Determining The Impact Of Resilience On Psychological Distress And General Health Of Shelter Women

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ABSTRACT

The aim of the study was to determine the impact of resilience on psychological distress, and general health of shelter women. The study intended to understand the level of resilience in women living in shelters and how it influences their psychological health and general health. The study sample comprised of a total 100 participants of women living in shelters of Islamabad and Rawalpindi cities in Pakistan. The tools used to collect the data were Brief Resilience Scale, DASS - 21, and general health questionnaire. This study is quantitative research in which a correlational research design was used to analyze the data using the regression analysis in SPSS. The results of the analysis indicated that when the resilience is high, general health gets better, however, there is a negative significant correlation between the variables of psychological distress and resilience. Further, the results showed that there are no significant mean differences among any of the demographic variables analyzed in the study, which may have made a difference in shelter women's resilience level, their psychological health or general health. More research into shelter women's resilience will allow for a better understanding of their strengths as well as human response to traumatic life events.

Keywords Shelter Women, Mental Health, Resilience, Psychological Stress, Traumatic Experience, Survivor of Violence, General Health.

Introduction

Shelter women are victims of violence, they have experienced trauma in their lives. They are survivors but they are the one who had to deal with the psychological distress throughout their life, of the traumatic experience they have faced. Although shelters are the places where they have given the security and protection, however, they need more than that. To bounce back to normal life, their good mental health is very important.

Psychological distress is overwhelming; it affects person mental and physical health. Everyone experiences psychological distress in their own perceived ways and they develop different strategies to deal with it. Encountering additional disturbing life events throughout

everyday life and thinking that it is hard to adapt to them are similar indicators of tension, stress, and depression (Zou et al., 2018).

The motive behind women who need an asylum is that, in all most all nations ladies actually experience viciousness from their spouses, accomplices or outsiders. As indicated by worldwide reviews each third to each fifth ladies after the age of 15 encounter brutality (FRA, 2014 & OSCE, 2019). Ladies' safe houses are considered as fundamental administrations for ladies and youngsters escaping abusive behavior at home. Viciousness against ladies isn't arbitrary brutality, it is a particular type of savagery which influences ladies and young ladies disproportionally. The Istanbul Convention characterizes "sex-based brutality as savagery "coordinated against a lady since she is a lady or that influences ladies excessively" (Article 3 of the Istanbul Convention) (Rosa Logar 2021)

Rationale:

Defining the living conditions of shelter women and their strengths, it becomes more evident that shelter women are more like fighters rather than called victims only. They are the survivors from the very treacherous and complex situations. They have faced not only life-threatening situations but they are living with the fear of being attack, being insecure and with the perception of not having freedom. Instead of all these minds set phenomena's they are still struggling to survive, fighting inside-out, to live their lives in a better way. They suffer from not only psychological distress from which they have fought lost much but also the strength to bounce back to life, and to improve their general health condition and to have their life back to normal again. The study will also assist to give a clear understanding to those factors that obstruct or improve the psychological health of the victims of violence.

A shelter for women, also called a female asylum and battered women safe house, is a place of momentary protection and backing for women getting away from abusive behavior at home and close accomplice viciousness, all things considered (Cambridge English Dictionary). The capacity to escape is important for ladies exposed to abusive behavior at home or cozy accomplice brutality (McNulty, et.al. 2009). Also, such circumstances as often as possible include an awkwardness of force that restricts the casualty's monetary alternatives when they need to leave. Safe houses assist ladies with acquiring unmistakable assets to help them and their families make another life. In conclusion, covers are significant to battered ladies since they can assist them with discovering a feeling of strengthening (Rosa Logar et.al 2021).

Research Objectives:

1. To investigate the significant impact of resilience on general health of women living in shelter facilities.
2. To investigate the significant impact of resilience on psychological distress of women living in shelter facilities.

Literature review:

There are many studies defining the relationship of variable of psychological distress and the role of resilience in daily life. The literature review of the current study elucidates the previous researches on psychological distress, resilience and general in relation to battered or homeless women. The purpose of reviewing the literature, is to find the various aspects of resilience influencing the general health of victims of violence and shelter women. Likewise, it is important to cognize the significances of experiencing traumatic experience, leaving everything behind and struggling to be resilient and come back to life again.

Individuals, families, and communities face significant psychological distress and social

hardship as a result of forced displacement. In addition to dealing with the psychological effects of traumatic events in their home countries, refugees1 often face significant challenges and stressors in transit and in asylum-seeking countries, such as physical safety risks, limited access to basic services, limited employment and educational opportunities, racism and xenophobia, and a lack of hope for the future, stated in the report for community based protection and mental health and psychosocial support (UNHCR, 2017).

