Impact of Violence Exposure on Resilience, Emotional Regulation, and Life Satisfaction in Women

Kadınlarda Şiddete Maruz Kalmanın Psikolojik Dayanıklılık, Bilişsel Duygu Düzenleme ve Yaşam Doyumu Üzerindeki Etkisi

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ABSTRACT

The purpose of this study is to examine the relationship between psychological resilience, cognitive emotion regulation, and life satisfaction variables of women who have and have not been exposed to violence. The sample of the study consists of 411 women between the ages of 18-60 living in Turkey, with at least a literacy level. Sociodemographic data of all participants were collected. The Resilience Scale for Adults (RSA), Cognitive Emotion Regulation Questionnaire (CERQ), and Satisfaction with Life Scale (SWLS) were used to compare the psychological resilience, cognitive emotion regulation, and life satisfaction scores of women who were exposed to violence and those who were not. The scores of the women who were exposed to violence from the Resilience Scale for Adults and the sub-dimension of family adjustment in the scale were lower than those who were not exposed to violence. Moreover, women exposed to violence demonstrated higher scores in cognitive emotion regulation sub-dimensions, such as self-blame, rumination, catastrophizing, and blaming others, while scoring lower in positive reappraisal. The Satisfaction with Life Scale scores of the women exposed to violence are significantly lower than the women who are not exposed to violence. It is important to define the sociodemographic characteristics of women who have been subjected to violence, the characteristics of the violence they have experienced, the risk factors, and the protective factors against violence.

Keywords: Violence against women, psychological resilience, emotional regulation, life satisfaction

ÖZ

Bu çalışmada, şiddet gören ve görmeyen kadınların psikolojik dayanıklılık, bilişsel duygu düzenleme ve yaşam doyumu değişkenleri arasındaki ilişkinin incelenmesi amaçlanmıştır. Çalışmanın örneklemi, Türkiye'de yaşayan 18-60 yaş arası en az okur-yazarlık seviyesinde olan 411 kadından oluşmaktadır. Çalışmaya katılan tüm kadınların sosyodemografik verileri toplanmıştır. Şiddet gören ve görmeyen kadınların psikolojik dayanıklılık, bilişsel duygu düzenleme ve yaşam doyumu puanlarını karşılaştırmak için Yetişkinler İçin Psikolojik Dayanıklılık Ölçeği (YPDÖ), Bilişsel Duygu Düzenleme Ölçeği (BDDÖ) ve Yaşam Doyumu Ölçeği'nden (YDÖ) yararlanılmıştır. Şiddet gören kadınların Yetişkinler için Psikolojik Dayanıklılık Ölçeği genelinden ve ölçekte yer alan aile uyumu alt boyutundan aldıkları puanların şiddet görmeyenlere göre daha düşük olduğu görülmüştür. Şiddet gören kadınların kendini suçlama, düşünceye odaklanma, yıkım ve diğerlerini suçlama alt boyutundan aldıkları puanlar şiddet görmeyenlere göre yüksek, pozitif yeniden gözden geçirme alt boyutu puanları ise düşük bulunmuştur. Şiddet gören kadınların Yaşam Doyumu Ölçeği puanları ise, şiddet görmeyen kadınlara göre anlamlı düzeyde düşüktür. Şiddet gören kadınların sosyodemografik özelliklerinin, gördükleri şiddete ait özelliklerin, şiddete karşı risk faktörlerinin ve koruyucu faktörlerin tanımlanması önemlidir.

Anahtar sözcükler: Kadına yönelik şiddet, psikolojik dayanıklılık, duygu düzenleme, yaşam doyumu

Introduction

Violence is a phenomenon that has always been part of society from the beginning of humanity to the present day in various forms worldwide. More than a million people die from violence annually (Krug 2002). Yves Michaud (1991), a French philosopher, defines violence as the behaviours by individuals or groups that harm the moral-ethical, bodily integrity, property, symbolic, and cultural values of individuals or groups. While violence has the potential to impact individuals of any gender, it is women who experience the greatest burden from its consequences. (Taşdemir Afşar 2015). Violence against women is a major public health problem

worldwide and a violation of human rights (Krantz and Garcia-Moreno 2005, Ellsberg et al. 2008, Vachher and Sharma 2010, Kumar et al. 2013). According to the United Nations (1993) violence against women encompasses "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". These acts of violence are significant risk factors that affect the physical and mental health of women (Krantz and Garcia-Moreno 2005, Babu and Kar 2009). Studies have constantly revealed that a substantial proportion of women have experienced physical or sexual violence by their close partners at some point (Garcia-Moreno et al. 2005). Furthermore, it has been found that women who have been exposed to intimate partner violence experience more emotional distress symptoms, have suicidal thoughts, and make suicide attempts 3-8 times more often than those not subjected to violence (Fanslow and Robinson 2004).

Resilience is a psychosocial process in which people who are continually exposed to challenges and potentially traumatic events develop psychological adaptations over time (Graber et al. 2015). Bozyel (2019) examined the psychological resilience levels of married women according to whether they had experienced violence or not. The findings revealed that the mean scores of the dedication and control subscales of the psychological resilience scale were higher in women who had not experienced violence than in women who had. Another study explored the psychological resilience levels of women exposed to violence residing either in a women's shelter or with their spouses. It was found that the resilience total mean scores of the participants living in a women's shelter were statistically significantly higher than those of the participants living with their spouses (Gökmen, 2009). Other studies have also found that women who have encountered physical, emotional, sexual, or domestic violence exhibit lower levels of psychological resilience compared to women who have not experienced such violence (Arabacı et al. 2018, Tsirigotis and Luczak 2018). Since violence prevents women from effectively managing difficulties and crises by preventing them from taking precautionary measures, it negatively affects the process of developing resilience (Masson et al. 2019). In addition, factors such as ignoring emotions, underestimating the impact of violence, and trying to justify the perpetrator negatively impact this process (Crawford et al. 2009). However, it has been found that factors such as society, state, family, spirituality, sense of humor, and social support play a facilitative role in resilience development (Davis 2002, Gopal and Nunlall 2017). In a study by Ataş (2015) on coping methods of women exposed to violence, it was found that women with high psychological resilience seek more institutional support. Thus, resilience is vital in enhancing and reducing mental health problems in women exposed to violence (Sánchez and Lopez-Zafra 2019).

