

The Effectiveness of Strength-Based Therapy for Improving Self-Esteem and Reducing Suicidal Thoughts of Women Affected by Domestic Violence in Ardebil

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Abstract

Aim: The present study was conducted to investigate the effect of the strength-based intervention on self-esteem and suicidal thoughts in female victims of domestic violence in Ardabil. **Methods:** The current research was quasi-experimental with a pretest-posttest waiting listgroup design. The statistical population included all women injured by domestic violence who visited Hayat and Shafaq psychology clinic. In this study, 30 eligible patients were selected and randomly divided the participants into two groups: a family therapy counseling (n=15 people) and a control group (n=15 people). The experimental group was taught methods and techniques of strengths-based strategies for eight 90-minute sessions. The experimental and control groups were asked to fill out the pre-test and post-test questionnaires of the mental health and suicidal ideation scale. All statistical analysis was performed in SPSS version 26. **Results:** Compared to the control group, the experimental group with the strength-based therapeutic intervention was able to more effectively increase self-esteem scores and reduce suicidal thoughts at $P < 0.001$. The results related to the reliability indices of multivariate covariance analysis for the variables of self-esteem and suicidal thoughts ($P < 0.01$, $F = 40.07$, Pillai's effect = 0.762) showed that the difference between the two groups is significant in total and the experimental effect causes 0.276 of the variance of self-esteem variables and suicidal thoughts. The results showed a significant difference between the experimental and control groups regarding increasing self-esteem and reducing suicidal thoughts. **Conclusion:** The results showed that using the strength approach increases the self-esteem of women injured by domestic violence and reduces their suicidal thoughts. Therefore, strength-based therapy is recommended for women affected by domestic violence to increase self-esteem and reduce suicidal thoughts.

Keywords: Strengths-based, Self-Esteem, Suicidal Thoughts, Domestic Violence.

Introduction

The family is one of the first and most basic social institutions in human societies; the growth and health of a society depend on the health and satisfaction of family members; therefore, the existence of any problem and distress in the family leads to many problems for the children as well as the society (Kapodistrian University of Athens, 2023). Among the harms that currently threaten and undermine this basic institution are those like divorce, marital disputes, suicide, and perhaps the most important and fundamental of all is domestic violence, also called intimate partner violence (Schucan et al., 2023) is a type of violence that takes place in the family environment and causes physical, emotional, and psychological suffering among family members (Sharratt et al., 2023). In fact, domestic violence is defined as any form of violence that includes physical, sexual, psychological, and financial violence that one family member uses on other family members (de Jesus Santos Nascimento et al., 2023). Studies show that domestic violence is growing in the United States, so one out of every woman and seven men have experienced some form of violence (Espinoza-Turcios et al., 2023). According to the World Health Organization statistics, 16 to 25 percent of women in developed countries and 18 to 67 percent of women in developing countries have been subjected to domestic violence at least once (Schucan et al., 2023). Research in Iran shows that 27 to 38 percent of women have been subjected to domestic violence (Khairkhah et al., 2023). Studies show that the experience of domestic violence is different in men, and this factor is related to types of psychological disorders such as depression, anxiety, personality disorder, eating disorder, substance abuse, and suicide, has a significant relationship (Schucan et al., 2023). Therefore, domestic violence is one of the determining factors in couples' relationships. Girls may be subjected to sex, selective abortion, or physical or emotional abuse in civilizations where son preferences are common (Khairkhah et al., 2023). Therefore, violence against girls throughout childhood may include starvation, ignorance, neglect, poverty, lack of access to health care, insufficient education, infidelity, female genital mutilation, underage marriage, forced marriages, trafficking, and teen pregnancy are all significant factors (Bhattacharya et al., 2023). Assaults in the home can take numerous forms, such as physical contact (such as hitting, kicking, biting, shoving, or restraining) or psychological control (such as isolating) (Alam & Nadeem, 2023). In a study by (Nowshad et al., 2022), they narrated that a violent act committed by an intimate partner causes specific mental, psychological, and physical problems. As a result, the affected woman may feel shame/guilt and low self-esteem. Moreover, thoughts may be disturbed in the form of suicidal ideation. The psychological consequences of violence include depression, fear, anxiety, sexual disorders, obsessive-compulsive disorder, and posttraumatic stress disorder (Espinoza-Turcios et al., 2023).

