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ABSTRACT

This study was conducted to assess the effectiveness of empowerment program on increasing self-esteem, learned resourcefulness, and coping ways in women exposed to domestic violence. This experimental study was conducted between October 2012 and June 2014 in the obstetrics and gynaecology departments of the Giresun Maternity Hospital, and at the Family Counseling Center (FCC) in Turkey. Sixty women who agreed to participate in the study were randomly assigned into two groups. Data were collected by the Coopersmith Self-Esteem Inventory (SEI), The Rosenbaum's Learned Resourcefulness Scale (RLRS), and the Ways of Coping Inventory (WCI). The assessment of the women before and after the empowerment program showed that women in the intervention group showed significant improvements in the SEI, RLRS, and WCI scores compared with controls. These results suggest that the empowerment program is an effective practice for increasing the levels of self-esteem, learned resourcefulness, and coping ways of women exposed to domestic violence.

Introduction

Domestic violence (DV) is an important public health problem in Turkey. It is affected by social, cultural, economic, and psychological factors (Kocacık & Doğan, 2006; Kocacık, Kutlar, & Erselcan, 2007). A handful of descriptive studies have found that Turkish women experience high rates of DV (Alper, Ergin, Selimoğlu, & Bilgel, 2005; Kocacık & Caglayandereli, 2009; Kocacık & Doğan, 2006; Kocacık et al., 2007). These studies indicated that 27.5–58.7% of women were subjected to physical, psychological, and sexual violence. To reduce violence and violence-related deaths, laws have been passed to protect women. Turkish Criminal Law was established to increase the sanctions related to violence. "The 4320 Numbered Law on the Protection of the Family (1998)" and "The 6284 Numbered Law on the Protection of the Family and the Prevention of Violence Against Women (2012)" were reformed in 2007 and 2012, respectively. The National Action Plan to Combat Violence Against Women: 2012–2015 was established by the Family and Social Policies Ministry (FSPM 2012).

Previous studies assessing women's experiences with DV have revealed causes of violence. These causes included inadequate family relations (Alper et al., 2005), having bad habits such as alcohol intake or gambling (Balcı & Ayrancı, 2005), economic problems (Güler, Tel, & Tuncay, 2005; Kocacık & Doğan, 2006), being abused, or having witnessed violence as a child (Kocacık et al., 2007). In addition, low educational status of women has been associated with DV (Efe & Ayaz, 2010; Tanrıverdi & Şıpkın, 2008). Infertile women had increased exposure to violence compared with fertile women (Yıldızhan et al., 2009).

DV has negative effects on women's health. Women exposed to violence during pregnancy have a higher incidence rate of abortions (Bayram, 2009). Violence is associated with low self-esteem (Abadi, Ghazinour, Nojomi, & Richter, 2012; Bayram, 2009). From the violence, women experience physical and mental health problems, such as injury, chronic pain, sexually transmitted diseases (Campbell, 2002), depression, anxiety, somatization (Amar & Gennaro, 2005), post-traumatic stress disorder, thoughts of suicide (Pico-Alfonso et al., 2006), and insomnia (Matud, 2005).

Several intervention studies have been conducted for women exposed to violence. Some of these studies have focused on social support and are aimed to mobilize support resources and decrease the negative outcomes of violence (Basu, Malone, Levendosky, & Dubay, 2009; Constantino, Kim, & Crane, 2005). Advocacy interventions in a number of studies have also been conducted (Bennett, Riger, Schewe, Howard, & Wasco, 2004; Coker et al., 2012; Stover, Berkman, Desai, & Marans, 2010). These studies aimed to improve mental health and help-seeking behaviour in women and to increase knowledge about their legal rights. Stover et al. (2010) undertook a home visit intervention, and they found that this study increased the use of court-based services and mental health services.

