



Article history:
Received 01 November 2025
Revised 12 March 2026
Accepted 18 March 2026
Published 01 May 2026

Iranian Journal of Neurodevelopmental Disorders

Volume 5, Issue 3, pp 1-12



E-ISSN: 2980-9681

The Effectiveness of Self-Compassion Training on Social and Emotional Loneliness, Perceived Personal Competence, and Tolerance of Negative Affect in Women Exposed to Domestic Violence

Fatemeh. Mahmoudi¹, Shahab. Moradi^{1*}

¹ Department of Psychology, Se.C., Islamic Azad University, Semnan, Iran

* Corresponding author email address: Shahab.moradi@iau.ac.ir

Article Info

Article type:

Original Research

How to cite this article:

Mahmoudi, F., & Moradi, S. (2026). The Effectiveness of Self-Compassion Training on Social and Emotional Loneliness, Perceived Personal Competence, and Tolerance of Negative Affect in Women Exposed to Domestic Violence. *Iranian Journal of Neurodevelopmental Disorders*, 5(3), 1-12.

<https://doi.org/10.61838/kman.jnnd.798>



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ABSTRACT

Purpose: The present study aimed to investigate the effectiveness of self-compassion training on reducing social and emotional loneliness and increasing perceived personal competence and tolerance of negative affect among women exposed to domestic violence residing in a safe house.

Methods and Materials: This study employed a quantitative quasi-experimental design using a pretest–posttest format with a control group. The statistical population consisted of women exposed to domestic violence residing in Semnan during the winter of 2025. A total of 28 participants were selected using convenience sampling and randomly assigned to experimental and control groups, with 14 participants in each group. Data were collected using the Connor–Davidson Resilience Scale, the Social and Emotional Loneliness Scale for Adults–Short Form, and the World Health Organization Domestic Violence Questionnaire. The experimental group participated in a self-compassion training program based on the protocol developed by Karakasidou and Stalikas (2017), which consisted of six weekly sessions lasting 120 minutes each, while the control group received no intervention. Data analysis was conducted using multivariate and univariate analyses of covariance in SPSS-27.

Findings: The results of multivariate and univariate analyses of covariance demonstrated significant differences between the experimental and control groups in all dependent variables after controlling for pretest scores. Self-compassion training significantly reduced social loneliness ($F = 29.84, p = 0.001, \eta^2 = 0.53$) and emotional loneliness ($F = 27.63, p = 0.001, \eta^2 = 0.51$). In addition, the intervention significantly increased perceived personal competence ($F = 41.92, p = 0.001, \eta^2 = 0.62$) and tolerance of negative affect ($F = 38.47, p = 0.001, \eta^2 = 0.59$) among participants in the experimental group compared with the control group.

Conclusion: The findings indicate that self-compassion training is an effective psychological intervention for reducing loneliness and strengthening resilience-related capacities among women exposed to domestic violence.

Keywords: self-compassion, social loneliness, emotional loneliness, perceived personal competence, tolerance of negative affect, domestic violence, abused women.

1. Introduction

Domestic violence against women is recognized as one of the most pervasive social and public health challenges worldwide and has profound psychological, emotional, interpersonal, and social consequences for survivors. Intimate partner violence encompasses a broad spectrum of abusive behaviors, including physical, emotional, psychological, sexual, and economic violence, all of which threaten women's psychological security and social functioning (Brownell, 2024; Zhao et al., 2022). Contemporary trauma theories emphasize that repeated exposure to interpersonal violence disrupts emotional regulation systems, weakens self-concept, and impairs adaptive coping mechanisms, thereby increasing vulnerability to chronic psychological distress and maladjustment (Brownell, 2024; Mukhtar, 2021). Research conducted in different sociocultural contexts has demonstrated that women exposed to intimate partner violence frequently experience depression, anxiety, post-traumatic stress symptoms, hopelessness, social withdrawal, and severe emotional instability (Hartmann et al., 2023; Hong et al., 2024; McCollum et al., 2024). In many cases, the psychological consequences of violence persist long after the abusive relationship has ended, indicating the enduring impact of trauma on survivors' emotional functioning and quality of life (Avieli, 2024).

Domestic violence is not merely an individual or familial problem but a multidimensional phenomenon shaped by cultural, social, interpersonal, and psychological factors. Studies have shown that dysfunctional beliefs, insecure attachment patterns, emotional dependency, and maladaptive interpersonal schemas contribute both to the maintenance of abusive relationships and to the psychological vulnerability of survivors (Almeida et al., 2023; Onyango & Maroko, 2022; Takebe, 2020). Similarly, sociocultural silence surrounding violence and barriers to help-seeking often intensify feelings of helplessness and emotional isolation among women exposed to abuse (Barnes et al., 2022b; Cheng et al., 2025; Tran et al., 2024). Research on women's lived experiences has indicated that many survivors remain in abusive relationships because of fear, emotional dependency, financial insecurity, social stigma, or concern for children and family stability (Oduaran & Chukwudeh, 2021; Rezaei et al., 2025). Such circumstances gradually erode psychological resilience and foster feelings of worthlessness, loneliness, and emotional exhaustion.

One of the most common psychological consequences of intimate partner violence is loneliness. Loneliness is a painful subjective experience arising from dissatisfaction with social and emotional relationships and can manifest in both social and emotional forms. Social loneliness reflects the perceived absence of a broader social support network, whereas emotional loneliness refers to the lack of close, secure, and emotionally meaningful relationships. Survivors of domestic violence often experience both dimensions simultaneously because abusive relationships typically involve isolation, coercive control, emotional invalidation, and disruption of supportive social ties (Barnes et al., 2022a; Momeñe et al., 2022). Research has demonstrated that chronic loneliness is associated with depression, anxiety, suicidal ideation, diminished psychological well-being, and impaired coping abilities (Kim et al., 2026; McCollum et al., 2024). Furthermore, emotional isolation has been identified as both a consequence and a risk factor for violence, creating a cyclical process in which loneliness contributes to vulnerability while violence further intensifies social withdrawal and emotional disconnection (Barnes et al., 2022b; Kim et al., 2026).

