Reconstruction of the Assertiveness Scale of Domestic Violence Victims with the Rasch Polytomy Model

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ABSTRACT: The ability to be assertive is an important aspect in the life of every individual, including for women who are victims of domestic violence (DV). Assertiveness reflects a person's ability to convey thoughts, feelings, and needs honestly and firmly without violating the rights of others. In the context of domestic violence, this ability is often hampered by trauma, emotional dependence, and social pressure. This study aims to explore and describe forms of assertive behavior in women who are victims of domestic violence and to assess the quality of the measurement instruments used. This study involved 64 female respondents who experienced domestic violence, using an assertiveness scale specifically designed to understand psychological dynamics in the context of domestic violence. Data analysis was carried out using the Rasch polytomy model approach with the help of WINSTEPS software version 5.50. The results of the study showed that the instrument used had good validity in identifying various levels of assertiveness, ranging from very low to very high. These findings provide important insights for practitioners, such as counselors, psychologists, and social workers, to set service priorities and design more effective intervention approaches. This study also reinforces the importance of a psychometric approach in developing instruments that are sensitive to the context of gender-based violence.

INTRODUCTION

Domestic violence (DV) represents a pervasive and deeply rooted global issue, affecting millions of women across diverse cultural, economic, and geographic contexts. Numerous studies have confirmed that DV is not confined to any particular society; rather, it constitutes a universal form of gender-based violence with far-reaching physical, psychological, and social consequences (Alhabib, Nur, & Jones, 2010; Richardson et al., 2002; Riggs, Caulfield, & Street, 2000; Seegobin, 2002; van der Put, Gubbels, & Assink, 2019). In the United States alone, over 10 million individuals are estimated to experience domestic violence each year, a figure that likely underrepresents the actual magnitude due to underreporting driven by fear, social stigma, and financial dependency on the perpetrator (Kessler, Molnar, Feurer, & Appelbaum, 2001; Schafer, Caetano, & Clark, 1998; Sorenson, Upchurch, & Shen, 1996; Stark & Flitcraft, 1988).

In high-income nations such as Western Australia, the incidence rate of injuries resulting from domestic violence remains alarmingly high, with hundreds of cases per 100,000 adult women (Ferrante, Morgan, Indermaur, & Harding, 1996; Hegarty, Hindmarsh, & Gilles, 2000). Likewise, in Curacao, a significant 38% of women have reported experiencing at least one form of domestic abuse during their adult lives (van Wijk & De Bruijn, 2012). The situation in developing countries is equally concerning. In Indonesia, an estimated 24 million people, particularly those in rural areas, report having experienced violence—most of which is domestic in nature (Wahab, 2006). In 2017 alone, the number of officially reported domestic violence cases reached 348,446 (Abdurrachman, 2010; Komnas Perempuan, 2017).

Beyond physical injury, the psychological ramifications of domestic violence are profound. Victims often endure chronic stress, depression, anxiety, trauma, and a diminished sense of self-worth. One of the less visible yet critical impacts is the erosion of assertive behavior. Many victims lose their ability to express needs, set boundaries, or advocate for themselves, leading to entrenched patterns of compliance and emotional suppression. This psychological damage can inhibit recovery and perpetuate cycles of abuse. Domestic

violence is increasingly understood not merely as intimate partner violence (IPV), but as a broader phenomenon encompassing violence among other household members, extended family, and even close acquaintances (Ministerie van Binnenlandse Zaken en Koninkrijksrelaties, 2010; Seegobin, 2002; van Wijk & De Bruijn, 2012). This expanded conceptualization reflects the complex social dynamics within domestic settings, where power, control, and emotional dependency intersect. While both men and women can be victims, research consistently indicates that women are disproportionately affected, particularly in terms of the severity, frequency, and consequences of the violence.