Group interventions for women exposed to violence have also been examined. Kim and Kim (2001) combined a crisis intervention model and a problem-focused approach. They focused on evaluating trauma, coping with stress, improving self-awareness, and management violence. This study was successful in reducing anxiety levels but not depression and

self-esteem levels. Another study evaluated the effectiveness of a group intervention on feelings of guilt, isolation, and hopelessness (Gorey, Richter, & Snider, 2001). Their results revealed considerable improvements about coping with negative feelings caused by violence.

Tiwari et al. (2005), McFarlane, Soeken, and Wiist (2000), and Zlotnick, Capezza, and Parker (2011) conducted an intervention study for pregnant women. Tiwari et al. (2005) evaluated the effectiveness of empowerment training on conflict resolution, depression, and quality of life. The findings showed that an increased quality of life decreased levels of depression and frequency of abuse. McFarlane et al. (2000) compared the effectiveness of brief counselling with outreach intervention. They revealed that the severity of abuse decreased in all intervention groups. Zlotnick et al. (2011) targeted low-income pregnant women. They assessed the efficacy of an intervention to reduce depression and post-traumatic stress disorder. Interventions were based on interpersonal psychotherapy and were not effective. Apart from these studies, other studies have evaluated interventions to increase safety behaviours in abused women (McFarlane et al., 2002), to increase social support, and to inform women about their legal rights (Sullivan, Bybee, & Allen, 2002).

Previous studies indicated high frequency of violence against women and its physical and psychological health consequences. For these reasons, this study was conducted to determine the effectiveness of an empowerment program on increasing self-esteem, learned resourcefulness, and coping mechanisms in women exposed to domestic violence.

Methods

This study was designed as an experimental study with a pre-test, post-test control group, and follow-up. The study was conducted between October 2012 and June 2014 with 30 women in the obstetrics and gynaecology departments of the Giresun Maternity Hospital, and with 30 women at the Family Counseling Center (FCC), a unit of the Giresun Family and Social Policy Directorate in Turkey. Before starting the study, a power analysis was conducted based on the results of the pilot study. A power calculation of 95% and a significance level of 5% indicated that 11 women in the intervention group and control group, respectively, would be sufficient for this study. However, to improve the reliability of the study and use a parametric test, 30 women in each of the intervention and control groups were selected. Sixty women who agreed to participate in the study were randomly assigned into two groups in terms of some characteristics, such as marriage age, educational status, working status, family structure, number of children, duration of violence, being exposed to physical, psychological, and economic violence (Table 1). Sampling continued until the estimated sample size was reached. The flow diagram of the progress through the phases of the study was shown in Figure 1. The inclusion criteria for the study included: 1) being exposed to physical, psychological, and economic violence, 2) being between 18 and 65 years of age, and 3) being literate. The exclusion criteria for the study included: 1) being illiterate, 2) not participating in two intervention sessions, 3) having hearing or perceptual problems, and 4) having mental diseases.

Data were collected by The Personal Information Form (PIF), The Coopersmith Self-Esteem Inventory (SEI), The Rosenbaum's Learned Resourcefulness Scale (RLRS), and The Ways of Coping Inventory (WCI). The PIF, which was developed by the researcher, included 14 questions about the sociodemographic characteristics of the women and their violence experiences. The SEI was developed by Coopersmith (1967). It includes 25 items answered as "agree" or "not agree" and is assessed from 0 to 100 points. The reliability test was from a study by Turan & Tufan (1987) in Turkey. Lower scores (less than 50) indicate lower levels of self-esteem. The inventory had a Cronbach alpha value of .76. The RLRS is a 36-item scale developed by Rosenbaum (1980) that was adapted to Turkish samples by Dag (1991). The scale uses a 5-point Likert-type scale, where 1 stands for "totally inappropriate," and 5 stands for "totally appropriate." Higher scores indicate higher levels of learned resourcefulness with probable scores ranging between 0 and 180. The Cronbach alpha value of the scale was found to be .78. The WCI was developed by Folkman and Lazarus (1980) and adapted to Turkish samples by Sahin and Durak (1995). The inventory has 30 items rated on a 4-point Likert-type scale range of 0–3. The WCI uses five subscales to measure coping with stress: self-confident approach, helpless approach, yielding approach, optimistic approach, and social support seeking approach. Each subscale is scored separately and total scores were not used.

