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Article

Marital interaction, domestic violence, social support, and wives' quality of life: a sem analysis



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ABSTRACT

Domestic violence (DV) against wives remains a serious issue in Indonesia. Marital interaction and social support play a crucial role in improving the quality of life of wives who are victims of DV. This study generally aims to examine the effects of marital interaction, domestic violence, and social support on wives' quality of life by testing hypotheses using Structural Equation Modeling (SEM). The research employed a quantitative approach with a cross-sectional design through an online survey. The study involved 100 wives who were victims of DV, selected using purposive sampling in the Greater Jakarta (Jabodetabek) area. The instruments used included the Interpersonal Behavior Scale, Domestic Violence Frequency, Multidimensional Scale of Perceived Social Support, and a modified version of the World Health Organization Quality of Life, all of which underwent pilot testing. Data analysis was conducted using descriptive statistics and Spearman's correlation test via SPSS. The effect testing was performed using SMART-PLS, with model fit evaluated through fit measures, yielding a $GoF > 0.36$, indicating acceptable model adequacy for hypothesis testing. The results showed that marital interaction had a significant negative effect on domestic violence ($\beta = -0.752^{***}$; $p < 0.001$). Domestic violence had a significant negative effect on social support ($\beta = -0.285^{**}$; $p < 0.01$), while social support had a significant positive effect on wives' quality of life ($\beta = 0.545^{***}$; $p < 0.001$). Interestingly, domestic violence also demonstrated a significant positive effect on wives' quality of life ($\beta = 0.230^{*}$; $p < 0.05$). In addition, marital interaction significantly and positively affected wives' quality of life ($\beta = 0.330^{**}$; $p < 0.01$). These findings indicate that all research variables are interrelated and influence wives' quality of life, thereby supporting all proposed hypotheses. The findings of this study provide practical implications for family counseling and psychosocial interventions in the Greater Jakarta (Jabodetabek) area. Strengthening social support for wives who are victims of domestic violence is essential. Support from family members and close relatives, which remains limited, needs to be reinforced through family counseling, empathic communication training, and education on women's rights. This study, however, has several limitations, including the absence of interviews, reliance solely on the victims' perspectives, and data collection conducted exclusively through online surveys.

Keywords:

Domestic violence
Indonesia
Marital interaction
Social support
Structural equation modeling
Wives' quality of life

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Introduction

Domestic violence (DV) remains a pervasive issue worldwide and has significant implications for women's well-being. [The World Health Organization \(2024\)](#) reports that nearly one in three women globally have experienced physical and/or sexual violence by an intimate partner. In Indonesia, data from the National Commission on Violence Against Women ([Komnas Perempuan](#)) indicated 339,782 cases of gender-based violence in 2023, with 336,804 cases committed by individuals in close relationships, including husbands. In 2024 alone, there's 14,540 cases of domestic violence perpetrated by husbands were recorded. These figures underscore the urgent need to understand the dynamics of DV and its consequences for women's quality of life, particularly within the Indonesian sociocultural context.

Domestic violence is not limited to physical assault but also includes psychological, sexual, and economic abuse, as defined in Indonesia's Law No. 23 of 2004 on the Elimination of Domestic Violence. Disharmonious marital interactions by poor communication, emotional neglect, and conflict often serve as triggers that disturb the emotional and mental balance of family life. Studies have shown that manipulative communication and controlling behaviors, such as restricting wives' social activities, exacerbate feelings of isolation and entrapment, thereby weakening emotional support networks ([Musiana, 2021](#); [Iswahyudi, 2024](#)). In this context, the role of social support becomes crucial.

Adequate social support has been identified as a protective factor that strengthens resilience in coping with stressors ([Sarafino, 2008](#)). Social support encompasses emotional, informational, and instrumental forms of assistance, which may come from family, friends, colleagues, neighbors, and community institutions ([Pilisuk & Parks, 1983](#)). Such support enables victims to feel valued and cared for ([Kusrini & Prihartani, 2014](#)), and has been shown to help women adopt more effective coping strategies when facing DV ([Nurhayati et al., 2013](#)). Consequently, social support plays a key role in mitigating the psychological and social consequences of violence.

The concept of quality of life provides a comprehensive framework for understanding the impact of domestic violence. [The World Health Organization Quality of Life Group \(1998\)](#) defines quality of life as individuals' perceptions of their position in life in relation to goals, expectations, standards, and concerns, encompassing physical, psychological, social, and environmental dimensions. Violence experienced by wives whether physical, emotional, or psychological can severely undermine quality of life, leading to diminished self-confidence, heightened anxiety and depression, and even a sense of meaninglessness. External factors, such as marital interaction and social support, also play significant roles in shaping victims' quality of life. [Lubis et al. \(2023\)](#) emphasized that declines in physical, psychological, and social functioning represent negative self-evaluations of life quality following adverse events. However, individual outcomes vary depending on personal coping mechanisms.

While prior studies have investigated these issues, they have generally done so in isolation. For example, [Lie et al. \(2024\)](#) examined the impact of DV on wives' quality of life in Sentani District, Jayapura, while [Fika \(2018\)](#) explored the relationship between social support and quality of life among women experiencing DV, showing that family support improves victims' well-being. Yet, no research has simultaneously examined the interplay of marital interaction, domestic violence, and social support in relation to wives' quality of life. Addressing this gap is particularly urgent in the Indonesian context, where DV remains prevalent and systemic support for victims is limited.

