RESEARCH

COGNITIVE EMOTION REGULATION STRATEGIES IN WOMEN ABUSE

ESTRATEGIAS COGNITIVAS DE REGULACIÓN EMOCIONAL EN MUJERES EN SITUACIÓN DE MALTRATO

ESTRATÉGIAS COGNITIVAS DE REGULAÇÃO EMOCIONAL EM MULHERES EM SITUAÇÃO DE MALTRATO

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ABSTRACT: Emotional regulation through cognitions is directly linked to human life and help people to maintain control on their emotions, both during and after experimenting an stressful event. Exposition to gender violence cause serious health problems related to stress that need the activation of cognitive and behavioral processes to cope with it. WHO-World Health Organization states that women in maltreatment situation have limitations on self-autonomy (autonomy and independent behavior). For this reason, self-regulation, understood as a mechanic of self-management through cognitions, emotions, mood, impulsive control and executive task may be affected. The main objective of this research is, to know the impact that gender-based violence may result in the use of cognitive emotion regulation strategies. It was an observational cross-over design of two non-equivalent women's groups/samples. A total of 116 women completed adapted versions to Spanish of "Cognitive Emotion Regulation Questionnaire (CERQ)". Of these, 51 were in a situation of abuse. Results show that the greatest differences between being affected or not by abuse reside in "Rumination", "Acceptance", "Catastrophizing and blaming others". These findings contribute to the empirical evidence in the field of gender-based violence and provide key elements for intervention.

RESUMEN: La regulación emocional a través de las cogniciones está inherentemente asociada a la vida humana y ayuda a las personas a mantener el control sobre sus emociones, tanto durante como después de experimentar un suceso estresante. La exposición a la violencia de género provoca serios problemas de salud relacionados con cambios psicológicos vinculados al estrés que requieren activar procesos cognitivos y conductuales para su afrontamiento. La OMS señala que las mujeres en situación de maltrato a menudo tienen limitaciones en su comportamiento autónomo e independiente. Ante la situación planteada, la autorregulación entendida como el mecanismo por el que las personas se gobiernan a sí mismas a través de los pensamientos, las emociones, el estado de ánimo, el control de impulsos y la ejecución de tareas puede verse afectada. El objetivo de este estudio ha sido conocer el efecto que el maltrato contra la mujer puede ocasionar en el uso de estrategias cognitivas de regulación emocional. Se realizó un diseño observacional de carácter tras-

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versal en dos grupos de mujeres no equivalentes. Un total de 116 mujeres cumplimentaron la versión española abreviada del *"Cognitive Emotion Regulation Questionnaire (CERQ)"*. De éstas, 51 manifestaron su situación de maltrato. Los resultados encontrados muestran que las mayores diferencias entre estar afectada o no por maltrato residen en las estrategias de "Rumiar", "Aceptar", "Catastrofizar" y "Culpabilizar a otras personas". Estos hallazgos podrían contribuir a la evidencia empírica en el ámbito de la violencia contra la mujer y aportar claves para la intervención psicosocioeducativa.

RESUMO: A regulação emocional através das cognições está inerentemente associada com a vida humana e ajuda as pessoas para que mantenham o controle sobre suas emoções, tanto durante como depois de experimentar um acontecimento estressante. A exposição à violência de gênero provoca vários problemas de saúde relacionados com as mudanças psicológicas vinculadas ao *stress* que requerem ativar processos cognitivos e comportamentais para o seu afrontamento. A OMS assinala que mulheres em situação de maltrato frequentemente apresentam limitações em seu comportamento autônomo e independente. Diante da situação exposta, a autorregulação, entendida como mecanismo pelo qual as pessoas governam a si mesmas através dos pensamentos, das emoções, do estado de ânimo, do controle de impulsos e da execução de tarefas, pode tornar-se afetada.

