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Problem Solving Skills Training On Women Victims of Domestic Violence: D'Zurilla and Nezu Methods

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A B S T R A C T

The purpose of this research was to evaluate the effectiveness of problem solving skills training on women victims of domestic violence through D'Zurilla and Nezu (2010) method. This quasi-experimental research was carried out with pre-test and post-test as well as two experimental and control groups. The statistical population was young couples who are covered by the relief foundation. 91 women were selected volunteered as samples after public announcement and recall. Initially, the domestic violence questionnaire was conducted for screening and 37 women were selected from women with the highest degree of domestic violence and randomly divided into two experimental (n = 19) or control (n = 18) groups. Subjects also responded to the quality of life questionnaire (SF-36). The group training was performed in eight 90-minute sessions for the experimental group and the control group did not receive any intervention. The research results showed that the group training of problem solving skills through D'Zurilla and Nezu (2010) methods affected the quality of life of women victims of domestic violence. Since this training was effective and desirable on the quality of life of women victims of domestic violence, the implementation of this intervention is recommended to improve couples' relationships and family functions.

Keywords: Quality of Life, Problem Solving, Violence, Women.

INTRODUCTION

A healthy community is formed from a healthy family. The growth of family members will be realized when the family center covers a healthy and constructive environment with warm relationships and intimate interpersonal interaction. On the other hand, couples may be involved in traumatic relationships, such as severe conflicts and even domestic violence, which may cause serious problems in their relationships. In recent decades, violence against women has been raised as the most serious social problem beyond the boundaries of the class, cultural, social, and regional definitions. Violence against women is any type of gender violence that can lead to physical, sexual, or psychological harm in women or is likely to be severe and painful to women or leads to compulsory deprivation of individual or social liberty (UN, 1993). The most common type of violence against women is violence committed by a partner, known as "domestic violence or violence by a close partner" (Gracia & Herrero, 2006; Krantz & Garcia-Moreno, 2005).

Health experts also consider domestic violence against women as a major public health problem. Victims of domestic violence often suffer from physical harm and many chronic health

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problems. Since domestic violence against women is the cause of many physical harm, mental disorders, and adverse effects, domestic violence is not only a major health problem for female, but also a latent epidemic(Abbaszadeh, Saadati, & Kasbokar, 2010; Saadati, 2010). Domestic violence during pregnancy also includes inadequate weight gain, increased chance of injury, and inadequate care during pregnancy, and low birth weight. The consequences of domestic violence against women have an adverse effect on the children of violent women(Ghodrati, Setodeh, & Akbarzadeh, 2017; Jafarnezhad, Moghadam, Soltanifar, & Ebrahimzadeh, 2009).

The research results of B. Ahmadi et al. (2008) and Shams, Kianfard, Parhizkar, and Mousavizadeh (2017) married women over 15 years old showed that 35.7% of these women experienced types of domestic violence among which, 30% experienced physical violence, 29% experienced mental violence, and 10% experienced gender violence.

Wallach and Sela (2008) conducted a research aimed at understanding and preventing marital violence. They showed that the documentation of men who beat their wives plays a major role in increasing violence and hostility and stress. Accordingly, therapeutic programs should address the documented style. Patriarchal attitudes, social confirmation of violence, and the need for controlling the attitudinal factors of marital violence have also been reported. They also though that attitudinal factors are involved in adapting to violence and staying with the invading person (for example, sometimes violated women attribute the violence factor to themselves and they say they could prevent violence by changing their behaviors). Particularly the women who are attacked consider themselves as the faulty. On the other hand, males play role in the formation of this self-blame feeling in women by identifying the victim as the responsible(Mohammad Khani & Azadmehr, 2008).

Other types of research have focused on factors such as the failure to meet the expectations of the spouse, others' interfere educational and age differences, and differences in the views of couples and psychological disorders to show that the quality of life of women victims of violence is lower than other female. These studies assess the lack of desirable relationships between couples, the failure to meet the expectations, lack of intimacy, which leads to increased conflict, reduced marital satisfaction, and emotional and psychological problems that are the most important reasons for domestic violence(Ferrari et al., 2016; Travis, 2013).

Quality of life is a subjective assessment of life satisfaction, and some of the person's subjective evaluation of well-being is combined with physical symptoms, sexual function, job performance, emotional status, and so on. Mogos, August, Salinas-Miranda, Sultan, and Salihu (2013) showed that women who met with wife violence during pregnancy and afterwards had lower quality of life than other women(Tavoli, Tavoli, Amirpour, Hosseini, & Montazeri, 2016).

