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Mental Health of Violence Survivors: Analysis of Resilience Levels with Emotion Regulation as a Moderator

Kesehatan Mental Penyintas Kekerasan: Analisis Tingkat Resiliensi Dengan Regulasi Emosi Sebagai Moderator

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Abstract :
The acts of violence that are currently occurring are attracting enough public attention, be it physical, psychological, sexual, or domestic violence. Violence that occurs can have an impact on psychological disorders, thus affecting a person's mental health. To face this condition, survivors of violence need resilience, which is expected to help them survive so they can continue to live their daily lives well. The problems experienced by survivors of violence also involve emotions; where when individuals are able to regulate their emotions well, they will be able to achieve better mental health. This research aims to examine the moderating effect of emotional regulation on the relationship between resilience and mental health in survivors of violence. The research was conducted by distributing the scale to 101 female and male survivors of gender violence in Yogyakarta. Resilience was measured using the resilience scale, mental health was measured using the mental health scale (SKM-12), and emotional regulation used the emotion regulation scale. Data was processed using moderated regression analysis using the absolute difference test method. The results show that resilience (p = 0.000) directly influences mental health. Meanwhile, emotional regulation (p = 0.208) does not influence mental health. However, emotional regulation has been proven to moderate the relationship between resilience and mental health in survivors of violence.

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1. Introduction

Cases of violence in Indonesia are increasingly prevalent in society. Every year, cases of violence. Every year, cases of violence continue to experience a significant increase. This form of violence is not only in the form of physical violence but also sexual violence, psychological violence, and domestic violence. This can be seen from the data collected by the Ministry of Women's Empowerment and Child Protection (Kementerian PPPA) from the Online Information System for the Protection of Women and Children (2024), where throughout 2021, 23,946 cases of violence were found and experienced an increase during 2023, namely 25,184 cases. In just two years, there has been an increase of 1,238 cases. Based on data from the Ministry of Women's Empowerment and Child Protection, it was also found that victims of violence were more likely to be found in women compared to men. An even more tragic condition, according to Kessik (2019), is that the perpetrators of violence mostly come from the closest environment where the survivors are, be it in the home, school, educational institutions, or social environment.

Acts of violence are currently a concern in our society because they have a serious impact, especially on health aspects. The risks of cases of violence can be felt in the physical, psychological, behavioral, and mental health of individuals who, in this case, become victims of violence. The

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trauma of violence often leaves survivors ill-equipped to cope with its aftermath, negatively impacting their mental well-being. One of the challenges faced by survivors of violence is the dominant public stigma of blaming the victim. Rukman, Huriani, and Shamsu (2023) convey that this stigma culture often places the burden of responsibility on the victim, not the perpetrator, so this condition can mentally drop someone.

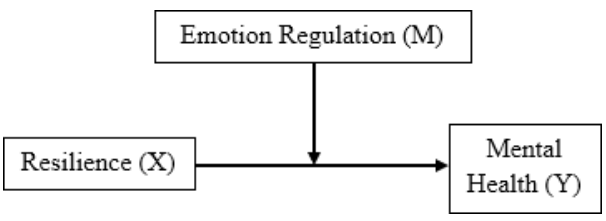
The key to happiness and mental health can also be determined by how we deal with the problems around us. The challenges experienced by survivors of violence represent a significant obstacle that requires resolution. Indeed, as Rohmah (2012) notes, a healthy mind, adaptability, perseverance, and resilience are inherent human attributes. A person's ability to face and overcome the problems of life stress is also called resilience (Grotberg, 1995). Mayasari (2014) says that individuals with a resilient personality have good mental health, so it can be said that developing resilience can improve a person's mental health. Therefore, resilience is needed in survivors of violence to be able to adapt to the problems faced to improve mental health conditions properly.

Experiencing any unpleasant condition will automatically impact the individual by the emergence of certain behaviors and emotions. As is known, one of the skills that needs to be improved in resilience ability is emotion regulation. As Mayasari (2014) conveyed, individuals with good emotion regulation can easily control themselves when they are angry, anxious, and sad so that they can also quickly solve their problems. The emotions that arise within a person towards the events around him are in the form of negative emotions and positive emotions. Negative emotions will appear when individuals experience unpleasant events, while positive emotions will appear when they experience pleasant events. However, it turns out that positive emotions and responses that are generated when individuals experience unpleasant conditions can eliminate negative responses and be more able to deal with the event with effective solutions (Ghiffari & Adriyansyah, 2022). One form of positive emotion referred to, according to Nihayah, Ade, and Hidayat (2021), is forgiving, where this response can be an essential positive strength to have by survivors of violence.