Based on this gap, the present study aims to analyze the effects of marital interaction, domestic violence, and social support on wives' quality of life in the JABODETABEK region of Indonesia using Structural Equation Modeling (SEM). Specifically, it investigates how these factors interrelate in shaping the quality of life of wives who have experienced domestic violence. The study seeks to make theoretical contributions by expanding the understanding of family dynamics and their implications for women's well-being, while also providing practical contributions as a scientific basis for family counseling programs, women's empowerment initiatives, and the strengthening of social support services.

Methods

This study employed a quantitative approach with a cross-sectional design through an online survey, aiming to examine the effects of marital interaction, domestic violence (DV), and social support on wives' quality of life. A cross-sectional design was selected because data collection was conducted at a single point in time to capture the relationships and effects among the variables, namely marital interaction, domestic violence, social support, and wives' quality of life. The use of an online survey was intended to facilitate participant access, broaden the sample reach, and ensure participants' anonymity and comfort in providing responses, given the sensitive nature of the research topic.

Research Subjects

The population of this study comprised wives who were legally married and residing in the Greater Jakarta area (Jakarta, Bogor, Depok, Tangerang, and Bekasi). The sample was determined using a non-probability purposive sampling technique, in which participants were deliberately selected based on criteria relevant to the research objectives. The inclusion criteria were: (1) currently married and living with their husband, (2) having experienced domestic violence (DV) within the past six months, (3) willingness to participate as respondents, and (4) access to complete the online questionnaire. A total of 100 respondents participated in the study. This sample size was determined with reference to [Hair et al. \(2010\)](#), who suggest that a minimum of 100–200 participants is adequate for conducting analyses and for parameter estimation in Structural Equation Modeling (SEM).

Research Instruments

Marital interaction was measured using the Interpersonal Behavior Scale developed by [Chuang \(2005\)](#), which consists of five dimensions: love, dominance, hostility, compliance, and respect. The instrument includes 19 items rated on a 5-point Likert scale. Domestic violence (DV) was assessed using the instrument developed by [Puspitawati et al. \(2021\)](#), which comprises four dimensions: physical, psychological, social, and economic violence. This instrument consists of 37 items rated on a 4-point Likert scale. Social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) by [Zimet et al. \(1988\)](#), which covers two dimensions: family support and support from significant others. The instrument contains 11 items rated on a 4-point Likert scale. Wives' quality of life was assessed using the World Health Organization Quality of Life-BREF ([WHOQOL-BREF, 1988](#)), which includes four dimensions: physical, psychological, social relationships, and environmental conditions. The instrument consists of 17 items rated on a 5-point Likert scale. Prior to use, all instruments were pilot tested with 30 wives who had experienced domestic violence outside the main sample. The pilot study showed satisfactory reliability, with Cronbach's alpha values of 0.863 for marital interaction, 0.969 for domestic violence, 0.854 for social support, and 0.814 for quality of life. In addition, each item was retained based on a Corrected Item-Total Correlation value of ≥ 0.30 .

Data Collection Procedure

Data were collected through an online questionnaire distributed via Google Forms. The questionnaire link was disseminated through social media platforms and women's community networks to reach respondents who met the inclusion criteria. The questionnaire included an informed consent form outlining the purpose of the study, confidentiality of data, and participants' rights to withdraw at any time. Participation was entirely voluntary, anonymous, and free from coercion, in accordance with established research ethics principles.

Data Analysis Techniques

Data analysis was conducted in several stages, including entry, cleaning, editing, coding, and scoring. Data collected via Google Forms were first entered into Microsoft Excel, followed by a cleaning process to exclude respondents who did not meet the research criteria. The editing stage involved assigning codes to column headers and developing a codebook. Subsequently, coding was performed by assigning specific codes to each respondent's answers based on the codebook, after which scoring was carried out to generate composite scores for each research variable.

The scores obtained for the variables of marital interaction, social support, domestic violence (DV), and wives' quality of life were summed and subsequently transformed into index scores. These indices were then classified into three categories based on cutoff values proposed by [Puspitawati and Herawati \(2018\)](#), namely: <60 (low), 60–79 (moderate), and 80–100 (high). Higher index values for marital interaction, social support, and quality of life indicate more favorable conditions, whereas higher index values for domestic violence reflect more adverse conditions.

Data were analyzed using *SPSS 25.0* for Windows and *SmartPLS 4.0*. Descriptive analysis was employed to calculate minimum, maximum, mean, standard deviation, and frequency distribution for respondents' characteristics, including wives' characteristics (education, occupation, age, income, and ethnicity), husbands' characteristics (education, occupation, age, income, and ethnicity), and family characteristics (marital duration, number of children, household size, and family type, i.e., single-earner or dual-earner). Descriptive statistics were also generated for all study variables.

Pearson's correlation test was employed to examine the relationships among wives' characteristics, husbands' characteristics, family characteristics, marital interaction, domestic violence (DV), social support, and wives' quality of life. Structural Equation Modeling (SEM) based on Partial Least Squares (PLS) was applied to assess both the direct and indirect effects of marital interaction, domestic violence, and social support on wives' quality of life. Prior to hypothesis testing, model fit was evaluated through assessments of both the outer model and the inner model.

In the outer model, indicator validity was assessed using outer loadings, with a criterion of standardized loading factor ≥ 0.50 and t -value > 1.96 . Convergent validity was further evaluated through the Average Variance Extracted (AVE), where values ≥ 0.50 indicate satisfactory validity as well as adequate discriminant validity. Construct reliability was examined using composite reliability, with values > 0.70 considered acceptable. For the inner model, the relationships among latent variables were evaluated through significance testing and the R-square values. A higher R-square value indicates stronger explanatory power of the independent variables on the dependent variable, reflecting a better-fitting research model.

