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PSYCHOLOGICAL WELL-BEING OF WOMEN WHO HAVE EXPERIENCED DOMESTIC VIOLENCE

The article is devoted to the study of the psychological well-being of women who have experienced domestic violence. This is due to the fact that the well-being of women depends on the specific goals of the couple, the successful implementation of family plans, the level of mutual understanding, as well as resources and conditions for achieving the goals of family life. Domestic violence acts as a destructive factor of psychological well-being in the family, especially, the victims of domestic violence in most cases are women. The experience of physical and psychological violence in everyday life affects to women's psychological well-being.

The main purpose of the article is to identify the features of the psychological well-being of women who have become victims of domestic violence. According to the results of the study, the authors identified subjective aspects of the phenomenon of psychological well-being of women.

The article describes the categories of well-being, subjective well-being, psychological well-being and analyzes the results of research on the psychological well-being of women in general, including women who have been victims of domestic violence. In the experimental study, the PERMA-Profler questionnaire was used to determine the specifics of the psychological well-being of women who have been subjected to domestic violence, and mathematical statistics methods were used to determine the validity of the results of the experimental study. In the course of comparing the results of the experimental group (women who have experienced domestic violence) and the control group (women from normal families) a statistical difference between the two groups was revealed. According to the results of the study, it was found that the indicator of general well-being in women of the experimental group is moderate, which is due to the fact that women who survived pre-existing violence in their family after contacting the crisis center had a sense of life, they achieved some success and they felt happier. As the main conclusion of this study, it was determined that the phenomenon of psychological well-being in general can be subjective for each person.

Key words: well-being, psychological well-being, family well-being, domestic violence, life satisfaction, meaning of life.

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Тұрмыстық зорлық-зомбылықты басынан кешірген әйелдердің психологиялық саулығы

Мақала тұрмыстық зорлық-зомбылықты басынан кешірген әйелдердің психологиялық саулығының ерекшелігін зерттеуге арналған. Себебі әйелдердің саулығы ерлі-зайыптылардың нақты мақсаттарына, отбасылық жоспарларын сәтті жүзеге асыруға, өзара мінез-құлық ерекшеліктерін түсінуге, сондай-ақ алға қойған мақсаттарына жету үшін ресурстар мен жағдайларға байланысты. Алайда қазіргі таңда өзекті болып отырған тұрмыстық зорлық-зомбылық психологиялық саулықты бұзушы факторлардың бірі. Тұрмыстық зорлық-зомбылықтың құрбаны көпшілігінде әйелдер болып табылады. Күнделікті өмірде физикалық, психологиялық зорлық-зомбылықты басынан кешіру, әйелдердің психологиялық саулығының нашарлауына жағдай жасайды.

Мақаланың негізгі мақсаты тұрмыстық зорлық-зомбылықтың құрбаны болған әйелдердің психологиялық саулығының ерекшелігін анықтау болып табылады. Зерттеуден алынған мәліметтер психологиялық саулық феноменінің субъективті жақтарын анықтауға мүмкіндік береді.

Мақалада саулық, субъективті саулық, психологиялық саулық категорияларына сипаттама беріліп, жалпы әйелдердің, сонын ішінде тұрмыстық зорлық-зомбылықтың құрбаны болған әйелдердің психологиялық саулығын қарастырған зерттеулерге талдау жасалынған. Эксперименталды зерттеуде тұрмыстық зорлық-зомбылықты басынан кешірген әйелдердің психологиялық саулығының ерекшелігін анықтау үшін PERMA-Profilер сауалнамасы қолданылып, алынған нәтижелерге математикалық статистика қолданылған. Зерттеуде эксперименталды топ (тұрмыстық зорлық-зомбылықты басынан кешірген әйелдер) пен бақылау тобы (қалыпты отбасындағы әйелдер) тобының нәтижелері салыстырылып, екі топ арасындағы айырмашылық статистикалық тұрғыда көрісетілген. Зерттеу нәтижесі бойынша эксперименталды топтағы әйелдерде жалпы саулықтың көрсеткіші орташа дәрежеде екендігі анықталды. Оның себебі: әйелдер өткен өмірінде отбасында көрген зорлық-зомбылықпен салыстырғанда, дағдарыс орталығына келгеннен бері өмірінде мағына пайда болғанын, біршама жетістікке жеткенін, мақсатқа бір қадам аяқ басып, бақыттымын деп бағалауымен байланысты. Демек, жалпы психологиялық саулық феномені әрбір адам үшін субъективті болып табылуы мүмкін.

Түйін сөздер: саулық, психологиялық саулық, отбасылық саулық, тұрмыстық зорлық-зомбылық, өмірге қанағаттану, өмірлік мағына.

