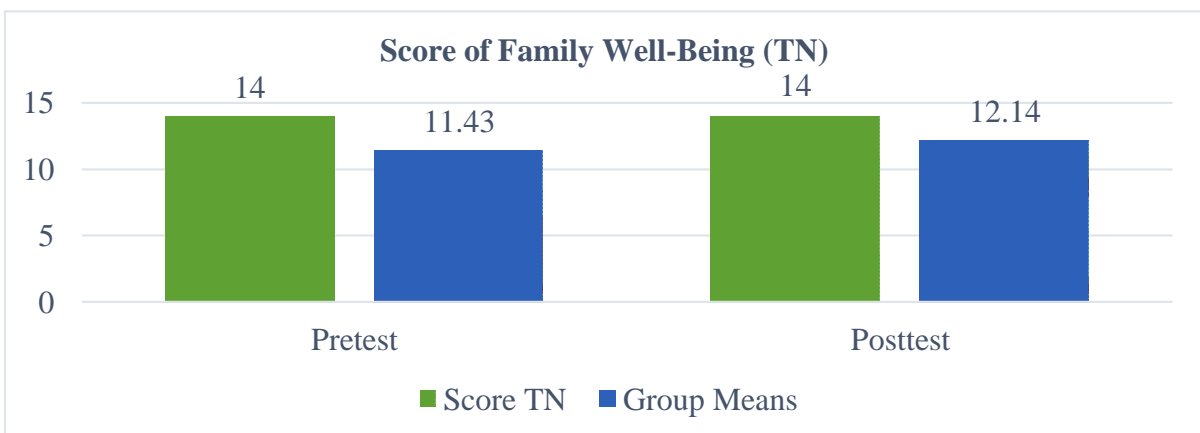


Figure 3. Comparison of Family Well-Being Scores between TN and Group Means

d. Subject NR

Based on the family well-being scale, it was known that NR subject had a score of 12 at the pretest which was included in the low category, then it fell at the posttest to 11 and was still classified in the low category. It could also be seen that at the pretest NR scored above the group mean. However, at posttest, the NR subject scored below the group mean.

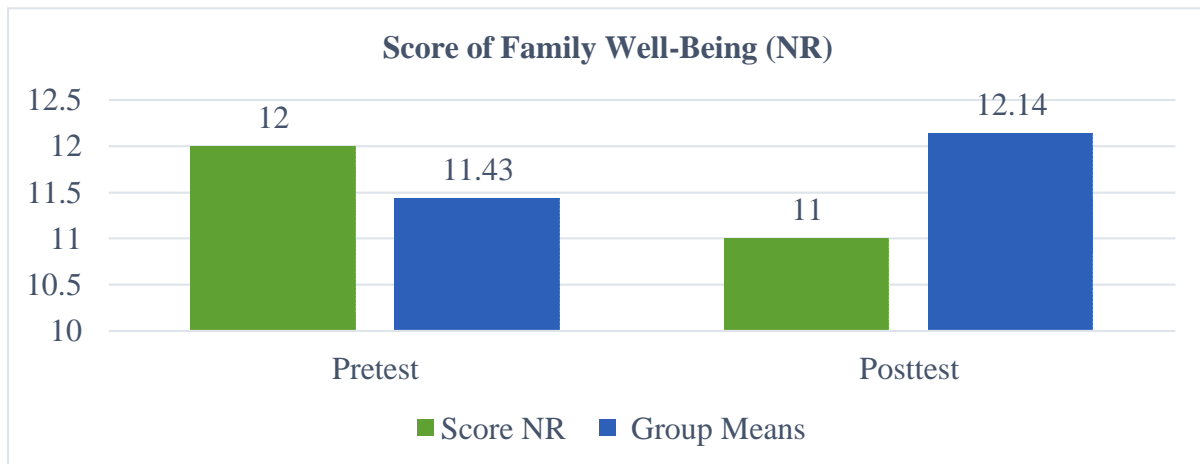


Figure 4. Comparison of Family Well-Being Scores between NR and Group Means

e. Subject DD

Based on the family well-being scale, it was known that DD had a score of 9 at the pretest which was included in the low category, then at the posttest it was still 9 and still classified in the low category. It could also be seen that at the time of the pretest, DD scored below the group mean. And at the time of the posttest DD also scored below the group mean.