Ethical Considerations

This study received ethical approval from the Research Ethics Committee for Studies Involving Human Subjects, Institut Pertanian Bogor, under approval letter No. 1698/IT3.KEPMSM-IPB/SK/2025. The informed consent process was conducted online via Google Forms. At the beginning of the questionnaire, participants were provided with detailed information regarding the study's objectives, benefits, procedures, and their rights as participants. Respondents could only proceed with completing the questionnaire after indicating consent by selecting the "agree" option. Participation was entirely voluntary and anonymous, with the right to withdraw at any time without consequences. Data confidentiality was maintained in accordance with established research ethics principles.

Results and Discussion

Result

This section presents the findings derived from the analysis of the questionnaire data. The results are presented sequentially, beginning with an overview of the respondents' characteristics, followed by descriptive statistics of the research variables, an analysis of the relationships between respondents' characteristics and the research variables, and finally, the examination of both direct and indirect effects among the variables.

Based on Table 1, the respondents' ages in this study ranged from 20 to 64 years. The majority of respondents (88%) were in the early adulthood category (18–40 years), with a mean age of 33.65 years. Husbands' ages ranged from 21 to 62 years, with most (81%) also falling into the early adulthood category, and an average age of 33.22 years. According to [Ririn and Harimat \(2006\)](#),

individuals in early adulthood often encounter difficulties in controlling their emotions, which may influence their behavior and reduce wisdom in decision-making.

Table 1. The distribution of the Sample is Presented based on the Number of Cases, Minimum and Maximum Values, Mean, and Standard Deviation of the Husbands' and wives' ages

Category	Wive		Husbands	
	n	%	n	%
Early adulthood (10-40 years)	88	88,0	81	81,0
Middle adulthood (41-60 years)	11	11,0	18	18,0
Late adulthood (>60 years)	1	1,0	1,0	1,0
Total	100		100	
Mean \pm SD	33,65 \pm 8,897		34,12 \pm 8,938	
Min-Maks	20-64		20-62	

Table 2. The Distribution of the Sample is Presented based on Years Of Education, Employment Status, Income, and Ethnicity

Category	Wive		Husbands	
	n	%	n	%
Employment				
Employed	70	70,0	62	62,0
Unemployed	30	30,0	38	38,0
Income				
\leq IDR1.000.000	17	17,0	32	32,0
IDR1.000.001 – IDR3.000.000	26	26,0	17	17,0
IDR3.000.001 – IDR6.000.000	39	39,0	19	19,0
> IDR6.000.001	18	18,0	32	32,0
Ethnicity				
Sundanese	27	27,0	25	25,0
Javanese	52	52,0	51	51,0
Betawi	4	4,0	4	4,0
Others	17	17,0	20	20,0

Based on Table 2, the majority of respondents (61%) had attained higher education (academy/D3/S1/S2/S3). More than half of the respondents (70%) were employed, with the largest proportion (39%) earning between IDR 3,000,001 and 6,000,000. The majority of respondents (52%) identified as Javanese. Regarding husbands' characteristics, over half (57%) had completed higher education, and the majority (62%) were employed. Husbands' income distribution was relatively balanced, with 32% earning below IDR 1,000,000 and 32% earning above IDR 6,000,000. Most husbands (51%) were also Javanese. In line with Hutahaeon et al. (2025), higher educational attainment and employment status do not necessarily preclude the occurrence of domestic violence. Education not only influences employment opportunities but also determines the level of income an individual receives. According to Putri and Setiawina (2013), the higher the level of education, the higher the occupational position and income obtained. However, economic independence and higher education for women do not guarantee immunity from domestic violence (Komnas Perlindungan Anak dan Perempuan, 2019). In the context of the deeply rooted patriarchal culture among the Javanese, domestic responsibilities are considered women's obligations, encompassing not only their roles as mothers but also as exemplary wives (Modiano, 2021).

Based on Table 3, overall marital interaction was categorized as low (52%). The dimension of mutual love was predominantly low (66%), reflecting diminished affection and care following the occurrence of domestic violence. Respectful interaction was also categorized as low (81%), indicating behaviors that disregard the partner's opinions and emotional needs. In the submissive dimension, most respondents were in the low category (62%), suggesting an imbalance in household decision-

making. Meanwhile, domineering interaction tended to be high (43%), signifying a strong inclination toward control and power exerted by one party. Hostility was also relatively high (51%), indicating the presence of negative expressions within the relationship. The findings reveal a decline in positive marital interactions, such as love and mutual respect, accompanied by an increase in negative dynamics, namely domination and hostility. Such patterns of domination are often employed to gain or maintain power over a partner, with domestic violence emerging as a manifestation of power imbalance.

Table 3. Descriptive Analysis of Marital Interaction, Domestic Violence (DV), Social Support, and Wives' Quality of Life (n = 100).

Variable	Category						Mean ± SD
	Low		Moderate		High		
	n	%	n	%	n	%	
Marital Interaction	52	52,0	41	41,0	7	7,0	58,01 ± 14,62
Saling mencintai	66	66,0	15	15,0	19	19,0	47,00 ± 28,70
Saling menghormati	81	81,0	12	12,0	7	7,0	42,16 ± 21,28
Kepatuhan	62	62,0	21	21,0	17	17,0	49,16 ± 27,25
Dominasi	30	30,0	27	27,0	43	43,0	67,83 ± 24,70
Permusuhan	20	20,0	29	29,0	51	51,0	70,06 ± 22,82
Domestic Violence	27	27,0	32	32,0	41	41,0	52,52 ± 20,78
Fisik	29	29,0	47	47,0	22	22,0	47,79 ± 23,11
Psikis	18	18,0	30	30,0	49	49,0	57,35 ± 20,28
Seksual	34	34,0	21	21,0	43	43,0	50,05 ± 24,70
Ekonomi	21	21,0	37	37,0	26	26,0	52,00 ± 27,34
Social Support	56	56,0	35	35,0	9	9,0	55,36 ± 18,60
Keluarga	52	52,0	36	36,0	12	12,0	56,52 ± 20,31
Orang terdekat	69	69,0	13	13,0	18	18,0	53,33 ± 22,50
Wives' Quality of Life	80	80,0	20	20,0	0	0,0	48,04 ± 12,57
Fisik	89	89,0	10	10,0	1	1,0	44,00 ± 12,92
Psikis	79	79,0	13	13,0	8	8,0	50,08 ± 17,29
Hubungan sosial	65	65,0	17	17,0	18	18,0	52,00 ± 25,57
Lingkungan	77	77,0	22	22,0	1	1,0	46,75 ± 17,64

