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Traumatic Growth and Psychological Resilience Status of Female Victims of Violence Inpatients in a District Psychiatric Hospital

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ABSTRACT

The aim of this study was to examine the traumatic mental growth and psychological resilience status of females who were receiving inpatient treatment at a district mental health hospital and had a history of being subjected to violence. One hundred-twenty female patients with a history of exposure to violence participated in the study. An introductory information form, the Traumatic Growth Inventory (TGI) and the Psychological Resilience Scale for Adults (PRSA) were used for data collection. This study found that all the participants were subjected to emotional violence, 65.8% to physical violence, 30.8% to sexual violence, and 94.2% to verbal violence at some point in their lives. Their TGI mean score (60.96 ± 11.91) was above average, while their PRSA mean score (97.90 ± 9.18) was below average. The participants' mean scores on the TGI and PRSA did not vary significantly by the type of violence ($p > 0.05$) to which the women were exposed. Moreover, no statistically significant relationship was found between the TGI and the PRSA total scale and subscale mean scores ($p > 0.05$). This study found that the posttraumatic growth of females who had a history of physical or emotional or sexual abuse was positive, and that their psychological resilience levels were inadequate.

Introduction

Violence, which emerged with the history of mankind, is the enforcement of power or authority on oneself, other human beings, a group or community, through threats or in person, which results in or is likely to result in injury and harm (Çamcı & Kutlu, 2011). The World Health Organization refers to many types of violence such as physical assault, murder, verbal assault, emotional, sexual and racial harassment (WHO, 2015). Violence against women, a form of gender discrimination against women, is defined as violence experienced by women in every stage of their lives. It occurs in different forms and affects women's health (Salaçin, Ergönen, & Demiroğlu-Uyaniker, 2009). Violence against women is a very common health problem in all the world's cultures, regardless of geographic boundaries, economic development or level of education. Violence severely affects individuals not only physically, but also emotionally and socially. Studies report that victims of violence experience high incidence of physical injuries as well as psychological disorders such as drug and alcohol use, depression, sleep disorders, suicide attempts, social isolation, headaches and low self-esteem (Anderson, Renner, & Danis, 2012; Güler, Tel, & Özkan Tuncay, 2005; Rusch, Shvil, Szanton, Neria, & Gill, 2015).

Female victims of violence are often treated directly or indirectly in psychiatric units for these mental problems. Indeed, a survey of patients in psychiatric hospitals found that 18% of the patients had a history of abuse, and also reported that suicide risk, substance abuse and borderline personality disorders in this group of patients were significantly higher than in other patient groups (Page & İnce, 2008).

Akyüz, Kuğu, and Doğan (2002) conducted a study in a psychiatric outpatient clinic in Sivas and found that 57% of women experienced physical violence (Akyüz et al., 2002). Vahip and Doğanavşargil (2006) carried out a study with women who visited psychiatric outpatient clinics and reported that 63% and 62% of them had experienced physical violence at least once in their childhood and married life, respectively. They also found that 51% of them engage in physical violence against their children (Vahip & Doğanavşargil, 2006). Örsel, Karadağ, Karaoğlan-Kahiloğulları, and Aktaş (2011) reported that 65.7% of women with mental distress had experienced at least one form of emotional, physical or sexual abuse during childhood, and 6.1% had experienced all three types of abuse (Örsel et al., 2011).

Traumatic life events are the most visible causes of mental disorders. These events include separation from parents, lovers, spouses, friends or birthplace, losing loved ones, mental or physical illness,

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natural disasters such as earthquakes, floods, landslides and fires, economic losses, professional, academic or commercial failure and exposure to violence such as war, torture, sexual harassment or rape (Eskin, Akoğlu, & Uygur, 2006). The incidence of such events is higher for psychiatric patients than for non-patients (Kessing, Agerbo, & Mortensen, 2003; Leskelä et al., 2004). Traumatic life events reduce people's mental balance and psychological resilience making them more prone to mental disorders (Eskin et al., 2006). Eskin et al. (2006) found that 75.4% of patients experienced at least one traumatic life event in their lifetime.

Traumatic experiences in the etiology of disorders such as depression, dissociation and anxiety can trigger positive changes as well as negative psychological problems (Kağan, Güleç, Boysan, & Çavuş, 2012). The concept of post-traumatic growth is used to express the positive psychological changes that arise after a situation that requires a serious struggle (Yılmaz, 2006). According to Tedeschi and Calhoun (1995), post-traumatic growth includes positive changes in three areas of “strength of social support networks,” “increase in personal resources” and “acquisition of effective coping styles.” (Tedeschi & Calhoun, 1995) These positive changes in post-traumatic growth may develop suddenly or over time after a traumatic event (Yılmaz, 2006).

