

**Emotion regulation in women who are psychologically abused by
their intimate partners: a systematic review**

Michelle Jansen van Vuuren

22218750

Hons B.Sc. (Psychology)

Mini-Dissertation submitted in partial fulfilment of the requirements for
the degree Magister Scientiae in Clinical Psychology at the
Potchefstroom Campus of the North-West University

Supervisor: Prof. K.F.H Botha

December 2015

SUMMARY

Intimate partner violence refer to those acts that include physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics), performed by a current or former intimate partner. One potential consequence of intimate partner violence may be maladaptive emotion regulation patterns which in turn, could lead to the onset of psychopathology.

Although a number of studies have been published on the emotion regulation of women within different violence and abuse contexts, these findings have not previously been synthesized to provide us with an evidence-based scientific understanding of emotion regulation, specifically within intimate partner relationships. The aim of this study was therefore to systematically review the literature on how psychologically abused women regulate their emotions within intimate partner relationships. More specifically, to explore (a) the types of emotion regulation they apply; (b) factors that play a role in how they regulate their emotions; and (c) evidence on adaptive and maladaptive outcomes of emotion regulation.

A systematic review was done through a comprehensive and stepwise keywords search, using Boolean operators to combine key words and inclusion criteria. Validated search filters were used to restrict the search according to exclusion criteria. Quality assessment of the identified articles was based on international guidelines as stipulated in EPPI, NICE, QCC, ADA and CASP. As a result, 22 articles, published between 1999 and 2015, were identified for final inclusion in the study and analyzed from a qualitative content analysis approach.

The review indicates that abused women use four main emotion regulation strategies, namely: avoidance or disengagement strategies, approach or engagement strategies, problem-

focused strategies, and emotion-focused strategies. Choice of strategy seems to be influenced by external resources, cognitive processes, depressive symptomatology, length of the relationship, the nature of the abuse and the woman's culture and norms. Approach or engagement strategies and problem-focused strategies (when leaving the relationship was not an outcome goal) were generally associated with adaptive outcomes, while avoidance or disengagement strategies and emotion-focused strategies were generally associated with maladaptive outcomes.

It was concluded that the context of the various circumstances surrounding the abusive relationship is extremely important when taking into account how and why abused women tend to make use of the specific strategy they employ to manage their emotions and cope with the situation at hand. Emotion regulation therefore seems to be complex, context-determined and situation-specific. It was recommended that future research should focus on further clarification and distinction amongst the various emotion regulation strategies, as well as the classification of these strategies into clearly defined entities to guide intervention strategies. Healthcare practitioners should take note of the complexity with which psychologically abused women regulate their emotions, and should acknowledge the importance of context when assessing the adaptability of the strategy employed and should take care when setting outcome goals for therapy.

OPSOMMING

Geweld deur 'n intieme maat sluit aksies in soos fisieke geweld, seksuele geweld, en sielkundige aggressie (insluitende dwangtaktiek) deur 'n huidige of vorige intieme maat. Een potensiele gevolg van geweld deur 'n intieme maat is wanaangepaste emosieregulering, wat uiteindelik weer tot die aanvang van psigopatologie kan lei.

Alhoewel verskeie studies oor emosieregulering van vroue binne verskillende gewelds- en mishandelingskontekste reeds gepubliseer is, is hierdie bevindinge nog nie gesintetiseer om bewysgebaseerde wetenskaplike begrip vir emosieregulering, veral binne die konteks van psigologiese geweld deur intieme maats, te verskaf nie. Die doel van hierdie studie was dus om 'n sistematiese oorsig van die literatuur oor mishandelde vroue se emosieregulering binne die konteks van geweld deur intieme maats te doen. Meer spesifiek was die doel om te verken (a) watter soort emosieregulering-strategieë hulle gebruik; (b) faktore wat 'n rol speel in hoe hulle emosies reguleer; en (c) watter bewyse vir aanpassende en wanaanpassende gevolge van emosieregulering bestaan.

'n Sistematiese literatuuroorsig is gedoen deur 'n volledige en stapsgewyse sleutelwoordsoektog, deur te gebruik van Boolean-funksies om sleutelwoorde en insluitingskriteria te kombineer. Gevalideerde soekfilters is gebruik om die soektog volgens uitsluitingskriteria te beperk. Kwaliteits-ontleding van die geïdentifiseerde artikels is gedoen aan die hand van internasionale riglyne soos aangedui in EPPI, NICE, QCC, ADA en CASP. Sodoende is daar uiteindelik 22 artikels wat tussen 1999 en 2015 gepubliseer is, geïdentifiseer vir finale insluiting in die studie. Data is met behulp van kwalitatiewe inhoudsontleding gedoen.

Die oorsig dui aan dat mishandelde vroue binne die konteks van geweld deur intieme maats vier hoofipes emosieregulerings-strategieë gebruik, naamlik: vermydings- of ontbindingstrategieë; nadering- of bindingstrategieë; probleemgerigte strategieë en emosie-gefokusde strategieë. Die keuse van 'n strategie blyk beïnvloed te word deur eksterne bronne, kognitiewe prosesse, depressiewe simptome, lengte van die verhouding, die aard van die mishandeling asook die vrou se kultuur en norme. Nadering- of bindingstrategieë, asook probleemgerigte strategieë (wanneer beëindiging van die verhouding nie 'n doel was nie) is in die algemeen met aanpassende uitkomst geassosieer, terwyl vermydings- of ontbindingstrategieë en emosie-gefokusde strategieë meer algemeen met wanaanpassende strategieë geassosieer is.

Daar is tot die gevolgtrekking gekom dat die konteks van die geweldsverhouding uiters belangrik is in die keuse van emosieregulerings-strategie om met die situasie te cope. Emosieregulerings-strategie blyk daarom kompleks, konteksbepalend en situasie-spesifiek te wees. Daar is aanbeveel dat toekomstige navorsing moet fokus op verdere opheldering van, en onderskeid tussen verskillende emosieregulerings-strategieë, asook die klassifikasie van hierdie strategieë in duidelike entiteite as riglyn vir intervensiestrategieë. Gesondheidsorg-praktisyns moet kennis neem van die kompleksiteit van emosieregulerings-strategie in vroue wat aan geweld deur intieme maats blootgestel word, en moet die belangrikheid van konteks erken wanneer hulle die aanpasbaarheid van 'n bepaalde emosieregulerings-strategie evalueer in die beplanning van terapeutiese doelwitte.

TABLE OF CONTENTS

| | |
|-----------------------------|----|
| Acknowledgements | 7 |
| Preface | 8 |
| Permission to submit | 9 |
| Guidelines for authors | 10 |
| Literature orientation | 17 |
| Manuscript for examination | 27 |
| Abstract | 28 |
| Introduction and background | 29 |
| Aim | 35 |
| Method | 36 |
| Results | 40 |
| Limitations | 58 |
| Conclusion | 59 |
| Recommendations | 60 |
| References | 62 |
| Critical self-reflection | 70 |

ACKNOWLEDGEMENTS

To God all the praise and glory – for igniting a passion for this line of work within me, and blessing me with the chance to live it. Without the strength I received from Your hand, this would not have been possible.

I would like to sincerely thank my study leader Professor Karel Botha. Your dedication, guidance, patience and wisdom made the completion of this task possible. It was an honour to learn from you, not just about research, but also about being human. Thank you for going the extra mile and for doing so repeatedly.

To my fiancé, André, I would like to express great gratitude. Thank you for the kindness, support, patience and love you showed me during the completion of this task. I appreciate every kind act and effort to make me laugh in order to make the times that felt undoable, easy to manage. You definitely gave the process a flavour it would have been bleak without.

Finally, and with great appreciation, I would like to thank my parents, Willem and Iselle. You have provided me with what I need to follow my dreams. Thank you for always supporting me, for always believing in me, and for giving me the opportunity to be here today. You provided a safety net which gave me the courage to spread my wings and fly. Thank you for not only being wonderful parents, but for also being wonderful human beings.

PREFACE

Article format

This mini-dissertation is part of the requirements for the completion of the Magister Scientiae degree in Clinical Psychology. It has been prepared according to the article format regulations of the North-West University.

Journal

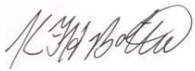
The mini-dissertation is compiled in accordance with the requirements set by the Journal of Psychology in Africa. The manuscript and reference list have been styled according to the specifications of the APA (American Psychological Association, 6th edition) publication guidelines for the purposes of examination. Where journal specifications differ from APA publication guidelines, appropriate amendments will be made before publication.

Note to examiners: Page numbers, tables and figures

For examination purposes, the pages are numbered from the title page and proceed from there onwards. Tables and figures are inserted within the article, and not as appendices to make examination easier.

PERMISSION TO SUBMIT ARTICLE FOR EXAMINATION PURPOSES

I, the supervisor of this study, hereby declare that the mini-dissertation entitled “Emotion regulation in psychologically abused women: a systematic review”, written by M Jansen van Vuuren, does reflect the research regarding the subject matter. I hereby grant permission that she may submit the article for examination purposes and I confirm that the dissertation submitted is in fulfilment of the requirements for the degree Magister Scientiae in Clinical Psychology at the Potchefstroom Campus of the North-West University. The article may also be sent to the Journal of Psychology in Africa for publication purposes.



Prof Karel Botha

GUIDELINES FOR AUTHORS

Author guidelines: Journal of Psychology in Africa

The *Journal of Psychology in Africa* publishes original empirical research articles, research reviews, conceptual development articles and thematic issues. Manuscripts can be regular research reports, brief reports, and those that address topical professional issues, including case analysis reports. Book reviews are accepted for publication as special announcements.

Specifically, manuscripts with the following qualities are encouraged: 1) Combine quantitative and qualitative data, 2) Take a systematic qualitative or ethnographic approach, 3) Use an original and creative methodological approach, 4) Address an important but overlooked topic, 5) Present new theoretical or conceptual ideas; and 6) Present innovative context sensitive applications. Manuscript for publication consideration should show an awareness of the cultural context of the research questions asked, the measures used, the results obtained, and interpretations proposed. Finally, the papers should be practical, based on local experience, and applicable to crucial efforts in key areas of psychology for development in African cultural heritage settings.

Editorial policy

Submission of a manuscript implies that the material has not previously been published, nor is it being considered for publication elsewhere. Submission of a manuscript will be taken to imply transfer of copyright of the material to the publishers, Taylor and Francis. Contributions are accepted on the understanding that the authors have the authority for publication. Material accepted for publication in this journal may not be reprinted or published without due copyright permissions. The Journal has a policy of anonymous peer review. Papers will be scrutinized and

commented on by at least two independent expert referees or consulting editors as well as by an editor. The Editor reserves the right to revise the final draft of the manuscript to conform to editorial requirements.

Publishing Ethics

By submitting to *JPA* for publication review, the author(s) agree to any originality checks during the peer review and production processes. A manuscript is accepted for publication review on the understanding that it contains nothing that is abusive, defamatory, fraudulent, illegal, libellous, or obscene. During manuscript submission, authors should declare any competing and/or relevant financial interest which might be potential sources of bias or constitute conflict of interest. The submitting author must provide contact information for all co-authors. The author who submits the manuscript accepts responsibility for notifying all co-authors and must provide contact information on the co-authors.

The Editor-in-Chief and Associate Editors will collaborate with Taylor and Francis using the guidelines of the Committee on Publication Ethics [<http://publicationethics.org>] in cases of allegations of research errors; authorship complaints; multiple or concurrent (simultaneous) submission; plagiarism complaints; research results misappropriation; reviewer bias; and undisclosed conflicts of interest.

Manuscripts

Manuscripts should be submitted in English. The manuscripts should be typewritten and double-spaced, with wide margins, using one side of the page only. Manuscripts should conform to the publication guidelines of the latest edition of the American Psychological Association (APA) publication manual of instructions for authors.

Submission

Manuscripts should be submitted to the Editor-in-Chief, *Journal of Psychology in Africa*, Elias Mpofu, PhD., DEd, CRC, Professor, Faculty of Health Sciences, University of Sydney, Cumberland Campus, East Street, PO Box 170 Lidcombe NSW 1825, Australia, email: elias.mpofu@sydney.edu.au. We encourage authors to submit manuscripts via e-mail, in MS Word, but we also require two hard copies of any e-mail submission. Before submitting a manuscript, authors should peruse and consult a recent issue of the *Journal of Psychology in Africa* for general layout and style. Manuscripts should conform to the publication guidelines of the latest edition of the American Psychological Association (APA) publication manual of instructions for authors.

