Check for updates

Original Research Article

Violence Against Women
1–21
© The Author(s) 2021
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/10778012211054866
journals.sagepub.com/home/vaw
SAGE

Problem-Focused Coping Strategies Used by Victims of Gender Violence Across the Stages of Change

Alicia Puente-Martinez[1,2], Silvia Ubillos-Landa[2] and Darío Páez-Rovira[3]

Abstract

This study compares the problem-focused emotion regulation strategies used by 200 female survivors of intimate partner violence (age: $M = 40.16$, $SD = 11.27$, 18–66 years) to cope with violence throughout various stages of change (SOC). It examines the relationship between problem-focused coping strategies and positive and negative affect, and the impact of these variables on the different SOC. Results suggest that victims differ and are flexible in the use of strategies throughout the various SOC. During the initial stages, victims tend to use passive/maladaptive behaviors that hamper change, while in the later stages they use more active/adaptive strategies to leave the abusive relationship.

Keywords

intimate partner violence against women, stages of change, problem-focused emotion regulation strategies, affect

Introduction

Intimate partner violence against women (IPVAW) is public health and social problem with a high prevalence worldwide (Sánchez-Prada et al., 2020). It

[1]Faculty of Social Sciences, University of Salamanca, Salamanca, Spain
[2]Faculty of Health Science, University of Burgos, Burgos, Spain
[3]Faculty of Psychology, University of Basque Country, Spain

Corresponding Author:
Alicia Puente-Martinez, Faculty of Social Sciences, University of Salamanca. Campus Miguel de Unamuno, P.° Francisco Tomás y Valiente, s/n, 37007 Salamanca, Spain.
Email: apuentema@usal.es

encompasses different forms of aggression including physical, psychological, and sexual violence and the use of coercive tactics such as threats and control. The World Health Organization (WHO, 2019) has estimated that as many as 38% of women who are murdered die at the hands of an intimate partner. In Spain, according to official data published by the Women's Institute (Delegación del Gobierno contra la Violencia de Género, 2020), 1,068 women were murdered between 2003 and 2020.

Although some women leave a potentially violent relationship at the first sign of abuse, most victims remain in abusive relationships for long periods of time (Alexander et al., 2010; Murray et al., 2015a). Indeed, as previous studies have shown, abusive relationships tend to involve long-term patterns of violent behavior that serve the purpose of controlling and maintaining power over women (Murray et al., 2015a). Moreover, other researchers have found that the decision to break with a violent relationship requires a complex, non-linear process of change that takes place over time and involves multiple personal, community, and contextual factors (Brooks et al., 2020; Murray et al., 2015b).

Over the past decade, the literature has mainly focused on analyzing risk factors and exploring the association between the violence suffered and its consequences (Overstreet et al., 2019; Schreiber & Salivar, 2020). However, another body of research has also emerged focusing on the mechanisms women use to protect themselves from abuse (Beeble et al., 2009). This line of study includes an exploration of the emotion regulation and coping strategies used by victims to mitigate the undesirable consequences of violence (Crowe & Murray, 2015; Murray et al., 2015a). However, few empirical studies have analyzed these processes directly with victims of intimate partner violence (IPV) (Keeling et al., 2016). It has therefore yet to be clarified which strategy or sets of strategies may be most effective in dealing with IPVAW.

In this regard, the modal model of emotions (Gross, 2015; Mc Rae & Gross, 2020) has been considered useful for studies on IPVAW, since it questions the adaptive or maladaptive nature of the use of strategies in a given context (Aldao et al., 2010; Katzir & Eyal, 2013). To the extent that strategies are able to enhance positive effects and mitigate negative ones, types of coping and emotion regulation strategies have been defined as adaptive/functional or maladaptive/dysfunctional (Larsen et al., 2009; Peña-Sarrionandia et al., 2015). Furthermore, the theory of flexibility (Bonanno & Burton, 2013; English & Eldesouky, 2020) postulates that effective coping is not defined by the type of strategy employed, but by the subject's ability to modulate and switch from one strategy to another, adjusting their behavior to their current context (Bonanno et al., 2020; Bonanno & Burton, 2013; English & Eldesouky, 2020; Gross, 2015). In relation to IPVAW cases, Hamby and Gray-Little (2007) suggest that the effectiveness of coping strategies and emotion regulation (ER) depends on the risk, as well as on the personal resources that women use to protect themselves and escape from the violent situation. However, this has not yet been empirically proven (Mc Rae & Gross, 2020).

Problem-focused coping refers to the use of ER and coping strategies to alter the situation in order to modify its emotional impact. Direct actions, social support (emotional and informational), psychological abandonment, and social isolation (Peña-Sarrionandia et al., 2015; Puente-Martínez et al., 2018) have all been defined as instrumental strategies (modification of the situation, MS). In this regard, previous studies have advocated encouraging victims of IPV to engage in more frequent problem-focused coping, not only to promote their safety, but also to improve their mental health. However, some problem-focused strategies may put victims at greater risk of IPV and affect their safety (Kocot, 2003). In general, seeking formal and informal social support has been associated with positive outcomes and has positive psychological effects among victims of IPV (Larsen & Prizmic, 2008; Ogbe et al., 2020), particularly when accompanied by instrumental responses (Skinner et al., 2003). However, previous research has also found that the use of problem-focused ER strategies and their relative efficacies are linked to the victim's perception of control, as well as to the confluence of contextual factors that determine whether an external event can actually be changed. For instance, Kocot (2003) demonstrated that direct coping strategies may only be effective when women have a certain degree of control over the violent situation. Problem-focused coping may also result in failure to change the situation, leading to a sense of futility and despair that may negatively influence women's readiness to leave. Another study reported that seeking help for separation may lead to increased use of violence by the batterer in the early stages of change (SOC), when the victim's relationship with them is still ongoing (Reisenhofer & Taft, 2013). Other strategies, such as psychological abandonment or social isolation, have often been related to dysfunctional affective states (Larsen et al., 2009). Indeed, the use of passive coping strategies has been associated with a higher level of vulnerability and the risk of long-term revictimization (Kuijpers et al., 2011). For example, Lewis et al. (2006) found that in the early stages, victims tended to use more psychological abandonment, which increased the severity and frequency of IPVWA.

Despite the evidence, however, only recently have researchers started to explore which variables shape the types of coping strategies battered women choose to employ (Meyer et al., 2010). Moreover, most research into IPV fails to take into account the timeframe in which battered women experience and respond to abuse (Kocot, 2003). The transtheoretical model of SOC (Prochaska & DiClemente, 1982) has proven useful for analyzing different levels of women's readiness to deal with IPV (Barrios et al., 2020; Murray et al., 2015b; Overstreet et al., 2019; Spangaro et al., 2020). The SOC model comprises four stages: pre-contemplation, contemplation, action, and maintenance (Prochaska & DiClemente, 1982). For abused women, movement across the SOC may be bidirectional and may include both linear (i.e., from one stage to the next) and nonlinear (i.e., skipping stages) trajectories (Khaw & Hardesty, 2009). Understanding how each stage of change is delimited for a particular behavior (i.e., problem-focused strategies) may be a critical element for explaining the process of leaving an abusive relationship (Barrios et al., 2020; Ogbe et al., 2020). Therefore, the use of certain strategies instead of

others may be central to decision-making throughout the process of leaving (Khaw & Hardesty, 2009).