So far, no research has been found where emotion regulation moderates the relationship between resilience and mental health in survivors of violence. Some studies that have been summarized are that emotion regulation can play a role as a moderator of the relationship between stress and symptoms of depression in the people of Central Sulawesi, where maladaptive emotion regulation can strengthen and adaptive emotion regulation can weaken the relationship between stress and symptoms of depression (Budirman & Utami, 2023). In addition, there are also other studies involving emotion regulation as a moderator, where good emotional control in a tired condition can reduce symptoms of depersonalization and derealization (Tibubos et al., 2018). Unlike this research, where researchers want to see whether emotion regulation can strengthen the relationship between resilience and mental health in survivors of violence or rather weaken the relationship between the two variables.

The researcher will use Hayes's Moderation Process Analysis Model 1, which allows researchers to see the moderation effect in just one stage of analysis (Hayes, 2018). Model 1 in Moderation Process Analysis is specifically for moderation models with a conceptual diagram consisting of X (independent variable, namely resilience), Y (dependent variable, namely mental health), and M (moderator variable, namely emotion regulation). The following is the initial model of the Moderation Process Analysis in this study:

Figure 1. Research Model



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2. Methods

This study uses a correlational research method. The population in this study are individuals who have experienced violence or been victims of violence, be it physical, psychological, or sexual violence. The sampling technique used in this study is purposive sampling, which is a technique for determining the sample based on the researcher's criteria (Sugiyono, 2018). The sample criteria in this study were female and male, domiciled in Yogyakarta, and had experienced violence before, whether it was physical, psychological, or sexual violence. The sample obtained was 101 people aged 18 - 30 years, consisting of 21 men and 80 women. Data was collected by distributing scales through google forms and shared on several social media platforms, such as instagram, whatsapp, and facebook. In this study, resilience is the independent variable, mental health is the dependent variable, and emotion regulation is the moderating variable.

In this study, resilience is measured using a resilience scale, which can be used to assess a person's level of resilience. The resilience scale in this study was modified by the researcher from Pusvitasari's research (Pusvitasari & Yuliasari, 2021) based on the theory of Reivich and Shatte with seven dimensions, namely emotion regulation, impulse control, optimism, causal analysis, empathy, self-efficacy, and reaching out (Reivich & Shatte, 2002). The scale developed uses a Likert scale model according to Riduwan (2007), which is a scale used to measure attitudes, opinions, and perceptions of individuals or groups about social events or symptoms. The researcher then re-tested the modified resilience scale, where the final number of items was 21 valid items. The resilience scale consists of four answer choices: very appropriate, appropriate, inappropriate, and very inappropriate. The total item correlation coefficient or item discrimination power results ranged from 0.318 to 0.659, with a Cronbach's alpha value of 0.912.

The mental health variable in this study was measured using the Mental Health Scale (MHS-12), developed by Aziz and Zamroni (2020), through an adaptation process of the English-language scale, the MHI-38 (Mental Health Inventory-38). The dimensions of Indonesian mental health include two dimensions: psychological well-being and psychological distress. The MHS-12 instrument has an internal consistency value of cronbach's alpha of 0.824, indicating that this instrument has high reliability. Meanwhile, the total item correlation values for the psychological distress dimension range from 0.486 to 0.603, and the psychological well-being dimension ranges from 0.667 to 0.757 (Aziz & Zamroni, 2020). Based on these data, it can be concluded that the MHI instrument is valid and reliable for use.

The following variable is emotion regulation, where this variable acts as a moderating variable. Emotion regulation in this study was measured using an emotion regulation scale developed by Pusvitasari and Yuliasari (2021) based on Gross's theory with two main dimensions: cognitive reappraisal and expressive suppression. This scale has a relatively good internal consistency value with a Cronbach's alpha value of 0.775. Cognitive reappraisal is a method of emotion regulation that aims to reassess a problem by changing the situation or way of thinking that is considered to reduce the emotional impact. Meanwhile, suppression is a method of emotion regulation that functions to inhibit unpleasant emotions with direct behavior (Gross, 2002).

This study involves three main variables, namely the independent variable (Resilience), the dependent variable (mental health), and the moderating variable (emotion regulation). A moderating variable is a variable that affects the strength of the relationship between the independent variable and the dependent variable (Urbayatun & Widhiarso, 2012). Methodologically, the moderating variable is also called the independent variable because it indirectly influences the dependent variable. Hypothesis testing of correlation involving moderating variables can be done using a regression analysis procedure in the form of Moderated Regression Analysis (MRA). MRA according to Liana (2009) is a special application in analyzing multiple linear regression where the regression equation contains elements of interaction (multiplication of two or more independent variables). This MRA analysis will be done with the help of Jamovi software. The regression

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analysis will calculate the magnitude of the contribution expressed by the coefficient between the three variables, namely the level of resilience (independent variable), mental health (dependent variable), and emotion regulation (moderating variable).