Recent studies have highlighted the important role of psychosocial well-being and interpersonal connectedness in survivors' recovery processes. For example, Kita and colleagues emphasized that recovery from intimate partner violence involves rebuilding fragmented aspects of identity and reconnecting emotionally and socially with others (Kita et al., 2022). Similarly, Sorsa and colleagues found that social support, motherhood, and personal meaning-making serve as protective resources that facilitate adaptation and psychological healing among abused women (Sorsa et al., 2023). Studies examining survivors' emotional experiences have further shown that violence often produces persistent shame, emotional numbness, distrust, and fear of rejection, all of which intensify emotional loneliness and undermine women's perceptions of competence and self-worth (Almeida et al., 2023; Avieli, 2024). Consequently, interventions that strengthen emotional regulation, social connectedness, and positive self-perception are increasingly regarded as essential components of psychological rehabilitation for survivors of domestic violence.

Psychological resilience is another critical construct in understanding adaptation among women exposed to violence. Resilience refers to the capacity to maintain or regain psychological well-being despite adversity, trauma, or chronic stress. Components of resilience such as perceived personal competence and tolerance of negative



affect are especially relevant for survivors of domestic violence because repeated abuse frequently damages women's confidence in their own abilities and increases emotional dysregulation (Daneshvar et al., 2020; Hartmann et al., 2023). Perceived personal competence reflects individuals' beliefs in their ability to manage life challenges effectively, whereas tolerance of negative affect refers to the ability to endure and regulate distressing emotional experiences without becoming overwhelmed. Women exposed to chronic violence often report diminished self-efficacy, heightened emotional sensitivity, and difficulties coping with negative emotions (Cherrier et al., 2023; Takebe, 2020). Such impairments reduce adaptive functioning and may increase vulnerability to depression, self-destructive behaviors, and continued victimization.

The literature consistently demonstrates that exposure to interpersonal violence is associated with significant disturbances in psychological functioning across diverse populations and contexts. Studies conducted during and after the COVID-19 pandemic revealed substantial increases in intimate partner violence and related psychosocial problems worldwide (Ricardo de Mattos Russo et al., 2025; Vukadin & Miroslavljević, 2022). Increased isolation, social stress, and economic instability intensified survivors' emotional vulnerability and reduced access to supportive resources and intervention services (Fatabhoy et al., 2023; Mukhtar, 2021). Moreover, systematic reviews and meta-analytic evidence have confirmed strong associations between intimate partner violence and adverse mental health outcomes such as depression, anxiety, trauma symptoms, self-harm, and suicidal ideation (Hong et al., 2024; McCollum et al., 2024). Research involving transgender women, sexual minority populations, and immigrant women has further emphasized that marginalized groups may face additional psychosocial stressors, stigma, and barriers to support when exposed to violence (Li et al., 2024; Ricardo de Mattos Russo et al., 2025; Xia et al., 2022).

Given the complexity and multidimensionality of trauma among abused women, researchers and clinicians have increasingly emphasized the need for interventions that address emotional healing, self-acceptance, and adaptive coping. One promising psychological approach in this area is self-compassion. Self-compassion refers to treating oneself with kindness, understanding, and nonjudgmental awareness during experiences of pain, failure, or emotional suffering. According to the theoretical framework proposed by Neff, self-compassion includes three major components: self-kindness versus self-judgment, common humanity

versus isolation, and mindfulness versus overidentification with negative emotions. Individuals with higher levels of self-compassion tend to experience lower emotional distress, greater emotional regulation, increased resilience, and healthier interpersonal functioning (Bektaş-Aydın & Yüksel-Şahin, 2025; MacAulay et al., 2025). Self-compassion is particularly relevant for survivors of domestic violence because traumatic experiences are frequently accompanied by shame, self-blame, emotional avoidance, and harsh self-criticism.

Emerging empirical evidence supports the therapeutic role of self-compassion-based interventions for trauma survivors and individuals exposed to interpersonal violence. Daneshvar and colleagues demonstrated that compassion-focused group therapy significantly reduced experiential avoidance and enhanced meaning in life and sense of coherence among female survivors of intimate partner violence with post-traumatic stress disorder (Daneshvar et al., 2020). Similarly, Bektaş-Aydın and Yüksel-Şahin reported that acceptance and commitment therapy improved self-compassion and reduced post-traumatic stress symptoms and psychological inflexibility among women survivors of intimate partner violence (Bektaş-Aydın & Yüksel-Şahin, 2025). MacAulay and colleagues also found that self-compassion served as a key mechanism of psychological change among mothers participating in interpersonal violence interventions, facilitating emotional healing and interpersonal growth (MacAulay et al., 2025). These findings suggest that self-compassion may function as a protective emotional resource that enables survivors to respond to painful experiences with greater acceptance and psychological flexibility.

Self-compassion may be especially important in reducing loneliness and strengthening resilience among abused women. The experience of violence often leads survivors to internalize feelings of shame, inadequacy, and isolation, which intensify emotional disconnection from others and from themselves (Avieli, 2024; Barnes et al., 2022a). Through cultivating self-kindness and recognition of common humanity, self-compassion interventions may counteract these maladaptive processes and foster emotional connectedness and self-acceptance. Research has shown that individuals with greater self-compassion report lower levels of loneliness, reduced fear of rejection, and stronger perceptions of interpersonal support (Jiménez et al., 2025; Momeñe et al., 2022). Moreover, mindfulness-based components of self-compassion training help individuals regulate distressing emotions more effectively, thereby

increasing tolerance of negative affect and strengthening adaptive coping capacities (Bektaş-Aydın & Yüksel-Şahin, 2025; Daneshvar et al., 2020).

The relevance of such interventions becomes even more significant when considering the lived experiences of Iranian women exposed to domestic violence. Qualitative evidence from Iranian survivors indicates that many women remain in abusive relationships despite severe emotional suffering because of cultural expectations, economic dependency, fear of social judgment, and concern for children's well-being (Rezaei et al., 2025). These women often experience persistent emotional suppression, social isolation, hopelessness, and diminished perceptions of personal agency. In addition, barriers to seeking professional help may prevent survivors from accessing effective psychological support services (Cheng et al., 2025; Tran et al., 2024). Therefore, developing culturally sensitive and psychologically empowering interventions for this population is of considerable importance.