Cognitive emotion regulation is a process that helps people when encountering certain emotions, moods, or emotionally charged situations. It influences how easily people can disengage from a particular emotional state (Koole 2009). Difficulties in emotion regulation have a negative impact on people's mental health, happiness level, and life satisfaction (Saxena 2009). One study found that women who are in a romantic relationship and have low skills in regulating their emotions are more likely to be exposed to moderate violence in their relationships (Kayha and Taskale 2019). Walsh et al. (2011) conducted a study which found that women who have experienced both childhood and adult abuse tend to score significantly higher in measures of not accepting emotions, difficulty in controlling impulses, and lack of emotional clarity and awareness than women who have suffered either from child or adult abuse. A study conducted by Orozco-Vargas et al. (2021), on the other hand, found that women subjected to intimate partner violence have significantly higher scores in rumination on the emotion regulation scale. They also found that women who have experienced domestic violence tend to have significantly lower scores in the ability to refocus on planning. Women exposed to violence have difficulties in reaching the right emotion regulation strategies, accepting and regulating their negative emotions (Walsh et al. 2011).

Life satisfaction refers to the process of reaching certain judgments by forming cognitive evaluations about one's own life (Diener 2009). These judgments are shaped by various factors including satisfaction in certain areas of one's life, individual differences, and cultural norms (Pavot and Diener 2008). It is important to note that violence against women is another significant factor that can impact life satisfaction. Studies have shown that women who have been exposed to physical, sexual, domestic, and intimate partner violence experience decreased life satisfaction, damage to their mental health, and a lack of emotional support (Choudhary et al. 2008, Gokdemir and Tahsin 2014, Hui and Constantino 2021, Jayasinghe et al. 2021). Moreover, women who were exposed to violence report lower life satisfaction than women who were not in parts of their lives such as work, home, love and family (Oosthuizen and Wissing 2005). In a study by Coker et al. (2000) involving adolescents, it was found that women who had experienced severe dating violence and forced sexual abuse had poor physical and mental health, low life satisfaction, and negative behaviors such as suicide attempts.

Based on the summarized literature, no study has been found that examines resilience, cognitive emotion regulation, and life satisfaction variables together in women who have experienced violence. In addition, no

study explores the mediating role of the Resilience Scale for Adults scores in the relationship between Cognitive Emotion Regulation Questionnaire scores and Satisfaction with Life Scale scores of the women who were subjected to violence. The main purpose of this research is to determine the relationship between the psychological resilience, cognitive emotion regulation, and life satisfaction variables of women who have/ have not been exposed to violence. Accordingly, we hypothesize that the experience of violence will significantly differ based on sociodemographic factors. Another hypothesis is that there are significant associations between psychological resilience, emotional regulation, and life satisfaction variables in women who are exposed to violence. Additionally, we aim to test a structural equation model and evaluate the mediating role of the Resilience Scale for Adults scores in the relationship between the acceptance and catastrophizing sub-dimensions scores in the Cognitive Emotion Regulation Questionnaire and Satisfaction with Life Scale scores.

Method

Sample

The present study aimed to examine the relationships between psychological resilience, cognitive emotion regulation, and life satisfaction variables among women who have or have not been exposed to violence using a relational screening model. The target population of the research consists of female individuals between the ages of 18-60 living in Turkey with at least a literacy level. A non-probability purposive sampling method was used for participant selection. To determine the minimum sample size representative of the population, the confidence level of 95% was calculated and the margin of error was set at 5%, corresponding to a value of 1.96 in the standard normal distribution. In this case, the number of participants to take part in the research should be at least 384. A total of 414 people were contacted, and 3 of them declined to participate, resulting in a final sample size of 411 women who were part of the target population and volunteered for the study. Exclusion criteria were not applicable as only individuals between the ages of 18-60 who identified as female were invited to participate. Participants engaged in the study either verbally or through messaging. The participation message included an information letter describing the study, which was presented at the beginning of the survey. No other forms of promotion were used, and participants did not receive any compensation for their participation.

The sample was divided into two groups: women who were exposed to violence and women who were not exposed to violence. The distribution of age groups within each group is as follows: Among the women who participated in the study and were exposed to violence, 35.68% were aged 30 and below, 30.29% were aged 31-40, and 34.02% were aged 41 and older. Among the women who were not exposed to violence, 26.47% were aged 30 and below, 34.12% were aged 31-40, and 39.41% were aged 41 and older (Table 2).

Before starting the research, an application was submitted to the Near East University Scientific Research Ethics Committee, and ethics committee approval was obtained on 02.11.2020 with the project number NEU/SB/2020/814. The data used in the research were obtained by applying the sociodemographic data form and the three scales used online between 7-27 November 2020 via Google Forms. The participants provided their voluntary agreement to take part in the study through the Participant Information and Informed Consent Form.

Data Collection Tools

The participants in the study completed the Sociodemographic Data Form, Resilience Scale for Adults (RSA), Cognitive Emotion Regulation Questionnaire (CERQ), and Satisfaction with Life Scale (SWLS). These forms were developed using Google Forms and applied online. Prior to data collection, the functionality of the survey link, question completeness, and any issues in transitioning between sections were checked. Each question in the survey was required to be filled out, and participants were not allowed to leave any questions unanswered. Additionally, participants did not have the option to go back to previous sections. The surveys consist of 5 screens in total and can be completed on average within 10-15 minutes. There were a total of 83 questions: 9 in Sociodemographic Data Form, 33 in Resilience Scale for Adults, 36 in Cognitive Emotion Regulation Questionnaire, and 5 in Satisfaction with Life Scale. Participation in the survey was voluntary, and participants were informed that they only needed to complete the survey once.

Sociodemographic Data Form

The researcher prepared the sociodemographic data form to gather information about the sociodemographic characteristics of the participants. Through this form, information about the age, gender, marital status,

educational status, etc. of the participants was obtained.