Among other factors that can affect violence in couples' relationships is the self-esteem of individuals (Bhattacharya et al., 2023). Self-esteem was first proposed by Alfred Rosenberg (1965), who defined self-esteem as a favorable or unfavorable attitude toward oneself (Rosenberg, 1965). In fact, self-esteem is a psychological construct that reflects the individual's perception, emotional evaluation, and acceptance

(Foschiera et al., 2022). People with lower self-esteem are often more inclined to interpret ambiguous signs in social interactions as a personal rejection, which may be associated with a decrease. The findings show that self-esteem is related to suicidal thoughts and behaviors, so a decrease in self-esteem leads to an increase in suicidal thoughts (Maclean et al., 2023). People do not express their discomfort in order to prevent conflict and violence. Some researchers have shown that suicidal thoughts can be predicted with the variables of self-esteem and spiritual health (Mikaeili & Samadifard, 2019). It has also been found that self-esteem has a direct and meaningful relationship with suicidal thoughts (Sarokhani et al., 2021). On the other hand, the findings of Miri et al. (2022) have shown that the most critical factors influencing suicidal thoughts are loneliness, depression, hopelessness, family problems, stressful factors, and low self-esteem.

Wang et al. (2022) through their studies, they found that many respondents who had been victims of violence also had severe thoughts of suicide. Signs and indicators of frustration, hostility, and self-critical behavior have strongly indicated critical suicidal pull. It is clear that the key concerns that have heightened the suicide threat for these people are the physical and emotional pain they have endured as a result of the enormous strain of social hostility and a history of violence and burdensomeness (Østergaard, 2023). In a patriarchal society, women are always very weak, neglected, and vulnerable segments of society. Violence against women is increasing alarmingly. Issues related to women are under-investigated and treated. Violence may lead to social, physical, and psychological problems outcomes like insecurity, depression, anxiety, and conduct disorders, and as a result, the women may have different emotional and psychological problems along with shame, guilt, low self-esteem, and suicidal ideation (Byeon, 2023)

Based on the studies, researchers recommend counseling and psychotherapy interventions to help women affected by domestic violence to prevent the occurrence and exacerbation of psychiatric disorders (Emmett, 2023). A new approach was used in this study, which aimed to develop strategies based on patient strengths, anticipating that patients with low inhibitory control and impulsivity would benefit from this strategy (Sahragard et al., 2022). A focus was placed on raising women's self-esteem, developing their growth mindset, and helping them accept exceptions throughout the program. In strength-based approaches, healing, and empowerment are supported by the community, associations, and organizations that people belong to and by their inherent abilities to support healing and empowerment. As part of a health and well-being approach, people are encouraged to focus on assets promoting positivity (Emmett, 2023). Some recent studies have shown that people with chronic diseases or psychological problems who find meaning in life can better cope with negative emotions. For example, a study of people with multiple sclerosis reported that meaning-making led to benefits, including greater life satisfaction and lower levels of anxiety and depression (Bolton et al., 2022). It is possible that life purpose, acceptance, and meaningfulness, essential elements of a sense of meaning in life, may directly or

indirectly affect depression, anxiety, and other outcome variables related to mental health in individuals (Rose et al., 2023).

A strengths-based approach can help people manage their health problems using their strengths, capacities, and resources. Women affected by violence can benefit from this new program by developing new skills and strengthening their conditions. According to the stated theories, it seems that using the power-based approach leads to an increase in self-esteem and a decrease in suicidal thoughts. Investigating this approach as a scientific problem in the target society is the main problem and goal of this research. The current study aims to investigate the impact of the power-based approach on increasing self-esteem and reducing suicidal thoughts of women injured by violence.