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Психологическое благополучие женщин, переживших домашнее насилие

Статья посвящена исследованию особенностей психологического благополучия женщин, переживших домашнее насилие. Это связано с тем, что благополучие женщин зависит от конкретных целей супружеской пары, успешной реализации семейных планов, уровня взаимопонимания, а также ресурсов и условий для достижения поставленных целей семейной жизни. Бытовое насилие выступает в качестве деструктивного фактора психологического благополучия в семье, в частности, среди жертв бытового насилия преобладают именно женщины. И как следствие этого у женщин-жертв семейного насилия отмечается значительное понижение уровня психологического благополучия в семье.

Статья посвящена изучению феномена психологического благополучия женщин, являющихся объектом домашнего насилия. По результатам исследования авторы выявили субъективные аспекты феномена психологического благополучия женщин.

В статье дается характеристика категорий благополучия, субъективного благополучия, психологического благополучия и анализируются результаты исследований, посвященных психологическому благополучию женщин-жертв семейного насилия. В рамках эмпирического изучения уровень психологического благополучия женщин был продиагностирован с применением опросника PERMA-Profilер. Достоверность и надежность результатов экспериментального исследования была подтверждена на основе применения методов математической статистики. В результате сопоставления результатов исследования в экспериментальной группе (женщины-жертвы домашнего насилия) и в контрольной группе (женщины из нормальных семей) выявлена статистическая разница между двумя группами. По результатам исследования установлено, что показатель общего самочувствия у женщин экспериментальной группы умеренный, что обусловлено тем, что у женщин, переживших домашнее насилие в своей семье после обращения в кризисный центр появился смысл жизни, они добились определенных успехов и они почувствовали себя более счастливыми. В качестве основного вывода данного исследования определено, что феномен психологического благополучия в целом может быть субъективным для каждого человека.

Ключевые слова: благополучие, психологическое благополучие, семейное благополучие, домашнее насилие, удовлетворенность жизнью, смысл жизни.

Introduction

The interpersonal relationship of a couple forms the basis of the family well-being and psychological comfort of all its members. The quality of family-

marital relations largely depends on the compatibility of spouses, spiritual and physiological identity and the uniqueness of their ideas about marriage. Family well-being is expressed in a sense of subjective satisfaction of the spouses with the marital

relationship, or in the presence of a high psychological well-being. In family and marriage relations, the image of a psychologically mature person, that is, capable of coming to a reasonable decision, adequate adaptation, building constructive communication and mutual understanding, is important, which ensures the well-being of the family in the psychological and emotional state and interpersonal relationships.

The category of «psychological health», which appeared in later times, became the object of study by domestic and foreign psychologists and sociologists. The general concept of human health has existed since ancient times. It was the subject of thought of the earliest philosophers, who linked it in different ways with other concepts such as «happiness», «satisfaction», «quality of life». However, in order to have a clear understanding of the structure, quality and essence of wellness, it is still necessary to study the relationship between various concepts that describe positive human functioning, highlight areas of overlap with them and identify differences. At the same time, in psychological practice, there is a need to master the substantive theory of personality wellness and methods of working with situations of psychological discomfort (Pavlotskaya, 2016).

The feeling of well-being is very important for mental health. It acts as the main phenomenon of human health. The health of the individual is primarily subjective. As a component of subjective well-being, L. V. Kulikov indicates such an interrelated structure as: social well-being, spiritual well-being, physical well-being, material well-being, psychological well-being (Kulikov, 2000). Within this given structure of subjective well-being, psychological well-being is the most important category. The study of the women psychological well-being, especially victims of domestic violence, is one of the most pressing issues today. This is a big problem for many countries, including Kazakhstan. According to statistics, every third woman in the world faces physical or sexual abuse from her partner. Domestic violence in Kazakhstan has caused the death of 300 women over the past 2 and a half years.

Justification of the choice of topic and purpose and objectives.

The fact that women are victims of domestic violence can lead to a decrease in their psychological health. This means that women lose the meaning of life, feel unhappy, lonely, lose interest and do not strive for success. In connection with these issues, we have taken the psychological health of women

who are victims of domestic violence as an object of the research.

The purpose of the study: to identify the specifics of the psychological well-being of women who have experienced domestic violence in comparison with a normal family. Because the fact that women experience violence in family life can lead to a decrease in their overall psychological well-being.

Research hypothesis: «Women's experiences of domestic violence may lead to a decrease in their overall psychological well-being.»

The main objectives of our research are:

- To make a theoretical analysis of the studies considering the categories of health, subjective health, and psychological health.