O objetivo deste estudo foi conhecer o efeito que o maltrato contra a mulher pode ocasionar no uso de estratégias cognitivas de regulação emocional. Realizou-se um desenho observacional de caráter transversal em dois grupos de mulheres não equivalentes. Um total de 116 mulheres respondeu a versão espanhola abreviada do *"Cognitive Emotion Regulation Questionnaire (CERQ)"*. Dessas, 51 manifestaram situação de maltrato. Os resultados encontrados mostram que as maiores diferenças entre estar ou não afetada por maltrato residem nas estratégias de "Ruminar", "Aceitar", "Catastrofisar" e "Culpar outras pessoas". Estes resultados poderiam contribuir para uma evidência empírica no âmbito da violência contra a mulher e proporcionar chaves para a intervenção psicoeducativa.

1. Introduction

According to the Beijing Declaration made on the occasion of the IV World Women's Conference organized in China in 1995, violence against women is a gender-based violence consisting in violent behavior performed merely for the fact of being a woman:"*Any act of gender violence resulting in physical, sexual or psychological damage, including marital rape, threats, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. This includes mistreatment or child abuse within families, sexual harassment in work or educational environment, as well as trafficking women and forced prostitution, and any violence perpetrated or tolerated by governments*" (Emakunde, 1998, p.12).

On this basis, signs of gender-based violence can be found in many areas of public life, since violence against women is not only a private problem but also a social issue expressed in complex and various ways (Aguilar, Alonso, Alcatud and Molina, 2009, Padrós and Aubert, 2010). Besides partner relationships, gender violence also reaches sexual harassment, trafficking women, forced prostitution, female genital mutilation and any kind of violence perpetrated or consented by governments, as well as child abuse committed by family members, among others (ONU, 2011).

That being said, our main point is gender-based violence perpetrated within partner relations, such as courtship, marriage, common-law partners and former partners. It is not only focused on domestic setting, but it is also displayed in threats after temporal or permanent separations, being murder the worst case.

Relating to this problem, it is remarkable that a significant number of victims of gender violence choose to return to their abusive partner after medical or legal aid. For these reasons, further study is needed to determine whether their decisions are autonomous or conditioned by submission and dependence at emotional, economic or familiar level among others. Cognitive coping skills play an essential role in the achievement of a greater personal autonomy. Further research on this topic will enable us to understand how they function and subsequently how to plan an appropriate intervention.

Gender-based violence within partner or former partner relationships can be classified in psychological, physical or sexual abuse, often happening simultaneously (Hirigoyen, 2006; Weinehall and Jonsson, 2009). This kind of violence presents recurrence, intensification and continuity in time, as well as power asymmetry at the expense of women (Alberdi and Matas, 2002; Corsi, 1995, 2003; Lorente, 2001; Hirigoyen, 2006; Gil and Lloret, 2007; Dobash and Dobash, 1997).

Psychological and sexual abuse are usually considered as harmful as physical abuse (Blázquez, Moreno and García-Baamonde, 2010; Cooper, Anaf and Bowden, 2006). WHO-World Health Organization states that a battered woman is twice as likely to suffer from mental and physical health problems as a woman who

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does not suffer this kind of situations. Abuse provokes serious health problems related to psychological changes linked to stress (Dutton, 1992). Researches claim that, in extreme cases, there is a close connection between post-traumatic stress disorder and cognitive dysfunctional schemas linked to mistreatment, vulnerability to damage, imperfection, blame, attachment, neglect and dependence (Calvete, Estévez and Corral, 2007). Likewise, battered women also present autonomous behavioral limitations, substance use and the loss of fertility control (WHO, 2010). Outlined this situation, self-regulation, understood as a mechanism of self-management through thoughts, emotions, mood, impulse control and execution of tasks (Baumeister and Alquist, 2009) may be affected. Although the capacity to regulate emotions through cognitions is universal, there are individual differences (Garnefski and Kraaij, 2007; Larsen and Prizmic, 2004), being some of them more adaptive than the rest (Sumida, 2010; Ray, Gross and Wilhmen, 2008, Ray, Ochsner, Cooper et al, 2005; Garnesfki, van den Kommer, Kraaij et al, 2002).