Methods

The current study was quasi-experimental, with a pre-test-post-test design and a control group. The statistical population included all women injured by domestic violence who had visited Shafaq and Hayat psychology clinics in Ardabil from August to November 2022. G power software program was used to determine the sample size (Faul et al., 2007). Considering α 0.05 and the acceptable level of test power is equal to 0.80 and effect size 0.50, 15 people were obtained in each group. A total of 30 samples were calculated. Inclusion criteria included having a history of injury through violence by the spouse, the absence of acute or chronic disease, having at least a middle school education, and consenting to participate in the study. Exclusion criteria included a history of psychiatric medications, receiving psychological treatment simultaneously, being absent for more than two sessions, and not doing the homework assigned in therapy sessions.

First, the researcher referred to Shafaq and Hayat psychology clinics in Ardabil from August to November 2022. Eligible participants were taken informed consent. In this study, 30 eligible patients were selected and invited to participate purposefully. Moreover, the assignment of individuals to experimental and control groups was done randomly. Each participant received an envelope containing a number and a randomly selected identifier to determine whether they were in the Experimental ($n=15$) or Control ($n=15$) group (Rose et al., 2023). After coordination with Shafaq and Hayat psychology clinics, the treatment goals and the working method were explained to the participants, and the time and place of the treatment sessions were coordinated over the phone. Then, they were asked to fill out the Rosenberg Self-esteem Scale and the Beck Scale for Suicidal Ideation inventory. To protect patient data privacy, researcher assured them their data would be kept confidential. An educational program focused on strengths-based abilities was then administered to the experimental group in 8 sessions once a week and lasting for 90 minutes. Table 1 shows the content of strength-based training adopted by Saleebey (2002). The control group did not receive psychological training during these two months. Both groups received post-test evaluations following these sessions. After completion of the study, an educational technique based on strength was given to the control group as part of the research ethics.

Questionnaire:

The Rosenberg Self-esteem Scale:

This tool was prepared by Rosenberg (1965) to measure self-esteem in people. It is one of the widely used tools in the field of self-esteem measurement, which has acceptable validity and reliability. The questionnaire has ten items, 5 of which are positive (items 1 to 5), and the other five phrases are in negative form (objects number 6 to 10). Cronbach's alpha method was used to determine the reliability of the questionnaire, and this rate was reported as .93. Also, the reliability coefficient of this questionnaire was obtained using the test-retest method (Rosenberg, 2015). The reliability of this tool was reported as 0.73 using Cronbach's alpha method in the sample of Iranian students (Sadeghi & Ezanlu, 2023). The reliability of the questionnaire in this study using Cronbach's alpha was calculated at 0.76.

Beck Scale for Suicidal Ideation (BSSI)

Beck Suicidal Thoughts Questionnaire was created in 1979 to measure a person's susceptibility to suicide, and it contains 19 items that score the severity of symptoms based on the group of sentences in a three-point Likert scale from 0 to 2, and a higher score in this tool indicates more suicidal thoughts. For this tool, Beck et al.'s Cronbach's alpha coefficient was 0.96, and the correlation of this tool with the Beck depression scale in outpatients and inpatients was 0.62 and 0.53, respectively, and the correlation of this tool with the Beck hopelessness scale in outpatients and inpatients, respectively. 0.75 and 0.64 were reported by Bitarafan et al. for this tool, Cronbach's alpha coefficient was 0.82, and the correlation of this tool with the depression scale of the Revised List of Psychological Symptoms-90 in samples including 595 people and 58 people was equal to 0.57 and 0.50. In the present study, the Cronbach's alpha coefficient for this tool was 0.89.