Table 1. Table of normal distribution of participants' scores						
	Kolmogorov-Smirnov			**Shapiro-Wilk**		
	Value	sd	p	Value	sd	P
Satisfaction with Life Scale	0.08	411	0.00	0.97	411	0.00
Self-blame	0.10	411	0.00	0.98	411	0.00
Acceptance	0.08	411	0.00	0.99	411	0.00
Rumination	0.08	411	0.00	0.98	411	0.00
Positive Refocusing	0.08	411	0.00	0.98	411	0.00
Refocus on Planning	0.12	411	0.00	0.94	411	0.00
Positive Reappraisal	0.09	411	0.00	0.96	411	0.00
Putting into Perspective	0.09	411	0.00	0.98	411	0.00
Catastrophizing	0.10	411	0.00	0.95	411	0.00
Blaming Others	0.11	411	0.00	0.98	411	0.00
Structural Style	0.09	411	0.00	0.97	411	0.00
Perception of the Future	0.09	411	0.00	0.96	411	0.00
Family Cohesion	0.08	411	0.00	0.98	411	0.00
Self-perception	0.07	411	0.00	0.97	411	0.00
Social Competence	0.06	411	0.00	0.98	411	0.00
Social Resources	0.09	411	0.00	0.97	411	0.00
Resilience Scale for Adults	0.06	411	0.00	0.98	411	0.00

Resilience Scale for Adults

The Resilience Scale for Adults is a scale that was developed by Friborg et al. (2003) and was reorganized by Friborg et al. (2005). It evaluates the presence of protective factors necessary for the recovery and maintenance of mental health. The Turkish validity and reliability studies of the scale were conducted by Basım and Çetin (2011) and it was found that the Cronbach Alpha coefficient ranged between 0.66 and 0.81 for the student sample and between 0.68 and 0.79 for the employee sample. The scale, which consists of 33 items in total, has 6 sub-dimensions: "self-perception, perception of the future, structural style, social competence, family cohesion, and social resources". Each item in the scale is presented with 5 separate response options, with positive and negative answers swapped to prevent biased evaluations. The participant's total score on all questions of the scale represents the psychological resilience score, and an increase in the total score indicates an increase in psychological resilience.

Cognitive Emotion Regulation Questionnaire (CERQ)

The Cognitive Emotion Regulation Questionnaire (CERQ) is a scale that was developed by Garnefski et al. (2002) and is used to evaluate the emotion regulation skills employed in response to negative events and situations in one's life. The original questionnaire has reported Cronbach Alpha values ranging from 0.67 to 0.81. The Turkish validity and reliability studies of the questionnaire were performed by Onat and Otrar (2010) and Cronbach Alpha value was determined as α= 0.784; the test-retest reliability coefficient was determined as "r=1.00". The CERQ is a five-point Likert-type scale (1 = not at all suitable for me, 2 = somewhat suitable for me, 3 = moderately suitable for me, 4 = very suitable for me, 5 = completely suitable for me) consisting of 36 items. The questionnaire has a total of 9 sub-dimensions: "self-blame, acceptance, rumination, positive refocusing, refocus on planning, positive reappraisal, putting into perspective, catastrophizing and blaming others". It was found that The Cronbach Alpha values of sub-dimensions were 0.560 for self-blame, 0.562 for acceptance, 0.626 for rumination, 0.429 for positive refocusing, 0.686 for refocus on planning, 0.662 for positive reappraisal, 0.514 for putting into perspective, 0.715 for catastrophizing, and 0.719 for blaming others. There are 4 questions about each sub-dimension, and participants can score between 4 and 20 in each sub-dimension. An increase in the score from any sub-dimension indicates that the emotion regulation strategy in that sub-dimension is used more frequently.

Satisfaction with Life Scale (SWLS)

The Satisfaction with Life Scale (SWLS) is a scale that was developed by Diener (Pavot and Diener 2008) and is used to assess the evaluations of individuals about their life satisfaction. It is a seven-point Likert-type scale (1= strongly disagree, 2= disagree, 3= partially disagree, 4= undecided, 5= partially agree, 6= agree, 7= strongly agree) under a one-dimensional structure, consisting of a total of 5 items. The scale demonstrates good internal consistency, with a Cronbach's Alpha value of 0.87. The Turkish validity and reliability studies of the scale were performed by Yetim (1993), and the Cronbach Alpha value was found to be 0.86. Furthermore, Dağlı and Baysal

(2016) adapted the scale to Turkish by changing the answers given to the items on the scale from 7 degrees to 5 degrees. In their study, the Cronbach Alpha value of the scale was found to be 0.88, and the test-retest reliability was found to be 0.97.

Table 2. Sociodemographic characteristics of women who were and were not exposed to violence (N=411)							X^2	p	Diff.
	Exposed to Violence		Not Exposed To Violence		Total				
	n	%	n	%	n	%			
Group of age									
Aged 30 and below	86	35.68	45	26.47	131	31.87	3.911	0.141	
31-40 years old	73	30.29	58	34.12	131	31.87			
Aged 41 and older	82	34.02	67	39.41	149	36.25			
Marital status									
Never been married	91	37.76	42	24.71	133	32.36	16.58	0.000	1-3
Married	110	45.64	112	65.88	222	54.01	6	*	2-3
Divorced	40	16.60	16	9.41	56	13.63			
Educational background									
High school and below	47	19.50	32	18.82	79	19.22			
Undergraduate and graduate	194	80.50	138	81.18	332	80.78	0.30	0.863	
Living together with									
Husband and children	96	39.83	104	61.18	200	48.66	30.32	0.000	1-4
Parents	84	34.85	51	30.00	135	32.85	2	*	2-4
Alone	28	11.62	7	4.12	35	8.52			3-4
Alone with children	23	9.54	1	0.59	24	5.84			
Other	10	4.15	7	4.12	17	4.14			5-4
Status of having children	3								
Having	129	53.53	116	68.24	245	59.61	8.957	0.003	
Not having	112	46.47	54	31.76	166	40.39		*	1-2
Status of working									
Working	138	57.26	102	60.00	240	58.39	0.308	0.579	
Not working	103	42.74	68	40.00	171	41.61			
Status of social security									
Having	202	83.82	147	86.47	349	84.91	0.548	0.459	
Not having	39	16.18	23	13.53	62	15.09			
Monthly income									
2000 TL and below	62	25.73	23	13.53	85	20.68	23.33	0.000	
2001-3000 TL	35	14.52	24	14.12	59	14.36	5	*	1-2
3001-4000 TL	35	14.52	56	32.94	91	22.14			1-3
4001-5000 TL	20	8.30	12	7.06	32	7.79			1-4
5001-6000 TL	27	11.20	18	10.59	45	10.95			1-5
6001 TL and above	62	25.73	37	21.76	99	24.09			1-6

