Predicting Quality of Life and Domestic Violence against Women During COVID-19 Quarantine Based on Resilience and Coping Styles

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Abstract

Background: Restrictive measures caused by the COVID-19 have exposed the families’ structure to some critical issues such as reduced quality of life and increased domestic violence. For this reason, the study of psychological factors are essential in this regard.

Objectives: The study aimed to predict the quality of life and violence against women during COVID-19 quarantine based on resilience and coping styles.

Methods: This descriptive correlation study was conducted on all married women in Karaj from October 1 to November 30, 2020. A total of 241 people were randomly selected as the sample and answered the questionnaires about coping styles, quality of life, violence against women, and resilience scale. The data were analyzed by Pearson correlation test and regression analysis.

Results: There was a significant positive relationship between resilience, efficient coping style, and quality of life, as well as a significant negative relationship between inefficient coping style and quality of life (P < 0.01). A significant negative relationship was observed between coping style with domestic violence, as well as a significant positive relationship between dysfunctional coping style and domestic violence (P < 0.01). Resilience and effective coping style predicted the quality of life, domestic violence, and ineffective coping style of domestic violence against women (P < 0.01).

Conclusions: According to the results, individual and psychological factors of people could play a significant role in the occurrence of violence and thus reduce their quality of life. In educational-therapeutic sessions, counselors and family therapists increased the quality of life and reduced violence by examining coping styles and resilience to use educational strategies in this area.

Keywords: Resilience, Coping Styles, Quality of Life, Domestic Violence, COVID-19 Quarantine

1. Background

COVID-19 causes stress in people and leads to significant health problems (1). According to Bo et al. (2021), traumatic conditions caused by the COVID-19 can lead to dysfunctional relationships and even violence between couples (2). COVID-19 epidemics have been linked to increased rates of domestic violence in many countries (3), a significant health problem for women and a latent epidemic (4). Studies have shown that the negative psychological effects of domestic violence and quarantine have multiplied during the COVID-19 epidemic, which has devastating effects on the health and quality of life of victims and their families (5, 6). Domestic violence against women reduces their quality of life and mental health (7, 8).

Coping styles are one of the structures that directly affect the quality of life of people and consequently domestic violence. A lack of appropriate coping styles among couples can result in increased stress and inability to communicate and solve problems when events and conflicts cause anxiety. Couples utilize different styles as part of their vulnerability profile, and inappropriate strategies are more likely to create problems (9). For example, violence occurs when the balance between pressure and internal restraint is upset (10). According to Woolfolk & Richardson (1984), stress responses are not a direct result of environmental factors because they are neutral and can not cause stress reactions. Stress results from the organism evaluating, understanding, and interpreting situations and events (11). Coping styles reduce stress and resolve conflict (12, 13), and conflicting groups use inefficient coping methods (14). Effective and ineffective coping strategies predict the quality of life (15), and coping strategies with violence against women have a significant correlation (16).

Resilience is one of the variables that influence couples’ relationships and can be influenced by coping styles...
2. Objectives

Therefore, this study aimed to predict the quality of life and violence against women during COVID-19 quarantine based on resilience and coping styles.

3. Methods

This descriptive correlation study included all married women in Karaj from October 1 to November 30, 2020. The available sample and internet implementation methods were used due to traffic and social communication restrictions. The e-mail address of the questionnaires was published for two months through social networks (Telegram and WhatsApp) for women in Karaj after determining the geographical location of Karaj. A total of 344 people answered the questionnaires, which were examined in SPSS software version 25, and participants who did not meet the inclusion criteria according to demographic information were excluded. Finally, the questionnaires of 241 women were analyzed as the final sample of the research using Pearson correlation tests and simultaneous regression analysis by SPSS software.

The inclusion criteria were age range of 20 - 50 years, being non-divorced, and lack of the death of a spouse, having a diploma or higher, and informed consent to participate in the study.

The measurement tools used in the research were the resilience Scale developed by Connor and Davidson (21) with 25 items. The answers to the questions are set on a 5-point Likert scale (completely incorrect = zero to always true = 4), and the score ranges from zero to 100. The scale validity by factor analysis method showed that the coefficients of other questions were reported between 0.14 and 0.64 except for three questions. Ebadatpour et al. calculated Cronbach’s alpha method and reported as much as 0.90 (22). In the present study, the reliability of Cronbach’s alpha method was 0.91.

Violence Toward Women Inventory (VTWI) Questionnaire was prepared by Haj-Yahia (23), which contains 32 items based on a 3-point scale (never = 1; once = 2; twice or more = 3). The range of scores is between 32 and 96. Haj-Yahia reported the reliability of Cronbach’s alpha method for psychological violence (0.71), physical violence (0.86), sexual violence (0.93), and economic violence (0.92) (24) (Etesamipour, 2012). Cronbach’s total alpha is reported as much as 0.76 (25). In the present study, the reliability of Cronbach’s alpha method was 0.94.