Manuscript format

All pages must be numbered consecutively, including those containing the references, tables and figures. The typescript of a manuscript should be arranged as follows:

- **Title:** this should be brief, sufficiently informative for retrieval by automatic searching techniques and should contain important key-words (preferably <13 words).
- **Author(s) and Address(es) of author(s):** The corresponding author must be indicated. The author's respective addresses where the work was done must be indicated. An e-mail address, telephone number and fax number for the corresponding author must be provided.
- **Abstract:** Articles and abstracts must be in English. Submission of abstracts translated to French, Portuguese and/ or Spanish is encouraged. For data-based contributions, the abstract should be structured as follows: *Objective* - the primary purpose of the paper, *Method* - data source, participants, design, measures, data analysis, *Results* - key findings,

implications, future directions and *Conclusions* - in relation to the research questions and theory development. For all other contributions (except editorials, book reviews, special announcements) the abstract must be a concise statement of the content of the paper.

Abstracts must not exceed 150 words. The statement of the abstract should summarize the information presented in the paper but should not include references.

- **Text:**

(1) Do not align text using spaces or tabs in references. Use one of the following:

(a) use CTRL-T in Word 2007 to generate a hanging indent; or

(b) MS Word allows author to define a style (e.g., reference) that will create the correct formatting.

(2) Per APA guide-lines, only one space should follow any punctuation.

(3) Do not insert spaces at the beginning or end of paragraphs.

(4) Do not use colour in text.

- **Tables:** Tables should be either included at the end of the manuscript or as a separate file. Indicate the correct placement by indicating the insertion point in brackets, e.g., <Inset Table 1 approximately here>. Tables should be provided as either tab-delimited text or as a MS Word table (One item/cell). Font for tables should be Helvetica text to maintain consistency.

- **Figures/Graphs/Photos:** Figures, graphs and photos should be provided in graphic format (either JPG or TIF) with a separate file for each figure, graph or photo. indicate the correct placement by indicating the insertion point in brackets e.g., <Inset Figure 1 approximately here>. Provide the title for the item and any notes that should appear at bottom of item in the manuscript text. Items should be cropped to avoid the appearance of

superfluous white space around items. Text on figures and graphs should be Helvetica to maintain consistency. Figures must not repeat data presented in the text or tables.

Figures should be planned to appear to a maximum final width of either 80 or 175mm. (3.5 or 7.0”). Complicated symbols or patterns must be avoided. Graphs and histograms should preferably be two –dimensional and scale marks provided. All lines should be black but not too heavy or thick (including boxes). Colour only in photos or colour sensitive graphic illustrations. Extra charges will be levied for colour printing

Referencing

Referencing style should follow latest edition of the APA manual of instructions for authors.

- **References in text:** References in running text should be quoted as follows: (Louw & Mkize, 2012), or (Louw, 2011), or Louw (2000, 2004a, 2004b). All surnames should be cited the first time the reference occurs, e.g., Louw, Mkize, and Naidoo (2009) or (Louw, Mkize, & Naidoo, 2010). Subsequent citations should use et al., e.g. Louw et al. (2004) or (Louw et al., 2004). ‘Unpublished observations’ and ‘personal communications’ may be cited in the text, but not in the reference list. Manuscripts submitted but not yet published can be included as references followed by ‘in press’.
- **Reference list:** Full references should be given at the end of the article in alphabetical order, using double spacing. References to journals should include the author’s surnames and initials, the full title of the paper, the full name of the journal, the year of publication, the volume number, and inclusive page numbers. Titles of journals must not be abbreviated. References to books should include the authors’ surnames and initials, the year of publication, full title of the book, the place of publication, and the publisher’s name. References should be cited as per the examples below:

Reference samples

Journal article

Peltzer, K. (2001). Factors at follow-up associated with adherence with adherence with directly observed therapy (DOT) for tuberculosis patients in South Africa. *Journal of Psychology in Africa, 11*, 165-185.

Book

Gore, A. (2006). *An inconvenient truth: The planetary emergency of global warming and what we can do about it*. Emmaus, PA: Rodale.

Edited book

Galley, K. E. (Ed.). (2004). *Global climate change and wildlife in North America*. Bethesda, MD: Wildlife Society.

Chapter in a book

Cook, D. A., & Wiley, C. Y. (2000). Psychotherapy with members of the African American churches and spiritual traditions. In P. S. Richards & A. E. Bergin (Ed.), *Handbook of psychotherapy and religiosity diversity* (pp 369-396). Washington, DC: American Psychological Association.

Magazine article

Begley, S., & Murr, A. (2007, July 2). Which of these is not causing global warming? A. Sport utility vehicles; B. Rice fields; C. Increased solar output. *Newsweek, 150*(2), 48-50.

Newspaper article

(unsigned)

College officials agree to cut greenhouse gases. (2007, June 13). *Albany Times Union*, p. A4.

(signed)

Landler, M. (2007, June 2). Bush's Greenhouse Gas Plan Throws Europe Off Guard. *New York Times*, p. A7.

Unpublished thesis

Appoh, L. (1995). *The effects of parental attitudes, beliefs and values on the nutritional status of their children in two communities in Ghana* (Unpublished master's thesis). University of Trondheim, Norway.

Conference paper

Sternberg, R. J. (2001, June). *Cultural approaches to intellectual and social competencies*. Paper presented at the Annual Convention of the American Psychological Society, Toronto, Canada.

Lead authors will receive a complimentary issue of the journal issue in which their article appears. The Journal does not place restriction on manuscript length but attention is drawn to the fact that a levy is charged towards publication costs which is revised from time to time to match costs of manuscript development production. Instructions for remitting the publication levy are provided to lead or corresponding authors by the Editorial Assistant of the journal.

Instructions to authors are available at <http://www.tandfonline.com>

Literature Orientation

Introduction

This introductory review aims to provide a more elaborate conceptualization of intimate partner violence (IPV) in support of the brief review presented in the manuscript (next section). In this review, IPV and the concept of psychological abuse within IPV are introduced and conceptualized, the impacts and consequences of psychological abuse are discussed, and lastly, a brief overview of coping strategies women employ to cope with IPV are provided.

Statistically, approximately 30% of women report living with a violent partner – this goes without mentioning the cases in which partners are not living together, but who are in an intimate relationship nonetheless (Elliot, 2015). Being such a prevalent experience amongst women in general, the consequences of interpersonal violence are of utmost importance in order to understand the lived experience of women within these relationships.

Conceptualizing Intimate Partner Violence

Definition.

An intimate partner is defined by Breiding, Basile, Smith, Black and Mahendra (2015, p.11) as:

a person with whom one has a close personal relationship that may be characterized by emotional connectedness, regular contact, ongoing physical contact and sexual behaviour, identify as a couple, and familiarity and knowledge about each other's lives. The relationship need not involve all these dimensions.

Breiding et al. (2015) then define IPV as acts that include physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics), performed by a current or former intimate partner. Other definitions of IPV include: “any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners” (Grier & Geraghty, 2015, p.412); “physical, verbal, symbolic, or sexual acts that cause or have reasonable potential to cause harm to an intimate partner” (Heyman, Smith Slep & Foran, 2015, p.64); and “behavior within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, and psychological abuse and controlling behavior” (Modi, Palmer & Armstrong, 2014, p.253).

Psychological aggression as key aspect in IPV.

According to the Division of Violence Prevention of the National Center for Injury Prevention and Control (Breiding et al., 2015), psychological aggression or abuse is defined as the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally, and/or to exert control over another person. Furthermore, Breiding et al. (2015) indicate that psychologically aggressive acts are not considered physical acts of violence, and may even in some cases not be perceived as aggression because these acts are covert and manipulative in nature. Nevertheless, psychological aggression is an essential part of IPV because it frequently co-occurs with other forms of IPV, it often precedes physical and sexual violence in violent relationships, and these acts can significantly influence the impact of other forms of IPV (Breiding et al., 2015).

In addition, Breiding et al. (2015) describe psychological aggression as including, but not limited to, *expressive aggression* such as name-calling, humiliating, degrading and acting angry

in a dangerous manner; *coercive control* such as limiting access to transportation, money, friends, and family, excessive monitoring of a person's location and communication, monitoring/interfering with electronic communication without permission, making threats to harm themselves, and making threats to harm a loved one or possession; *threat of physical or sexual violence* such as use of words, gestures, or weapons to communicate intent to cause death, disability, injury or physical harm, also compelling a person to engage in sex/sexual contact when the victim is unwilling or unable to provide consent; *control of reproductive health* such as refusal to use birth control, coerced pregnancy terminations; *exploitation of the victim's vulnerability* (immigration status, disability, undisclosed sexual orientation); *exploitation of the perpetrator's vulnerability* for example the use of the perpetrator's real or perceived disability to control/limit a victim's choices; and *gaslighting* (mind games) such as the presentation of false information to the victim with the ultimate intent of making them doubt their own memory and perceptions.

The impact of IPV.

Intimate partner violence has been found to be a common personal experience with physical, emotional, social and spiritual consequences that may have devastating effects on individual survivors, their loved ones as well as their communities (Elliot, 2015; Thomas, Putnins, & Goodman, 2015). These are briefly discussed below in three broad categories of impact, namely physical impact, psychological impact and the impact on emotional regulation.

Physical impact.

According to Alizadeh, Ravanshad, Rad, Khamnian and Azarfar (2015), IPV has a major risk for women's physical health and is associated with increased mortality, injury, disability, worse general health, chronic pain, substance abuse, reproductive disorders and poorer

pregnancies. Furthermore, abused women regularly experience conflicting emotions such as fear, anger, shame, resentment, sadness, and powerlessness which, alongside other psychological problems, lead to physical and social consequences (Alizadeh et al., 2015). Heyman, Smith Slep and Foran, (2015) and Mechanic, Weaver, and Resick (2008) found physical health problems, specifically neck and back pain, arthritis, and stomach ulcers, pelvic pain, sexually transmitted infections, and irritable bowel syndrome in victims of IPV (Witte, Hackman, Boleigh, Mugoya, 2015), while Straight, Harper, and Arias, (2003) also report an increase in health and mental health service use and more psychotropic medication use, problem drinking and illegal drug use.

Psychological impact.

Intimate partner psychological abuse has only recently begun to receive attention as a separate entity that affects victims independently of physical abuse (Straight, et al., 2003). As a result, it is now evident that psychological abuse impacts a victim in a way that is just as damaging, if not more so, than that of physical abuse (Witte et al., 2015).

The consequences are multiple, including clinical levels of depression and anxiety, (Foran, et al., 2014; Hornor, 2012; Rogers & Follingstad, 2015, Wright, 2010); somatization, (Hornor, 2012; Rogers & Follingstad, 2015); difficulties in interpersonal relationships (Hornor, 2012); as well as suicidal ideation and struggles with general activities of daily living (Rogers & Follingstad, 2014), depressive symptoms, posttraumatic stress disorder (Wright, 2010), marital problems, substance abuse disorders, suicide, and physical health problems (Foran, et al., 2014) and increased stress, distress, lowered self-esteem, and a decrease in quality of life (Mechanic, et al., 2008).

Wright (2010) indicates these consequences may in turn cause impairment in a variety of areas such as occupational and educational impairment, physical health consequences, decreased

resource utilization, impaired perceptions of risk for future abuse, and possible revictimization. Women exposed to psychological abuse within these mentioned intimate partner relationships may adopt different coping strategies to regulate their emotions and manage the problems that sprout from the impact of this form of abuse (Elliot, 2015; Wong, Fong, Choi, Tiwari, & Chan, 2015).

Impact on emotion regulation.

One potential consequence of psychological/emotional abuse is the difficulty of emotion regulation (Vajda & Lang, 2013). According to Berking and Wupperman (2012), emotion regulation is defined as the “extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reaction, especially their intensive and temporal features, to accomplish one’s goals” (p. 128). Taking into account this definition, Vajda and Lang (2013) state that psychological or emotional abuse may be accompanied by maladaptive emotion regulation patterns in both childhood and adulthood and could lead to the development of various psychopathologies. More specifically, they mention that this specific form of abuse may lead to the repression or inhibition of emotions, that is, a form of avoidant coping which is considered to be a maladaptive emotion regulation strategy.

Coping is considered to be an integral aspect of emotion regulation. According to Foster et al, (2015), coping can be defined as an individual’s efforts to manage a problem that may entail ongoing cognitive and behavioural adjustments to meet specific, challenging, internal or external demands. It is important to note that coping strategies employed by abused women to regulate their emotions may differ from those strategies used to cope with other common life problems and stressors (Bauman, Haaga, & Dutton, 2008). In other words, psychologically abusive relationships create a special set of circumstances within which a woman decides how to

react and these circumstances cannot be ignored in understanding her ways of coping with the abuse (Waldrop & Resick, 2004).

Coping with IPV.