3. Results

Table 1. Demographic Data of Research Subjects

Demographic	Frequency	Percentage (%)
Sex		
Male	21	20,8
Female	80	79,2
Age		
18	3	2,97
19	12	11,88
20	7	6,93
21	1	1
22	25	24,75
23	11	10,89
25	18	17,82
28	9	8,91
30	15	14,85
Types of violence		
Physical	32	31,68
Sexual	17	16,83
Psychological	52	51,49

Table 1 above shows the demographic data of the research subjects. Based on gender, the data collected by the researchers were 21 male subjects with a percentage of 20.8%, while there were 80 female subjects with a percentage of 79.2%. Then, regarding age, the most dominant subjects were those aged 22, with 25 people (24.75%). Subjects aged 21 were the least, with 1 person (1%). Subjects aged 25 years numbered 18 people (17.82%), 30 years old, as many as 15 people (14.85%), 19 years old as many as 12 people (11.88%), 23 years old as many as 11 people (10.89), 28 years old as many as 9 people (8.91%), 20 years old as many as 7 people (6.93%), and finally, 18 years old, as many as 3 people (2.97%). Meanwhile, based on the type of violence experienced, the dominant subjects experienced psychological violence as many as 52 people with a percentage of 51.49%. In addition, subjects who experienced physical violence were 32 people with a percentage of 31.68%, and sexual violence as many as 17 people with a percentage of 16.83%.

The data obtained were processed by performing a moderated regression analysis using the absolute difference test method. This method is done by regressing the absolute difference of the standardized independent variable with the variable hypothesized as a standardized moderating variable (Rachmawati et al., 2015). If the absolute difference between the standardized independent variable and the variable hypothesized as a standardized moderating variable is significant, it can be concluded that the variable hypothesized as a moderating variable can moderate the relationship between the independent and dependent variables. This analysis is carried out in stages (hierarchically), namely looking at the influence of the independent variable on the dependent variable (1), then adding other independent variables that will act as ordinary predictors (2) and also moderators (3).

However, before conducting the regression analysis test, several assumptions must be met (Hayes, 2018), including the linearity, normality, and correlation tests as preliminary test requirements. The results show that each dimension of perfectionism with anxiety working on the thesis and resilience has a normality p-value of mental health of 0.061, resilience of 0.214, and emotion regulation of 0.117, so all data in this study are typically distributed. The linearity test of the

mental health and resilience variables shows that the linearity significance value is 0.000, and the deviation from the linearity value is 0.136, thus fulfilling the linearity assumption. Based on the glacier test that has been carried out, the significance value of the resilience data is 0.603 ($p > 0.05$), and the emotion regulation data is 0.876 ($p > 0.05$), meaning that the variance of the residual values is homogeneous so that the homoscedasticity assumption has been met. Meanwhile, based on the multicollinearity test results, it is known that the tolerance value is 0.992, where this value is more significant than 0.010, so it can be concluded that there is no multicollinearity symptom. In addition, it can also be seen that the VIF value is 1.009, where this value is smaller than 10, so it can be interpreted that there is no multicollinearity symptom.

In addition, correlation tests were also carried out among the three. The results obtained were that resilience had a moderate or sufficient positive correlation ($r = 0.492$) with a significance of 0.000 ($p < 0.01$). This shows a relatively strong positive relationship between resilience and mental health. The higher the level of individual resilience, the higher the level of their mental health, and vice versa. Then, in the following analysis, it was found that emotion regulation also had a relatively strong positive correlation ($r = 0.53$) with a significance of 0.000 ($p < 0.01$) with mental health. These results also show that the higher the level of individual emotion regulation, the higher their mental health, and vice versa.