Psychological resilience is a person's ability to recover from traumatic experiences or to cope successfully with disasters (Çam & Büyükbayram, 2015). According to Fraser, Galinsky, and Richman (1999), it is the ability to adapt positively to unexpected life events (Fraser et al., 1999). Psychological resilience is the process of adaptation to significant stressors such as trauma, threats, violence, familial and relational problems, serious health problems, workplace and financial problems. Although many factors affect psychological resilience, the factors can be grouped in three general categories: family coherence and support, personal structural features and external support systems (social support). Personal characteristics include physical strength, positive coping behaviors (e.g., flexibility, acceptance and humor), optimism, being social, intelligence, communication skills and self-efficacy, ability and post-traumatic growth. Family harmony and support involves relationships with at least one parent or a substitute parent. External support systems consist of friends, teachers, neighbors and others who support efforts to overcome difficulties (Basim & Çetin, 2011; Rusch et al., 2015).

Ironically, risky situations can have positive effects in the formation of psychological resilience. Situations such as exposure to domestic violence, physical or sexual abuse and neglect may increase the psychological resilience of the individuals exposed to them (Öz & Bahadır-Yılmaz, 2009). However, these situations can also lead to mental disorders by diminishing their victims' psychological resilience (Delaney-Black, Covington, Ondersma, et al., 2002; Song, Singer, & Anglin, 1998).

In summary, exposure to violence as a traumatic life event has negative consequences but can also increase psychological resilience by triggering positive changes. This study was conducted to examine the traumatic mental growth and psychological resilience of female patients who were receiving inpatient treatment at a district mental health hospital and had a history of being subjected to violence.

Method

Research design

The study was designed as cross-sectional, relationship-seeking and descriptive research.

Research questions

1. What are the traumatic growth and psychological endurance levels of female patients receiving inpatient treatment in a regional psychiatric hospital?
2. Is there a difference in the traumatic growth and psychological endurance scores according to the types of violence that female patients receiving inpatient treatment in a regional psychiatric hospital are exposed to?
3. Is there a relationship between the traumatic growth and psychological endurance of female inpatients in a regional psychiatric hospital?

Research universe and sample

One hundred twenty female patients who had a history of being subjected to violence and were receiving inpatient treatment at a district mental health hospital between March and July 2017 constituted the research sample. In order to increase the sample size of the study, no sample calculations were made and all female patients meeting the sampling selection criteria during the study dates were included in the study. No sampling was done, and all the patients who met the inclusion criteria were included in the study.

Research inclusion criteria

The research inclusion criteria were: having a diagnosed psychiatric disorder according to DSM-5 diagnostic criteria, receiving inpatient treatment at the hospital on the date of data collection, being female, having been exposed to violence and the patient herself or her guardians being willing to participate voluntarily in the research. First, an information form was given to those patients that were cognitively qualified (no mental retardation or within the acute phase of disease) to competently answer the questions and those that were approved by psychiatrist working in the clinic. This form was used to determine whether they had been exposed to violence or not. Subsequently, women with a history of violence were informed of about the study and asked to fill in the scales of this. Within the scope of the study, a total of 420 people was reached, of which 120 patients met the sample selection criteria.

Data collection tools

An introductory information form about sociodemographic characteristics and the participants' exposure to violence, the Traumatic Growth Inventory (TGI) and the Psychological Resilience Scale for Adults (PRSA) were used to collect the research data.

Information form

This form was prepared by the researchers after a comprehensive literature review and consists of 15 open- and closed-ended questions to determine the female patients' sociodemographic characteristics and exposure to violence. The Information Form included questions about the age, education, and economic status of the patients, people living with them, mental illness diagnosis, disease and duration of treatment, exposure to physical, verbal, sexual, and emotional abuse, type and duration of violence, and the person applying the violence (Akyüz et al., 2002; Çamcı & Kutlu, 2011; Eskin et al., 2006; Güler et al., 2005; Örsel et al., 2011s).

The Traumatic Growth Inventory (TGI)

This psychometric tool was developed by Tedeschi and Calhoun (1995) to measure positive mental changes after trauma. Kağan et al. (2012) performed the Turkish validity and reliability study for the scale (Kağan et al., 2012; Tedeschi & Calhoun, 1995). The scale has three subscales: change in self-perception (items 5, 10, 11, 12, 13, 15, 16, 17, 18, 19), change in life philosophy (items 1, 2, 3, 4, 7, 14) and change in relationships (items 6, 8, 9, 20, 21). It is a six-point Likert type scale with 21 items. Scores on the scale range from 0 to 105. The scale is evaluated using the total score. High scores indicate positive post-traumatic growth after a traumatic event. The Cronbach's alpha