World Health Organization quality of life (WHOQOL-BREF) questionnaire was regulated by the World Health Organization (26) with 26 questions. The answer to the questions is set to 5 options (basically = 1 to very high = 5), and questions 3, 4, and 26 are scored negatively. The range of scores is between 125 - 25. The reliability in Iran was evaluated by retesting method (with a three-week interval), halving, and Cronbach’s alpha, and all three cases indicated the desirability of the scale. The validity of this scale for physical health, mental health, social relations, and living environment was reported as much as 0.70, 0.77, 0.65, and 0.77, respectively (27). In the present study, the reliability of Cronbach’s alpha method was as much as 0.92.

Coping Styles Questionnaire was developed by Billings, & Moos (28), consisting 32 items and two types of effective and ineffective coping strategies. The response to the items is set to four Likert options (never = zero to always = 3). The reliability coefficient of the questionnaire was 0.79, and its internal consistency was reported from 0.41 to 0.66. In another study, the Cronbach’s alpha was reported for the effective coping strategy (0.72) and an inefficient coping strategy (0.75) (29). In the present study, the reliability of Cronbach’s alpha method was as much as 0.76.

4. Results

According to Table 1, out of a total of 241 participants, 63 (26%) had the highest frequency in the age range of 35-39 years, and 9 (4%) had the lowest frequency in the age range of 20-24 years. In addition, 61 (25%) of them had a diploma, 16 (7%) had an associate, 102 (42%) had a bachelor, 53 (22%) had a master, and 9 (4%) had a doctorate. The findings also

(17). Resilience in family and spouse relationships is a trait to help individuals and spouses be less affected by adverse events. Unmarried spouses cannot adjust to the unfortunate situation and stress caused by marital problems, increasing marital dissatisfaction (18). People with higher resilience reported higher levels of family cohesion, more effective communication, and fewer problems in family functioning, but people with low resilience report more problems in family relationships (19). Resilience is significantly effective in predicting the quality of life (20). Studies have revealed that domestic violence against a partner exposes him/her to significant physical and psychological harm with devastating and lasting effects on the health and quality of life of victims and their families (6). Accordingly, it is possible to identify the factors affecting the quality of life and domestic violence and their various aspects based on the access of victims of domestic violence to support systems and health services, which have been limited during COVID-19 outbreak. The support systems provide education, intervention, and treatment for victims and their families.
showed that 82% of participants reported high levels of domestic violence, and 16% reported moderate levels of domestic violence during quarantine due to COVID-19. Moreover, 58% of participants had an average quality of life, and 36% had low quality of life. The mean and standard deviation of the variables are presented in Table 1.

Table 2 presents the correlation matrix of research variables.

According to Table 2, the variables of resilience, quality of life, and dysfunctional coping styles are significantly correlated to domestic violence (0.01).

The results of the simultaneous regression analysis used to predict quality of life and domestic violence against women based on tolerance and coping styles are summarized in Table 3.

According to Table 3, the resilience and coping styles (efficient, inefficient) are significantly correlated to quality of life and domestic violence, respectively. In addition, the ineffective coping style and resilience predict quality of life, but only ineffective coping style predicts domestic violence against women. Domestic violence has been predicted from variance. The predictor variables for domestic violence are resilience and dysfunctional lifestyle.

5.1. Conclusions

This study aimed to predict the quality of life and violence against women during COVID-19 quarantine based on resilience and coping styles. Generally, the results showed resilience and an effective coping style of quality of life and predicted the dysfunctional style of domestic violence against women during the COVID-19 quarantine.

The first finding found a significant positive relationship between dysfunctional coping styles and domestic violence and predicted dysfunctional coping styles of domestic violence against women. This result is consistent with those of Mirhashemi and Sabori (16) and Moosavi and Homaei (15). Individuals can overcome many difficulties related to social, physical, and psychological relationships by using coping styles. Coping styles refer to methods of dealing with problems. People who employ an escape-avoidance style in stressful situations lose the opportunity to solve problems. These conditions not only keep the problem going but also bring the stress back to life over and over again. However, the most detrimental variables for intimate relationships are mild and chronic external stressors, which are transmitted to intimate relationships. These stressors cause tension and conflict between couples and alienation between them, increasing the likelihood of divorce (30). According to Altheimer, escape strategies, avoidance, and acceptance of responsibility are part of the dysfunctional coping to balance emotions and control emotional reactions. According to Lang & Scott’s the-
Table 2. Correlation Matrix of Research Variables

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Domestic violence</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Resilience</td>
<td>-0.188**</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Quality of life</td>
<td>-0.284**</td>
<td>-0.638**</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4. Efficient coping style</td>
<td>0.077</td>
<td>-0.325**</td>
<td>-0.325**</td>
<td>1</td>
</tr>
<tr>
<td>5. Inefficient coping style</td>
<td>0.285**</td>
<td>0.493**</td>
<td>-0.316**</td>
<td>0.111**</td>
</tr>
</tbody>
</table>

P-Value

> 0.05*
> 0.01**

Table 3. Summary of Regression Analysis Results for Predicting the Quality of Life and Domestic Violence