Women are far more likely than men to experience repeated victimization and to be subjected to more extreme and life-threatening forms of abuse, such as physical assault (beating, strangulation), threats or attacks involving weapons, and sexual violence. Moreover, female victims are more frequently associated with higher rates of injury, hospitalization, and mortality as a result of domestic abuse (Gadd, Farrall, Dallimore, & Lombard, 2002; Johnson, 2010; Johnson & Leone, 2005; Johnson, Leone, & Xu, 2008; Richards & Baker, 2003; Schumacher et al., 2001; Tjaden & Thoennes, 2001; van Wijk & De Bruijn, 2012). The roots of domestic violence are multifaceted, often emerging from a combination of individual, relational, and structural risk factors. Key predictors of vulnerability include being female, young age, low levels of education, and a history of exposure to family violence during childhood (van Wijk & De Bruijn, 2012). Additionally, the presence of extended family members—such as in-laws or multiple relatives living under the same roof—can either exacerbate intimate partner tensions or, conversely, act as a protective buffer depending on the nature of the relationships and cultural context (Clark et al., 2010; Eswaran & Malhotra, 2009; van Wijk & De Bruijn, 2012).

For most women, domestic violence is a traumatic and deeply destabilizing experience. The consequences extend far beyond physical injuries and often include severe psychological distress such as depression, anxiety, post-traumatic stress disorder (PTSD), and long-term emotional dysregulation (Browne, Salomon, & Bassuk, 1999; Brush, 1989; Bunge & Locke, 2000; Campbell, 2002; Dillon et al., 2013; Straus, 2017). In addition to these psychological burdens, survivors often face serious disruptions to their occupational lives. Domestic violence has been shown to erode job stability and hinder critical cognitive and motivational processes such as self-efficacy and career expectations, thus impeding economic independence and long-term recovery (Browne et al., 1999; Chronister et al., 2012; Chronister & McWhirter, 2006; Davidson et al., 2012; Showalter, 2016).

From a public health perspective, domestic violence stands as one of the most costly and destructive health and social issues of our time. It transcends cultural, socioeconomic, and demographic boundaries—affecting people regardless of age, sexual orientation, ethnicity, educational attainment, or economic class (Showalter, 2016). The urgency of addressing this issue lies not only in alleviating the suffering of victims but also in tackling its pervasive impact on societal well-being, economic productivity, and intergenerational trauma.

Domestic violence is widely regarded as a critical issue that casts a shadow over marital relationships and family life. It is a phenomenon that no couple desires to encounter, and its mere possibility often shapes pre-marital decisions, particularly among women. Some women report feeling compelled to assess the temperament and potential for abusive behavior in their prospective spouses before entering marriage. Others attempt to preemptively communicate clear boundaries and expectations to their partners both before and after marriage in an effort to prevent domestic violence.

Despite these efforts, many women in Indonesia who experience domestic violence often find themselves trapped in silence and helplessness, feeling that there are no viable avenues for escape or resolution (Aisyah & Parker, 2014; Barnish, 2004). A significant contributing factor is the lack of assertiveness among victims. Instead of speaking out or seeking help, many survivors choose to conceal the abuse, sometimes enduring prolonged suffering that culminates in divorce (Khan, 2012). Assertiveness, the ability

to express one's needs, rights, and emotions openly and honestly, is often lacking in victims of domestic violence (Mahruliana et al., 2020). According to Lovihan and Kaunang (2010), individuals who are not assertive tend to be withdrawn and unable to articulate their desires. These individuals are frequently plagued by social anxiety and possess low self-esteem (DeVito, Clark, & Shimoni, 2001). Consequently, domestic violence becomes an ongoing and sometimes unending source of suffering.

What remains critically under-researched, however, is the specific role of assertiveness skills among female survivors of domestic violence. While extensive studies have explored the psychological and physical impacts of abuse (Boughima, Razine, Benyaich, & Mrabet, 2018; van der Put et al., 2019; Walby & Allen, 2004), little attention has been paid to how assertive behavior—or the lack thereof—may influence both the onset and continuation of such violence. This gap in research is particularly concerning given that assertiveness could serve not only as a protective factor but also as a potential therapeutic focus in recovery and prevention efforts.

