

A NURSING INVESTIGATION OF THE COPING
RESPONSES OF A SAMPLE OF BATTERED WOMEN WHO
HAVE ENTERED A TRANSITION HOUSE IN NOVA SCOTIA

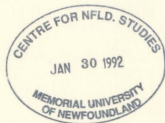
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DEBORAH SALYZYN, B.N.





A Nursing Investigation of the Coping Responses of
a Sample of Battered Women who have Entered a
Transitional Home in Nova Scotia

Daphne Saljeys, B.N.

Submitted in Partial Requirement for the Degree of
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ABSTRACT

This study examined how a sample of women dealt with the stress of living in a battering relationship. Interviews were conducted with 35 battered women who were residents of one of four transition houses in Nova Scotia. A Demographic/Socioeconomic Interview Guide and the Health and Daily Living Form (Billings and Moos, 1981) were used to collect data on the womens' profile, their coping responses and their appraisals of the responses.

The results indicated that a) women were using a variety of coping responses, but there seemed to be an increased reliance on responses which were avoidance/emotion focused b) utilization of coping responses was not necessarily congruent with appraisals of helpfulness or unhelpfulness, and c) coping responses were related to income, marital status, time in relationship, and residence (city, town, rural area).

It was concluded that there is a need for battered women to increase their coping repertoires. Increased coping repertoires may allow for the utilization of responses which a) are considered

healthier in terms of adaptational outcome, b) may be appraised by the women as helpful in reducing their stress, c) may help to decrease or eliminate battering, and d) may assist the woman to terminate the battering relationship if necessary. This study also makes several recommendations for nursing practice and education, and highlights areas requiring further research.

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TABLE OF CONTENTS

	Page
Abstract	ii
Acknowledgements	iv
List of Tables	viii
List of Figures	ix
CHAPTER 1	INTRODUCTION
	1
	Statement of Problem
	3
	Significance of the Problem
	3
	Purpose of the Study.
	4
CHAPTER 11	REVIEW OF THE LITERATURE.
	5
	The Phenomenon of
	Wife-Battering.
	6
	The Cycle of Violence
	8
	Why Women Stay
	10
	Causes of Wife-Battering.
	18
	Coping
	22
	Coping Responses of Battered
	Women
	30
	Assumptions of the Study.
	38
CHAPTER 111	CONCEPTUAL FRAMEWORK
	39
	Conceptual Framework
	39
	Definition of Terms
	49
	Research Questions
	52

CHAPTER IV	METHODS	54
	Design	54
	Sample Selection	56
	Setting	59
	Ethical Considerations	59
	Data Collection	61
	Procedure	61
	Instruments	63
	Demographic/Socioeconomic Interview Guide	63
	The Health and Daily Living Form (Coping Responses).	64
	Pre-test	67
	Reliability	69
	Data Analysis	70
	Limitations of the Study	72
CHAPTER V	THE RESULTS	74
	Profile of the Sample	74
	Coping Responses	83
	Relationship Between Demographic/ Socioeconomic Variables and the Methods and Foci of Coping.	87
	Correlation of Demographic/ Socioeconomic Characteristics.	90
	Appraisal of Coping Responses	92

	Page
CHAPTER VI	DISCUSSION 118
	Profile of the Sample 119
	Correlation of Demographic/ Socioeconomic Characteristics. . 122
	Coping Responses 124
	Relationship Demographic/ Socioeconomic Variables to Coping Responses. 128
	Appraisal of Coping Responses . . 148
CHAPTER VII	SUMMARY, IMPLICATIONS AND RECOMMENDATIONS 157
	Summary 157
	Implications and Recommendations . 159
REFERENCES 170
APPENDIX A	Demographic/Socioeconomic Interview Guide 176
Appendix B	Health and Daily Living Form (Coping Responses) 179
Appendix C	Letter to Agency 184
Appendix D	Informed Consent Form 187
Appendix E	Letter for Intermediary 190
Appendix F	Historical Conceptualizations of Coping 192

Appendix G	A Comparison of Statistics of this Study's Battered Women and their Batterers to Canadian Statistics	195
Appendix H	Individual Scores for Methods and Foci of Coping	198
Appendix I	A Comparison of the Frequency of Responses Utilized by Battered Women and Responses Identified as Being Least Helpful to Battered Women . . .	200
Appendix J	Letter of Permission to use the Health and Daily Living Form (Coping Responses).	201

List of Tables

Table		Page
1	Factors Identified as Creating Stress or Triggering Violent Episodes in Battering Relationships	20
2	The Hierarchical Organization of the Coping Process as Viewed by Haan, Menninger and Vaillant	23
3	Participants Available During the Data Collection Period of April-May, 1990 . .	58
4	Age Distribution of Sample of Battered Women who have Entered a Transition House in Nova Scotia	75
5	Breakdown of Participant's Residence According to City, Town and Rural Areas .	76
6	Marital Status and Length of Time in Relationship of Participants	77
7	Highest Level of Education Completed by Participants.	78
8	Employment and Occupation Status of Participants and their Spouse/Partners	79
9	Net Family Income of Participants. . . .	80
10	Number of Children Living with the Women	81
11	Frequencies of Coping Responses Utilized by Battered Women	85
12	Correlations of Methods and Foci of Coping Demographic/Socioeconomic Variables . . .	89
13	Pearson Correlation Coefficients for Statistically Significant Demographic/Socioeconomic Characteristics	91

14	Frequencies of Coping Responses Identified by Battered Women as Being Most Helpful. .	93
15	Frequencies of Coping Responses Identified by Battered Women as Being Least Helpful .	95
16	Common Themes Describing why Coping Responses were Most Helpful	97
17	Common Themes Describing why Coping Responses were Least Helpful.	108
G-1	A Comparison of Statistics of this Study's Battered Women and their Batterers to Canadian Statistics	195
I-1	A Comparison of the Frequencies of Responses Utilized by Battered Women and the Responses Identified as Being Least Helpful to Battered Women	200

LIST OF FIGURES

Figure		Page
1	A Model for this Study to Present Coping and Coping Responses Utilized by a Woman in a Battering Relationship Based on the Work of Lazarus and Folkman and Billings and Moos	40
2	A Proposed Relationship Among Time in Relationship, the Cycle of Violence, Utilization of Coping Responses and the Woman's Decision to Remain in or Leave the Battering Relationship	138

CHAPTER I

INTRODUCTION

Wife-battering is recognized as a national health and social problem of widespread proportions. When MacLeod's (1980) first national study on wife-battering in Canada was released in 1980, it was estimated that one in every ten women was a victim of wife-battering. Banning (1982) suggested that this was a conservative estimate and that the actual incidence may have been as high as one in five. MacLeod (1987), in the results of her second national study, suggested that almost one million, or one in six, Canadian women may be victims of wife-battering each year.

It is not uncommon for women to remain in a battering relationship for years before seeking help, or to return to the original situation after leaving (Campbell, 1984; MacLeod, 1987; Roy, 1977; Walker, 1979). Due to the cyclical nature of battering, these women may be exposed to severe psychological stress for indefinite periods of time.

The threat of violence is only one source of stress

Statement of the Problem

It is estimated that one in every six Canadian women is a victim of wife-battering (MacLeod, 1989). This type of relationship subjects women to repeated and prolonged stress (MacLeod, 1987). Research shows that the coping responses used by people influences their physical and psychological health and functioning (Lazarus and Folkman, 1984). Despite the vast amount of literature on the subject of wife-battering, there has been little research on how women cope with the stressors of a battering relationship and their appraisal of their coping responses.

Significance of the Problem

Coping responses used by battered women may have a significant impact on their health. Although researchers have examined coping responses in various populations, there are relatively few studies which focus specifically on battered women and how they deal with the stress of living in a battering relationship. Research has shown that these women experience severe psychological stress,

but we have little knowledge on how they cope with this stress. Have they used coping responses which would have helped them decrease their level of stress, or responses which would have resulted in more stress and greater impairment of functioning? There is a need for research in this area so that nurses may have a better understanding of how women cope with a battering relationship and design more effective intervention programs.

Purpose of the Study

The purpose of this study was to describe a convenience sample of battered women who have used a transition house in Nova Scotia, to describe the coping responses they have utilized in a battering relationship, to determine if a relationship exists between the womens' profile and their coping responses, and to describe how they appraise the coping responses they have used.

CHAPTER II

REVIEW OF THE LITERATURE

To review the research and related literature on the subjects of wife-battering and coping, the researcher initially conducted a computer search (from 1979 to 1989) using MEDLINE, Psychological Abstracts and Sociological Abstracts. Literature and further references were obtained from The Canadian Advisory Council on the Status of Women, The National Clearing House on Family Violence and some of the transition houses involved in the study. Additional references were obtained from the references of the primary articles.

The available literature is extensive and covers many aspects of wife-battering and coping. To provide a better understanding of the research problem and to move towards the development of the conceptual framework, the researcher has selected a few pertinent areas. These are: the phenomenon of wife battering; the cycle of violence; why women stay; causes of battering; coping and coping responses of battered women.

The Phenomenon of Wife Battering

As wife-battering becomes more widely researched and understood, the definitions of battering are changing to reflect its multifaceted nature. Ten years ago a battered woman was defined by Walker (1979) as:

A woman who is repeatedly subjected to any forceful physical or psychological behavior by a man in order to coerce her to do something he wants her to do without any concern for her rights. Battered women include wives or women in any form of intimate relationships with men. Furthermore, in order to be classified as a battered woman, the couple must go through the battering cycle at least twice. Any woman may find herself in an abusive relationship with a man once. If it occurs a second time, and she remains in the situation, she is defined as a battered woman. (p. XV)

In 1980, when the first report on wife battering in Canada was published by the Canadian Advisory Council on the Status of Women, wife-battering was defined as:

... violence, physical and /or psychological, expressed by a husband or a male or lesbian live-in lover, toward his wife or his/her live-in lover, to which the 'wife' does not consent, and which is directly or indirectly condoned by the traditions, laws and attitudes prevalent in the society in which it occurs (MacLeod, 1980, p.7).

It is recognized that wife battering takes many forms, and Canadian researchers, policy-makers and service- providers are struggling to define it in such

a way as to reflect its multifaceted nature. Even terms such as "wife abuse" and "wife-battering" are no longer viewed as accurate descriptions of the problem (MacLeod, 1987). A more suitable term has not been found, so the selected term for this study is "wife-battering". In keeping with the above concerns, MacLeod (1987) has developed a new definition of wife battering.

Wife battering is the loss of dignity, control, and safety as well as the feeling of powerlessness and entrapment experienced by women who are the direct victims of ongoing or repeated physical, psychological, economic, sexual and/or verbal violence or who are subjected to persistent threats or the witnessing of such violence against their children, other relatives, friends, pets and/or cherished possessions, by their boyfriends, husbands, live-in lovers, ex-husbands or ex-lovers, whether male or female. The term "wife battering" will also be understood to encompass the ramifications of the violence for the woman, her children, her friends and relatives, and for society as a whole. (p. 16)

In Canada, researchers have attempted to estimate the incidence of wife abuse. Using statistics gathered from transition houses across Canada, MacLeod (1980) estimated that 500,000 women, or one in ten, were abused by their husbands every year. This was felt to be only the tip of the iceberg because not all women will report their battering.

In a more recent study, MacLeod, using 1985

statistics from transition houses across Canada, estimated that almost 600,000 women may have sought outside help. Estimating that two out of three women report their battering to an official agency, this would mean approximately one million Canadian women are battered each year (MacLeod, 1987).

The definition of wife-battering has changed to give recognition to a multifaceted problem which encompasses more than physical and/or psychological violence towards a woman by her partner. Also recognized are other forms of violence such as economic, sexual and verbal. Although the problem may be more clearly defined, its extent remains unknown.

The Cycle of Violence

It is the persistence of violence that establishes it as battering, and living with the constant threat of violence, whether it is physical, economic, psychological, sexual or verbal, that is most debilitating to the women who are experiencing battering (MacLeod, 1987).

Walker (1979) proposed that violence occurs in a

cycle with three distinct stages varying in length of time and intensity. Phase one is the Tension-Building Stage in which minor battering incidents occur. Both the batterer and the woman sense the escalating tension and it becomes more difficult for them to cope. The woman becomes exhausted from the constant stress and usually withdraws from the batterer; he, in turn, becomes more oppressive and the tension between the two becomes unbearable.

Phase two is referred to as the Acute Battering Incident. This stage is characterized by the uncontrollable discharge of the tension. Both husband and wife accept the fact that the batterer is out of control, and the wife is generally very severely beaten.

Phase three is Kindness and Contrite Loving Behavior. It is a phase welcomed by both parties and characterized by extremely loving, kind and contrite behavior on the part of the batterer. The tension has been released and the batterer is sorry for his behavior. He believes he will never do it again and begs the woman's forgiveness. It is at the beginning of this stage that the woman usually leaves the situation and seeks help.

This cycle of violence, first described by Walker (1979), has received widespread recognition in the literature on wife-battering (Brown, Martin and Carpio, 1982; Drake, 1982; Limandri, 1897). An awareness of this cycle provides a better understanding of the stress experienced by women in battering relationships. The relevance of this cycle, and its various phases, on coping and the utilization of coping responses will become evident with the presentation of the conceptual framework and discussion of the study's results.

Why Women Stay

It is difficult for health professionals and lay persons to understand why battered women remain in, or return to, a battering relationship. Rosenbaum and O'Leary (1981) collected data from 52 American women who were self-referred clients of the Victims Information Bureau in Suffolk County, New York. Using a questionnaire that specifically asked about abuse (frequency, severity and onset), the researchers found that 69% of the sample of 52 women had experienced abuse from their spouse by the end of the first year of marriage, and 15% of these

had experienced abuse prior to the marriage. On the average, the women had lived with their husbands for over 12 years.

MacLeod's (1987) Canadian study was conducted by mailing questionnaires to all identified transition houses, safe house networks, provincial/ territorial transition house associations, and second stage houses in the country. Of the 230 houses which existed at the time, 151 houses (66%) returned the questionnaires. The data gathered from these transition houses indicated that only 8% of the women battered were in the relationship for less than one year, 34% of them had remained for between one to five years, another 33% had stayed for six to ten (MacLeod, 1987).

Many explanations have been offered for why a woman returns to or remains with her battering husband/partner. In an American study, Gelles (1977) examined factors which influenced whether women stayed in or left a battering relationship. In-depth, unstructured interviews were conducted with members of 80 families. To obtain the sample, 20 families who were suspected of being violent were chosen from a private social services agency; 20 families were selected through the use of a "police

blotter" where the police had been called in to break up a violent dispute and; 40 families were selected by choosing one neighboring family for each of the "agency" or "police blotter" families. From this sample, 44 families were located which had experienced violence between the spouses. The small sample size and unknown representativeness limited the generalizability of the results. Data collected from these families identified three major factors which influenced whether women stayed or left. These were:

1. The severity and frequency of the violence. The more severe and frequent the violence, the more likely the woman was to try and leave and obtain help.

2. Experience with violence as a child. Being a victim of parental violence as a child did not seem to influence the woman's actions after being hit, but witnessing marital violence in the parents' marriage made the women slightly more likely to seek intervention if hit by their husband/partner. It seemed that women were less tolerant of family violence and more desirous of terminating a violent marriage if they had been exposed previously to conjugal violence.

3. Resources. Women were less likely to seek help

or get a divorce if they had fewer resources, i.e. formal education or job skills, that would offer alternatives to the marriage.

Schutte, N.S., Malouff, J.M., & Doyle, J.S. (1987), in another American study, used information gathered by shelter counselors on 117 women who entered a crisis shelter for battered women. They found that women who were more highly educated were less likely to return to a battering relationship. They speculated that a higher education gives a woman more potential to be self-sufficient, and therefore, provides opportunity to leave the relationship. They also found that women who had been victims of physical or sexual abuse as children were more likely to leave the relationship. This finding seems contradictory to Gelles (1977) who found that being a victim of parental violence did not seem to influence the woman's actions after being hit. However, Gelles did not specify whether parental violence was physical or sexual, and Gelles' data came from family members who were not necessarily the battered women themselves. Schutte made no comment on women who had witnessed violence in their parents' marriage.

Societal response to victims has also been noted

as a factor influencing the decision to remain in or leave a battering relationship (Campbell, 1984). Campbell noted that there is often a lack of support from many institutions/agencies (i.e. police, mental health facilities, emergency rooms, family physicians, clergy and social agencies). She noted that there are many myths about battered women (i.e. they deserve the abuse, they ask for it, they are crazy, or they could leave at any time if they wanted to). These myths may be internalized by the women and may be believed by health professionals. These factors may help to keep the women trapped in the relationship.

