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Resilience in the Face of Domestic Violence: Links to Self-Compassion and Anger Expressions in Turkish Women Seeking Legal Help

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ABSTRACT

Objective: This methodological study aimed to investigate the relation of resilience to anger expressions, trait anger, and self-compassion in 170 Turkish women who experienced domestic violence and sought legal help.

Method: The study had a descriptive and cross-sectional design. Data was collected using self-report measures.

Results: The perpetrator of domestic violence was the husband in 33.5% of the cases. It was found that 18.8% of the women got married before the age of 18. The participants had relatively high resilience scores. Results of the hierarchical multiple regression analysis showed that higher self-compassion, anger control, and trait anger were significant predictors of resilience, explaining %36.8 of the total variance.

Conclusions: According to the results, secondary prevention programs aimed at cultivating self-compassion and anger control carry the potential to promote resilience in women at risk for domestic violence.

Key words: resilience, self-compassion, anger, domestic violence, interpersonal violence

ÖZ

Hukuki Yardım Arayan Türk Kadınlarda Aile İçi Şiddet Karşısında Gösterilen Dayanıklılığın Öz-Duyarlılık ve Öfke İfadeleriyle İlişkisi

Amaç: Bu metodolojik çalışma aile içi şiddete maruz kalan ve bununla ilgili hukuki yardım arayan 170 Türk kadınında psikolojik dayanıklılığın öfke ifade biçimleri, sürekli öfke ve öz-duyarlılık ile ilişkilerini incelemeyi amaçlamıştır.

Yöntem: Çalışma deseni betimleyici ve kesitseldir. Veriler öz-bildirim araçları kullanılarak toplanmıştır.

Bulgular: Katılımcıların %33,5'inde aile içi şiddeti uygulayan kişinin koca olduğu bulunmuştur. Katılımcıların %18,8'i 18 yaşından önce evlenmiştir. Katılımcıların psikolojik dayanıklılık puanları göreli olarak yüksek bulunmuştur. Hiyerarşik çoklu regresyon analizi sonucunda yüksek öz-duyarlılığın, öfke kontrolünün ve sürekli öfkenin psikolojik sağlamlığı anlamlı düzeyde yordadığı ve varyansın %36,8'ini açıkladığı görülmüştür.

Sonuçlar: Bulgulardan hareketle öz-duyarlılığı ve öfke kontrolünü arttıran ikincil önleme programlarının aile içi şiddet açısından risk altındaki kadınlarda psikolojik dayanıklılığı artırma potansiyeli taşıdığı düşünülmektedir.

Anahtar kelimeler: psikolojik dayanıklılık, öz-duyarlılık, öfke, aile içi şiddet, kişilerarası şiddet

INTRODUCTION

Domestic violence (DV) refers to a pattern of abusive behaviors including physical, psychological, and sexual maltreatment used by one person in an intimate relationship against another to gain power unfairly or maintain that person's misuse of power, control, and authority.[1] DV is mostly inflicted upon women by male partners.[2] Throughout the world, 35% of women experience DV across the life span.[3] Similarly, in Turkey, the rate of women experiencing DV was reported to be 35%.[4] DV against women is not only a major global public health problem but also a social issue and a human rights violation.[5-8]

In a study conducted with a nationally representative sample, it was reported that Turkish women mostly experienced emotional violence (44%) followed by physical (36%) and sexual violence (12%), all of which were mostly inflicted by husbands/male partners.[9] In Turkey, the perpetrator of violence is the husband in the majority of cases.[10] Another study found that physical violence is two-fold more common in the east part of Turkey.[11] It was determined that half of women who got married before turning 18 and three-fourths of divorced/separated women experienced physical and/or sexual violence, indicating that violence continued to occur even after divorce.[9] Another finding was that only 11% of the survivors sought help from authorities.[9]

Resilience is a multi-determined dynamic system which can be defined as returning to a stable trajectory of healthy functioning following a potentially traumatic event such as DV.[12,13] The current study adopted a resilience framework for examining the aftermath of DV rather than a psychopathology approach because resilience is more than the mere absence of psychopathology and resilient responses and mental health problems can co-exist.[13,14] The psychopathology approach focuses on mental health problems which lead to stigmatization, self-imposed isolation, and self-blame and thus, lacks to tell us how women transform their struggle with DV and develop resilient outcomes.[15,16]