To date, governmental and institutional responses to domestic violence in Indonesia have predominantly emphasized the documentation of reported cases and divorce rates among victims. While such data are valuable, they fail to capture the underlying psychological dynamics that contribute to the perpetuation of abuse. A shift in focus toward empowering women through assertiveness training could mark a significant step in addressing the root causes of domestic violence. By equipping women with the skills to assert themselves, set boundaries, and communicate effectively, it is plausible that the incidence of domestic violence could be reduced, or at the very least, its effects mitigated more constructively. This perspective calls for more nuanced and targeted research from psychology and counseling professionals, particularly studies that examine assertive behavior as both a preventive strategy and a rehabilitative tool for domestic violence survivors. It is through this lens that meaningful change may be achieved not only by responding to violence but by fostering the psychological resilience necessary to prevent it.

METHOD

Participants

This study involved 64 adult women who were indicated as victims of domestic violence in Banten Province, Indonesia. Participants were selected purposively based on reports from women's protection agencies, family counseling, and public health services that handle domestic violence cases. Inclusion criteria included: (1) women aged between 18 and 55 years, (2) having experienced physical, emotional, or psychological violence by a partner or other family member in the past 12 months, and (3) willing to undergo psychological assessment and fill out the research instrument.

Procedures

The research was conducted after obtaining indicative data on victims of domestic violence in Banten Province. Furthermore, the Assertive Behavior instrument was distributed online via Google Form to be filled in by respondents.

Measuring

The Assertive Behavior instrument used in this study is designed to measure the extent to which women who are victims of domestic violence are able to express their thoughts, feelings, and needs openly, honestly, and assertively without harming others. This instrument covers three main aspects: the expression of positive feelings, the expression of negative feelings, and self-affirmation. The expression of positive feelings reflects an individual's ability to convey happiness, affection, or appreciation directly to others. Meanwhile, the expression of negative feelings indicates the courage to communicate disagreement, discomfort, or

disappointment in a constructive manner. Self-affirmation refers to an individual's capacity to express opinions, refuse requests that conflict with personal values, and uphold their rights in social interactions.

The instrument consists of 28 statement items that are contextually designed to align with the experiences of domestic violence victims. Responses are measured using a five-point Likert scale with the options: always, often, sometimes, rarely, and never. This scale allows researchers to understand how frequently respondents exhibit assertive behaviors in daily situations. Prior to its main use, the instrument underwent content validity testing by experts in psychology and counseling, as well as a limited trial to ensure clarity, readability, and relevance of the items to the context of domestic violence victims.

Data Analysis

The data collected from the respondents were thoroughly analyzed using polytomous Rasch measurement, implemented through the WINSTEPS software version 5.50 (Linacre & Wright, 2000). This advanced statistical method allows for detailed examination of item functioning and respondent ability on an interval scale, which is particularly suited for analyzing instruments with multiple response categories, such as the Likert scale used in this study. The Rasch analysis provided insights into the reliability and validity of the assertive behavior instrument, as well as identifying the difficulty levels of individual items and the distribution of assertiveness levels among the participants.

RESULTS AND DISCUSSION
Results
To achieve the objectives of this study, the report is structured into two main stages: (1) evaluating the properties and quality of the assertiveness instrument specifically designed for victims of domestic violence, and (2) assessing the individual ability levels of each woman victim in responding to the instrument.
1.1. Assertive instrument quality test for victims of domestic violence
There are four aspects of testing carried out to evaluate assertive instruments for victims of domestic violence, namely (1) reliability and separation indices, (2) dimension testing, (3) item fit and misfit, and (4) instrument information function (Smith, 1995).