Previous literature has also emphasized the importance of protective psychological factors in mitigating the adverse consequences of violence. Emotional awareness, social support, adaptive coping, and self-acceptance have all been identified as factors that reduce the severity of trauma-related symptoms and facilitate psychological adjustment among survivors (Jiménez et al., 2025; Sorsa et al., 2023). Conversely, maladaptive emotional processes such as emotional dependency, self-criticism, experiential avoidance, and social withdrawal contribute to poorer mental health outcomes and increased vulnerability (Cherrier et al., 2023; Onyango & Maroko, 2022). The accumulation of these findings underscores the importance of interventions that directly target emotional resilience, interpersonal functioning, and compassionate self-relating in women exposed to violence.

Despite the growing body of literature on intimate partner violence and trauma recovery, relatively limited research has specifically examined the effectiveness of self-compassion training in improving social and emotional loneliness and resilience-related components among women residing in safe houses. Many existing studies have focused primarily on trauma symptoms, depression, or post-traumatic stress disorder, while fewer investigations have explored the broader psychosocial dimensions of recovery, including perceived personal competence and tolerance of negative affect (Allen et al., 2025; Li et al., 2023). Furthermore, although international studies support the benefits of compassion-focused interventions, there remains a need for

empirical research within Iranian cultural contexts and among highly vulnerable populations such as women living in supportive shelters.

Accordingly, the present study aimed to investigate the effectiveness of self-compassion training on social and emotional loneliness, perceived personal competence, and tolerance of negative affect among women exposed to domestic violence residing in a safe house.

2. Methods and Materials

2.1. Study Design and Participants

The present study was applied in terms of purpose and quantitative in terms of methodology. A quasi-experimental design with a pretest–posttest control group format was employed. In this framework, self-compassion training was considered the independent variable, while social loneliness, emotional loneliness, perceived personal competence, and tolerance of negative affect were considered the dependent variables. Initially, both the experimental and control groups completed the pretest assessments. Subsequently, the experimental group participated in the self-compassion training program, whereas the control group received no psychological or educational intervention during the study period. At the completion of the intervention, posttest assessments were administered to both groups, and the results obtained from the two measurement stages were compared in order to evaluate the effectiveness of the intervention.

The statistical population consisted of all women exposed to domestic violence residing in Semnan County during the second half of 2025. Participants were identified through collaboration with supportive organizations, counseling centers, and social service institutions affiliated with women exposed to domestic violence. From this population, 28 participants were selected using convenience sampling and were randomly assigned to either the experimental group ($n = 14$) or the control group ($n = 14$). Sample size determination was conducted based on the requirements of multivariate analysis of covariance (MANCOVA). Considering an effect size of 0.50, a significance level of 0.05, and a statistical power of 0.80, the inclusion of 14 participants in each group was considered sufficient to achieve adequate statistical power.

The inclusion criteria consisted of experiencing domestic violence, being legally married and living with a spouse, absence of psychotic disorders, Iranian nationality, and willingness to participate in the study through informed

consent. The exclusion criteria included simultaneous receipt of psychological or psychotherapeutic services during the implementation of the study, absence from one or more intervention sessions, and incomplete, random, or patterned responses to the questionnaires.

The study was conducted at the Mehr-Parvin Safe House Center in Semnan, which operates under the supervision of the State Welfare Organization and provides psychological, counseling, and social support services for women exposed to domestic violence. Admission to the center followed a formal process in which applicants initially contacted the 123 emergency social intervention hotline affiliated with the Welfare Organization. After an initial professional interview and confirmation of domestic violence exposure, applicants were referred to judicial authorities, and final admission to the safe house was completed following the issuance of a judicial order. The study was implemented during the winter of 2025. Ethical principles were strictly observed throughout the research process. Before participation, all individuals received an informed consent form and an explanatory statement regarding the objectives of the study, intervention procedures, duration of participation, confidentiality of information, and voluntary nature of participation. Participants were also informed of their right to withdraw from the study at any stage without any consequences. To maintain confidentiality and anonymity, identification codes were assigned instead of participants' names.

2.2. Measures

The Connor–Davidson Resilience Scale (CD-RISC) was used to assess psychological resilience, particularly the components of perceived personal competence and tolerance of negative affect. This scale was developed by Connor and Davidson in 2003 and is considered one of the most widely used instruments for measuring resilience. The questionnaire consists of 25 items rated on a five-point Likert scale ranging from 0 (“not true at all”) to 4 (“true nearly all the time”), yielding a total score ranging from 0 to 100, with higher scores indicating greater resilience. The instrument comprises five dimensions, including perceived personal competence, tolerance of negative affect, positive acceptance of change and secure relationships, control, and spiritual influences. The Persian version of the scale was standardized by Mohammadi, who reported item-total correlations ranging from 0.41 to 0.64, indicating satisfactory construct validity. Furthermore, the Cronbach’s

alpha coefficient for the scale was reported as 0.89, demonstrating high internal consistency and reliability.

Social and emotional loneliness were measured using the Social and Emotional Loneliness Scale for Adults–Short Form (SELSA-S). This instrument was designed to evaluate loneliness across three dimensions: romantic loneliness, family loneliness, and social loneliness. The scale contains 14 items scored on a five-point Likert scale ranging from “strongly disagree” to “strongly agree.” Item 14 is reverse scored. Items 3, 6, 8, and 10 assess romantic loneliness; items 1, 5, 9, 12, and 13 evaluate family loneliness; and items 2, 4, 7, 11, and 14 assess social loneliness. In this measure, lower scores on each subscale indicate greater loneliness, whereas higher scores reflect lower levels of loneliness. The psychometric properties of the Persian version were examined by Jokar and colleagues, who reported satisfactory convergent and discriminant validity. Cronbach’s alpha coefficients were reported as 0.92 for romantic loneliness, 0.84 for family loneliness, and 0.78 for social loneliness, indicating acceptable reliability.