The empowerment program was based on individual counselling and consisted of 10 sessions. The program was developed based on the subject. Each session lasted for 90 minutes once a week, and it was essential that each woman participate in all sessions. The sessions were carried out by first author, RN with advanced education in psychiatric nursing.

The interviews were planned and executed according to the following goals.

Meeting women and providing information about the research

The purpose of this session was to meet the women and provide them with information about the objective of the research and the scales. In addition, the women were informed about the content, time and place of empowerment program. Finally, the pre-test was applied.

Developing self-awareness

The purpose of this session was to provide information and practice about the physical, psychological, and social characteristics of self-awareness, and to relay the importance of self-awareness in coping with violence.

Increasing self-esteem

The purpose of this session was to provide information and practice about self-esteem, factors affecting self-esteem, the importance of self-esteem in coping with violence, and methods of developing self-esteem.

Table 1. The Sociodemographic Characteristics and Scale Pre-test Scores of Women.

Characteristics		Intervention Group ($n = 30$)	Control Group ($n = 30$)	Statistical analyses (p, t, x^2)
Women's educational status (%)	Primary school	50.0	76.7	$x^2 = 6.389$ $p = 0.094$
	High school	46.7	20.0	
	University	3.3	3.3	
Women's employment status (%)	Employed	16.7	26.7	$x^2 = 0.884$ $p = 0.347$
	Unemployed	83.3	73.3	
Family structure (%)	Nuclear	70.0	76.7	$x^2 = 0.341$ $p = 0.559$
	Extended	30.0	23.3	
Duration of violence (%)	<5	10.0	30.0	$x^2 = 5.168$ $p = 0.075$
	5–10	20.0	26.7	
	>10	70.0	43.3	
Physical violence (%)	Yes	100.0	86.7	$x^2 = 4.286$ $p = 0.056$
	No	0.0	13.3	
Psychological violence (%)	Yes	100.0	100.0	-
Economic violence (%)	Yes	86.7	70.0	$x^2 = 2.455$ $p = 0.117$
	No	13.3	30.0	
Age ($M \pm$ SD)		40.7 $\pm$ 11.0	34.6 $\pm$ 11.4	$t = 2.090$ $p = 0.041$
Marriage age ($M \pm$ SD)		21.6 $\pm$ 4.8	20.7 $\pm$ 4.3	$t = 0.787$ $p = 0.434$
Number of children ($M \pm$ SD)		2.2 $\pm$ 1.3	1.7 $\pm$ 1.2	$t = 1.277$ $p = 0.207$
Pre-test SEI score ($M \pm$ SD)		42.93 $\pm$ 16.67	54.80 $\pm$ 17.16	$t = 2.716$ $p = 0.009$
Pre-test RLRS score ($M \pm$ SD)		116.03 $\pm$ 18.58	116.83 $\pm$ 19.70	$t = 0.162$ $p = 0.872$
Pre-test self-confident score ($M \pm$ SD)		1.89 $\pm$ 0.60	2.06 $\pm$ 0.49	$t = 1.202$ $p = 0.234$
Pre-test helpless score ($M \pm$ SD)		2.09 $\pm$ 0.55	1.76 $\pm$ 0.48	$t = 2.441$ $p = 0.018$
Pre-test yielding score ($M \pm$ SD)		1.76 $\pm$ 0.63	1.48 $\pm$ 0.62	$t = 1.683$ $p = 0.098$
Pre-test optimistic score ($M \pm$ SD)		1.80 $\pm$ 0.55	2.05 $\pm$ 0.53	$t = 1.794$ $p = 0.078$
Pre-test social support seeking score ($M \pm$ SD)		1.56 $\pm$ 0.63	1.78 $\pm$ 0.54	$t = 1.417$ $p = 0.162$

M = mean, SD = standart deviation. $p < 0.05$. $x^2 = n > 5$ Pearson's chi-squared test, $n < 5$ Fisher's Exact test.