Emotional regulation can be learnt (Gross, 2008; Baumeister, Vohs and Tice, 2007) and controlling the influence of thoughts or the executive functions of the self (Baumesiter, 1998, 1999; Masicampo and Baumeister, 2007) are both decisive for reaching a healthy emotional regulation. In this regard, findings demonstrated that emotional regulation through cognitions is directly linked to human life and help people to maintain control on their emotions, both during and after experimenting a stressful event (Troy, Sallcross, Mauss y Wilhelm, 2010).

This study seeks to compare the use of cognitive emotion regulation strategies used by two different groups: battered and non-battered women.

Deriving from this, the guiding hypotheses of this research are: (1) unadaptive cognitive emotion regulation strategies are more frequently used by the group formed by battered women (GB). (2) Adaptive cognitive emotion regulation strategies are more frequently used by the group formed by non-battered women (GNB).

2. Procedure

This study is an observational cross-over design of two groups of women that are non-equivalent in relation to a variable of selection: gender-based violence. Both groups are comparable with regard to number of participants, age and origin.

Sample

A total of 116 women residing in Cantabria (Spain) participated in this study. The group of battered women, hereinafter denominated GBW, reached the 43.9% (51 women), while the group of non-battered

women, hereinafter denominated GNBW, was formed by the rest (65 women).

Both groups did not differ significantly regarding age (M_{GE}= 42.0, SD_{GE}= 13.0; M_{GNE}= 45.5, SD_{GNE}= 13.7; $t_{(114)}$= 1.38, p=.170), educational level (x^2= 3.94, p=.558) or number of dependent children (t $_{(114)}$= 1.49, p=.139). However, significant differences were pointed out in relation to sociodemographic variables such as marital status ($x^2_{(6)}$= 52.09, p<.001) and psychotherapeutic intervention ($x^2_{(1)}$= 31.49, p<.001). In this regard, two out of three battered women were divorced or in legal proceedings for separation or divorce (64.7%) while only one out of twenty were in these situations in the GNB (6.1%). On the other hand, eight out of ten women from the GBW (80.4%) stated to be attending some kind of psychotherapeutic intervention when only one out of four from the GNBW did (26.2%).

Enrollment of participants for the GBW was obtained via the placement and assistance system for gender-based violence victims of General Directorate for Women in Government of Cantabria (Spain); each participant was included in psychological treatment or legal assistance procedures. On the other hand, many women enrolled in social women associations in Cantabria, thus, belonging to the same social and cultural context as the GBW, were contacted in order to build the GNBW. Every participant was informed of the targets of the study and the interview, requiring women over 18 years old.

Once agreed their involvement, a researcher trained in assistance to battered women conducted an interview, in which the questionnaire was filled. Women from GBW were treated individually and confidentially; in the GNBW the interview was conducted collectively and each woman answered the questionnaire individually.

In every case, Research Ethics Committee authorized the procedure and during its development the duties of confidentially, voluntary participation and informed consent were fully respected.

Measuring instrument

The CERQ (*Cognitive Emotion Regulation Questionnaire*; Garnefski and Kraaij, 2006) enables to evaluate what a person cognitively appreciates after a stressful incident. This instrument, in its abridged version, includes eighteen items with Likert response format, being 1 'hardly ever' and 5 'almost always'. This is a self-report questionnaire, easy to manage, which takes only four minutes to complete and can be used either with general or clinical population. In both cases, the minimum age required is twelve years old. The original scale (Garnefski, Kraaij and Spinhoven, 2002) consists of thirty six items with nine subscales of four items each. The abridged version consists of nine subscales with two items each, this time. This nine dimensions have