- To review the experimental studies that have considered the psychological health of women.

- Comparison of the characteristics of psychological health of women who have experienced domestic violence with the psychological health of women in normal families through experimental research.

Psychological health (spiritual comfort) is the harmony of mental processes and functions, a sense of wholeness, and internal balance. Psychological health is associated with the harmony of the individual, the success of the implementation of stable and specific goals, action and behavior plans, and the availability of resources and conditions for achieving goals. The opposite feeling of psychological well-being appears in situations of discomfort, frustration, monotony of executive behavior and other similar situations. Health makes it possible to be satisfied with interpersonal relationships, to communicate and get positive emotions from it, to satisfy the need for emotional warmth. One of the factors that destroy health is social isolation (deprivation), tension in important interpersonal relationships and violence (Grigorenko, 2009).

Numerous studies focusing on psychological well-being were conducted. Generally, they can be categorized into different groups.

Considering the first group we can single out two key perspectives: hedonistic and eudemonistic. Within theories focused on hedonism, mental wellness is characterized by the balance of joy and disappointment, or the balance between positive and negative experiences. According to N. Bradburn, a specific framework for mental health, which he argued is the balance resulting from the interplay between positive and negative emotions. Happiness or sadness caused on the base of daily events and

situations can accumulate in one's mind as a certain state. Resentment and sorrow increase of negative affect, while situations that make people experience joy and happiness increase positive affect. (Bondarenko, 2011). The variance between these emotional states serves as a measure of mental wellness, reflecting an individual's overall contentment or dissatisfaction with life.

Similar concept called "subjective well-being" was developed by E. Diener. He stated that the subjective well-being includes three main elements such as satisfaction, positive emotions and negative emotions, which collectively determine an individual's subjective well-being. According to author, «subjective well-being shows not only how anxious a person is, but also how much happier one person is than another», implying that subjective well-being is synonymous with happiness (Kulikov, 2007). Therefore, we can conclude that if a person generally feels content with life and occasionally experiences negative feelings, the person has a high level of subjective well-being.

The eudaemonist direction emphasizes that personal development is a crucial and integral aspect of wellness. A.A. Kronik considered this direction in his theories and concluded that an individual's attitude mainly to find happiness in possible ways forms hedonistic, ascetic, active, thoughtful attitudes. These attitudes, according to A.A. Kronik, helps individuals in finding their path to self-realization. The author interprets psychological methods of finding happiness as forms of self-regulation enhancing the significance of the world and amplifying one's own abilities. Four relatively independent principles can be derived based on two forms of self-regulation. They are increasing usefulness, reducing needs, reducing complexity, increasing abilities (Mailyan, 2022).

The second category in the study of psychological well-being includes theories by scientists such as A. Maslow, K. Rogers, G. Allport, K.G. Jung, E. Erickson, S. Buhler, B. Newgarten, M. Hod, and D. Birren. K. Ryff is a prominent player in this group, having defined six essential components of psychological well-being: self-acceptance, positive relationships with others, autonomy, environmental management, purpose in life, and personal growth (Ryff, 1989).

K. Ryff also emphasized the significance of these components in psychotherapeutic studies, pointing out that elements of psychological well-being are associated with various structural aspects of other theoretical works (Ryff, 1996).

For example, self-acceptance is determined as an element of psychological well-being according to K. Ryff is close to the concepts of "self-respect" and "self-recognition" that were constructed and introduced by A. Maslow, K. Rogers, G. Allport and M. Yahod. The personality concept by K. Jung is also closely related with the acceptance of one's advantages and shortcomings as well as the theory of a positive assessment of one's own past considered by E. Erickson's as part of the process of ego-integration.

The third group contains the understanding the "psychological well-being" phenomenon, that is based on the psychophysiological maintenance of functions. According to the basic theories of these category the individual differences in psychological health can be explained by genetic factors. In their examination of hedonistic education and wellness, R. M. Ryan and E. L. Deci have observed a clear link between physical health and psychological well-being (Deci, Ryan, 2008). Illnesses usually lead to functional limitations, reducing the possibilities of life enjoyment. R. M. Ryan and K. Frederick have identified subjective vitality as a key measure of psychological wellness, concluding that subjective vitality not only correlates with psychological health scales like autonomy and positive interpersonal relationships, but it is also connected to physical symptoms (Bocharova, Fesenko, 2008).