Decreasing learned helplessness

The purpose of this session was to provide information and practice about learned helplessness, cultural factors that affect learned helplessness, the effect of learned helplessness in the women's own life, and how to cope with it.

Increasing learned resourcefulness

The purpose of this session was to provide information and practice about learned resourcefulness, factors that affect resourcefulness, and methods that improve resourcefulness.

Making sense of violence

The purpose of this session was to provide information and practice about violence and its types, as well as perceptions, causes, and effects on health caused by violence. Furthermore, the reason why women live in a violent environment was discussed.

Managing of violence

The purpose of this session was to provide information and practice about coping with violence, and managing aggression, and the violent behaviours of their partners.

Increasing effective coping

The purpose of this session was to provide information and practice about effective coping ways, emotion-focused coping, problem-focused coping, and the effect of violence in coping.

Using social resources to cope with violence

The purpose of this session was to provide information and practice about types of social resources and the importance of their use in coping with violence.

Closing session

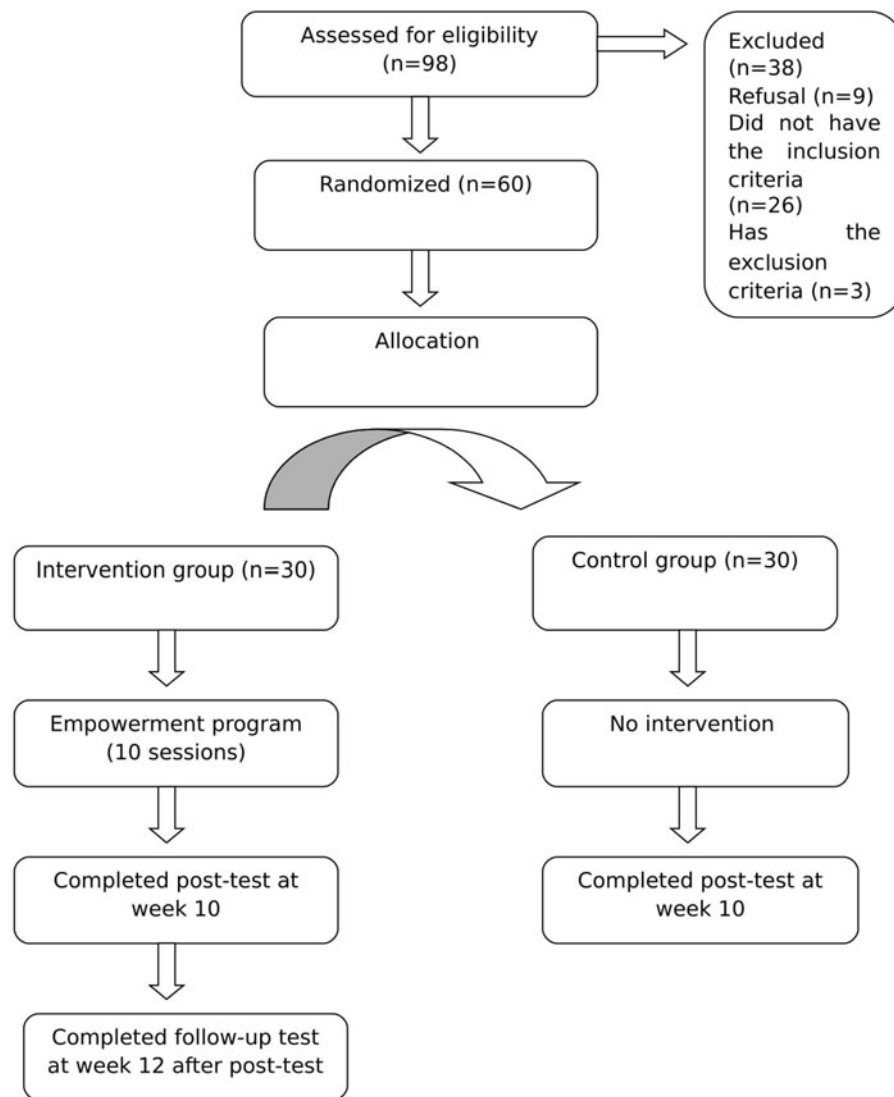Feedback was received about the empowerment program, and the post-test was applied.