Various conceptualizations of coping exist, each bringing a different perspective on the strategies employed by abused women to manage their situation. These include problem- versus emotion-focused coping, engagement/approach versus disengagement/avoidant coping, and primary versus secondary control coping (Calvete, Corral & Estévez, 2008). Problem-focused coping is aimed at managing or altering the problem causing the distress (Calvete, et al., 2008), which may be directed at the self or the environment (Bauman, et al., 2008). In contrast to this, emotion-focused coping is directed at regulating personal emotional responses to the problem (Calvete, et al., 2008), which therefore aims to cope using emotions and cognitions without changing the actual conditions of a situation (Bauman, et al., 2008). In general, research indicates that problem-focused coping strategies promote better mental health outcomes and well-being (Wong et al., 2015). Furthermore, engagement/approach coping strategies involve strategies that bring the person into closer contact with the source of stress while disengagement/avoidant strategies attempts to withdraw from the stressor or associated emotions accompanying it (Calvete, et al., 2008). Research generally indicates that engagement/approach coping is associated with more positive health outcomes and that disengagement coping, in contrast, is associated with more negative outcomes (Taft, Resick, Panuzio, Vogt, & Mechanic, 2007). Lastly, according to Kirchner (2001), primary control strategies include attempts to enhance, reward, or reduce punishment by changing the objective environmental conditions (therefore, altering the stressor), for example problem solving, emotion regulation, denial, avoidance, and emotional expression. In contrast, secondary control strategies refer to attempts

aimed at enhancing, rewarding, or reducing punishment by changing or altering oneself (therefore, altering one's beliefs about a stressor), for example cognitive restructuring, distraction, positive thinking, wishful thinking, and acceptance (Kirchner, 2001). Furthermore, it is suggested that controllable stressors are associated more with primary control strategies, whereas uncontrollable stressors are associated more often with secondary control strategies (Kirchner, 2001).

In conclusion, as indicated by the above, interpersonal violence, psychological abuse, emotion regulation and coping strategies are clearly linked and have an undeniable influence on one another. Research encompassing all four these constructs as a whole may be of great value in recognizing, understanding and adequately providing help to women who are victims of such abuse and may empower future mental health care providers with a fuller and richer comprehension of what such an experience may entail.

References

- Alizadeh, M., Ravanshad, Y., Rad, B. S., Khamnian, Z., & Azarfar, A. (2015). A case-control study on socio-psycho-somatic consequences of intimate partner violence in North-West of Iran. *Journal of Family Violence, 30*, 803-806.
- Bauman, E. M., Haaga, A. F., & Dutton, M. (2008). Coping with intimate partner violence: battered women's use and perceived helpfulness of emotion-focused coping strategies. *Journal of Aggression, Maltreatment & Trauma, 17*, 23-41.
- Berking, M., & Wupperman, P. (2012). Emotion regulation and mental health: recent findings, current challenges, and future directions. *Current opinion in Psychiatry, 25*, 128-34. doi: 10.1097/YCO.0b013e3283503669
- Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., Mahendra, R. R. (2015). Intimate partner violence surveillance: uniform definitions and recommended data elements. *Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2*, 11-15.
- Calvete, E., Corral, S., & Estévez, A. (2008). Cognitive and coping mechanisms in the interplay between intimate partner violence and depression. *Anxiety, Stress, & Coping, 20*, 369-382.
- Elliot, B. A. (2015). Survivors' coping with intimate partner violence: insights and limitations. *Families, Systems & Health, 33*, 295-296.
- Foster, E. L., Becho, J., Burge, S. K., Talamantes, M. A., Ferrer, R. L., Wood, R. C., & Katerndahl, D. A. (2015). Coping with intimate partner violence: Qualitative findings

- from the study of dynamics of husband to wife abuse. *Families, Systems, & Health*, 33, 285-94. doi: 10.1037/fsh0000130
- Foran, H. M., Heyman, R. E., & Smith Slep, A. (2014). Emotional abuse and its unique correlates among military personnel and spouses. *Psychology of Violence*, 4, 128-142.
- Grier, G., & Geraghty, S. (2015). Intimate partner violence and pregnancy: how midwives can listen to silenced women. *British Journal of Midwifery*, 23, 412-413.
- Honor, G. (2012). Emotional maltreatment. *Journal of Pediatric Health Care*, 26,436-442.
- Heyman, R., Smith Slep, A. M., & Foran, H. M. (2015). Enhanced Definitions of Intimate Partner Violence for DSM-5 and ICD-11 May Promote Improved Screening and Treatment. *Family process*, 54, 64-65.
- Kirchner, E. (2001). Coping with parental depression. *The UCI Undergraduate Research Journal*, 4, 31-36.
- Mechanic, M. B., Weaver, T. L., & Resick, P. A. (2008). Mental health consequences of intimate partner abuse: a multidimensional assessment of four different forms of abuse. *Violence against women*, 14, 634-654.
- Modi, M. N., Palmer, S., & Armstrong, A. (2014). The role of violence against women act in addressing intimate partner violence: a public health issue. *Journal of women's health*, 23, 253.
- Rogers, M. J., & Follingstad, D. R. (2014). Women's exposure to psychological abuse: does that experience predict mental health outcomes?. *Journal of Family Violence*, 29, 595-8611.

- Straight, E. S., Harper, W. K., & Arais. (2003). The impact of partner psychological abuse on health behaviours and health status in college women. *Journal of Interpersonal Violence, 18*, 1035-1050.
- Taft, C. T., Resick, P. A., Panuzio, J., Vogt, D. S., & Mechanic, M. B. (2007). Examining the correlates of engagement and disengagement coping among help-seeking battered women. *Violence and victims, 22*, 1-16.
- Thomas, K. A., Putnins, S., Goodman, L. (2015). "I have lost everything": trade-offs of seeking safety from intimate partner violence. *American Journal of Orthopsychiatry, 85*, 170-180.
- Vajda, A., & A Láng. (2014). Emotional abuse, neglect in eating disorders and their relationship with emotion regulation. *Procedia-social and Behavioural Sciences, 386-390*.
- Waldrop, A. E., & Resick, P. A. (2004). Coping among adult female victims of domestic violence. *Journal of Family Violence, 19*, 291-302.
- Witte, T. H., Hackman, C. L., Boleigh, A., & Mugoya, G. (2015). The link between psychological abuse victimization and physical health in college Students. *Journal of Aggression, Maltreatment & Trauma, 24*, 693-706.
- Wong, J. Y., Fong, D. Y., Choi, A. W., Tiwari, A., & Chan, K. L. (2015). Problem-focused coping mediates the impact of intimate partner violence on mental health among Chinese women. *Psychology of Violence, 1-9*. doi: <http://dx.doi.org/10.1037/a0039496>
- Wright, C. (2010). The mediating role of empowerment for African American women experiencing intimate partner violence. *Psychological trauma: theory, research, practice, and policy, 2*, 266-272.

Manuscript for examination

TITLE OF ARTICLE, AUTHORS AND CONTACT DETAILS

Emotion regulation in women who are psychologically abused by their intimate partners: a systematic review

Michelle Jansen van Vuuren

PO Box 379

Deneysville

1932

E-mail: mjvv7@yahoo.com

Prof KFH Botha

School for Psychological Sciences

Psychology

North-West University

Potchefstroom

E-mail: karel.botha@nwu.ac.za

ABSTRACT

The aim of this study was to systematically review the literature on how psychologically abused women regulate their emotions within intimate partner relationships. More specifically, to explore (a) the types of emotion regulation they apply; (b) factors that play a role in how they regulate their emotions; and (c) evidence on adaptive and maladaptive outcomes of emotion regulation. A systematic review was done through a comprehensive and stepwise keywords search, using Boolean operators to combine key words and inclusion criteria. Quality assessment of the identified articles was based on international guidelines to eventually identify 22 articles, published between 1995 and 2015, for final inclusion in the study. Data was analysed from a qualitative content approach. The review indicated that abused women different emotion regulation strategies within different contexts, influenced by external resources, cognitive processes, depressive symptomatology, length of the relationship, the nature of the abuse and the woman's culture and norms. Approach or engagement strategies and problem-focused strategies were, in comparison to avoidance or disengagement strategies and emotion-focused strategies, more associated with adaptive outcomes when leaving the relationship was not an outcome goal while .

Emotion regulation in women who are psychologically abused by their intimate partners: a systematic review

Michelle Jansen van Vuuren

Department of Psychology, North-West University, South Africa

Introduction

The focus of this study is to conduct a systematic review of emotion regulation in psychologically abused women within intimate partner relationships. The study is specifically motivated by the observation that although there is available research on this topic, the findings thereof have not previously been synthesized to provide us with an evidence-based understanding of this phenomenon. The exclusive focus on women is mainly motivated by findings that women are a specific vulnerable group regarding psychological abuse within various settings (Davidson & Gervais, 2015; Oosthuizen & Wissing, 2005; Pico-Alfonso, 2005; Rogers, & Follingstad, 2014). The findings of this study may be used to expand current emotion regulation theory, specifically related to gender and psychological abuse within intimate partner relationships, and to inform practice by providing guidelines to counsellors and psychologists working with psychologically abused women.

Background

Relationship functioning and individual mental health and well-being are strongly associated (Whisman & Baucom, 2011). According to these authors, the relationship many people have with their spouse or partner will be the most important interpersonal relationship they develop in their lifetime and therefore the quality of these relationships is likely to be an important factor in their mental health. Mikulincer and Shaver (2005) furthermore state that close

relationships also provide some of the most important resources for, as well as challenges to, emotion regulation – a process that is increasingly being viewed as a central theme in developmental, social, and clinical psychology.

Considering the importance of intimate interpersonal relationships for well-being as well as the impact on emotion regulation processes, it can be understood that when aspects within these relationships become maladaptive, the impact may be debilitating to the victim on various levels. One such example may be that of intimate partner violence (IPV), which is defined as acts including physical violence, sexual violence, stalking, psychological aggression or any coercive tactics that are performed by a current or former intimate partner (Breiding, Basile, Smith, Black & Mahendra, 2015). Intimate partner violence is a worldwide public health concern that significantly impacts the mental and physical well-being of women regardless of race, education, religion or economic status (Pico-Alfonso, 2005). Heise and Garcia-Moreno (2002) state that one of the most common forms of violence against women is that performed by a husband or an intimate male partner and the fact that women are often emotionally involved with and economically dependent on those who victimize them has major implications for both the dynamics of abuse and the approaches to dealing with it.

Even though the classification of IPV consists of physical, sexual, and psychological types, the latter has received much less attention and has only recently been acknowledged as affecting victims in a way that is unique and different from physical abuse, and more importantly, that it may impact in a way that is even more damaging (Witte, Hackman, Boleigh, & Mugoya, 2015). Definitions of psychological abuse imply that there is confusion about the distinction between terms like “emotional abuse”, “psychological abuse”, “emotional maltreatment”, and “psychological maltreatment” (Goldsmith & Freyd, 2005; Lammers, Ritchie

& Robertson, 2005; Chirichella-Besemer & Motta, 2008). In this study the term ‘psychological abuse’ is preferred. However, when direct quotations are used, the authors’ chosen terminology is not changed. Hamilton, Shapero, Stange, Hamlat, Abramson and Alloy (2013) identify psychological abuse as an interpersonal stressor predictive of increased symptoms of social, physical and total anxiety. Gormley and Lopez (2010) define psychological abuse as controlling and coercive behaviour, including the isolation of romantic partners from others, degrading and dominating them, and using recurring criticism, threats and verbal aggression. Sims (2008) describes psychological abuse as a form of violence that is on-going and in which a person systematically diminishes the inner self of another by belittling and unfairly criticizing the ideas, feelings, perceptions and personality of the victim to such a degree that these aspects within the victim begin to erode or disappear. Finally, Lammers et al. (2005, p.381) define this kind of abuse as:

The patterned, non-physical degradation of one person by their partner through the conscious or unconscious gaining, regaining, or maintaining of power through the repetitive overt or subtle acts and messages that control or attempt to control, which negatively affects the abused partner’s emotions or self-value in the long term.

According to Goldsmith and Freyd (2005), psychological abuse entails a pattern of behaviour that conveys a message that the victim is worthless, unloved, unwanted and only of value when meeting another’s needs. Chang et al. (2008) add that psychological abuse is intended to produce emotional harm or threat of harm, and in contrast to physical abuse, is not directed towards the victim’s bodily integrity, but is directed to the victim’s sense of self. Furthermore, Breiding et al. (2015) go on to elaborate that psychological aggressive acts are not

considered physical acts of violence, and may even in some cases not be perceived as aggression because these acts are covert and manipulative in nature. Various types of psychological maltreatment are identified, for example rejecting, terrorizing, isolating, ignoring, corrupting, degrading/devaluing, exploiting, denying essential stimulation, insulting, threatening, controlling and emotional unresponsiveness or unavailability (Shaffer, Yates & Egeland, 2009; Chang et al., 2008; Chirichella-Besemer & Motta 2008; Goldsmith & Freyd, 2005).

For the purpose of this study, a combination of the above mentioned definitions are used to construct the definition of psychological abuse as follows: Perceived verbally aggressive, patterned, non-physical degradation of one person by their partner through the conscious or unconscious, overt or subtle acts and messages that criticize the feelings, thoughts, perceptions or personality of the abused partner, that threaten, insult and belittle, and ultimately negatively affects the abused partner's emotions and self-value.