One of the methods of problem solving training is using the problem solving model of D'Zurilla and Nezu (2010). According to D'zurilla and Nezu, the term social problem solving refers to the process of problem solving in the natural environment and real world (Heidari & Shahbazi, 2012). In the main model presented by D'zurilla and Goldfried (1971) and the subsequent model revised by D'Zurilla and Nezu (2010), there are two general and relatively independent components including the orientation toward the problem and the six-stage problem solving skills of D'zurilla and Goldfried model including the general orientation and

definition and formulation of the problem, production of innovative solutions, decision making, solution implementation and review (Heidari & Shahbazi, 2012). The hypothesis of this model is that the consequences of problem solving in the real world are largely determined by two important and somewhat independent processes of 1) problem orientation familiarity with the problem, 2) problem solving proper (problem diagnosis). The first one is the motivational part of the problem-solving process, while the second one is a process, in which the person tries to find techniques and methods of problem solving, an effective solution with a mechanism for a particular problem, by logical application (K. Ahmadi, Nabipoor, Kimiaee, & Afzali, 2010).

Diagnosis of the problem is an accurate direction for identifying and confirming the current issues of everyday life, as well as a series of relatively stable emotional cognitive plans that describes the way of thinking of a person and his\her sense of life and the ability to solve his/her own personal problem. Positive orientation with the constructor of the problem creates positive emotions and approaching tendencies, and regulates the type of problem solving behavior, focuses attention on constructive carrier activities, and increase the strives, insists, and tolerates against frustration and doubt to the highest rate. In contrast, negative or inappropriate orientation leads to negative emotions and social tendencies, which increases the destructive worries. The main variables of identifying a problem in D'zurilla and Nezu's model are:

1) Problem Perception, 2) Problem Documentation, 3) Problem Evaluation, 4) Perceived Control, 5) The need for spending time and effort (D'Zurilla & Nezu, 2010).

The purpose of problem perception is that total willingness or readiness to diagnose the problem when it occurs during a daily life rather than neglecting or denying the problem. Problem perception is important because it activates other problem-solving schemes and provides the basis for the problem-solving proper. Problem documentation refers to personal beliefs about the causes of life. The positive or facilitating documentation documents of the problem provides the readiness with the general tendency to understand ordinary and inevitable events in life, not to be perceived them as permanent and individual things. Problem documentation probably affects the problem evaluation. This means that evaluation of a person on the importance or relevance of a problem or individual or social happiness. Positive evaluation is the problem of general tendency to understand the problem as a challenge and potential advantage, not to consider it as a threat or disadvantage.

METHODOLOGY

This quasi-experimental method has employed pre-test and post-test with two experimental and control groups. The statistical population of the study consisted of all young women supported by relief foundation of Isfahan (less than 10 years of marriage). According to the latest statistics, these women included 112 people. The statistical sample required for this study was prepared voluntarily as much as 91 women after the public announcement and recall.

Initially, the domestic violence test was conducted as a screening questionnaire for the diagnosis of women with the highest degree of domestic violence. All women who had high score in the domestic violence questionnaire (score higher than 76 based on the cut-off point of the questionnaire) of which 37 women reported a high violence by their spouse and randomly

divided into two experimental group (19) and control group (18). After selecting the experimental and control groups, both groups responded to the quality of life questionnaire, and the group training of problem solving skills was performed through D'zurilla and Nezu method in eight 90-minute sessions and the control group did not receive any intervention. In both experimental and control groups, the questionnaires were distributed in two stages of pre-test and post-test in a group. According to the ethics of the research, the control group was entered into the intervention after the completion of the post-test. An informed consent was received from all subjects. The content of problem solving therapy was as follows:

Table 1. The content of group problem solving therapy

Sessions	Contents
First session	Factors affecting healthy life, life that is accepting living conditions.
Second session	The role of beliefs in emotional and behavioral outcomes and the training of the three-column table (thoughts, feelings and behaviors.)
Third session	Cognitive errors training and its effect on three levels of cognition.
Fourth session	De-stressing and countering negative thoughts through tracing the source of ideas, challenging negative thoughts, and stopping them.
Fifth session	Analysis of the relationship between adverse events, beliefs and mood changes caused by them.
Sixth session	Documented modification and pessimistic explanation styles for optimistic explanation styles.
Seventh session	Self-debate (evidence of your interpretation, other interpretations, and the utility of beliefs), planning
Eighth session	Future. Familiarity with self-adherence techniques, self-belief, focus on abilities and considering them limited. Conclusion and evaluation of therapy sessions

The following tools were used to collect data:

Domestic Violence against Women Questionnaire: 10 questions measure the demographic data and 60 questions measure the physical, sexual, psychological, economic dimensions, and patriarchal attitudes. The Cronbach alpha coefficient is reported as much as 0.81 (Mohseni Tabrizi, Kaldi, & Javadianzadeh, 2012).