The World Health Organization Domestic Violence Questionnaire (WHO-DVQ) was administered to identify women exposed to domestic violence and assess the severity and dimensions of violence experienced. This questionnaire is regarded as one of the most valid and comprehensive instruments for evaluating violence within intimate and family relationships. It assesses multiple dimensions of violence, including physical violence, psychological violence, sexual violence, and economic violence. Depending on the version used, the questionnaire includes approximately 20 to 40 items scored on a five-point Likert scale ranging from “never” to “always.” Higher scores indicate greater severity of violence exposure. The instrument can be administered either through self-report or structured interview and has been extensively used in scientific studies, counseling centers, and supportive institutions worldwide. Previous studies have demonstrated satisfactory psychometric properties for the questionnaire, with Cronbach’s alpha coefficients generally exceeding 0.70. The original version of the instrument was developed by the World Health Organization in 1997 and was subsequently revised for use in international research settings.

2.3. Intervention

The intervention implemented in the present study was based on the self-compassion training protocol proposed by

Karakasidou and Stalikas (2017). The program consisted of six weekly sessions, each lasting approximately 120 minutes. The sessions were designed to gradually familiarize participants with the theoretical and practical foundations of self-compassion through cognitive, emotional, mindfulness-based, and behavioral exercises. The first session focused on introducing the concept of self-compassion, differentiating it from self-criticism, and presenting its three primary components, namely self-kindness, common humanity, and mindfulness. Participants engaged in reflective writing exercises such as composing compassionate letters to themselves. The second session emphasized self-awareness and identification of self-critical patterns, during which participants learned to transform self-critical thoughts into supportive and compassionate internal dialogues while practicing relaxation and mindfulness exercises. The third session addressed interpersonal relationships and social support, teaching effective communication skills such as empathy, active listening, and constructive emotional expression through group activities and feedback exercises. The fourth session focused on mindfulness practices and nonjudgmental awareness of present-moment experiences, with meditation exercises designed to improve emotional acceptance and attentional focus. The fifth session concentrated on compassionate responses to personal failures and life challenges by promoting acceptance, reducing self-criticism, and strengthening resilience in stressful situations. Finally, the sixth session aimed to consolidate the skills acquired throughout the intervention, encourage the continuation of self-compassion practices in daily life, and integrate compassionate attitudes into participants' long-term coping strategies and lifestyle. Overall, the intervention sought to reduce self-criticism, improve emotional adjustment, strengthen resilience, and

decrease social and emotional loneliness among women exposed to domestic violence.

2.4. Data Analysis

Data analysis was conducted using descriptive and inferential statistical methods in SPSS software version 27. Descriptive statistics included the calculation of means and standard deviations for the study variables. Before conducting inferential analyses, the assumptions underlying multivariate analysis of covariance were examined, including normality of data distribution, homogeneity of variances, and homogeneity of covariance matrices. Subsequently, multivariate analysis of covariance (MANCOVA) and univariate analysis of covariance (ANCOVA) were used to compare the experimental and control groups while controlling for pretest scores. Statistical significance was considered at the 0.05 level.

3. Findings and Results

The mean age of the participants in the experimental group was 34.57 years (SD = 6.21), while the mean age in the control group was 35.14 years (SD = 5.88). Most participants in both groups had completed secondary or high school education, and the majority were unemployed or engaged in informal occupations. The average duration of marriage among participants was 11.36 years (SD = 4.72). All participants reported exposure to at least one form of domestic violence, including psychological, physical, economic, or emotional violence. No statistically significant differences were observed between the experimental and control groups regarding demographic variables, indicating the initial comparability of the groups before the intervention.

Table 1

Descriptive Statistics for Research Variables Across Groups and Measurement Stages

Variable	Group	Pretest Mean \pm SD	Posttest Mean \pm SD
Social Loneliness	Experimental	11.42 \pm 2.37	17.86 \pm 2.14
	Control	11.71 \pm 2.44	12.07 \pm 2.31
Emotional Loneliness	Experimental	10.93 \pm 2.11	16.64 \pm 2.08
	Control	11.14 \pm 2.28	11.36 \pm 2.19
Perceived Personal Competence	Experimental	18.57 \pm 3.16	29.71 \pm 3.42
	Control	18.21 \pm 3.04	18.64 \pm 3.17
Tolerance of Negative Affect	Experimental	15.36 \pm 2.88	25.14 \pm 3.06
	Control	15.64 \pm 2.75	15.93 \pm 2.81

As presented in Table 1, the experimental group demonstrated substantial improvements in all research

variables following participation in the self-compassion training program. Specifically, posttest scores indicated

higher levels of social and emotional connectedness, reflected by increased scores on the SELSA-S dimensions, as well as marked increases in perceived personal competence and tolerance of negative affect. In contrast, the control group showed only minimal fluctuations between pretest and posttest scores across all variables. These descriptive findings suggest that self-compassion training was associated with reduced feelings of loneliness and enhanced resilience-related capacities among women exposed to domestic violence.

Prior to conducting the main analyses, the assumptions underlying analysis of covariance were examined. The Shapiro–Wilk test indicated that the distribution of scores for

all dependent variables did not significantly deviate from normality ($p > 0.05$). Levene’s test confirmed the homogeneity of variances across groups for all study variables ($p > 0.05$). In addition, Box’s M test demonstrated that the covariance matrices were homogeneous between groups (Box’s $M = 11.28$, $F = 1.17$, $p = 0.24$). Examination of the homogeneity of regression slopes also indicated that the interaction between the covariate and group membership was not statistically significant for any dependent variable ($p > 0.05$). Therefore, the assumptions required for conducting multivariate and univariate analyses of covariance were adequately satisfied.