According to the results of previous studies, during the pre-contemplation stage (S1), victims do not recognize the abuse, do not intend to take action to change a behavior in the near future, justify and normalize the violence, and still maintain a positive emotional attachment to the abuser (emotional dependence) (Overstreet et al., 2019; Reisenhofer & Taft, 2013; Wong et al., 2016). Emotions such as guilt and shame and some cognitive processes such as the rationalization (fantasy of changing aggressor conduct) and minimization of violent behavior have been found to predict the absence of escape behavior (Eckhardt & Utschig, 2007). Furthermore, other studies have shown that in S1, victims tend to be socially isolated, do not ask for help, and cover up the aggressor's behaviors (Rhatigan & Axsom, 2006; Zapor et al., 2018). In the contemplation stage (S2), victims try to change their behavior. They begin to see the relationship as a problem and start to evaluate the pros and cons of staying with their current partner. During this stage, an affective ambivalence emerges in relation to decision making (Banyard et al., 2010; Wong et al., 2016). Thus, although victims become aware of their borderline situation, isolation, guilt, fear, the absence of future expectations, the breakdown of the family ideal, and the desire to protect the aggressor, all make it difficult for them to make a decision or seek help (Banyard et al., 2010). The third stage (S3) is characterized by action, with victims orienting their behavior towards leaving and recognizing the signs of abuse (Banyard et al., 2010). In this stage, victims of IPV consider modifying their behavior in the near future. They prepare, make decisions, seek information and help, plan escape routes, and consider their alternatives. However, although women may be internally willing to take steps towards change, they sometimes do not (Banyard et al., 2010). Finally, in the maintenance stage (S4), victims try to prevent ineffective behaviors, consolidating the gains made in previous phases, seeking meaning in life, and building new projects that allow them to experience more positive emotions (Prochaska & DiClemente, 1982). This stage is also characterized by the need to face the demands of starting a new life and the consequences of abuse (in terms of health, finances, family, and relationships with others) (Banyard et al., 2010). In many cases, victims feel guilty for having permitted the aggression that interfered with the process of personal and family reconstruction (Zamora et al., 2012).

In light of the above, this study aims to examine the application of the transtheoretical model (TTM) to women's experiences of ending IPV. It also contributes to expanding existing knowledge by exploring the emotions and behaviors that may influence readiness to change in a diverse sample of victims of IPV. Specifically, we analyze differences in affect and the use of different ER strategies throughout the various SOC. We also test the relationship between affect, problem-focused strategies, and the SOC. Finally, we evaluate how coping strategies influence victims' ability to cope with IPV.

In relation to these aims, we expected to find that coping and ER strategies and affect varied in accordance with the stage of change (Hypothesis 1). We also posited

that there would be a relationship between ER strategies, affect, and SOC. We, therefore, expected dysfunctional coping strategies to be positively associated with negative affect and negatively associated with positive affect, and functional coping strategies to follow the opposite pattern (Hypothesis 2). Finally, we expected victims of IPV who used more dysfunctional coping strategies to report less readiness to change, while the use of active ER would predict victims' progress through the continuum of change (Hypothesis 3).

Method

Participants

The sample comprised 200 women, 102 (51%) from Castilla y Leon and 98 (48%) from the Basque Country. The mean age was 40.16 ($SD = 11.27$; range: 18–66 years). The average time for which assistance had been received from women's help centers was 27.24 months ($SD = 28.09$, ~2 years). Most women were contacted through police agencies (57.5%), were of Spanish nationality (89%), lived in urban areas (58.5%), had compulsory and further education or professional training qualifications (67%), and defined themselves as Catholics (55.5%). Most were employed (47%) and have their own income (69%), although a significant percentage was unemployed (44.5%).

The average number of children per participant was 1.69 ($SD = 1.50$; range: 0–11). The average time they had stayed with their partner was 130.70 months ($SD = 129.87$). Almost two-thirds reported having suffered abuse since dating ($n = 13$, 65%) with the last episode of violence occurring over 6 months prior to the study ($n = 105$, 52.5%). Finally, 85% ($n = 170$) of the women in the sample had reported the abuse and 62% ($n = 124$) were under police protection at the time of the study.

Measures

The CTS2-S (Loinaz et al., 2012; Straus et al., 1996) measures IPV over the subject's lifetime and the previous year. It comprises 20 items related to suffered (10 items) and perpetrated (10 items) violence. In this study, we used only the victimization scale, which comprises four subscales: physical aggression ("My partner punched or kicked or beat me up"), psychological aggression ("My partner insulted or swore or shouted or yelled at me"), injury ("Went to see a doctor, or needed to see a doctor because of a fight with my partner"), and sexual violence ("My partner used force, like hitting, holding down, or using a weapon, to make me have sex"). To measure the prevalence of violence over the last year, responses ranged from 1 (*once in the past year*) to 6 (*more than 20 times in the past year*); to assess the prevalence of violence over participants' entire lifetime, responses ranged from 7 (not in the past year, but it did happen before) to 8 (this has never happened). The total alpha was .78.

A reduced version of the extended 56-itemMeasures of Affect Regulation Scale (MARS) was used to measure the frequency of use of different problem-focused

strategies for coping with violence (Larsen & Prizmic, 2004; Puente-Martínez et al., 2018). We selected the following problem-focused strategies (Puente-Martínez et al., 2018): direct actions ("acting or doing something to improve or solve the problem or situation that caused my mood"), emotional social support ("talking to someone to obtain understanding and support"); informational support ("talking to someone who could give me advice and guidance"); psychological abandonment ("giving up, doing nothing; not trying to control the situation"); and social isolation ("seeking solitude"). Reponses are given on a 6-point Likert-type scale ranging from 0 (*never*) to 6 (*almost always*). The mean frequency of use was calculated for each strategy, with higher scores indicating a greater use of these mechanisms for coping with cases of IPV. The reliability was $\alpha = .70$.

The Positive and Negative Affect Schedule (PANAS) (Bradburn, 1969; Vergara et al., 1989) was used to measure participants' emotional state in relation to the IPV suffered. The instrument comprises 18 items rated on a scale of 1 (*not much or never*) to 4 (*almost always*). It is divided into two subscales: nine items relating to positive affect, PA ("Have you felt happy?") ($\alpha = .72$) and nine items relating to negative affect, NA ("Have you felt unhappy or depressed?") ($\alpha = .82$) and also provides global information about the balance of affect. The mean scores were calculated for PA and NA, with higher scores indicating a greater presence of affect according to its valence. The reliability of the scale was $\alpha = .80$.