Other factors such as the women's values or religious beliefs may also play a role. For example, if a woman holds traditional beliefs about marriage and the family, she may feel pressured to stay and try and "make the marriage work". This is a belief which may be reinforced by sources outside the family, such as clergy, who emphasize the sanctity of the family (Dobash and Dobash, 1979).

Learned helplessness has also been cited as a factor which keeps women in battering relationships (Campbell, 1984; Walker, 1977). Learned helplessness (Maier and

Seligman, 1976) occurs when an animal or human is taught that a randomly occurring, painful experience will continue whether or not anything is done to try and avoid it; the animal or human becomes less motivated to try and end the pain, has trouble learning that a response generally controls an outcome, and exhibits depression, anxiety and dependence. Similarly, battering usually occurs randomly whether or not the victim does anything to precipitate it or try to stop it (Campbell, 1984). From the battering experience the woman may come to believe that she is helpless. Walker (1979), who has examined this phenomenon in her studies with battered women says, " Once the women are operating from a belief of helplessness, the perception becomes reality, and they become passive, submissive and helpless" (p. 47). This emotional state may impede their leaving (Campbell, 1984). It may also have an important impact on the woman's use of coping responses.

Dutton & Painter (1981) acknowledged that the above explanations have received empirical support, but believe that taken individually or together, they cannot account for the characteristically sudden decision by the woman to return to the battering relationship. These

researchers have proposed the theory of traumatic bonding, strong emotional attachments formed under conditions of intermittent abuse. This phenomenon is not specific to battered women and has been observed in other groups such as abused children, cult members, hostages and prisoners in Nazi prison camps. The two common features in these types of relationships are a power imbalance, and the intermittent nature of the abuse. The power imbalance results in the person with less power feeling more negative in their self-appraisal, less capable of fending for themselves, and more in need of the person in the high power position. The intermittent abuse subjects the person to alternating periods of negative arousal and then relief, a pattern which has been found to produce strong emotional bonds in both animals and humans.

Dutton and Painter compared Lenore Walker's (1979) documentation of the cyclical nature of human domestic violence to the intermittent punishment-indulgence pattern that has been used in animal research. Following the battering the man usually feels guilty, apologizes for his behavior and promises never to do it again; his loving behavior provides reinforcement for the woman to

stay in the relationship. He may throw himself at the woman's mercy, claiming that he will be destroyed if she leaves him - behavior that dramatically, if only temporarily, reverses the power dynamics. According to Dutton and Painter (1981), "the psychological consequence of the power dynamics during the battering cycle serves to create and strengthen trauma-based emotional bonds between the man and woman which make long-lasting separation difficult or impossible to achieve" (p.151). Although this theory offers an interesting and logical explanation to the question of why battered women stay with, or return to, their partners, widespread acceptance is lacking in the literature.

Why women remain in, or return to, a battering relationship is a complex issue. Researchers have been able to identify several influencing factors (i.e. resources and experience with violence) and have developed some theories of psychological entrapment (i.e. learned helplessness and traumatic bonding). Although these factors and theories provide a better understanding of the battering relationship, further research in this area is needed.

Causes of Wife-battering

While many theories exist as to why women remain in or return to a battering relationship, there are many theories on the causation of battering. Careful research on wife battering only began in the 1970s, and much of the focus was on describing the widespread nature of the problem. Research continues, and many theories have been presented, but causation is not well identified, let alone proven (Campbell, 1984).

Alcohol is one factor consistently connected with wife abuse, but not proven as a cause (Campbell, 1984). Roy (1977) collected data, over a one year period, from 150 American women who were randomly selected from 1000 individuals who had called the Abused Women's Aid in Crisis Hotline. The intake questionnaire was followed by in-depth, on-site interviews with the women. Roy noted that 85 percent of the husbands were either alcoholic or had some other drug problem.

Another American study by Brisson (1981), using 122 men enrolled in a program for batterers, found that 34.4% of the men mentioned alcohol intake as preceding violence. When asked if alcohol was a problem in their

relationships, 52% of the men answered yes.

Campbell (1984) notes that studies of battered women report an association between drinking and abuse which ranges from 25 to 85 percent. However, methods of data collection and reporting also vary, and many questions remain unanswered. While there is some degree of correlation, alcohol cannot be said to cause violence in all situations.

Situational and social stressors have also been emphasized as causative factors in wife-battering (Campbell, 1984). When individuals are under stress and lack the personal resources and coping strategies to effectively deal with the stressors, family violence is likely to occur (Farrington, 1980). A review of the literature on wife-battering reveals many factors which are identified as creating stress in the relationship and /or triggering violent episodes. (See Table 1.)

According to MacLeod (1987), the two most widely accepted explanations for causation of battering are the power-based theory and the learning theory. The power-based theorists believe wife-battering and violence against women in general are socially created (Goode, 1971). They view the power structure of society which makes men dominant over women through the existence of

Table 1

Factors Identified as Creating Stress or Triggering
Violent Episodes in Battering Relationships

Factors
Arguments over money
Jealousy
Conflicts over children
Sexual problems
Husband/partner's drinking or taking other drugs
Wife's drinking or taking other drugs
Husband's unemployment
Wife's desire to work outside the home
Pregnancy

(Campbell, 1984; Hilberman, 1980; MacLeod, 1987; Roy, 1977;
Walker, 1979)

separate and unequal gender roles, as serving to perpetuate the violence against women. Power is more highly valued in battering than non-battering families. In cases where the woman may be more dominant, or perceived as superior in terms of decision-making, job or education, violence is often used to shift the balance of power. When a man feels insecure about his own power, battering behavior is more likely to appear (Campbell, 1984).

The learning theorists believe that it is the witnessing and experiencing of violence that leads to the use of violence as a means of problem solving or dealing with stress (Ganley, 1986). This is supported by the information collected through MacLeod's study involving transition houses across Canada. It was found that 61% of the husbands/partners of the women in these houses had been abused as children. Of the women themselves, 39% reported physical abuse as a child, 24% reported sexual abuse, and 48% reported emotional abuse.

Although these two theories have been useful to explain violence and to guide interventions, shelter workers and other service providers believe that the answers are more complex, and more comprehensive theories

are needed (MacLeod, 1987).

Coping

The concept of coping has been an important aspect of psychological investigation for over forty years. At present it is the focus of many psychotherapies and educational programs which have the goal of developing coping skills (Lazarus & Folkman, 1984). Coping has been studied by other disciplines such as nursing and social work, and has also received widespread lay attention. Despite the extensive research in this area there are still varied definitions of coping (Lazarus & Folkman, 1984) and different conceptualizations (Nyamathi, 1989).

Historically, coping was conceptualized in the realm of psychoanalytic theory (Lazarus & Folkman, 1984; Nyamathi, 1989). It was viewed in terms of ego psychology which defined coping as "realistic and flexible thoughts and acts that solve problems and thereby reduce stress" (Lazarus & Folkman, 1984, p.118). The processes used by a person to handle the person- environment relationship were organized hierarchically by Hann (1969,1977), Menninger (1963), and Vaillant (1977). Table 2 provides a brief summary of their views

Table 2

The Hierarchical Organization of the Coping Process as Viewed by Haan, Menninger and Vaillant

Haan	Coping is a process with a three part arrangement of coping, defending and fragmentation. A process (i.e. sensitivity) could be expressed in any one of these three modes.
------	--

Menninger	Coping is viewed as consisting of five orders of coping processes. These are: (a) coping devices such as talking it out and humor (b) second order devices such as withdrawal (c) third order devices such as panic attacks (d) fourth order devices which represent increased disorganization and (e) fifth order which was total disintegration of the ego.
-----------	---

Vaillant	Coping is a process with four levels of defenses. These are: (a) psychotic mechanisms, (b) immature mechanisms, (c) neurotic mechanisms, and (d) mature or highest level mechanisms.
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Haan (1969,1977), Menninger (1963) and Vaillant (1977).

(see Appendix F for detail). At the top was coping which was considered the highest and most mature or advanced ego process (Lazarus & Folkman, 1984). Coping was followed by defenses, referred to as neurotic modes of adaptation, and then by fragmentation, or regressive or psychotic ego function (Lazarus & Folkman, 1984) which represents total disorganization of the ego (Nyamathi, 1989).

Measurement approaches to coping have been based on the ego psychology model and have tended to assess coping as a trait or style rather than a process (Lazarus & Folkman, 1984). Traits refer to the properties in a person (i.e. repression-sensitization) that would cause them to react in a particular way. A coping style (i.e. type A personality) differs from a trait primarily in degree; a style refers to a broad way of relating to people or situations (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) believe a trait or style approach is incomplete because it does not provide a good prediction of the actual coping process which they conceptualize as multidimensional.

One aspect of the multidimensional coping process to be focused on in this study is coping responses. The

literature on coping responses indicates that researchers are able to clearly categorize different responses according to method (Billings and Moos, 1981) and focus (Billings & Moos, 1981; Lazarus & Folkman, 1984).

Methods of coping fall into the three categories of active-cognitive, active behavioral and avoidance (Billings and Moos, 1981). An active-cognitive response is one aimed at managing the person's appraisal of the stressfulness of the event (i.e. trying to step back from the situation and be more objective). An active-behavioral response is one aimed at dealing directly with the problem and its effects (i.e. talking to a professional person). An avoidance response is an attempt to avoid dealing directly with the problem (i.e. get busy with other things in order to keep my mind off the problem).

The focus of a coping response can be either problem-focused or emotion-focused (Lazarus and Folkman, 1984). A problem-focused response is aimed at managing the problem causing the distress (i.e. talk with friend about the situation), while an emotion-focused response is aimed at managing the emotional distress caused by the problem (i.e. trying to see the positive side).

Responses may be easily categorized according to their method and focus, but there is no consistent agreement in the literature on what is deemed to be the most desirable type of responses. However, the use of different types of responses have been associated with more or less stress and greater or lesser impairment of psychological functioning (Billings and Moos, 1981).

Billings and Moos (1981) examined the role of coping responses and social resources in attenuating the stress of life events and found reliance on avoidance-oriented coping responses to be associated with negative psychological consequences. Their study, involved two self-administered instruments which were mailed to 360 families randomly selected from census tracts in the San Francisco Bay Area. The Health and Daily Living Form and The Family Environment Scale were used to collect background information on the subjects including information on negative life change events, coping responses, social resources and three mood and symptom dimensions (anxiety, depression and stress-related physical symptoms). Of the 294 respondents, a subsample of 194 families was chosen (only families in which both partners responded to items concerning their coping

responses and social resources were used). The results showed that respondents frequently used active-behavioral (60.9%) and active-cognitive (62.7%) coping responses and relied less on avoidance type (24.0%) coping responses. There was a somewhat higher use of problem-focused (49.9%) than emotion-focused (38.0%) responses.

It was also found that: (a) less frequent use of active-behavioral, avoidance and problem-focused coping was reported by men than women; (b) persons with more education were more likely to use active-cognitive and problem-focused coping and less likely to use avoidance; (c) there was a positive relationship between amount of income and active-behavioral, active cognitive and problem-focused coping; (d) the use of more active attempts to deal with stressful events, and less reliance on avoidance was associated with less stress and less impairment of functioning (as measured by depression, anxiety and physical symptoms); and (e) the presence of social resources (measured both qualitatively and quantitatively) and the use of more active types of coping responses was helpful in moderating the effects of stressful events.

A widely quoted study by Pearlin and Schooler (1978) examined coping responses to normative life problems - stresses encountered in everyday life as people act as parents, husbands and wives, breadwinners and job-holders. The data presented in this study was part of a larger study to examine the social origins of stress. Interviews were conducted with 2300 people who were representative of the population of urban Chicago. The interview was designed to elicit information about potential life stressors (i.e. conflicts, threats and frustrations) experienced in major social role areas (marriage, parenting, household economics and occupation), coping repertoires people employ to deal with the stressors experienced in these areas, the emotional stress people feel and the degree to which they experience symptoms of anxiety and depression.

In examining coping, Pearlin and Schooler's criterion for coping efficacy was the extent to which the coping response attenuated the relationship between the stressor and the feeling of emotional stress. For marriage and parenting, the responses found to be least effective were those involving avoidance and withdrawal. It is interesting that the opposite was found for

household economics and occupation; stress is less likely to occur when people disengage themselves from involvement. While disengagement may be identified as relieving the feeling of emotional stress, it would be interesting to examine the long term effects of this type of coping response on areas as important as household economics and occupation.

It was also found that having a varied repertoire of coping responses was more helpful than a single response, regardless of its efficacy. Except for the area of occupation, having fewer responses increases the probability of emotional stress. In examining the use of coping responses in relation to gender, it was found that men more often use responses that will inhibit a stressful outcome. Of the three most commonly used responses identified by women, two of these involved selective ignoring, a response likely to exacerbate stress. In terms of education and socioeconomic status, those with less education and less money were found to be more likely to be exposed to hardship, and less likely to possess the means to fend off the stress from these hardships.

From these studies by Billings and Moos (1981) and

Pearlin and Schooler (1978), we see that the types of coping responses employed have an important impact on stress and functioning. It is also evident that education, income and social support can be helpful in attenuating the effects of stress.

The use of active cognitive and active-behavioral responses and less reliance on avoidance responses has been associated with less stress and therefore is considered to be more effective (Billings & Moos, 1981). In addition, the use of problem-focused as opposed to emotion-focused coping responses is considered more effective and healthy (Billings & Moos, 1981; Jalowiec & Powers, 1981).

Coping Responses of Battered Women

While much attention has been given to the effects of battering on psychological health, the researcher has been able to find comparatively little published research on how women deal with the stressors associated with living in a battering relationship. Existing studies focus predominantly on violence as the stressor and how women coped with the violence.

A study by Mitchell and Hodson (1983) examined methods of coping with battered women. The sample consisted of 60 women in one of six San Francisco Bay area shelters for battered women. Participants completed an instrument packet which contained measures of stress, social support, personal resources, coping and adjustment, and institutional responses. The level of stress was measured by assessing frequency and severity of violence. Aspects of social support included contact with friends and relatives, both accompanied and unaccompanied by spouse, number of supporters, empathic responses of friends, and avoidance responses of friends. The Health and Daily Living Form (Billings and Moos, 1981) was used to assess coping responses. Personal resources examined education, income, and occupation (at time of last battering, and also asked for a description of the woman's best job). Adjustment included assessment of (a) depression using the Brief Symptom Inventory (Derogatis, 1975), (b) mastery using a seven item scale developed by Pearlin and Schooler (1978), and (c) self-esteem using the Rosenberg Self-Esteem Scale (Rosenberg, 1979). Institutional response was measured using a scale constructed by the authors which asked women to rate the

helpfulness of responses of police, lawyers, etc. with whom they had contact.

High levels of depression were found in this sample of women. On the Brief Symptom Inventory, the mean score for depression was two standard deviations above the norm for non-patient females. The mean mastery and self-esteem scores were lower than those reported from a sample of community residents who had experienced at least one non-battering stressful event. Mitchell and Hodson also found that greater frequency and severity of violence, less active-cognitive coping and more avoidance coping methods were associated with more severe depression, a lowered self-esteem and decreased mastery. Minimal personal resources, more avoidance responses from friends and less help from institutions were associated with greater depression.

The differences in coping responses between battered and ex-battered women have also been examined. A study by Griffin (1985) used a sample of 31 battered and 31 ex-battered women who were clients in a shelter for battered women. For the group of battered women, 9 were still living with their abusers and 22 were in a shelter for less than one month; the group of 31 ex-battered

women were out of the relationship for at least three months and did not have any contact with their abusers. The participants completed the Ways of Coping (Folkman and Lazarus, 1980) questionnaire, and a sociodemographic questionnaire and social network questionnaire developed by the researcher. Griffin found no significant difference in the use of coping responses or in their appraisals of the battering situation. For the social network variables, the ex-battered women noted a greater number of network members as a source of interpersonal conflict, but at the same time there was a trend to identify a greater number of network members as being able to provide support.

This study suggests that coping responses are not significantly different for battered and ex-battered women. However, there are two points which need to be noted. First, coping responses of the sample of battered and ex-battered women were examined only once; while the samples may not differ significantly at this time, we have no information on how the ex-battered group had previously coped, or on how the battered group will cope in the future. Second, Griffin notes that the ex-battered group has identified a larger support network than the

battered group. Social support has been previously identified (Mitchell and Hodson, 1983) as a factor which influences the coping responses of battered women. The researcher questions the conclusion that coping responses of battered and ex-battered women do not differ significantly and suggests that studying a group at different time intervals may yield different results.