Quality of Life Questionnaire (SF-36): The self-report questionnaire, which is used most to assess the quality of life and health, was made by Instrument Ware Jr and Sherbourne (1992) with 36 terms to evaluate eight areas of physical function, social function, physical role playing, emotional role playing, mental health, vitality, physical pain and general health. In addition, (SF-36) also provides two overall measurements; the general physical component score (PCS), which also measures the physical dimension of health, and the general mental component score (MCS), which evaluates psychosocial dimension of health. The score in each of these areas varies from 0 to 100, and the higher score shows the better quality of life. Reliability and reliability of this questionnaire has been confirmed in the Iranian population.

RESULTS

The tables for various indicators are presented in the descriptive statistics section.

Table 2. Descriptive indicators of quality of life scores and fortitude in pretest and posttest of two experimental and control groups

Group	Variable	Stage	Mean	Std. deviation	Variance	Maximum	Minimum
Experimental	quality of life	pretest	12.7	19.4	378.8	65	1
		posttest	16.9	22.8	520.7	75	1
Control	quality of life	pretest	7.6	8.3	70.3	32	1
		posttest	7.6	8.80	65.3	30	1

Table 2 shows that the mean of quality of life scores in the post-test increased compared to the pre-test, which can be attributed to the effect of group training of problem-solving skills through D'zurilla and Nezu method on the quality of life of women victims of domestic violence. The mean scores of posttest did not change much compared to the pre-test.

Table 3. Statistical indicators related to the scores of fortitude components and quality of life of the experimental and control groups in the pretest and posttest

Group	Component	Stage	Mean	Std. deviation	Variance
Experimental	Emotional health	Pretest	23.7	10.7	116.2
		Posttest	41.3	8.8	77.3
	General health	Pretest	29.5	12.2	149.7
		Posttest	50.8	12.04	145.2
	Physical function	Pretest	28.7	25.9	671.7
		Posttest	45.3	32.8	107.6
	Physical pain	Pretest	17.9	21.9	478.6
		Posttest	30.2	28.6	817.9
	Limitation of role play due to physical reasons	Pretest	51.3	21.2	449.5
		Posttest	60.5	17.3	299.7
	Social function	Pretest	30.7	27.3	745.2
		Posttest	34.5	27.07	733.04
	Limitation of role play due to mental reasons	Pretest	42.1	30.1	906.4
		Posttest	76.3	25.6	657.9
	Fatigue or vitality	Pretest	42.9	27.7	770.3
		Posttest	32.6	18.4	339.9
	Total score	Pretest	12.8	19.5	378.8
		Posttest	16.9	22.8	520.7
Control	Emotional health	Pretest	23.6	11.08	122.9
		Posttest	25	10.14	102.9
	General health	Pretest	30	12.3	152.9
		Posttest	30.5	11.9	143.7
	Physical function	Pretest	26.3	17.3	299.4
		Posttest	26.3	17.3	299.4
	Physical pain	Pretest	17.5	12.8	165.4
		Posttest	19.3	13.2	176.3
	Limitation of role play due to physical reasons	Pretest	43.05	18.8	353.3
		Posttest	40.5	20.7	429.08
	Social function	Pretest	24.1	18.6	347.8
		Posttest	24.1	18.6	347.8
	Limitation of role play due to mental reasons	Pretest	51.3	21.8	475.9
		Posttest	51.3	21.8	475.8
	Fatigue or vitality	Pretest	40.5	32.5	106.1
		Posttest	30.8	27.02	730.1
	Total score	Pretest	7.6	8.4	70.3
		Posttest	7.6	8.08	65.3

As shown in the table above, the mean scores of quality of life components also show a significant difference for the experimental group compared with the control group in the pre-test and post-test.

Table 4. Statistical indicators related to the scores of violence and its subscales in the experimental and control groups

Group	Component	Number	Mean	Std. deviation	Variance
Experimental	Verbal	19	107	1.4	2.09
	Emotional	19	12.6	1.9	3.9
	Physical	19	52.6	5.1	26.5
	Sexual	19	11.8	1.7	3.1
	Verbal	18	10.2	2.9	8.8
	Emotional	18	12.6	2.8	8.3
	Physical	18	51.4	6.2	38.9
	Sexual	18	12.5	5.6	5.6

The table above shows descriptive statistics indicators for violence subscales in the control and experimental groups.

To investigate the normal distribution of variables in the population, the one-way Kolmogorov-Simonov test was used. The results of this analysis are presented in Table 5.

Table 5. The results of the Kolmogorov-Simonov test to verify the normal distribution of variables

Variable	Group	Kolmogorov-Simonov Z	Significance level
Quality of Life	Experimental	0.83	0.42
	Control	0.87	0.41

Given that the significance level of the Kolmogorov-Smirnov test is more than 0.05, it could be concluded that the distribution of the scores is normal with 95% confidence level.