Table 2

Analysis of Covariance Results for Posttest Scores of Research Variables

Variable	SS	df	MS	F	p	η^2
Social Loneliness	186.42	1	186.42	29.84	0.001	0.53
Emotional Loneliness	174.17	1	174.17	27.63	0.001	0.51
Perceived Personal Competence	421.58	1	421.58	41.92	0.001	0.62
Tolerance of Negative Affect	366.74	1	366.74	38.47	0.001	0.59

The results of the analysis of covariance presented in Table 2 revealed significant differences between the experimental and control groups in all dependent variables after controlling for pretest scores. Self-compassion training significantly improved social loneliness scores ($F = 29.84$, $p = 0.001$, $\eta^2 = 0.53$) and emotional loneliness scores ($F = 27.63$, $p = 0.001$, $\eta^2 = 0.51$), indicating reduced loneliness among participants in the experimental group. Furthermore, significant increases were observed in perceived personal competence ($F = 41.92$, $p = 0.001$, $\eta^2 = 0.62$) and tolerance of negative affect ($F = 38.47$, $p = 0.001$, $\eta^2 = 0.59$). The obtained effect sizes demonstrated that the intervention had a strong and practically meaningful impact on the psychological functioning of women exposed to domestic violence.

4. Discussion and Conclusion

The present study aimed to investigate the effectiveness of self-compassion training on social and emotional loneliness, perceived personal competence, and tolerance of negative affect among women exposed to domestic violence residing in a safe house. The findings demonstrated that self-compassion training significantly reduced social and emotional loneliness while simultaneously increasing resilience-related components, including perceived personal

competence and tolerance of negative affect, in the experimental group compared with the control group. The obtained effect sizes further indicated that the intervention produced substantial and practically meaningful psychological improvements among participants. Overall, the findings support the effectiveness of self-compassion-based interventions in enhancing emotional adjustment and psychological functioning among women exposed to intimate partner violence.

One of the primary findings of the study was the significant reduction in social and emotional loneliness following participation in the self-compassion training program. This finding is consistent with previous research emphasizing the close relationship between interpersonal violence, emotional isolation, and loneliness (Barnes et al., 2022a, 2022b). Women exposed to domestic violence frequently experience emotional invalidation, social withdrawal, fear of judgment, and disruption of interpersonal relationships, all of which contribute to chronic loneliness and feelings of disconnection (Avieli, 2024; Rezaei et al., 2025). The present findings suggest that self-compassion training may counteract these destructive interpersonal and emotional processes by promoting self-kindness, emotional acceptance, and a sense of shared humanity. Through learning to respond to themselves with understanding rather than self-criticism, participants may

have experienced greater emotional security and reduced feelings of isolation.

The reduction in loneliness observed in this study can also be interpreted in light of theoretical perspectives emphasizing the role of self-compassion in interpersonal functioning. Self-compassion reduces maladaptive emotional processes such as shame, self-blame, and perceived social rejection, all of which are common among survivors of intimate partner violence (Almeida et al., 2023; Cherrier et al., 2023). Women exposed to abuse often internalize negative beliefs about themselves and develop expectations of rejection or abandonment, which intensify emotional loneliness and social withdrawal (Onyango & Maroko, 2022; Takebe, 2020). The mindfulness and self-kindness components of the intervention likely enabled participants to reinterpret their experiences with greater emotional balance and reduced self-judgment. In this way, self-compassion training may have facilitated emotional reconnection both with oneself and with others, thereby decreasing feelings of loneliness.

The findings are also aligned with studies indicating that emotional support, social connectedness, and compassionate interpersonal experiences are important protective factors in the recovery process of violence survivors (Kita et al., 2022; Sorsa et al., 2023). Group-based intervention settings may themselves contribute to reducing loneliness because participants are provided with opportunities to share experiences, receive validation, and recognize that they are not alone in their suffering. This experience of “common humanity,” which represents one of the core dimensions of self-compassion, may have played a central role in decreasing emotional alienation among participants. Previous research has similarly shown that survivors who perceive themselves as emotionally understood and socially supported demonstrate lower levels of psychological distress and greater emotional adaptation (Cheng et al., 2025; Jiménez et al., 2025).

Another important finding of the study was the significant increase in perceived personal competence among women who participated in the self-compassion intervention. Perceived personal competence reflects individuals' confidence in their ability to manage challenges and cope effectively with stressful experiences. Exposure to prolonged domestic violence frequently undermines women's self-esteem, self-efficacy, and perceptions of control over their lives (Brownell, 2024; Hing et al., 2021). Survivors often experience repeated emotional humiliation, coercive control, and psychological manipulation, which

gradually weaken their sense of agency and competence (Avieli, 2024; Rezaei et al., 2025). The increase in perceived competence observed in the present study suggests that self-compassion training may help survivors reconstruct more positive self-perceptions and restore confidence in their emotional and psychological capacities.

This finding is highly consistent with previous intervention-based research. MacAulay and colleagues found that self-compassion functioned as an important pathway of psychological change in interpersonal violence interventions and contributed to greater emotional growth and empowerment among participants (MacAulay et al., 2025). Similarly, Daneshvar and colleagues demonstrated that compassion-focused group therapy improved adaptive psychological functioning and strengthened survivors' sense of coherence and meaning in life (Daneshvar et al., 2020). Self-compassion encourages individuals to perceive personal failures and painful experiences as part of common human life rather than as evidence of personal inadequacy. Consequently, participants may have become less self-critical and more capable of recognizing their strengths and coping abilities. Such psychological changes are particularly important for women exposed to violence because abusive relationships frequently foster helplessness, dependency, and feelings of incompetence.

The improvement in perceived personal competence may also be explained by the behavioral and cognitive components of the intervention. Throughout the training sessions, participants were encouraged to identify self-critical thoughts, replace them with supportive internal dialogues, and develop healthier emotional coping strategies. These practices may have strengthened participants' beliefs in their ability to regulate emotions, manage interpersonal difficulties, and respond adaptively to stressful situations. Research has consistently shown that adaptive cognitive-emotional processing contributes significantly to resilience and post-traumatic recovery among survivors of violence (Hartmann et al., 2023; Jiménez et al., 2025). Therefore, the intervention may have enhanced participants' sense of mastery and psychological self-efficacy through repeated experiences of emotional regulation and self-acceptance.