Table 1 - Contents of Strengths-based Protocol Sessions

Number of sessions	Contents
Session 1	A strengths-based approach can be developed by focusing on what works, what makes people feel good, and what people care about. The talents, resources, abilities, capacities, and aspirations of everyone are independent of how easily they express themselves.
Session 2	A client is an expert in her or his situation: She or he knows what is best for them. A practitioner has theoretical and technical knowledge that can assist others rather than hinder them in their actions.
Session 3	The focus is on people and their environments, and interventions are designed to address both.
Session 4	By focusing on individual strengths and abilities, people are able to develop.
Session 5	It is difficult to predict human behavior because it is complex. Trauma does not necessarily

	lead to problems for people who have experienced it, even if it is serious.
Session 6	Intervention is a shared responsibility between practitioners, families, and communities. The basis for intervention planning is a mutual process that uses the available resources. Practitioners must have the ability to discover the strengths of their clients and the environments in which they work.
Session 7	Attempts are made to assess both the risks and strengths of individuals, families, groups, and communities.
Session 8	Interventions are not focused on finding the causes of people's problems, nor are labels or stigmatizing terms used. The goal is to understand how people deal with their difficulties in the present.

In this study, descriptive and inferential statistics were used to analyze data. In descriptive statistics, the mean and standard deviation and the covariance analysis test (to control pre-test scores) was used for inferential statistics. Normal distribution was assessed using Shapiro-Wilk test. Multivariate analysis of variance (MANOVA) was used to assess the effect of an intervention on two dependent variables. Then, univariate analysis of covariance was used to separately assess the effect of an intervention on dependent variables adjusted for baseline values. The variance homogeneity assumption was assessed using Levene's test. The multivariate equality of covariance matrices was evaluated using Box's M. All statistical analysis was performed in SPSS version 26.

Results

Figure 1 shows the flow diagram of participation in the study. Findings from demographic data showed that study subjects were between the age ranges of 26 to 44. The age range in the test group was 31 to 34 (29%), and the age range in the control group was 28 to 31 years (33%). On the other hand, in both groups, most of the women were housewives (68%) and (59%). Moreover, participants' degrees were from middle school to the bachelor's degree in the test group (36%), and in the control group, the associate degree had the highest frequency (40%). Results indicate that between the test and control groups, there was no significant difference in demographic variables (P -value > 0.05).