A study by Finn (1985) found that battered women experience considerable stress from many sources but are deficient in coping skills. The sample for the study consisted of 56 women who had sought help from a spouse-abuse treatment program in a Southern U.S. city with a population of approximately 150,000. The purpose of the study was to explore the stresses and coping strategies of women who had been victims of domestic violence. Women completed a demographic information sheet, the F-Copes Scale (McCubbin, Larsen, and Olson, 1982) and the Stress Scale (Finn, 1985). The F-Copes Scale is a twenty-nine item list of coping responses which examines the ways in which a family deals with problems or difficulties. The Stress Scale is designed to measure the existence and perceived intensity of stress; the stressors used were those reported to be

associated with spouse abuse and which appear in other measures of life stress. The Stress Scale showed that over half the respondents reported problems in all areas except physical illness. Only 22% indicated that physical illness was a stressor. The most problematic areas reported were alcohol/drug use, jealousy, money and settling arguments. Finn found that the women were less likely than the general female population (national norms were used for comparison) to use active, problem-solving behaviors, and more likely to avoid facing the problem or working towards a solution. He concluded that the coping strategies used were not likely to result in any change in the circumstances and would probably result in additional stress by contributing to the continuation of problems. He recommended that treatment programs for women and men in violent relationships should focus on increasing the coping repertoires of both partners.

Although the literature on coping responses used by battered women is limited, there is evidence that the use of less effective methods has a significant, negative impact on mental health. While there is also an indication that avoidance is more predominant in dealing

with violence, there is no clear demonstration of how these women deal with a combination of other stressors that are often found in an abusive relationship.

Summary

Battering is a complex problem. There are many theories for its causation and continuation, and many questions about why women remain in the relationship. Helping professionals must contend with the fact that there are no clear cut answers to the problem of battering. Wife-battering will continue to exist; some women will remain in and/or return to a battering relationship for extended periods of time, and these women may suffer severe physical and psychological consequences.

The concept of coping has evolved from a hierarchical to a multidimensional process. With this evolution has grown an interest in the coping responses used by people in different situations, and the outcome of using these responses. The studies reviewed indicated that reliance on coping responses which are active-cognitive, active-behavioral and problem-focused lead to

more positive outcomes than avoidance responses and those which are emotion-focused.

The literature on how battered women cope is extremely limited, making it difficult to draw many conclusions about coping responses. However, from the few substantive investigations, there is the suggestion that avoidance type responses are frequently used to deal with violence, and there may also be a tendency for battered women to avoid facing the problem when dealing with other stressful situations. There is also evidence that many factors such as education, income and social support influence the utilization of coping responses.

The review of the literature highlights some of the complexities of the problem of wife-battering and some of the sources of stress encountered in such a relationship. The ways people cope with their stress can serve to increase or decrease that stress and may have positive or negative physical and/or psychological effects. The nature of the battering relationship exposes women to repeated and persistent stress; how women cope with that stress will have an impact on their health and well-being.

Assumptions of the Study

The review of the literature on wife-battering and coping leads the researcher to make two assumptions for this study. They are: (a) battered women are under stress, and (b) there is coping of some form.

Chapter III

CONCEPTUAL FRAMEWORK FOR THE STUDY

Conceptual Framework

The conceptual framework for this study is a blending of the work of Lazarus and Folkman (1984) and Billings and Moos (1981). Coping is conceptualized as a multidimensional process (see Figure 1) in which resources and constraints interact with, and have an impact upon, the person-environment relationship (the woman in a battering relationship). This interaction influences the woman's appraisal of her situation and the coping responses she will use to deal with the situation. The coping responses utilized will affect the woman's adaptational outcome, which will ultimately affect the person-environment relationship and the woman's appraisal of the coping responses she utilized.

Lazarus and Folkman's coping framework was selected for two reasons:

1. The holistic approach to coping. Lazarus and Folkman conceptualize coping as a multidimensional process which takes into account such factors as

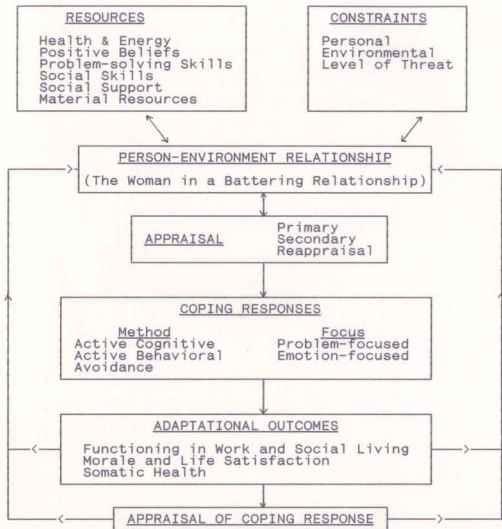


Figure 1: A model for this study to present coping and coping responses utilized by a woman in a battering relationship based on the work of Lazarus and Folkman (1984) and Billings and Moos (1981).

appraisal of the situation, beliefs and values, and health and energy. This conceptualization also takes into consideration the importance of a person's appraisal and coping process on the effect of adaptational outcome.

2. The widespread recognition given to the work of Lazarus and Folkman in the research literature (Bargagliotti & Trygstad, 1987; Jalowiec & Powers, 1981; Nyamathi, 1989; Roberts, J., Browne, B., Byrne, C. & Love, B., 1987).

The researcher combined Billings and Moos (1981) concept of three distinct method of coping categories with the Lazarus and Folkman conceptualization. The reasons for this decision were:

1. The researcher believed that this combination would provide a more comprehensive model to examine coping and coping responses utilized by women in a battering relationship.

2. The research literature gives recognition to methods of coping (i.e. avoidance, active-cognitive and active-behavioral) and foci of coping (i.e. problem-focused and emotion-focused).

In order to examine coping responses, it is first necessary to clarify the concept of coping. Lazarus and

Folkman define coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). This is a process oriented rather than a trait oriented definition, and includes all efforts used to manage a situation regardless of the outcome (Lazarus & Folkman, 1984).

This definition distinguishes coping behavior from automatized adaptive behavior. An automatized behavior is one used without effort or thought, in routine interactions with the environment (i.e. driving in traffic). A coping behavior would be one requiring effort, one used in nonroutine situations. Thus, coping is a response to demands that are appraised by the person as taxing or exceeding their personal resources. Defining coping as "efforts" to manage allows inclusion of anything the person thinks or does, regardless of the outcome (i.e. effective or ineffective).

This definition also discusses "management", which does not equate coping with mastery, or control over the environment/stressor. Efforts to "manage", or cope, can include tolerating, minimizing, avoiding and accepting

stressful conditions. It can also include attempts to master the environment.

This definition of coping, related to the battering relationship, raises a question about whether "coping responses" may eventually become "automatized adaptive behavior". Is it possible that there is a point, for some women, when battering becomes routine and there are no longer "efforts to manage"?

Coping can be either problem-focused or emotion-focused. Problem-focused coping is directed at managing or altering the problem causing the distress (i.e. trying to find out more about the situation). Emotion-focused coping regulates the emotional response to the problem (i.e. trying to see the positive side). Emotion-focused coping is more likely to occur when the person has appraised that there is nothing that can be done about the problem. Problem-focused coping is more common when the person appraises the situation as being amenable to change. Problem-focused coping is similar to problem-solving, but also includes strategies directed inwards, not just the external environment. People use both problem and emotion-focused coping strategies to deal with internal and/or external demands posed by real-life

stressful situations (Lazarus and Folkman, 1984).

Actual methods of coping have been divided into the three categories: active cognitive, active behavioral and avoidance coping (Billings and Moos, 1981). Active cognitive methods include attempts by the person to manage their appraisal of the stressfulness of the event (i.e. trying to step back from the situation and be more objective). Active-behavioral methods include attempts to deal directly with the problem and its effects (i.e. talking with a friend about the situation). Avoidance would include attempts to avoid dealing directly with the problem (i.e. to reduce emotional tension by some means such as smoking or eating).

Research on stress and coping indicates that reliance on certain types of coping responses is associated with more or less stress and greater or lesser impairment of functioning (Billings & Moos, 1981; Mitchell & Hodson, 1983; Pearlin & Schooler, 1978). For example, the use of avoidance-oriented coping responses is more likely to result in the development of depressive symptoms than the use of active-cognitive or active-behavioral responses which attempt to deal with the problem (Billings & Moos, 1981). Considering this

fact, the coping responses used by women to deal with the stress of a battering relationship may have a significant effect on their psychological health.

The coping responses people utilize depend heavily on the resources available to them and the constraints that inhibit their use. Lazarus and Folkman (1984) list six major categories of resources. These are health and energy, positive beliefs, problem-solving skills, social skills, social support and material resources.

Personal and environmental constraints and the level of threat can prevent the use of resources (Lazarus and Folkman, 1984). Personal constraints refer to items such as guilt, cultural values and beliefs and psychological deficits which would dictate certain types of actions or feelings. Environmental constraints include limitations on available resources, i.e. money. The more threatened a person feels, the more likely they are to resort to emotion-focused forms of coping and less likely to use problem-focused coping methods.

The person's appraisal and their coping process is important because it affects adaptational outcome (Lazarus & Folkman, 1984). The three basic kinds of outcomes identified by Lazarus and Folkman are (a)

functioning in work and social living, (b) morale and life satisfaction, and (c) somatic health.

The Lazarus and Folkman conceptualization of coping serves as a guide to this study. This conceptualization has been combined with Billings and Moos (1981) methods of coping concept to form a model for this study to present coping and coping responses utilized by women in a battering relationship. This model is depicted in Figure 1 (p.40). From the model it can be seen that the woman's resources and constraints interact with, and have an impact upon, the person-environment relationship (the woman in a battering relationship). The woman appraises the situation. In this appraisal she will evaluate the presence and nature of any threat or benefit (primary appraisal). She will also evaluate what she can or might do to manage this situation (secondary appraisal). At this point in time her appraisal may change (reappraisal) depending on whether she receives any new information from the environment.

The appraisal of an event is followed by coping responses which are used to deal with a stressful situation and/or the woman's emotional discomfort caused by that situation. The coping responses utilized by the

woman result in an adaptational outcome. At this point the adaptational outcome may feed back into the person-environment relationship, or the process may continue, whereby the woman will appraise the helpfulness or unhelpfulness of the coping response. This appraisal will then feed back into the person-environment relationship, and the coping process may begin again.

While all aspects of the coping process are important, the coping responses used by an individual play a significant role in the maintenance of health (Garland & Bush, 1982). Lazarus and Folkman (1984) discussed the importance of appraisal and coping in relation to adaptational outcome. Other studies (Billings & Moos, 1981; Pearlin & Schooler, 1978) have also indicated the relationship of effective coping and ineffective coping to the person's health and functioning. Health professionals need to be concerned with the coping responses used by clients, whether these responses have healthy or unhealthy consequences, and what can be done to facilitate the use of healthy responses and decrease the use of unhealthy responses (Garland & Bush, 1982).

Nyamathi (1989), who reviewed the development of

coping, contended that, while the current conceptualization of coping has been helpful, the focus of nursing has not been evident and the direction for nursing practice has not yet been delineated. She believed that nurses must be able to assess which coping behaviors support the health goals of the client and therefore identify individuals who are at risk for ineffective coping. Nurses must also be able to encourage coping responses which will enhance effective coping, and likewise, to develop strategies to promote alternate responses when those used are ineffective or dangerous to the clients health and well-being.

This study is important in that it will give a better understanding of coping responses utilized by battered women. It will also provide some insight into how battered women think about or appraise the coping responses they use.

Definition of Terms

The following terms are utilized in this study:

Adaptational Outcomes - The outcome of the interaction among the person-environment relationship, the person's appraisal, coping responses and the coping process. The three basic adaptational outcomes are functioning in work and social living, morale or life satisfaction, and somatic health. Adaptational outcome will not be measured in this study.

Appraisal - a person's evaluation of an event with respect to its importance to his or her well-being. The basic forms of appraisal are primary, secondary and reappraisal. Primary appraisal is concerned with evaluating the presence of threat or benefit, either at the present time or in the future, and the nature of any such threat or benefit. Secondary appraisal involves the individual's evaluation of what can or might be done to manage the situation. Reappraisal involves a change in the person's appraisal of an

event based on new information from the environment. For the purposes of this study appraisal will not be measured.

Appraisal of coping response - the woman's evaluation of the helpfulness or unhelpfulness of a coping response in terms of coping with living in a battering relationship.

Battering relationship - a relationship in which women are subjected to "ongoing or repeated physical, psychological, economic, sexual and/or verbal violence or are subjected to persistent threats or the witnessing of such violence against their children, other relatives, friends, pets and/or cherished possessions, by their boyfriends, husbands, live-in lovers, ex-husbands or ex-lovers, whether male or female" (MacLeod, 1987, p.16).

Battered woman - a woman who is subjected to "ongoing or repeated physical, psychological, economic, sexual and/or verbal violence or" is

"subjected to persistent threats or the witnessing of such violence against their children, other relatives, friends, pets and/or cherished possessions, by their boyfriends, husbands, live-in lovers, ex-husbands or ex-lovers, whether male or female" (MacLeod, 1987, p.16).

Constraints - Factors which restrict the way a person deals with his environment. Constraints include personal (i.e. cultural values or beliefs) or environmental (i.e. lack of resources, such as money) factors, as well as level of threat (the extent to which the person feels threatened).

Coping - "Constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p.141).

Coping Responses - the cognitive and behavioral responses which are used to deal with a stressful situation and/or the person's emotional

discomfort from that situation. In this study they will be identified using the Health and Daily Living Form (Coping Responses) (Billings & Moos, 1981).

Person-Environment Relationship - For the purpose of this study, the person-environment relationship considered will be the battering relationship the woman has been subjected to prior to entering the transition house.

Resources - Items a person may draw upon to assist coping. The six major categories of resources discussed in this study are health and energy, positive beliefs, problem-solving skills, social skills, social support and material resources.

Research Questions

The questions this study will address are:

- 1) What is the profile of a convenience sample of women who have entered a transition house in Nova Scotia? (i.e. age, residence, marital status, education, occupation, income, employment, partner's employment and

occupation, time in relationship and number of children).

2) What are the coping responses utilized by a sample of women who have lived in battering relationships (i.e. responses which are active-cognitive, active-behavioral, avoidance, problem-focused and emotion-focused)?

3) Is there a relationship between the demographic/socioeconomic characteristics of the women (i.e. age, residence, marital status, education, occupation, income, employment, partner's employment and occupation, time in relationship and number of children) and their coping responses?

4) How do battered women appraise their coping responses?

CHAPTER IV

METHODS

The procedure for gathering and analyzing the data for this study was developed from the research questions, which resulted from the review of the literature and the conceptual framework. This chapter will focus on the research methods and will describe the research design, the sample selection, the research setting, ethical considerations, data collection, data analysis and the limitations of the study.

Design

A descriptive, correlational retrospective study was conducted to describe a sample of battered women who have used a transition house in Nova Scotia, the coping responses they used to cope with the stressors associated with living in a battering relationship, and to examine the relationship between selected demographic/socioeconomic characteristics of the women, and their methods and foci of coping.

A descriptive, retrospective design was most

appropriate for this study because the researcher was interested in describing a phenomenon that had already occurred. Descriptive studies are useful for generating data to provide a better understanding of a problem or phenomenon. In the case of the researcher's topic, coping responses of battered women, little research has been conducted. This study allowed women an opportunity to present their perceptions of their coping and their appraisals of the coping responses they utilized. The researcher recognizes that the retrospective nature requires a reliance on memory which may introduce some error. This is stated as a limitation of the study.

Correlation is used to identify relationships which might provide a better understanding of the phenomenon, as well as generate hypotheses for future research. In this particular study the researcher was interested in determining whether any of the demographic/socioeconomic variables were related to the use of coping responses. The researcher recognizes that correlation indicates a relationship and not causality.

Sample Selection

The target population for this study consisted of battered women who were using a transition house during April and May, 1990. A convenience sample of 35 women was obtained by approaching various shelters for battered women in the province of Nova Scotia. The researcher chose four shelters to increase the representativeness of the sample and to obtain a larger sample size. The shelters were chosen because of their geographical location (they represent the north, south, east and western areas of the province) and their accessibility to the researcher. The shelters will remain anonymous to ensure the confidentiality of the women who participated in the study.

Given the exploratory nature of this study, the researcher was interested in examining a wide range of factors which might be related to coping responses. For this reason the inclusion criteria for the study were broad. Women were eligible to participate if they: (a) defined themselves as victims of wife-battering (b) had spent sufficient time at the shelter to allow them to adjust to their new environment and (c) were able to

speak and understand English.

