



Protective Factors Affecting Successful Resilience in Intimate Partner Violence: A Systematic Review

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ABSTRACT

This literature review identified five articles to show the information about the protective factors that can help women victims of intimate partner violence to attain a state of resilience. A systematic review of studies in resilience in women victims of intimate partner violence. With inclusion and exclusion criteria; English language peer-reviewed articles; studies focusing on resilience in victims of IPV; studies conducted on women participants. The review findings indicated that the most mentioned protective factors in helping IPV victims to attain resilience are abusive behavior awareness and formal or informal social support.

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ABSTRAK

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INTRODUCTION

Intimate partner violence (IPV) has a short term and long-term impact; from physical to mental health (Campbell, 2002). Latest information from the 2005 Behavioral Risk Factor Surveillance System (BRFSS) of Centers for Disease Control and Prevention (CDC) showed that 23.6% females and 11.5% males reported experiencing physical or sexual IPV throughout their lives (Breiding, Black, & Ryan, 2008). In women's life, IPV is generally a chronic stress that threatens their physical and psychological well-being (Bogat, Levendosky, Theran, Von Eye, & Davidson, 2003). Diminished physical health status, decreased labor or occupational involvement, enhanced poverty, suicidality, parental deficiency and generally decreased quality of life have been recorded as one of the severe functional effects of violence against women (Mechanic, 2004). The impact of IPV on the largest incident of mental health is the risk of depression and PTSD (Campbell, 2002). As stated by Briere and Jordan (2004), the most frequently reported mental health effects of IPV are posttraumatic stress disorder (PTSD), complicated PTSD and depression, anxiety and drug abuse.

Beside the effect on victims, kids will also be influenced if IPV remains in family relationships. Children who are exposed to IPV in their childhood is associated with a tendency to do IPV in their adult life (Hamby, Finkelhor, Turner, & Ormrod, 2011). Gil-Gonzalez, Vives-Cases, Ruiz, Carrasco-Portiño, & Álvarez-Dardet (2007) found that exposure to violence in perpetrators' childhood is linked with occurrence of IPV, but there is a need for more knowledge on how IPV is affected by risk factors such as childhood violence experience in perpetrators. Children who are exposed to IPV may also be affected by the stress levels and trauma of their parents, which may in turn affect their parenting behavior (Carpenter & Stacks, 2009).

If their parents are affected by IPV and developing disorganized/disoriented pattern of attachment, they are at the highest risk in later behavioral problems, including become IPV perpetrator. Children with abusive parents may experience physical abuse and parental rejection, thus resulting in insecure attachment. As noted by Dutton & White (2012), broad spectrum attachment disorders play an important role in IPV's psychological predictors.

To break this abusive cycle, actions that can be taken are prevention programs and minimization of IPV impact on victims. Jewkes (2002) suggested a number of prevention programs that could be carried out, such as, creating climate of non-tolerance of IPV, empowering women and improving their status in society, reducing use of violence, changing community norms, and research and monitoring. For the victims, they can try to minimize the impact of IPV so that it would not affect their individual functions. One of the factors that is found to minimize the impact of IPV is the presence of resilience in victims. As stated by Catabay, Stockman, Campbell, and Tsuyuki (2019), resilience can enhance stress resistance by enabling higher access to beneficial emotional resources.

Resilience is described as the process of adjusting effectively to adversity, trauma or major stressors and a process of harnessing resources to maintain well-being (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014). Grotberg (1995) stated that resilience is important because resilience is a universal capacity to prevent, minimize or overcome the harmful effects of adversity.

In resiliency process, there are two variables that influence each other, i.e. adversity (unpleasant experience) as a risk factor, and positive adaptation as the reaction to the

risk factor (Dewi & Hendirani, 2014). Therefore, two factors that can influence the process to attain resilience are risk factor and protective factor.

An individual can attain the resilience state if their protective factor is stronger compared to the risk factor. Protective factor is a factor that can help an individual in attaining resilient state. According to Schoon (2006) and Nasution (2011), protective factor plays some role in reducing and/or altering the effect of adversity and strengthen resilience.

But, it is important to note that resilience determinants may also vary depending on the context and particular difficulties (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014). In the context of IPV, there are many factors that can help the victims to attain a resilient condition. This systematic review aims to identify the protective factors that are needed by the victims to aid them in attaining a resilient condition. A systematic review is done to identify the protective factors from a wide array of individuals with varying backgrounds.

METHODS

This literature review shows the information about the protective factors that can help women victims of IPV in attaining a state of resilience. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines is performed in this literature review (Moher, Liberati, Tetzlaff, & Altman, 2009).

Literature Search

A computer search of Science Direct and SAGE Journals was conducted in September 2019. A filter was specified to include only research article published since 2011. The keyword used to search for the relevant research articles were "resilience" AND "intimate partner violence" AND "women" OR "female".