Note: Marital interaction, social support, and quality of life: low (<59.9); moderate (60 – 79.9); high (>80.0); frequency of domestic violence: low (<33.3); moderate (33.4 – 66.7); high (>66.8)

Overall, domestic violence was categorized as high (41%). Based on the forms of violence experienced by wives, physical violence was mostly in the moderate category (47%), indicating that acts of coercion or physical abuse occurred fairly frequently. Psychological violence tended to be high (49%), suggesting that many wives experienced mental distress in the form of insults and threats. Sexual violence was also high (43%), reflecting coercion in intimate relations or other forms of sexual harassment within marriage. Meanwhile, economic violence was categorized as moderate (37%), indicating restrictions on access to or control over household economic resources. These findings demonstrate that the violence experienced by wives is not limited to physical abuse but extends across all forms of domestic violence.

Overall, social support was categorized as low (56%). When examined by source, more than half of the wives reported low family support (52%), indicating the limited role of families in providing emotional assistance. In addition, support from significant others was also categorized as low (69%), suggesting the lack of presence from friends or the surrounding community as sources of help. These findings indicate that wives who are victims of domestic violence continue to face restricted social support networks, which heightens their vulnerability in dealing with household problems.

Overall, wives' quality of life was categorized as low (80%). Across dimensions, the majority reported low physical quality of life (89%), reflecting limitations in health and energy for carrying out daily activities. In the psychological domain, most wives were also in the low category (79%),

indicating vulnerability in terms of positive feelings, self-acceptance, and emotional stability. Low social relationship quality was experienced by 65% of wives, pointing to restricted interaction and limited support from their surroundings. Similarly, environmental conditions were categorized as low (77%), suggesting a lack of safety, comfort, and access to environmental resources. These findings demonstrate that domestic violence has extensive impacts on wives' lives, spanning physical, psychological, social, and environmental domains.

Table 4. Correlation Analysis between Characteristics, Marital Interaction, Domestic Violence, and Social Support With Wives' Quality of Life

Variable	Marital Interaction	Domestic Violence	Social Support	Wives' quality of life
Wife's age (years)	-0,091	-0,060	-0,272	-0,273**
Husband's age (years)	-0,108	-0,053	-0,285	-0,261**
Wife's education (education level)	-0,071	0,073	0,261	0,087
Husband's education (education level)	0,150	-0,129	0,203	0,207*
Wife's employment (<i>dummy</i> employed)	0,146	-0,146	0,059	-0,013
Husband's employment (<i>dummy</i> employed)	0,173	-0,062	0,090	0,184
Wife's income (IDR per month)	0,022	-0,045	0,089	0,025
Husband's income (IDR per month)	0,195	-0,102	0,018	0,118
Wife's ethnicity (<i>dummy</i> Javanese)	-0,020	0,014	-0,072	0,012
Husband's ethnicity (<i>dummy</i> Javanese)	0,010	-0,011	-0,035	-0,005
Number of family members (persons)	0,132	0,062	-0,165	-0,047
Family type (<i>dummy</i> dual earner)	0,285	-0,173	0,120	0,236*
Length of marriage (years)	-0,184	-0,024	-0,171	-0,006
Number of children (persons)	-0,083	0,091	-0,237	-0,032
Marital interaction (index)	1,000	-0,727	0,344	0,306**
Domestic violence (index)	-0,727	1,000	-0,257	-0,157
Social support (index)	0,344	-0,257	1,000	0,637**
Wives' quality of life (index)	0,306	-0,157	0,637	1,000

Note: *) significant at $p < 0,05$; **) significant at $p < 0,01$

Based on the correlation test presented in Table 4, wives' quality of life was found to be significantly and negatively associated with wives' age ($r = -0.273$; $p < 0.01$) and husbands' age ($r = -0.261$; $p < 0.01$), indicating that as the age of both partners increases, wives' quality of life tends to decline. Conversely, there was a significant positive correlation between wives' quality of life and husbands' education ($r = 0.207$; $p < 0.05$), dual-earner family type ($r = 0.236$; $p < 0.05$), marital interaction ($r = 0.306$; $p < 0.01$), and social support ($r = 0.637$; $p < 0.01$). These results suggest that higher husband's education, the presence of a dual-earner family arrangement, healthier marital interactions, and adequate social support are associated with better wives' quality of life. Overall, the findings highlight that individual, family, and social environmental factors collectively contribute to the enhancement of wives' well-being in the context of domestic violence.