The consequences of psychological abuse are multiple. A number of researchers (Pico-Alfonso, 2005; Gormley & Lopez, 2010; Lammers et al, 2005; Bell, Cattaneo, Goodman & Dutton, 2008; Queen, Nurse, Brackley & Williams, 2009; Lykhina, 2013) indicate that the effects of psychological abuse may actually be worse for the victim than the effects of physical abuse for those victims. Consequences may range from destruction or loss of the woman's identity and sense of self (Sims, 2008), lowered self esteem, internalizing/externalizing behaviours, suicide attempts, social impairments, post-traumatic stress disorder (Chirichella-Besemer & Motta, 2008), depression, reduced sense of autonomy, fearfulness (Gormley & Lopez, 2010), feelings of despair, loneliness, confusion, shame, guilt, fragmentation of the self (Lammers et al, 2005), anxiety, suicidality, dissociation, drug and alcohol use, unhealthy eating attitudes (Foran, Heyman, & Smith Slep, 2014; Goldsmith & Freyd, 2008), somatization,

impairment in daily functioning (Rogers & Follingstad, 2014), and isolation (Rivas, Kelly & Feder, 2013). Furthermore, because the abuse is specifically being inflicted by an intimate partner, given the mentioned importance of these relationships, the consequences may be even worse (compare Feder, Hutson, Ramsay & Taket, 2006 who state that women abused by their partners or ex-partners are more likely to experience mental ill health). One can therefore deduce that abuse, when being inflicted by/experienced from an intimate partner or within an intimate relationship, may have an even more significant and detrimental emotional impact than referred to in general psychological abuse literature, and therefore may likely lead to a more complex and intense emotional processes.

It is interesting to note that even though the consequences of psychological abuse vary, strong emotional reactions seem to be a central aspect of most. Diamond and Aspinwall (2003) indicate that powerful emotions have the potential to disorganize or disrupt various psychological processes and therefore the modulation of the experience and the expression of emotions are considered essential for basic emotion regulation, exploration of behaviour, processing of cognitive processes and social competence. Gross (2013) confirms this by stating that even though emotions may help us to respond in a lively and effective manner to the opportunities and difficulties we encounter, they may also lead us to think and behave in ways that are destructive.

Emotion regulation, a specific type of self-regulation, is defined by Aldao, Nolen-Hoeksema and Schweizer (2010) as the processes through which an individual modulates her emotions consciously and unconsciously to appropriately respond to environmental demands by deploying regulatory strategies to modify the magnitude and/or type of emotional experience of the emotion-eliciting event. Aldao et al. (2010) argue further that individuals who cannot

effectively manage their emotional responses, specifically by down-regulating negative emotions through adaptive strategies like reappraisal, acceptance, problem-solving or attentional redeployment and who rather tend to employ maladaptive strategies such as rumination, suppression, avoidance, binge eating/drinking, self-harming behaviour and impulsiveness, experience longer and more severe periods of distress that may evolve into diagnosable disorders such as anxiety, depression, eating disorders, alcohol abuse, borderline personality disorder, generalized anxiety disorder, social anxiety disorder, and substance-related disorders.

Emotion regulation within the context of intimate partner psychological abuse should also be understood from a coping perspective. Coping is defined as the cognitive and behavioural efforts to manage specific external or internal demands and conflicts between them that are appraised as taxing or exceeding the resources of a person (Foster et al, 2015). From this definition it is clear that coping may be perceived as a specific type of self-regulation. Matthews, Schwan, Campbell, Saklofske and Mohamed (2000) explain that coping is closely related to self-regulation because the choice of coping strategy reflects evaluation of personal competence to deal with a specific problem at hand.

According to De Ridder and de Wit (2006) the basic premise of emotional-motivational theories is that coping is elicited by the experience of emotional distress. From this perspective, two broad types of coping can be distinguished, namely problem-focused coping (when distress creates action-preparedness to solve the goal-threatening condition) and emotion-focused coping (efforts to decrease negative feelings resulting from distress). Furthermore, the literature also mentions approach/engagement forms of coping, as well as on the opposite spectrum, avoidant/disengagement forms of coping (Calvete, Corral & Estévez, 2008). Research on these

various forms of coping is important to understand emotion regulation, as it specifically provides information on processes related to the emotional experience of adversity.

Problem Statement

A number of studies have been published on the emotion regulation of women within different violence and abuse contexts. However, the findings have not previously been synthesized to provide us with an evidence-based scientific understanding of emotion regulation, specifically within intimate partner relationships. It is perhaps as a result of this gap in research that Rivas et al., (2013, p. 1104-1105) conclude that, “women in abusive relationships show agency in choosing and developing strategies to respond to the abuse they experience, however, we have limited understanding of what this involves”. Whereas general reviews would at best be able to provide the scientific community with some broad trends, only a systematic review will be able to provide rigorous and quality-controlled evidence of research available on emotion regulation in psychologically abused women.

The question this study would like to explore is therefore: What conclusions may be drawn from the literature on how women regulate their emotions within psychologically abusive intimate partner relationships? More specifically, within these women: (a) What types of emotion regulations are applied? (b) What factors play a role in how emotions are regulated? (c) What is known about the adaptive and maladaptive outcomes of their emotion regulation strategies?

Aim

The aim of this study is to systematically review the literature on how psychologically abused women regulate their emotions within intimate partner relationships. More specifically,

to explore (a) the types of emotion regulation they apply; (b) factors that play a role in how they regulate their emotions; and (c) evidence on adaptive and maladaptive outcomes of emotion regulation.

Method

Research Method and Design

A systematic review was done to explore the best available evidence in answering the research questions. Systematic reviews refer to “research studies that systematically search for, appraise and synthesize research evidence” (Grant & Booth, 2009, p. 94). It typically consists of a narrative synthesis with tabular accompaniment, and focuses analysis on what is known on a specific topic.

The Search Strategy

Keywords.

Keywords were identified through two processes: (a) Searching/scanning psychology journals and textbooks on the topic and (b) through the National Library of Medicine’s (2015) Medical Subject Headings (MESH). The following key words were used in combination with inclusion criteria and Boolean operators:

“emotion regulation” OR “self-regulation” OR “emotional self-regulation” OR
“emotional coping” OR “emotional-focused coping” OR “emotional management” OR
“emotional adjustment” OR “emotion* balancing” OR “emotion* control” OR “self-control”
AND “emotional abuse” OR “psychological abuse” OR “emotional maltreatment” OR
“emotional exploitation” OR “emotional mishandling” OR “psychological maltreatment” OR*

“psychological exploitation” OR “psychological mishandling” OR “battered women” OR “battered women syndrome”

AND “intimate partner” OR “romantic partner” OR “life partner” OR “couple” OR “marriage” OR “partner” OR “spouse” OR “spousal” OR “wife” or “girlfriend”*

Inclusion / Exclusion (Eligibility) Criteria.

The following criteria were used to include studies for this review:

- Empirical studies (both articles and book chapters) published since 1995 (the reason for this is that research in self-regulation theory has developed significantly over the past twenty years)
- Full text studies in English and Afrikaans
- Systematic reviews (as this study is exploratory and not deterministic, it was decided to include systematic reviews, but to take precautions to avoid overlap and repetition)

The following criteria were used to exclude studies from this review:

- Studies before 1995 (although recent studies are preferred, the concept emotion regulation was already well established in scientific literature in the early 1990's)
- Studies on women who only experience physical and sexual abuse (this is to exclude the possible confounding influence these types of abuse might have on emotion regulation)
- Studies on adolescents or children (before age 18) who experience psychological abuse
- Unpublished research
- Conference proceedings

Search resources.

A rigorous literature search of all relevant electronic databases (most notably PsycInfo; PsycArticles; Science Direct; Academic Search Premier; and Google Scholar) was conducted in consultation with a librarian at the NWU. A Boolean search was done by using operators like AND, OR, and NOT to combine the specified key words and inclusion criteria. Validated search filters were used to restrict the search according to exclusion criteria. Studies were then selected in terms of whether they meet the inclusion criteria (Umscheid, 2013).

Critical appraisal of compliance with inclusion and exclusion criteria.

Selected studies were subjected to a methodological critical appraisal in the following way: Two reviewers (the researcher and co-researcher) independently reviewed titles and abstracts of all selected studies to decide which ones should be included for the next round of analysis. A third reviewer was not invited as all initial disagreements were resolved through discussion. Both reviewers then reviewed the selected full text studies according to standardized criteria to decide whether each study has a sound scientific base, has been properly designed and appropriately executed. Criteria were based on the criteria provided by the EPPI-Centre Methods for Conducting Systematic Reviews (EPPI) (2007), National Institute for Health and Care Excellence (NICE) (2012) and Quality Criteria Checklists (QCC) (ADA, 2008) for qualitative studies and the Critical Appraisal Skills Programme (CASP) (2006) instruments for quantitative studies.

The research process can visually be represented as follows (Figure 1):

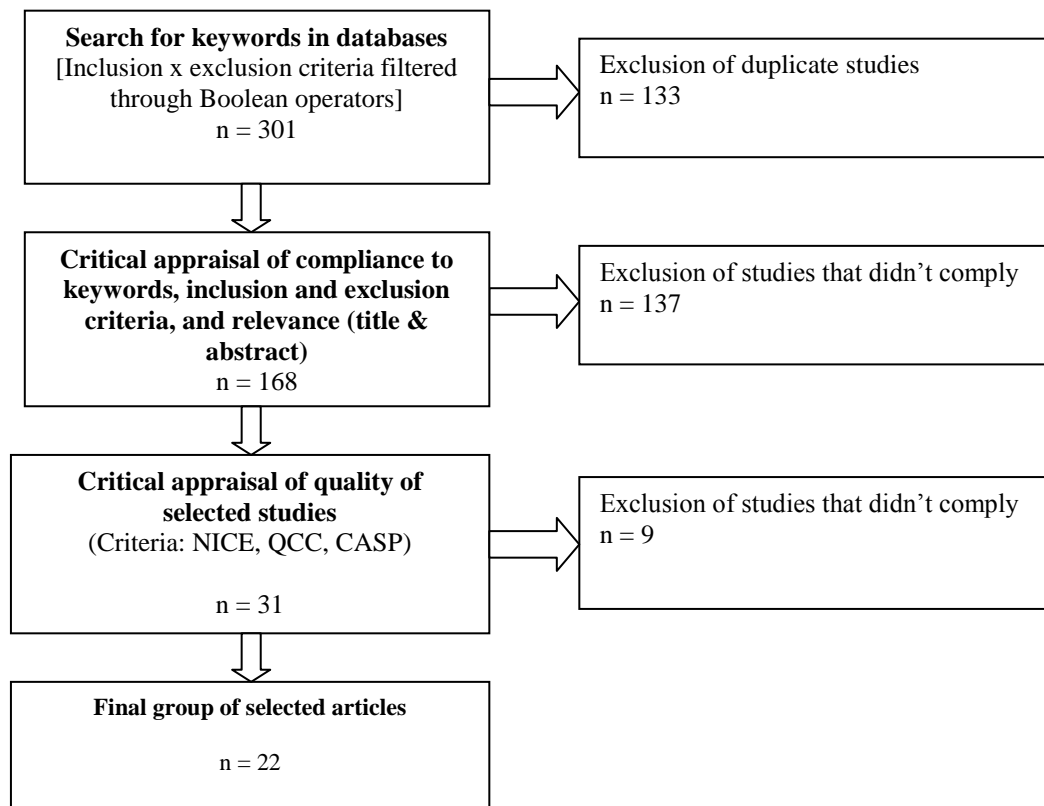


Figure 1 – A visual presentation of the proposed systematic review

Data Analysis

A qualitative content analysis approach was followed to synthesize findings across the final group of selected studies. Mayring (2000) defines qualitative content analysis as “an approach of the empirical, methodological controlled analysis of texts within their context of communication, following content analytical rules and step-by-step models, without rash quantification”. The analysis was independently conducted by the two reviewers through interpreting the findings of the studies with regard to the emotion regulation strategies used by

psychologically abused women. This process included a step-by-step analysis where firstly, the articles were thoroughly worked through and concepts were categorized according to the study aims into three predetermined themes (type of emotion regulation applied; factors that play a role in how emotions are regulated; and evidence on adaptive and maladaptive outcomes of emotion regulation). Secondly, repeated concepts within each category were identified and documented to indicate their relative strength or importance. Thirdly, similarities among these repeated concepts were identified, which led to similar concepts being grouped together within each respective theme. Lastly, the core aspect of the groups with the highest prevalence within each predetermined theme was then used as the identified subtheme. Although predetermined categories based on the study aims were used, analysis of the subthemes was inductive, allowing them to emerge from the data rather than being based on preconceived categories.

Ethical Issues

Although the study did not directly involve human participants, but rather used published research studies as unit of analysis, it was still undertaken in a responsible way to ensure integrity and to avoid misconduct. More specifically, the ethical guidelines provided by Wager and Wiffen (2011, pp. 131-133) were adhered to, to ensure transparency, accuracy, and to avoid redundant publication.