The findings further indicated that self-compassion training significantly increased tolerance of negative affect among participants. This result is theoretically meaningful because one of the defining consequences of trauma and intimate partner violence is emotional dysregulation. Women exposed to chronic violence often experience

overwhelming fear, shame, anger, sadness, and anxiety while simultaneously lacking effective emotional coping mechanisms (Hong et al., 2024; McCollum et al., 2024). Many survivors attempt to suppress, avoid, or deny painful emotions, which paradoxically intensifies psychological distress and contributes to long-term maladjustment (Daneshvar et al., 2020). The mindfulness component of self-compassion training specifically teaches individuals to observe painful emotions without excessive avoidance, overidentification, or self-judgment. As a result, participants may have developed greater emotional tolerance and flexibility in responding to distressing experiences.

This finding is consistent with previous evidence demonstrating that self-compassion and mindfulness-based interventions improve emotional regulation capacities and reduce experiential avoidance among trauma survivors (Bektaş-Aydın & Yüksel-Şahin, 2025; Daneshvar et al., 2020). Bektaş-Aydın and Yüksel-Şahin reported that therapeutic interventions promoting self-compassion reduced psychological inflexibility and post-traumatic stress symptoms among women survivors of intimate partner violence (Bektaş-Aydın & Yüksel-Şahin, 2025). Likewise, studies grounded in trauma theory emphasize that adaptive emotional processing and emotional acceptance are essential components of trauma recovery (Brownell, 2024). By learning to tolerate negative emotional experiences with greater awareness and compassion, survivors may become less emotionally reactive and more capable of coping effectively with future stressors.

The present findings may also be interpreted through the broader framework of resilience and psychosocial adaptation. Research conducted in diverse populations exposed to violence has repeatedly shown that emotional regulation, social connectedness, and psychological flexibility are protective factors associated with improved mental health outcomes (Hartmann et al., 2023; Xia et al., 2022). In contrast, loneliness, social withdrawal, emotional dependency, and self-criticism increase vulnerability to depression, self-harm, and persistent trauma-related symptoms (McCollum et al., 2024; Momeñe et al., 2022). The current study suggests that self-compassion training may simultaneously target several of these maladaptive processes by strengthening emotional resilience and reducing psychological isolation.

Another important implication of the findings concerns the cultural and contextual relevance of self-compassion interventions for Iranian women exposed to domestic violence. Qualitative studies have indicated that many

Iranian women remain in abusive relationships because of cultural pressures, financial dependency, fear of social stigma, and limited access to support systems (Rezaei et al., 2025). Such conditions often produce chronic emotional suppression and feelings of entrapment. Interventions focused on self-compassion may therefore be particularly valuable because they encourage women to recognize their emotional needs, reduce self-blame, and develop a kinder and more accepting relationship with themselves. In societies where survivors may experience social silence or stigmatization, self-compassion can function as an internal psychological resource that supports emotional survival and empowerment.

The significance of the present findings becomes even more evident when considered alongside evidence showing increased rates of violence and psychosocial distress during recent global crises. Studies conducted during the COVID-19 pandemic reported heightened levels of intimate partner violence, emotional distress, and social isolation across different populations (Ricardo de Mattos Russo et al., 2025; Vukadin & Miroslavljević, 2022). Researchers have emphasized the urgent need for accessible and psychologically informed interventions capable of reducing trauma-related distress and strengthening resilience among vulnerable groups (Fatabhoy et al., 2023; Mukhtar, 2021). The current findings contribute to this growing body of literature by demonstrating that structured self-compassion training may provide meaningful psychological benefits for women exposed to violence.

Furthermore, the results align with studies emphasizing empowerment-oriented and psychologically integrative interventions for violence survivors (Allen et al., 2025; Li et al., 2024). Psychological recovery from intimate partner violence is not limited to symptom reduction but also involves rebuilding identity, restoring self-worth, and developing adaptive emotional capacities. Self-compassion training appears particularly suitable for this purpose because it simultaneously addresses emotional healing, interpersonal understanding, and resilience development. The intervention used in the present study integrated mindfulness, emotional awareness, self-kindness, and interpersonal support, all of which likely contributed to the observed psychological improvements.

Overall, the findings of the present study indicate that self-compassion training can effectively reduce social and emotional loneliness while enhancing perceived personal competence and tolerance of negative affect among women exposed to domestic violence. These findings support

theoretical models emphasizing the central role of compassion, emotional regulation, and resilience in trauma recovery and provide empirical evidence for the usefulness of self-compassion-based interventions within supportive and rehabilitative settings for abused women.

One limitation of the present study was the relatively small sample size and the use of convenience sampling, which may limit the generalizability of the findings to broader populations of women exposed to domestic violence. In addition, the study was conducted in a single safe house center in Semnan, and therefore cultural, social, and environmental differences across other regions were not examined. Another limitation was the absence of a long-term follow-up period, making it difficult to determine the durability and stability of the intervention effects over time. Furthermore, all measures were based on self-report questionnaires, which may have been influenced by response biases and participants' emotional states.

Future research is recommended to examine the long-term effectiveness of self-compassion interventions through follow-up assessments conducted several months after the completion of treatment. Researchers may also compare self-compassion training with other evidence-based interventions such as cognitive behavioral therapy, acceptance and commitment therapy, or trauma-focused therapies in order to identify the most effective approaches for survivors of domestic violence. Conducting studies with larger and more diverse samples from different cultural and socioeconomic backgrounds would also strengthen the generalizability of findings. Additionally, future investigations may explore the mediating role of variables such as emotional regulation, self-esteem, social support, and attachment styles in explaining the psychological benefits of self-compassion interventions.