The University of Rhode Island Change Assessment Scale (URICA) (Prochaska & DiClemente, 1982; Tejero & Trujols, 1994) was used to assess victims' readiness to change within the transtheoretical model. The scale comprises 32 items distributed across four subscales (eight items each): pre-contemplation ("As far as I'm concerned, I don't have any problems that need changing") ($\alpha = .73$); contemplation ("I've been thinking that I might want to change something about myself") ($\alpha = .80$); action ("At times my problem is difficult, but I'm working on it") ($\alpha = .86$); and maintenance ("I'm here to prevent myself from having a relapse of my problem") ($\alpha = .75$). The formulation of each item does not refer to specific problem behavior, but rather to a generic term previously defined by the evaluator, in this case, IPVAW. Items are rated on a 5-point Likert-type scale (1 = *Strongly Disagree* and 5 = *Strongly Agree*). The mean score for items was calculated and the internal consistency of the total scale was $\alpha = .76$.

Procedure

This study was carried out with the collaboration of several organizations, police agencies, and associations from the Aid Network for Victims of Gender-Based Violence in two Spanish regions, which contacted victims to request their voluntary participation. The data collection was carried out over the course of approximately one year, progressively and in parallel with collaboration agreements with IPV agencies and organizations. On average, each woman was called three times after giving her consent to arrange a personal interview. An expert (psychologist) in treating victims of IPV managed and conducted the interviews. All interviews were individual and semi-

structured and lasted between 1.30 and 2 h. The study was fully approved by the ethics committee of the University of the Basque Country, UPV/EHU. Access to the data was restricted by the Ethics Committee of the UPV/EHU-CEISCH (reference: "INA-AFREG-VG", CEISH/328/2015) in order to guarantee participant anonymity and confidentiality and ensure respect for their privacy and the voluntary nature of their participation. Since participants form part of a vulnerable population (most women were involved in legal proceedings or were under police protection at the time of the study), researchers interested in requesting access to these data should contact the Ethics Committee of the University of the Basque Country at dpd@ehu.eus and apuentema@gmail.com.

Analysis

Descriptive statistical analyses (frequencies and percentages) were conducted to establish indicators for IPV prevalence and chronicity over the past year and throughout participants' lifetimes. Next, we examined which stage of change participants were in at the time of the study, ranking them in accordance with their highest score. When a participant had the same score in two stages, the one higher up on the continuum was identified as their current stage of change (Shorey et al., 2015). ANOVAs were conducted to explore differences in the use of ER strategies in accordance with the stage of change (Hypothesis 1). Next, Pearson's correlation analyses were carried out to analyze the association between ER strategies, SOC, and PA and NA (Hypothesis 2). Finally, to test which problem-focused ER strategies predicted a change of stage, eight linear multiple regression analyses were carried out (Hypothesis 3). Province, center of reference, and time for which help was received from health and social care centers were included as covariables since they have been observed to differ significantly in accordance with the stage of change (MacKinnon et al., 2002). Moreover, following the CTS-2 classification (Straus et al., 1996), forms of violence (mild and severe) were also included as covariables (Shorey et al., 2015). The data were analyzed using SPSS version 25 and the level of significance was established at $p \leq .05$.

Results

Frequency and Chronicity of IPVAW

The results indicated that 32.3% ($n = 65$) of participants had suffered all types of violence (both mild and severe) during their lives. Prevalence and chronicity indicators are shown in Table 1.

Differences in Affect and the Use of ER Throughout the SOC

The results revealed that 9% ($n = 18$) of participants were in pre-contemplation at the time of the study, 25% ($n = 50$) in contemplation, 48% ($n = 96$) in action, and 18% ($n = 36$) in maintenance. Furthermore, the data also indicated that they used multiple

Table 1. Prevalence of Violence Suffered Throughout Participants' Lifetimes and Over the Past Year, in Accordance With Type and Severity Level.

	Intimate Partner Violence Against Women, IPVAW[a]					
	Lifetime			Past year		
	N	Prevalence %[b]	Frequency *M* (*SD*)[c]	*N*	Prevalence %[b]	Frequency *M* (*SD*)[c]
Physical						
Severe	142	71	3.86 (2.93)	75	37.5	1.50 (2.16)
Mild	169	84.5	4.69 (2.61)	88	44	1.85 (2.35)
Psychological						
Severe	150	75	4.11 (2.85)	81	40.5	1.68 (2.28)
Mild	193	96.5	5.60 (1.71)	110	55	2.69 (2.58)
Injuries						
Severe	110	55	2.85 (3)	64	32	1.24 (2.07)
Mild	130	65	3.45 (3.01)	68	34	1.27 (2.02)
Sexual						
Severe	65	32.5	1.87 (2.90)	28	14	.57 (1.58)
Mild	71	35.5	2.03 (2.97)	29	14.5	1.52 (2.29)

[a]The frequency (chronicity) and prevalence of IPVAW are shown in accordance with severity (Straus et al., 1996).
[b]To calculate the prevalence of IPVAW, following the procedure recommended by Strauss et al. (Straus et al., 1996), the values were re-coded into two dummy variables: (a) lifetime prevalence: 0–7 = 1 lifetime, 8 = 0 has never occurred; and (b) prevalence over the past year: 0–6 = 1, 7 and 8 = 0.
[c]Frequency values represent the level of chronicity of the violence suffered by women. Scores are calculated as the average of the sum of times women suffered each type of violence over the past year (1: happened once over the past year; 2: twice; 3: 3-5 times; 4: 6–10 times; 5: 11-20 times; 6: more than 20 times over the past year) and during their lifetime (7: not in the past year, but it did happen before).

strategies to address violence across the SOC continuum (see Table 2). Significant differences were found in the frequency of use of all strategies in accordance with the stage of change. Post-hoc analyses revealed that in S1, participants made more use of isolation than in S4 and used psychological withdrawal more frequently than in the other stages. In contrast, instrumental strategies and both forms of seeking support appeared more frequently in S3 than in the previous two stages. In S3, direct actions and emotional support were used more often than in S4, whereas the use of social isolation and psychological abandonment decreased gradually as victims progressed through the SOC.

Significant differences were also found between SOC in relation to affect, with NA levels being significantly higher in S1, S2, and S3 than in S4, and the opposite pattern being observed for PA, for which levels were higher in S3 and S4 than in S1 and S2.

Finally, no significant differences were found between the different SOC in terms of the physical, psychological, and sexual IPV suffered by participants over the past year. However, those in S1 reported higher levels of injuries than those in S3 and S4 (see Table 2).

Table 2. Means Comparison: Affect, IPV, and Coping in Accordance With Stage of Change.