Figure 1. Flow diagram of the progress through the phases of the study.

Women in the control group were called back for a post-test at week 10. After the post-test, women in the intervention group were called back again for a follow-up-test at week 12.

Statistical analysis

Data were analysed using the Statistical Package for the Social Sciences for Windows, version 16.0 program (SPSS, Inc., Chicago, USA). ANOVA with repeated measures was used to compare the SEI, the RLRS, and subscale mean scores of WCI of the intervention and control group before and after the program. p values of less than 0.05 were considered significant. Bonferroni's test was used to assess multiple comparisons.

Ethical considerations

The study was approved by the ethics committee of Hacettepe University. Administrative approval was received from the two institutions. Written and verbal consent was obtained from the patient participating in the research. All of the participants were informed of the purpose and design of the study. Participation in the study was voluntary.

Results

Table 1 indicates that while the mean age of the women in the intervention group was 40.7±11.0, the mean age of the women in the control group was 34.6±11.4. When the sociodemographic characteristics of women in the intervention group were analysed, 46.7% of the women were primary school graduates, 46.7% were high school graduates, 83.3% were unemployed, 43.3% of their partners were primary school graduates, 43.3% of their partners were high school graduates, 70.0% were employed, and 73.3% of women had been married for over 10 years. In the control group, 76.6% of the women were primary school graduates, 73.3% were unemployed, 63.3% of their partners were primary school graduates, 83.3% were employed, and 43.3% of the women had been married for over 10 years. More than half of the women in both groups were perceived as having an average socioeconomic status (56.7% in the intervention group, 73.3% in the control group) and had a nuclear family structure (70.0% in the intervention group, 76.7% in the control group). All of the women in both groups were exposed to all types of violence.

Table 2 shows that only women in the intervention group showed significant improvements in their SEI scores compared

Table 2. The SEI and RLRS scores of women.

		Intervention Group ($\chi \pm$ SS)	Control Group ($\chi \pm$ SS)	Test Value ($\chi \pm$ SS)	p Value
Self-esteem	Pre-test	42.93 ± 16.67	54.80 ± 17.16	−8.06 ± 1.36	$p = 0.000$
	Post-test	60.93 ± 18.72	52.93 ± 17.05		
	Test value	−18.00 ± 1.93	1.86 ± 1.93		
	p value	$p = 0.000$	$p = 0.337$		
Learned resourcefulness	Pre-test	116.03 ± 18.58	116.83 ± 19.70	−6.15 ± 1.78	$p = 0.001$
	Post-test	128.46 ± 22.50	116.70 ± 19.21		
	Test value	−12.43 ± 2.52	0.13 ± 2.52		
	p value	$p = 0.000$	$p = 0.958$		

with controls ($p < 0.05$). There was no significant difference in the pre-test and post-test SEI scores in the control group ($p > 0.05$).

Table 2 shows that we found that women in the intervention group significantly improved their learned resourcefulness compared with controls ($p < 0.05$). There were no significant differences in the pre-test and post-test RLRS scores in the control group ($p > 0.05$).

Table 3 indicates that the difference between the self-confident approach pre-test and post-test scores of women in the intervention group was statistically significant ($p < 0.05$). The helpless approach and yielding approach scores of women in the intervention group decreased after the empowerment program ($p < 0.05$). Post-test scores of the optimistic approach and social support seeking approach were significantly higher compared with the pre-test scores in the intervention group ($p < 0.05$). However, there were no differences between the pre-tests and post-tests for coping ways in the control group ($p > 0.05$).