The ecological model of trauma provides criteria definitive of resilience in various domains including self-esteem, coping, meaning making, and affect tolerance and regulation.[14,17] Other researchers stated that DV can lead to impairments in the capacity for discrete emotions, anger regulation, and self-perceptions.[18,19] Self-compassion is an aspect of self-perceptions and corresponds to approaching one's self in a compassionate manner rather than harsh criticism, being mindful toward negative emotions without over-identifying with them, and seeing one's experiences as a natural part of being human rather than separating and isolating.[20,21] Neff and McGehee suggested that self-compassionate people are able to offer kindness and understanding towards themselves when suffering occurs through no fault of one's own.[22] Thus, self-compassion is highly relevant to the experience of DV. Indeed, previous studies reported that self-compassion is associated with resilience.[23-28] However none of these studies were conducted with survivors of DV.

Anger control may promote resilience in survivors of DV since affect regulation is important for resilient outcomes.[29] Indeed, it was found that resilience is strongly linked to less anger.[30] Empirical studies also indicated that survivors of interpersonal trauma experienced difficulty in expressing and regulating anger.[19] Similarly, in her ecological model, Harvey argued that the tolerance for and regulation of negative affect (such as anger) were among the hallmarks of resilience.[17]

Drawing insights from Bonanno's research on resilience and the ecological model of trauma and resiliency, the current study focused on individual resiliency among survivors of DV and addressed affective and self-related variables associated with resilience in order to replicate and extent previous studies and systemic models.[14,17,31,32] It was aimed to test a preliminary model where anger expressions, trait anger, and self-compassion were predictive of resilient outcomes.[17,31,32] It was hypothesized that higher self-compassion and anger control and lower trait anger, anger-in, and anger-out will predict resilience.

METHOD

Participants

A total of 170 women who sought advice on DV from private attorneys in Istanbul, Turkey were recruited through convenience sampling since DV survivors constitute a special population that is difficult to reach. Minimum sample size was determined by the formula 104 + k,[33] where k is the number of predictor variables and there were five predictors (self-compassion, anger-in, anger-out, anger control, and trait anger) in our regression model. Inclusion criteria for the sample included being aged between 18-60 years, formerly being exposed to DV, and volunteering to participate in the study. A total of 14 private attorneys were reached through snowball sampling. They were personally contacted in confidentiality and were asked to refer clients who met the inclusion criteria for data collection. Of the 184 women who were invited to participate in the study, 170 agreed to fill out the instruments. Confidentiality of the participants was of high importance. Oral informed consent of all participants was taken prior to data collection. Participants who met the inclusion criteria completed the self-report questionnaires at the attorneys' offices.

Instruments

Demographic Information Form: This form was prepared by the researcher and included questions about age, age at marriage, educational level, marital status, number of children, work experience, monthly income, status of receiving psychiatric treatment, and who the abuser was (husband/partner, relatives, both the spouse and relatives).

Resilience Scale for Adults (RSA): The RSA is a 33-item 5-point Likert type measure developed for evaluating intrapersonal and interpersonal resources that may promote adaptation to adversity. The RSA contains six factors: (1) "Perception of self" refers to confidence in one's abilities and judgments and self-efficacy; (2) "Perception of future" corresponds to the ability to plan ahead and goal-orientation; (3) "Social competence" measures levels of social warmth and flexibility, ability to establish social relationships, and use of humor; (4) "Structured style" refers to planning before engaging in activities, following routines and being organized; (5) "Family cohesion" evaluates shared family values, whether one enjoys spending time with the family, and family support; and (6) "Social resources" measure the availability and level of social support outside the family.[34] A total resilience score can also be calculated. The Turkish validity and reliability study of the RSA was conducted by Basım and Çetin (2011).[35] In the present study, it was found that the Cronbach alpha coefficients for the perception of self, perception of future, structured style, social competence, family cohesion, and social resources subscales and the total scale were .71, .72, .62, .74, .81, .71, and .90; respectively.

Self-Compassion Scale Short Form (SCS-S): This is a 12-item 5-point Likert type scale developed for assessing self-compassion. Psychometric properties of the original scale were reported to be satisfactory.[36] The Turkish validity and reliability study of the SCS-S was conducted by Gedik.[37] A total self-compassion score can be calculated and higher scores indicate higher self-compassion. In the present study, it was found that the Cronbach alpha coefficient for the total scale was .74.