Initially, the researcher planned to allow the women a period of one to two weeks before being approached by the intermediary. This time period was an unsatisfactory guideline given that the length of stay was so unpredictable, and many of the women were admitted and discharged within this time period. It was agreed by the researcher and the shelter workers that the time period for approaching the individual women would be left to the discretion of the shelter workers.

During the data collection period, a total of 141 women (see Table 3) were admitted to the four transition houses. Despite this high number, the researcher experienced some difficulties obtaining the sample related to: (a) having to rely on the shelter workers to approach women and (b) having to arrange to travel to three locations outside Halifax to conduct interviews. In some cases women had left the shelters before workers had the opportunity to ask them about participating in the study. In other cases women who had agreed to participate left the shelter before the researcher was able to interview them.

Table 3

Subjects Available and Subjects Obtained During the Data
Collection Period of April-May, 1990

<u>Transition House</u>	<u>Number of Residents</u>	
	<u>Available</u>	<u>Obtained</u>
House A	60	16
House B	20	8
House C	32	9
House D	29	2

Personal communication with the Executive Directors of
the individual transition houses, June and July, 1990.

Setting

All interviews were conducted at the shelters, at times mutually convenient to the women, staff and the researcher. The interviews were conducted in private, usually in the quiet room (a living room type setting), the living room or the dining room.

For most interviews only the woman and the researcher were present. The researcher would have preferred that no other individuals were present in order to maintain consistency in the data collection procedure, and to prevent any interference by the presence of a third person. Unfortunately, not all women could make babysitter arrangements for the interview. On two occasions children were present and were either sleeping or playing quietly in the room. The presence of these children did not appear to affect the interview.

Ethical Considerations

In any research involving human subjects, care must be taken to protect their rights and to minimize any risk to their health and safety. For this study there were

several ethical considerations:

1) Participants were in no way obliged to participate in this study and, if involved in the study, could withdraw at any time without penalty.

2) The researcher ensured that participants understood the nature of the study, and obtained a written consent prior to conducting any interviews (see Appendix D).

3) Participants were free to refuse to answer any questions.

4) The researcher recognized that answering the questions for this study could have been upsetting for some of the participants. The researcher is an experienced practitioner in the area of Mental Health and Psychiatric Nursing and felt confident that she would be able to determine when/if the questioning was upsetting to the woman. If the woman had become upset during the interview she would have been given the option of continuing at a later time or withdrawing from the study. The researcher also made arrangements with the shelter staff for someone to be available if the woman required any further assistance or support.

5) The researcher followed all shelter rules

regarding confidentiality, especially as they related to the location of the shelter.

6) To ensure confidentiality, data was coded so that a participant's name did not appear on any of the data collection instruments. Data was kept in a secure place in the researcher's home. All materials which could identify the participants will be destroyed upon completion of this project, and the final results will be available to the agencies and any interested participants.

7) Prior to the beginning of any data collection, this study was approved by the Human Investigations Committee (Faculty of Medicine) of Memorial University of Newfoundland, and the individual agencies.

Data Collection

Procedure

The research project was explained to the women, by a staff member (intermediary), during the weekly resident's meeting or on an individual basis. A letter was prepared by the researcher for the staff person to

read (see Appendix G). Women were asked to volunteer if interested in participating in the study. Once a woman had volunteered, a time for the interview was arranged.

At the time of the interview, the researcher gave the woman an explanation of the purpose and nature of the research and the instruments. Following this explanation the woman was again informed of the voluntary and confidential nature of the study. At this time the researcher invited questions and provided answers. A letter of informed consent (see Appendix D) was then signed by all participants and a copy of the consent was offered to them.

During the pre-test, the researcher-developed Demographic/Socioeconomic Interview Guide was administered, followed by the Health and Daily Living Form (Coping Responses) (Billings and Moos, 1981). It was felt that beginning with the Demographic/Socioeconomic Interview Guide was less threatening and helped to establish a rapport between the researcher and the participant. It was during the pre-test that the researcher decided to continue with this ordering of the instruments.

All interviews were administered by the researcher.

The researcher decided to ask the questions and hand record the answers so women who were unable to read or write would not be excluded from the study. The sessions took approximately 30 - 40 minutes.

Instruments

This study utilized two instruments to collect data on demographic/socioeconomic characteristics of the women and information on their coping responses; these were the Demographic/Socioeconomic Interview Guide and the Health and Daily Living Form (Billings and Moos, 1981). These instruments are discussed below.

Demographic/Socioeconomic Interview Guide

The Demographic/Socioeconomic Interview Guide was developed by the researcher to obtain information on demographic/socioeconomic characteristics of the women. The main purpose of this instrument was to describe the profile of a convenience sample of women who had entered a transition house. The questions were developed from a review of the literature and were designed to obtain

demographic/socioeconomic characteristics comparable to other profiles of battered women. These characteristics included (a) the woman's age, (b) place of permanent residence (i.e. city, town or rural area), (c) marital status (i.e. married, living common-law, legally separated or divorced), (d) length of time in present relationship (years), (e) education, (f) employment status, (g) occupation (professional (i.e. nurse, teacher) or non-professional (i.e. clerical, laborer)), (h) spouse/ partner's employment status, (i) spouse/ partner's occupation (professional or non-professional), (j) income, and (k) number of children living with the woman (under age 18).

The Health and Daily Living Form

The original Health and Daily Living Form (Coping Responses) (Billings and Moos, 1981) is a 19 item inventory which instructs respondents to describe a specific life event, and then to identify the methods used to deal with the event. The researcher changed the instructions to elicit a pattern of coping with stress rather than one specific stressful event. In this study

the women were told that people respond to stress in a variety of ways and the researcher was interested in which of the following responses they generally use when faced with stress. The women were told that some of the responses may not be used at all. The researcher asked the lead-in statement and obtained a yes or no response for each item.

The researcher also added two responses to the inventory. These were (a) take drugs and (b) drink alcoholic beverages. As shown in the literature review, the use of alcohol and drugs by battered women is significant. In addition to adding these two responses the researcher also included "nurse" in the coping response "Talked with professional person (e.g. doctor, clergy, lawyer", so the response reads " Talked with professional person (e.g. doctor, nurse, clergy, lawyer). It was believed appropriate to make this addition as nurses are working in counselling roles with clients. Permission has been obtained (see Appendix J) from Dr. Moos for the use of this instrument, the addition of the two coping responses and changing the instructions.

The Health and Daily Living Form (Coping Responses) is an inventory developed by Billings and Moos (1981) to

assess coping responses to stressful events. The 19 items are grouped into three method of coping categories (active cognitive, active behavioral and avoidance) and two focus of coping categories (problem- or emotion-focused). These items were grouped according to cluster analyses, previous research and the ratings of several judges. The Cronbach's Alpha, according to Billings & Moos (1981), is "0.72 for active-cognitive, 0.80 for active-behavioral and 0.44 for avoidance coping . These coefficients indicate that the sub-categories of coping responses, as well as the entire set of items ($\alpha = 0.62$), exhibit moderate internal homogeneity. The intercorrelations among the three method of coping categories ($r = 0.21$) are relatively low, indicating the categories are relatively independent." (p. 145). The researcher was unable to find evidence that this instrument has been used with battered women in Nova Scotia.

At the end of the Health and Daily Living Form (Coping Responses) the researcher added two questions. The first question was open-ended and asked whether there were any additional responses, not already covered, that the woman had used to help herself cope with stress. This

question was intended to elicit information on other coping responses used by battered women.

Following this question, the women were told that the researcher was interested in knowing which coping responses they found most and least helpful. They were then asked which responses were most helpful, and which were least helpful. It was hoped that this information would be helpful in providing a better understanding of the phenomenon.

Upon completion of the Health and Daily Living Form (Coping Responses) and the open-ended questions, the researcher asked the women if there was anything else which might be helpful for the researcher to know about how they coped with their situation. For the most part, there was no additional information about their coping, but many women took the opportunity to talk for a few minutes about themselves, their children, their husbands or their situation.

Pre-test

The two instruments for the study were pre-tested with three subjects. The pre-test was conducted to:

(a) establish that the subjects would be able to understand the questions, (b) determine whether the questions would be upsetting or threatening to the subjects, and (c) determine whether the Health and Daily Living Form (Coping Responses) would be useful in obtaining a description of the coping responses used by battered women.

The pre-test indicated that the subjects were able to understand the questions, and that the questions were acceptable to them. The coping responses contained in the Health and Daily Living Form (Coping Responses) seemed appropriate for this study. They were: (a) identified as responses that were used by the women, and (b) when asked about additional responses, no responses were significantly different from those on the Health and Daily Living Form (Coping Responses). This indicated content validity of the instrument.

The ordering of the instruments (i.e. Demographic/Socioeconomic Interview Guide followed by the Health and Daily Living Form (Coping Responses)) was also deemed acceptable at that time. No difficulties were encountered with the pre-test, and no changes were required in the instrument; for this reason the researcher decided to

include these subjects in the study sample.

In addition to pre-testing with three subjects, the instruments were also examined by the executive directors of the four transition houses, several shelter workers and some Board of Director members. These examiners found the instruments to be acceptable.

Reliability of the Instrument

The researcher established the Reliability of the Health and Daily Living Form (Coping Responses) using Cronbach's Alpha. The coefficient alpha obtained was 0.27 for the entire set of items. For the method of coping sub-categories, the coefficient alphas were 0.25 for active cognitive responses, 0.54 for active behavioral responses, and 0.45 for avoidance responses. For the focus of coping sub-categories, the coefficient alphas were 0.17 for emotion-focused and 0.33 for problem-focused.

With the exception of avoidance responses, these alphas were significantly different from those obtained by Billings and Moos (1981) (see page 65). The difference may be related to the small sample size, the changes made

to the instrument (i.e. the addition of two coping responses), or the use of the instrument with this particular population. It is interesting that Mitchell and Hodson (1983), who used this instrument with battered women, did not establish their own reliability, but relied on that obtained by Billings and Moos (1981).

Data Analysis

The data from this study was analyzed using descriptive and parametric statistics. Initially, data from the demographic/socioeconomic questionnaire and the Health and Daily Living Form (Coping Responses) were given numerical codes and value labels. Following this procedure, data was entered on the Statistical Package for the Social Sciences (Nie, Hull, Jenkins, Steinbrenner and Brent, 1982) computer program.

The first step of the analysis was to obtain the descriptive statistics. These included frequencies of the independent variables (demographic/socioeconomic characteristics) and the coping responses (frequencies of use, and frequencies of the appraisals of helpfulness and unhelpfulness). Measures of central tendency and

variability were obtained for independent variables deemed appropriate for this type of analysis. These statistics were important in describing the profile of the women and providing information on the frequencies of the coping responses.

The qualitative data, which included comments on the most and least helpful responses, were also analyzed. The women's comments on specific coping responses were grouped together, and themes were extracted. The themes were needed to provide a description of the women's appraisal of the coping responses.

The next step of the analysis was the correlation of the demographic/socioeconomic characteristics with the methods and foci of coping. Following consultation with a statistician, it was initially planned to use canonical correlation. This was deemed to be the most appropriate statistical test given its ability to correlate a set of independent variables (demographic/socioeconomic characteristics) and a set of dependent variables (methods and foci of coping). Unfortunately, the data did not pass the assumption tests required for a MANOVA procedure (i.e. Hotelling's T , Wilks' Λ).

Further consultation resulted in a recommendation

to use the Pearson's product-moment correlation coefficient (D. Bryant, personal communication, July, 24, 1990). This was used to determine whether a relationship existed between the selected demographic/socioeconomic characteristics of the women and the methods and foci of coping. The determination of relationships might help to explain why the women used particular methods and foci of coping.

Pearson's correlation was also used to correlate the demographic/socioeconomic variables with each other. This was necessary to determine whether these variables were independent of each other as factors that might influence coping responses.

Limitations of the Study

The limitations of this study are:

- 1) A small convenience sample limited the generalizability of the results and determined the types of statistical analysis appropriate to this study.

- 2) The participants were chosen from shelters for battered women. Their coping responses may have differed from those of women who did not use shelters, or from women who never left a battering relationship.

3) The researcher studied only selected variables based on a review of the literature. It is possible that extraneous variables, not studied in this investigation, may have influenced the womens' coping responses.

4) The information provided on coping responses in the Health and Daily Living Form (Coping Responses) may have influenced the women's answers to the open-ended questions on additional coping responses.

5) The study was retrospective, and asked women to recall how they coped while in the battering relationship. This reliance on memory may have introduced error.

6) This was a descriptive study, which allows only for relationships to be described; cause and effect relationships can not be inferred.

7) The study was correlational, and although relationships are described, causation cannot be proven.

8) The time period for approaching the women was left to the discretion of the shelter workers. This variation in time may have influenced the women's responses.

CHAPTER V

THE RESULTS

The focus of this chapter is the presentation of results obtained from the analysis of the Demographic/Socioeconomic Interview Guide and the Health and Daily Living Form (Coping Responses) (Billings and Moos, 1981). Results are presented in the following sections (a) profile of the sample, (b) coping responses, (c) relationship between demographic/socioeconomic variables and the coping responses, and (d) the women's appraisal of their coping responses. Detailed discussion of these results will be reserved for the discussion chapter.

Profile of the Sample

The information gathered in this study relates to a sample of 35 battered women who entered one of four transition houses in Nova Scotia. The detailed demographic/socioeconomic characteristics of this particular sample are displayed in Tables 4-10. These tables include information on age, residence, marital status, time in relationship, education,

Table 4

Age Distribution of a Sample of Battered Women who had
Entered a Transition House in Nova Scotia (N=35)

<u>Variable</u>	<u>Category</u>	<u>Frequency</u>	<u>%</u>
Age group	15-19	1	3
	20-29	17	49
	30-39	10	28
	40-49	3	9
	50-59	3	9
	60+	1	3

Table 5

Breakdown of Participant's Residence According to City,
Town and Rural Areas (N=35)

<u>Variable</u>	<u>Category</u>	<u>Frequency</u>	<u>%</u>
Residence	City	17	49
	Town	13	37
	Rural	5	14

Table 6

Marital Status and Length of Time in Relationship of
Participants (N=35)

<u>Variable</u>	<u>Category</u>	<u>Frequency</u>	<u>%</u>
Marital Status	Married	18	51
	Common law	12	34
	Separated	2	6
	Divorced	3	9
Time In Relationship (number of years)	< 2	3	9
	2-5	14	40
	6-10	9	26
	10+	9	27

Table 7

Highest Level of Education Completed by Participants
(N=35)

<u>Variable</u>	<u>Category</u>	<u>Frequency</u>	<u>%</u>
Education	Grade 8 or less	6	17
	Some high school	13	37
	Graduated high school	6	17
	Vocational or technical school	4	11
	Some university	3	9
	Graduated university	0	0
	Advanced university degree	0	0
	Other	3	9

Table 8

Employment and Occupation Status of Participants and
their Spouse/Partners (N=35)

<u>Variable</u>	<u>Category</u>	<u>Frequency</u>	<u>%</u>
Employed Outside the Home	Yes	18	51
	No	17	49
Occupation	Professional*	3	9
	Non-professional**	18	51
	Homemaker	14	40
Spouse Employed Outside the Home	Yes	21	60
	No	14	40
Spouse Occupation	Professional*	2	6
	Non-professional**	33	94

*Professional - occupations such as nursing, teaching.

** Non-professional - occupations such as clerical,
laborer.

Table 9

Net Family Income of the Participants (N=35)

<u>Variable</u>	<u>Category</u>	<u>Frequency</u>	<u>%</u>
Net Family Income	<10,000	5	14
	10,001-20,000	17	49
	20,001-30,000	6	17
	30,001-40,000	2	6
	40,001-50,000	2	6
	Missing	3	9

Table 10

Number of Children Living with the Women (N=35)

<u>Variable</u>	<u>Category</u>	<u>Frequency</u>	<u>%</u>
Number of Children	0	12	34
Living with Woman	1	16	46
	2	2	6
	3	2	6
	4	3	9

employment and occupation, spouse/partner's employment and occupation, family income and children.

The age range of women in this study was 17-60, with a mean age of 33 years. The majority of women (N=17) were in the 20-29 year old category. This finding is consistent with national statistics (MacLeod, 1987) which indicate that shelters are used by the younger battered women in Canada.

Most of the women in the study (N=30) were living in either the cities or towns of Nova Scotia. A small number (N=5) resided in rural areas. The majority of women were either married (54%) or living common-law (34%); the remainder were separated (6%) or divorced (9%). The length of time in their present relationship ranged from less than one year to 40 years, with a mean time of 9 years.