The fourth group includes an understanding of the phenomenon of "psychological well-being," which P. P. Fesenko and T. D. Shevelenkova define as a subjective feeling of happiness, satisfaction with oneself and one's life, as well as a holistic experience associated with a person's basic values and needs. In this context, psychological well-being is viewed as a subjective phenomenon, an experience (akin to the concept of subjective well-being in E. Diener's works), that is inextricably linked to the internal appraisal system of the experiencer. Regarding the idea of psychological wellbeing, the writers stress on a person's subjective assessment of himself and his life, as well as on features of the good functioning of the individual, believing that these two aspects are synthesized (Shevelenkova, 2005).

Based on K. Ryff's theory, P. P. Fesenko and T. D. Shevelenkova recommended to consider the psychological well-being as a complicated sense of a person's satisfaction with his life, which represents both the actual and potential components of an individual's life. Describing a person's experience of psychological well-being, they stated that any experience leads to comparison with a norm, standard,

or ideal experience in person's mind in the form of a certain version of self-esteem or attitude toward himself (Budaeva & Khalifaeva, 2014).

At the present stage of society development, exploration of psychological well-being across different facets of an individual's personality has become significantly important. The development of a child's character, along with their value system and worldview, is deeply influenced by the family's state of well-being. As the initial social structure, a child engages with, the family plays a crucial role in fostering a person's personal, intellectual, and spiritual growth. Within this context, a woman stands as the cornerstone of family wellness. There have been investigations focusing on the psychological well-being of women, examining it through diverse measures.

Chebotareva and E. V. Koroleva's study focuses on the psychological health of middle-aged women with various marital statuses. The study's selection group included 365 women aged 35 to 56, who were married (first, second, or third), divorced, or had never married. Findings indicate that the marital status of middle-aged women has a connection to their psychological well-being, independent of the relationship's quality. Married women reported higher life satisfaction compared to never-married women, with divorced women falling in the middle in terms of psychological health. Notably, women in their third marriage exhibited significantly better psychological well-being than those in their first or second marriages. Additionally, women who had never married showed less emotional independence from their parents compared to those who were married. (Chebotareva, Koroleva, 20196).

And S. S. Savenysheva, M. D. Petrash, O. Yu. Strizhitskaya considered the gender differences of life satisfaction, psychological well-being and satisfaction with marriage. Through a comparative analysis of the relationship of the studied phenomena in groups of men and women, it was found that satisfaction with marriage in men was the predictor of satisfaction with life in general, and «self – perception» in women was the predictor of psychological well-being. In the course of the analysis of the relationship between the parameters of satisfaction with marriage and psychological well-being, it was shown that such components of psychological well-being as «life goal» in men, and «positive relationships» and «self-acceptance» in women are closely related to satisfaction with marriage (Savenysheva, Petrash, Strizhitskaya, 2017).

Some studies have shown that men and women as they age, have steady psychological well-being. Y. Dubovik in his study described that there were no significant differences in the structure of psychological well-being of men and women of old age. It was found that gender characteristics lose their importance over time and cease to influence the characteristics of experiencing psychological well-being (Dubovik, 2011).

The following study is devoted to the problem of the personal experience of motherhood in terms of the subjective experience of psychological well-being of young women from full and single-parent families. According to the result obtained, mothers from full families have a higher overall level of psychological well-being than mothers from single-parent families. The relationship between the level of psychological well-being of married women and the degree of acceptance of the parental position is more positive than in mono-paternal mothers (Semenova, Serebryakova, Garakhina, 2018).

Moreover, in some studies women's psychological well-being, stress in everyday life and interpersonal relationships were considered. M. V. Saporovskaya links emotional burnout in women in the family to the mental development of middle age with specificity, actual daily tasks, the quality of interpersonal connections in the family, and psychological well-being covered by the content of stressful events (Saporovskaya, 2018).

And L. A. Golova studied the role of psychological health and life satisfaction in the perception of the number of stressor and stress tension in gender differences (Golovey, 2018). O. B. Podobina shows the type of attitude of women to their parents as a factor in psychological well-being (Podobina, 2018).

Most foreign studies that have considered the psychological well-being of women associate psychological well-being with social roles, interpersonal relationships in the family, locus control.

R.G. Kopp and M.F. Ruzicka investigated the relationship between various social positions, internal and external locus control, and psychological well-being. This study found that women's psychological well-being was positively connected with the number of social roles and the internal locus control (Kopp, 1993).

K.J. Saunders, S. Kashubeck-West has proven a positive relationship between the psychological well-being of women and developed feminist identity, orientation towards gender roles (Saunders, Kashubeck-West, 2006). The results of a study con-

ducted in Nepal, one of the South Asian states, show that a good relationship between young women and their husbands, especially a good relationship with their mother-in-law, is a positive relationship that leads to a decrease in depression levels. This means that depression and the emergence of tension between the couple indicate the special role that the husband and mother-in-law play in the high psychological well-being of a woman. (Gopalakrishnan, 2023). (Gopalakrishnan, 2023). Another study shows that women who live in poorer families are more likely to have lower psychological health than those who live in families with higher financial income (Marie-Klose, 2023).