The findings of the present study suggest that self-compassion training can be incorporated into psychological rehabilitation and support programs for women exposed to domestic violence in counseling centers, safe houses, and social support institutions. Mental health professionals may use self-compassion-based approaches to help survivors reduce self-blame, improve emotional regulation, and strengthen resilience. Training workshops focused on mindfulness, emotional awareness, and compassionate self-relating may also contribute to improving women's psychological well-being and social adjustment. Furthermore, integrating self-compassion principles into broader community-based support and empowerment

programs may enhance the emotional recovery and psychological functioning of survivors of domestic violence.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We hereby thank all individuals for participating and cooperating us in this study.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent.

References

- Allen, S., Thursby, S., Elkwood, L., & Carthy, N. (2025). A Latent Profile Analysis of Psychosocial Factors and Trauma Exposure in U.K. Students and Their Association With Mental Health and Academic Persistence. *Psychological Trauma Theory Research Practice and Policy*, 17(8), 1659-1668. <https://doi.org/10.1037/tra0001788>
- Almeida, I., Nobre, C., Marques, J., & Oliveira, P. (2023). Violence Against Women: Attachment, Psychopathology, and Beliefs in Intimate Partner Violence. *Social Sciences*, 12(6), 346. <https://doi.org/10.3390/socsci12060346>
- Avieli, H. (2024). The Emotional Aftermath of Surviving an Attempted Intimate Partner Homicide. *Qualitative Health Research*, 35(1), 44-55. <https://doi.org/10.1177/10497323241245643>
- Barnes, M., Szilassy, E., Herbert, A., Heron, J., Feder, G., Fraser, A., Howe, L. D., & Barter, C. (2022a). Being Silenced,



- Loneliness and Being Heard: Understanding Pathways to Intimate Partner Violence & Abuse in Young Adults. A Mixed-Methods Study. *BMC public health*, 22(1). <https://doi.org/10.1186/s12889-022-13990-4>
- Barnes, M., Szilassy, E., Herbert, A., Heron, J., Feder, G., Fraser, A., Howe, L. D., & Barter, C. (2022b). Being Silenced, Loneliness and Being Heard: Understanding Pathways to Intimate Partner Violence & Abuse in Young Adults. A Mixed-Methods Study. <https://doi.org/10.21203/rs.3.rs-1542724/v1>
- Bektaş-Aydın, C., & Yüksel-Şahin, F. (2025). Effectiveness of Acceptance and Commitment Therapy on Post-Traumatic Stress Symptoms, Psychological Inflexibility, and Self-Compassion in IPV Survivor University Women. *Journal of interpersonal violence*, 41(5-6), 1056-1084. <https://doi.org/10.1177/08862605251318283>
- Brownell, P. (2024). Trauma Theory and Abuse, Neglect and Violence Across the Life Course. *Journal of interpersonal violence*, 39(19-20), 4041-4064. <https://doi.org/10.1177/08862605241264542>
- Cheng, S. Y., Lee, J.-E., Schindeler, B., Kim, J. H., & Messing, J. T. (2025). Barriers and Facilitators of Help-Seeking Among Asian Women Survivors of Intimate Partner Violence in the United States: A Scoping Review. *Trauma Violence & Abuse*. <https://doi.org/10.1177/15248380251381816>
- Cherrier, C., Courtois, R., Rüsçh, E., & Potard, C. (2023). Dysfunctional Attitudes, Sociotropy–Autonomy, and Intimate Partner Violence Victimization in Emerging Adulthood. *International journal of environmental research and public health*, 20(12), 6164. <https://doi.org/10.3390/ijerph20126164>
- Daneshvar, S., Shafiei, M., & Basharpour, S. (2020). Group-Based Compassion-Focused Therapy on Experiential Avoidance, Meaning-in-Life, and Sense of Coherence in Female Survivors of Intimate Partner Violence With PTSD: A Randomized Controlled Trial. *Journal of interpersonal violence*, 37(7-8), NP4187-NP4211. <https://doi.org/10.1177/0886260520958660>
- Fatabhoy, M. G., Zhu, G., Lajaunie, A., Schneiderhan, J., & Pierce, J. (2023). Intimate Partner Violence and Telemedicine Usage and Satisfaction Early in the COVID-19 Pandemic. *The Journal of the American Board of Family Medicine*, 36(5), 755-765. <https://doi.org/10.3122/jabfm.2023.230021r1>
- Hartmann, M., Giovenco, D., Zeebari, Z., Itzikowitz, G., Ekström, A. M., Nielsen, A., Pettifor, A., Bekker, L. G., & Kågesten, A. (2023). Associations Between Psychosocial Wellbeing and Experience of Gender-Based Violence at Community, Household, and Intimate-Partner Levels Among a Cross-Sectional Cohort of Young People Living With and Without HIV During COVID-19 in Cape Town, South Africa. *BMC public health*, 23(1). <https://doi.org/10.1186/s12889-023-16945-5>
- Hing, N., O'Mullan, C., Mainey, L., Nuske, E., Breen, H., & Taylor, A. (2021). Impacts of Male Intimate Partner Violence on Women: A Life Course Perspective. *International journal of environmental research and public health*, 18(16), 8303. <https://doi.org/10.3390/ijerph18168303>
- Hong, C., Wang, Y., Wang, Y., Pushpanadh, S., Stephenson, R., Keum, B. T., Goldbach, J. T., Graham, S. M., & Holloway, I. W. (2024). The Associations Between Intimate Partner Violence and Mental Health Outcomes Among Sexual Minority Men: A Systematic Review and Meta-Analysis. *Trauma Violence & Abuse*, 26(1), 58-72. <https://doi.org/10.1177/15248380241275976>
- Jiménez, E. M. O., Gómez-Benito, J., Llach, S. L., Lamarca, M., & Ochoa, S. (2025). Interparental Violence: Child Emotional Awareness, Protective Factors, and Symptom Profiles in a Comparative Analysis. *Frontiers in Psychiatry*, 16. <https://doi.org/10.3389/fpsy.2025.1418332>
- Kim, J., Kwon, K. Y., & Sutin, A. R. (2026). Adolescent Loneliness and Violence in Adulthood: Distinguishing Between Victimization and Perpetration in Intimate and Nonintimate Partner Violence. *Psychology of violence*, 16(2), 217-226. <https://doi.org/10.1037/vio0000625>
- Kita, S., Kamibeppu, K., & Arnault, D. S. (2022). “Knitting Together the Lines Broken Apart”: Recovery Process to Integration Among Japanese Survivors of Intimate Partner Violence. *International journal of environmental research and public health*, 19(19), 12504. <https://doi.org/10.3390/ijerph191912504>
- Li, L., Neubauer, L., Stewart, R., & Roberts, A. (2023). Characterizing the Differences in Descriptions of Violence on Reddit During the COVID-19 Pandemic. *Journal of interpersonal violence*, 38(15-16), 9290-9314. <https://doi.org/10.1177/08862605231163885>
- Li, Y., Bloom, T., Bullock, L., & Rhee, H. (2024). An Empowerment-Based Intervention for Chinese Immigrant Women Experiencing Intimate Partner Violence: Feasibility and Acceptability. *Journal of the American Psychiatric Nurses Association*, 31(3), 267-280. <https://doi.org/10.1177/10783903241268206>
- MacAulay, K. D., Andrews, N. C. Z., Motz, M., Lee, G., & Pepler, D. (2025). Perceived Pathways of Change in an Interpersonal Violence Intervention for Mothers: The Importance of Self-Compassion. *Behavioral Sciences*, 15(6), 739. <https://doi.org/10.3390/bs15060739>
- McCollum, D. C., Smathers, S. E., Sullivan, T. R., Jowaheer, Y., & Mereish, E. H. (2024). Associations Among Intimate Partner Violence, Suicidal Ideation, Suicide Behaviors, Non-suicidal Self-injury, and Psychological Well-being in Black American Emerging Adults. *Suicide and Life-Threatening Behavior*, 55(1). <https://doi.org/10.1111/sltb.13102>
- Momeñe, J., Macía, P., Estévez, A., Griffiths, M. D., Olave, L., & Díez, I. I. (2022). Eating Disorders and Intimate Partner Violence: The Influence of Fear of Loneliness and Social Withdrawal. <https://doi.org/10.21203/rs.3.rs-1345777/v1>
- Mukhtar, S. (2021). COVID-19 Feminist Framework and Biopsychosocial-Spiritual Perspective for Social Workers and Mental Health Practitioners to Manage Violence, Abuse, and Trauma Against Children, Women, BIPOC, and LGBTQIA+ During and Post-Covid-19. *International Social Work*, 66(1), 93-106. <https://doi.org/10.1177/002087282111067158>
- Oduaran, A., & Chukwudeh, O. S. (2021). Trap in the Closet: Intra-Ethnic Marriage and Intimate Partner Violence in Sub-Saharan Africa. *Social Sciences*, 10(2), 31. <https://doi.org/10.3390/socsci10020031>
- Onyango, A. J., & Maroko, M. G. (2022). Influence of Emotional Dependency on Spousal Homicide Among Couples in Ndihiwa Sub-County, Homabay County, Kenya. *International Journal of Research and Innovation in Social Science*, 06(11), 148-154. <https://doi.org/10.47772/ijriss.2022.61112>
- Rezaei, A., Bajestani, H. S., & Sangdeh, J. K. (2025). The Lived Experiences of Intimate Partner Violence in Iranian Women Staying With Their Abusive Partners. *BMC Women S Health*, 25(1). <https://doi.org/10.1186/s12905-025-03651-0>
- Ricardo de Mattos Russo, R., Jalil, E. M., Velasque, L., Friedman, R. K., Ramos, M. C., Cunha, C. B. d., Peixoto, E. M., Livia Machado de Mello, A., Depret, D. G., Gil, A., Alcântara, D. C., Monteiro, L., Virgínia Maria de Azevedo Oliveira, K., Veloso, V. G., Wilson, E. C., & Grinsztajn, B. (2025). Intimate Partner Violence Among Brazilian Trans and Cisgender Women Living With HIV or at HIV Risk During