In terms of education, 54% of the women had not completed high school. Of those who had completed high school, 29% had some university, vocational or technical school, or some other educational program such as nursing school or a community college program.

Approximately half were employed, or had recently been employed, outside the home. Only 9% of the women

had professional occupations. Sixty percent of the husbands/partners were employed, with 6% having professional occupations. Net family incomes ranged from \$6,648-\$48,000 with the mean income being \$18,229.

Many of the women (67%) had children still living with them. Of those women with children, most (70%) had only one.

Coping Responses

To describe the coping responses used by women to deal with the stress of living in a battering relationship, the researcher used the Health and Daily Living Form (Coping Responses) which included two open ended questions about coping (see Appendix B). The Health and Daily Living Form (Coping Responses) consisted of 21 items, each item having both a method and focus for coping. The scores were the percentage of items answered "Yes", with each individual having three method of coping scores and two foci of coping scores.

The raw scores were compiled (see Appendix H-1) to illustrate the mixture of coping scores; some individuals showed a predominant method or focus (eg. participant

20), while others had similar or equal scores in two areas (eg. participant 5).

All of the coping responses were utilized. The frequency of use for each item ranged from 23-80% (see Table 11).

Through the use of open-ended questions the researcher was able to obtain information on additional coping responses used by the women. Five women could not identify any additional coping responses. The other thirty women each identified from one to four items. The majority of these activities could be classified under the coping response "Got busy with other things in order to keep my mind off the problem". Some examples of these activities include reading, listening to music, cleaning the house and watching T.V.. Additional items could be classified as:

1. Activities that were destructive or potentially destructive to self, others or property. These included throwing items, kicking things, overturning furniture, driving fast and suicide attempts.

2. Activities which provided an escape from the situation. These included items such as going away for a couple of days, going for walks, leaving the house

Table 11

Frequencies of Coping Responses Utilized by Battered Women

<u>Coping Response</u>	<u>Method</u>	<u>Focus</u>	<u>Women</u>
Got busy with other things in order to keep my mind off the problem	A	EF	28
Prayed for guidance or strength	AC	EF	27
Tried to find out more about the situation	AB	PF	25
Considered several alternatives for handling the problem	AC	PF	24
Talked with professional person (e.g., doctor, nurse, clergy, lawyer)	AB	PF	24
Took some positive action	AB	PF	24
Prepared for the worst	A	EF	23
Kept my feelings to myself	A	EF	23
Tried to see the positive side	AC	EF	21
Took things one step at a time	AC	PF	21
Talked with friend about the situation	AB	PF	21
Tried to reduce the tension by smoking more	A	EF	21
Talked with spouse or other relative about the problem	AB	PF	20
Sometimes took it out on other people when I felt angry or depressed	A	EF	18

<u>Coping Response</u>	<u>Method</u>	<u>Focus</u>	<u>Women</u>
Tried to step back from the situation and be more objective	AC	EF	17
Drew on my past experiences; I was in a similar situation before	AC	PF	16
Tried to reduce the tension by eating more	A	EF	15
Took drugs	A	EF	15
Drank alcoholic beverages	A	EF	13
Exercised more	AB	EF	11
Didn't worry about it; figured everything would probably work out fine	A	EF	8

AC=Active Cognitive AB=Active Behavioral A=Avoidance
 EF=Emotion Focused PF=Problem Focused

before husband got home and getting involved in activities outside the home.

3. Activities which allowed the woman to indulge or pamper herself. These include going shopping for self, taking relaxing baths and doing things for herself.

A few additional coping responses could not be classified with the above items. These responses were:

1. "Kept in contact with a support network."

2. "Keeping financial independence so you're not at the mercy of others."

3. "Kept up my interest in former career. I was trying to hold on to my identity from the past because of being so overpowered."

These three items were identified by only two of the women.

Relationship Between Demographic/Socioeconomic Variables and the Coping Responses

The researcher was interested in determining whether there was any relationship between the women's demographic/socioeconomic characteristics and their methods and foci of coping. Methods of coping include

the categories of active-cognitive, active-behavioral and avoidance coping responses; foci of coping include the categories of problem-focused and emotion-focused responses (refer to p. 25 for detailed descriptions). To assess relationships, the researcher used Pearson's Product-Moment Correlation. The correlation coefficients are shown in Table 12.

Active-cognitive responses were positively related to residence, indicating that women in rural areas were more likely to use active-cognitive responses. Active-behavioral responses were less likely to be used by those with higher incomes; those with higher incomes in this sample are more likely to use avoidance responses. Avoidance responses are less likely to be used as length of time in a relationship increases. Focus of coping responses were related only to marital status. Emotion-focused responses were more likely to be used by those divorced, while problem-focused were more likely to be used by those women who were married. No responses were significant at $p < 0.01$, although $p=0.011$ for income and active behavioral responses, and $p=0.017$ for income and avoidance responses.

Table 12

Correlations of Method and Focus of Coping with
Demographic/Socioeconomic Characteristics

Demographic/ socioeconomic Characteristics	<u>Method of Coping</u>			<u>Focus of Coping</u>	
	AC	AB	A	EF	PF
Age	0.06	0.23	-0.27	-0.13	0.12
Residence	0.38*	0.02	-0.31*	-0.26	0.26
Marital status	0.01	-0.20	0.18	0.31*	-0.31*
Education	-0.08	0.18	-0.10	-0.15	0.14
Occupation	0.04	0.07	-0.09	-0.14	0.14
Income	0.01	-0.36	0.34*	0.17	-0.17
Employment	-0.16	0.14	-0.01	-0.07	0.07
Partner employment	-0.09	-0.04	0.11	0.20	-0.20
Partner occupation	0.24	-0.05	-0.14	0.01	-0.01
Time in relationship	0.22	0.19	-0.34*	-0.28	0.28
Number children	0.26	-0.01	-0.17	0.15	-0.15

*p < 0.05

Residence was a three point scale ranging from city to rural area.

Marital status was a four point scale ranging from married to divorced.

Correlation of the Demographic/socioeconomic
Characteristics

The eleven demographic/socioeconomic variables were correlated with each other. This correlation was performed to determine if there was any significant relationship among the variables. Significant relationships were found between a) age and time in relationship, and b) occupation and employment (of the woman). The correlation coefficients showed a positive relationship between age and the length of time in a relationship, indicating that as age increased, the length of time a woman was in the relationship increased. Occupation and employment also showed a positive relationship, indicating that those women with a professional occupation were likely to be employed. The remaining variables were deemed to be relatively independent (D. Bryant, personal communication, July 24, 1990). Due to the extensive nature of the correlation matrix, only the statistically significant results are presented (see Table 13).

Table 13

Pearson Correlation Coefficients for Statistically
Significant Demographic/Socioeconomic Characteristics

<u>Characteristic</u>		
<u>Characteristic</u>	<u>Time in Relationship</u>	<u>Occupation</u>
Age	* 0.72	-
Employment	-	* 0.70

* $p = 0.00$

Appraisal of Coping Responses

Following the identification of coping responses the women were asked to identify the items they found most helpful and the items they found least helpful. For the most helpful responses, each woman identified an average of 3.3 items; for the least helpful, an average of 2.4 items was identified. The frequencies of these items are displayed in Tables 14 and 15.

The subjects were asked to explain how/why the items were most helpful and least helpful. All 21 items were identified as most helpful by a range of 1-15 women. Although the reasons varied among and within responses, several themes could be identified by the researcher. These themes are outlined in Table 16.

Some of the coping responses appeared to be exclusive to one theme, while others could be categorized under several themes. The researcher will present the individual themes along with the coping responses associated with each theme and some examples of the women's comments about the responses.

Table 14

Frequencies of Coping Responses Identified by Battered Women as Being Most Helpful

<u>Coping Response</u>	<u>Method</u>	<u>Focus</u>	<u>Women</u>
Talked with professional person (e.g., doctor, nurse, clergy, lawyer)	AB	PF	15
Talked with friend about the situation	AB	PF	13
Got busy with other things in order to keep my mind off the problem	A	EF	12
Prayed for guidance or strength	AC	EF	8
Tried to find out more about the situation	AB	PF	7
Tried to see the positive side	AC	EF	6
Took things one step at a time	AC	PF	6
Talked with spouse or other relative about the problem	AB	PF	6
Exercised more	AB	EF	6
Tried to reduce the tension by smoking more	A	EF	6
Prepared for the worst	A	EF	5
Drew on my past experiences; I was in a similar situation before	AC	PF	4
Took some positive action	AB	PF	4
Kept my feelings to myself	A	EF	4

<u>Coping Response</u>	<u>Method</u>	<u>Focus</u>	<u>Women</u>
Sometimes took it out on other people when I felt angry or depressed	A	EF	3
Didn't worry about it; figured everything would probably work out fine	A	EF	3
Considered several alternatives for handling the problem	AC	PF	2
Took drugs	A	EF	2
Drank alcoholic beverages	A	EF	2
Tried to step back from the situation and be more objective	AC	EF	1
Tried to reduce the tension by eating more	A	EF	1

AC=Active Cognitive AB=Active Behavioral A=Avoidance
EF=Emotion Focused PF=Problem Focused

Note: Please refer to p. 25 for the description of the methods and foci of coping.

Table 15

Frequencies of Coping Responses Identified by Battered Women as Being Least Helpful

<u>Coping Response</u>	<u>Method</u>	<u>Focus</u>	<u>Women</u>
Kept my feelings to myself	A	EF	12
Tried to reduce the tension by eating more	A	EF	8
Tried to reduce the tension by smoking more	A	EF	8
Drank alcoholic beverages	A	EF	8
Prayed for guidance or strength	AC	EF	7
Prepared for the worst	A	EF	7
Took drugs	A	EF	7
Talked with spouse or other relative about the problem	AB	PF	6
Sometimes took it out on other people when I felt angry or depressed	A	EF	6
Drew on my past experiences; I was in a similar situation before	AC	PF	3
Tried to see the positive side	AC	EF	2
Tried to step back from the situation and be more objective	AC	EF	1
Took things one step at a time	AC	PF	1
Considered several alternatives for handling the problem	AC	PF	1
Tried to find out more about the situation	AB	PF	1

<u>Coping Response</u>	<u>Method</u>	<u>Focus</u>	<u>Women</u>
Talked with professional person (e.g. doctor, nurse, clergy, lawyer)	AB	PF	1
Talked with friend about the situation	AB	PF	1
Got busy with other things in order to keep my mind off the problem	A	EF	1
Didn't worry about it; figured everything would probably work out fine	A	EF	1
Took some positive action	AB	PF	0
Exercised more	AB	EF	0

AC=Active Cognitive AB=Active Behavioral A=Avoidance
EF=Emotion Focused PF=Problem Focused

Note: Please refer to p. 25 for the description of the methods and foci of coping.

Table 16

Common Themes Describing why Coping Responses
were Most Helpful

-
1. Provided relief from feelings of stress/ frustration
 2. Provided some hope that things would be better
 3. Gave inner peace or strength
 4. Made their situation more manageable or gave a sense of control over the situation
 5. Gave them some direction or helped them with their decision making
 6. Gave support/understanding
 7. Had positive effects, physically or psychologically
 8. Provided an escape from the situation, some temporary relief
-

The following are the themes which describe why coping responses were most helpful, and the women's comments related to the individual responses.

Theme 1: Provided relief from feelings of stress/
frustration.

<u>Responses</u>	<u>Women's comments</u>
(a) Tried to see the positive side	"Relieved feelings of stress."
(b) Talked with friend about the situation	"Reduced the tension. Reduced the feeling of stress."
(c) Exercised more	"Relieved all the stress." "Released the tension." "Exercise relieves the tension - clears your head."
(d) Sometimes took it out on other people when I felt angry or depressed	"Got my frustration out." "Relieved the tension."

- | | |
|--|--|
| (e) Tried to reduce the
tension by smoking more | "Calmed me down."
"Relaxed me."
"Relieved the tension."
"Calmed my nerves when
I didn't have anyone
around to talk to." |
| (f) Took drugs | "I could relax totally
and escape from the
situation." |
| (g) Drank alcoholic beverages | "Relaxed me." |

Theme 2: Provided some hope that things would be better.

Responses

- (a) Tried to see the
positive side
- (b) Drew on my past
experiences; I was
in a similar situation
before

Women's comments

- "Gives hope that the
situation will work
out and get better."
- "Looking back at my
past experiences, I
felt that if I could
make it through that,

- | | |
|---|---|
| | I could make it
through anything." |
| (c) Prayed for guidance
and strength | "Gave me hope." |
| (d) Didn't worry about it;
figured everything would
probably work out fine. | "Not worrying makes
me feel better.
Sometimes thinking it
will work out gives
me hope." |

Theme 3: Gave inner peace or strength.

Responses

- (a) Prayed for guidance
or strength
- (b) Tried to find out more
about the situation.

Women's comments

- "I have a strong faith.
I'm religious-
Catholic. It gave me
strength."
- "Gave me peace of mind-
the more I knew about
the situation."

Theme 4: Made their situation more manageable or
gave them a sense of control.

Responses

(a) Took things one step
at a time

(b) Prepared for the worst

Women's comments

"Only way to cope
because the situation
was so unpredictable."
"Get things
accomplished. Makes
things more manageable
and less overwhelming.
If you don't do it
that way, everything
is a big headache."

"Made me feel prepared.
Gave me a sense of
control."
"If I prepared for the
worst, what happened
never was the worst,
so it didn't seem so
bad."

(c) Tried to find out more
about the situation

"The more info I had,
the better I was able
to deal with it."

"Gave me a sense of
control."

Theme 5: Gave them some direction or helped with
their decision making.

Responses

- (a) Considered several
alternatives for
handling the problem
- (b) Talked with professional
person (e.g., doctor,
nurse, clergy, lawyer)

Women's comments

"I was able to pick out
what I felt was the
best plan of action
and follow that one."

"Talking with
professionals helped
me grow and gave me
a better understanding
of it. Gave me a
different outlook -
new options."

"Got helpful advice in

- (c) Took some positive
action

terms of deciding
what to do."

"Helped sort things
out and get back
on track."

Theme 6: Gave support/understanding.

Responses

- (a) Talked with professional
person (e.g., doctor,
nurse, clergy, lawyer)

- (b) Talked with spouse or
other relative about
the problem

Women's comments

"I talked with 'sister'
(RC) and knew that
she believed me. This
gave me courage."

"G.P. understood
situation. Knew what
you were going
through. Somebody was
there to listen."

"Relatives - they went
through similar
things. Knew what I
was going through
and understood."

"Talked with my sister. She understood me. She was a support to me and would give me advice."

"We had a good relationship when there was no alcohol involved. There was nothing we couldn't discuss. We had a strong and supportive relationship."

(c) Talked with friend
about the situation

"Somebody was there to listen and understand. Gave advice and tried to help you deal with things."

"Somebody hearing my side and understanding because they saw what was going on."

Theme 7: Had positive effects, physically or
psychologically.

Responses

- (a) Tried to see the
positive side
- (b) Talked with professional
person (e.g., doctor,
nurse, clergy, lawyer)
- (c) Talked with friend
about the situation

Women's comments

- "Kept me from getting
caught up in husband's
negative thinking.
Kept things in
perspective. Looked
at myself positively-
a lot of my abuse was
psychological-
constant negative
putdowns."
- "Increased my self-
esteem and reassured
me that I was right.
Husband would try and
make me think that I
was wrong."
- "Would make me feel
better."

(d) Exercised more

"They went through similar things. Knew what I was going through and understood. Felt better after talking to them."

"Taking care of my body gives me a healthy mind - creates harmony."

"I was able to sleep better. Took less medication. Could go longer periods without tranquillizers. I felt good about myself."

Theme 8: Provided an escape from the situation.
some temporary relief.

Responses

(a) Took drugs

Women's comments

"Helped to relax me.

- | | |
|---|---|
| | Helped me sleep." |
| (b) Drank alcoholic beverages | "I could relax totally and escape from the situation." |
| (c) Got busy with other things in order to keep my mind off the problem | "I'd concentrate on the children so I didn't have time to dwell on problems. Things never leave, but at least you get a little reprieve."
"Helps get things off my mind, but then it's still there after. Just helps for a short while." |

For the least helpful items, all except "Exercised more", and "Took some positive action" were identified by a range of 1-12 women. Reasons for the responses being least helpful varied, but several common themes were identified. These themes are outlined in Table 17. The researcher will present the individual themes,

Table 17

Common Themes Describing why Coping Responses
were Least Helpful

1. It had no effect on their situation
 2. Kept them from dealing with the problem or caused more conflict/ strained relationships
 3. Had negative psychological effects, i.e. increased stress/agitation, decreased mood, caused guilt, lowered self-esteem
 4. Had negative effects on physical health, i.e. weight gain, increased blood pressure
-

along with the coping responses associated with each theme and some examples of the women's comments about the responses.