Titles and manuscript abstracts were screened by the researcher for eligibility. Abstracts that did not provide detailed relevant information would require a thorough check to determine if they were still appropriate for use in the review. Data were collected from articles in full text that were deemed relevant for the purpose of the review, a quality analysis of the papers included was performed independently using the *Critical Appraisal Skills Programme* (CASP).

Inclusion and Exclusion Criteria

The inclusive criteria set out in this review included whether the papers provided appropriate data concerning resilience in women victims of IPV. The criteria for selecting the articles were: English language peer-reviewed articles, studies focusing on resilience in victims of IPV, and studies had to be conducted on women participants. In addition, papers on the following problems were also excluded from the review process: IPV treatment and programs, other violence-related problem.

Study Selection and Data Extraction

From September to October 2019, data extraction and synthesis were performed. A total of 81,624 papers were produced in the original literature; 81,087 in Science Direct

and 537 in SAGE. Titles of papers have been evaluated to screen online databases for eligibility and duplication. Since the original search was purposely wide, many titles reflected non-relevant research. Articles abstracts were examined if the title alone did not show eligibility. Resulting in 11 potentially eligible papers remained. These 11 complete text

documents were then evaluated on the basis of inclusion and exclusion criteria for eligibility. 4 Full text documents were excluded for failure to meet the criteria for inclusion. Based on CASP, the quality of each of the remaining 7 papers was assessed. Exclusion reasons are outlined in Figure 1.

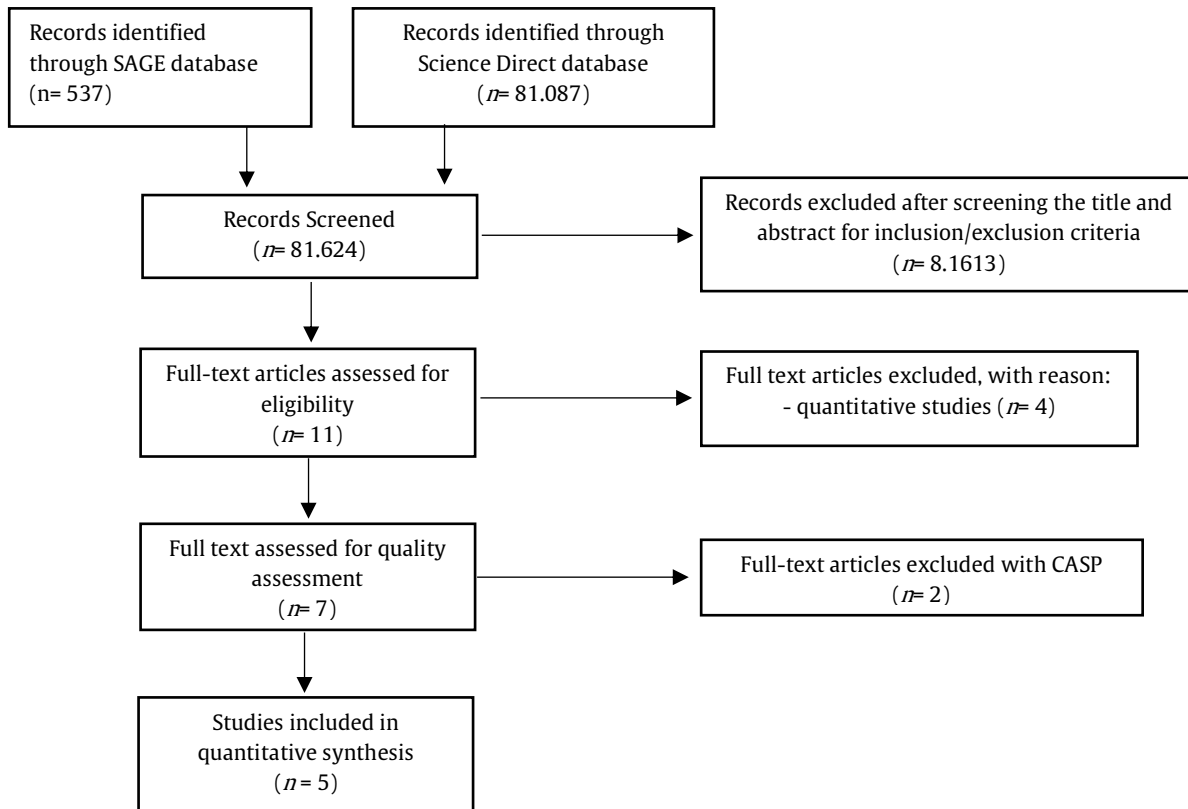


Figure 1. Flow diagram

RESULTS AND ANALYSIS

The final sample consisted of 13 articles. The studies included a total of 81 women victims of IPV. The reviewed studies were conducted in the US, Canada, and India. The participants were women victims of IPV whether still in an abusive relationship or just got out from their abusive relationship. There were also some pregnant participants, recently labored participants, and social workers in violence-victim shelter. From 5 studies about resilience in IPV victims, two protective factors were identified: internal protective factor, and external protective factor. An effective protective factor can help IPV victims, but it depends on the condition and background of the IPV victim.