Table 1. Sociodemographic characteristics					
	Total (n=116)	Exposed group(n=51)	Unexposed group(n=65)	Contrast test	p
Age – Average (Desv. Standard)	43.96(13.5)	42.01 (13.02)	45.49 (13.7)	$t_{(114)}$= 1.38	.170
Origin n (%)					
Cantabria	60	21 (41.2)	39 (60.0)	X^2= 5.1	.079
Other regions	24	11 (21.6)	13 (20.0)		
Outside Spain	32	19 (37.3)	13 (20.0)		
Marital status					
Married	43	6 (11.8)	37 (56.9)	X^2 = 52.9	.000
Divorced	11	10 (19.6)	1 (1.5)		
Separated	12	9 (17.6)	3 (4.6)		
In legal proceedings regarding divorce	14	14 (27.5)	0 (0)		
Single	23	8 (15.7)	15 (23.1)		
Cohabitant	5	0 (0.0)	5 (7.7)		
Widow	8	4 (7.8)	4 (6.2)		
Educational level					
No schooling	12	7 (13.7)	5 (7.7)	X^2 = 3.9	.558
Primary studies	46	21 (41.2)	25 (38.5)		
Secondary studies.	18	18 (15.7)	10 (15.4)		
Professional training	20	20 (17.2)	13 (20)		
University studies	11	11 (9.5)	5 (7.7)		
Higher university studies	9	2 (7.8)	7 (10.8)		
Employment situation					
Freelance	11	1 (2)	10 (15.4)	X^2 = 39.1	.000
Civil servant	6	2 (3.9)	4 (6.2)		
Indefinite contract	14	5 (9.8)	9 (13.8)		
Temporary contract	10	7 (13.7)	3 (4.6)		
Household employee	15	5 (9.8)	10 (15.4)		
Unemployment (no subsidy)	14	10 (19.6)	4 (6.2)		
Unemployment (subsidy)	6	6 (1.8)	0 (0.0)		
Pensioner	13	3 (5.9)	10 (15.4)		
Pensioner (Disability)	2	2 (3.9)	0 (0.0)		
Student	2	1 (2.0)	1 (1.5)		
Housekeeper	19	5 (9.8)	14 (21.5)		
Number of dependent children					
0	55	18 (35.3)	37 (56.9)	X^2 = 7.7	.050
1	34	21 (41.2)	13 (20)		
2	22	9 (17.6)	13 (20)		
3 or more	5	3 (5.9)	2 (3.1)		
Psychotherapeutic intervention					
Yes	58	41 (80.4)	17(26.2)	X^2 = 31.5	.000
No	58	10 (19.6)	48 (73.8)		

X^2: chi-square test;   t: Student's t-test. (mean difference); p: probability value

been classified as *adaptive* (*Acceptance, Focus on the positive side, Positive appreciation, Adopting perspective* and *Concentration on a plan*) and/or unadaptive (*Rumination, Catastrophizing* and *Blaming themselves or others*). In general, the internal consistency for all dimensions has offered Cronbach's alpha values between .60 and .83 in different studies (Garnefski and Kraaij, 2006; Cakmak and Cevik, 2010; Domingo-Sánchez, Lasa-Aristu, Amor and Holgado-Tello, 2013).

Before the field survey, the CERQ abridged version was adapted to Spanish through a translation procedure (Behling and McFillen, 2000) with the permission of its authors (Nadia Garnefski and Vivian Kraaij). In a first phase, the main researcher translated the original version from English into Spanish. Two evaluators assessed conceptual equivalence and clarity of the wordings in every item. In a second phase, a native English speaker, outside the scope of psychology and education, translated this new version from Spanish into English. A third phase compared both English versions to assess their conceptual and content equivalence, as well as their syntax and technical accordance.