Based on the results of the assumption test above, the data in this study meet the requirements for regression analysis. To be able to answer the research questions, a series of regression analyses were carried out. In the first regression analysis, mental health was tested for its relationship with resilience. Then, the second test was carried out by including the emotion regulation moderating variable to be tested for mental health. Then the third variable is the moderating variable, namely the absolute difference in values from resilience and emotion regulation, which is tested with mental health. The following are the results of the regression analysis in this study:

Table 2. The Regression Analysis

Predictor	Mental Health		
	R^2 *Square*	*B*	*p*
Resilience	0,242	1,001	0,000
Emotion Regulation	0,262	1,178	0,000
Moderation	0,022	-1,822	0,137

In the first model, the regression analysis results showed that resilience significantly affects mental health ($B = 0.356$, $p = 0.000$; $p < 0.01$) with a predictor contribution of 22.1%. Furthermore, in the second model, the emotion regulation variable was included as a predictor, where the results showed that emotion regulation also had a highly significant effect on mental health ($B = 1.178$, $p = 0.000$; $p < 0.01$) with a predictor contribution of 26.9%. Then, in the third model, the results of the moderated regression analysis conducted based on the absolute difference in values between resilience and emotion regulation showed that emotion regulation did not play a role in moderating the relationship between resilience and mental health in individuals ($B = -1.822$, $p = 0.137$, $p < 0.05$). The predictor contribution value of this moderation result is also very low at 2.2%.

4. Discussion

This study was conducted to see the moderating effect of emotion regulation on the relationship between resilience and mental health. The results of this study found that resilience has a relatively strong positive influence on mental health. As stated in the research by Amelia, Aziz, and Huda (2023), individuals with low resilience tend to have a risk of experiencing mental health problems, while individuals with good resilience will have a lower risk of facing mental health problems. Resilience has a considerable role and influence on a person's psychological well-being, where e know that psychological well-being is part of mental health. Wu et al. (2020) also stated that

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good resilience can help reduce psychological problems, thereby creating positive mental health in individuals. Even based on the research results summarized by Fakhriyani (2021), resilience is essential for achieving good mental health conditions. The psychological impact felt by survivors of violence, such as anxiety, trauma, stress, and even depression, can determine their mental health condition.

Resilience is closely related to an individual's dynamic ability to adjust to the pressures they face. If individuals can face various pressures and adapt to their daily lives, it can impact their psychological well-being, leading to better mental health. According to Wollin and Wolin (2010), individuals who show good resilience will be more able to make good decisions to avoid unwanted consequences. Therefore, mentally healthy people will also be more able to deal with conflicts that cause psychological stress, be more able to control the emotions that occur and identify the causes. Resilience is closely related to an individual's dynamic ability to adjust to the pressures they face. If individuals can face various pressures and adapt to their daily lives, it can impact their psychological well-being, leading to better mental health. According to Wollin and Wolin (2010), individuals who show good resilience will be more able to make good decisions to avoid unwanted consequences. Therefore, mentally healthy people will also be more able to deal with conflicts that cause psychological stress, be more able to control the emotions that occur and identify the causes.

Another result of this study is that emotion regulation has a relatively strong positive influence on mental health. Based on the research results of Lopes, et al. (Nafisah et al., 2021), it was found that individuals with high emotion regulation strategies will tend to experience fewer conflicts with their environment and the social relationships they have are also more positive. This emotion regulation ability is crucial and needed by survivors of violence, where survivors can manage and control their negative emotions so that negative feelings, such as sadness, trauma, disappointment, and despair, can be avoided.

5. Conclusions

Based on the data analysis that has been carried out, the study did not find a moderating effect of emotion regulation on the relationship between resilience and mental health. On the other hand, this study can prove that resilience can predict the emergence of mental health in survivors of violence. That is, the higher the level of resilience, the higher the mental health will be. Conversely, although it cannot act as a moderator, emotion regulation partially also has an influence; namely, it can improve the mental health of survivors of violence.

6. CRediT Authorship Contribution Statement

There are 3 authors who contributed to carrying out this activity. The following is a summary table of the roles or contributions of each author.

Table 3. Summary of Author Contributions

Athors name	Role	Contribution
Putri Pusvitasari	Author 1	Compiling and designing research, monitoring the research process, coordinating tasks to research members, conducting data analysis, and writing manuscripts/ articles to be published.
Niken Wahyuning Retno Mumpuni	Author 2	Assisting in the research implementation process, conducting preliminary studies, and editing manuscripts to be published
Hasnatya Adya Arifani	Author 3	Assisting in the research implementation process in the field, especially data collection, and processing data

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7. Declaration of Competing Interest

The authors declare that we have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

8. Declaration of Generative AI and Assistive Technologies in the Writing Process

The author ensures and confirms that this research article, no AI tools were used at all, such as ChatGPT or Grammarly in compiling and editing this manuscript. The author will also be fully responsible for the accuracy and originality of this manuscript.

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10. Ethical Approval

The author ensures that this research complies with the ethical principles applicable in the code of ethics of Psychology.

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