Table 1. Overview of the quality of the instrument's 28 items

Estimation	Values
Item Reliabilities	.92
Separation index of Item	3.37
Mean Item	0.00
Mean OUTFIT MNSQ	1.01
Raw Variance Explained by measures	23.9 %
Raw Variance Unexplained by measures	76.1 %

First, we evaluated the reliability of the assertiveness instrument designed for victims of domestic violence. According to the results shown in Table 1, the instrument demonstrated excellent reliability with a coefficient of .92. This was further confirmed by the separation index, which effectively categorized the items into three levels: high, medium, and low. Additionally, unidimensionality was assessed through Principal Component Analysis (PCA), revealing that the raw variance explained was 23.9%, surpassing the minimum criterion of 20% (Smith, 1995). This indicates that the instrument's items adequately fulfill the requirement of measuring a single underlying construct—assertiveness among victims of domestic violence. Next, item fit was examined by comparing each item's Outfit Mean Square (MNSQ) value against the average Outfit MNSQ threshold of +1.01 logits (Smith, 1995). The analysis showed that all 28 items fit well, with no misfitting items detected, demonstrating that the instrument's items reliably measure assertiveness for this population.

Finally, the amount of information provided by the instrument was evaluated and is illustrated in Figures 1 and 2.
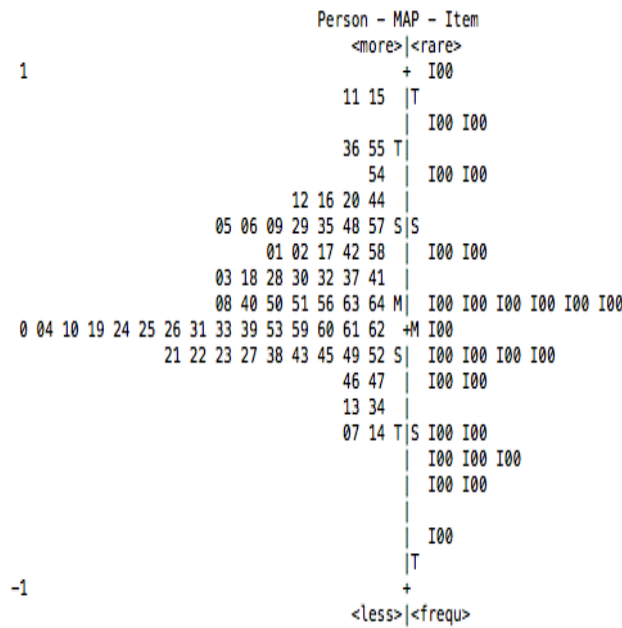
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Figure 1. Instrument information

Figure 1 shows two sections: the left side represents the persons, while the right side represents the items. The right section illustrates that the assertiveness instrument for victims of domestic violence effectively captures information across a wide range, from the lowest to the highest levels, indicating that the items are well-distributed from the most difficult to the easiest. Meanwhile, the left section displays the distribution of persons' responses to the instrument. In other words, this instrument is suitable for use with women exhibiting low, moderate, high, and very high levels of assertiveness. Additionally, Figure 2 presents an overview of the rating scale used in the assertiveness instrument for victims of domestic violence.
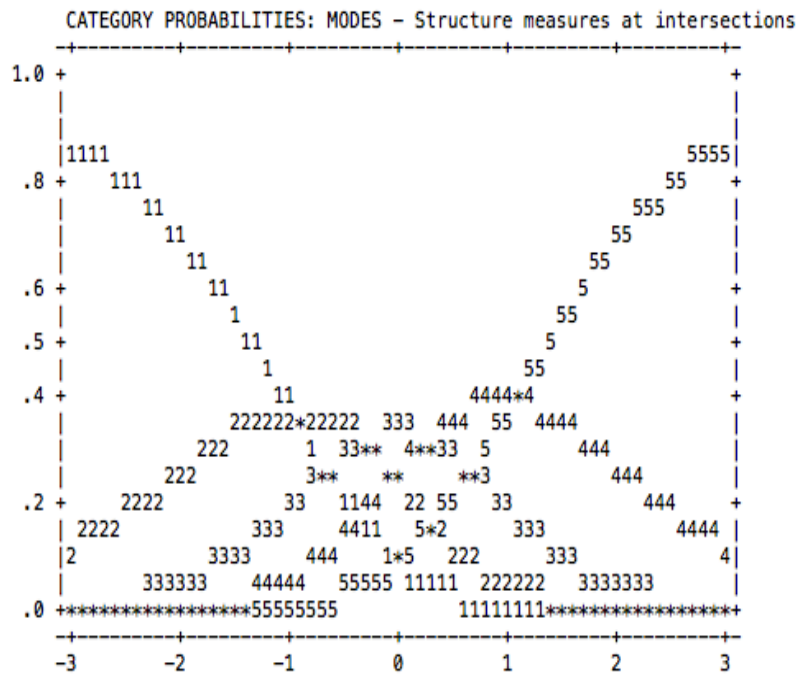
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Figure 2. Probability of victim answers on each choice answer