Table 5. Average Variance Extracted (AVE), Composite Reliability (CR), and Cronbach's Alpha of Marital Interaction, Domestic Violence, and Social Support in Relation to Wives' Quality of Life

Variabel	AVE	CR	Cronbach Alpha	R-Square
Marital interaction composite	1,000	1,000	1,000	-
Domestic violence composite	1,000	1,000	1,000	0,566
Social support composite	1,000	1,000	1,000	0,081
Wives' quality of life composite	1,000	1,000	1,000	0,440

Based on Table 5, the variables of marital interaction, domestic violence, social support, and wives' quality of life met the requirements with 1) Average Variance Extracted (AVE) > 0.5 ; 2) Composite

Reliability (CR) > 0.7; and 3) Cronbach's Alpha > 0.6. The R^2 values indicate that social support has a very weak explanatory power (0.081), while domestic violence falls within the moderate to strong range (0.566). Meanwhile, wives' quality of life as survivors of domestic violence is moderately explained by the variables in the model (0.440). These findings suggest that although the model is reasonably capable of explaining variations in domestic violence and quality of life, other factors outside the model still contribute significantly, particularly in shaping social support

Table 6. Outer Loading Values Model of the Influence of Marital Interaction, Domestic Violence, and Social Support on Wives' Quality Of Life

Variable	Outer Loading
Marital interaction composite (η_1) → Marital interaction index (y_1)	1,000*
Domestic violence composite (η_2) → Domestic violence index (y_2)	1,000*
Social support composite (η_3) → Social support index (y_3)	1,000*
Wives' quality of life composite (η_4) → Wives' quality of life composite index (y_4)	1,000*

Based on Table 6, the outer loading values for the variables of marital interaction, domestic violence, and social support were all above 0.50. This indicates that each dimension in the study is valid in representing the measured construct and consistent in reflecting the characteristics of the research variables.

Table 7. Results of the Empirical Model Fit Test on The Influence of Marital Interaction, Domestic Violence, and Social Support on Wives' Quality of Life

Type of Measure	Fit Index	Category	Result	Note
Convergent validity	AVE & Communality	AVE > 0,5	1,000	Fit
Discriminant validity	Cross loading	Cross Loading > 0,5	1,000	Fit
Reliability	Composite Reliability (CR)	CR > 0,7	1,000	Fit
	Cronbach Alpha	Cronbach Alpha > 0,6	1,000	Fit
Fit measures	Goodness of Fit (GoF)	GoF > 0,36	0,601	Fit
	SRMR	SRMR < 0,08	0,078	Fit
	Exact Fit Criteria d_ULS and d_G	The threshold is higher than d_Uls and d_G	n/a	Fit
	Normed Fit Index (NFI)	NFI > 0,90 0,80 < NFI < 0,90	n/a	Fit

Based on Table 7, the model evaluation indicates that the research constructs met the criteria for validity and reliability, with outer loading values greater than 0.50, Composite Reliability above 0.70, and AVE exceeding 0.50. The inner model analysis shows that the SRMR value of 0.078 confirms a good model fit, further supported by a GoF value of 0.601, which falls within the large category. These findings demonstrate that marital interaction, domestic violence, and social support significantly influence the quality of life of wives experiencing domestic violence, and that the model possesses strong predictive validity. In line with [Hair et al. \(2017\)](#) PLS-SEM evaluation places greater emphasis on construct validity and reliability, as well as the strength of relationships between variables. Since all constructs met the required criteria for reliability and validity, and the inter-variable relationships showed statistical significance, the SEM model in this study is considered appropriate for drawing conclusions.

Based on Figure 1, marital interaction shows a significant negative effect on domestic violence ($\beta = -0.752^{***}$; $p < 0.001$) and an indirect effect ($\beta = 0.214^*$; $p < 0.05$) through social support. This indicates that the more positive the quality of interaction between spouses, the lower the level of violence experienced by wives. The findings highlight that open communication, mutual respect, and

egalitarian decision-making function as protective factors against the occurrence of domestic violence. Healthy interactions not only reduce the risk of violence but also strengthen the social support received by wives from their immediate environment, thereby contributing to an improved quality of life. These results are consistent with [Rasyidi \(2020\)](#), who emphasized that enhancing family communication plays an essential role in preventing misunderstandings, maintaining harmony, and reducing the risk of domestic violence. Thus, marital interaction plays a dual role: as a preventive mechanism against violence and as a factor that broadens wives' access to social support. As noted by [Ismalia et al. \(2022\)](#), many victims often remain in marriage for the sake of family integrity, considering both internal and external factors, which in turn reduces the level of social support available to them.

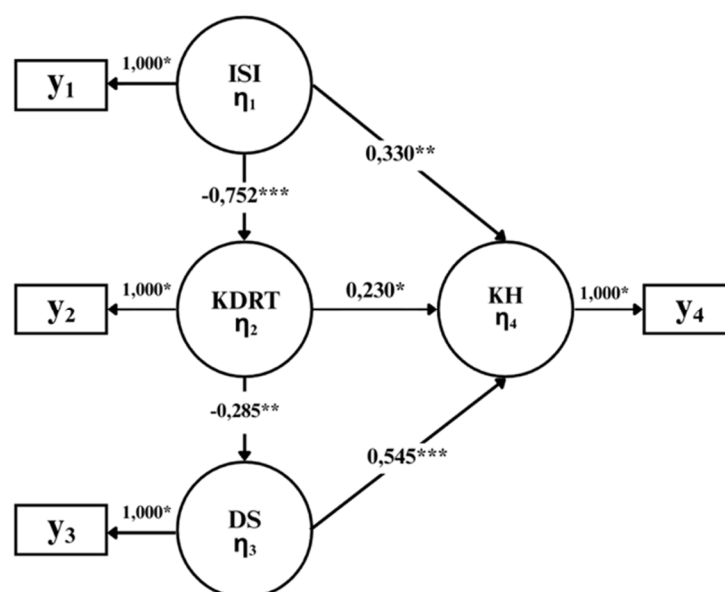


Figure 1 Structural Equation Modeling (SEM) Analysis of the Influence of Marital Interaction, Domestic Violence, and Social Support on Wives' Quality of Life