Living Condition of shelter women

Shelter Home is intended to build casualty and kid security, advance batterer responsibility and impact positive change in the view of aggressive behavior at home inside the local area. Administrations are pointed toward tending to the range of abusive behavior at home by giving prompt wellbeing and shelter and psycho-instructive advising as well as support and schooling. Decisively engaged programs have been fostered that address those issues which, when settled, permit clients to push ahead with their lives. Women are looking for transitory convenience for a long time in shelters because of reasons other than misuse. These incorporate lodging issues, legitimate issues, rehabilitation, clinical issues and psychological well-being issues. There are as of now 50 beds in the Shelter Home for homegrown violence survivors. Stages of preparation are proposed to fabricate client emotionally supportive networks and reinforce nuclear families. Shelters meet the essential requirements of families with food, dress and crisis assets on a case by case basis. To cultivate independence, all projects are expected to give kid care administrations, professional advising and reference for unique requirements. (Mohr, 2022)

Methodology

The current study aimed to investigate the resilience level playing part in enhancing the general health of a person facing psychological distress. Moreover, by defining the element of resilience and to explore the different variables responsible for the effects on general health.

Research Hypotheses

1. There would be a significant impact of resilience on general health.
2. There would be a significant impact of resilience on psychological distress.
3. Participants who have high level of resilience have low level of psychological distress scale.

Research Design

The current study was based on a correlational research design, in which the participants were the shelter women. Participant's biodata, their reason for availing shelter facility and related life history was asked and the participants were assessed with the Brief Resilience Scale, Psychological distress Scale, and general health questionnaire was conducted to investigate the relationship between psychological distress, resilience and general health conditions among shelter women.

Procedure

After taking the consent of the participants, they were informed about the study goal. It was also explained to them that they were not provided with any sort of incentive. Participants were also informed about their information will be kept confidential. The participants of the study were only women living in shelter homes. Moreover, during the data collection process, the participants were facilitated with counseling or first aid psychological to help them to be at ease, if needed.

Research Method:

This study is a correlational research design, in which the participants were assessed by a structured interview related to their life history and traumatic experience they survive from. In addition to this, they were also assessed with the Brief Resilience Scale, Psychological Stress Scale, and general health questionnaire. The participants were informed about the process and after their consent the process was conducted.

Sampling Technique

The study sample comprised of a total of 100 participant of women living in shelters, and to collect the data from the selected participants the method used was the purposive sampling method. The sample was selected from shelters of Islamabad and Rawalpindi cities of Pakistan using the convenient sampling technique.

Ethical Considerations

The questionnaires were conducted with shelter women to share their life history and to those who gave their consent for participating in the research. All the ethical procedures as determined by "Board of Advanced Studies" was followed in the administration and scoring of the questionnaires and confidentiality of all participants was maintained.

Inclusion Criteria

The data only comprised of women living in shelter, with the age of 18 + years.

Exclusion Criteria

The study sample did not include children or girls under 18 years of age. Also, women with severe mental or physical health issue, who were unable to communicate.

Description of Measures

The current study assimilated the use of demographic and life history form, Depression Anxiety and Stress Scale – DASS, Brief resilience scale, and General Health Questionnaire. All the questionnaires used for the current study were translated in to Urdu language and their translated versions were used. The primary mode of collection of data was interview and questionnaires.

Informed Consent

Verbal consent was taken first from the participants who were willing to participate in the study. Further, it was explained to them that the information collected was solely confidential and it was also explained to the participants that they can leave the study whenever they want to.

Scales used

Demographic Information Sheet:

It contains the demographics and information of life traumatic events of the participants, these demographic items contain age, education, occupation, marital status, and income. This sheet was developed by the researcher, based on the analysis of the significant prior researches. The purpose of this sheet was to examine the potential role of variable related to demographics in analysing the effect of psychological distress, level of resilience, and general health.

Depression Anxiety and Stress Scale - DASS

To measure the depression, anxiety and stress all three indicators together, the DASS scale is used. This instrument is developed by Lovibond (1995). The DASS instrument is self-administered questionnaire, and it has 42 items, other than that a brief version of 21 item scale is also available which include the 7 item with highest rating of each scale of depression, anxiety and stress. The items which categorized the depression subscale is considered by measuring the hopelessness, less positive mood, self and life's devaluation. The categories of anxiety subscale are classified to the physiological symptoms also the anxiousness. The subscale of

stress items is related to symptoms of tension, difficulty relaxing, being irritated or frustrated (Mello et al., 2007; Jiang et al., 2020).