The State-Trait Anger Expression Inventory (STAXI): The STAXI is a 4-point Likert type scale (1 = not at all, 4 = totally) developed

for evaluating the experience and expression of anger.[38] The Turkish adaptation of the STAXI was conducted by Ozer, who investigated the psychometric properties of the trait anger (the disposition to experience anger), anger-in, anger-out, and anger control subscales.[39] In the current study, the 34-item Turkish version, which included these 4 subscales, was used. It was found that the Cronbach alpha coefficients for the trait anger, anger-out, anger-in, and anger control subscales were .84, .78, .60, and .83; respectively.

Table 1. Demographic Characteristics

Variable	Mean (SD)	Frequency (%)
Age in years (range: 18-60)	37.67 (11.08)	
Age at marriage (range: 10-42)	20.35 (3.95)	
Number of children (range: 0-9)	2.41 (1.88)	
Monthly income in Turkish Liras (range: 0-15000)	922.18 (1545.24)	
Educational level		
Less than high school		100 (58.8%)
High school		33 (19.4%)
Bachelor's Degree		37 (21.8%)
Marital status		
Married		94 (55.3%)
Divorced		58 (34.1%)
Separated		10 (5.9%)
Widowed		8 (4.7%)
Employment		
Previously employed		80 (47.1%)
Never employed		90 (52.9%)
Psychiatric treatment		
Received		53 (31.2%)
Did not receive		117 (68.8%)
Perpetrator of violence		
Spouse/partner		57 (33.5%)
Relatives		54 (31.8%)
Both		42 (24.7%)
Not specified		17 (10.0%)

Procedure

In the study, the World Medical Association's Declaration of Helsinki Ethical Principles was taken into account. The sample consisted of women seeking advice on DV from attorneys and to our knowledge, they were not being routinely followed up at healthcare institutions by mental health professionals. Therefore, detailed questioning on the experience of violence or posttraumatic stress symptoms were avoided considering that such questions can trigger or worsen psychological distress among the participants.

Ethical approval for the study was obtained from the Izmir Katip Celebi University Board of Ethics. Data was collected between February 15th and May 30th in 2017. In order to ensure confidentiality of the participants, who may be under risk to life by their abusers, oral informed consent was taken from the participants. Participation in the study was voluntary. The pencil-and-paper instruments were individually filled out by the participants. The questions were read to illiterate participants and their responses were recorded.

Statistical analysis

Data was analyzed using the IBM SPSS 23.0 software. Normality was evaluated in terms of skewness and kurtosis values. For statistical analysis, descriptive statistics, Pearson correlations, and multiple hierarchical linear regression analysis were used. Level of statistical significance was set at $p < .05$ (two-tailed).

RESULTS

Descriptive statistics

Descriptive characteristics of the participants (N = 170) were presented in Table 1. Mean age of the participants was 37.67 years, while mean age at marriage was 20.35 years. Among the participants, 18.8% (N = 32) got married before the age of 18, 55.3% (N = 94) were still married, 81.2% (N = 138) had children, 52.9% (N = 90) had no previous history of employment, 48.8% (N = 83) had no income, and 58.8% (N = 100) did not complete high school. It was found that only 31.2% (N = 53) received psychiatric treatment. Finally, the perpetrator of DV was the spouse/partner in 33.5% (N = 57) of the cases.

According to RSA scores, participants exhibited relatively high levels of resilience (M = 121.15, range = 33-165). Mean scores of the six subscales were 22.61 for perception of self (range = 6-30), 13.80 for perception of the future (range = 4-20), 21.87 for social competence (range = 6-30), 15.44 for structured style (range = 4-20), 21.19 for family cohesion (range = 6-30), and 26.22 for social resources (range = 7-35). Participants obtained high mean scores on three individual items of the RSA. Item 11 of the family cohesion subscale ("I have a very good time with my family") (M = 4.10) and Item 21 of the structured style subscale ("Rules and routine habits make my daily life easier") (M = 4.10) had the highest mean scores, followed by Item 33 of the social resources subscale ("I have some close friends/family members who appreciate my qualities") (M = 4.02). The lowest rated item on the RSA was Item 5 of the family cohesion subscale ("In my family, we agree on what is important in life") (M = 2.83).

