



Relationship between childhood abuse and self-compassion with stress-coping strategies in women

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Abstract

Child abuse is behavior in which child faces physical, sexual, negligence and emotional abuses. This study's aimed to investigate relationship between childhood abuse and self-compassion with stress-coping strategies among women. Statistical population included all of married women in Tehran. The sample contains 182 participants who were selected by convenience sampling method entertainment centers, shopping centers, health centers and cultural centers. The data were collected by Mohammad Khani's self-report questionnaire, Neff's self-compassion scale and coping strategies of Blings and Mous. The findings showed that emotional abuse with mean of 23.54 was the hisgest and physical abuse with mean of 7.87 was the lowest one. Results showed that there is negative relationship between the abuse's total score and self-compassion's total score. All physical abuse's subscales, emotional abuse and negligence can predict the self-compassion except sexual abuse. Also none of the abuse subscales can predict the stress-coping methods. The results have shown that the experience of abuse in childhood injury ,can be affected him in adulthood on self-concept and coping responces to stress and problems.

Keywords: Abuse, Compassion, Self, Stress, Women

Introduction

Family is known as source of all physical and psychological injuries and health in human societies and certainly injuries and health section extends through the institution of the family is quite accepted, injuries such as: physical and sexual abuse and threats, expulsion from homes, forced marriage, excessive increase in divorce rate, generation problems' phenomenon and its growing trend, violence against children, women and elderly, marital discords, intense and continuous family conflicts are only transfer to the children through the family and some individuals

related to the family [1]. Damaged in addition to being faced with a problem they affect the society somehow, so the community also would be affected by these families' situation and provides the social injuries' development from family environment to society. One of damaged families' problems is their ineffectiveness and non-implementation so that these families don't perform their social, cultural, economic and educational functions well [2]. Experts and authorities believe that 30 percent of child abuse occurred in divorced or in families at risk of breaking

down and only 20 percent of street children are orphans without any shelter to live and nearly 80 percent of them are the outcome of neglect, irresponsible and disorganized families [3]. Child abuse consequences can be studied in two physical and mental aspects. Child abuse physical effects are developmental disorders; bad body morphology and physical disabilities; malnutrition which leads to loss of mental ability, body bruises, bones breaking and similar cases [4]. Psychological effects also can be examined in wide range of mental-personality disorders: aggression, impulsive behavior, anorexia or bulimia, hysteric and suicide-like behaviors, phobic anxiety effects in males, switching isolation, depression and many psychological disorders in physical or sexual abused children like anxiety, aggressive behavior, paranoid, post-trauma stress disorder, depression and increased risk of suicidal behavior, washing compulsive behaviors, sleep disorders, reduced self-esteem and suicide attempts [5,6].

When life is painful and hard to bear so compassion would be included person, compassion towards self (self-compassion) is mode warmth and acceptance to those aspects of the individual or the individual's life that does not like it. Self-compassion involves three main components: the first one is kindness toward oneself against self-judgment, second is human common features against isolation and the third one is mindfulness against over-identification [7]. By acting self-compassionate at the time of facing problems, failures or lack of potency means that people provide themselves warmth and inactive understanding without minimizing their pain or problem or criticizing themselves. This process also involves person's imperfectness acceptance, makes a mistake and face the problems is part of the experience of all human beings and and this is not just happened to "me" [8]. Self-compassion requires balanced event against negative experiences in a way that negative feelings and thoughts would not be exaggerated. We cannot behave with suppressed and unaccepted feelings compassionately because one might merge within negative feelings and would lose all people's perspective.

In return, self-compassionate is having a proper distance from feelings so that they could be experienced and at the same time having conscious view about them [9]. The compassion structure toward itself is also associated with coping styles and emotion regulations. Emotional regulation refers to the processes through which people regulate the intensity and duration of arousal emotions.. Traditionally, emotional-based coping styles are frequently being observed in emotional-preventing way and reaction to problems are mostly in defense mechanism and taking one's attention away from problems rather than direct confrontation. Recently, psychologist has diagnosed that the emotional-based styles could be useful and effective [10].