In this final phase, the authors of the original instrument took part making suggestions and, by consensus of the translation team, some items were re-worded to achieve a final version in Spanish made of 18 items. After analyzing its psychometric functioning with a model sample of seventeen participants, different from the study sample, the final version used for this study was conformed.

3. Outcome

Descriptive analysis and reliability

Table 2 shows descriptive data from the CERQ adaptation into Spanish. The average value is 2.99, reaching the half way point between 1 and 5. Measurements with a higher average, and therefore more frequently used, are *positive appreciation*; secondarily, *concentration on a plan* and *rumination*. Dimensions less used are *blaming themselves* and *blaming others*.

Analysis of internal consistency from each of the nine subscales in the CERQ was adequate with values over .79. It even surpassed .90 in many cases, as happened in *catastrophizing* (= .95), *blaming others* (= .93) and *acceptance* (=.91). In general terms, descriptive values display admissible asymmetry values, proper internal consistency values and a strong contribution from each item to the scale as a whole.

Table 2. Statistical descriptions of CERQ ítems									
Item	Subscales	1	2	3	4	5	Average	DE	AlphaSubscales
1	Blaming themselves	36.2	39.7	4.3	12.9	6.9	2.14	1.23	.81
2		41.4	36.2	13.8	3.4	5.2	1.94	1.07	
3	Acceptance	12.9	32.8	10.3	18.1	25.9	3.11	1.43	.91
4		9.5	25.0	16.4	21.6	27.6	3.32	1.36	
5	Rumination	0.9	26.7	11.2	31.0	30.2	3.62	1.19	.79
6		12.9	25.0	14.7	20.7	26.7	3.23	1.41	
7	Focus on the positive side	14.7	26.7	19.0	20.7	19.0	3.02	1.35	.82
8		20.7	35.3	13.8	17.2	12.9	2.66	1.33	
9	Concentration on a plan	12.9	16.4	14.7	25.0	31.0	3.44	1.41	.81
10		6.0	23.3	15.5	27.6	27.6	3.47	1.28	
11	Positive appreciation	6.9	14.7	12.1	23.3	43.1	3.81	1.31	.81
12		7.8	12.1	8.6	27.6	44.0	3.87	1.30	
13	Adopting perspective	26.7	31.9	11.2	19.0	11.2	2.56	1.35	.79
14		12.9	26.7	17.2	17.2	25.9	3.16	1.40	
15	Catastrophizing	24.1	25.0	10.3	16.4	24.1	2.91	1.53	.95
16		22.4	28.4	10.3	19.0	19.8	2.85	1.47	
17	Blaming others	37.1	32.8	3.4	9.5	17.2	2.37	1.48	.93
18		37.1	31.9	3.4	12.1	15.5	2.37	1.47	
Total							2.99	0.60	

DE: Desviación Estándar

Discriminant validity

At last, Table 3 analyses differences between the GBW and the GNBW. Five of the possible dimensions have been statistically significant. With regard to this, *rumination* (M= 3.72), *acceptance* (M= 3.53), *catastrophizing* (M= 3.36) and *blaming others* (M= 3.09) have been more frequently used in the GBW. Nonetheless, the GNBW tends to use *adopting perspective* (M= 3.27) more frequently than the GBW does. Cohen's d reached values in those dimensions with statistical importance present mean values (*acceptance, rumination* and *catastrophizing; d> .30*) and in high values (*adopting perspective* and *blaming others; d> .80*) in the effect size.

4. Discussion

In a broader context, which is to provide an insight of self-control and ways for battered women to deal with their life, the abridged version of the CERQ (*Cognitive Emotion Regulation Questionnaire*) by Garnefski and Kraaij (2006) was used, so its translation into Spanish and psychometric study were required. Its ability to distinguish different responses to violent incidents between battered and non-battered women has been an addressed target in this study. The outcome shows an accurate functioning of this instrument, both in its reliability values (Garnefski and Kraaij, 2006; 2007; Domínguez-Sánchez et al, 2013) and in its discriminatory capacity.