Notes:

ISI	: Marital Interaction (η_1)	y_5	: Sexual violence dimension (y_5)
KDRT	: Domestic Violence (η_2)	y_6	: Economic violence dimension (y_6)
DS	: Social Support (η_3)	y_7	: Family support dimension (y_7)
KH	: Wives' Quality of Life (η_4)	y_8	: Significant others support dimension (y_8)
y_1	: Hostility dimension (y_1)	y_9	: Physical quality dimension (y_9)
y_2	: Hostility dimension (y_2)	y_{10}	: Psychological quality (y_{10})
y_3	: Physical violence dimension (y_3)	y_{11}	: Social quality dimension (y_{11})
y_4	: Psychological violence dimension (y_4)		

Domestic violence has a significant negative effect on social support ($\beta = -0.285^{**}$; $p < 0.01$). This indicates that the higher the level of violence experienced by wives, the lower the social support they receive. This condition can be explained by the tendency of victims of domestic violence to withdraw from their social environment due to feelings of shame, fear of stigma, or excessive control exerted by the abusive partner. Consistent with the findings of [Huang et al. \(2020\)](#), domestic violence can undermine wives' self-acceptance, thereby reducing the extent of support they receive. Consequently, access to both emotional and instrumental support from family, friends, and the wider community becomes limited.

Social support has a significant positive effect on wives' quality of life ($\beta = 0.545^{***}$; $p < 0.001$). This implies that the higher the level of social support received by wives, the better their quality of life. Support from family, friends, and the surrounding community plays a crucial role in providing a sense of security, reducing stress, and enhancing wives' capacity to cope with pressures resulting from experiences of violence. Social support can also improve physical and mental health, while preventing social isolation (Dyck et al., 2015).

Domestic violence has a significant positive direct effect on wives' quality of life ($\beta = 0.230^*$; $p < 0.05$) and a significant negative indirect effect ($\beta = -0.055^*$; $p < 0.05$) through social support. The positive direct path can be understood as a form of psychological adaptation among victims. According to Agustin and Munawaroh (2024), some victims of domestic violence attempt to adapt in order to recover (resilience) and choose to continue striving to endure difficult circumstances. Within a patriarchal cultural context, some wives develop coping mechanisms in the form of resilience and forgiveness as survival strategies. Resilience enables victims to maintain emotional stability and daily functioning despite being in stressful situations, while forgiveness is often used as an effort to preserve household harmony and minimize further conflict. Consistent with the findings of Muhid et al. (2019), the greater display of positive emotions among victims contributes to an improved quality of life.

Conversely, the indirect path reveals a more consistent pattern, in which domestic violence leads to weakened social support, which in turn negatively affects quality of life. This occurs because victims of domestic violence often experience isolation, stigma, and reduced access to social networks. Thus, although coping mechanisms and resilience may provide temporary protective effects, without adequate social support, quality of life remains vulnerable to decline. Luo et al. (2024) emphasize that the adverse impacts of domestic violence can be mitigated through enhanced social support, thereby improving victims' mental health.

Marital interaction has a significant positive direct effect on wives' quality of life ($\beta = 0.330^{**}$; $p < 0.01$) and a significant indirect effect ($\beta = 0.230^*$; $p < 0.05$) through domestic violence and social support. This indicates that the quality of interaction within marriage characterized by open communication, mutual respect, and egalitarian relationships not only directly enhances wives' quality of life but also contributes to reducing the risk of domestic violence and strengthening social support. Positive communication patterns can improve spousal interactions, thereby reducing or preventing stress, anxiety, depression, and diminished self-esteem among victims (Du et al., 2024). Accordingly, positive interaction functions as a protective factor that suppresses domestic violence dynamics while reinforcing supportive social networks. Through constructive communication and healthy conflict resolution, couples are able to build mutual understanding, strengthen social support, and create a harmonious family environment (Supriyadi et al., 2024). The presence of social support reduces stress levels, enhances emotional well-being, and assists victims in managing negative emotions (Wijaya & Utami, 2021). Ultimately, these conditions foster psychological, emotional, and social aspects that serve as critical determinants of wives' quality of life.

A significant negative indirect effect was identified from marital interaction on wives' quality of life ($\beta = -0.173^*$; $p < 0.05$) through domestic violence. This suggests that although marital interaction directly contributes positively to quality of life, a mediating pathway via domestic violence exerts the opposite effect. In other words, unhealthy interactions characterized by conflict and domination within the household may increase the risk of violence, which subsequently lowers wives' quality of life. Clark et al. (2018) highlight that couples' ability to communicate effectively and resolve conflicts constructively plays a key role in preventing violence and, in turn, improving quality of life.

Based on Table 8, the SEM analysis model indicates that there are two causal paths affecting the latent variable of wives' quality of life: (1) direct effects and (2) indirect effects, which are explained as follows: (1) Direct effects. The direct path from the latent variable of marital interaction (η_1) to the latent variable of wives' quality of life (η_4) was ($\beta = 0.330^{***}$)², accounting for 10.89 percent. The direct effect of the latent variable of domestic violence (η_2) on wives' quality of life (η_4) was ($\beta = 0.230^*$)²,

accounting for 5.29 percent. The direct effect of the latent variable of social support (η_3) on wives' quality of life (η_4) was ($\beta = 0.545^{***}$)², accounting for 29.70 percent; (2) Indirect effects. The indirect path from the latent variable of marital interaction (η_1) through domestic violence (η_2) and subsequently through social support (η_3) to the latent variable of wives' quality of life (η_4) was ($\beta = 0.117^*$)², accounting for 11.7 percent. The indirect effect of the latent variable of marital interaction (η_1) on wives' quality of life (η_4) through domestic violence (η_2) was ($\beta = -0.173^*$)², accounting for 17.3 percent.