Figure 2 illustrates that the response options—always, often, sometimes, rarely, and never—are easily understood by the respondents. This is evident from the well-distributed probabilities across each category (1, 2, 3, 4, and 5), indicating that the response thresholds in the instrument are clear and accessible to all participants.

1.2. Performance Realization of Women Victims of Domestic Violence on the Instrument Based on Rasch Fit Statistics

The ability of women who have experienced domestic violence to complete the assertiveness instrument can be assessed using two key criteria: (1) individual ability measures and (2) individual fit statistics. Individual ability measures reflect the level of assertiveness demonstrated by each respondent, indicating how well they can assert themselves in their interpersonal relationships, particularly with their partners. On the other hand, individual fit statistics evaluate how consistently each respondent's answers align with the expectations of the measurement model, helping to identify responses that are atypical or deviate significantly from the pattern, often referred to as outliers.

Together, these two aspects provide a comprehensive understanding of the respondents' assertiveness profiles. Individual ability measures allow researchers to categorize participants based on their assertive behavior levels, distinguishing those who show strong assertiveness from those who may struggle to express their needs or feelings. Meanwhile, analyzing individual fit helps ensure the validity of the data by pinpointing respondents whose answers may be unreliable or inconsistent, which could be due to misunderstanding items, random responding, or other factors. By combining these evaluations, the study can accurately identify which women are assertive in their relationships and which may require targeted interventions or additional support. This dual approach is essential for tailoring counseling or social services to better address the psychological and behavioral needs of domestic violence victims, ultimately aiming to empower them to assert themselves more effectively and improve their overall well-being.

Table 2. Summarizes Rasch fit statistics for 64 respondents.

Estimation	Values
Person Reliabilities	.53
Separation Index of Person	1.05
Mean Person	.15
Mean OUFIT MNSQ	1.01
Cronbach alpha (KR-20) person raw score "instrument"	57.0 %

Based on Table 2, it is acknowledged that, in principle, all domestic violence victims possess knowledge of assertive behavior, as indicated by the Mean Person Measure value (.15 logit > 0.00 logit). However, the consistency of their responses on the assertiveness instrument is moderate (.53). Additionally, the interaction between individuals and items ($\alpha = 0.57$) suggests poor respondent-item interaction. Furthermore, some respondents provided answers that do not reflect their true conditions. This is shown by the moderate reliability and poor person-item interaction values. Although the assertiveness instrument is well-designed, some respondents appeared to answer carelessly, likely due to psychological discomfort or fear of their spouses. The study identified 16 out of 64 respondents as misfitting, meaning their responses deviated significantly (OUTFIT MNSQ > 1.48 or < 0.5 logit). These 16 respondents are listed in Table 3.