Spanish CERQ abridged version has proven to be a reliable instrument to measure cognitive emotion regulation strategies in women. Internal consistency of the nine subscales is good overall, even better than the ones obtained in other CERQ adaptations (Cakmak and Cevik, 2010; Domínguez-Sánchez et al, 2013;

Perte and Miclea, 2011). The coefficients of Cronbach obtained reached and surpassed .80; even the dimensions of *acceptance* and *blaming themselves*, that scored low coefficients in other Spanish versions (.64 and .61), reached respectively .91 and .81 in our study.

In relation with the ability of the CERQ to distinguish coping strategies for confronting violent experiences in groups of battered and no-nattered women, the findings indicate that battered women use a cognitive emotional pattern of coping strategies. Victims of gender-based violence tend to use more frequently strategies considered negative, such as *rumination, catastrophizing* or *blaming others*, as well as other adaptive strategies, for instance, *acceptance*.

We will hereafter discuss findings in detail. Regarding unadaptive strategies, *rumination* focus on pessimistic thoughts that emphasize negativity experienced in violent episodes (Garnefskiet al, 2002). Nolen-Hoeksema and Corte (1994) define it as the tendency to focus on distress symptoms and to think about its causes and consequences in a passive, repetitive way. This kind of strategy prevents from resolving conflicts actively (Baumeister, Heatherton and Tice, 1994). People who *ruminate* present a lack of control over their intrusive thoughts (Ray, Gross and Wilhmen, 2008). Furthermore, emphasizing negative thoughts empowers the experienced fear, which may lead to post-traumatic stress disorder (Waldropy Resick, 2004; Walker, 1991). Finally, blaming other people for these situations is a different type of distress that contributes to victimization instead of fear and shame (Lobmann, Greve, Wetzels and Bosold, 2003). Victimization consists of finding another person responsible for what happened (Baumeister, Heatherton and Tice, 1994) and is a strategy closely related to the fact that participants of this study have made the decision of rising up against gender-based violence.

Table 3. Emotional regulation subscales (CERQ) in battered women (GBW) or non-battered women (GNBW) (Comparison of averages and effect size)

Ítem	GNBW (n= 65)		GBW (n=51)		Contrast test			d Cohen
	Average	D.E.	Average	D.E.	T	g.l.	p	
Blaming themselves	2.06	.90	2.01	1.24	.24	88.2	.811	.05
Rumination	3.20	1.14	3.72	1.18	-2.40	114	.18	.45
Catastrophizing	2.50	1.32	3.36	1.51	-3.19	100.2	.002	.61
Blaming others	1.80	.94	3.09	1.62	-5.00	75.4	.000	.97
Acceptance	2.97	1.15	3.53	1.50	-2.16	91.4	.033	.42
Focus on the positive side	2.92	1.22	2.74	1.25	.76	114	.444	.14
Positive appreciation	3.77	1.24	3.93	1.15	-.68	114	.495	.13
Concentration on a plan	3.41	1.15	3.51	1.34	-.45	114	.654	.08
Adopting perspective	3.27	1.13	2.34	1.23	4.20	114	.000	.79

Regarding *acceptance*, it is more frequently presented in women who have not reported their situation yet and who feel responsible for it, that is to say, they *blame themselves* (Carlson, 1997), which means that from their perspective, accept their situation is not a useful strategy for solving their problem.

Due to all these, this strategy might be considered resignation instead of acceptance of the experience. In this case, acceptance may be a barrier for the activation of coping resources which could allow modifiable aspects of an abusive situation.

On the basis of the above, it is clear that cognitive emotion regulation strategies play a significant role in the development of intervention strategies for battered women. In this situation, it might be advisable to change unadaptive strategies such as *blaming others*, *ruminate*, *catastrophizing* and *acceptance* into other ones considered more adaptive. Syers-McNairy (1990) states that women who put into practice active coping strategies feel at ease with themselves and start to control their lives.