In order to evaluate normality, the skewness and kurtosis values of scale scores were calculated. The skewness values pertaining to the total RSA, total self-compassion, trait anger, anger-in, anger-out, and anger control scores were respectively -.39, -.08, .72, .70, 1.16, and -.16. The kurtosis values pertaining to the total RSA, total self-

Table 2. Bivariate Correlations, Means, and Standard Deviations among Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12	M	SD
1. S	1	-.25**	-.24**	-.18*	.48**	.47**	.47**	.33**	.32**	.37**	.32**	.51**	39.62	7.88
2. TA		1	.67**	.40**	-.33**	.06	.08	.12	.18*	.06	.07	.13	21.34	6.08
3. AO			1	.35**	-.44**	-.005	-.06	-.04	.08	-.10	.01	-.02	15.22	4.48
4. AI				1	-.07	.06	.005	-.06	-.06	-.01	.01	-.01	17.57	4.02
5. AC					1	.29**	.29**	.22**	.18*	.27**	.21**	.33**	22.96	4.82
6. PS						1	.67**	.52**	.47**	.34**	.51**	.76**	22.61	4.47
7. PF							1	.67**	.35**	.44**	.48**	.76**	13.80	3.50
8. SS								1	.28**	.43**	.40**	.69**	15.44	3.27
9. SC									1	.33**	.47**	.67**	21.87	5.22
10. FC										1	.65**	.75**	21.19	5.82
11. SR											1	.82**	26.22	5.36
12. Res												1	121.15	20.63

S = Self-compassion, TA = Trait anger, AO = Anger-out, AI = Anger-in, AC = Anger control, PS = Perception of self, PF = Perception of future, SS = Structured style, SC = Social competence, FC = Family cohesion, SR = Social resources, Res = Total resilience score.

Note. N = 170.

* $p < .05$, ** $p < .01$

compassion, trait anger, anger-in, anger-out, and anger control scores were respectively .23, -.25, .27, .86, 1.42, and -.18. All skewness and kurtosis values were found to be within normal range.

Bivariate correlations

The associations between study variables were analyzed using Pearson correlation. Bivariate correlations between total and subscale scores of the RSA, self-compassion, trait anger, and anger expressions (anger-in, anger-out, and anger control) were presented in Table 2. Total resilience was positively and significantly related to self-compassion ($r = .51$, $p < .01$) and anger control ($r = .33$, $p < .01$).

Hierarchical multiple regression analysis

A hierarchical multiple regression analysis was conducted for determining the predictors of resilience. Accordingly, a multiple regression model where self-compassion, trait anger, and anger expressions were predictor variables of the criterion, resilience, was tested. Potential demographic confounders, namely age, income, and educational level were controlled by conducting a hierarchical regression. All predictor variables were tested for multicollinearity and it was found that the predictors were not significantly intercorrelated (all VIF < 2.14). Age, income, and educational level were entered in the first step of analysis as control variables. Self-compassion, trait anger, anger-in, anger-out, and anger control were entered in Step 2. The final model explained 36.8% of the variance in resilience ($F (8,161) = 11.72$, $p < .001$). It was found that higher self-compassion ($\beta = .49$, $t = 6.60$, $p < .001$), higher trait anger ($\beta = .39$, $t = 4.35$, $p < .001$), and higher anger control ($\beta = .18$, $t = 2.26$, $p < .05$) significantly predicted resilient outcomes (Table 3), while anger-in and anger-out were not significant predictors.

Table 3. Results of the Hierarchical Multiple Regression Analysis for Predicting Resilience

	R^2	ΔR^2	ΔF	β (Step 1)	β (Step 2)
Step 1	.017	.017	.933		
Age				.117	.050
Educational level				-.034	-.042
Income				-.079	.057
Step 2	.368	.351	17.90		
Self-compassion					.499**
Trait anger					.396**
Anger control					.181*
Anger-in					-.044
Anger-out					-.081

Note. N = 170.
* p < .05, ** p < .001.

DISCUSSION

Women who experience DV suffer from various physical and mental problems, however they also show significant strengths and the courage to leave the abusive relationship.[40] The current study focused on resilience rather than on the risk for poor mental health outcomes following DV. This resilience framework is beneficial in terms of developing empowering psychosocial treatments for survivors of DV. In this regard, the current study explored the associations between resilience, self-compassion, and anger among women seeking legal help.