Theme 1: It had no effect on their situation.

<u>Responses</u>	<u>Women's comments</u>
(a) Prayed for guidance or strength	"Nothing ever happened." "Doesn't change anything." "Didn't help."
(b) Talked with spouse or other relative about the problem	"Didn't do any good." "I thought at the time he was under- standing, but he wasn't. Didn't help change things."

Theme 2: Kept them from dealing with the problem
or caused more conflict/strained
relationships.

Responses

- (a) Talked with spouse or
other relative about
the problem.

- (b) Sometimes took it out
on other people when
I felt angry or
depressed

Women's comments

"Would either start the
same situation all
over again, or he
would want to avoid
dealing with the
solution."

"The only relative I
could talk to was my
mother-in-law. She
would deny that there
were problems and say
it was all my fault."

"I'm not confronting
the problem itself.
Whoever is around
gets it and they don't
deserve it."

(c) Tried to reduce the
tension by smoking
more

"Smoking doesn't
accomplish anything,
just gives you
something to do."

(d) Took drugs

"Caused a strain on the
relationship. Caused
me to avoid facing
problems."

"Drugs just covered it
up and caused more
problems. I didn't
take any action."

(e) Drank alcoholic
beverages

"Drinking would start
more fights."

"Kept me from dealing
with things. I was in
a haze and just
accepted things."

"Just covers it up and
causes more problems.
Everything is still
there."

(f) Got busy with other things in order to keep my mind off the problem

"The problem would still be there and get worse from neglect."

Theme 3: Had negative psychological effects, i.e. increased stress/agitation, decreased mood, caused guilt, lowered self-esteem.

Responses

(a) Tried to see the positive side

(b) Prayed for guidance or strength

Women's comments

"There wasn't anything positive, yet I wouldn't listen to anything anyone told me. I felt conflicted; I wanted him to change, but felt he wouldn't. I went into a depression."

"Prayers were never answered. I gave up on things - felt more

(c) Drew on my past
experiences; I was in a
similar situation before

(d) Prepared for the worst

(e) Sometimes took it out
on other people when I
felt angry or depressed

(f) Tried to reduce the
tension by eating more

hopeless."

"Got more depressed.
Felt nothing was
changing. I wasn't
getting out of the
situation."

"If I prepare for the
worst I expect the
worst to happen and
that causes me more
stress."

"Tended to make me more
negative than I wanted
to be. Kept me in a
constant state of
agitation."

"Makes matters worse.
I'd feel awful -
empty inside."

"Made me feel guilty."

"It was destructive.
It decreased my self-
esteem so much more.

(g) Kept my feelings to
myself

It was destroying me."

"Keeping it in got me
more frustrated and
depressed."

"It was destructive.
It increased the
tension and made me
feel isolated."

Theme 4: Had negative effects on physical health.

Responses

(a) Tried to reduce the
tension by eating more

Women's comments

"I put on weight. Not
good for my blood
pressure."

"Gained weight which
caused health
concerns."

(b) Tried to reduce the
tension by smoking more

"It was bad for my
health. I have poor
circulation and high
blood pressure."

"Almost killed myself."

I'm asthmatic."

(c) Took drugs

"Usually took them for
migraines. Not
effective and I felt
sick or worse
afterwards."

Women were asked about the helpfulness or unhelpfulness of additional items. Most of the items were very similar and fit into one of the above categories (i.e. helping them to keep busy, providing an escape, indulging themselves or activities that were destructive). For the most helpful items, the majority of women chose items which kept them busy or provided an escape. Many of the women could not select a least helpful item, and said that all the additional items they identified were equally helpful.

Women were asked how/why the chosen items were most or least helpful. For the most helpful items, the reason was usually that it reduced their stress or frustration, or helped to take their mind off their problems. For the least helpful items, the response was usually that the item did not relieve their stress or frustration. Only

one woman addressed a destructive item, "attempting suicide", saying that it was unhelpful because it "Didn't deal with anything. Sorry I didn't succeed for a long time afterwards."

Summary

The findings of this study show that battered women are using a variety of coping responses to deal with the stress of living in a battering relationship. However, there seems to be an increased use of responses which are avoidance/emotion-focused.

Correlation of the demographic/socioeconomic characteristics with the coping responses showed relationships between a) active-cognitive responses and place of residence, b) active-behavioral responses and income, c) avoidance responses and income, d) avoidance responses and length of time in relationship, and e) emotion-focused responses and marital status.

Correlation of selected demographic/socioeconomic variables revealed that age and time in relationship, and occupation and employment were significantly related to each other as factors which influenced coping responses. The remaining demographic/ socioeconomic

variables were deemed to be independent of each other.

It was also found that women in this study were able to identify the various responses they found to be most helpful and least helpful to them. Interestingly, the identification of helpfulness or unhelpfulness was not always congruent with utilization.

CHAPTER VI

DISCUSSION

This chapter will discuss the results of the study according to the research questions, and in relation to the conceptual framework and any supporting literature. The four questions addressed by this study were:

- 1) What is the profile of a convenience sample of women who have entered a transition house in Nova Scotia;
- 2) What are the coping responses utilized by a sample of women who have lived in a battering relationship; 3) Is there a relationship between the demographic/socioeconomic characteristics of the women and their coping responses; and d) How do battered women appraise their coping responses?

The conceptual framework for this study is based on the work of Lazarus and Folkman (1984) and Billings and Moos (1981). In this framework, coping is conceptualized as a multidimensional process in which resources and constraints interact with, and have an impact upon, the person-environment relationship (the woman in a battering relationship). This interaction influences the woman's appraisal of her situation and the coping responses she

will use to deal with the situation. The coping responses utilized will affect the woman's adaptational outcome, which will ultimately affect the person-environment relationship and the woman's appraisal of the coping responses she utilized.

Profile of the Women

How does this sample of women compare to battered women who have entered transition houses across Canada? Similar statistics are available from MacLeod's (1987) Canadian study which used data collected from 98 transition houses across Canada. Table G-1 (Appendix G) compares this study's results with those available from MacLeod's study.

Traditionally, women who seek shelter at a transition house often have limited financial options, are unable to arrange alternate accommodations on their own and tend to be the younger and the poorer battered women (MacLeod, 1987). This held true for the sample in this study. As illustrated in Table G-1, 63% of the sample were under the age of 35, and 63% had a net family income of less than \$20,000. As MacLeod also points out,

given the young age of a majority of the women, many women come to the shelter with children. For this particular sample, 66% of the women had children, and those with children had an average of two.

Comparing education, the Nova Scotia sample was better educated than the Canadian sample. In this study's sample just over one half (54%) had not completed high school, compared to 70% in the other sample. Although only 17% of this sample had a high school diploma as their highest level, compared to 22%, an additional 20% of them had gone on to vocational/ technical school or had completed some university, compared to only 6% in the other sample.

One possible explanation for the difference in educational level may be that 86% of this study's sample lived in the cities or towns of Nova Scotia and may have had better access to, or increased opportunity to take advantage of, educational facilities. Although MacLeod did not solicit information on the numbers of women from rural areas, the statistics indicated that 34% of women were from "out of town". MacLeod assumed that a portion of these were from rural areas. There is also a time difference of approximately four years in the data

collection of this study compared to MacLeod's study. This may contribute to the difference in the education statistics.

The higher levels of education in this sample may explain the higher percentage of women working outside the home (51% as compared to 20%). It might be assumed that having a high school diploma and/or additional education or training would make it easier to attain employment. The increased percentage of women working for pay, combined with a higher percentage of partners employed (60% compared to 38%) might also explain why family incomes are higher for the Nova Scotia sample (see Appendix G).

According to Statistics Canada (1986), 23% of women in Nova Scotia are living in rural areas. As indicated above, only 14% of this study's sample lived in the rural areas of Nova Scotia. This lower percentage may have been due, in part, to the fact that data collection focused on two houses located in cities, one in a town and one in a rural area. This perhaps biased the sample in such a way as to exclude women from rural areas. However, it is interesting to note that of the sample from rural areas, four of these women (80%) were from rural areas

outside cities. Only one woman was from a rural area near the transition house which services small towns plus a large rural area.

This raises several questions about battered women in the rural areas of Nova Scotia. Do they have the same information about services as women living in cities or towns? How accessible are services for these women? Does their geographical isolation serve to keep them trapped in the battering situation? Perhaps these are questions to be addressed in another study.

Correlation of Selected Demographic/ socioeconomic Characteristics

The demographic/socioeconomic characteristics of the women were correlated to determine whether they were significantly related to each other as factors which influenced the methods or foci of coping. The correlation matrix was interpreted with the assistance of a statistician, and it was determined that there were only two statistically significant relationships (D. Bryant, July 24, 1990). These were age and time in relationship, and the woman's employment status and occupation (see

Table 13, p. 91).

Age and time in relationship was an expected and logical correlation. It could be assumed that as time in the relationship increased, the woman's age might increase. While this held true for many women in the sample, it should be noted that there were exceptions. Two of the younger women had entered their relationships at the ages of 14 and 15 years. One of these women, age 29, had had a 15 year relationship. Other women, much older than these two (i.e. late 40's or early 50's), were in their second or third relationships which ranged from two to six years.

The other significant relationship was between employment status and occupation. A positive correlation coefficient indicated that women who had professional occupations were more likely to be employed than women who had no occupation (had never worked outside the home), or had a non-professional occupation. Neither of these characteristics showed any relationship to coping responses.

The remaining characteristics were deemed to be relatively independent of each other (D. Bryant, personal communication, July 24, 1990). This would mean that if

a characteristic was related to coping responses, that particular characteristic was not being influenced by other factors.

Coping Responses

Coping responses were described using the Health and Daily Living Form (Coping Responses) and several open-ended questions. Participants answered yes or no to a list of 21 coping responses, identified the most and least helpful responses and then explained why these responses were most or least helpful.

The most frequently identified response (by 80% of the women) was "Get busy with other things in order to keep my mind off the problem" (see Table 11, p.85); this is a response which is classified as avoidance/ emotion-focused. Following this response, the next five most frequently used responses were a mixture of active cognitive and active behavioral, and were predominantly problem-focused. Of the top ten most frequently utilized responses (by 60-80% of women), only three of these were avoidance/emotion-focused.

The Health and Daily Living Form (Coping Responses)

contains nine avoidance/emotion-focused responses. Five of these responses were among those least frequently utilized (by 23-51% of women).

According to the literature (Billings and Moos, 1981), responses which are active-cognitive or active-behavioral and problem-focused are thought to be more effective than those which utilize avoidance and are emotion-focused. Having a varied repertoire of coping responses is considered more helpful than relying on a single response, regardless of its efficacy (Pearlin and Schooler, 1978). In examining the results in Table 11, it would appear that many women in this sample are using a mixture of coping responses, relying more on the active cognitive and behavioral, and problem- focused, than on the avoidance/ emotion-focused responses. However, one major disadvantage of this study is that the frequency of use of each individual coping response was not measured. For example, a woman might identify that she used 15 coping responses to deal with the stress of her situation. These may have been evenly mixed according to method and focus, but one or several may have been used on a more regular basis than others (i.e. several times daily as compared to twice a week).

The researcher noted that on the open-ended questions, when women were asked if there was anything else they used to help them cope, approximately half (51%) of the women identified items which the researcher would judge to be classified under the response "Got busy with other things in order to keep my mind off the problem". Of this number, 8% had answered "no" when asked if they had used that response. Some examples of this were reading, getting involved with hobbies, cleaning the house and focusing attention on children. The extent to which these items were utilized also remains unmeasured. It is the researcher's impression that a more detailed list of coping responses, which gives consideration to the frequency of use, would be more valuable in helping to understand the coping responses of battered women.

In addition to a more comprehensive list of items, it would be interesting to try and assess how coping responses have or have not changed over time. During the interviews, several of the women (N=3) declared that they had always coped this way. What is interesting is that each of these women also followed this statement with another statement about their childhood, indicating that they came from physically or

psychologically abusive homes. This raises questions about the coping of battered women who grew up in abusive homes? Are their coping responses different from battered women who came from a non-abusive background? Is the type of abuse they were subjected to a factor in their coping? Have they, in fact, "always coped this way", or have they gone through a process of trying different responses until they find the ones most suitable to their situation? These questions will not be answered in this study, but should be considered in future research on coping responses of battered women.

With other women, there was a clear indication that coping responses had indeed changed over time. One particular item which made this evident was "Talked to spouse or other relative about the problem". A frequent comment was, "No. I used to try and talk to him, but it didn't do any good", or "No, not any more". Following this comment the woman usually named some relative to whom she talked. These comments seem to indicate that for some women there is a process of trying out coping responses, evaluating their effectiveness and, if necessary, trying alternative responses. This supports the conceptual model for the study (see Figure 1,p.40)

which depicts a process in which coping responses are used based upon the appraisal of the situation, but are subject to change depending on the woman's appraisal of the helpfulness or unhelpfulness of the response. This relationship to the conceptual framework is further developed later on (see p. 136).

It is interesting to note that in previous studies with battered women there were no comments on changes in coping responses over time. Griffin (1985), did examine coping in battered and ex-battered women, and found no significant difference in their use of coping responses. However, these were two different groups of women, rather than one group studied over time. The use of one group of women, studied at different time intervals, may have produced different results.

Relationship of Demographic/Socioeconomic Variables to Coping Responses

The methods of coping discussed in this study include the coping responses categorized as active-cognitive, active-behavioral and avoidance; the foci of coping include those responses which are problem-focused

and emotion-focused. In describing the methods and foci of coping used by battered women, it is important to consider what factors may be related to their utilization of various coping responses.

Information was collected on demographic/ socioeconomic characteristics selected from a review of the literature. These included age, residence, marital status, time in relationship, education, employment and occupation, spouse/partner's employment and occupation, income and number of children living with the woman.

These variables were correlated with methods and foci of coping using Pearson's Product-Moment Correlation (see Table 12, p. 89). Method of coping was related to residence, income and time in relationship. Focus of coping was related to marital status. Each will be discussed separately.

Residence

Residence showed a positive relationship with active cognitive responses, and a negative relationship with avoidance responses, indicating that active-cognitive responses are more likely to be used by the women from

rural areas, while avoidance responses are more likely to be used by the women from cities.

The reason for this relationship is not obvious. It may be possible that the isolation of a rural area may force these women to rely on active-cognitive responses more so than those which are active- behavioral or avoidance. For example, referring to Table 11, p. 85, it can be seen that one of the more frequently used active-behavioral responses is to talk with a friend about the situation. For the rural sample, 80% indicated they did not use that response. It is possible that being in a rural area limited the access to a friend, or even limited the availability of friends. This finding indicates a need for nurses to be aware of the possible effects of rural living on coping responses of battered women, and might also indicate a need for increased services for women in rural areas.

When examining some of the avoidance responses that were not used by rural women, the researcher found that 100% of the women denied use of alcohol, and 80% denied the use of drugs as coping responses. If the disclosure of this information is accurate, it is encouraging that most of these women have been able to deal with their

situations without resorting to the use of alcohol and/or drugs. This raises questions about the factors which enable these women to refrain from alcohol and/or drug use. Perhaps these high percentages were related to the isolation of a rural area, or possibly different beliefs or values that might be associated with rural living. Values and beliefs may influence the use of alcohol and drugs, or may influence the woman's disclosure of their use.

The use of a small, convenience sample must also be considered. Only 5 of the 35 women were from rural areas, and no conclusion can be made about how representative these women are of battered women from the rural areas of Nova Scotia.

Marital Status

Problem-focused coping responses were more likely to be used by married women, and emotion-focused responses by divorced women. Problem-focused coping is directed at managing or altering the problem causing the distress, while emotion-focused coping regulates the emotional response to the problem (Lazarus and Folkman,

1984).

This difference in utilization of problem- and emotion-focused coping responses might be explained by the woman's investment in the relationship, or her degree of control over the situation. A woman who is married, or living common-law, would seem to have more invested in the relationship, than a woman who is separated or divorced. She may be more inclined to use responses which might improve the relationship, or the situation. It was not uncommon for the researcher to hear women talk about "how hard" they tried to make the relationship work, or about "trying everything". One married woman stated, "Sometimes I think I'm living in a dream world. I keep trying to believe he's going to change and things will get better. Deep down I know that'll never happen, but it's so hard to accept. I've tried everything. I didn't want to leave him, but I had no choice, I had to."