Figure 1. Flow Diagram

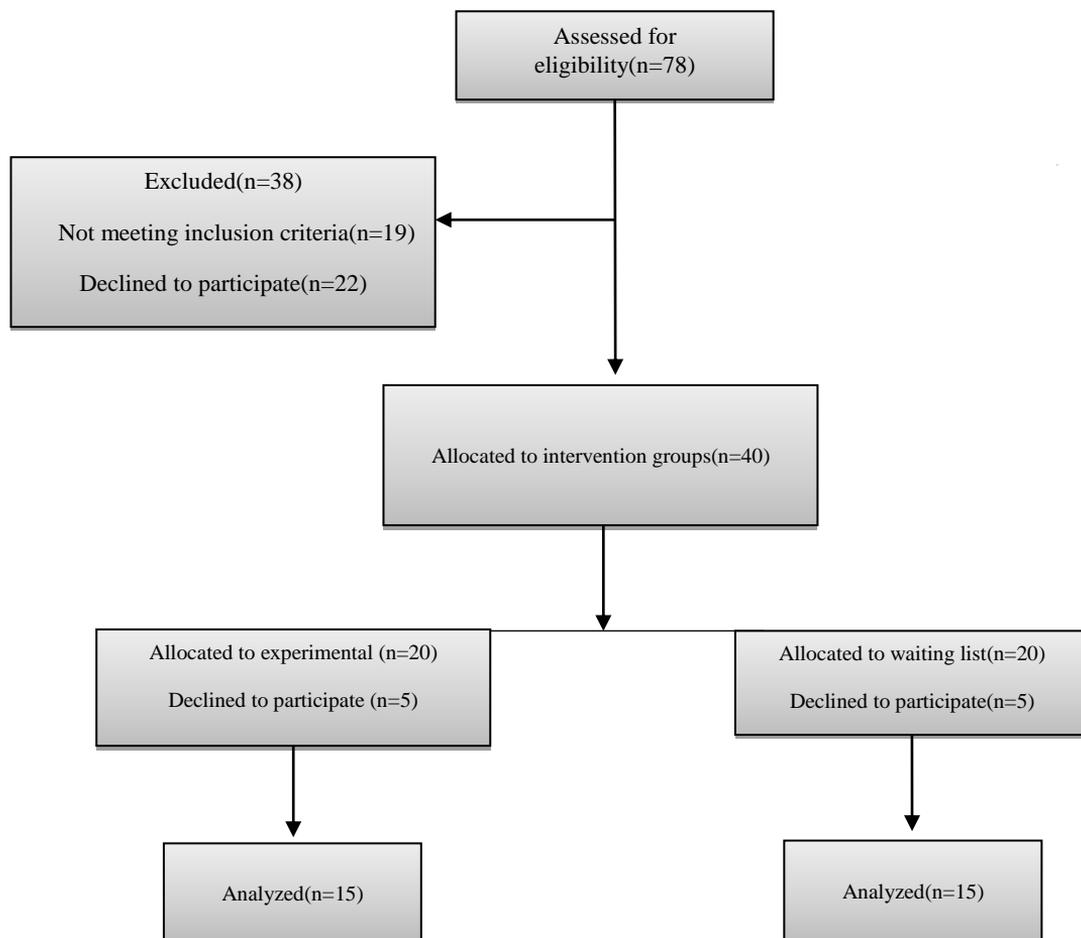


Table 2. Descriptive indicators of pre-test and post-test variables of self-esteem and suicidal thoughts by groups

Variable	Group		Mean±SD	Shapiro-Wilk	p value
self-esteem	Experimental	Pretest	18.67±4.61	0.91	0.121
		Posttest	25.93±3.42	0.95	0.445
	waiting list	Pretest	17.60±3.42	0.93	0.297
		Posttest	17.93±3.06	0.94	0.378
	Experimental	Pretest	16.66±2.60	0.93	0.310

suicidal thoughts		Posttest	12.07±2.71	0.98	0.872
	waiting list	Pretest	14.13±2.35	0.93	0.309
		Posttest	13.73±2.52	0.96	0.677

Table 2 shows the mean and standard deviation of self-esteem variables and suicidal thoughts separately between experimental and control groups, in the pre-test and post-test phases. Also, the Shapiro-Wilk statistic of the experimental and control groups is insignificant in the pre-test and post-test stages of accepting the variables of self-esteem and suicidal thoughts. Therefore, the distribution of accepting self-esteem variables and suicidal thoughts in the pre-test and post-test is normal ($P > 0.05$).

Before using the analysis of the covariance test, its presuppositions were checked. The non-significance of the Shapiro-Wilk test indicated the normality of the distribution of the scores of the research variables ($P > 0.05$). The Mbox test of both variables showed that the assumption of homogeneity of covariance was met (Box's $M_{4,45-p} = 0.2.25$). Also, according to the assumption of homogeneity of the regression slope ($P > 0.05$), multivariate covariance analysis was used to eliminate the effect of the pre-test.

The results related to the reliability indices of multivariate covariance analysis for the variables of self-esteem and suicidal thoughts ($P > 0.01$, $F = 40.07$, Pillai effect-0.762) showed that the difference between the two groups is significant in total and 76.2% of the variance of the variables of self-esteem and suicidal thoughts is caused by the experimental effect.

Table 3. The results of covariance analysis of self-esteem variables and suicidal thoughts in two experimental and control groups

Test Statistic	Variable	SS	DF	MS	F	P	Eta
group	Self-esteem	276.97	1	276.97	56.19	0.00	0.684
	Suicidal thoughts	81.58	1	81.58	28.74	0.00	0.525

According to the results of Table 3, after adjusting the pre-test scores, a significant difference was observed in terms of self-esteem and suicidal thoughts between the experimental and control groups ($p < 0.01$). In other words, the strength-based approach has increased self-esteem and reduced suicidal thoughts in women victims of domestic violence. The strength-based approach has increased self-esteem in the study subjects in the intervention group compared to the control group and reduced the level of suicidal thoughts. The effectiveness of this therapeutic intervention for self-esteem is equal to

0.684, and for suicidal thoughts is 0.525; that is, 68.4% of the differences in the post-test scores of the self-esteem variable and 52.5% of the differences in the post-test scores of the related suicidal thoughts variable, to the effect of the power-based approach.