Researches have shown that there is relationship between positive compatibility and coping strategies with emotional approach in which people have effective efforts for awareness maintaining and understanding their emotional. Self-compassionate could be useful as coping emotion-based approach in many ways. Self-compassion requires awareness and mindfulness about one's emotions, the painful and uncomfortable emotions are not avoided but they have been kept in awareness by being kind and understanding common human emotions, so negative emotion turns to positive and makes more obvious understanding and leads to make an effective decision [11]. That's why self-compassion may be aspect of emotional intelligence, including monitoring one's emotions and skillful use of this information to guide thought and action. Many studies have shown that compassion is powerful predictor for mental health, for example there is negative relationship between self-compassion and depression, anxiety and perfectionism neurotic thoughts; but it has positive relationship with life satisfaction and social interactions and during long time increasing self-compassion will be mental health predictor. It could also be better predictor for self-worth emotion comparing with self-esteem [8].

Tanaka et.al also has shown in their study that young adults who experienced childhood abuse would have less self-compassion [12]. Hager and Rantez have examined relationship between childhood and physical, psychological abuses and physical health concerns reported in adult women in retrospective cross-sectional study. They have also considered the perceived stress and coping approaches and reached similar outcomes. The results showed that childhood physical and psychological abuse was significantly related to health concerns in adulthood. Concentration and avoidance coping problems are not useful as intermediary and in stress and critical situations and person act emotional at presence of stress and crisis and ultimately health problems would increase in person [13]. Donovan has examined coping strategies in survived women who had childhood sexual abuse. This study's results showed meaningful relationship between childhood sexual abuse and avoiding problems and emotional-based responses in critical situations and daily pressures [14]. Walsh, Forthire and Delilwa have shown significant relationship between childhood abuse and using emotion-based coping strategies [15]. Canton has studied 138 ordinary and 138 abused female students and results have shown that those abused participants had higher scores in post-traumatic stress and lower approach against coping with stress. The abused participants also used more emotional inhabitation and avoidance [16]. Statistics and reports in news and media are about domestic violence especially in children [3]. Present researches by Iranian and non-Iranian researchers show the importance of childhood abuse consequences and its' effect in adulthood and marital life so aim of this study was to investigate relationship between childhood abuse and self-compassion with stress-coping strategies among women.

Method

This research is a cross-sectional study. Statistical population included all of married women in Tehran. The sample contains 182 participants who were selected by convenience

sampling method entertainment centers, shopping centers, health centers and cultural centers. Participants must be married, having at least diploma and had been married 3 years. 18 participants were excluded after performance of the study's questionnaires and total of 182 participants have been assessed and evaluated.

In this study, the following tools were used for data collection:

Child Abuse of Self Report Scale (CASRS): This scale has prepared by MohamadKhani et al [17] and has 38 items and range of child abuse behaviors such as sexual abuse, emotional abusenegative home environment, physical abuse and negligence is assessed and evaluated. In this scale 8 questions is about physical abuse, 5 for sexual abuse, 14 for emotional abuse and 11 questions for negligence. Each of the above questions are based on Likert scoring scale in 4 options with words 'never' indicating lack of abuse, 'sometimes', 'often' and 'always' indicating continuous existence of graded abuse. With regards to this fact that this test will evaluate 4 classifications (physical, sexual, emotional abuse and negligence) 4 points is determined for 4 subscales. MohammadKhani [18] achieved 0.92 for Cronbach's alpha index for child abuse self-report scale. This ratio shows that the scale has high internal consistency coefficient. The coefficients for emotional, negligence, physical and sexual subscales were from 0.89 to 0.79 and also all the calculated coefficients in $p < 0.0001$ level were significant.

Self-Compassion Scale (SCS): Self-compassion scale (has prepared by Neff in 2003) is used to measure self-compassion structure which is consisted of 26 items and is scored from 1 (almost never) to 5 (almost always). This scale has 6 items which are: self-kindness (5 items), self-judgment (5 items), human common features (4 items), isolation (4 items), mindfulness (4 items) and excessive assimilation (4 items). The mean score of each item will add together and the result is total score for self-compassion. The self-

judgment, isolation and excessive assimilation are the negative subscales which being scored inverse. In Neff's [9] study supportive element's analysis is performed on this scale and one element was found in high levels which indicated the correlation of these six indexes. Various researches explained that this implement has concurrent, convergent and diagnostic validity and also has excellent test-retest reliability [8, 9]. In the first version of this study, Cronbach's alpha coefficient is reported 0.92 by Neff. In Iran, achieved correlation coefficient of this scale and Rosenberg self-esteem was 0.85 [19]. Anjedani reported this scale's Cronbach's alpha 0.90 [20]. Cronbach's alpha coefficient in this study was 0.83. The Cronbach's alpha coefficient of the following subscales is self-kindness 0.79, self-judgment 0.78, human common features 0.76, isolation 0.77, mindfulness 0.79 and excessive assimilation 0.80.

