

Abstract

Domestic violence is one of the most widespread human rights abuses and public health problems in the world today. It is devastating, affecting women and girls' long term physical and mental well-being. Its ripple effects compromise the well being of families, communities and societies. And yet, identifying domestic violence as a public health issue is a relatively new idea. Initiatives that have been doing in Indonesia are hardly ever found targeting to build the secondary prevention initiatives.

Being fully aware of the strategic position of health professions in the primary health care services and the complexity of the phenomena, my research focuses on three dimensions of the realities and existence of medical professionals in relations to this phenomenon. (My) thesis is based on a belief that only by understanding the integral notion of subjective consciousness of medical professionals, their inter-subjective realities, and the social system of the PHC services we can construct an integrative intervention to develop responsiveness of the PHC services to domestic violence. *can be constructed*

An in-depth interviews and analysis to three medical professionals, and a survey to 136 health care providers has been carried out in 49 Puskesmas in Surabaya. The result shows the interplay of PHC's own personal experiences, and his/her social, cultural and religious beliefs shaped their response to their patients who are victim of DV. Systemic barriers including structural constrains also contribute to shape their perceptions and responses which unintentionally increase women's victimization.

Changing paradigm from preserving power and control in the hand of medical profession to empowerment of the victim requires some fundamental changes in the system of primary health care services. The culture and the structure of medical institutions, and the nature of medical training are important components of institutionalizing effective response to domestic violence.

Key words: domestic violence, empowerment, secondary prevention, health care providers