Diff: difference

Statistical Analysis

Social Sciences (SPSS) 24.0 and Analysis of Moment Structures (AMOS) 21.0 programs. Pearson chi-square inverse was used to make comparisons between groups while analyzing the sociodemographic data of women who were and were not exposed to violence. Frequency analysis was used to determine certain characteristics of violence experienced by women who were exposed to violence. Whether the Resilience Scale for Adults, Cognitive Emotion Regulation Questionnaire, and Satisfaction with Life Scale scores fit the normal distribution was checked using Kolmogorov-Smirnov and Shapiro-Wilk tests, and it was determined that the scores did not conform to the normal distribution (Table 1). Therefore, the Mann-Whitney U test was used when comparing the two groups. The relationships between the scores of the Psychological Resilience Scale, the Cognitive Emotion Regulation Questionnaire, and the Satisfaction with Life Scale of the women who were exposed to violence and those who were not were analyzed using the Spearman test. It was used with regression analysis to examine the predictive status of Emotion Regulation Questionnaire and Adult Resilience Scale scores for women in both groups separately from Satisfaction with Life Scale scores. In addition, structural equation modeling was applied to determine the mediating role of Resilience Scale for Adults scores in the relationship between acceptance and catastrophizing sub-dimensions scores in the Cognitive Emotion Regulation Questionnaire and

Satisfaction with Life Scale scores. The statistical significance level (p-value) was set at 0.05 for analyzing the obtained findings.

Results

A total of 411 female participants were included in the study. It was determined that 35.68% of the women who participated in the study and were exposed to violence were aged 30 and below, 30.29% of them were 31-40 years old and 34.02% of them were aged 41 and older; 37.76% of them had never been married, 45.64% of them were married and 16.60% of them were divorced; 19.50% of them received education at high school or below and 80.50% of them received education at undergraduate and graduate level. On the other hand, it was determined that 26.47% of the women who participated in the study and were not exposed to violence were aged 30 and below, 34.12% of them were 31-40 years old, and 39.41% of them aged 41, and older; 24.71% of them had never been married, 65.88% of them were married and 9.41% of them were divorced; 18.82% of them received education at high school or below, 81.18% of them received education at undergraduate and graduate level. Additional information about living arrangements, having children, employment status, social security, and monthly income is provided in Table 2.

Statistical analysis revealed that there were no statistically significant differences between the age, education, employment status, and social security status of the women who were exposed to violence and those who were not (p>0.05). However, it was found that the rate of divorce, living alone with their children, and having a monthly income below 2000 TL were higher among women who were exposed to violence compared to those who were not (p < 0.05). Additionally, the rate of having children of women who have been exposed to violence is lower than those who have not been subjected to violence (Table 2).

Table 3 presents some characteristics of women who have been subjected to violence regarding the violence they experience such as information about the perpetrator, frequency of violence, type of violence, talking about violence, request for help from a person/institution after the violence, experiencing a physical health problem after the violence, status of having a family history of psychiatric illness, personal psychiatric illness, having suicidal thoughts/attempts, any known psychiatric disorder in the perpetrator.

The Resilience Scale for Adults scores of women who participated in the study, who were exposed to violence and who were not, were compared using the Mann-Whitney U test. Regarding the Resilience Scale for Adults scores (Table 4), it was found that there was no statistically significant difference between the scores of women who were subjected to violence and women who were not subjected to violence in the sub-dimensions of structural style, future perception, self-perception, social competence, and social resources of the Resilience Scale for Adults (p>0.05). However, a statistically significant difference was observed in the general Resilience Scale for Adults score and the family cohesion sub-dimension score between women who were exposed to violence and those who were not (p<0.05). The scores of the women who were exposed to violence on the Resilience Scale for Adults in general and on the family cohesion sub-dimension of the scale were lower than those who were not (Table 4).

Cognitive Emotion Regulation Questionnaire scores of battered and non-battered women who participated in the study were compared using Mann-Whitney U test. Regarding the Cognitive Emotion Regulation Questionnaire scores, it was found that the difference between the scores of battered and non-battered women in the sub-dimensions of acceptance, positive refocusing, refocus on planning, and putting into perspective in the Cognitive Emotion Regulation Questionnaire was not statistically significant (p>0.05). However, a statistically significant difference was found between the scores of women who experienced violence and those who did not in the sub-dimensions of self-blame, rumination, positive reappraisal, catastrophizing, and blaming others (p < 0.05). It was discovered that women who experienced violence had higher scores in the sub-dimensions of self-blame, rumination, catastrophizing, and blaming others, and lower scores in the sub-dimension of positive reappraisal compared to women who did not experience violence (Table 5).

Satisfaction with Life Scale scores of women who were subjected to violence and women who were not subjected to violence were compared using Mann-Whitney U test. Regarding the Satisfaction with Life Scale scores, it was found that there was a statistically significant difference between the scores obtained from the Satisfaction with Life Scale by the women who were exposed to violence and those who were not. Satisfaction with Life Scale scores of women who experienced violence were significantly lower than those of women who did not experience violence (p<0.05) (Table 6).

The multivariate regression model examining the predictive status of the Cognitive Emotion Regulation Questionnaire scores on Satisfaction with Life Scale scores of the women who were subjected to violence is

presented in Table 7. It was determined that the scores of women exposed to violence from the acceptance (β=-0.29; p<0.05) and catastrophizing (β=-0.64; p<0.05) sub-dimensions of the Cognitive Emotion Regulation Questionnaire predicted the Satisfaction with Life Scale scores statistically significantly and negatively (p<0.05) (Table 7).