Blings's and Moos Coping Strategies with Stress Scale: This scale was provided by Bling and Moos [21]. Its theoretical structure is based on Lazarus and Folkman classification and definition about coping strategies including 32

questions and are being scored in Lickert four-point scale (0-3). In the scoring method for stress questionnaire the participants identified the using rate of coping based on a classified scale that include (never), (sometimes), (often) and (always) by putting marked with crosshairs and got a score between 1 to 4 on the basis of selection. Hossein Gadamgahi [22] reported reliability of 0.79 by retest for total score and reliability between 0.65 to 0.90 for the subscales by interference and possession, retranslating and regulating of this form. Pearson and Correlational coefficient and multiple regressions were used to analyze data analyzing with SPSS 19.

Results

The highest frequency percentage was related to the groups with 31 to 40 years old participants (52.7%). Based on the education level of the studied participants, the greatest prevalence related to the BA level (37.9%) and the least prevalence related to Associate Degree (15.9%). The samples' demographic data is shown in Table 1 in details.

Table 1 Demographic characteristics of study sample (N= 182)

Group	Levels	Frequency	Percentage
Education	Diploma	40	22%
	Associate degree	29	15.9%
	Bachelor degree	69	37.9%
	Master of science	44	24.2%
	Total	182	100%
Age	20-30	50	27.5%
	31-40	96	52.7%
	41-50	36	19.8%
	Total	182	100%

As it is shown in Table 2, mean (standard deviation) and achieved scores in variables are as follows; abuse 66.23 (19.61), self-compassion (84.76) 13.75 and coping strategies with stress (42.54) 12.17. With regards to the results in the mentioned table, emotional abuse with mean of 23.54 has the highest and physical abuse with mean of 7.87 is the least reported item.

It could be seen in Table 2 that there is significant negative relationship between abuse total score and self-compassion total score ($p < 0.001$ and $r =$

0.47), and also negative relationship between sexual and physical abuse subscale and self-judgment, isolation and excessive assimilation. The emotional abuse subscales has negative relationship with self-judgment, isolation, mindfulness and excessive assimilation subscales; negligence subscale also has significant negative relation with each six subscale of self-compassion. Results showed that there is no meaningful relation between abuse total score and stress coping methods'

Table 2 Correlation matrix of abuse with self-compassion and coping strategies with stress in women (n=182)

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Total abuse	1	.759**	.640**	.884**	.793**	-.473**	-.076	-.400**	-.150*	-.447**	-.194**	-.539**	.091	-.313**	.154*	-.590**	.547**	.008
2. Sexual Abuse		1	.800**	.482**	.396**	-.242**	.062	-.309**	-.038	-.264**	-.036	-.352**	.178*	-.128	.180*	-.305**	.455**	.159*
3. Physical abuse			1	.415**	.188*	-.240**	.047	-.347**	-.068	-.240**	-.013	-.291**	.193**	-.091	.196**	-.328**	.419**	.063
4. Emotional abuse				1	.646**	-.451**	-.056	-.386**	-.109	-.476**	-.149*	-.542**	-.005	-.322**	.076	-.563**	.407**	-.053
5. Neglect					1	-.463**	-.212**	-.229**	-.209**	-.353**	-.318**	-.440**	.043	-.320**	.119	-.549**	.476**	-.057
6. Self-compassion						1	.671**	.529**	.478**	.698**	.639**	.722**	-.051	.563**	-.221**	.569**	-.487**	.010
7. Self-Kindness							1	-.106	.625**	.084	.776**	.125	.141	.441**	-.038	.353**	-.151*	-.005
8. Self-Judgment								1	-.278**	.740**	-.136	.699**	-.175*	.197**	-.274**	.230**	-.389**	-.054
9. Common humanity									1	-.069	.638**	-.038	.103	.358**	.073	.373**	-.151*	.075
10. Isolation										1	.051	.803**	-.194**	.345**	-.365**	.434**	-.492**	.001
11. Mindfulness											1	.104	.155*	.479**	.073	.354**	-.093	.083
12. Over-identified												1	-.232**	.304**	-.300**	.423**	-.575**	-.057
13. Coping strategies with stress													1	.529**	.837**	.338**	.630**	.392**
14. Subscales of problem-solving														1	.318**	.609**	-.011	.334**
15. Assessment of cognitive subscale															1	.122	.599**	.203**
16. Subscales of social support																1	-.347**	.318**
17. Subscales of emotional containment																	1	.113
18. Subscales of physical containment																		1
Mean	66.23	12.54	7.87	23.54	22.37	84.76	17.32	15.65	12.99	12.39	13.98	12.49	42.54	4.76	13.97	9.77	7.42	6.23
Std. Deviation	19.61	4.81	3.70	8.34	7.78	13.75	4.48	4.25	3.02	3.38	3.51	3.49	12.17	1.86	5.15	3.76	6.20	2.84