The current study showed that women who experienced DV and sought legal assistance exhibited resilient outcomes. Accordingly, it can be assumed that the women received support from both within and outside the family of origin and they were able to access internal and external resources in order for them to take action to end DV. However, we cannot generalize these findings to women who could not seek legal help. Results of the study are thus limited to women who are able to seek legal help. These women are definitely expected to be more resilient.

When the STAXI scores of the women were investigated, it was observed that the mean trait anger, anger-in, anger-out, and anger control scores were similar to those reported by Özer, who administered the STAXI to college students and community adults.[39] The women did not exhibit lowered capacity for anger or maladaptive anger expressions compared to the general population. This finding is contrary to the expectations derived from the literature, which suggested that DV survivors might have lower anger control and higher anger-in.[41,42] This inconsistency can be explained by the fact that the participants have already taken action to stop DV, which can be interpreted as an indicator of better adjustment and functional affective regulation regarding anger.

Negative significant correlations were found between self-compassion and trait anger, anger-out, and anger-in while anger control was significantly and positively associated with self-compassion. These findings are in line with previous studies suggesting that apart from being a healthy of viewing one's self, self-compassion also functions as an emotion regulation mechanism,[25,28] which in turn provided support for our model of resilience where affective and self-related constructs together were associated with resilient outcomes.

In the current study, it was determined that resilience was significantly predicted by self-compassion, trait anger, and anger control. The association between resilience and self-compassion can be explained by the fact that self-compassion provides a buffer against feelings of shame and guilt resulting from DV. Decreasing self-blame among survivors of DV is critical in the feminist empowerment practice.[43,44] Self-compassionate women may better cope with negative emotions triggered by DV through evoking self-kindness and mindfulness. They may also regard stressful events within a wider perspective of common humanity, which enhances the sense of relatedness and reduces feelings of isolation and victimization. In line with this, it was reported that people high in self-compassion positively responded to negative events.[45] Other researchers also reported similar results.[22,23,27,28] However our findings are based on cross-sectional data, therefore it is not possible to establish causal links between resilience and self-compassion.

It was found that trait anger and anger control were also predictive of resilience. Women with higher anger control were more resilient. Previous research also reported that successful emotion regulation is crucial for resilience.[17,19,29] Successful anger regulation contributes to higher resilience through reaching a balanced affective state.[30,46,47] On the other hand, our hypothesis that trait anger will be negatively associated with resilience was not supported and an exact opposite relationship was observed in the sample. This finding may seem to be counterintuitive from a clinical perspective. However, from a feminist perspective, trait anger experienced along with appropriate anger control could be a driving force for survivors to stop DV, provided that trait anger is not at excessive levels.

To our knowledge, this is the first study to examine the relationship of resilience to self-compassion, trait anger, and anger expressions in female DV survivors seeking legal help. It is thought that results of this study contributed to the relevant literature as well as providing insights for mental health professionals on how women can achieve resilient outcomes in the aftermath of DV.

The main limitations of the current study were the sample characteristics and the cross-sectional design. The participants were recruited through convenience sampling and consisted of female DV survivors seeking legal advice. This constituted a significant bias. Findings of the

current study cannot be generalized to women who continue to experience violence or who could not seek legal help. Future studies can compare these two groups in terms of resilient outcomes and associated factors. Also, longitudinal studies are needed in order to determine causal links between resilience, self-compassion, and anger. Another limitation was that data was collected using self-report measures.

Conclusion

This exploratory study examined the process of resilience among women who experienced DV. Resilience was predicted by higher self-compassion, anger control, and trait anger. Self-compassion or mindfulness exercises and anger management steps are thus recommended to be integrated into psychosocial treatments delivered to survivors of DV. Also, it is thought that secondary prevention programs aimed at cultivating self-compassion and anger control carry the potential to promote resilience in women at risk for DV.

Resilience building programs may increase stigma attached to mental health problems experienced after DV, where the absence of resilient outcomes may be perceived as the person's failure to benefit from the program.[13] In this aspect, integration of self-compassion exercises to treatment programs would offer women alternative explanations ("The lack of social support from my community makes it harder for me to take action" or "Everyone have their own pace; I will not give up and give myself some more time to benefit from this program"). Such a positive stance would reduce self-blame.

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