Discussion

The present research has investigated the effectiveness of the power-based approach on self-esteem and suicidal thoughts of women injured by violence in Ardabil City. The data analysis findings show that strength-based therapy increases self-esteem in women who are victims of domestic violence. Based on the investigations, due to innovation, there was no similar study to compare with the results of the research. In explaining the findings of the research, it can be stated the goal of the strength-based approach is to increase positive emotions through increased happiness, engagement in life, and psychological well-being, and in practice, it seeks to help people develop their capabilities and competencies to achieve mental health. Through increasing positive thoughts and behavior, this approach helps people to compensate for some risks and reduce their negative consequences, which not only reduces negative emotions but also directly leads to the increase and growth of character abilities in people (Sahragard et al., 2022). Strengths-based approaches do not only focus on people's characteristics, but also their environment and a range of circumstances that shape their lives (Remmers et al., 2023), sources of inner strength and a supportive environment that improves a person's ability to achieve higher self-esteem and integration into professional and social life. In order to explain the present findings according to the studies of Ebrahimi and Esmaili (2023), it can be said that positive interventions by satisfying basic needs such as love, autonomy, and attachment increase self-esteem and significantly reduces depression. Therefore, strength-based therapy helps victims of domestic violence to avoid depression and poor mental health by promoting self-care or inner richness, increasing self-esteem, and reducing negative thoughts (Niman & Surbakti, 2022).

In another finding in the present study, it was observed that strength-based therapy reduces suicidal thoughts in women who are victims of domestic violence. Although little research has been done so far on the effectiveness of the strength-based approach on suicidal ideation, our findings were indirectly consistent with the results of Drobnič's (2023) and Shaygan et al. (2022). These researchers reported that strength-based therapy could improve psychological well-being by increasing coping power and helping reduce depression and suicidal thoughts. In order to explain the current findings, positive psychotherapy is a shield against mental problems through the creation and expansion of positive emotions, and as a result, it increases people's mental well-being and happiness. This approach creates meaning in life, reduces psychological problems, and increases the power of adaptation (Rose et al., 2023)

Strength-based therapy, emphasizing the experience of positive emotions, often improves women's adaptability, coping power, and self-esteem by creating a better ability to use capabilities and adaptability for facing life's problems and challenges in the family environment. Using interventions in strength-based therapy, increases individual and family psychological components, positive emotions, positive challenges, and meaning in life and decreases negative thoughts (Emmett, 2023). Previous findings suggest that a high-impact strength-based approach can successfully reduce intimate partner violence (Bolton et al., 2022). Accordingly, Harn (2017) investigated the effect of strength-based therapy on people who experienced domestic violence. The results showed that the intervention based on character strengths effectively improves the self-esteem of people injured by violence, significantly increases their mental health, and reduces their depression and negative thoughts. Evidence shows that a strengths-based approach improves health outcomes, including reduced hospitalization rates, increased self-efficacy, and improved self-esteem and hope (Flückiger et al., 2023). the likelihood of follow-up and knowledge transmission lends credence to the notion that these treatments are most successful when followed up to ensure that fundamental behavioral changes are made. It is necessary to perform additional research to confirm and prove this premise. The study's results offered ground-breaking information for researchers and experts interested in the development.

This study was limited in scope due to the small number of participants and the self-report nature of the measure, which may have led to response bias. In some cases, women traumatized by violence may systematically respond to all items positively or negatively, regardless of the construct being assessed. the sample was taken from only two clinics in one city. This may limit the generalizability of the findings to women traumatized by violence who present at the clinic from other regions or cities.

Conclusion

The results indicate a significant impact of the power-based approach on self-esteem and suicidal thoughts in the victims of domestic violence among Ardabil women. According to the findings of this study, at the functional level, psychologists and counsellors are recommended to improve the psychological components of women injured by violence through strength-based therapy.

Disclosure Statements

The Authors of this research has no conflict of interest.

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