Emotion-focused responses are more likely to be used when the person has appraised that there is nothing that can be done about the problem (Lazarus and Folkman, 1984). This may help explain why emotion-focused responses are more likely to be used by the women in this study who were separated or divorced. Unfortunately, even

when separated or divorced, it seems that a woman has little control over what she can do about the battering situation, and may be investing her energy in responses which help her to deal with her emotional discomfort. This lack of control is illustrated by the comments of a woman who divorced her husband five years ago. She stated, "I'll never be free from him no matter what I do. There's no getting away from it. No matter where I go, he finds me. My only relief will be with death. When my children are old enough to fend for themselves, then I'll kill myself. I've taken enough". This statement illustrates this woman's lack of control over the situation, as well as her overwhelming feelings of hopelessness and helplessness.

Another example of lack of control over a situation comes from the story of a woman who had been divorced for nine months. She described being constantly harassed by her ex-husband since the divorce. One week prior to the interview, her husband came to her apartment looking for her. She was not home, and he created such a disturbance trying to gain access to her apartment that a neighbour called the police. He was picked up, intoxicated, and charged with carrying a concealed weapon (a gun). She

believed he intended to kill her, and is afraid to return to her apartment. She requested help from the police, and said, "They (police) told me they can't do anything until he tries something. When he tries something it'll be too late. I'll probably end up like one of those women you read about in the paper - the ones who try to get help but no one listens, then one day their husbands kill them."

Situations such as the above help to illustrate some of the difficulties faced by a woman who is living in a battering relationship. These scenarios are not exclusive to the women in this study, but are familiar to almost anyone who has worked with battered women. In MacLeod's (1987) study, 12% of the women were separated or divorced and the battering had not stopped. Smith (1985), who did a telephone survey of 315 Toronto women, reported an abuse rate of 42.6% for separated and divorced women. The possessiveness of the batterer can perhaps be best portrayed by this man's comment to his wife, "You are my wife. You are mine forever and no piece of paper will ever change that fact.", (MacLeod, 1987, p. 44). One can understand how some battered woman could appraise that there is nothing that can be done about their situation.

Unfortunately, this appraisal is a reality for some women. Emotion-focused coping responses, which reduce the woman's emotional discomfort, may be one of the few options available to some women.

Examples such as the above highlight the need for nurses and other helping professionals to be aware of the extreme possessiveness of some batterers, and the threat they may pose to their partners. This awareness could lead to nurses taking a more active role as advocates for battered women.

Time in Relationship

The length of time in a relationship was found to be negatively related to avoidance coping. The longer a woman is in a battering relationship, the less likely she is to use avoidance coping. This raises questions about the possible use of denial in the early part of the relationship - denial which could be reinforced by the cyclical nature of the battering relationship.

In the cycle of violence (Walker, 1979), battering is usually followed by kindness and contrite loving behavior. The batterer often apologizes for his behavior,

showers his wife with affection, and promises never to repeat the behavior. This loving behavior is welcomed by the woman and she wants to believe her husband/partner will change. Unfortunately, the battering incidents usually begin again.

As time progresses in the relationship, it may become increasingly difficult to avoid facing the battering situation. Perhaps it is the realization that the battering will not end, and the husband/partner is not changing, that influences the change to coping responses (active-cognitive or active-behavioral) which will help to deal with, rather than avoid, the situation. This would seem to be supported by the comments of two women. One, referring to an active-cognitive response, said, "I knew the problems wouldn't go away. I had to figure out some way of solving them so they wouldn't happen again". The other woman, referring to an active-behavioral response, said, "If you can get more information then hopefully you can find out what the mistakes are, what's wrong, and then change it for the better".

These findings, and the preceding findings regarding marital status raises a question about the possible

effects of time in relationship, coping responses and the cycle of violence upon the decision of some women to remain in or leave a battering relationship. The proposed relationship of these items, developed by this researcher, expands on the conceptual framework for the study (see Figure 1, p.40), and is shown in Figure 2. In the early phase of the relationship there is denial of the battering, which may be reinforced by the batterer's contrite loving behavior (stage three of the cycle of violence). During this phase avoidance coping responses are utilized.

As the relationship progresses and the acute battering incidents (stage one) continue to reoccur, it becomes increasingly difficult for the woman to deny that she is in a battering relationship. She faces the reality that she is a battered woman, but still hopes that the battering will stop (this is again reinforced by stage three, the contrite loving behavior), and believes that she can do something about the situation.

At this point, active-cognitive and/or active-behavioral coping responses may be utilized.

A further progression of the relationship results in the realization that the battering will not stop and

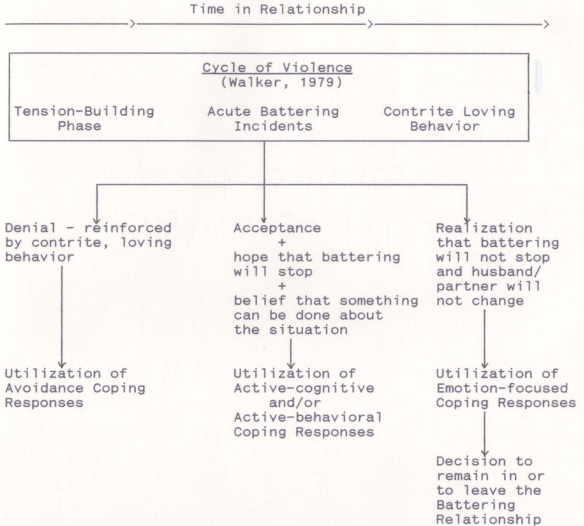


Figure 2: A proposed relationship among time in relationship, the cycle of violence, utilization of coping responses and the woman's decision to remain in or leave the battering relationship.

that the husband/partner will not change. Active-cognitive and active-behavioral coping responses have not worked, and the woman resorts to emotion-focused coping. It may be at this point that the woman makes a decision about remaining in or leaving the relationship. This may also help explain the relationship between emotion-focused coping and a separated or divorced marital status. Perhaps the woman must go through this process before she is able to leave. This proposed relationship cannot be proven through this study, but would certainly be an interesting focus for future research.

Income

In this study, avoidance coping was found to be positively related to higher income. Previous studies, with subjects other than battered women, (Billings and Moos, 1981; Pearlin and Schooler, 1978) have found less reliance on avoidance by those with higher incomes. It was concluded by those researchers that a higher income might make one less likely to be exposed to hardship and more likely to possess the means to fend off the stress

from any hardship that did occur.

Studies with battered women also seem to indicate that avoidance coping responses would be more likely to occur with low rather than high incomes. Finn (1985), did not comment specifically on a relationship between income and coping. However, he found that money was a major stressor for his sample. The sample was primarily from the low to lower middle socioeconomic group; 84% of his sample cited money as a stressor, and 59% rated money as a "highly problematic stressor". In addition to noting that money was a major stressor for this sample, Finn concluded that the battered women in this sample were more likely to avoid facing their problems, and less likely to use active, problem-solving behaviors. Mitchell & Hodson (1983), examined income in the context of personal resources. Income, education, and occupation were given a composite score, and this score was found to be negatively correlated with avoidance responses. This indicated that battered women with more personal resources (income, occupation and education) were less likely to use avoidance coping responses.

This study's positive correlation of avoidance coping with income was unexpected. Consideration must be

given to the use of a small convenience sample which was not necessarily representative of the battered women in Nova Scotia transition houses. Consequently, only 4 of the 35 women reported a net family income of over \$30,000. Of these four, only two reported an income in the range of \$40,000-50,000. It should also be noted that transition houses are primarily used by poorer women (MacLeod, 1987). Therefore, there is little information available on battered women from middle- or upper-class backgrounds who utilize transition houses; information on coping responses used by these battered women would be even more limited.

When considering the relationship between income and coping responses, it would seem that more indepth data collection would be required than was utilized in this study or others. For example, does the woman have an independent income, or does she receive money from her husband/partner? Given the controlling nature of many batterers, does an independent income, or being in a higher income family, guarantee that a woman actually has more money at her disposal? If a woman does have more money at her disposal, is she free to use it in the same manner as a non-battered woman would use it to attenuate

the effects of stress? From the information available, in this study and others, and from considering these questions, the researcher can only conclude that there is insufficient information to determine any relationship between income and coping responses of battered women. Future research in this area is recommended.

Extraneous Variables Related to Coping Responses

This study examined only a few variables which may be related to the coping responses utilized by battered women. Data collection and analysis provided the opportunity to actually work with the conceptual model used to frame the study. This process raised questions concerning other variables which were not measured.

The variables of primary concern to the researcher were the frequency and severity of battering, which would influence the woman's level of threat (see Figure 1, p. 40). The cyclical nature of the battering relationship [i.e. tension building stage, acute battering incident, and kindness and contrite loving behavior (Walker, 1979)] raises questions about the use of coping responses during the different phases of the relationship. Level of threat

is a factor which influences the coping responses used by a battered woman. The more threatened a person feels, the more likely they are to resort to emotion-focused coping (Lazarus and Folkman, 1984). Depending on the stage of the battering relationship, and the frequency and severity of battering, coping responses could differ significantly. Mitchell and Hodson (1983) found that an increased level and frequency of violence was related to the use of avoidance responses.

In this study, the researcher observed that level and frequency of violence seemed related to coping responses. Level and frequency of violence were not formally measured in this study, but from comments made by the women and from the researcher's observations of these women, this finding seemed to be supported. One such example of this was a woman who appeared very pleasant, relaxed and positive in her attitude toward life. She had never been physically abused by her partner during the forty years she had lived with him, and had no intention of leaving. She described him as having been a good husband and father, and a good provider. Her chief complaint was his periodic drinking binges (approximately once every three months), during which he became verbally

abusive to her. She had left him in order to "embarrass him and teach him a lesson".

In contrast to this woman, was another woman who had been in her present relationship for six and a half years. Her coping responses were predominantly avoidance and emotion-focused. She presented as anxious and fearful. She stated at the beginning that she was unsure if she would be able to complete the interview, but wanted to try. She wished to contribute to anything that might help other women in her situation.

Following the interview, she talked about her situation for almost 30 minutes. During this time she told of the horrendous abuse to which she had been subjected. She had been physically abused in private and in public; there were stories of psychological, sexual, economic and verbal abuse. The abuse was severe and occurred on a regular basis (almost daily, and often more than once daily). It was not surprising to discover that this woman was under psychiatric care. She talked about her feelings of depression, disrupted sleep (insomnia and recurrent nightmares), poor memory and concentration, and flashbacks (of the physical abuse).

The stories of these two women illustrate the

extreme ranges of battering, and show how both coping responses and outcomes may be affected. The first woman, whose battering could be considered minimal, utilized what many consider as positive, healthy coping responses. Although outcome was not measured, it was the researcher's impression that this woman was well adjusted, healthy and high functioning. For the second woman, it was difficult to imagine a more severe example of battering. Her coping responses were those considered less healthy and commonly associated with negative outcomes. It was the researcher's impression that she was in considerable psychological distress and unable to function in most aspects of her life (i.e. in her work and social roles).

The role of social support as a factor which influences coping responses needs further examination. Previous studies (Billings and Moos, 1981; Mitchell and Hodson, 1983) have highlighted the importance of social support, particularly the quality of that support, as a factor which influences adaptational outcome. Adaptational outcome, in turn, influences the utilization of coping responses (see Figure 1, p.40).

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extreme ranges of battering, and show how both coping responses and outcomes may be affected. The first woman, whose battering could be considered minimal, utilized what many consider as positive, healthy coping responses. Although outcome was not measured, it was the researcher's impression that this woman was well adjusted, healthy and high functioning. For the second woman, it was difficult to imagine a more severe example of battering. Her coping responses were those considered less healthy and commonly associated with negative outcomes. It was the researcher's impression that she was in considerable psychological distress and unable to function in most aspects of her life (i.e. in her work and social roles).

In stating these impressions, the researcher would like to indicate the following:

1. The researcher is an experienced practitioner in the area of Mental Health and Psychiatric nursing, and her present job responsibilities include detailed psychosocial assessments of mental health clients.

2. The above impressions were based on brief assessments. It is necessary to treat these impressions with caution; more detailed assessments might have led to other interpretations.

The role of social support as a factor which influences coping responses needs further examination.

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Although social support was not specifically measured in this study, some information was obtained from the coping responses a) talked with spouse or other relative about the problem, and b) talked with friend about the situation. The latter response was reported by the women as one of the most helpful responses. The women's individual comments give the researcher the impression that the quality of social support is perhaps more important than its mere presence. Although many women had social supports, they did not necessarily help, or seemed to not provide what they were looking for. The following are some examples of comments which support this impression.

"Talked with my sister. She understood me. She was a support to me and would give me advice.

"They went through similar things. Knew what I was going through and understood. Felt better after talking to them."

"The only relative I could talk to was my mother-in-law. She would deny that there were problems and say it was all my fault."

"They (friends) were negative. They told me to get out - they couldn't see the positive in the relationship that I saw. They were supportive of me, but not of him. That hurt me."

These four comments on social support serve to illustrate some of the differences that individuals can experience from the use of one common coping response.

In the search for relationships and commonalities, we must not lose sight of the most important factor - each battered woman brings with her the uniqueness of her own situation. Every woman will have a different set of resources and constraints, person-environment relationship and appraisals. The coping responses themselves, used in the context of each woman's unique situation, will have various meanings and distinct outcomes. This factor must be kept in mind when nurses are assessing the coping responses of battered women.

The preceding findings indicate a need for nurses to consider the effect of frequency and severity of violence, and the presence and quality of social support on the coping responses of battered women. Nurses, in every area of practice, should also be aware that social

support, and/or the presence of symptoms such as feelings of depression, disrupted sleep, etc. may be clues that the woman is in a battering relationship. Such clues should always be followed by a specific assessment for battering and the required nursing intervention.

Appraisal of Coping Responses

A further task of this study was to determine the womens' perceptions of their coping responses. They were asked to identify the most helpful and the least helpful coping responses (see Tables 13 & 14, p.91-93). The response most frequently identified (by 43% of the women) as being most helpful was "Talked with professional person (i.e. doctor, nurse, clergy, lawyer). These professional people included family doctors, psychiatrists, a nurse in a mental health clinic, a psychologist, clergy, a Sister (nun), and lawyers. The ones most frequently utilized were family doctors and psychiatrists. It is interesting that the professionals most likely to be called upon to assist battered women have been educated to treat medical problems, and may have little knowledge about, or experience with, the

social issue of wife-battering. It is the researcher's impression from working with battered women in mental health/psychiatric settings, and from discussions with many shelter workers, that physicians are more inclined to treat women's symptoms (i.e. depression, physical problems, eating disorders, etc.) than to help them deal with their situation.

The women gave many different reasons why talking with a professional was helpful. The main reasons seemed to be a) they provided information/ advice that helped with decision making, particularly as it related to leaving the battering situation, b) they gave support/understanding and c) they helped to maintain or increase self-esteem.

In order of frequency, the next most helpful response (identified by 37%) was "Talked with friend about the situation". Again, many reasons were given, but the main reasons for this response seemed to be a) it relieved stress and they felt better afterwards, b) friends were supportive and understanding, and c) it was helpful in examining the situation, and ultimately in making decisions about their situations. These reasons seem to support Mitchell and Hodson's (1983) finding that

social support has an impact on the psychological health of battered women, particularly self-esteem and mastery.

The next most helpful response was to "Get busy with other things in order to keep my mind off the problem". It is interesting that 80% of the sample identified this response as one they use (see Table 11, p. 85), yet only 34% believed it was one of the most helpful responses. It is also interesting to note that the remainder of the avoidance/emotion-focused responses ranked fairly low in frequency (3%-17%) in terms of being identified as the most helpful responses. Future research in this area could be helpful in determining when (i.e. in response to what particular stressor) these avoidance/emotion-focused responses were found to be most helpful.

Of the top five responses identified as most helpful, four of these are also among the five most frequently used. With the exception of one, these responses are a mixture of active-cognitive, active-behavioral and predominantly problem-focused responses. The five responses least often identified as being most helpful (3%-9%) also consisted of four of the least utilized coping responses. It is interesting that four of these five responses are avoidance/ emotion-focused

responses. It would seem from this information that although the women used quite a mixture of responses, the ones deemed most helpful by them were the active-cognitive, active-behavioral and problem-focused responses.

Women were also asked which responses were the least helpful, and why. Table 14 (p. 93) shows the frequencies of the responses identified as least helpful. It is interesting that seven of the first nine responses are those which are avoidance/ emotion-focused. As indicated earlier, these types of responses are usually considered less effective when dealing with a stressful situation.