In the Kazakhstani scientific studies that considered the category of well-being, K.S. Adilzhanova's PhD dissertation was on the topic «Psychological and pedagogical foundations of increasing subjective satisfaction in students» (Adilzhanova, 2022), and A.R. Rizulla's PhD thesis was on the topic «The relationship between subjective health and mimicry in the example of student youth of Almaty» (Rizulla, 2019).

Turning now to research examining domestic violence as a predictor of women's psychological well-being. M. Mahapatro, S.P. Singh (Mahapatro, Singh, 2020) examined the coping behavior used by women experiencing domestic violence to overcome the problem. This study used in-depth interviews to identify coping strategies and content of women. Female victims of domestic violence had better coping behavior outcomes when they received informal support. And when women received support through special places, it led to better results of winning behavior and reduced psychological distress. It is concluded that one of the predictors of women's psychological health is coping behavior.

In a study conducted in Saudi Arabia, the most common types of domestic violence were emotional (69%), social (34%), economic (26%), physical (20%) and sexual (10%). The consequences of violence against women have resulted in psychological and behavioral problems. Among the predictors that reduce the women psychological well-being are women's youth, long marriage, men's low education and women's high education, husband having several wives, military profession, husband's aggressiveness, etc. (Barnawi, 2017)

In the following study, life difficulties of women victims of domestic violence after leaving the crisis center, satisfaction in the main areas of life, violence before and after the crisis center, and psychological and social adaptation are considered. In most cases,

depression and trauma symptoms in women were associated with childhood sexual violence, dissatisfaction with life and upbringing, as well as financial difficulties (Ham-Rowbottom, 2005).

F. I. Matheson and his coauthors believe that when working with women who are victims of intimate partner violence, it is necessary to work holistically, including all issues of physical trauma, psychological health, and addiction (Matheson, 2015). I. Montero and other authors of book “Interpersonal violence and women's psychological health” show that women who have experienced violence have higher levels of low self-esteem, psychological distress, somatic complaints, and use of antidepressants or tranquilizers than women who have not experienced violence (Montero, 2011).

A study examining the relationship between women's psychological health and marital violence in the southern region of Jordan shows that women's psychological health is primarily related to self-acceptance and environmental control. And women's low psychological health was positively associated with spousal violence (Hamdan-Mansour, 2011).

In general, on the basis of the above studies, the following categories can be distinguished as predictors of women's psychological health: women's marital status, women's upbringing from a full family, quality of interpersonal relationships in the family, content of stressful situations, life satisfaction, type of women's relationship with parents, social roles, level of financial income. And the low psychological health of women who have become victims of domestic violence is associated with the following phenomena: controlling behavior, young women, long marriage, low level of education of men and high level of education of women, presence of several wives in the husband, military profession, aggressiveness. stress, depression, experience of violence in the woman's history, dissatisfaction with life and upbringing, as well as material difficulties.

It can be concluded that psychological health is a multifaceted phenomenon that includes all spheres of life and emotions, cognition and personality of a person. Among them, studying the psychological health of women who have become victims of domestic violence is one of the most pressing problems today.

Methodology of scientific research

In this regard, in order to determine the characteristics of the psychological health of women affected by domestic violence, we conducted a study

of women at the «Umit» crisis center in Astana. The aim of the study is to determine the psychological health of women in crisis centers, compared with women who are not victims of domestic violence. The PERMA-Profil questionnaire and the interview method were used to determine the characteristics of the psychological health of women at the crisis center. In the study, women who had been subjected to domestic violence were taken as an experimental group, and women from a normal family were taken as a control group.

The PERMA-Profil study was conducted in 2016. It was developed by Austrian researchers J. Butler, M. L. Kern. The questionnaire is based on the concept of positive emotions, interest, meaning and achievement by M. Seligman. The PERMA-Profil questionnaire allows you to evaluate health on 9 scales: 5 basic (15 basic questions) described by M. Seligman's PERMA model, and 4 additional (8 additional questions) scales for evaluating negative emotions, health, loneliness and happiness. The authors added additional questions to the questionnaire in order to increase the reliability of the respondents' answers, as well as to fully describe the health phenomenon. Loneliness and negative emotions, according to the authors of the survey, are symptoms of ill health, and physical health and happiness correlate with psychological health (Akimova, 2022). PERMA-Profil questionnaire scales: positive emotion, interest, kinship, meaning, achievement, PERMA general health index, negative emotion, health, loneliness.