	Stages of change (SOC)											
	Total		S1 ($n = 18$)		S2 ($n = 50$)		S3 ($n = 96$)		S4 ($n = 36$)			
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	***F***	***p***
Affect												
Negative affect (NA)	2.87	.69	3.28^{d}	.54	2.98^{d}	.68	2.88^{d}	.63	2.50	.79	6.49	.0001
Positive affect (PA)	2.69	.57	2.25^{cd}	.56	2.44^{cd}	.57	2.85	.48	2.81	.59	11.42	.0001
Problem-focused coping strategies												
Modification of the situation												
Direct actions	4.01	1.78	$\mathbf{2.08^{bcd}}$	1.10	3.88^{c}	1.89	$\mathbf{4.69^{d}}$	1.57	3.36	1.46	16.41	.0001
Psychological abandonment	2.10	1.54	$\mathbf{3.69^{bcd}}$	1.57	2.41	1.30	1.72	1.41	1.88	1.60	10.70	.0001
Social isolation	3.54	1.65	$\mathbf{4.58^{d}}$	1.72	3.62	1.55	3.47	1.72	3.09	1.38	3.47	.017
Emotional social support	3.97	1.86	$\mathbf{1.83^{bcd}}$	1.79	3.56^{c}	1.84	$\mathbf{4.85^{d}}$	1.50	3.97	1.58	20.69	.0001
Informational social support	3.24	1.91	$\mathbf{1.33^{cd}}$	1.15	2.62^{c}	1.74	**3.80**	1.81	3.56	1.89	12.86	.0001
Types of violence, CTS-2[1]												
Physical	3.34	4.22	4.56	3.81	3.74	4.54	3.05	3.96	2.97	4.60	.88	.448
Psychological	4.37	4.43	5.33	2.95	4.80	4.43	4.35	4.38	3.31	4.84	1.14	.335
Injuries	2.51	3.54	$\mathbf{4.67^{cd}}$	4.08	3.24	3.99	2	3.15	1.81	3.09	4.28	.006
Sexual violence	1.14	2.87	.83	2.43	.98	2.71	1.34	3.06	.94	2.84	.33	.801

Note: $N = 200$. NA = negative affect and PA = positive affect. a. b. c. d. sub-indices indicate differences between groups (Bonferroni correction). [1]Women who suffered some type of IPV in the previous year (7 and 8 = 0).

Table 3. Correlations Between Problem-Focused Coping Strategies, Stages of Change and Affect.

	1	2	3	4	5	6	7	8	9	10	11
1. Direct actions	–										
2. Psychological abandonment	−.05	–									
3. Social isolation	−.03	.21**	–								
4. Emotional social support	.31**	−.31***	−.18**	–							
5. Informational social support	.21**	−.24**	−.12	.66***	–						
6. Pre-contemplation (S1)	−.36***	.36***	.12	−.47***	−.34***	–					
7. Contemplation (S2)	.27***	−.02	.15*	.13	.02	−.25***	–				
8. Action (S3)	.42***	−.30***	.01	.48***	.36***	−.43***	.64***	-			
9. Maintenance (S4)	−.02	−.11	−.12	.13	.19**	−.27***	.23**	.28***	–		
10. Negative affect (NA)	.02	.17*	.21**	−.17*	−.07	.12	.32**	.11	.03	–	
11. Positive affect (PA)	.16*	−.28***	−.26**	.38***	.23**	−.22**	−.16*	.18*	.00	−.60***	–

Note: $N = 200$, ***$p \leq .0001$, ** $p \leq .001$, * $p \leq .05$.

Associations Between SOC, Affect, and Antecedent-Focused ER Strategies

As shown in Table 3, S1 correlated negatively with the other SOC (S2, S3, and S4), although the rest were found to be positively and significantly related to each other. Thus, S2 had a strong positive correlation with S3, while the associations observed between S2 and S4, and S3 and S4, were weaker.

The results also revealed that S1 was significantly and positively associated with the use of psychological abandonment. We found a moderate, negative, and significant relationship between S1 and direct actions and emotional and informational social support. S2 was characterized by a greater use of instrumental strategies than in S1, but also by more social isolation. Instrumental strategies and emotional and informational social support were more strongly related to action (S3). We also found an inverse relationship between psychological abandonment and S3. S4 was found to have a positive and significant relationship only with informational social support.

A positive and significant association was observed between NA and S2. Conversely, PA was negatively related to S1 and S2 and positively related to S3. Moreover, more frequent psychological abandonment and social isolation were associated with lower levels of PA and higher levels of NA. Direct actions and emotional and informational social support were linked to higher levels of PA, and seeking emotional social support was associated with negative emotions.

Impact of Affect and Antecedent-Focused Coping Strategies on SOC

Multiple linear regression analyses were carried out to analyze the effect of PA, NA, and ER strategies on SOC (see Table 4). Problem-focused ER strategies were found to be significant predictors of SOC. In S1, participants tended to engage in psychological abandonment, did not seek emotional support for coping with the violent situation, and made less use of direct strategies. Neither NA nor PA was found to predict S1. This model accounted for 32% of the variance. The results also revealed a significant and positive effect of instrumental coping and a negative effect of psychological abandonment on S2. NA had a positive and significant effect on S2, with this model explaining 39% of the variance. Direct actions and emotional and informational social support had a positive and significant effect on S3, whereas the effect of psychological abandonment, while also significant, was negative in nature. In this stage, negative emotions were found to be positive and significant predictors of action behaviors. The variables explained 46% of the variance. In S4, only informational social support was significant. In this case, the percentage of variance explained was 6%.

Discussion

In this study, lifetime prevalence rates of IPV were higher than the rates for the past year, indicating that IPV continues over time. About a third of the sample had suffered all forms of violence throughout their lives. Similarly, mild forms of violence prevailed over more serious ones, even though the percentages of severe aggression were also

Table 4. Regression Analysis: the Impact of Affect and Change Strategies on the Stages of Change.

	SOC—stages of change[a]																			
	S1					S2					S3					S4				
	B (SE)	*β*	*t*	*p*	95% CI	*B* (SE)	*β*	*t*	*P*	95% CI	*B* (SE)	*β*	*t*	*p*	95% CI	*B* (SE)	*β*	*t*	*p*	95% CI
Problem-focused ER strategies[b]																				
DA	−.75 (.22)	−.22	−3.37	.001	−1.19, −.31	.92 (.21)	.28	4.35	.0001	.51, 1.34	1.00(.22)	.27	4.54	.0001	.57, 1.44	−.32(.30)	−.09	−1.08	.281	−.92, .27
PA	1.03 (.26)	.27	4.01	.0001	.53,1.54	−.55 (.25)	−.14	−2.22	.028	−1.04, −.06	−1.19 (.26)	−.28	−4.62	.0001	−1.70, −.68	−.30 (.35)	−.07	−.88	.378	−1,.38
SI	−.08 (.25)	−.02	−.31	.754	−.56, .40	.39 (.23)	.11	1.71	.089	−.06, .85	.36 (.24)	.09	1.51	.134	−.11, .84	−.32 (.33)	−.08	−.99	.321	−.97, .32
ESS	−.88 (.29)	−.27	−2.98	.003	−1.46,−.29	.35 (.28)	.11	1.24	.217	−.21, .90	.74(.29)	.21	2.53	.012	.21,1.38	−.27 (.40)	−.07	−.68	.499	−1.05, .52
ISS	−.31 (.27)	−.10	−1.14	.256	−.86, .23	.06 (.26)	.02	.24	.809	−.46, .58	.66 (.27)	.19	2.41	.017	.12, 1.21	1.19 (.37)	.33	3.19	.002	.45, 1.92
Affect																				
NA	.55 (.69)	.06	.80	.425	−.80, 1.89	2.23 (.66)	.26	3.37	.001	.93, 3.54	1.92 (.70)	.20	2.81	.006	.57, 3.28	.14 (.93)	.01	.15	.878	−1.68, 1.97
PA	.48 (.89)	.04	.54	.590	−1.28, 2.23	−1.29 (.86)	−.13	−1.51	.134	−2.98, .40	1.41 (.90)	.12	1.57	.120	−.37, 3.19	−.94 (1.21)	−.08	−.78	.437	−3.32, 1.44
R^2	.32					.39					.46					.06				
	$F_{(14,182)} = 6.71$, $p = .0001$					$F_{(14,200)} = 9.14$, $p = .0001$					$F_{(15,200)} = 11.59$, $p = .0001$					$F_{(14,200)} = 1.81$, $p = .040$				