Table 4 indicates that the difference between the SEI pre-test and follow-up scores of women in the intervention group was statistically significant ($F = 36.19$, $p < 0.05$). There was a significant difference between the RLRS pre-test and follow-up scores ($F = 7.43$, $p < 0.05$). While follow-up scores of self-confident, optimistic, and social support seeking approaches were significantly higher compared with the pre-test scores ($F = 6.84$, $F = 4.79$, $F = 7.46$, respectively; $p < 0.05$), the follow-up yielding scores and helpless approaches were significantly lower compared with the pre-test scores ($F = 7.52$, $F = 25.16$, respectively; $p < 0.05$).

Discussion

The empowerment program positively affected the self-esteem and learned resourcefulness levels and the coping strategies of women exposed to domestic violence. Our study results revealed the continuity of effects of the empowerment program. The differences between the SEI, the RLRS, and the WCI pre-test and follow-up scores of women in the intervention group were found to be statistically significant.

The empowerment program increased the self-esteem levels of women in the intervention group. In contrast to our findings, Kim and Kim (2001) found that the group intervention did not effectively increase levels of self-esteem. They focused on understanding the self using a short-term, goal-directed, and problem-focused approach. Additionally, in a study by Basu et al. (2009), group intervention was not found to increase levels of self-esteem. However, our individual counselling interventions aimed to increase self-esteem through women's self-recognition, realizing their strengths, developing their weaknesses, and mobilizing social and legal resources. In accordance with our findings, Sullivan et al. (2002) found that the interventions of the community-based program improved self-esteem levels of battered women. The program consisted of strengths-based advocacy interventions.

One of the important steps to recovering from domestic violence is improving the learned resourcefulness levels of abused women. We found that women in the intervention group had significant improvements in learned resourcefulness compared with controls. Lee (2007) proposed a solution-focused approach for abused women. The solution-focused approach focuses on

Table 3. The WCI scores of women.

		Intervention Group ($\chi \pm$ SS)	Control Group ($\chi \pm$ SS)	Test Value ($\chi \pm$ SS)	p Value
Self-confident approach	Pre-test	1.89 ± 0.60	2.06 ± 0.49	−0.06 ± 0.05	$p = 0.293$
	Post-test	2.14 ± 0.57	1.93 ± 0.58		
	Test value	−0.25 ± 0.08	0.12 ± 0.08		
	p value	$p = 0.003$	$p = 0.126$		
Helpless approach	Pre-test	2.09 ± 0.55	1.76 ± 0.48	0.17 ± 0.05	$p = 0.004$
	Post-test	1.50 ± 0.62	2.00 ± 0.48		
	Test value	0.59 ± 0.08	−0.24 ± 0.08		
	p value	$p = 0.000$	$p = 0.003$		
Yielding approach	Pre-test	1.76 ± 0.63	1.48 ± 0.62	0.13 ± 0.06	$p = 0.031$
	Post-test	1.38 ± 0.63	1.59 ± 0.49		
	Test value	0.37 ± 0.08	−0.10 ± 0.08		
	p value	$p = 0.000$	$p = 0.229$		
Optimistic approach	Pre-test	1.80 ± 0.55	2.05 ± 0.53	−0.07 ± 0.04	$p = 0.105$
	Post-test	2.07 ± 0.56	1.94 ± 0.49		
	Test value	−0.27 ± 0.06	0.11 ± 0.06		
	p value	$p = 0.000$	$p = 0.097$		
Social support seeking approach	Pre-test	1.56 ± 0.63	1.78 ± 0.54	−0.18 ± 0.06	$p = 0.005$
	Post-test	2.05 ± 0.53	1.65 ± 0.60		
	Test value	−0.49 ± 0.08	0.12 ± 0.08		
	p value	$p = 0.000$	$p = 0.165$		

Table 4. The SEI, RLRS, and WCI follow-up scores of women in intervention group.