Nonetheless, we must take into account that labelling a strategy as adaptive will be always made taking reference or contextual comparison points (Hofstede, 2001; Amoros y Ayerbe, 2000). Therefore, references will not only be personal but also cultural or located in a proximate framework (Chirkov, 2007).

In view of this situation, the *adopting perspective* strategy would reduce emotional impact, since it implies a cognitive and emotional distance from the experiences of abuse. Techniques based on relaxation are used to achieve distance from the problem and a better comprehension of it.

Rosen (1992) points out that it is in the self restructuring process happening during the process of adaptation posterior to battering when these women can identify themselves as survivors or victims. In this way, *positive appreciation* would provide three aims. On one hand, it would redefine the experience of maltreatment in terms of personal development (Garnefski et al, 2002). On the other hand, it would minimize its negative impact Giuliani, McRae and Gross, 2008) and finally, it would avoid the denial of this kind of experiences, since it is not about changing what happened but about changing the way to interpretate it. To achieve that, cognitive restructuring and positive self-dialogues help to modify *catastrophizing* thoughts and *rumination* and to reduce emotional impact.

Another useful strategy is *concentration on a plan,* which performs a self regulation initiative consisting in stopping to think, coming up with a plan of action (Baumeister, Heatherton and Tice, 1994) and putting it into practice (Masicampo and Baumeister, 2011). This strategy strengthens the sense of control over their own lives. It implies the onset of a process to make decisions actively, focused on daily routines and special needs, interests and expectations of their own lives.

Lastly, even though the *focus on the positive side* strategy might be considered as an alternative to *rumination* given the fact that it can be useful to adjust thoughts and emotions associated to a stressful experience (Baumeister, Heatherton and Tice, 1994; Ray, Gross and Wilhmen, 2008), it may not be effective in this situation. A possible interpretation can be found in the fact that trying to remove emotional distress generated by an experience of abuse focusing on its positive aspects could be understood as an inefficient way to control it. It could even provoke a reinforcement of *catastrophizing* and *rumination* on one hand (Nolen-Hoeksema, Wisco and Lyubomirskiy, 2008), and *focusing on the positive aspects* of the batterer on the other, increasing attachment between the batterer and the victim.

While the discussion launched debate on different cognitive emotion regulation strategies, our outcome must be treated with caution given that this study presents some restrictions. The first one refers to the sample size used, which may lead to questioning statistical power in these analyses. A higher number of subjects would improve measuring accuracy; however, obtained results have managed to display the conceptual proposal in the CERQ properly. Anyway, managing clinical sampling is a difficult endeavor: prevalence of the problem is not high and voluntary participation is difficult to obtain, since participants are asked to talk about a painful experience.

Another restriction refers to the fact that each participant is a woman, so our findings can only address this group. Additionally, part of the sample has intentionally been chosen among battered women, so this feature defines the composition of the targeted group, restricting the external validity of the data. For this reason it is imperative to widen the sample size and diversify the enrollment of participants, in order to achieve validation studies that can consolidate psychometric features of the CERQ abridged version.

In conclusion, the findings of this study achieved two targets; the first target is to get to know the effects of abuse against women in their use of cognitive emotion regulation strategies in a specific sample of battered women who are beginning to admit their situation and to seek social support. The second target is to contribute to the external validity of the CERQ Spanish abridged version, since this instrument has only been implemented in samples by college students to date (Domínguez et al, 2013; Mestre, Guil, López-Fernández et al, 2011; Ramos, Hernández and Blanca, 2009).

Regarding its psychometric features, the outcome proves that the CERQ abridged version displays a high internal consistency in every dimension and a discriminative capacity. Nonetheless, future investigation should assess in detail the contribution that each strategy can achieve in the confrontation with this kind of problems which generate emotional responses.

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ACADEMIC PROFILE

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