The Urdu interpretation of this scale was done by Dr. Huma Zafar and Dr. Muhammad Tahir Khalily from the International Islamic University, Islamabad, Pakistan. The DASS scale's reliability of the alpha values are 0.81, 0.89 and 0.78 for the subscales of depressive, anxiety and stress correspondingly.

The General Health Questionnaire:

In the 1970s, The General Health Questionnaire (GHQ) was developed by Goldberg, and it measures the current mental health also the physical health condition. The General Health Questionnaire (GHQ-12) consists of twelve items, each item assessed the severity of a mental problem over the past few weeks. The alpha value of GHQ-28 is 0.9, 0.89 and 0.58, for split-half coefficients and test-retest reliability separately. The responses on four Likert scale, from Better than usual, Same as usual, Worse than usual, Much worse than usual. This scale helps measure subscales of Somatic symptoms, Anxiety and Insomnia, Social dysfunction, and Severe depression. The scores were used to produce a total score ranging from 0 to 36, the high scores demonstrating poor conditions.

The Resilience Scale:

This scale was distributed in the year 1993 and is the primary tool intended to quantify resilience straightforwardly (Wagnild and Young, 1993). Individual capability presents confidence, freedom, assurance, authority, and creativity. Acknowledgment of self and life addresses versatility, equilibrium, adaptability and a fair viewpoint of life. Builds with which the RS has been decidedly corresponded incorporate positive thinking, assurance, and self-adequacy, feeling of intelligibility, successful adapting, and life-fulfillment. Builds to which the scale of resilience has been conversely related incorporate gloom, stress and uneasiness, sadness, depression, somatization, and medical care visits (Subha Malik, 2010).

Statistical Analysis

All the variables were analysed concerning the bivariate and normal distribution hypothesis. Then the demographic data's frequency distribution and the described items, core consistencies, research instrument's reliabilities and inter-correlated mediums were produced. Psychological distress, level of resilience, and general health questionnaire were analyzed through Pearson Product Moment Correlation. Statistics were computed through Statistical Package for Social Sciences (SPSS, V 20.0).

Results

1. Frequencies Table

Demographic Variables of Study Variables (N=100)

Demographics Variables	F	%
Education		
Illiterate	18	18.0
Primary	17	17.0
Middle	28	28.0
Matric	15	15.0
Intermediate	7	7.0
Bachelors	15	15.0

Socio-Economic Status		
Upper Middle Class	2	2.0
Middle Class	33	33.0
Lower Middle Class	65	65.0
Family Structure		
Joint Family	69	69.0
Nuclear Family	31	31.0
Marital Status		
Married	71	71.0
Unmarried	8	8.0
Separated	6	6.0
Divorced	7	7.0
Widow	8	8.0
Traumatic event		
Domestic Violence	29	29.0
Partner Violence	59	59.0
Life threatening situation	6	6.0
No Support	6	6.0
Age	Mean age = 32.09	SD = 8.818

Table shows the frequency and percentage of the demographic used. The sample size of shelter women is 100 with the mean age range is 32.09.

Table 2 Liner regression analysis of Resilience and General Health (N = 100)

Variables	B	SE	β	t	
SST	.058	.009	.549	6.945	.000
AIT	.085	.041	.528	6.158	.000
SDT	.088	.009	.684	9.272	.000
SDpT	.064	.031	.431	4.731	.000
GHQT	-.032	.031	-.106	-1.056	

Note: SST= Somatic Symptom, AIT= Anxiety/Insomnia, SDT= Social Dysfunction, SDpT= Severe Depression, GHQT= General Health Questionnaire Total

The table shows the effect of an independent variable on the dependent variable i.e. the variable resilience affects the variable of general health. The value of p shows significant effect of resilience on general health as the values are p <

0.05, expect the sum total of GHQ with resilience scale. A significant affect was found as the β values the estimated coefficients of the dependent variable of subscales have suggested that the independent variable is high then the dependent variable that is general health also get better.

Table 3 Liner regression analysis of Resilience and Psychological Distress (N = 100)

Variables	B	SE	β	t	P
DT	.064	.007	-.690	9.443	.000
AT	.024	.011	-.228	2.323	.022
ST	.035	.015	-.234	2.382	.019
DASST	.122	.020	-.528	6.149	.000

Note: DT=Depression; AT= Anxiety; ST= Stress, DASST= DASS total and RT= Resilience

Table shows the effect of the independent variable on the dependent variable i.e. the variable resilience affects the variable of psychological distress. The value of p shows a significant effect of resilience on psychological distress as the values are p < 0.05. A significant negative effect was found as the β values of subscales have suggested that the independent variable is high then the dependent variable that is psychological distress is low.