Results

The final group of selected articles (see table 1) were published between 1999 and 2015. Most studies applied quantitative methodologies (although qualitative and mixed methodologies were also included), typically involved self-report questionnaires and statistical comparison between variables. Samples sizes ranged between 10 and 1159.

Table 1

Summary of selected articles

| | Authors | Aims | Method | Sample size | Main finding |
|---|--|--|---|-------------|---|
| 1 | Wong, Fong, Choi, Tiwari, Chan, & Logan (2015) | (a) Investigate the prevalence of IPV in women who live in Chinese communities, (b) Compare coping strategies by non-abused and abused women with histories of IPV in the past year, and (c) Examine the role of coping strategies in mediating the effect of IPV in the past year on current psychological distress and depressive symptoms measured during the past 7 days | A population-based household survey. Data on the mediating roles of coping strategies were examined using structural equation models. | n = 550 | Abused women used multifaceted types of coping. Both problem-focused and passive coping mediated the IPV-mental health outcomes link. The findings reinforced the importance of helping abused women find practical ways to cope with IP. |

| | | | | | |
|---|--|---|---|---------|--|
| 2 | Reich, Blackwell, Simmons, & Beck (2015) | To examine the role of three social problem-solving styles (rational, impulsive/careless, and avoidant) as intermediary variables in the relationship between different forms of IPV (physical, sexual, and psychological) and PTSD severity. | IPV interview, Revised Conflict Tactic Scales, Psychological Maltreatment of Women Inventory-short form (PMWI-SF), Social Problem-solving Inventory-Revised, PTSD Scale (CAPS); statistical analysis. | n = 105 | Social problem solving styles, specifically avoidance problem solving appears to explain some the association between IPV trauma exposure (physical, sexual, and verbal abuse) and PTSD severity. General avoidance coping such as wishful thinking, denial, and disengagement were predictive of PTSD symptoms severity a year later. Avoidance in the aftermath of trauma (IPV) may serve as a coping mechanism that eventually becomes dysfunctional and exacerbates PTSD symptoms. |
| 3 | Craparo, Gori, Petruccelli, Cannella, & Simonelli (2014) | Investigates the relationship between alexithymia, adult attachment styles, depression, and coping strategies in a group of female victims of IPV and a control group. | Following self-report questionnaires administered: (i) 20-Item Toronto Alexithymia Scale (TAS-20); (ii) Coping Orientation Problems Experienced; (iii) Beck Depression Inventory (BDI-II); and (iv) Attachment Style Questionnaire (ASQ). Descriptive statistics and relationships between variables within groups | n = 160 | Alexithymia, depressive symptoms, and an insecure attachment style were negatively correlated with the ability to cope with stress for women in the IPV group. |
| 4 | Hasan, Muhaddes, Camellia, Selim, & Rashid (2014) | Aimed to estimate the prevalence of intimate partner violence (IPV) and coping strategies in women with disabilities living in four different districts of Bangladesh. | Cross-sectional survey in explanatory sequential mixed-method design. 16 in-depth interviews | n = 226 | More than half of the sample of participants reported that they had never shared their experiences of violence with others. Less than half (45%) reported that they had used any strategy to minimize or avoid violence experiences. Seeking support from informal networks (family, friends, and relatives) was commonly reported by many of them. Some of them also reported seeking help from formal networks such as police, local political leaders, NGO counsellors, and so on. |

| | | | | | |
|---|--|--|--|--|---|
| 5 | Hamdan-Mansour, Constantino, Farrell, Doswell, Gallagher, Safadi, Shishani, & Banimustafa (2011) | <p>1. Explore the experience of abuse among a group of Jordanian women in relationships with IPA</p> <p>2. Examine the level of depression, perceived social support from family and friends, self-efficacy, coping strategies, suicidal ideation, and substance use of Jordanian women surviving IPA.</p> <p>3. Test the effectiveness of a group cognitive intervention pro-gram with Jordanian women experiencing IPA on their level of depression and level of stress.</p> | A mixed methods design using phenomenology and quasi-experimental research data collection and analysis was implemented. | Phase 1: n = 150 Phase 2: n = 53 Phase 3: n = 32 | Women used Approach Coping strategies (Positive Reappraisal, Confrontive Coping, Planful Problem Solving, and Seeking Social Support) more frequently than Avoidance Coping (Distancing Coping, Self-Controlling, Accepting Responsibility, And Escape Avoidance). Women with higher levels of self-efficacy are more likely to use approach coping. Perceived social support from friends had a significant negative correlation with avoidance coping. |
| 6 | Bauman, Haaga, & Dutton (2008) | To determine how often battered women use emotion-focused coping, how helpful the emotion-focused strategies are retrospectively perceived to be, and the relationship between the use and perceived helpfulness of emotion-focused coping strategies. | The Strategies for Dealing with IPV Effects Questionnaire, developed specifically for the project of which this study is a part was used as a measure. | n = 406 | Battered women use a wide range of strategies as they attempt to cope with their experience of IPV. Coping behaviors and strategies battered women employ to manage emotions associated with IPV may differ from those used to cope with other common life problems and stressors. Many coping strategies employed may ultimately work to battered women's disadvantage by causing them to become more entangled in the relationship with the abuser and thereby susceptible to more abuse and repercussions. |
| 7 | Calvete, Corral, & Estevez (2007) | Examines the association between intimate partner violence, maladaptive cognitive schemas, coping, and depression in battered women. | Physical Assault scale of the Revised Conflict Tactic Scales, Psychological Abuse Inventory, Schema Questionnaire-Short Form, Responses to Stress Questionnaire, Center for Epidemiological Studies Depression Scale. Statistics & models. | n = 1159 | Maladaptive cognitive schemas were associated with less use of primary and secondary engagement coping, and higher use of disengagement coping. In particular, cognitive schemas reflecting disconnection and rejection accounted for the association between psychological abuse and percentage of disengagement coping. |

| | | | | | |
|----|-------------------------|---|---|---------|---|
| 8 | Shechory (2012) | Examine coping strategies, attachment styles, and romantic feelings among a sample of battered women (BWS) in shelters in Israel compared with a sample of women recruited from the community (CS; defined as non-battered women) | Measures: Demographic questionnaire, Hebrew version of the Experience in Close Relationships Scale, Six questions were devised to examine romantic feelings for an intimate partner, Ways of Coping Checklist. “Snowball” referral process and data were collected at their homes at a meeting scheduled by telephone. | n = 125 | BW experience complex emotions and while they feel angry, betrayed, and depressed, they also feel loyalty, love, and commitment. They rarely misperceive abuse as affection but instead rationalize it as situational and believe that they can change the behavior. Individuals scoring high on attachment anxiety were found to tend to intensify negative emotional states (hyperactivation strategies), whereas those high on attachment avoidance tend to distance themselves from emotional situations (deactivation strategies). |
| 9 | Kang & Kim (2011) | To determine whether battered women’s purpose of life (meaning/value) affects resilience (self-efficacy/communication efficiency/optimism) | The data were collected using questionnaires measuring socio-demographic variables, a purpose-of-life scale, and a resilience scale. The collected data were evaluated with frequency, correlation, and multiple regression analysis. | n = 110 | Individuals who harbor significant optimism in coping methods cope with these events adaptively by positively selecting problem-centered coping methods or masterful coping methods. On the other hand, pessimistic people tend to become maladjusted when attempting to cope with stressful events by employing emotional coping or avoidant coping methods |
| 10 | Waldrop & Resick (2004) | To address the complexities of the relationships between context, stress, and coping among battered women. The contextual predictors of coping strategies will be examined, including such factors as abuse severity and frequency, available resources, and skills deficits. | Systematic review | n/a | Women appear to use more avoidance strategies when they are still in abusive relationships and trying to cope with ongoing violence. However, the more severe and frequent the abuse becomes, the more likely they are to try to take active steps to leave the relationship. Some factors that might place constraints on these efforts are the amount of commitment to preserving the relationship and the resources available to help the woman cope with the abuse in an active and direct manner. |

| | | | | | |
|----|--|--|--|---------|---|
| 11 | Knickmeyer, Levitt, Horne & Bayer (2003) | Explored the impact of religion on Christian women's experiences of male perpetrated domestic violence. | Screening Questionnaire and a Demographic Questionnaire were administered, interview protocol followed, Grounded theory approach. | n = 10 | Religious-oriented coping strategies have varying levels of perceived efficacy. At their best, they represent creative solutions with safety enhancing outcomes. At their worst, they serve to prolong women's exposure to life-threatening violence. Religious oriented coping strategy utilized by participants was seeking out biblical teachings or scriptural messages and guidance from popular Christian resources. Faith in God and a deepening, evolving relationship with God throughout their abuse experiences. |
| 12 | Calvete, Corral & Estévez (2008) | Examines the role of coping as both a moderator and a mediator of the association between intimate partner violence and women's mental health. | Measures: Physical Assault scale of the CTS2, Psychological Abuse Inventory, Responses to Stress Questionnaire, Center for Epidemiological Studies Depression Scale; statistical analysis. | n = 298 | Psychological abuse was positively associated with the use of disengagement coping and primary control coping In addition, disengagement coping was the type of coping that was mainly associated with symptoms of anxiety and depression. Disengagement significantly mediated relations between psychological abuse and distress. Coping responses did not moderate the impact of intimate partner violence on symptoms of anxiety and depression, although both secondary control coping and disengagement coping were directly associated with distress. These strategies predict positive psychological adjustment in several contexts. |

| | | | | | |
|----|---|--|---|---------|---|
| 13 | Wright, Perez and Johnson (2010) | Investigates the role of empowerment in mediating IPV-related psychological distress in a sample of African American and White battered women. | Interviews consisted of both structured and Semi-structured interviews as well as the administration of self-report forms. Measures: Personal Progress Scale Revised, PTSD Scale, Beck Depression Inventory | n = 204 | Empowered women demonstrated greater resilience in the face of stressors and trauma, leading to fewer symptoms of psychological distress |
| 14 | Taft, Resick, Panuzio, Vogt & Mechanic (2007) | Examined several potential correlates of engagement and disengagement coping, with a focus on abuse-related factors, socioeconomic and social coping resources, and childhood trauma | Measures: Conflict Tactics Scale-2, Psychological maltreatment of women inventory, Peritraumatic Dissociative Experiences Questionnaire, Interpersonal Support Evaluation List, Physical Punishment Scale of the Assessing Environments-111, Sexual abuse exposure questionnaire, AE-111 Interview, Coping Strategies Inventory, Interviews. Descriptive statistics computed, zero-order correlations computed, regression analysis, effect size interpreted. | n = 338 | Results suggest that coping strategies used by battered women are multidetermined and deserve further exploration. Relationship abuse frequency, particularly psychological aggression, and peritraumatic dissociation were the strongest positive predictors of the use of disengagement coping. Social coping resources, including tangible support and appraisals of social support and belonging, were associated with higher engagement coping and lower disengagement coping. |
| 15 | Lewis, Griffing, Chu, Jospitre, Sage, Madry, & Primm (2006) | Examines the differential effects of adult and childhood physical and psychological abuse, abuse-specific coping, and psychological adjustment in battered women seeking emergency shelter | Structured interview, Coping Strategies Inventory—Short Form, The Conflicts Tactics Scale, Center for Epidemiological Studies Depression Scale, Rosenberg Self-Esteem Scale, Dominance Scale, Childhood Trauma Questionnaire. Multivariate regression analyses. | n = 102 | Unexpectedly, frequency of physical violence was unrelated to women's distress. The study argues that modes of coping traditionally considered adaptive (e.g., engaged, proactive) may be unsafe for battered women and children. Mixed coping strategies. They often diverged from more socially esteemed proactive strategies, by developing situationally responsive strategies to survive.. |