**p<0.01, *p<0.05

total score ($p>0.05$ and $r=0.09$). There also has positive relation between sexual abuse and cognitive assessment, emotional and physical inhibition subscales; and negative relation with social support subscale. Physical abuse has positive relation with cognitive assessment and

emotional inhibition and negative relation with social support attaining. There is a significant positive relationship between emotional abuse and neglect as well as the subscales of problem-solving and social support and negative relationship with emotional inhibition.

Table 3 Regression coefficients for prediction of self-compassion and coping strategies with stress of women ($n=182$)

Model	Unstandardized coefficients		Standardized coefficients	R	R ²	F	T	Sig.	
	B	Std. Error	Beta						
1	Emotional abuse	0.55	0.33	-0.19	0.52	0.27	16.55	1.64	0.10
	Physical abuse	-0.88	0.42	-0.23				-2.10	0.03
	Sexual abuse	-0.35	0.15	-0.21				-2.35	0.01
	Neglect	-0.62	0.15	0.35				3.97	0.001
2	Emotional abuse	0.19	0.23	0.07	0.23	0.05	2.59	0.56	0.57
	Physical abuse	0.62	0.42	0.19				1.47	0.14
	Sexual abuse	-0.26	0.15	-0.21				-1.98	0.04
	Neglect	0.15	0.15	0.09				0.93	0.34

Table 3's results show that physical abuse ($p=0.03$), emotional abuse ($p=0.01$) and negligence ($p=0.001$) subscales can predict self-compassion and only sexual abuse subscale ($p>0.05$) and cannot predict self-compassion. Also negligence subscale with regards to the Beta amount (equal -0.356) has the greatest portion in explaining of the self-compassion. The above table's results indicate that none of the abuse subscales could predict coping strategies with stress.

Discussion

This study's investigated relationship between childhood abuse and self-compassion with stress-coping strategies among women. Its results indicated that abuse's extent and severity in childhood could affect adulthood life and individual's interactions with surrounding environment. Regarding to this study's results, most of the abuses in families are related to the psychological abuse and also negligence. Also calculated correlation coefficients show significant negative relationship between abuse and self-compassion. This means those who experienced more abuse in their childhood would have less self-compassion in their adulthood. Calculated correlation coefficients in sexual and physical abuse

subscales indicated negative relationship with self-judgment, isolation and excessive assimilation subscales. That's mean as much individual experienced sexual harassment and physical abuse in childhood may have harsh self-judgment towards oneself about some aspects of personality which are not being liked by oneself at life's difficult and painful situations. In critical situations these people do not treat themselves gently and talk themselves in method that does not have supportive tone emotionally. They blame and assault themselves because of their imperfections instead of self-supporting and do not show warm acceptance and unconditional toward themselves. They also feel isolation and separation while they think about their personality imperfection so they feel their imperfection is error which other people do not have any partake. Sexually and physically abused people are not tend to have obsessive ruminating and concentrating on their negative thoughts and feeling so that they do not have required mental space for self-compassion [7,8].

There is significant negative relationship between calculated correlation coefficient in emotional and negligence subscales and self-judgment, human common features, isolation,