Table 8. Decomposition of Effects of Marital Interaction, Domestic Violence, Social Support, and Wives' Quality of Life

Variabel	Direct Effect	Indirect Effect	Total Effect
Marital interaction (η_1) → Domestic violence (η_2)	-0,752***	-	-0,752***
Marital interaction (η_1) → Social support (η_3) → Domestic violence (η_2)		0,214*	0,214*
Domestic violence (η_2) → Social support (η_3)	-0,285**	-	-0,285**
Social support (η_3) → Wives' quality of life (η_4)	0,545***	-	0,545***
Domestic violence (η_2) → Wives' quality of life (η_4)	0,230*	-	0,074*
Domestic violence (η_2) → Social support (η_3) → Wives' quality of life (η_4)	-	-0,055*	0,074*
Marital interaction (η_1) → Wives' quality of life (η_4)	0,330**		-0,274**
Marital interaction (η_1) → Domestic violence (η_2) → Social support (η_3) → Wives' quality of life (η_4)	-	0,117*	-0,274**
Marital interaction (η_1) → Domestic violence (η_2) → Wives' quality of life (η_4)	-	-0,173*	-0,274**

Note: *) Significant at $t > 1,96$ ($p < 0,05$); **) Significant at $t > 2,58$ ($p < 0,01$); ***) Significant at $t > 3,29$ ($p < 0,001$); Test of effects among latent variables

Discussion

The results of the descriptive analysis indicate that most wives were in early adulthood (18–40 years), with the majority attaining higher education, being employed, and originating from the Javanese ethnic group. Similar characteristics were found among husbands. Family characteristics also showed a significant proportion of dual-earner families. These findings are consistent with [Surya and Rasji \(2025\)](#), who reported that most cases of domestic violence occur among individuals of productive age with higher education and stable employment. However, the present study diverges from [Sumawaty and Hendrawan \(2025\)](#), who emphasized that low educational attainment is one of the main factors triggering domestic violence. This discrepancy suggests that higher levels of formal education do not automatically protect women from discrimination or violence ([Rahayu et al., 2018](#)). The findings further indicate that the study population, located in the Greater Jakarta (Jabodetabek) area, represents urban couples facing high socio-economic pressures, where factors such as age, education, employment, and family structure may shape household dynamics and wives' quality of life. This is in line with the perspective of the Ministry of Women's Empowerment and Child Protection, which states that domestic violence cases are more prevalent in large cities, including the Jakarta metropolitan area, due to consumerist lifestyles and intense urbanization.

The descriptive analysis of the research variables revealed that overall marital interaction was categorized as low, with dimensions of mutual love, respect, and submissiveness tending to be low, while domination and hostility were relatively high. This indicates an imbalance in the marital relationship, in which one party may exert greater dominance, while affection, appreciation, and healthy communication decline. Domestic violence is rooted in such unequal power relations, where the perpetrator employs symbols of authority to perpetuate violence. This situation erodes mutual respect, and compliance becomes superficial, driven by fear rather than genuine appreciation. When wives attempt to resist domination, husbands often interpret it as defiance, thereby exacerbating hostility. Consequently, healthy compliance is not achieved, and the foundations of love and intimacy

within marriage are replaced by anxiety, trauma, and emotional tension (Syawitri & Afdal, 2020; Ramadani & Yuliani, 2015; Hidayah & Badri, 2024).

Domestic violence was also found to be high, particularly in the psychological and sexual dimensions, while physical and economic violence were categorized as moderate. This indicates that many wives experience emotional pressure and insecurity within the household, although physical and economic forms of violence are not always extreme. These findings support the view that the emotional harm and psychological trauma caused by psychological and sexual violence are often greater and more enduring than physical injuries. This condition underscores that domestic violence is fundamentally an issue of unequal power relations, rather than merely a matter of temporary emotional outbursts (Supriadi *et al.* 2024).

The social support received by wives was generally low, both from family members and close associates, indicating weak social support networks at the community level. This phenomenon suggests that domestic violence not only results in physical and psychological harm to victims but also leads to social isolation, which hinders recovery and the fulfillment of basic rights to well-being. Perpetrators often restrict or even prohibit wives from interacting with family, friends, or the wider community, aiming to make victims entirely dependent on them and depriving them of avenues for complaint or seeking help. The lack of support from family and close others further reinforces feelings of helplessness, such that when wives attempt to seek assistance or escape, they tend to feel alone and without a supportive network (Agustin & Munawaroh, 2024).

The quality of life of wives was categorized as low across all dimensions, indicating that the impact of domestic violence is pervasive and affects well-being in a multidimensional manner. This impact extends beyond the physical aspect to psychological, social, and environmental dimensions, which interact to exacerbate wives' vulnerability. The social isolation experienced by victims, coupled with weak support from family and the community, reinforces feelings of helplessness and hinders the recovery process. Thus, the low quality of life among survivors of domestic violence cannot be viewed merely as a direct consequence of violence, but rather as the result of a complex interplay between physical trauma, psychological distress, social constraints, and disrupted access to support networks. The body retains trauma, as reflected in poor physical health, which serves as evidence that psychological and emotional violence can leave tangible manifestations in the body, even if not always visible as severe injuries (Campos-Tinajero *et al.*, 2024).