Positive emotions – A general tendency for a person to experience joy and pleasure in everyday life.

Engagement-Degree of absorption and interest in any activity.

Relationships – A sense of self-worth and support from reference people.

Meaning – The presence of meaning in life. Meaning gives the feeling that life matters.

Achievements – A subjective sense of achievement of the set goals, as well as the ability to fulfill the set tasks.

Happiness – An indicator of subjective experience of happiness.

PERMA Overall Indicator of Well-being – Cumulative indicator of well-being for 5 components of the PERMA model: positive emotions, engagement, relationships, meaning, achievements.

Negative emotions – A general tendency to experience a person's sadness, anxiety, anger in everyday life.

Health – A person's feeling of physical health and vitality.

Loneliness – Feeling a man of loneliness and social isolation.

Development of methodology. The researcher scores the 23 questions asked in the range of 0-10 points. The questionnaire scale values are determined as the arithmetic mean of the corresponding questionnaire items. The minimum value is 0, the maximum is 10.

Results and discussion

To determine the specifics of the psychological well-being of women who have experienced domestic violence, a perma-Profil survey was conducted. The study involved 21 women who have experienced domestic violence and 25 women from normal families. The PERMA-Profil survey was conducted on both groups. The first descriptive data from the survey are presented in Table 1-2 below.

Table 1 – The first descriptive statistics of women who have experienced domestic violence

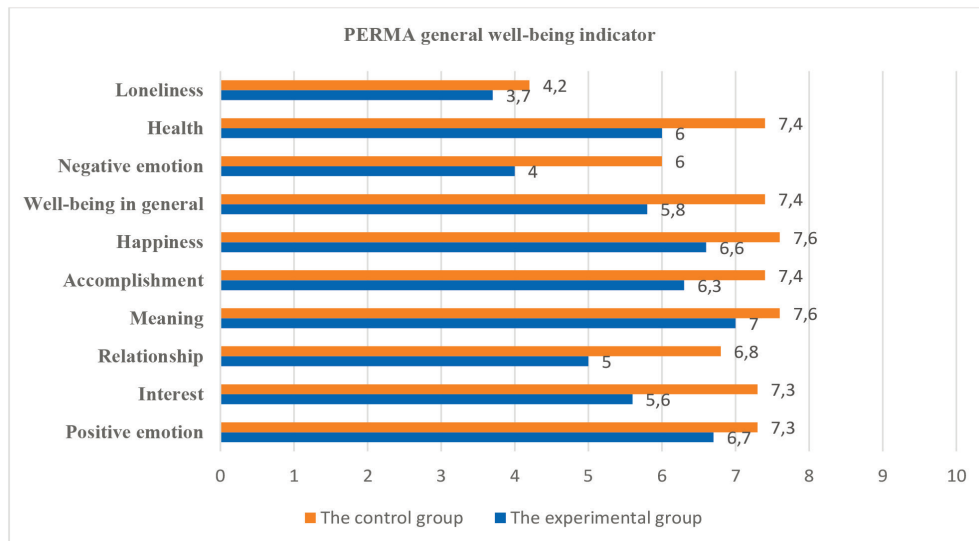
		Women who have experienced domestic violence									
		Positive emotion	Engagement	Relationships	Meaning	Accomplishment	Happiness	General health indicator	Negative emotion	Health	Loneliness
N	Validity	21	21	21	21	21	21	21	21	21	21
	Missed	0	0	0	0	0	0	0	0	0	0
Mean		6,7	5,6	5	7	6,3	6,6	5,8	4	6,7	3,7
Median		7	6	6	8	7	8	6	4	7	4,0
Mode		6 ^a	6	6	9	7	8	3 ^a	2	4 ^a	0
Standard deviation		2,2	1,7	1,8	2,5	2,1	3	2	2	2,6	3,5
Minimum		3	3	2	3	2	0	3	2	3	0
Maximum		10	9	8	10	10	10	9	8	10	10
a. There are several modal values. The smallest value is shown											

Table 2 – The first descriptive statistics of women in a normal family

		Women in normal families									
		Positive emotion	Engagement	Relationships	Meaning	Accomplishment	Happiness	General health indicator	Negative emotion	Health	Loneliness
N	Validity	25	25	25	25	25	25	25	25	25	25
	Missed	0	0	0	0	0	0	0	0	0	0
Mean		7,3	7,3	6,8	7,6	7,4	7,6	7,4	6	7,4	4,2
Median		8	8	7	8	7	8	8	6	8	5
Mode		9	9	8	9 ^a	7 ^a	10	9	6	7	0
Standard deviation		2,2	1,5	2,4	2	1,3	2,5	1,5	1,8	2	3,6
Minimum		2	5	2	4	5	2	5	3	2	0
Maximum		10	9	10	10	10	10	9	10	10	10

a. There are several modal values. The smallest value is shown

A comparative graphic of the results obtained from the PERMA-Profilier questionnaire for the two groups is presented in Figure 1.