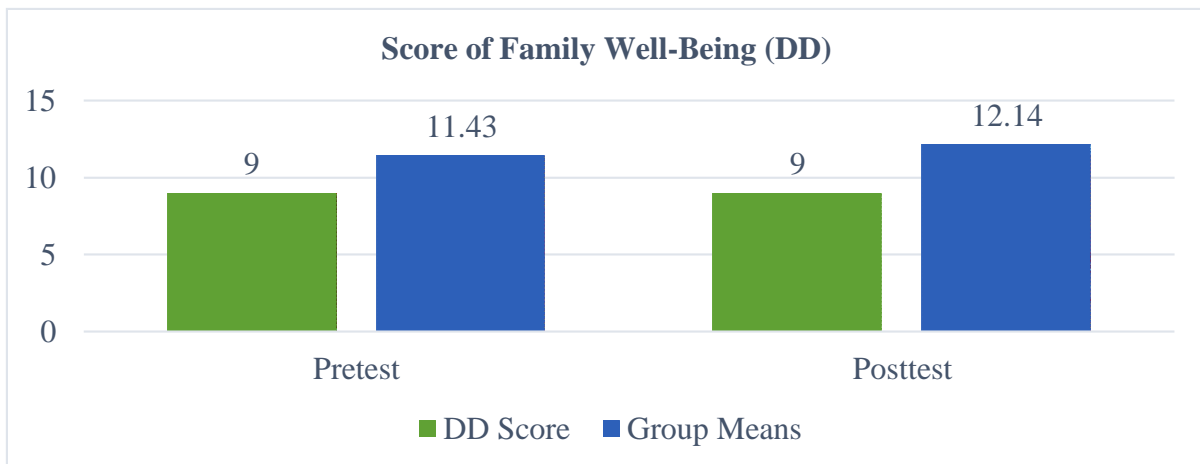


Figure 5. Comparison of Family Well-Being Scores between DD and Group Means

f. Subject MT

Based on the family well-being scale, it was known that MT had a score of 13 at the pretest which was included in the low category, then at the time of the posttest it increased to 14 but was still classified in the low category. It could also be seen that at the pretest and posttest MT obtained scores above the group mean.