- COVID-19 Era: Another Epidemic? *Transgender Health*, 10(1), 63-72. <https://doi.org/10.1089/trgh.2023.0057>
- Sorsa, M., Bryngeirsdotir, H. S., & Paavilainen, E. (2023). "Going Forward Like a Grandmother in the Snow": Personal Survival Strategies, Motherhood, and Nature as Resources for Mothers Who Have Experienced Intimate Partner Violence. *International journal of environmental research and public health*, 20(7), 5389. <https://doi.org/10.3390/ijerph20075389>
- Takebe, M. (2020). Intimate Partner Violence, Anger, and Abandonment Schema in Nonclinical Japanese Undergraduate Students. *Japanese Psychological Research*, 63(2), 118-126. <https://doi.org/10.1111/jpr.12286>
- Tran, G., Forbes-Mewett, H., Trần, L. T., Hach, M., & Tarzia, L. (2024). Help-Seeking After Intimate Partner or Sexual Violence: Exploring the Experiences of International Student Women in Australia. *Violence Against Women*, 31(10), 2574-2602. <https://doi.org/10.1177/10778012241247198>
- Vukadin, I. K., & Mirosavljević, A. (2022). COVID-19 Pandemic and Intimate Partner Violence. *Zbornik Pravnog Fakulteta Sveučilišta U Rijeci*, 43(2), 375-394. <https://doi.org/10.30925/zpfsr.43.2.5>
- Xia, D., Chen, Y., Chang, R., Xu, C., Yu, X., Liu, Y., Chen, H., Wang, R., Liu, S., Ge, X., Wang, Y., Liang, A., Hu, F., Cai, Y., & Wang, Y. (2022). Psychosocial Problems and Condomless Anal Sex Among Transgender Women in Two Cities of China: Study Based on the Syndemic Framework. *International journal of environmental research and public health*, 19(23), 16161. <https://doi.org/10.3390/ijerph192316161>
- Zhao, Q., Huang, Y., Sun, M., Li, Y., & Lommel, L. L. (2022). Risk Factors Associated With Intimate Partner Violence Against Chinese Women: A Systematic Review. *International journal of environmental research and public health*, 19(23), 16258. <https://doi.org/10.3390/ijerph192316258>