The results of the correlation analysis support this understanding, showing that the age of wives and husbands was negatively associated with quality of life, whereas husbands' education, dual-earner family structures, healthy marital interactions, and social support were positively associated. These findings indicate that individual factors, family structure, and social networks simultaneously influence wives' well-being. In particular, social support functions as a buffering mechanism against the negative effects of domestic violence, consistent with the buffering model of Cohen and Wills (1985), which posits that social support can mitigate the impact of stressors on psychological well-being during periods of stress. Social support does not exert a direct effect on well-being under normal conditions, but rather acts as a buffer that attenuates the negative relationship between stress and low quality of life.

In line with this, Ryff (2015) emphasized that high psychological well-being is reflected in positive emotional states, life satisfaction, and the capacity to overcome adverse experiences that could otherwise generate negative emotions. Thus, healthy marital interactions and adequate social support not only reduce the negative impacts of domestic violence but also strengthen every aspect of wives' psychological well-being, thereby enhancing overall quality of life.

SEM analysis confirmed that marital interaction directly reduces domestic violence (DV), while DV diminishes social support. There is also an indirect positive effect of marital interaction on social support through the reduction of DV. In turn, social support enhances wives' quality of life. Interestingly, DV was found to exert both a direct positive effect on quality of life and an indirect negative effect through social support. This phenomenon indicates the complexity of wives'

adaptation to violent experiences, whereby some individuals are able to maintain their quality of life despite facing stressful conditions. Such mechanisms may occur through the development of coping strategies, resilience, or forgiveness. This aligns with the findings of [Pariartha et al. \(2022\)](#), which showed that social support and forgiveness significantly affect the psychological well-being of DV survivors. Similarly, [Theofani and Herdiana \(2020\)](#) emphasized that individuals can cope with life stressors by developing adaptive strategies, one of which is forgiveness. Furthermore, [Watson et al. \(2017\)](#) demonstrated that forgiveness serves as an adaptive coping strategy beneficial to victims of various forms of violence and traumatic experiences. Thus, although DV has evident negative impacts on both social support and quality of life, the presence of adequate social support and the capacity for forgiveness can act as protective factors that safeguard the psychological well-being of survivors.

Marital interaction also improves wives' quality of life both directly and indirectly through DV and social support, underscoring that healthy communication, mutual respect, and joint decision-making are key to reducing violence and strengthening social support. These findings are relevant within the framework of structural functional theory, which emphasizes that harmonious and supportive family functions are essential for social stability, as well as social conflict theory, which highlights the potential for power imbalances within households. Structural functionalism stresses the importance of balanced and stable family and social systems ([Puspitawati, 2018](#)). Healthy marital interaction constitutes a primary functional prerequisite: when interaction is strong, this function is fulfilled, resulting in higher quality of life and stronger social support. Conversely, DV represents dysfunction (malfunction or structural failure) that undermines internal family stability and destroys the family's functional structure.

According to [Megawangi \(1999\)](#), social conflict theory is illustrated by a husband managing the family and experiencing problems with his wife as a homemaker. The core issue lies in the fundamental belief that those in power will inevitably oppress those who are subordinate. Such conflict is viewed as a force that can either lead to change or result in the breakdown of the family system, stemming from the very structure and function of the family itself. DV is not merely an outburst of emotion but rather a deliberate strategy (a means of control) to maintain power inequality. This dynamic produces a power imbalance that is experienced by victims as low quality of life and social isolation, since social support is often perceived by perpetrators as a threat to their authority.

The findings of this study provide practical implications for family counseling and psychosocial interventions in the Jabodetabek area. Strengthening social support for wives who are victims of DV is of critical importance. Weak support from families and close contacts needs to be reinforced through family counseling, training in empathetic communication, and education on women's rights. Counseling programs should emphasize enhancing marital interaction, conflict management, and the development of coping strategies, resilience, and forgiveness, while simultaneously strengthening family- and community-based social support systems.

This study has several methodological limitations that should be considered in order to interpret the findings more proportionally. First, the absence of in-depth interviews limited the ability to comprehensively explore the forms of violence and the early dynamics of DV. Second, the study relied solely on the victims' perspectives without including perpetrators, thereby restricting the understanding of reciprocal interactions within violent relationships. Third, the use of online data collection may have introduced self-report bias and the possibility of underreporting, particularly among respondents with severe experiences of violence who were less likely to participate. Fourth, the study did not include screening for the initial onset of violence, which prevented a more nuanced analysis of victims' adaptive capacities across different durations of exposure to violence.

These limitations open avenues for future research to integrate qualitative approaches, such as in-depth interviews or case studies, involve perpetrators' perspectives to gain a more holistic understanding of relational dynamics, and employ longitudinal designs to capture changes in victims' quality of life and adaptive strategies over time. Such efforts are expected to enrich the understanding

of resilience mechanisms, the role of social support, and the effectiveness of counseling interventions in the context of domestic violence in urban settings such as Jabodetabek.

Conclusion

This study emphasizes that marital interaction plays a central role in shaping the quality of life of wives who are victims of domestic violence in Jabodetabek. The analysis shows that healthy interactions can reduce domestic violence, strengthen social support, and directly enhance quality of life. However, the finding that domestic violence has a positive effect on quality of life highlights the presence of adaptive mechanisms such as resilience, coping, and forgiveness among some wives, a phenomenon rarely discussed in the literature and one that enriches the theoretical understanding of victims' experiences in the context of urban Indonesian culture.

A critical reflection from this study underscores the need for interventions that not only focus on women but also actively involve men through education on equality and emotion management. Additionally, technology-based innovations, such as domestic violence alert applications, may serve as practical strategies to expand access to support. Future research is recommended to employ longitudinal and mixed-method designs to explore the dynamics of violence and victims' adaptive capacities more comprehensively, while also incorporating the perspectives of perpetrators.

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