Discussion

The purpose of study was to investigate how resilience affect shelter women's psychological distress, and general health. This research was intended to study the role of resilience playing part in the lives of those women who suffered from a traumatic event, which were homeless. To fulfill the purpose of this study, the research included questionnaires were asked form shelter women, within the region of Islamabad/Rawalpindi. The participants belonged to the age group of 18+ shelter women; therefore, the obtained results encompass viable variation, which was expected due to variation in age group. Since age was a major factor in determining the emotional maturity and mental strength of people, therefore, the inclusion of a wide range of age was essential for the reliability of the research.

While many battered women experience physical and psychological maltreatment either from their elders or their partners, some of them are able to cope with the consequences in a less severe way. According to the one of the study by Humphreys (2016), the Resilience Scale was significantly and inversely linked with three global measures and five subscales of the symptom checklist-90R, which also support the finding of this current research that the resilience was inversely related to the psychological distress of shelter women.

According to the first hypothesis of this study was that there would be a significant impact of resilience on general health. The analysis shows the positive significant relation between the variables of resilience and the general health. According to the study by Tsirigotis, (2018), Family violence was a major social and psychological problem with detrimental implications, including changes in the victim's and, subsequently, the perpetrator's psychological functioning. His study was to examine resilience in women suffering domestic violence and according to the results of the study was that the level of resilience of such women was less than the general population, like the individuals not suffering from domestic violence. This study supports my hypothesis as well, in a way that when the level of resilience was high the psychological distress was low.

Mental and physical health are equally important for all the humans to have a better life and to cope with the difficult situations. Will

power and motivation helps the individual to gather the strength to cope with the life's hurdles but the physical strength helps to execute the action and deal with the situation. For families who live in ladies' havens, arrangement of salubrious exercises upholds their recuperation and strength. In many fields, common habitats are known to give such advantages. A qualitative study was conducted by Peters et.al. (2021) on shelter women. His research indicated that when battered women are being offered a place for family leisure time, supports social connectedness and psychological well-being, it benefits the nature for people living with shelter in general. This study further supports the current study hypothesis in a way that a significant effect was found as the β values the estimated coefficients of the dependent variable of subscales have suggested that the independent variable was high than the dependent variable which was general health also got better.

According to one of the studies in which the empirical literature about resilience in women survivors of intimate partner violence, the level of resilience was analyzed that the consensus on the definition and assessment too and its correlation with resilience. The review results demonstrated that cycle, characteristic and result situated meanings of flexibility were completely acknowledged in the examination and that evaluation strategies likewise contrasted across studies. (Álvarez et.al., 2022). Furthermore, the present study finding indicated that there was a significant degree of effect of resilience on psychological distress. With reference to table 6, the study result elucidated that psychological distress can be dealt with when the trait if resilience was working at a good level.

Then the sample was categorized on socioeconomic status and the results of ANOVA for measuring the influence of socioeconomic status on general health, resilience and psychological distress. The results showed that there are no significant mean differences among upper, middle and lower class.

Further, the categorization of marital status and the results of ANOVA for measuring the influence of marital status on general health, resilience, and psychological distress. The results showed that there are no significant mean differences among their marital status. The results of ANOVA for measuring the influence of traumatic events on general health, resilience and psychological distress showed that there are no significant mean differences among domestic and Partner violence, Life threatening situation, and women who have no support on their life. Research conducted on Intimate partner violence against women in Pakistan, the survey helps in understanding the normal patterns and circumstances of Pakistani women who are presented to violence, the normal impediments looked by analysts, and regions that require further examination to forestall cozy partner violence (Ali et. al. 2020).

Conclusion

The study aim was to determine the impact of resilience on psychological distress, and general health of shelter women. This research is intended to study the role of resilience playing part in the lives of those women who suffered from a traumatic event, are being homeless.

Recapitulating the above findings, it can be state that, in the study group of shelter women, the analysis shows the positive significant relation between the variables of resilience and the general health. The analysis interprets that when the resilience is high, general health gets better. This strength of resilience made them cope with their traumatic life events. To illustrate it more clearly the factor of good level of resilience had a positive strengthen effect on general health.

The analysis shows the negative significant correlation between the variables of psychological distress and resilience. The analysis interprets that when the resilience is high, psychological distress is low. Furthermore,

the present study finding indicated that there is a significant degree of effect of resilience on psychological distress. The study result elucidated that psychological distress can be dealt when the trait if resilience is working at a good level. Keeping in mind the culture of Pakistan, and the lack of awareness of basic rights and moral education, and the diversity of societal ethics, believes and the practices, there is need to conduct surveys and researches to have more critical and in-depth understanding of human capacity and strategies to utilize them in improving lives.

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