**Figure 1** – Comparative graph of the results obtained from the PERMA-Profilier survey by experimental and control groups

Answers to the PERMA-Profilier survey are scored on a scale of 0-10. According to the results of women who have experienced domestic violence, the average level of the 9 scales is between 3.7-7 points, and for women in normal families it is 4.2-7.4. «Meaning» scale was the highest indicator among women in the experimental (M=7; Me=8) and control (M=7.6; Me=8) groups. Therefore, both groups have a vital meaning. The degree of passion for life is high. In addition, the «Happiness» scale is slightly higher in the control group (M=7.6; Mean=8) than in the experimental group (M=6.6;

Mean=8). The scale showing the highest difference between the two groups «Negative emotion» is lower in the experimental group (M=4; Me=4) than in the control group (M=6; Me=6). That is, the general tendency of women to experience sadness, anxiety, and anger in their daily life is higher in women in the control group. And now the scale of «General index of health» is lower in the experimental group (M=5.8; Me=6) than in the control group (M=7.4; Me=8). However, women who have experienced domestic violence have an average level of general health. Our hypothesis that «Women's experience

of violence in family life can lead to a decrease in their overall psychological well-being» has not been proven. In order to supplement the obtained information, an interview method was conducted with women who were victims of domestic violence. In the PERMA-Profil survey, women reported that they rated their experience of violence before coming to the crisis center in comparison to their lifetime experience. Compared to the violence they experienced in his family in his past life, since coming to the crisis center, they have gained meaning in their lives, have achieved some success, they also have taken a step towards their goals, they feel quite happy. However, according to the PERMA-Profil

survey of women in the experimental group, the indicators of 9 scales are at least between 0-point and 10-point. This means that women's overall psychological well-being may be related to the duration of being in the center of a crisis, high self-esteem, or defense mechanisms. Therefore, it can be concluded that it is important to study the dynamics of changes in the psychological health of women in the training center who have experienced domestic violence.

A correlation was established to determine the extent of the relationship between the scores of the scales obtained from the PERMA-Profil questionnaire of women who have experienced domestic violence. The result is presented in Table 3.

Table 3 – Correlations between scores of scales obtained from the PERMA-Profil survey of women who have experienced domestic violence

Correlation										
	Positive emotion	Interest	Relationship	Meaning	Accomplishment	Happiness	Well-being in general	Negative emotion	Health	Loneliness
Positive emotion	1,000									
Interest	,890**	1,000								
Relationship	,815**	,651**	1,000							
Meaning	,927**	,755**	,790**	1,000						
Accomplishment	,892**	,746**	,782**	,965**	1,000					
Happiness	,849**	,727**	,942**	,812**	,795**	1,000				
Well-being in general	,919**	,753**	,886**	,970**	,961**	,918**	1,000			
Negative emotion	-,603**	-,715**	-0,259	-,643**	-,609**	-0,293	-,509*	1,000		
Health	,881**	,807**	,754**	,811**	,725**	,802**	,821**	-0,403	1,000	
Loneliness	-0,435	-,603**	-0,214	-0,448	-,526*	-0,293	-0,409	,822**	-0,116	1,000
*. The correlation is significant at the level of 0.05 (two-way)										
**. The correlation is significant at the level of 0.01 (two-way)										

As we can see from the table, the general indicator of women well-being who are victims of domestic violence is positive emotion ($r=0.919$; $p=0.01$), interest ($r=0.753$; $p=0.01$), relationship ($r=0.886$; $p=0.01$), meaning ($r=0.970$; $p=0.01$), accomplishment ($r=0.961$; $p=0.01$), happiness ($r=0.918$; $p=0.01$), health ($r=0.821$; $p=0.01$) in high positive correlation with the scales. It was found that there is

a negative correlation between health and negative emotions ($r=-0.509$; $p=0.01$). That is, an increase in general health leads to a decrease in negative emotions.

Then Student's t-test was used to determine the difference between the indicators of general health in the experimental and control groups. The results are presented in Table 4.