Note: significance $p \leq .05$.

[a]S1: Pre-contemplation; S2: Contemplation; S3: Action; S4: Maintenance.

[b]DA = Direct actions; PA = Psychological Abandonment; SI = Social Isolation; ESS = Emotional Social Support; ISS = Informational Social Support.

95% CI: 95% Confidence Interval. Covariates: help center, time for which victims received professional assistance, province, type of violence.

significant, especially for physical and psychological violence. In this vein, Katerndahl et al. (2013) concluded that IPVAW is not often a one-off event and different types of abuse tend to occur in the same relationship. These authors also emphasized that severe aggression tends to appear as the relationship progresses and may have a serious impact on the victim's ability to react. In this study, even though 65% of participants had detected the first signs of abuse when dating, the average duration of their relationships was 11 years. Another study found that the average duration of IPV relationships ranges from 1 to 10 years (Katerndahl et al., 2013).

Our study confirms that the use of coping strategies to deal with IPV varies throughout the different SOC (Hypothesis 1). In general, women in later SOC (S3 and S4) reported using more direct actions, seeking more social support (emotional and informational), and engaging in less social isolation and psychological abandonment than women in earlier SOC. These results suggest that as victims advance through the SOC, their coping strategies become increasingly active, and they seek access to and have direct contact with people or agencies whose assistance is perceived as supportive. In contrast, battered women may be constrained by factors such as a lack of social support and the intensity of the abusive situation during the initial stages (Waldrop & Resick, 2004). Differences were also observed in participants' affect in accordance with stage of change, indicating that a victim's decision to stay in or leave an abusive relationship may partly be based on their emotional state. In this study, women felt more negative emotions in the first three stages, as well as less positive affect in the first two SOC. These results suggest that intense negative emotions may be associated with more action behaviors (S3) (Meyer et al., 2010).

Our findings also confirm Hypothesis 2, suggesting that dysfunctional ER strategies (psychological abandonment and social isolation) are associated with low positive affect and high negative affect, while functional ER strategies (direct actions and seeking emotional and informational support) are associated with more positive emotions. Moreover, in this study, emotional social support was also associated with fewer negative emotions. These results suggest that there is a progressive recognition of the situation of violence throughout the continuum of change that begins in S2. S1 was associated with the absence of adaptive responses to violence (e.g., direct actions or seeking social support) and the presence of dysfunctional strategies (e.g., psychological abandonment), since during this stage, participants denied, justified, and minimized IPV. This stage (S1) differs significantly from S3 (the action stage), which is positively associated with adaptive responses and negatively associated with maladaptive responses, probably because in this stage women try to end the abuse. Furthermore, in our study, S2 and S3 were strongly and positively associated with each other, indicating that awareness of the situation and the ideation of escape routes from violence are linked to more action behaviors. However, S2 and S3's association with S4 was weak, which confirms that in S4, victims try to return to normality and consolidate the changes achieved since S2.

Victims use multiple strategies to cope with IPV; however not all of them predict a significant change of stage. Based on theories about emotion regulation (Gross, 2015; Larsen, 2009) and that posited by Hamby and Gray-Little (2007), we hypothesized that

the use of different strategies would be beneficial or adaptive only if they pursued progress through the continuum of change (Hypothesis 3). The results revealed that in the pre-contemplation stage (S1), participants hardly employed any strategies to protect themselves from abuse, probably because they lacked any awareness of violence and had a high level of commitment to the relationship (Reisenhofer & Taft, 2013). The use of dysfunctional or passive strategies such as psychological abandonment and the refusal to seek emotional support or to engage in direct actions predicted the non-recognition of abuse and a failure to modify the situation, and were significant predictors of S1. Victims who use these strategies probably tell themselves that they are not being abused, deny the violence, and focus on the positive aspects of the relationship. Conversely, strategies such as psychological abandonment are considered dysfunctional and passive because although they may cause temporary relief in S1, ultimately they reduce the victim's response options to violence and may keep them trapped in the abusive relationship (Amor et al., 2006; Brown, 1997). This pattern is consistent with the findings of a study that reported that in S1, victims make multiple unsuccessful private efforts to change the abuser's behavior, control the situation, and achieve the desired relationship, destroying their personal psychological resources and increasing their vulnerability to further abuses (Sylaska & Edwards, 2014). The correlation analyses carried out in our study supported this conclusion, confirming that the loss of positive affect was related to S1.

In the contemplation stage (S2), participants questioned their situation, began to become aware of the abuse, and started to evaluate the pros and cons of continuing in the relationship (Alexander et al., 2010). In this regard, our results suggest that, in this stage, victims begin to use direct action strategies to deal with IPV (e.g., safety planning strategies). However, although victims reconsider their situation in S2, they continue to believe that the abuse is excusable, and the violent relationship is not usually ended until S3. Indeed, in our study, participants also engaged in psychological abandonment (avoiding thinking about problems) and social isolation, both of which predicted less readiness to change. These strategies may minimize and reduce the victim's options to leave the violent relationship and may be aimed at changing the abuser's behavior, although they may also serve to protect victims against further abuses (Kuijpers et al., 2011). Negative affect also had an impact on S2. In this vein, a growing body of literature argues that there are turning points within the process of change (extremely negative situations, such as fear of death or aggression towards a child) that activate and motivate change behaviors (Murray et al., 2015b; Reisenhofer & Taft, 2013). This result suggests that negative emotions such as anger or fear may be beneficial, because they may motivate women to move beyond the contemplative stage (Larsen, 2009; Shurman & Rodriguez, 2006). In our study, the correlation analyses also supported this conclusion, indicating that high negative affect and low positive affect were associated with S2.