Internal Protective Factor

Internal protective factor is a factor that come from the inner self to help IPV victims avoid risk of abuse experience, such as, changing mindset about her own self (Schaefer, et al., 2019), enhancing spirituality (Andreson, Renner, & Danis, 2012), reflecting past abusive experience (Crann & Barata, 2015), and knowledge or awareness about abuse (Crann & Barata, 2015; Crann Barata 2019; Schaefer, et al., 2019).

Changing mindset about own self is an important protective factor for IPV victims who decided to leave their abusive relationship. After the victim successfully decide to

leave their abusive relationship, they become aware that they are able to move forward and “making it on their own”, thus, increasing their own self-esteem and self-worth (Schaefer, et al., 2019).

From the study conducted in the US rural area, spirituality is found to be an important internal factor that can help IPV victim achieve resilience. The victim feels that spirituality, “God is a source of comfort”, so spirituality tends to increase their psychological well-being (Andreson, Renner, & Danis, 2012). For the IPV victims who experienced abuse, reflecting their past abusive experience can also help them to attain resilience. Those thing made IPV victims feel that they were “too open” and “overwhelmed with others’ need”, so they need to set their boundaries (Crann & Barata, 2015).

For the IPV victims who are still not able to leave their abusive relationship, the important protective factor to have is awareness toward abuse. (Crann & Barata, 2015; Crann Barata 2019; Schaefer, et al., 2019). The study conducted in Canada stated that, IPV victims who are also immigrants, admit that they just decided to leave their abusive relationship after living in Canada, which has also made them aware that they were in an abusive relationship (Crann & Barata, 2015).

The finding is closely related to the study of IPV victims who works as an advocate, the participant stated that they just recently aware that they are an IPV victim after sharing

similar stories with the violence victims living in the shelter and after the shelter manager told them the characteristic features of an IPV victim (Crann & Barata, 2019). It is also noted by Schaefer et al (2019) that it is important to educate IPV victims about the cycle of IPV; warning signs, and how to enhance safety when leaving violent relationship.

External Protective Factor

Four out of five studies reported that social support is an important and crucial factor for IPV victims to achieve resilience (Andreson, Renner, & Danis, 2012; Shanthakumari, Chandra, Riazantseva, & Stewart, 2013; Crann & Barata, 2015; Schaefer et al., 2019). Social support comes from many sources, the effectivity of social support sources is heavily depended on the context and IPV victims' background. Social support can come from formal or informal social networks (Schaefer, et al., 2019), informal support system e.g. family (Andreson, Renner, & Danis, 2012; Shanthakumari, Chandra, Riazantseva, & Stewart, 2013; Crann & Barata, 2015), friends and supportive employers (Andreson, Renner, & Danis, 2012; Shanthakumari, Chandra, Riazantseva, & Stewart, 2013), and fellow women victims (Shanthakumari, Chandra, Riazantseva, & Stewart, 2013)

For IPV victims who are pregnant and recently labored, they feel that the environment they need is an environment where there are people who can listen to them and provide emotional support. While pregnant woman might need additional emotional support and tangible resources (Schaefer et al., 2019).

For IPV victims who lives in the rural area, they strongly need social support from their nearest peers, due to the unavailability of shelters nor adequate police assistance to aid their abusive relationship. They also feel that informal social support is more helpful in attaining resilience compared to the formal social support (Anderson, Renner, & Danis, 2012). It is also found in IPV victims in India, due to the lack of social service and law in India, they feel that formal social support is highly unhelpful (Shanthakumari, Chandra, Riazantseva, & Stewart, 2013).

Crann dan Barata (2015) found that support from family can help IPV victims leave their abusive relationship and reduce self-blame. Informal support system from family, friends and supportive employers can help IPV victims because it provides affirmation, encouragement, stability, and resources; financial and housing (Andreson, Renner, & Danis, 2012).

CONCLUSION

The helpful protective factors for IPV victim in achieving resilience are awareness toward abusive behavior and social support, be it informal or formal. Protective factor that is needed by each IPV victims is also varies, depend on the background and living environment. The victims who live in privileged areas may find it more helpful in seeking formal social support, e.g. social service center, and shelter. But those do not necessarily apply to victims who lived in an underprivileged area. Similarly, awareness factor is needed more by IPV victims who live in rural areas and in the environment where abusive relationship is deemed normal, also in a highly patriarchal country.

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