Table 3. Some characteristics of violence which women exposed to violence experience (N=241)		
Variable	n	%
Perpetrator*		
Spouse	153	63.49
Family	75	31.12
Familiar person	58	24.07
Stranger	53	21.99
Frequency of violence		
Once a week	9	3.73
Several times a month	37	15.35
Once every six months	17	7.05
Once every three months	15	6.22
Less frequently	163	67.63
Type of violence*		
Emotional	191	79.25
Physical	87	36.10
Sexual	38	15.77
Verbal	165	68.46
Economic	59	24.48
Talking about violence		
Telling	195	80.91
Not telling	46	19.09
Request for help from a person/institution after violence		
Requesting	46	19.09
Not requesting	195	80.91
Experiencing a physical health problem after the violence		
Experiencing	59	24.48
Not experiencing	182	75.52
Status of having a family history of psychiatric illness		
Having	46	19.09
Not having	195	80.91
Psychiatric illness		
Having	34	14.11
Not having	207	85.89
Illness (n=34)		
Anxiety	8	24.24
Bipolar disorder	4	12.12
Depression	11	33.33
Panic attack disorder	6	18.18
Other	4	12.12
Having suicidal thoughts/attempts		
Having	71	29.46
Not having	170	70.54
Any known psychiatric disorder in the perpetrator		
Having	55	22.82
Not having	186	77.18

More than one answer can be given

The results of the regression analysis regarding the prediction of the scores of the Resilience Scale for Adults on the Satisfaction with Life Scale scores of the women who were exposed to violence are presented in Table 8. The scores of battered women on the Resilience Scale for Adults predicted their Satisfaction with Life Scale scores statistically significantly and positively (β=0.17; p<0.05). Furthermore, when the results of multivariate linear regression analysis shown in Model 2 were examined, it was determined that the perception of the future

(β=0.75; p<0.05) and social competence (β=0.32; p<0.05) scores in the Resilience Scale for Adults predicted the Satisfaction with Life Scale scores in a statistically significant and positive direction (Table 8)..

Table 4. Comparison of Psychological Resilience Scale for Adults scores of battered and non-battered women (N=411)

	Being Exposed to Violence	n	$\bar{x}$	s	M	SO	X2	P
Structural Style	Exposed	241	14.65	3.10	15	206.77	-0.157	0.875
	Not exposed	170	14.69	2.81	14	204.91		
Perception of the Future	Exposed	241	14.71	3.66	15	206.68	-0.139	0.890
	Not exposed	170	14.82	3.20	15	205.04		
Family Cohesion	Exposed	241	20.68	4.73	21	183.41	-4.600	0.000*
	Not exposed	170	22.94	4.07	23	238.02		
Self-perception	Exposed	241	22.35	4.41	22	197.68	-1.695	0.090
	Not exposed	170	23.09	4.41	23	217.80		
Social Competence	Exposed	241	22.18	4.23	23	198.49	-1.531	0.126
	Not exposed	170	22.92	4.32	23	216.65		
Social Resources	Exposed	241	25.60	3.73	26	200.80	-1.061	0.289
	Not exposed	170	25.98	3.45	26	213.37		
Resilience Scale for Adults	Exposed	241	120.17	16.98	119	193.27	-2.587	0.010*
	Not exposed	170	124.42	16.59	127	224.05		

*p<0.05

Table 5. Comparison of Cognitive Emotion Regulation Questionnaire scores of battered and non-battered women (N=411)

	Being exposed to violence	n	$\bar{x}$	s	M	SO	X^2	p
Self-blame	Exposed	241	11.29	3.10	11	219.30	-2.719	0.007*
	Not exposed	170	10.45	3.07	10	187.15		
Acceptance	Exposed	241	12.01	3.47	12	215.50	-1.940	0.052
	Not exposed	170	11.35	2.87	11.5	192.53		
Rumination	Exposed	241	14.66	3.16	15	225.19	-3.919	0.000*
	Not exposed	170	13.39	3.09	13	178.79		
Positive Refocusing	Exposed	241	12.85	2.72	13	198.72	-1.491	0.136
	Not exposed	170	13.15	2.69	13	216.33		
Refocus on Planning	Exposed	241	15.85	2.83	16	206.11	-0.022	0.982
	Not exposed	170	15.80	3.09	16	205.85		
Positive Reappraisal	Exposed	241	14.94	3.32	15	195.60	-2.126	0.034*
	Not exposed	170	15.69	3.10	16	220.75		
Putting into Perspective	Exposed	241	13.15	3.25	13	202.41	-0.733	0.463
	Not exposed	170	13.34	3.29	13.5	211.09		
Catastrophizing	Exposed	241	9.50	3.58	9	220.75	-3.011	0.003*
	Not exposed	170	8.40	3.24	8	185.09		
Blaming Others	Exposed	241	11.73	3.52	11	228.34	-4.562	0.000*
	Not exposed	170	9.96	3.00	10	174.34		

*p<0,05

Table 6. Comparison of Satisfaction with Life Scale scores of the women who were exposed to violence and those who were not (N=411)

	Being exposed to violence	n	$\bar{x}$	s	M	SO	X2	p
Satisfaction with Life Scale	Exposed	241	20.76	6.50	22	180.26	-5.238	0.000*
	Not exposed	170	24.18	5.43	24	242.49		

*p<0.05

Table 7. Predictive status of Cognitive Emotion Regulation Questionnaire scores on Satisfaction with Life Scale scores of the women who were exposed to violence (N=241)

	Not Standard Coefficients		Standardized Coefficients	t	P
	β	S.H.	Beta		
(Fixed)	20.27	3.17		6.395	0.000*
Self-blame	0.10	0.15	0.05	0.635	0.526
Acceptance	-0.29	0.14	-0.16	-2.084	0.038*
Rumination	-0.10	0.15	-0.05	-0.686	0.493
Positive Refocusing	0.00	0.16	0.00	-0.019	0.985
Refocus on Planning	0.32	0.20	0.14	1.644	0.102
Positive Reappraisal	0.26	0.17	0.13	1.532	0.127
Putting into Perspective	0.11	0.15	0.05	0.719	0.473
Catastrophizing	-0.64	0.13	-0.35	-5.009	0.000*
Blaming Others	0.01	0.12	0.01	0.102	0.919