In the action stage, change behaviors become more evident (Overstreet et al., 2019). Our results revealed that in S3, participants considered changing their behavior, taking actions to try to end the relationship. In this stage, direct action ER strategies may

become more important since they motivate relationship breakdown (Shorey et al., 2015). The participants in our study also avoided psychological abandonment during this stage, focusing their attention on the problem and making a greater effort to control the situation. In this sense, some studies have demonstrated that the use of active coping strategies is associated with a more effective response to violence and improved mental health outcomes (Meyer et al., 2010). Moreover, unlike in the previous stages, in S3, victims seek emotional and informational support to help them cope with the situation. In our study, participants who sought social support moved up the continuum of change to S3. The correlation analyses also confirmed this relationship, indicating that seeking support was associated with more action behaviors, less psychological abandonment, and more positive emotions. Furthermore, social-emotional support was found to have an inverse relationship with negative affect. According to previous studies, social support is defined as a protective factor that buffers the negative consequences of IPV on victims and may help them deal with violence (Nasution et al., 2020; Panaghi et al., 2013; Zapor et al., 2018). There is also evidence to suggest that negative emotions predict the use of action behaviors. Thus, victims may feel more motivated to confront violence in high-intensity negative situations. Moreover, one study found that the ability to deliberately upregulate emotions (increase positive and reduce negative emotions) in the face of negative experiences is a potential mechanism of resilience in female victims of IPV and is associated with positive health outcomes (Dutton & Greene, 2007).

In the maintenance stage, the gains made in the previous stages are reinforced. In this stage, victims must face the demands of a new life (Overstreet et al., 2019). Our results confirmed Hypothesis 3 and indicated that in S4, participants needed to use fewer problem-focused strategies. Indeed, only informational social support has been found to have a positive effect on S4 (Beeble et al., 2009; Panaghi et al., 2013). One possible explanation is that women become more instrumental, probably because emotions are not as important, and they need more informational support than emotional support to cope with the problems that arise. In this sense, Simmons et al. (2011) found that women who are supported by formal sources such as the law are less likely to use passive mechanisms to cope with stressful situations.

This study has several practical implications. First, understanding the nature of the relationship between coping strategies and SOC may help both professionals and victims identify the most appropriate way of dealing with violence in each stage. As noted earlier, coping mechanisms are a protective factor in mental health, and are useful for preventing, diagnosing, and moderating the problem (Fleming & Resick, 2016). Interventions with victims of IPV must address the needs of each individual woman (Hamby & Gray-Little, 2007), and this would be easier if their current stage of change were taken into account in each case. Furthermore, our results reveal the need to work with both types of affects, as well as with breaking off the IPV relationship and women's recovery from violence. The goal should be for victims to acquire the skills and competencies they need to cope with IPV and other adverse experiences.

The results obtained in this study are subject to a number of limitations. First, the study is cross-sectional and correlational, making it hard to infer conclusions about causality or the associations between the different stages of change and other variables. Furthermore, cross-sectional methodologies do not allow researchers to capture dynamics or evolution over time. The need for longitudinal work is clear. Our results may also have been influenced by contextual factors (e.g., difficulties in implementing an emotion regulation strategy at a particular time). Further research is required to understand how the type of response changes over the course of a relationship. Moreover, due to the difficulties involved in accessing the sample (convenience sample), there are certain limitations in terms of its external validity (about 50% of the sample was in S3). For example, in this study, some participants had already engaged in a coping strategy (e.g., seeking help at a center/association or calling the police and pressing charges against the aggressor). Even though our study also included some women who did not recognize themselves as victims, it would have been better to have had a larger sample of women classified as being in S1. Finally, the survival model based on the SOC is usually described using a continuum, whereas this study examined it using groups. It is therefore possible that analyses based on the continuum described in the model would have offered different results.

Despite these limitations, this study constitutes one of the first attempts to explain the effectiveness of structured model-based approaches to IPV. Our findings consistently support the hypothesis that women are actively involved in the process of change. While break-up may be the safest response to battering, women do not necessarily leave the violent relationship immediately, and the process requires a major effort to address multiple issues beyond the break-up itself. Safety planning is therefore a challenge and must be carried out within the context of the relationship. Discussing different options and their consequences, as well as helping to identify coping strategies, whether they are active or passive, seem to be the first steps towards promoting the safety of female victims of gender-based violence.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

This work was supported by Grant to I+D projects from the Ministry of Science and Innovation (PSI2017-84145-P) y (PID2020-116658GB-I00). Grant to Research Groups from the Basque Government ("Culture, Cognition, and Emotion" Consolidated Group; IT1187-19), and by grant 2019/00184/001 awarded by the Junta of Castilla y León (Spain) to the Social Inclusion and Quality of Life (SIQoL) research group.

ORCID iD

Alicia Puente-Martínez https://orcid.org/0000-0001-5534-604X

References

Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review*, *30*(2), 217–237. https://doi.org/10.1016/j.cpr.2009.11.004

Alexander, P. C., Morris, E., Tracy, A., & Frye, A. (2010). Stages of change and the group treatment of batterers: A randomized clinical trial. *Violence and Victims*, *25*(5), 571–587. https://doi.org/10.1891/0886-6708.25.5.571

Amor, P., Bohórquez, I. A., & Echeburúa, E. (2006). ¿Por qué y a qué coste físico y psicológico permanece la mujer junto a su pareja maltratadora? What physical and psychological price must women pay when staying beside their abusing partner? *Acción Psicológica*, *4*(2), 129–154. https://www.redalyc.org/articulo.oa?id=344030758006

Banyard, V. L., Eckstein, R. P., & Moynihan, M. M. (2010). Sexual violence prevention: The role of stages of change. *Journal of Interpersonal Violence*, *25*(1), 111–135. https://doi.org/10.1177/0886260508329123

Barrios, V. R., Khaw, L. B. L., Bermea, A., & Hardesty, J. L. (2020). Future directions in intimate partner violence research: An intersectionality framework for analyzing women's processes of leaving abusive relationships. *Journal of Interpersonal Violence*, *0*, 1–26. https://doi.org/10.1177/0886260519900939

Beeble, M. L., Bybee, D., Sullivan, C. M., & Adams, A. E. (2009). Main, mediating, and moderating effects of social support on the well-being of survivors of intimate partner violence across 2 years. *Journal of Consulting and Clinical Psychology*, *77*(4), 718–729. https://doi.org/10.1037/a0016140

Bonanno, G. A., & Burton, C. L. (2013). Regulatory flexibility: An individual differences perspective on coping and emotion regulation. *Psychological Science*, *8*(6), 991–612. https://doi.org/10.1177/1745691613504116

Bonanno, G. A., Maccallum, F., Malgaroli, M., & Hou, W. K. (2020). The context sensitivity index (CSI): Measuring the ability to identify the presence and absence of stressor context cues. *Assessment*, *27*(2), 261–273. https://doi.org/10.1177/1073191118820131

Bradburn, N. M. (1969). *The structure of psychological well-being*. Aldine.