| | | | | | |
|----|----------------------------------|--|--|---------|--|
| 16 | Straight, Harper, & Arias (2003) | Examining the unique effects of partner psychological abuse on physical health and the moderating effects of approach and avoidance coping strategies. | Measures: psychological Maltreatment of Women Inventory, sleep rating scale, exercise rating scale, smoking scale, alcohol use scale, drug use scale, the Physical Functioning subscale of the Short-Form (SF-36) Health Survey, items from the SF-36 Health Survey Role-Physical subscale, General Health subscale of the SF-36 Health Survey, Cognitive difficulties subscale, 28-item Brief COPE. Factor analyses | n = 151 | <i>Psychological abuse was positively related to illegal drug use, physical and role limitations, negative health perceptions, and cognitive impairment. Approach coping moderated the effects of partner psychological abuse on binge drinking and health perceptions. Low approach coping was associated with more binge drinking and negative health perceptions as abuse increased; high approach coping did not show a significant relationship with binge drinking or health perceptions across levels of abuse.</i> |
| 17 | Yoshihama (2002) | Examined the following hypotheses: 1. Controlling for the characteristics of partners' violence, the individuals' country of birth has a significant effect on the selection and the perceived effectiveness of coping strategies. 2. The level of psychological distress is inversely associated with the perceived effectiveness, but not the type, of coping strategies, and the individuals' countries of birth moderates this relationship. | Measures: Characteristics of Domestic Violence Victimization, types and Perceived Effectiveness of Coping Strategies, Global Severity Index of the Symptoms Check List-90R. Descriptive statistic | n = 129 | Japan-born respondents were significantly less likely to use "active" strategies and perceived them to be less effective than did U.S.-born respondents. For the Japan-born, the more effective they perceived "active" strategies, the higher their psychological distress, whereas the more effective they perceived "passive" strategies, the lower their psychological distress. In contrast, for the U.S.-born, the higher the perceived effectiveness of "active" strategies, the lower their psychological distress, and the perceived effectiveness of "passive" strategies had little effect on their psychological distress. |
| 18 | Kocot & Goodman (2003) | Investigated the role of social support—a critical contextual factor—as a moderator of the relationship between problem-focused coping, and post-traumatic stress disorder and depression among low-income, African American battered women | Questions regarding demographics, severity and frequency of physical and psychological abuse during the past year, aspects of current social support, and types of current coping activities. Correlations were conducted to determine the univariate relationships among predictor variables and to assess the association between problem-focused coping and the two mental health variables. Multiple regressions were conducted. | n = 169 | Women who engaged in direct behavioral attempts to deal with the violence and its effects (problem-focused coping), regardless of whether the actions were effective, demonstrated less depression and a greater sense of mastery and self-esteem. Greater reliance on emotion-focused coping, and a greater use of emotion-focused coping relative to problem-focused coping, may be associated with more symptoms of post-traumatic stress disorder (PTSD) |

| | | | | | |
|----|--------------------------------|---|--|---------|---|
| 19 | Haj-Yahia (2002) | Examines the relationship between the socio cultural and socio political context of Arab society in Israel and attitudes of women in this society toward different patterns of coping with wife abuse | Self administered questionnaire in the Arabic language that consisted of several parts. Most of the items were closed questions, and the participants were asked to choose the most appropriate response out of several possible answers. However, the questionnaire also included open questions. Questions about demographic background, Attitudes toward various patterns of coping with abuse, Gender role stereotypes, Religiosity, Attitudes toward women, Familism, | n = 291 | In sum, the results reveal that Arab women expressed a preference for the patterns in which the wife changes her behavior toward her husband and which the wife assumes responsibility for changing her husband. This was followed by moderate support for the pattern in which the abused wife seeks help from informal and formal agents. The women's clear opposition to the coping patterns that involve breaking up the family unit was especially noteworthy |
| 20 | Eisikovits & Buchbinder (1999) | To present battered women's perceptions of violent events and their development, as reflected in the metaphors they use. | In-depth interviews. Conceptualized in the phenomenological tradition and uses feminist theory to interpret the findings. Qualitative data analyzed inductively. | n = 25 | Theme of control evident, divided into two major grounded categories: male self-control (gaining and losing self-control), containing partner's lack of control, bridging between the man's violent and good self; and second – women's self-control, controlling the violence through self-control, gender related control, woman's loss of control. |
| 21 | Poirier (2000) | To examine the psychosocial differences between battered and non-battered women admitted to a psychiatric unit in a French New Brunswick Hospital | Data collected from female psychiatric patients medical records – information on general characteristics of the women and their husbands, information on the presence or absence of physical violence, and psychiatric diagnosis, symptoms, and treatment of the patients. | n = 221 | 13.7% admitted to being battered, typically in their thirties, divorced/separated, married against parent's will, had their first child before marriage, grew-up in a violent or broken home, experienced sexual difficulties, experienced trouble with in-laws, less likely to have disorganized thinking, conditions more likely to go undiagnosed as compared to non-battered women, tended to express feelings of anger and guilt more freely than nonbattered women. |
| 22 | Haj-Yahia (2000) | Describe central family values in an Arab society and discuss their relevance to wife-abuse and battering and present Arab women's perspective on this problem. | Open-ended and closed-ended questions posed to the participants, responses examined separately, then intrinsic relationships examined, collectively examined to identify patterns. | n = 291 | 84% did not advocate passive or submissive responses, most indicated that coping should begin with the nuclear family, partial amount recommended involving extended family and social services, divorce as last option. |

Theme A - Types of Emotion Regulation Strategies Applied by Abused Women

It is clear from the review that women use a broad range of emotion regulation strategies to cope with the intimate partner abuse they are exposed to. Terms such as “multifaceted” (Wong, Fong, Choi, Tiwari, & Chan, 2015), “wide-range” (Bauman, Haaga, & Dutton, 2008), “multidetermined” (Taft, Resick, Panuzio, Vogt, & Mechanic, 2007), “mixed” (Lewis, Griffing, Chu, Jospitire, Sage, Madry, & Primm, 2006), “variety” (Yoshihama, 2002), and “various” (Eisikovits & Buchbinder, 1999) were used to describe the emotion regulation strategies women employ and to indicate the broad nature of their chosen ways to cope. These strategies were clustered into four major subgroups and are subsequently discussed in order of relative prevalence as indicated by the articles.

Avoidance or disengagement strategies.

The majority of articles mentioned that abused women use avoidance or disengagement strategies as a means of emotion regulation, amongst others. Avoidance or disengagement strategies can broadly be defined as involving attempts to withdraw from the stressor or the related emotions caused by the stressor (Calvete, Corral, & Estévez, 2008). Examples of avoidance/disengagement strategies include distancing, self-controlling, accepting responsibility for the abuse (convincing self that it is self-inflicted or deserved) and escape avoidance (Hamdan-Mansour, et al, 2011), social withdrawal, wishful thinking, deflecting blame (Lewis et al., 2002) and avoidance, negation and distraction (Calvete, et al., 2008). According to Hamdan-Mansour et al. (2011), the highest reported form of avoidance coping in their study was the escape-avoidance strategy, while the lowest was accepting responsibility. In addition, Waldrop and Resick (2004) as well as Schechory (2012) found that more avoidance strategies were used as continued involvement in the abusive relationship was sustained. Lastly, an important finding

to note is that of Calvete, et al. (2008) as well as Reich, Blackwell, Simmons and Beck (2015), who found that psychological abuse, in comparison with other forms of abuse, was specifically associated with more avoidant or disengagement forms of coping.

Approach or engagement strategies.

The second most prevalent emotion regulation strategy employed by women as a means to cope was found to be approach/engagement strategies. According to Calvete, et al. (2008), approach or engagement coping involves strategies that bring the person into closer contact with the source of stress (be it emotionally, cognitively or physically). Examples of approach/engagement strategies include positive reappraisal, confrontive coping, planful problem solving, seeking social support (Hamdan-Mansour et al., 2011), as well as confronting the partner, suggesting the partner seek help, seeing a counsellor and seeking information (Yoshihama, 2002). Hamdan-Mansour et al. (2011) reported the highest form of approach/engagement coping in their study as being positive reappraisal, which was also found to be the coping strategy used more than any other means of coping. Furthermore, they also found that women generally used approach strategies associated with better outcomes, which is a positive indication of the kind of strategies chosen. An interesting finding was reported by Waldrop and Resick (2004), who found that women would have a preference for a particular coping strategy in the context of an abusive relationship, but find it necessary to adjust that strategy to fit different situations. Approach strategies were then found to be preferred in the work domain to approach problems, whilst avoidance strategies were employed to cope with a violent husband. Lastly, Lewis et al. (2006) found that problem solving was most heavily relied on as coping strategy, and that women made use of more engaging strategies when the threat was nonphysical.

Problem-focused strategies.

The review indicated problem-focused/active strategies as being the third most prevalent emotion regulation strategy used by abused women. Problem-focused strategies entail obtaining information about what can be done in a stressful situation and mobilizing actions to modify the source of stress (Bauman, et al., 2008). Examples of problem-focused/active strategies may include help-seeking, pursuing a protection order and staying away from the abuser (Shechory, 2012), as well as active coping, instrumental support and planning (Wong et al., 2015). Yoshihama (2002) reported that women resorted to problem-focused strategies specifically when their situation is perceived as controllable, therefore, when they perceive that bringing about change to their situation is within their means and control. Contrary to usual prediction, Shechory (2012) found that abused women made use of more problem-focused than emotion-focused strategies.

Emotion-focused strategies.

Emotion-focused strategies were found to be the fourth most prevalent form of emotion regulation within abused women. Bauman, Haaga and Dutton (2008) define emotion-focused coping as aiming to modify the way one attends to a stressful situation or to change the relational meaning of a stressful situation in an effort to decrease the stress associated with an encounter without changing the actual conditions of the situation. Examples of emotion-focused strategies were self-harm, aggressive behaviour, increased independence, distraction, emotional expression, imagery of empowerment (Bauman, Haaga, & Dutton, 2008), religious-oriented strategies such as prayer or meditation (Knickmeyer, Levitt, Horne, & Bayer, 2003), focusing on the positive aspects or using drugs or alcohol (Yoshihama, 2002), and attempting to hold back and self-restrain as a means of controlling the violence through self-control (Eisikovits &

Buchbinder, 1999). Shechory (2012) found abused women to use significantly more emotion-focused coping strategies in comparison to women who were not abused. Furthermore, Yoshihama (2002) found that emotion-focused strategies were specifically utilized when women perceived their situation as uncontrollable. In addition to this, Yoshihama (2002) found that the majority of women used “focusing on the positive aspect of the partner/relationship” although many found this specific means of emotion regulation unhelpful.

Theme B - Factors that Play a Role in How Abused Women Regulate their Emotions

According to Taft et al. (2007), coping strategies used by battered women are multidetermined. The review confirmed this by indicating that a wide variety of factors play a role in how psychologically abused women regulate their emotions and which coping strategies they subsequently employ. These factors were grouped into six major subgroups and are subsequently discussed in order of the relative frequency as mentioned in the various articles.

External resources.

It is evident from the review that external resources play a significant role to determine which coping strategy abused women make use of to regulate their emotions. Within this subtheme, two major distinctions in external resources can be made – tangible resources, referring to aspects such as accommodation (Hasan, Muhaddes, Camelia, Selim & Rashid, 2014), financial independence (Waldrop & Resick, 2004), economic resources (Taft et al., 2007), as well as income, availability and accessibility of formal services (Haj-Yahia, 2002), and secondly - social support, referring to perceived social support from friends (Hamdan-Mansour et al., 2011), perception of available social support (Calvete, et al., 2007), responsiveness of potential help-sources such as family, friends, the police and the courts (Waldrop & Resick, 2004), size and responsiveness of support network, a greater sense of belonging, emotional

support (Taft et al., 2007), and alternative support networks (Haj-Yahia, 2002). Taken together, the impact of external resources on the choice of emotion regulation strategy can be summarized as when external resources/social support is high/available, women make more use of beneficial engagement coping and active strategies and the use of harmful disengagement coping strategies decrease. Alternatively, when external resources are low, women make use of more disengagement strategies, which are indicated to be more harmful.

Cognitive processes.

Aspects related to cognitive processes seem to be the second factor in choice of emotion regulation strategy utilized by abused women. Various examples of such processes are mentioned, including internalizations that they deserve the abuse (Hasan et al., 2014), beliefs about self-efficacy (Hamdan-Mansour et al., 2011), convictions of personal mastery (Bauman, Haaga & Dutton, 2008), maladaptive cognitive schemas, pervasive beliefs about emotional deprivation, abuse and personal failures (Calvete, et al., 2007), significant optimism (Kang & Kim, 2008), appraisals of lack of controllability (Calvete, et al., 2008) and empowerment (Wright, Perez & Johnson, 2010). The influence of cognitive processes on the chosen emotion regulation strategy in essence can be described as that the more maladaptive the cognitive schemas, the higher the use of disengagement coping strategies prevalent. Furthermore, as soon as a lack of controllability is perceived, abused women make more use of disengagement and emotion-focused coping, and when the situation is deemed as more controllable, problem-focused strategies become more utilized.

Depressive symptomatology.

Depression was found to have had the third greatest impact on chosen emotion regulation strategies employed by psychologically abused women. Depressive symptomatology was

specifically referred to as depressive symptoms (Craparo, Gori, Petruccelli, Cannella, & Simonelli, 2014; Calvete, et al., 2007), and depression (Waldrop & Resick, 2004; Calvete, et al., 2008; Haj-Yahia, 2002). The results indicated that high levels of depression led to elevated use of negation and avoidance coping amongst victims of abuse and was negatively correlated with the ability of women to cope with the abuse in general.

Length of relationship.