*p<0.05, AdjR^2=0.233

Table 8. Predictive status of Resilience Scale for Adults scores on Satisfaction with Life Scale scores of the women who were exposed to violence (N=241)

|		Not Standard Coefficients		Standardized Coefficients	t	p	Adj R^2
		B	S.H.	Beta			
Model 1	(Fixed)	0.46	2.70		0.169	0.866	0.19
	Resilience Scale for Adults	0.17	0.02	0.44	7.600	0.000*	
Model 2	(Fixed)	3.72	2.75		1.353	0.177	0.27
	Structural Style	-0.27	0.14	-0.13	-1.930	0.055	
	Perception of the Future	0.75	0.14	0.42	5.327	0.000*	
	Family Cohesion	0.08	0.09	0.06	0.931	0.353	
	Self-perception	-0.03	0.12	-0.02	-0.236	0.814	
	Social Competence	0.32	0.11	0.21	2.966	0.003*	
	Social Resources	0.07	0.13	0.04	0.550	0.583	

*p<0.05

Structural Equation Modeling was used to examine the mediating role of the Resilience Scale for Adults scores in the relationship between the acceptance and catastrophizing sub-dimensions of the Cognitive Emotion Regulation Questionnaire and the Satisfaction with Life Scale scores of the women who experienced violence (Figure 1).

Initially, it was found that acceptance sub-dimension scores in the Cognitive Emotion Regulation Questionnaire alone significantly predict the scores of the Satisfaction with Life Scale (β=-0.29 ; p<0.05). However, when the Resilience Scale for Adults scores were included in the model as a mediating variable, it was found that Resilience Scale for Adults scores predicted Satisfaction with Life Scale scores significantly (β=0.30; p<0.05), while acceptance sub-dimension scores did not predict Satisfaction with Life Scale scores significantly (β=-0.04 ; p>0.05). Accordingly, it was determined that the Resilience Scale for Adults scores had a fully mediating role in the relationship between the acceptance subscale scores of the Cognitive Emotion Regulation Questionnaire and life satisfaction (Figure 1).

It was determined that the scores obtained from the catastrophizing sub-dimension of the Cognitive Emotion Regulation Questionnaire by women who had previously been exposed to violence predicted the scores of the Satisfaction with Life Scale alone at a significant level (β=-0.64; p<0.05). When the scores of the Resilience Scale for Adults were included in the model, it was observed that the prediction of the scores of the catastrophizing

sub-dimension scores on the Satisfaction with Life Scale decreased, but the significance was not lost (β=-0.30; p<0.05). According to these results, it was determined that the Resilience Scale for Adults scores had a partial mediating role in the relationship between Cognitive Emotion Regulation Questionnaire catastrophizing subscale scores and life satisfaction (Figure 1).
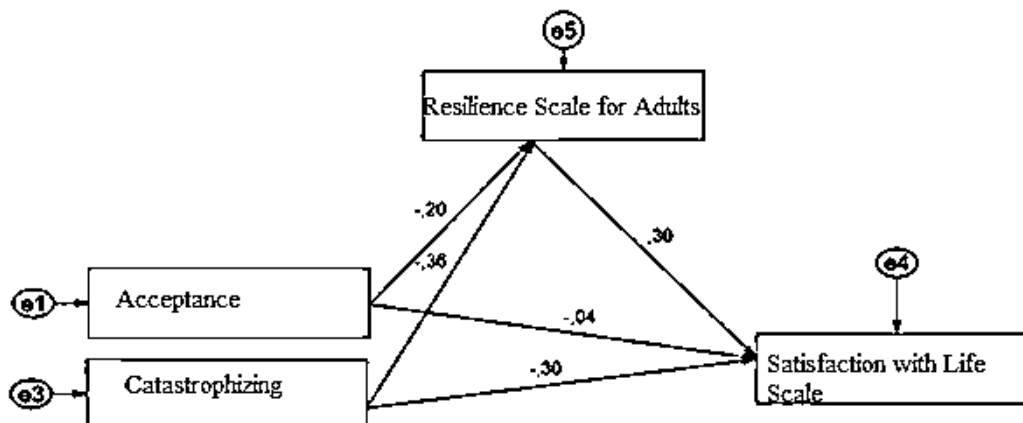
Figure 1. The mediating role of Resilience Scale for Adults scores in the relationship between Cognitive Emotion Regulation Questionnaire Acceptance and Catastrophizing sub-dimensions scores of the women who experienced violence and Life Satisfaction

The mediating role of the Resilience Scale for Adults scores in the relationship between the scores of the acceptance and catastrophizing sub-dimensions of the Cognitive Emotion Regulation Questionnaire and the Satisfaction with Life Scale scores of the battered women shown in Figure 1 was examined with the goodness of fit indices related to the model. The χ^2/sd value of the model was 2.643, Goodness of Fit Index (GFI=0.991), Normed Fit Index (NFI=0.980), Comparative Fit Index (CFI=0.984), and Root Mean Square Error of Approximation (RMSEA=0.037) were found, and it was determined that all goodness of fit indices for the model showed excellent fit (Table 9).

Table 9. Goodness-of-fit indices for the model.			
Index	Value	Limit Value	Harmony
χ^2/sd	2.643	3-5	Excellent
Goodness of Fit Index (GFI)	0.991	0.90-0.95	Excellent
Normed Fit Index (NFI)	0.980	0.90-0.95	Excellent
Comparative Fit Index (CFI)	0.984	0.90-0.95	Excellent
Root Mean Square Error of Approximation (RMSEA)	0.037	0.5-0.8	Excellent

*p<0.05

Dicussion

The findings of this study showed that there were no significant differences between the variables of age, educational level, employment, and social security status among the women who participated in the study. However, it was found that women who experienced violence were significantly more likely to be separated from their spouses, live with their children, and have an income below the minimum wage (The study was carried out between 7-27 November 2020 and the minimum wage for that period was 2324.70 TL). Additionally, women who experienced violence were significantly less likely to have children compared to women who did not experience violence.. These findings align with existing research in the literature, which also indicates that women who are exposed to violence tend to have lower levels of education and income and are more likely to experience separation and divorce from their partners who inflict violence on them. Furthermore, factors such as the low education level of the spouse, having multiple partners, early marriage, not having children, the mother's history of violence, and being subjected to sexual abuse in childhood have been identified as factors that cause an increase in violence against women in previous studies (Balci and Ayranci 2005, Nerøien and Schei 2008, Nguyen et al. 2008, Leite et al. 2017, Sen and Bolsoy 2017, Basar and Demirci 2018).