Brooks, C., Martin, S., Broda, L., & Poudrier, J. (2020). How many silences are there?" Men's experience of victimization in intimate partner relationships. *Journal of Interpersonal Violence*, *35*(23–24), 5390–5413. https://doi.org/10.1177/0886260517719905

Brown, J. (1997). Working toward freedom from violence: The process of change in battered women. *Violence Against Women*, *3*(1), 5–26. https://doi.org/10.1177/1077801297003001002

Crowe, A., & Murray, C. E. (2015). Stigma from professional helpers toward survivors of intimate partner violence. *Partner Abuse*, *6*(2), 157–179. https://doi.org/10.1891/1946-6560.6.2.157

Delegación del Gobierno contra la violencia de género. Mujeres Víctimas Mortales por Violencia de Género en España a Manos de sus Parejas o Exparejas. *Datos Provisionales. Estadística de Víctimas Mortales Por Violencia de Género*. Instituto de la Mujer. Retrieved July 3, 2020, from: http://www.violenciagenero.igualdad.gob.es/violenciaEnCifras/victimasMortales/fichaMujeres/pdf/Vmortales__2020_18_02.pdf.

Dutton, A., & Greene, R. (2007). Prevalence and psychological correlates of complicated. *Journal of Traumatic Stress*, *20*(3), 251–262. https://doi.org/10.1002/jts

Eckhardt, C. I., & Utschig, A. C. (2007). Assessing readiness to change among perpetrators of intimate partner violence: Analysis of two self-report measures. *Journal of Family Violence*, *22*(5), 319–330. https://doi.org/10.1007/s10896-007-9088-9

English, T., & Eldesouky, L. (2020). Emotion regulation flexibility challenges and promise of using ecological momentary assessment. *European Journal of Psychological Assessment*, *36*(3), 456–459. https://doi.org/https://doi.org/10.1027/1015-5759/a000581

Fleming, C. J. E., & Resick, P. A. (2016). Professional versus personal resource utilization in survivors of intimate partner violence. *Psychological Trauma: Theory, Research, Practice, and Policy*, *8*(3), 319–324. https://doi.org/10.1037/tra0000074

Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological Inquiry*, *26*(1), 1–26. https://doi.org/10.1080/1047840X.2014.940781

Hamby, S. L., & Gray-Little, B. (2007). Can battered women cope? A critical analysis of research of women's responses to violence. In K. Kendall Tackett & S. Giacomoni (Eds.), *Intimate partner violence* (pp. 28-1–28-15). Civic Research Institute.

Katerndahl, D., Burge, S., Ferrer, R., Becho, J., & Wood, R. (2013). Differences in social network structure and support among women in violent relationships. *Journal of Interpersonal Violence*, *28*(9), 1948–1964. https://doi.org/10.1177/0886260512469103

Katzir, M., & Eyal, T. (2013). When stepping outside the self is not enough: A self-distanced perspective reduces the experience of basic but not of self-conscious emotions. *Journal of Experimental Social Psychology*, *49*(6), 1089–1092. https://doi.org/10.1016/j.jesp.2013.07.006

Keeling, J., Smith, D., & Fisher, C. (2016). A qualitative study exploring midlife women's stages of change from domestic violence towards freedom. *BMC Women's Health*, *16*(1), 1–8. https://doi.org/10.1186/s12905-016-0291-9

Khaw, L. B. L., & Hardesty, J. L. (2009). Leaving an abusive partner: Exploring boundary ambiguity using the stages of change model. *Journal of Family Theory & Review*, *1*(1), 38–53. https://doi.org/10.1111/j.1756-2589.2009.00004.x

Kocot, T. (2003). The roles of coping and social support in battered women's mental health. *Violence Against Women*, *9*(3), 323–346. https://doi.org/10.1177/1077801202250075

Kuijpers, K. F., van der Knaap, L. M., & Lodewijks, I. A. J. (2011). Victims' influence on intimate partner violence revictimization: A systematic review of prospective evidence. *Trauma, Violence, and Abuse*, *12*(4), 198–219. https://doi.org/10.1177/1524838011416378

Larsen, R. J. (2009). The contributions of positive and negative affect to emotional well-being. *Psihologijske teme*, *18*(2), 247–266. https://psycnet.apa.org/record/2010-23922-005

Larsen, R. J., Augustine, A., & Prizmic, Z. (2009). A process approach to emotion and personality : Using time as a facet of data using time as a facet of data. *Cognition and Emotion*, *23*(7), 1407–1426. https://doi.org/10.1080/02699930902851302

Larsen, R. J., & Prizmic, Z. (2004). Affect regulation. In R. Baumeister & & K. Vohs (Eds.), *Handbook of self-regulation: Research, theory, and applications* (pp. 40–61). Guilford press.

Larsen, R. J., & Prizmic, Z. (2008). The regulation of emotional well-being: Overcoming the hedonic treadmill. In M. Eid & & R. J. Larsen (Eds.), *The science of subjective wellbeing* (pp. 258–289). Guilford Press.

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*(4), 340–354. https://doi.org/10.1177/1077801206287285

Loinaz, I., Echeburúa, E., Ortiz-Tallo, M., & Amor, P. J. (2012). Propiedades psicométricas de la conflict tactics scales (CTS-2) en una muestra española de agresores de pareja. *Psicothema*, *24*(1), 142–148. https://www.redalyc.org/pdf/727/72723431022.pdf

MacKinnon, D., Lockwood, M. C., Hoffman, J. M., West, S. G., & Sheets, V. (2002). A comparison of methods to test mediation and other intervening variable effects. *Psychological Methods*, *7*(1), 83–118. https://doi.org/10.1037/1082-989X.7.1.83

Mc Rae, K., & Gross, J. (2020). Supplemental material for emotion regulation. *Emotion*, *20*(1), 1–9. https://doi.org/10.1037/emo0000703.supp

Meyer, A., Wagner, B., & Dutton, M. A. (2010). The relationship between battered women's causal attributions for violence and coping efforts. *Journal of Interpersonal Violence*, *25*(5), 900–918. https://doi.org/10.1177/0886260509336965

Murray, C. E., Crowe, A., & Flasch, P. (2015a). Turning points: Critical incidents prompting survivors to begin the process of terminating abusive relationships. *The Family Journal*, *23*(3), 228–238. https://doi.org/10.1177/1066480715573705

Murray, C. E., King, K., & Crowe, A. (2015b). Survivors of intimate partner violence as advocates for social change the University of North Carolina at Greensboro. *Journal for Social Action in Counseling and Psychology*, *7*(1), 84–100. https://doi.org/10.33043/JSACP.7.1.84-100

Nasution, S. M., Sutatminingsih, R., & Marhamah, M. (2020). Dynamics of resilience on women as intimate partner violence survivors. *Journal of Educational and Social Research*, *10*(3), 141–150. https://doi.org/10.36941/jesr-2020-0054

Ogbe, E., Harmon, S., van den Bergh, R., & Degomme, O. (2020). A systematic review of intimate partner violence interventions focused on improving social support and/ mental health outcomes of survivors. *PLoS ONE*, *15*(6), 1–27. https://doi.org/10.1371/journal.pone.0235177