mindfulness and excessive assimilation subscales according to the present research's results. With regards to these findings more emotional abuse leads less self-compassion in adulthood and in presence of daily difficulties. Those who experienced negligence in their childhood would have criticizing manner for their imperfection in adulthood. Denying and fighting the fact of inevitable failure, pain and suffering of these people in life will increase stress, anxiety and self-criticism and self-compassion. They wallow in their problems and forget that others may have the same issues as well [8]. According to the Tanaka et al's results, intense emotional abuse in childhood, emotional neglect and also physical abuse were associated with less self-compassion which is consistent with the present study's results [12]. Vaths et al's study examined self-compassion and relationship between childhood abuse and emotional regulation in young adults in facing problems which is consistent with the present study [23]. Neff and McGey's research which examined the criticized and worrisome maternal relationship and stressful family relations with self-compassion in young adults is consistent with the present study [10]. Following there is no significant relationship between total score of abuse and coping strategies with stress but there is significant relationship between studied subscales. With regards to the achieved results, there is significant negative relationship between sexual abuse subscale and problem solving and attaining social support subscales. This indicates that if person has been confronted with sexual abuse in childhood, that individual would not be able to encounter daily problems in problem-oriented method or get help from others. Conversely, those who have not been sexually abused in childhood, they would deal with the pressures and criticism situations perfectly problem-oriented in adulthood and they do not fear for attaining social support. In fact those who have experienced sexual abuse are more likely to avoid daily problems [15]. Also there is significant positive relationship between sexual abuse and cognitive assessment,

physical and emotional inhibition; this implies that those who have experienced sexual abuse in their childhood would have more emotional responses about the daily problems in comparison with individuals without sexual abuse experience. They also have negative evaluation against difficulties. They will tolerate more stress against pressures and critical situations and sickness likelihood will increase among them. And achieved results, there is significant negative relationship between sexual abuse subscale and problem solving and attaining social support subscales and significant positive relationship between cognitive assessment and emotional inhibition. The only significant relation is between physical abuse and physical inhibition. The calculated correlation coefficient on emotional abuse subscales has a significant negative relation with problem solving and social support subscales and significant and positive relationship with cognitive assessment and emotional control subscales. No relationship was observed between emotional abuse and physical control. Also neglect subscale has negative relation with problem solving and social support attaining subscales and significant positive relationship with cognitive assessment and emotional control subscales. It shows that those who had experienced negligence in their childhood are not able to deal with daily problems problem-oriented in adulthood. They deal with their problems emotional-oriented and also they do not have correct evaluations about their difficulties. The results obtained in this study are consistent with the results of Donovan's research that was examined stress coping strategies in female survivors of childhood sexual abuse [14]. The results in this study are consistent with the results of Walsh et al in investigation of theoretical and experimental and stress coping strategies in adults with childhood abuse experience [15]. The results showed that physical and psychological abuse of children was significantly associated with e physical health concerns. Concentration problems and avoidance coping are not good

as mediator and in stress situations, and emotion-focused coping and health problems ultimately would be increased. Present findings' prediction showed that physical, emotional abuse and neglect subscales can predict self-compassion and sexual abuse and neglect can predict stress coping strategies but physical and emotional abuse subscales cannot predict it. The present findings are consistent with Lichtenburg et al who have performed study in which they examined women with childhood abuse and their strategies for coping with stressful events [24]. Vissa et al's study about emotional disorders' role in childhood abuse and post-traumatic stress disorder's possibility is also consistent with the present study's results [25].

Conclusion

The results show that high levels of emotional and physical abuse in childhood leads to use emotion-base and avoidance coping strategies excessively. Maladaptive coping with emotional problems was predicted in these young adults. The overall conclusion of this study and achieved results and studying similar researches show that most of the families use mental, emotional abuse and negligence Lever against their children and this behavior has special role in child's future and individual's adulthood. There are different steps in researching and every study would face with difficulties and limitations, expressing these limitations will help other studies in similar fields. The present study's limitations are participants doubt about responses confidentiality, satisfying difficulties and collecting the questionnaire. It is necessary to have samples in this study for comparing in different countries if there were not time and financial limitations and also process complexity. In order to have more accurate, useful and generalized results it is suggested to have researches on two groups of abused and non-abused people. It is hoped to have healthier and more dynamic society in near future behind our parents' awareness.

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Data collection and analysis: MR, NS

Manuscript preparation: MR, MA

Conflict of Interest

"The author declares that they have no competing interests."