In this study, no significant difference was found between the educational levels of battered and non-battered women. However, it is important to note that the relationship between educational level and experiencing violence has been a subject of varying findings in the literature, and these differences may be sample based. Some studies have shown that lower levels of education are associated with an increased risk of exposure to violence. For example, in a study conducted by Şen and Bolsoy (2017) with 1760 women living in Manisa province of Turkey, it was found that women with primary school education or lower were more likely to be subjected to violence. Similar results were observed in another study conducted in Norway, which collected data from 2407 women aged 20-55 showed that women with low levels of education were more susceptible to violence (Nerøien and Schei 2008). In addition, there are also studies showing that there is no significant relationship between the rate of exposure to violence and education levels. For example, in a study conducted with 405 women aged 15-77 living in Konya province of Turkey, it was found that women's level of education did not significantly affect their experience of violence (Çivi et al. 2008). Consistent with the findings in Turkey, a study conducted in the UK with approximately 1048 women revealed that the experience of violence did not differ significantly across educational levels (Santos 2013). Despite the conflicting findings in the literature, the majority of studies suggest that educational level can act as a protective factor in preventing violence against women. These findings are important in raising awareness of families in societies where education may not be seen as a right for girls.

The analysis of characteristics of battered women regarding the violence they experienced revealed some important patterns. The findings indicated that women who were subjected to violence reported that the primary perpetrators of violence were mostly their husbands, followed by their families, acquaintances, and strangers. The frequency of experiencing violence was generally reported as infrequent. The types of violence experienced by women were found to be emotional, verbal, physical, economic, and sexual violence, respectively. In a study conducted by Chen and Ullman (2010), where the perpetrators of violence were acquaintances, 58.5% of women reported experiencing violence by their current or former husbands, 20.2% by their boyfriends or dates, 14.7% by acquaintances, and 6.6% by relatives. In 11.8% of the reported cases of violence, women were subjected to violence by strangers. In another study involving 611 battered women, it was found that 74.3% of them were subjected to verbal violence, 67.7% to emotional violence, 44.8% to physical violence, 18.5% to economic violence, and 13.4% to sexual violence (Basar and Demirci 2018). As a result, women are intensely subjected to verbal and emotional violence, mostly from their husbands and families. It is worth noting that verbal and emotional violence can have long-lasting effects that are at least as serious as the effects of physical violence (Basile et al. 2021). Therefore, these findings are crucial in highlighting the devastating impact of exposure to verbal and emotional violence, as well as physical violence on women and structuring policies to prevent violence against women.

The findings of the current study regarding women's help-seeking behavior after experiencing violence reveal some concerning patterns. While most of the women who had been subjected to violence in the study reported telling someone else about their experiences, a significant proportion (24.48%) did not seek any help despite experiencing physical health problems after the violence. In a 2015 study conducted face-to-face with 7.462 women across Turkey, it was found that 44% of women who had been subjected to physical or sexual violence did not tell anyone else about this violence, one in four had been injured because of violence, and 89% did not apply to any institution or organization for help (Aile ve Sosyal Politikalar Bakanlığı 2015). Several factors influence whether women who have been subjected to violence seek help, and it is thought that these factors vary depending on the study sample and different cultures. For example, studies conducted in the Eastern countries of Jordan and Bangladesh found that factors such as disclosing private life, avoiding the negative consequences of social stigma, seeing violence as a right of the husband, and believing that she is obliged to obey her husband affect help-seeking behavior (Naved et al. 2006, Al-Badayneh 2012). On the other hand, in a study conducted in the United States with 491 women who had experienced violence, factors such as not considering it necessary or useful to seek help, lack of money, insurance, or time, protecting the partner and maintaining the relationship, and privacy were effective in women not seeking help (Fugate et al. 2005). When we look at the situation in Turkey, in a study conducted in 2013 with 12.795 women aged 15-59, it was found that women who experienced less frequent and moderate violence, who were uneducated or primary school dropouts, who had no individual income, who had difficulty in accessing institutions which help or who did not have faith in these institutions, showed less help-seeking behavior (Ergöçmen et al. 2013). As a result, factors such as the role and rights of the woman in the relationship, the rights of her partner, the way the woman perceives the violence, and the accessibility or effectiveness of the help vary from country to country, but they cause women to accept and tolerate the violence to which they are exposed. Therefore, informing women about their rights, making the institutions established to prevent violence against women accessible to women from all regions, and ensuring

that these institutions gain the trust of women by conducting more activities can be some of the important steps that can be taken to increase the number of women experiencing violence seeking help.

The results reveal that 14.11% of the women who experienced violence in the study had a history of psychiatric illnesses such as depression, anxiety, panic disorder, and bipolar disorder. Furthermore, 29.46% of these women reported having suicidal thoughts or attempts. In a study conducted by Kotan et al. (2020) with 277 women living in Turkey, it was found that depression, anxiety, dissociative experience, and somatoform disorder scores of women who were exposed to intimate partner violence were significantly higher than women who were not exposed to intimate partner violence. The mental health of women who have experienced intimate partner violence is more negatively affected than women who have not (Navarro-Mantas 2021). In another study conducted in the USA, 28% of women who had been subjected to domestic violence attempted suicide (20% once, 8% more than once) and 20% had suicidal thoughts (Wolford-Clevenger and Smith 2017). As women's exposure to violence increases, their risk of suicide also increases. Therefore, it is important to establish centers and organize training to raise awareness of women and their environment to prevent women experiencing violence from turning to suicide instead of seeking help (Kavak et al. 2018).