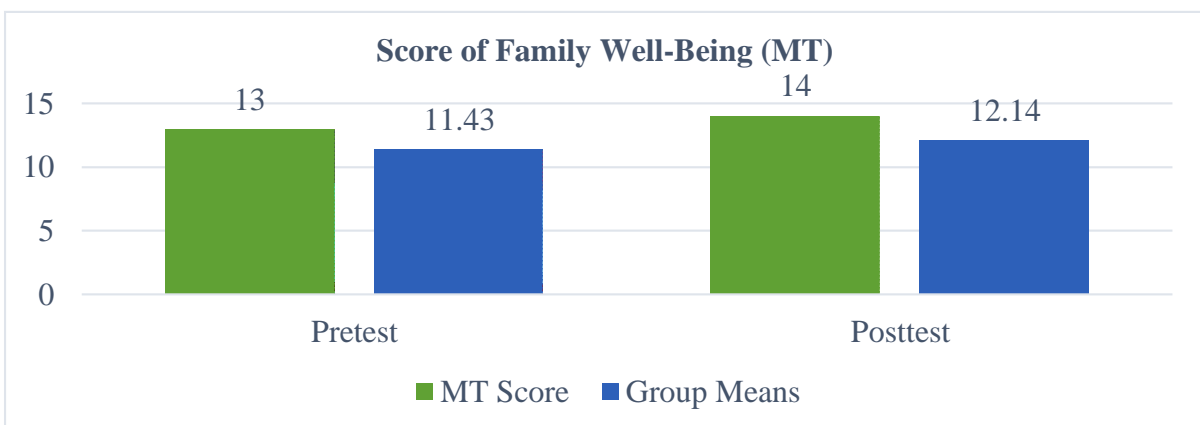


Figure 6. Comparison of Family Well-Being Scores between MT and Group Means

g. Subject LD

Based on the family well-being scale, it was known that LD had a score of 11 at the pretest which was included in the low category, then at the time of the posttest it increased to 14 and was still classified in the low category. It could also be seen that at the time of the pretest LD

got a score below the group mean. Meanwhile, at the time of the posttest LD got a score above the group mean.

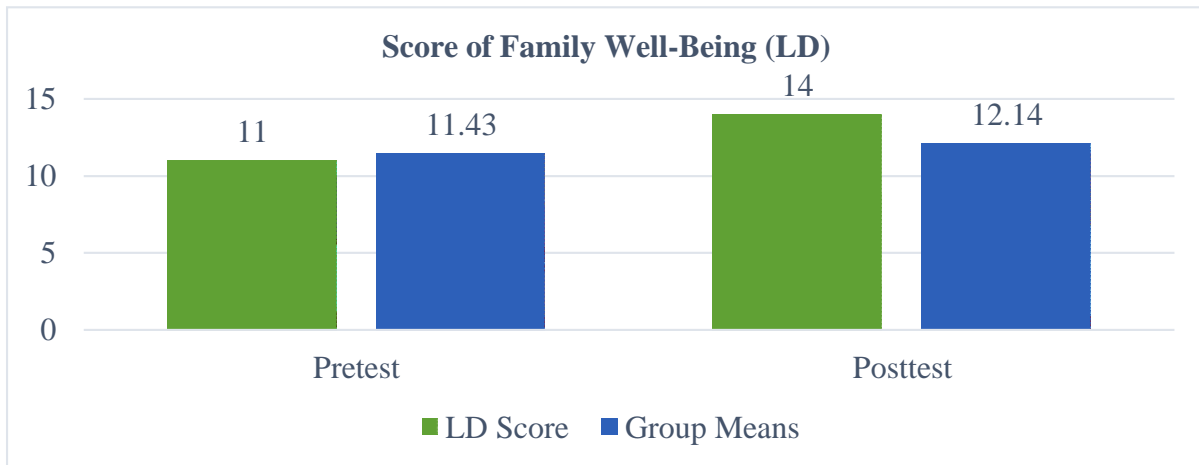


Figure 7. Comparison of Family Well-Being Scores between LD and Group Means

Discussion

The series of resilience trainings given to women victims of sexual violence at PSAA turned out to have no significant effect on their family well-being. This was indicated by the results of the Paired Sample T-Test analysis which did not show a significant difference between the pretest and posttest scores in family well-being with $t = -1.109$; $p = 0.31$ ($p > 0.05$). This could be explained because the incidents of sexual violence experienced by the subjects have happened several years ago, so they have adapted to their families to the presence of children born from the sexual violence. This also could be seen from the MT subject who had the highest family well-being score at the posttest. Based on the results of the interview during the training, MT admitted that her parents tried to cover up about the presence of the MT child from their closest relatives and take care of the child like their own. Meanwhile, MT is given the opportunity to continue their high school education.

Conclusion and Recommendation

Based on the results of data analysis and research discussion, it could be concluded that the provision of resilience training did not have a significant effect on improving family well-being among women victims of sexual violence. Based on the results obtained in this study, there are several suggestions given, namely: (1) In order to see a comparison of resiliency

training with other trainings in improving family well-being, it is necessary to carry out further research with a different research design; and (2) In order to monitor the maintenance and stability of changes in resilience skills resulting from the intervention, so future studies should include a longer follow-up assessment.

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