Length of relationship firstly refers to the period of time spent in the relationship, and secondly to the length of exposure to recurrent victimization. The studies referred to length of relationship in different ways, for example, length of marriage (Hamdan-Mansour et al., 2011), longer time elapsed since separation from the abuser (Calvete et al., 2007), length of the abusive relationship (Waldrop & Resick, 2004; Taft et al., 2007), more time spent in the relationship (Waldrop & Resick, 2004), and repeated victimization (Calvete et al., 2008). Results indicated that the length of the abusive relationship had a negative correlation with confrontive coping, seeking social support, planful problem solving and positive reappraisal and therefore led to an increase in forms of disengagement coping strategies (Hamdan-Mansour et al., 2011). One explanation for this may be that the more time spent in the relationship, the more the woman felt dedicated to trying and making it succeed, therefore leading to a change in coping responses over time.

Nature of the abuse.

In this context, the nature of abuse specifically refers to severity and frequency of abuse (Waldrop & Resick, 2004), relationship abuse frequency, higher psychological abuse frequency (Taft et al., 2007), as well as frequency and severity of violence (Haj-Yahia, 2002). In summary, the effect of the nature of abuse on emotion regulation strategies is contradicting. Waldrop and

Resick (2004) found that an increase in severity and frequency of abuse led to an increase in active forms of coping, specifically trying to take active steps to leave the relationship. Contrary to this, Taft et al. (2007) found that higher psychological aggression or relationship abuse frequency was associated with the utilization of more disengagement coping strategies. The contradiction in their findings may be accounted for by taking factors such as constraints with regard to the choice of coping strategy into account. For example, Waldrop and Resick (2004) indicate that the amount of commitment to preserving the relationship as well as the resources available to help the woman cope with the abuse in an active and direct manner were factors that may place constraints on the active form of coping mentioned. Taft et al. (2007) may have already taken these factors into account when concluding that the abuse severity and frequency leads to more disengaging forms of coping, possibly because other resources are limited.

Culture and norms.

Lastly, an extremely important aspect - cited as cultural values and norms, sociocultural context (Yoshihama, 2002), ethnicity (Haj-Yahia, 2002), and values (Haj-Yahia, 2000), was surprisingly underreported as prevalent factor given its expected importance. Yoshihama (2002) touches on this point when he mentions that “perceived effectiveness of coping strategies needs to be interpreted in the sociocultural context, and culturally congruent coping styles need to be viewed as a source of strength” (p.447). In essence, what is regarded as an effective coping strategy within one culture, may be regarded as a harmful coping strategy in another. Sociocultural context, therefore, should be taken into account when interpretations are made about efficacy of coping strategies.

Other factors worth mentioning.

Other factors that were found to affect the choice of emotion regulation strategies by psychologically abused women that weren't prevalent enough to be classified as major subthemes are the following: insecure attachment styles (negatively influences ability to cope), age of abused woman and age difference between abuser and victim (negatively correlated with distancing coping strategies, and negatively correlated with reappraisal coping respectively), and level of education (negatively correlated with emotion-focused coping).

Theme C – Evidence on Adaptive and Maladaptive Outcomes of Emotion Regulation

According to Bauman et al. (2008), coping responses to interpersonal violence may be especially complicated given that emotion-focused strategies may not be sufficient when survival is essential, and direct attempts to change the situation could also fail by enraging the perpetrator or exposing the abused woman (and her children) to economic hardship, especially when separation is involved. Other than this, many coping strategies may ultimately work to abused women's disadvantage by causing them to become increasingly entangled in the abusive relationship and therefore more susceptible to more abuse and its consequences (Bauman, et al., 2008). As a result, battered women may make use of strategies they perceive to be the most likely to bring relief, or they may simply be trying anything and everything, rather than strategies that have been shown to be more helpful. Therefore, given the importance of knowledge on the outcomes of specific coping strategies, evidence on effectiveness of the various strategies as mentioned in Theme 1 are subsequently discussed.

Outcomes of avoidance or disengagement strategies.

From the review, outcomes associated with the use of avoidance or disengagement strategies seem to be dysfunctional in nature. Various consequences are mentioned, such as that general avoidance coping was predictive of PTSD symptoms severity a year later (Reich et al., 2015), higher association between avoidance coping strategies and continued involvement in violent relationships (Shechory, 2012), disengagement coping associated with symptoms of anxiety, depression and distress (Calvete, et al., 2008; Yoshihama, 2002), disengagement coping associated with more negative outcomes (Taft et al., 2007), and those who used avoidance coping experienced the greatest overall distress, even more than those who used neither coping method. Avoidance goals have been associated with an increase in illness and had a direct effect on smoking, problematic drinking and role limitations (Straight et al., 2003). It can therefore be concluded from this review, that avoidance and disengagement emotion regulation strategies tend to have maladaptive outcomes, with the exception of being associated with short-term benefits.

Outcomes of approach or engagement strategies.

Consequences of utilizing approach or engagement strategies to cope with psychological abuse seem to be mostly adaptive. According to the review, approach or engagement strategies were associated with better emotional and cognitive outcomes (Hamdan-Mansour et al., 2011), positive thinking and cognitive restructuring showed an adaptive function for women's mental health and predicted positive psychological adjustment in various contexts (Calvete et al., 2008), engagement coping is associated with more positive health outcomes (Taft et al., 2007), approach coping is related to better long-term adjustment (Straight, Harper, & Arias, 2003), and engagement strategies seem to be associated with a lower level of psychological distress

(Yoshihama, 2002). However, Yoshihama (2002) found that the positive evaluation of these strategies may overlook some important negative consequences. For instance, the majority of abused women in his study redefined the situation by focusing on the positive aspects of the partner/relationship or minimizing the seriousness of the situation, all which many of these women found unhelpful. Approach or engagement strategies are therefore found to be adaptive in general, with the exception that the helpfulness of these strategies aren't exclusively so and the context surrounding the situations in which these strategies are effective or less effective, should be taken into account.

Outcomes of problem-focused strategies.

The outcome efficiency of utilization of problem-focused strategies seems to be twofold, depending on whether the goal of these strategies is to aid the woman to cope within the relationship, or ultimately bring the relationship to an end. Results showed that negative mental health outcomes were significantly decreased by problem-focused coping (Wong et al., 2015), problem strategies that were most frequently used by battered women were the least effective in ending the relationship (Bauman, Haaga, & Dutton, 2008), problem focused strategies have been associated with fewer symptoms (Calvete et al., 2008), as well as that problem-focused coping demonstrated less depression and a increased sense of mastery and self-esteem; and some types of problem-focused efforts (e.g. seeking outside help to end battering) were related to many ecological factors including the severity of the violence and number of possessed resources, which may be related to PTSD symptoms and therefore positively correlate problem-focused coping with PTSD symptom severity (Kocot & Goodman, 2003). Therefore, it may be concluded from this review that problem-focused strategies most frequently used by abused women are effective when leaving the abusive relationship is not a specific outcome goal, but may be

ineffective when termination of the relationship becomes a priority. In addition to this, it may be that problem-focused strategies are related to PTSD symptoms, when aspects such as the severity of the violence and available resources are not taken into account when employing this specific means of coping.

Outcome of emotion-focused strategies.

As with problem-focused strategies, mixed results were evident for outcomes of emotion-focused strategies utilized by abused women. Various consequences were mentioned related to the specific form of emotion-focused strategy employed: self-harm and aggressive behaviour were rated as minimally helpful whereas spirituality and increased independence were rated as extremely helpful (Bauman et al., 2008). However, emotion-focused strategies most commonly employed by abused women were rated as less helpful in dealing with emotions about abuse (Bauman et al., 2008), religious-oriented coping strategies have varying levels of perceived efficacy (Knickmeyer et al., 2003), emotion-focused responses in victims of intimate partner violence have been associated with psychological maladjustment (Calvete, et al., 2008), and emotion-focused coping may be associated with more symptoms of PTSD (Kocot & Goodman, 2003). In essence, it seems as though the majority of emotion-focused coping strategies used by abused women seem to have dysfunctional or maladaptive outcomes. Therefore, when considering the efficacy of emotion-focused strategies, care must be taken when evaluating the various forms of this specific coping strategy and each should be evaluated for outcome efficiency in an independent manner.

Limitations

One limitation of this study is that due to time and financial constraints, only studies published in English and Afrikaans were considered for inclusion. However, during the initial

search process, it was clear that only an insignificant number of studies were not available in English. Thus, although some would perceive this study as a “rapid review” (Schüneman & Moja, 2015), the study does however adhere to the key guidelines of a systematic review.

Another limitation may be that the literature which was used to conduct the review did not necessarily focus on psychological abuse in isolation from other forms of abuse. The findings, therefore, cannot be limited to psychological abuse, because it may contain aspects of other forms of abuse as well. The findings must therefore be interpreted with caution by taking into account the dynamics that other forms of abuse may contribute towards the process of emotion regulation within psychologically abused women, as discussed in this study.

Conclusion

The aim of this study was to conduct a systematic review focused on the existing literature on how psychologically abused women regulate their emotions within intimate partner relationships. More specifically, this study explored the types of emotion regulation they apply, the various factors that play a role in how they regulate their emotions, and what the evidence suggests regarding adaptive and maladaptive outcomes of the types of emotion regulation strategies they make use of.

From the analysis, emotion regulation strategies employed by psychologically abused women were of a wide variety; were indicated to be determined by a multitude of factors; and proved to have contextually specific outcomes. Four main strategies were identified, namely: avoidance or disengagement strategies, approach or engagement strategies, problem-focused strategies, and emotion-focused strategies. Seven factors were indicated as influencing the type of strategy chosen, namely: external resources, cognitive processes, depressive symptomatology, length of the relationship, the nature of the abuse and the woman’s culture and norms. Approach

or engagement strategies and problem-focused strategies (when leaving the relationship was not an outcome goal) were generally associated with adaptive outcomes. Strategies generally associated with maladaptive outcomes included avoidance or disengagement strategies and emotion-focused strategies.

It is clear therefore, that the context of the various circumstances surrounding the abusive relationship is extremely important when taking into account how and why women who are abused tend to make use of the specific strategy they employ to manage their emotions and cope with the situation at hand. Emotion regulation is not a simple clear-cut process, but rather complex, context-determined and situation-specific. The results of this study may provide a better understanding of what this process entails within the context of a psychologically abusive relationship.

Recommendations

Future research should focus on further clarification and distinction amongst the various emotion regulation strategies, as well as the classification of these strategies into clearly defined entities to guide intervention strategies specifically relating to each as an individual entity. For example, where cognitive processes are used to regulate emotions, if a clear distinction of these processes is made, interventions can be designed as cognitive-specific and could therefore generate more adaptive and successful outcomes. This will also add to a clearer understanding of the benefits as well as the limitations certain strategies pose. Further research also needs to be done to clarify some issues that emerged from this study, including the use of more avoidance strategies as continued involvement in the abusive relationship was sustained (Sechory, 2012; Waldrop & Resick, 2004); the necessity to change a specific preferred coping strategy to fit different abusive contexts, especially when women are dedicated to making the relationship

work (Waldrop & Resick, 2004); the use of problem-focused strategies more often than emotion-focused strategies (Shechory, 2012), specifically when they perceive that bringing about change to their situation is within their control (Calvete, et al., 2008; Yoshihama, 2002); and the use of more beneficial engagement strategies when external resources or social support is available in contrast to the use of more disengagement strategies when external resources are less available (Hamdan-Mansour et al., 2011; Calvete, et al, 2007; Waldrop & Resick, 2004; Taft et al., 2007).

When considering future recommendations for practice, health care practitioners should first take note of the complexity with which psychologically abused women regulate their emotions and that there are no specific, clear-cut answers as to what is beneficial or detrimental when considering a specific strategy. Second, they should acknowledge the importance of context when assessing the adaptability of the strategy employed and go about carefully when making suggestions as to what may or may not be more beneficial. Third, health care practitioners should take care when setting outcome goals for therapy, to ensure that the correlation between the set outcome and emotion regulation skill acquired by the patient during the process are aligned and in agreement with one another. For example, teaching an abused woman to cope with the abuse on a long-term basis by employing positive reappraisal will not be beneficial when the woman is planning on terminating the abusive relationship as soon as possible. It will be more beneficial to aid her in accessing external resources and other problem-focused strategies to obtain her goal.

References

- ADA (American Dietetic Association). (2008). *Evidence analysis manual: steps in the ADA evidence analysis process*. Chicago: Scientific Affairs and Research, American Dietetic Association.
- Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review, 30*(2), 217-237.
- Bauman, E. M., Haaga, A. F., & Dutton, M. (2008). Coping with intimate partner violence: battered women's use and perceived helpfulness of emotion-focused coping strategies. *Journal of Aggression, Maltreatment & Trauma, 17*, 23-41
- Bell, M.E., Cattaneo, L.B., Goodman, L.A., & Dutton, M.A. (2008) Assessing the Risk of Future Psychological Abuse: Predicting the Accuracy of Battered Women's Predictions. *Journal of Family Violence, 23*, 69–80.
- Breiding, M. J, Basile, K. C., Smith, S. G., Black, M. C., Mahendra, R. R. (2015). Intimate partner violence surveillance: uniform definitions and recommended data elements. *Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2*, 11-15.
- Calvete, E., Corral, S., & Estévez, A. (2007). Cognitive and coping mechanisms in the interplay between intimate partner violence and depression. *Anxiety, Stress, & Coping, 20*, 369-382.