Comparisons were made between the psychological resilience scores of the women who were exposed to violence and who were not. While there was no statistically significant difference in the sub-dimensions of structural style, future perception, self-perception, social competence, and social resources, it was found that there was a significant difference between the scores obtained from the family cohesion sub-dimension. In the literature, there are studies with similar results consistent with this study. In a study conducted with 52 women aged 30-65 living in Poland, the psychological resilience scores of women who were subjected to domestic violence by their father or intimate partner were found to be significantly lower than the scores of women who were not exposed to domestic violence (Tsirigotis and Luczak 2018). Another study in South Africa found that women who had experienced physical and sexual intimate partner violence were less likely to be resilient than women who had not experienced violence (Machisa et al. 2018). The group exposed to violence was found to be more disadvantaged in psychological resilience scores (Öz and Bahadır Yılmaz 2009).

Results of this study indicate that the scores of women who experienced violence on the sub-dimensions of self-blame, rumination, catastrophizing, and blaming others were found to be significantly higher than those who did not experience violence, while the scores on the sub-dimension of positive reappraisal were found to be significantly lower. Looking at the literature, consistent findings were obtained in another study conducted with 200 women living in Iran and using the same emotion regulation scale as this study. It was found that women who were exposed to violence had significantly higher self-blame, rumination, and catastrophizing scores, and significantly lower acceptance, positive refocusing, refocus on planning, and positive reappraisal scores than women who were not exposed to violence (Akbari et al. 2017). Difficulties in emotion regulation experienced by women experiencing violence negatively affect their mental health and behavior. In a study conducted by Weiss et al. (2018), it was found that women who were exposed to domestic violence and had high levels of emotion dysregulation showed more symptoms of post-traumatic stress disorder and depression and engaged in risky behaviors such as alcohol and drug abuse more frequently than women with low levels of emotion dysregulation. These findings suggest that the emotion regulation variable is a factor that should be emphasized in programs for the recovery process of women who seek help after violence.

The results demonstrated that Satisfaction with Life Scale scores of women who were exposed to violence were found to be significantly lower than women who were not exposed to violence. In a study conducted with 150 married women living in Pakistan, it was found that women exposed to domestic violence had lower levels of life satisfaction. In addition, these women were found to show more symptoms of stress, anxiety, and depression (Hussain et al. 2020). Another study conducted in the United States found that women who experienced intimate partner violence were more likely to report lower life satisfaction and more depressive symptoms than women who did not experience violence in the 5 years following the violence (Zlotnick et al. 2006). In addition to violence, it is seen that stress, anxiety, and depression symptoms caused by violence also reduce the level of life satisfaction in women experiencing violence.

The effect of Resilience Scale for Adults scores on Satisfaction with Life Scale scores of battered women was examined, and it was found that the scores obtained from the Resilience Scale for Adults had a significant and positive effect on Satisfaction with Life Scale scores. Studies have shown that psychological resilience is a protective factor for the quality of life and has a positive relationship with life satisfaction (Fredrickson et al. 2008, Abolghasemi and Varaniyab 2010, Liu et al. 2012,). It has also been found that resilience positively influences psychological well-being (Haddadi and Besharat 2010).

The results of the research revealed that the scores obtained from the subscales of the Cognitive Emotion Regulation Questionnaire significantly and negatively affected the scores of the Satisfaction with Life Scale. In a study, it was found that people with high emotional intelligence perceive the events they face as less stressful and thus have higher levels of life satisfaction (Ruiz-Aranda et al. 2014). Emotional intelligence is defined as the ability to understand, use, and regulate one's own emotions (Segal et al. 2023). In the literature, other studies are showing a positive relationship between cognitive emotion regulation and life satisfaction (Palmer et al. 2002, Extremera et al. 2011, Jain 2015).

Currently, available data indicate that the Resilience Scale for Adults scores played a fully mediating role in the relationship between the acceptance subscale scores of the Cognitive Emotion Regulation Questionnaire and the Satisfaction with Life Scale. Regarding the relationship between the catastrophizing subscale of the Cognitive Emotion Regulation Questionnaire and the Satisfaction with Life Scale, the Resilience Scale for Adults scores were found to have a partial mediating role. In the literature, there is no study examining the mediating role of Resilience Scale for Adults scores in the relationship between Cognitive Emotion Regulation Questionnaire scores and Satisfaction with Life Scale scores of the women who were subjected to violence.

The findings of this study demonstrate that increased psychological resilience and cognitive emotion regulation abilities in women exposed to violence positively influence their life satisfaction. In addition, supporting the acceptance and catastrophizing sub-dimensions of the emotion regulation scale increases the resilience and life satisfaction of the women who experienced violence.. These valuable findings will aid researchers in this field to determine effective intervention strategies. Prioritizing the right variables in treatment is believed to have a more positive impact on women's mental health and recovery process, and it may also help in preventing self-harming behaviors like suicide.Considering the studies conducted in the field, it is especially important for women experiencing violence to receive psychological help.

The limitations of this study include the fact that the sample consisted of literate women between the ages of 18-60, the completion of the scales through self-reporting, and the recall and reporting bias that may occur since the subject of violence is considered private. When other studies on violence against women are examined, limitations such as sample size, limitation of the data to one region, ignoring environmental and social factors, and the use of cross-sectional study method are observed (Machisa et al 2018, Tsirigotis and Łuczak 2018, Weiss et al. 2018, Orozco-Vargas 2021). Future research can be conducted by widening the age range, including uneducated people, using a wider follow-up method, increasing the sample size and diversity, considering other factors that may affect the incidence of violence, and using a longitudinal study method.

Conclusion

The scores of the women who were exposed to violence on the Resilience Scale for Adults in general and on the family cohesion sub-dimension of the scale were lower than those who were not. Women who experienced violence had higher scores in the sub-dimensions of self-blame, rumination, catastrophizing, and blaming others, and lower scores in the sub-dimension of positive reappraisal compared to women who did not experience violence. Satisfaction with Life Scale scores of women who experienced violence were significantly lower than those of women who did not experience violence. Also, it was determined that the Resilience Scale for Adults scores played a fully mediating role in the relationship between the acceptance subscale scores of the Cognitive Emotion Regulation Questionnaire and the Satisfaction with Life Scale. In the relationship between the catastrophizing subscale of the Cognitive Emotion Regulation Questionnaire and the Satisfaction with Life Scale, the Resilience Scale for Adults scores were found to have a partial mediating role. In the post-violent treatment process, it should be aimed to increase psychological resilience, cognitive emotion regulation ability, and life satisfaction levels in women exposed to violence.

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