The results of the hypothesis of homogeneity of research variable regression are presented in Table 6.

Investigation of the effectiveness of problem solving skills training on women victims of domestic violence through D'zurilla and Nezu methods is presented in the following tables.

Table 6. Homogeneity of variances

F-value	Degree of freedom 1	Degree of freedom 2	Significance level
0.02	1	35	0.886

According to the results of Table 6, the Levene test was not significant ($P > 0.05$). Therefore, the homogeneity of variances is confirmed.

The results of the hypothesis of homogeneity of regression of research variables are presented in Table 7.

Table 7. Homogeneity of regression

Variable	Source of change	Sum of squares	Df	Mean squares	F	p
Quality of life	Group	950.08	1	950.08	4.6	0.04
	Pretest	39.3	1	39.3	0.19	0.66
	Interaction group and pretest	456.4	1	456.4	2.2	0.14

The results presented in the table above show that the hypothesis of homogeneity of regression is realized in the interaction of the group and the pre-test score (P = 0.14, F = 2.2).

Table 8. Analysis of covariance of post-test scores of quality of life

Source of change	Sum of squares	Df	Mean squares	F	p	Eta Coefficient
Pretest	141.6	1	141.6	0.66	0.42	0.021
Main effect	504.15	1	504.15	9.35	0.041	0.211
Residual error	6638.42	31	214.14	-	-	-

As shown in Table 8, the main effect is significant (F = 35/9, P$\geq$0.05). Therefore, the hypothesis is confirmed. This means that the group training of problem solving skills through D'zurilla and Nezu method affects the quality of life of women victims of domestic violence. The difference in the scores of the experimental and control groups or the effect size of the training course is (η=0.21) meaning that 21% of the variance of residual total score is affected by the group training of problem solving skills through D'zurilla and Nezu method.

Table 9. Adjusted means of quality of life scores in both experimental and control groups

Group	Mean	Standard error
Experimental	15.08	3.45
Control	7.2	3.45

As shown in the table above, the adjusted mean of the experimental group is higher than the control group.

CONCLUSION

According to the introduction section, domestic violence from a spouse and in the family causes serious disorders and injuries to warm relationships and interpersonal interactions between couples and even children. Women who suffer from this kind of inhumane treatment have severe conflicts and serious social and psychological problems (Krantz & Garcia-Moreno, 2005). Therefore, different psychological interventions T aimed at changing the beliefs and attitudes of couples toward each other, or interventions in which only women participate (due to the absence of men), can be used to correct the attributes, increase the level of compatibility, and their resiliency (Mohammad Khani & Azadmehr, 2008).

One of the main results of this research was that the problem-solving training through D'zurilla and Nezu method affects the quality of life of women victims of domestic violence. The difference in the scores of the experimental and control groups or the effect size of the training course is (η=0.21) meaning that 21% of the variance of residual total score is affected by the

group training of problem solving skills through D'zurilla and Nezu method. In explaining the results regarding the good effect of problem solving skills training on women victims of domestic violence through D'zurilla and Nezu method the victim of domestic violence has had a good effect, it should be said that problem-solving training through D'zurilla and Nezu method is a short-term and focused approach to help people with different problems. Solving problems plays an important role in creating and sustaining family conflicts in dealing with violence by a spouse. This skill has features that make it an appropriate skill to raise the level of ability against violence by a spouse. One of these features are the following points:

1) It is a short-term and limited training that can be used in many therapeutic programs.

2) It is organized, purposeful, and focused.

3) It is a comprehensive training, in which all elements are used.

In the group training of problem solving skills through D'zurilla and Nezu method people learn new skills that have better responses to their problems and compare the previous habits with effective skills. Thus, they can find a good substitute for their harmful habits and, as a result, they use effective coping methods instead of taking refuge in difficult situations. In order to strengthen and develop the range of the person's coping style, in-person skills training (such as coping with the circumstances that exacerbate spouse violence) and interpersonal skills (such as more effective communication) are taught to individuals. Patients learn these skills as specific strategies (usable here and now to control domestic violence by the spouse) as well as general and comprehensive strategies that address a wide range of problems that can be used. In this study, the variable including gender, age, and marriage history of subjects were not controlled.

Applied recommendations

1. The necessary measures to prevent marital, communication, and various family functions problems can be achieved by targeting couples with communication problems and using various cognitive methods (changing beliefs and attitudes) and practical measures such as communication skills training, appropriate life conditions, marital satisfaction, and the reduction of many social deviations and biases can be effective.

2. Implementation of effective interventions such as behavioral cognition interventions whose effectiveness has been proven repeatedly, as well as training men and women in dealing with violence at the macro level of the community from organization such as national media, welfare, ministry of health and education will be effective to prevent the phenomenon and its effects.

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