Calvete, E., Corral, S., & Estévez, A. (2008). Coping as a Mediator and Moderator Between Intimate Partner Violence and Symptoms of Anxiety and Depression. *Violence against women, 14*, 886-904.

CASP (Critical Appraisal Skills Programme). (2006). *Evidence-based health care*. Oxford: Public Health Resource Unit. <http://www.phru.nhs.uk/caspl/critical~appraisal~tools.htm> Date of access: 19 September 2011.

Chang, J. J., Theodore, A. D., Martin, S. L., & Runyan, D. K. (2008). Psychological abuse between parents: Associations with child maltreatment from a population-based sample. *Child abuse & Neglect, 32*(8), 819-829.

Chirichella-Besemer, D., & Motta, R. W. (2008). Psychological Maltreatment and its Relationship with Negative Affect in Men and Women. *Journal of Emotional Abuse, 8*(4), 423-445. doi: 10.1080/10926790802480380

Craparo, G., Gori, A., Petruccelli, I., Cannella, V., & Simonelli, C. (2014). Intimate partner violence: relationships between alexithymia, depression, attachment styles, and coping strategies of battered women. *Journal for Sexual Medicine, 11*, 1484-1494.

Davidson, M.M., & Gervais, S.J. (2015) Violence against women through the lens of objectification theory. *Violence against women, 21*(3), 330-354.

De Ridder, D., & De Wit, J. (Eds.) (2006). *Self-regulation in health behavior*. Chichester, UK: Wiley.

- Diamond, L. M., & Aspinwall, L. G. (2003). Emotion Regulation across the lifespan: An integrative perspective emphasizing self-regulation, positive affect, & dyadic processes. *Motivation and Emotion, 27*(2), 125-156.
- Dutton, G. (2007). *The abusive Personality: violence and control in intimate relationships*. New York, NY: The Guilford Press.
- Eisikovits, Z & Buchbinder, E (1999). Talking Control Metaphors Used by Battered Women. *Violence against women, 5*, 845-864.
- Feder, G. S., Hutson, M., Ramsay, J., & Taket, A. R. (2006). Women exposed to intimate partner violence: expectations and experiences when they encounter health care professionals – a meta-analysis of qualitative studies. *Archives of Internal Medicine, 166*(1), 22-37.
doi:10.1001/archinte.166.1.22.
- Foran, H. M., Heyman, R. E., & Smith Slep, A. (2014). Emotional abuse and its unique correlates among military personnel and spouses. *Psychology of Violence, 4*, 128-142.
- Foster, E. L., Becho, J., Burge, S. K., Talamantes, M. A., Ferrer, R. L., Wood, R. C., & Katerndahl, D. A. (2015). Coping with intimate partner violence: Qualitative findings from the study of dynamics of husband to wife abuse. *Families, Systems, & Health, 33*, 285-94. doi: 10.1037/fsh0000130
- Goldsmith, R. E., & Freyd, J. J. (2005). Effects of Emotional abuse in family and work environments. *Journal of Emotional Abuse, 5*(1), 95-125.

- Gormley, B., & Lopez, F. G. (2010). Psychological Abuse perpetration in college dating relationships: contributions of gender, stress, and adult attachment orientations. *Journal of Interpersonal Violence*, 25(1) 204-218. doi: 10.1177/0886260509334404.
- Grant, M.J., & Booth, A. (2009) A typology of reviews. *Health Information and Library Journal*, 26, 91-108.
- Gross, J. J. (2013). Emotion Regulation: Taking stock and moving forward. *American Psychological Association*, 13(3), 359-365.
- Haj-Yahia, M. M. (2002). Attitudes of Arab women toward different patterns of coping with wife abuse. *Journal of Interpersonal Violence*, 17, 721-745.
- Hamilton, J. L., Shapero, B. G., Stange, J. P., Hamlat, E. L., Abramson, L. Y., & Alloy, L. B. (2013). Emotional maltreatment, peer victimization, and depressive versus anxiety symptoms during adolescence: Hopelessness as a mediator. *Journal of Clinical Child and Adolescent Psychology*, 42(3), 332-347.
- Hamdan-Mansour, A. M., Constantino, R. E., Farrell, M., Doswell, W., Gallagher, M. E., Safadi, R., Shishani, K. R., & Banimustafa, R. (2011). Evaluating the mental health of Jordanian Women in Relationships with intimate partner abuse. *Issues in mental health nursing*, 32, 614-623. doi: 10.3109/01612840.2011.580494
- Hasan, T., Muhaddes, T., Camelia, S., Selim, N., & Rashid, S. F. (2014). Prevalence and experiences of intimate partner violence against women with disabilities in Bangladesh: results of an explanatory sequential mixed-method study. *Journal of Interpersonal Violence*, 29, 3105-3126.

- Knickmeyer, N., Levitt, H. H., Horne, S. G., & Bayer, G. (2003). Responding to mixed messages and double binds: religious oriented coping strategies of Christian battered women. *Journal of Religion and Abuse, 5*, 30-51
- Kocot, T., & Goodman, L. (2003). The roles of coping and social support in battered women's mental health. *Violence against Women, 9*, 323-346. doi: 10.1177/1077801202250075.
- Lammers, M., Ritchie, J., & Robertson, N. (2005). Women's Experience of Emotional Abuse in Intimate Relationships. *Journal of Emotional Abuse, 5*(1), 29-64. doi: 10.1300/J135v05n01_02
- Lewis, C. S., Griffing, S., Chu, M., Jospitre, T., Sage, R. E., Madry, L., & Primm, B. J. (2006). Coping and violence exposure as predictors of psychological functioning in domestic violence survivors. *Violence against women, 12*, 540-354. doi: 10.1177/1077801206287285
- Lykhina, (2013) Women's lived experiences of emotional and psychological abuse in heterosexual relationships: behaviours, effects, awareness and support. PhD thesis. RMIT University. <https://researchbank.rmit.edu.au/view/rmit:160466> Date of access: 22 January 2015.
- Mayring, P. (2000). Qualitative Content Analysis. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 1*(2), Art. 20, <http://nbn-resolving.de/urn:nbn:de:0114-fqs0002204>.

- Mikulincer, M. & Shaver, P. R. (2005). Attachment theory and emotions in close relationships: exploring the attachment-related dynamics of emotional reactions to relational events. *Personal Relationships*, 12, 149-168.
- National Institute for Health and Care Excellence (NICE). (2012). Methods for the development of NICE public health guidance. Process and Methods Guide. Third edition. <http://www.nice.org.uk/publichealthguidance>
- National Library of Medicine. (2015). Medical Subject Headings (MESH) (<https://www.nlm.nih.gov/mesh/MBrowser.html>) Date of access: 17 June 2015.
- Oosthuizen, C. M. T., & Wissing, M. P. (2005). Prevalence of violence against women: distress, coping and psychological well-being. Surviving the fire? *South African Journal of Psychology*, 4, 637-656.
- Pico-Alfonso, M.A. (2005). Psychological intimate partner violence: the major predictor of posttraumatic stress disorder in abused women. *Neuroscience and Biobehavioral Reviews*, 29, 181–193.
- Queen, J., Nurse, A., Brackley, M. H., & Williams, G. B. (2009). Being Emotionally Abused: A Phenomenological Study of Adult Women's Experiences of Emotionally Abusive Intimate Partner Relationships. *Issues in Mental health Nursing*, 30(4), 237-245. doi: 10.1080/01612840802701257
- Reich, C. M., Blackwell, N., Simmons, C. A., & Beck, J. G. (2015). Social problem solving strategies and posttraumatic stress disorder in the aftermath of intimate partner violence. *Journal of Anxiety disorders*, 32, 31-37.

- Rivas, C., Kelly, M., & Feder, G. (2013). Drawing the Line: How African, Caribbean and White British Women Live Out Psychologically Abusive Experiences. *Violence against women*, 19(9), 1104-1132. doi: 10.1177/1077801213501842.
- Rogers, M.J., & Follingstad, D.R. (2014). Women's exposure to psychological abuse: Does that experience predict mental health outcomes? *Journal of Family Violence*, 29, 595-611.
- Schechory, M. (2012). Attachment styles, coping strategies, and romantic feelings among battered women in shelters. *International Journal of Offender therapy and Criminology*, 57, 425-444.
- Schünemann, H.J., & Moja, L. (2015). Reviews: Rapid! Rapid! Rapid! ... and systematic. *Systematic Reviews*, 4(4) <http://www.systematicreviewsjournal.com/content/4/1/4>
- Shaffer, A., Yates, T. M., & Egeland, B. R. (2009). The relation of emotional maltreatment to early adolescent competence: Developmental processes in a prospective study. *Child abuse & Neglect*, 33(1), 36-44.
- Taft, C. T., Resick, P. A., Panuzio, J., Vogt, D. S., & Mechanic, M. B. (2007). Examining the correlates of engagement and disengagement coping among help-seeking battered women. *Violence and victims*, 22, 1-16.
- Umscheid, C.A 2013. A primer on performing systematic reviews and meta-analyses. *HIV/AIDS*, 57(5), 725-734. doi: 10.1093/cid/cit333
- Wager, E., & Wiffen, P.J. (2011). Ethical issues in preparing and publishing systematic reviews. *Journal of Evidence-Based Medicine*, 4, 130-134.

- Waldrop, A. E., & Resick, P. A. (2004). Coping among adult female victims of domestic violence. *Journal of Family Violence, 19*, 291-302.
- Witte, T. H., Hackman, C. L., Boleigh, A., & Mugoya, G. (2015). The link between psychological abuse victimization and physical health in college Students. *Journal of Aggression, Maltreatment & Trauma, 24*, 693-706.
- Whisman, M. A. & Baucom, D. H. (2011). Intimate Relationships and Psychopathology. *Clinical Child and Family Psychology Review, 1*(12), 4-13.
- Wong, J. Y., Fong, D. Y., Choi, A. W., Tiwari, A., & Chan, K. L. (2015). Problem-focused coping mediates the impact of intimate partner violence on mental health among Chinese women. *Psychology of Violence, 1-9*. doi: <http://dx.doi.org/10.1037/a0039496>
- Wright, C. (2010). The mediating role of empowerment for African American women experiencing intimate partner violence. *Psychological trauma: theory, research, practice, and policy, 2*, 266-272.
- Yoshihama, M. (2002). Battered women's coping strategies and psychological distress: differences by immigration status. *American Journal of Community Psychology, 30*, 429-450.

Critical Reflection

Many studies have tried to define and explore self-regulation, but very few focus on the concept of emotion regulation as part of the construct of self-regulation specifically within women who are victims of interpersonal violence. Studies investigating women's emotion regulation within these abusive relational contexts in particular are necessary because the way in which this takes place may play a vital role in understanding the dynamics responsible for their efforts to stay or return to this specific relationship. This, in turn, may aid mental healthcare workers in developing interventions to best aid the abused women to act constructively to her situation.

A number of studies have been published on the emotion regulation of women within different violence and abuse contexts. However, the findings have not previously been synthesized to provide us with an evidence-based scientific understanding of emotion regulation, specifically within intimate partner relationships. It is perhaps as a result of this gap in research that Rivas et al., (2013, p. 1104-1105) conclude that, "*women in abusive relationships show agency in choosing and developing strategies to respond to the abuse they experience, however, we have limited understanding of what this involves*".

The aim of this study was to systematically review the literature on how psychologically abused women regulate their emotions within intimate partner relationships. More specifically, the study explored (a) the types of emotional regulation they apply; (b) factors that play a role in how they regulate their emotions; and (c) evidence on adaptive and maladaptive outcomes of emotional regulation. This study has made a positive contribution to emotional regulation literature, especially within a relational context. What emerged from this study is that abused

women do not necessarily employ coping strategies that are beneficial, but that they often make use of methods which they perceive as being helpful within that specific moment. These emotion regulation strategies were of a wide variety; were indicated to be determined by a multitude of factors; and proved to have contextually specific outcomes.

One great limitation of this study may be that the literature which was used to conduct the review did not necessarily focus on psychological abuse in isolation from other forms of abuse. The findings, therefore, cannot be limited to psychological abuse, because it may contain aspects of other forms of abuse as well. The findings must therefore be interpreted with caution by taking into account the dynamics that other forms of abuse may contribute towards the process of emotion regulation within psychologically abused women, as discussed in this study.

Future research should focus on further clarification and distinction amongst the various emotion regulation strategies, as well as the classification of these strategies into clearly defined entities to guide intervention strategies specifically relating to each as an individual entity. This will also add to a clearer understanding of the benefits as well as the limitations certain strategies pose. Furthermore, of great importance, is that research should be done specifically on the effects psychological abuse has on emotion regulation processes, because research on this specific form of abuse in isolation of the other forms of abuse, is extremely limited.