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References

- 1- Sarokhani b. Family sociology. Third edition. Tehran: Soroush press; 2000.
 - 2- Ezazi S. Family sociology, with emphasis on the role, structure and function of the family in contemporary times. Tehran: Women's studies and publications intellectuals. 1997.
 - 3- Raheb G, Eghlima M, Kamrody A, Kafshgar M. The psychological effect of - social, child abuse and the role of police in preventing. *Journal Management System*2009; 1(2): 81-106.
 - 4- Rashidi Far N, Baraheni MN, Elahi A. Demographic factors and personality characteristics of child abuse and neglect in a group of adolescents Ahar. *Journal of Andishe & Raftar*1998; 3(4): 67-75.
 - 5- Ebrahimi Ghavam S. Characteristics of psychological, behavioral, social, and sexual abuse. [victims] paper presented at the conference of Iranian children and adolescents; 1997.
 - 6- Ohadi B. Human sexuality. Eighth Edition. Sadegh Hedayat publishing; 2006. pp: 285-6.
 - 7- Neff KD. Self-compassion: an alternative conceptualization of a healthy attitude toward oneself. *Journal Self and Identity*2003; 2(2): 85-101.
 - 8- Neff KD, Rude SS, Kirkpatrick KL. An examination of self-compassion in relation to positive psychological functioning and personality traits. *J Res Pers*2007; 41(4): 908-16.
 - 9- Neff KD. Development and validation of a scale to measure self-compassion. *Self Identity*2003; (2): 223-250.
 - 10- Neff KD, McGeehee P. Self-compassion and psychological resilience among adolescents and young adults. *Self Identity*2010; 9(3): 225-240.
-

- 11- Neff KD. Self-compassion, self-esteem, and well-being. *Soc Personal Psychol Compass*2011; 1(5): 1-12.
- 12- Tanaka M, Wekerle C, Lou Schmuck ML, Paglia-Boak A. The linkages among childhood maltreatment, adolescent mental health, and self-compassion in child welfare adolescents. *Child Abuse & Negl*2011; 35(10): 887-98.
- 13- Hager AD, Runtz MH. Physical and psychological maltreatment in childhood and later health problems in women: An exploratory investigation of the roles of perceived stress and coping strategies. *Child Abuse & Negl*2012; 36(5): 393-403.
- 14- Donovan PD. The impact of childhood sexual abuse on coping strategies and relationship satisfaction. The Florida State University; 2009. Available at URL: <http://search.proquest.com/docview/304881927.70/09>, Mar 2010
- 15- Walsh K, Fortier MA, Dilillo D. Adult coping with childhood sexual abuse: A theoretical and empirical review. *Aggress Violent Behav*2010; 15(1): 1-13.
- 16- Cantón-Cortes D, Canton J. Coping with child sexual abuse among college students and post-traumatic stress disorder: The role of continuity of abuse and relationship with the perpetrator. *Child Abuse & Negl*2010; 34(7): 496-506.
- 17- Mohamadkhani P, Delaware A, Mohammadi MR. Quality of life and general health of the parents of abused children. *Journal of Andishe & Raftar*2001; 3: 37-47.
- 18- Mohamadkhani P, Mohammadi MR, Nazari MA, et al. Preparation, reliability and validity of child abuse self-reported scale (CASRS) in Iranian students. *International Journal of the Islamic Republic of Iran*2003; 17(1) :51-58.
- 19- Ghorbani N, Watson PJ, Chen Z, Norbala F. Self-compassion in Iranian Muslims: Relationships with Integrative Self-Knowledge, Mental Health, and Religious Orientation. *Int J Psychol Relig*2012; 2(22): 106-18.
- 20- Anjedani E. Moderating role of self-compassion, self-cohesion, self-esteem and awareness of the negative emotions associated with the experience of unpleasant events. [dissertation]. Tehran: Tehran University 2010; pp: 165.
- 21- Billings AG, Moos RH. The role of coping responses and social resources in attenuating the stress of life events. *J Behav Med*1981; 4(2): 139-57.
- 22- Hosseini ghadamgahi J. Quality of social relationships and coping with stress in patients with coronary heart disease. [Thesis]. Tehran: Institute of Psychiatry 1997.
- 23- Vettese LC, Dyer CE, Li WL, Vekerle C. Does self-compassion mitigate the association between childhood maltreatment and later emotion regulation difficulties? A preliminary investigation. *Int J Ment Health Addiction*2011; 9: 480.
- 24- Leitenberg H, Gibson LE, Novy PL. Individual differences among undergraduate women in methods of coping with stressful events: The impact of cumulative childhood stressors and abuse. *Child Abuse & Neglect*2004; 28(2): 181-92.
- 25- Weissa NH, Tull MT, Lavender J, Gratz KL. Role of emotion dysregulation in the relationship between childhood abuse and probable PTSD in a sample of substance abusers. *Child Abuse & Negl*2013; 37(11): 944- 54.