<table>
<thead>
<tr>
<th>Predictive Variables of Simultaneous Model</th>
<th>RR</th>
<th>RS</th>
<th>F</th>
<th>PValue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life</td>
<td>0.651</td>
<td>0.423</td>
<td>58.013</td>
<td>0.0001</td>
</tr>
<tr>
<td>Resilience</td>
<td>0.629</td>
<td>0.065</td>
<td>0.602</td>
<td>0.727</td>
</tr>
<tr>
<td>Efficient style</td>
<td>0.091</td>
<td>0.273</td>
<td>0.010</td>
<td>0.352</td>
</tr>
<tr>
<td>Inefficient style</td>
<td>-0.272</td>
<td>0.005</td>
<td>-0.128</td>
<td>2.596</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>0.302</td>
<td>0.091</td>
<td>7.90</td>
<td>0.0001</td>
</tr>
<tr>
<td>Resilience</td>
<td>0.090</td>
<td>0.062</td>
<td>0.113</td>
<td>1.454</td>
</tr>
<tr>
<td>Efficient style</td>
<td>-0.060</td>
<td>0.250</td>
<td>-0.007</td>
<td>0.220</td>
</tr>
<tr>
<td>Inefficient style</td>
<td>0.379</td>
<td>0.010</td>
<td>0.249</td>
<td>3.781</td>
</tr>
</tbody>
</table>

P-Value

> 0.05*
> 0.01**

The second finding revealed a positive and significant relationship between effective coping style and quality of life and a negative and significant relationship between inefficient coping style and quality of life, and effective coping style predicts women’s quality of life. This finding is consistent with those of Moosavi and Homaei (15). Individuals rely on coping styles in stressful situations to utilize adaptive resources and care strategies to protect themselves against the negative effects of stress (33). In the coping process, individuals make behavioral and cognitive efforts to prevent, regulate, and suppress stress. Coping styles are the process by which a person manages demands beyond personal resources and capabilities in threatening situations and changes according to the success of efforts from the effects of stress and injury (34). Individuals estimate or evaluate stressful situations and reduce the production of negative emotions by internal and external desires through effective coping skills (35). Effective coping style leads to prevention, management, and reduction of stress by creating cognitive and behavioral efforts, which can reduce the impact of stress on mental health and increase mental health and mental and social adjustment (36), contributing to a healthy lifestyle as a result of the quality of life.

The third finding revealed a significant negative relationship between resilience and domestic violence. These findings are consistent with those of Moosavi and Homaei (15). The growth trajectory is protected from problematic behaviors and psychological damage by resilience and leads to adaptive consequences despite adverse conditions. Stress is a factor that helps people cope with difficult life situations and protects them from mental disorders and problems (37). However, resilience protects people against stressful situations and improve their social ability when facing problem. Domestic violence is also considered a threatening situation, and people with high resilience can better overcome their problems. People with low resilience take a conservative and inflexible approach when dealing with stressful situations and behave inconsistently. In contrast, people with high resilience experience more positive emotions and flexibility and greater self-confidence and resilience (38).

The fourth finding stated a significant positive relationship between resilience and the quality of life of women during COVID-19 quarantine, and resilience predicts the quality of life of women during COVID-19 quarantine. This findings are consistent with those of Razmpush et al. (20). Resilience is considered a two-dimensional concept, i.e., the importance of adversity and positive adjust-
ment, which can affect the quality of life and its dimensions (39). Individuals who are resilient reduce the magnitude of the threat when assessing it and expect that their efforts will be fruitful. People with high resilience can cope better with stress and redefine and interpret their conflicting experiences (40). Resilient people can reach a proper balance and position through the necessary competencies to solve problems in crisis and stressful situations by using positive emotions and reducing negative emotions. According to Garmezy (41), resilient people are able to take responsibility for their circumstances and problems and are optimistic about life with positive self-knowledge (42). Therefore, people with these characteristics use effective solutions to stressful situations to improve their quality of life.

The results of the research showed that the quality of life and domestic violence against women are influenced by coping styles (either efficient or inefficient) and resilience. The results of this study indicated that the personal and psychological factors of the abused person can play a significant role in the occurrence of violence and reduce the quality of life. Therefore, measures can be taken to improve the individual and psychological characteristics of women in society, such as effective coping styles and resilience to better deal with this phenomenon, thus increasing the quality of life and reducing violence against women.

One of the limitations of the study was conducting the research in absentia, and it was not possible to control intervening variables such as cultural factors, which may affect resilience, quality of life, and domestic violence. Similar studies are suggested to be conducted in person under normal circumstances in different cultures. Couples and family practitioners should use educational programs to raise women's awareness of the factors and cognitive characteristics of women in the family and their relation to their husbands to reduce the risk of violence against them in the family.

Footnotes
Authors' Contribution: It was not declared by the authors.
Conflict of Interests: The authors have not reported any conflict of interest.
Data Reproducibility: It was not declared by the authors.
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Funding/Support: It was not declared by the authors.
Informed Consent: Voluntary participation Explorations were provided to participants about the confidential-ity of the information and the need not write the name. The informed consent form was provided to the participants. The necessary explanations were provided before answering the questionnaires regarding the freedom to refuse to participate in the research at any stage of the response.

References