	Pre-test ($\chi \pm$ SS)	Post-test ($\chi \pm$ SS)	Follow-up ($\chi \pm$ SS)	F	p
Self-esteem	44.36 ± 15.6	66.36 ± 14.3	63.81 ± 15.5	36.19	0.000
Learned resourcefulness	117.36 ± 17.8	131.95 ± 21.4	129.81 ± 22.5	7.43	0.003
Self-confident approach	1.94 ± 0.5	2.25 ± 0.4	2.29 ± 0.3	6.84	0.007
Hepless approach	2.03 ± 0.5	1.34 ± 0.5	1.65 ± 0.7	25.16	0.000
Yielding approach	1.76 ± 0.6	1.31 ± 0.5	1.40 ± 0.5	7.52	0.002
Optimistic approach	1.79 ± 0.4	2.09 ± 0.5	2.00 ± 0.4	4.79	0.014
Social support seeking approach	1.43 ± 0.6	1.97 ± 0.5	1.96 ± 0.7	7.46	0.004

strengths and competencies instead of focusing on problems. Therefore, we targeted strengths in the women to increase the positive sense of self and fighting against violence. Previous studies revealed that learned helplessness was one of the most important problems of abused women. Learned helplessness increased symptoms of depression and post-traumatic stress disorder (Bargai, Ben-Shakhar, & Shalev, 2007; Palker-Corell & Marcus, 2004; Peterson, 2013). Unfortunately, there are no experimental studies on this subject in the current literature.

In our study, the post-test scores of the social support seeking approach were significantly higher compared with the pre-test scores in the intervention group. The social support seeking approach was particularly focused in previous studies. In a study by Coker et al. (2002), it was found that while the social support scores of women experiencing intimate partner violence increased, anxiety and depression levels, post-traumatic stress disorder symptoms, and suicide attempts decreased. In another study, Coker et al. (2012) advocated for community support services for women experiencing intimate partner violence. However, clinical-based advocates did not affect the help-seeking behaviours of women.

Stover et al. (2010) revealed that women who received a home visit intervention for domestic violence were more likely to use social support services than the control group. Constantino et al. (2005) conducted a study of a social support intervention for women in shelters. They found that a social support intervention decreased the psychological distress of women and increased the perceived availability of social support. Both the number and availability of social support are vital for women exposed to violence. Women who have less social support in Turkey have been exposed to more domestic violence by partners. For this reason, the social support resources of abused women should be increased. Social support decreases isolation and the perception of stress, and it increases self-esteem (Constantino et al., 2005; Zlotnick et al., 2011).

Limitations

A limitation of this study was the small sample size. For this reason, the study's results were generalizable only to the women who were admitted to the obstetrics and gynaecology departments of the Giresun Maternity Hospital, and the Family Counseling Center (FCC), a unit of the Giresun Family and Social Policy Directorate in Turkey.

Conclusions

The results of the current study indicate that the empowerment program for women exposed to DV led to a change in levels of self-esteem, learned resourcefulness, and coping strategies. The assessment of the women before and after the empowerment program showed that women participating in the empowerment program had increased levels of self-esteem and learned resourcefulness. In addition, women in the intervention group had higher levels of self-confidence, optimism, and social support seeking behaviour. Furthermore, they had lower levels of yielding and helplessness than women in the control group. Simultaneously, the difference between the SEI pre-test and the follow-up scores of women in the intervention group was found to be statistically significant. There was a significant difference between the RLRS pre-test and follow-up scores. In addition, while the follow-up scores of self-confident, optimistic, and social support seeking approaches were significantly higher compared with the pre-test scores, the follow-up scores of the yielding and helpless approaches were significantly lower compared with the pre-test scores.

Our results confirmed the effectiveness of an empowerment program on increasing self-esteem, learned resourcefulness, and coping mechanisms in women exposed to domestic violence. One of the most important results obtained from the study methods is that individual counselling is more suitable for women exposed to DV to protect privacy. However, women exposed to DV must be monitored over the long term. Future well-designed intervention studies will provide better evidence of the effectiveness of the empowerment program.

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