Table 3. Misfit Person

Kode Responden	OUTFIT MNSQ	Kode Responden	OUTFIT MNSQ
03	2.68	43	1.81

Kode Responden	OUTFIT MNSQ	Kode Responden	OUTFIT MNSQ
37	2.28	60	1.63
04	2.15	31	.47
51	2.13	56	.38
16	2.13	33	.36
50	2.12	01	.27
45	1.99	02	.27
29	1.87	28	.27

Table 3 shows that respondent code 03 (+2.68 logit) gave the most inconsistent answers among the 64 respondents. Overall, there are 16 respondents who completed the instrument less seriously compared to the others.

Discussion

The findings of this study represent a crucial initial step in the development and psychometric evaluation of a novel instrument designed to measure assertiveness levels among women who are victims of domestic violence a measurement tool currently absent in existing literature and practice. The instrument demonstrated excellent internal consistency reliability, as evidenced by a high Cronbach's alpha, alongside a strong separation index, indicating that the distribution of items effectively captures the varying degrees of assertiveness among this population. Notably, the rating scale structure of the instrument was well-received, with respondents showing clear understanding and confidence in selecting their answers, which confirms the appropriateness and clarity of the response categories. Despite this, a subset of 16 respondents exhibited less consistent or less serious responses, potentially attributable to the psychological distress and discomfort they experienced due to their ongoing abusive relationships, particularly feelings of fear and intimidation stemming from interactions with their spouses.

These psychological factors are critical considerations, as they may affect the validity of self-reported data in vulnerable populations such as victims of domestic violence. The presence of psychological distress often undermines an individual's ability to engage fully and accurately with assessment instruments, which may manifest in response inconsistencies or missing data. Therefore, future applications of this instrument should incorporate measures to address and mitigate the influence of psychological states on response quality, such as providing supportive environments during data collection or integrating mixed-method approaches to complement quantitative findings.

The analysis further revealed that the overall level of assertiveness among the female victims in this sample was predominantly low. This low assertiveness is significant as it appears to correlate strongly with the perpetuation of domestic violence within these households. The findings align with existing theoretical and empirical frameworks that highlight how deficient assertive behavior in women may facilitate the continuation of abusive dynamics. Specifically, low assertiveness may reflect a tendency among victims to prioritize the desires and satisfaction of their partners at the expense of their own needs and rights, thereby contributing to a cycle of submission and victimization.

This interpretation is supported by Kumaladewi and Uyun (2010), who found a positive correlation between assertive behavior and marital satisfaction: higher levels of assertiveness correspond with greater marital satisfaction, whereas lower assertiveness predicts decreased satisfaction. These dynamics are echoed in the research of Wardani, Keliat, and Nuraini (2012), who emphasize that the ability of wives to assert themselves effectively can serve as a protective factor against domestic violence, potentially disrupting abusive patterns within intimate relationships.

Moreover, the role of communication skills as a core component of assertiveness is highlighted by Kollar et al. (2016), who argue that proficient communication fosters assertive interactions in intimate contexts, thereby reducing the likelihood of aggressive behaviors. Their findings illustrate cultural variations in communication styles, noting that American women with assertive communication skills more freely express their desires during sexual encounters compared to Indonesian women, who may lack such skills and are consequently more prone to disruptive or aggressive interactions with their partners. Taken together, these findings underscore the critical importance of developing interventions aimed at enhancing assertiveness and communication skills among women at risk of or experiencing domestic violence. Such interventions not only empower victims to express their needs and boundaries more effectively but may also contribute to reducing the incidence and severity of domestic violence by promoting healthier, more balanced interpersonal dynamics. Future research should focus on longitudinal designs to examine causal relationships and intervention efficacy, as well as explore cultural nuances influencing assertiveness and victimization in diverse populations.

Conclusion

The results of the study showed that this assertive behavior instrument is valid and reliable for measuring the assertiveness of women victims of domestic violence at various levels of ability. These findings provide important insights for practitioners, such as counselors, psychologists, and social workers, to set service priorities and design more effective intervention approaches. This study also reinforces the importance of a psychometric approach in developing instruments that are sensitive to the context of gender-based violence.

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