Table 4 – Difference between indicators of general well-being by experimental and control group

	Criterion for independent groups								
	Levene's test for variance equality		t – average equality criterion						
	F	value	t	Degree of freedom	Value (two-way)	Average difference	Mean squared error of the difference	95% confidence interval for differences	
								Low	High
Positive emotion	0,034	0,854	-0,723	35	0,475	-0,53801	0,74429	-2,04900	0,97298
			-0,723	34,889	0,475	-0,53801	0,74431	-2,04920	0,97318
Interest	0,056	0,815	-3,117	35	0,004	-1,70175	0,54593	-2,81006	-0,59345
			-3,108	34,103	0,004	-1,70175	0,54756	-2,81440	-0,58910
Relationship	0,333	0,568	-2,615	35	0,013	-1,84211	0,70441	-3,27214	-0,41207
			-2,635	33,349	0,013	-1,84211	0,69903	-3,26372	-0,42049
Meaning	2,222	0,145	-0,837	35	0,409	-0,63158	0,75502	-2,16435	0,90120
			-0,831	32,186	0,412	-0,63158	0,76011	-2,17953	0,91637
Accomplishment	2,436	0,128	-1,860	35	0,071	-1,08772	0,58478	-2,27489	0,09945
			-1,836	27,586	0,077	-1,08772	0,59246	-2,30213	0,12669
Happiness	0,184	0,670	-1,048	35	0,302	-0,96491	0,92101	-2,83465	0,90483
			-1,043	33,388	0,304	-0,96491	0,92524	-2,84649	0,91667
Well-being	1,743	0,195	-2,576	35	0,014	-1,53216	0,59468	-2,73943	-0,32490
			-2,554	30,815	0,016	-1,53216	0,59992	-2,75602	-0,30831
Negative emotion	0,232	0,633	-3,180	35	0,003	-2,00000	0,62901	-3,27696	-0,72304
			-3,172	34,267	0,003	-2,00000	0,63060	-3,28117	-0,71883
Health	2,712	0,109	-0,831	35	0,411	-0,64327	0,77387	-2,21431	0,92776
			-0,826	32,622	0,415	-0,64327	0,77852	-2,22789	0,94134
Loneliness	0,245	0,624	-0,410	35	0,684	-0,48538	1,18305	-2,88711	1,91635
			-0,411	34,959	0,684	-0,48538	1,18235	-2,88579	1,91503

According to the indicators of the scales obtained from the Perma-Profil survey, it was found that there is a difference in the scales of «interest» ($t=-3.117$; $p=0.004$) and «negative emotion» ($t=-3.180$; $p=0.003$) between the experimental group, that is, women who have experienced domestic violence, and women in normal families. This means that women who have experienced violence are less committed and interested in something. Also, in everyday life do not give in to sadness, anxiety, negative emotions. The low level of negative emotions of women in the experimental group compared to the control group can be explained by the fact that women, upon arrival at the crisis center, take control of themselves and stabilize their emotions. Also, there was no difference between other scales, which are indicators of general well-being.

Conclusion

Thus, we found that the psychological health of women at the crisis center who have been sub-

jected to domestic violence differs from the health of women in normal families only in their interest. In other words, women who experience domestic violence do not have activities that interest them and that they enjoy doing. In most of them, women do menial jobs as a source of income. Because most women do not have higher education. Among women in the experimental and control groups, the “Meaning of Life” scale has the highest score. This means that both groups of women strive to find meaning in life. However, the “Negative Emotions” scale is lower in women exposed to domestic violence than in the control group. This is due to the fact that women in this group do not express their negative emotions. Their emotions are focused on themselves, kept inside. She considers herself guilty of domestic violence. Women's general tendency to experience sadness, anxiety, and anger in everyday life was higher among control group women. In the methodology of the happiness scale “How happy do you consider yourself?” Only one question is asked. Most affected women gave this issue high marks.

The reason they give such a high rating is because they compare the violence they experienced in their lives to returning to a peaceful life after arriving at a crisis center. However, after spending some time in a crisis center, women who have experienced domestic violence may experience a decrease in happiness. Because according to the general requirement, women can only stay in a crisis center for a period of one to six months. This is why female victims are forced to look for external support that could help them. These conditions can increase the negative impact on the overall psychological health of affected women.

According to the results of the study, the psychological health of women who were victims of violence showed an average level. There are also women who give themselves high marks. In-depth and comprehensive systematic research is still needed to fully understand the psychological health of abused women in general. Among them, it is important to consider the life-meaning values of women who have become victims of domestic violence, their attitude to the phenomenon of happiness, and it is also necessary to carry out psychological correction and counseling on their life goals.

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Статья на русском: *Психологическое благополучие женщин, переживших домашнее насилие*

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