Overstreet, N. M., Willie, T. C., & Sullivan, T. P. (2019). Stigmatizing reactions to intimate partner violence disclosure and depression: Examining the mediating role of coping strategies. *Journal of Interpersonal Violence*, *34*(8), 1734–1752. https://doi.org/10.1177/0886260516653753

Panaghi, L., Ahmadabadi, Z., Ghahari, S., & Mohammadi, S. (2013). Social support, coping mechanisms on mental health of women suffering from spouse abuse. *Practice in Clinical Psychology*, *1*(1), 9–15. http://jpcp.uswr.ac.ir/files/site1/user_files_261192/admin-A-10-1-2-46dacf0.pdf

Peña-Sarrionandia, A., Mikolajczak, M., & Gross, J. J. (2015). Integrating emotion regulation and emotional intelligence traditions: A meta-analysis. *Frontiers in Psychology*, *6*, 1–27. https://doi.org/10.3389/fpsyg.2015.00160

Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research & Practice*, *19*(3), 276–288. https://doi.org/10.1037/h0088437

Puente-Martínez, A., Páez-Rovira, D., Ubillos-Landa, S., & Da Costa-Dutra, S. (2018). Examining the structure of negative affect regulation and its association with hedonic and psychological wellbeing. *Frontiers in Psychology*, *9*, 1592. https://doi.org/10.3389/fpsyg.2018.01592

Reisenhofer, S., & Taft, A. (2013). Patient education and counseling women's journey to safety – The transtheoretical model in clinical practice when working with women experiencing intimate partner violence: A scientific review and clinical guidance. *Patient Education and Counseling*, *93*(3), 536–548. https://doi.org/10.1016/j.pec.2013.08.004

Rhatigan, D. L., & Axsom, D. K. (2006). Using the investment model to understand battered women's commitment to abusive relationships. *Journal of Family Violence*, *21*(2), 153–162. https://doi.org/10.1007/s10896-005-9013-z

Sánchez-Prada, A., Delgado-Alvarez, C., Bosch-Fiol, E., Ferreiro-Basurto, V., & Ferrer-Perez, V. A. (2020). Psychosocial implications of supportive attitudes towards intimate partner

violence against women throughout the lifecycle. *International Journal of Environmental Research and Public Health*, *17*(17), 1–20. https://doi.org/10.3390/ijerph17176055

Schreiber, E., & Salivar, E. G. (2020). Aggression and Violent Behavior Using a vulnerability-stress-adaptation framework to model intimate partner violence risk factors in late life : A systematic review. *Aggression and Violent Behavior*, 101493. https://doi.org/10.1016/j.avb.2020.101493.

Shorey, R. C., Mcnulty, J. K., Moore, T. M., & Stuart, G. L. (2015). Emotion regulation moderates the association between proximal negative affect and intimate partner violence perpetration. *Prevention Science*, *16*(6), 873–880. https://doi.org/10.1007/s11121-015-0568-5

Shurman, L. A., & Rodriguez, C. M. (2006). Cognitive-affective predictors of women's readiness to end domestic violence relationships. *Journal of Interpersonal Violence*, *21*(11), 1417–1439. https://doi.org/10.1177/0886260506292993

Simmons, C. A., Farrar, M., Frazer, K., & Thompson, M. J. (2011). From the voices of women: Facilitating survivor access to IPV services. *Violence Against Women*, *17*(10), 1226–1243. https://doi.org/10.1177/1077801211424476

Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. *Psychological Bulletin*, *129*(2), 216–269. https://doi.org/10.1037/0033-2909.129.2.216

Spangaro, J., Koziol-McLain, J., Rutherford, A., & Zwi, A. B. (2020). "Made Me feel connected": A qualitative comparative analysis of intimate partner violence routine screening pathways to impact. *Violence Against Women*, *26*(3–4), 334–358. https://doi.org/10.1177/1077801219830250

Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The revised conflict tactics scales (CTS2) development and preliminary psychometric data. *Journal of Family Issues*, *17*(3), 283–316. https://doi.org/10.1037/t02126-000

Sylaska, K. M., & Edwards, K. M. (2014). Disclosure of intimate partner violence to informal social support network members: A review of the literature. *Trauma, Violence, & Abuse*, *15*(1), 3–21. https://doi.org/10.1177/1524838013496335

Tejero, A., & Trujols, J. (1994). El modelo transteórico de prochaska y DiClemente: Un modelo dinámico de cambio en el ámbito de las conductas adictivas. In J. L. Graña (Ed.), *Conductas adictivas. Teoría, evaluación y tratamiento* (pp. 1–43). Debate.

Vergara, A., Yárnoz, S., & Páez, D. (1989). Escala de afectividad positiva y negativa (PNA) de bradburn. In A. Echevarría & & D. Páez (Eds.), *Emociones: Perspectivas psicosociales* (pp. 477–479). Fundamentos.

Waldrop, A. E., & Resick, P. A. (2004). Coping among adult female victims of domestic violence. *Journal of Family Violence*, *19*(5), 291–302. https://doi.org/10.1023/B:JOFV.0000042079.91846.68

Wong, J. Y., Fong, D. Y., Choi, A. W., Tiwari, A., Chan, K. L., & Logan, T. K. (2016). Problem-focused coping mediates the impact of intimate partner violence on mental health among Chinese women. *Psychology of Violence*, *6*(2), 313–322. https://doi.org/10.1037/a0039496

World Health Organization (WHO). (2019). *Violence against women.* Retrieved July 22,2019, from https://www.who.int/news-room/fact-sheets/detail/violence-against-women.

Zamora, R., Muñoz-Cobos, F., Varo, M. L. B., Rodríguez, A. C., Carretero, M. L. M., Fraile, I. O., Ruiz, J. R., & Bravo, M. V. (2012). Modelo de estadios de cambio: Compatibilidad con relatos biográficos de mujeres que sufren violencia doméstica. *Anales de Psicologia*, *28*(3), 805–822. https://doi.org/10.6018/analesps.28.3.156081

Zapor, H., Wolford-Clevenger, C., & Johnson, D. M. (2018). The association between social support and stages of change in survivors of intimate partner violence. *Journal of Interpersonal Violence*, *33*(7), 1051–1070. https://doi.org/10.1177/0886260515614282

Author Biographies

Alicia Puente-Martínez, PhD, is at the University of Salamanca, Department of Social Psychology and Antropology and is a member of siQol grupo and the Consolidated Research Group in Social Psychology. Her main research topics are in gender, culture, coping and emotional regulation, and intimate partner violence.

Silvia Ubillos-Landa is a full professor at Burgos University, Department of Health Sciences. Her main research topics are in social psychology, community health and psychology, emotional regulation, and intimate partner violence.

Darío Páez-Rovira is a full professor at the University of the Basque Country, Department of Social Psychology and Director of the Consolidated Research Group in Social Psychology. His main research topics are in well-being, culture, emotional regulation, collective memory, and collective emotions.