In comparing the frequencies of response utilization to the frequencies of responses identified as least helpful (see Appendix I), it can be seen that approximately one third to one half of the women who used the avoidance/ emotion-focused responses identified them as being responses that were least helpful to them. When asked to explain how/why these responses were unhelpful, the reasons for the avoidance/ emotion- focused responses were very similar. They included such answers as a) having negative effects on their health b) not dealing with the problem, and sometimes causing more problems

c) increasing their stress/frustration, and d) making them feel worse afterwards.

This information is consistent with what the researcher has experienced in a clinical setting involving a stress management group with psychiatric Day Hospital patients. The patients used responses that were unhelpful to them, and were often able to identify that they were unhelpful and had negative effects, similar to those listed above by the battered women sample. It has been explained by the Day Hospital patients that these responses are relied upon because of their ability to reduce, immediately, if only temporarily, the feeling of stress. This explanation is similar to the explanations of some of the battered women i.e. "You feel good and then it all wears off", or "Would go and drink until I felt better, then when sober I would feel guilty about what I did and it didn't help anything".

In addition to providing some temporary relief, another reason for using these responses may be a lack of knowledge concerning more effective, or more helpful, coping responses. This was supported by the request of one woman who, after completing the interview, asked if the researcher could talk to her about ways to cope with

stress. Another woman approached the researcher and stated, "I'm not interested in taking part in your study, but I was wondering if you're going to do a class in stress management? I'd be really interested in that". These comments would seem to support Finn's (1985) conclusion that there is a need to increase the coping repertoires of battered women.

The most frequently used response was to "Get busy with other things in order to keep my mind off the problem". This is also an avoidance/ emotion-focused response, but it is interesting that only one person identified it as one of the least helpful responses. This person's explanation was that "The problem would still be there and get worse from neglect". The researcher finds this response to be the most interesting of all the responses. As indicated above, it is the response most frequently utilized (80%) by this sample. In addition to the 80% who identified that they use it, another 8% identified responses the researcher would consider to be classified under this response. If we combine these two figures, the total is now 88% of the sample who utilize this response.

As the researcher previously indicated, one

disadvantage of this study is that it does not measure frequency of use of a response. Although this was not measured, the researcher's impression when talking with the women was that there was a high frequency of use for this response, i.e. women would describe doing things for hours, or every day.

Why would this response be utilized to such a high degree? One possible explanation might be the very nature of the battering relationship. As noted in the literature review, this type of relationship can be one of prolonged psychological stress for the woman. It is often a relationship in which the woman is trapped; it is difficult to leave the relationship, and even after leaving, the women often return. Perhaps keeping herself distracted, keeping her mind off the situation is one of the few options the woman has available to rely upon? One woman explained, "Thinking about it would make me feel worse. (Getting busy) kept me from going crazy". Some women noted that other attempts to deal with the situation did not work, for example, trying to talk to spouse about the situation. One woman said, "Would either start the same situation all over again, or he would want to avoid dealing with the situation".

It would seem that women want things to work out, rather than want to leave the situation. Many women in the sample had left and gone back at least once before. One woman had left and returned five times. Several others indicated they had every intention of going back once they left the transition house. If women are trapped in a situation they may have been unsuccessful in changing, they may view this coping response as indeed one of their few options.

Summary

The demographic/socioeconomic characteristics obtained from a sample of women who had entered a transition house in Nova Scotia compared favorably to national statistics obtained by MacLeod (1987). The most notable exceptions were in the areas of education, income and the percentage of women working outside the home; the Nova Scotia sample was better educated, had higher incomes and had a higher percentage of women working outside the home.

In terms of coping responses, the women in this study were using a variety of responses, but seemed to

have an increased reliance on those responses which were classified as avoidance/ emotion-focused. There was an indication that coping responses, for at least some of the women, had changed over time as their appraisals of their situation changed. This finding supports the conceptual framework used in the study.

Correlation of the coping responses with the demographic/socioeconomic characteristics of the women showed relationships with income, marital status, place of residence and length of time in relationship. The relationships among marital status, time in relationship and coping responses allowed for further development of the conceptual framework, and raised many questions for further research. There was also an indication that some extraneous variables such as frequency and severity of violence, and social support play an important role in the utilization of coping responses.

The women in this study were able to identify coping responses which were helpful and unhelpful in reducing their stress. However, the use of coping responses was not necessarily congruent with the identified helpfulness or unhelpfulness.

CHAPTER VII

SUMMARY, IMPLICATIONS AND RECOMMENDATIONS

Summary

The purpose of this study was to describe a profile of a convenience sample of 35 battered women who have used a transition house in Nova Scotia, to describe the coping responses they have utilized in a battering relationship, to determine if a relationship exists between the womens' profile and their coping responses, and to describe how they appraise the coping responses they have used.

Through the use of a retrospective, descriptive, correlational study, data was collected on a sample of 35 women between the ages of 17 and 60 who had entered one of four transition houses in Nova Scotia during April and May, 1990. Women were interviewed by the researcher after a shelter worker had determined that they had sufficient time to adjust to their new environment.

Demographic/socioeconomic data were gathered using an interview guide developed by the researcher. Interestingly, information provided by this interview guide showed the characteristics of this sample to be

women in Canada. The women using transition houses tended to be younger and in the low to middle socioeconomic group. Approximately half were unemployed outside the home, and most of those working outside were in blue collar occupations.

The Health and Daily Living Form (Coping Responses) was used to collect data on the coping responses utilized by the women and their appraisal of their coping responses. Although women were found to be using a variety of responses, there seemed to be an increased, although unmeasured, reliance on avoidance coping responses.

The demographic/socioeconomic variables were correlated with methods and foci of coping using the Pearson's Product-Moment correlation coefficient. Relationships were found between a) active-cognitive and avoidance coping responses and residence b) avoidance coping responses and income c) emotion-focused and problem-focused coping and marital status, and d) avoidance coping and time in relationship. Due to the use of a small convenience sample, these results must be interpreted with caution.

Women were also able to identify coping responses

which were helpful and unhelpful to them. Identification of the helpfulness or unhelpfulness was not necessarily congruent with the utilization of the coping responses.

Implications and Recommendations

This study has been important in helping to increase the knowledge base for nursing practice and research in the area of coping responses of battered women. The observations from this study must be considered in the context of the conceptual framework, namely that coping responses influence adaptational outcomes, which in turn influence resources and constraints to the use of coping responses. Based on the findings of this study, two important observations were identified:

1. Although battered women indicate they are using a variety of coping responses, there seems to be an increased use of some responses which are avoidance/emotion-focused. These are a) get busy with other things in order to keep my mind off the problem b) get involved with hobbies, and c) focus attention on the children.

2. Battered women are able to identify responses which are helpful and unhelpful in dealing with their

stress. However, the responses identified as helpful are not always those most frequently used, and some responses identified as being unhelpful continue to be used.

These two observations would suggest a need for battered women to increase their coping repertoires.

Increased coping repertoires may allow for the utilization of responses which are considered healthier in terms of adaptational outcome, and may be appraised by the women as helpful in reducing their stress.

Through individual counselling, or the use of stress management groups, nurses could assist battered women in increasing their repertoire of coping responses. Assisting in this manner does not imply that the nurse wishes the woman to remain in, and be better equipped to tolerate, the battering relationship. However, it is a fact that many battered women who leave transition houses do return to their husbands/partners; it is also a fact that how they cope has an impact on their resources and constraints. If their coping responses can be changed in such a way that enhances adaptational outcome, and in turn increases resources (i.e. health, social support), it may be possible for the woman to mobilize herself to leave permanently, or to find solutions to decrease or

stop the battering.

Further observations from this study were:

1. The frequency and severity of battering, and the presence and quality of social support (although unmeasured in this study) seem to be important variables which influence the utilization of coping responses.

2. There is evidence that coping responses, for at least some of the women in this study, changed as their appraisal of their situation changed. This evidence supported the conceptual framework for the study.

3. The battered women in this study who came from physically and/or psychologically abusive backgrounds may cope differently from the women who came from non-abusive backgrounds. All women in this sample who claimed to have "always coped this way" also volunteered information about the physical and/or psychologically abusive nature of their backgrounds.

4. Only once was a nurse mentioned when women were asked about the helpfulness or unhelpfulness of talking to a professional person; women were not asked to identify a profession, but often volunteered this information. Given the extensive network of Community Health Nurses, Community Mental Health Nurses and nurses

working in psychiatric outpatient clinics in Nova Scotia, this finding (although its accuracy is uncertain) raises questions about the work nurses are doing with battered women. Are nurses assessing women for battering? Are nurses aware of the high incidence of battering, and do they possess the skills to complete an accurate assessment? Are nurses involved in a counselling role with battered women, or making necessary referrals to appropriate, qualified professionals?

5. Women who are separated or divorced from their partners are still at risk for battering, in some cases, violence may escalate following a separation. It would also appear that the legal/justice system offers little assistance or protection to battered women.

Based on the observations from this study, the following are recommendations for nursing education and practice:

1. Basic nursing education - Students should be learning about:
 - a) The individual's unique set of resources and constraints, the role they play in the utilization of coping responses, and the role of coping responses on adaptational outcome.

This awareness will be a valuable asset in working with a variety of clients, including battered women.

b) The assessment of resources and constraints to coping, the various coping responses utilized, and adaptational outcomes in battered women.

c) The high incidence of wife-battering, and how to accurately assess this problem.

2. Nursing practice - Nurses in all practice areas:

a) Must be aware of the importance of utilizing a variety of coping responses, and must be able to assist battered women, through individual counselling or group sessions, in increasing their coping repertoires.

b) Should assess female clients for wife-battering. It should be noted that in this study women reported battering relationships beginning as early as age fourteen.

c) Must take a more active role as advocates for battered women, i.e. providing support for their requests for assistance and/or

protection from community agencies.

3. Inservice education - Nurses working with battered women must take an active role in educating nurses, other health professionals and the public regarding wife-battering, i.e. through publications, workshops, taking advantage of opportunities to address the public or through professional contact.

Nursing Theory and Research

The conceptual model utilized in this study was a blending of the work of Lazarus and Folkman (1984) and Billings and Moos (1981). This model, which presented coping as a multidimensional process, served as a useful guide in assisting the researcher to examine coping responses. The use of this conceptual framework highlighted the need to examine coping responses in the context of the woman's resources and constraints and their impact on the battering relationship. Resources, constraints, the stress of the battering relationship and the woman's adaptational outcome were not formally measured in this study. However, some women did give

pieces of information related to these factors.

What impressed the researcher most was the number of questions raised through the application of this model to the battering relationship. The multidimensional nature and complexity of the coping process was even more strongly reinforced.

With regard to the method and design of the study, the most positive aspect was the combination of a qualitative component with the quantitative. The qualitative aspect a) provided insights into the reasons for utilization or non-utilization of coping responses b) revealed factors which may have a more significant relationship to coping than those measured, and c) raised questions regarding the impact of coping responses on aspects of the battering relationship.

The instruments utilized in this study were valuable in helping to describe the coping responses used by battered women, along with their appraisals of the helpfulness or unhelpfulness of the responses. This information will add to the nursing knowledge regarding coping responses in battered women.

The two instruments utilized in this study were the Demographic/socioeconomic interview guide and the Health

Demographic/socioeconomic interview guide and the Health and Daily Living Form (Coping Responses) (Billings and Moos, 1981). The demographic/ socioeconomic interview guide was useful in helping to construct a profile of the battered women who use transition houses in Nova Scotia. However, its usefulness was limited as an instrument to collect data on factors related to the use of coping responses. In future studies, the researcher would recommend the acquisition of more indepth information pertaining to areas such as a) characteristics of the family of origin, b) childhood experiences, particularly a history of abuse and the witnessing of violence, c) resources and constraints, and d) the frequency and severity of violence. It was the impression of the researcher that battered women would be willing to partake in such an indepth personal interview. Many of the women revealed portions of this information in the informal conversations with the researcher that often followed the interviews.

The researcher was generally pleased with the coping responses contained in the Health and Daily Living Form (Coping Responses). Although this instrument received a low reliability rating, it was valuable in identifying

the variety of coping responses that are used by battered women. It was helpful to have added the two responses which dealt with the use of alcohol and drugs; these responses were frequently identified by the women.

The researcher would recommend a modification of this instrument to include a scale indicating the frequency of use of each item. This would perhaps provide a more accurate assessment of coping responses than the mere indication of utilization. Supplementation of the instrument with a qualitative component is also recommended. In addition to inquiring about the helpfulness and unhelpfulness of the responses, it might be beneficial to assess the individual's interpretation of the coping responses. It was the researcher's impression that some of the responses, although answered "yes", may have had significantly different meanings for the women. For example, the response "Prayed for guidance or strength" was answered "yes" by many of the women. It was the researcher's impression that for some women this involved a casual thought or statement such as, "Oh, Lord, help me get through the day". In other cases women talked about having a specific time for prayer or reading the bible and trying to apply it to

The coping process is so complex and multidimensional that more comprehensive data collection instruments are required. These instruments would not only provide more detailed information on coping responses, but would provide greater insights into their relationship to other factors.

This study highlights a need for further research into the area of coping responses and wife-battering. Recommendations for future research are:

1. A study with battered women which would comprehensively examine the woman's resources and constraints, the stressors of their relationship, their appraisal of their situation, their coping responses and their adaptational outcomes.
2. A longitudinal study with battered women to examine coping, i.e. while still in the relationship, shortly after leaving, and several months or one year after leaving.
3. A study to examine the differences in coping responses of battered women who had experienced or witnessed abuse prior to their

relationship, and those women who had never experienced or witnessed abuse.

4. A study to examine the relationship among time in relationship, the cycle of violence, utilization of coping responses and the decision to remain in or leave a battering relationship.
5. A study to examine the role of the presence, nature (partner, relative or friend, etc.) and quality of social social support on coping responses in battered women.
6. A study to examine the role of income on the coping responses of battered women. In addition to level of income, this study should take into consideration factors such as an independent income and control over the spending of money. A comparison with a group of non-battered women would also be interesting.
7. A study to examine the role of residence (city, town or rural) on coping responses.
8. A study to examine the role of nurses in Nova Scotia in relation to battered women. This study could determine a) nurses' knowledge of

and attitudes towards battering, b) if nurses are assessing women for battering, c) if nurses are assessing coping responses of battered women, and d) if nurses are working in a counselling role with battered women, or referring them to other professionals.

9. Replication of this study using a larger and random sample to help determine if the results of this study are reliable and could be generalized.

These recommended studies could be valuable in providing more comprehensive information on two complex and multifaceted issues - coping responses and wife-battering.

Concluding Statement

This study has contributed to the knowledge base for nursing practice and research, but as with other studies on coping responses and wife-battering, some questions remain unanswered and many new questions are raised. This study reinforces the complexity of these two issues and highlights the need for continued exploration by nurses and other health professionals.

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Appendix A

DEMOGRAPHIC/SOCIOECONOMIC INTERVIEW GUIDE

I would like to ask you a few questions about your background.

1. Your age _____

2. Place of permanent residence (Please give the name of the city or town only) _____

3. Marital status (in your present relationship)

- a. married
- b. living common law
- c. separated
- d. divorced

4. Length of time in your present relationship
_____ years, or months _____ (if less than 2 years)

5. Highest level of education completed (please circle one)

- a. grade eight or less
- b. some high school
- c. graduated high school
- d. vocational/technical school
- e. some university
- f. graduated university
- g. advanced university degree
- h. other (please specify) _____

6. (a) Are you currently, or have you recently been, employed outside the home?

___ yes

___ no

(b) Occupation _____

7. (a) Is your spouse/partner currently employed outside the home?

___ yes

___ no

(b) Occupation _____

8. Taking into consideration all sources of income, what is your total net family income per month?

9. (a) Number of children living with you _____

(b) How old is the youngest? _____ Oldest? _____

Appendix B
Health and Daily Living Form
(Coping Responses)

People deal with stress in many different ways; what works for one person may not be helpful to another. The following is a list of items commonly used to help in dealing with stressful situations. You may use some of these on a regular basis, others you may never use. I will read each item, and would like you to tell me whether you have generally used it to help you deal with stress.

- | | | | |
|--|-----|----|---------|
| 1. Tried to see positive side | Yes | No | (AC EF) |
| 2. Tried to step back from the
situation and be more objective | Yes | No | (AC EF) |
| 3. Prayed for guidance or strength | Yes | No | (AC EF) |
| 4. Took things one step at a time | Yes | No | (AC PF) |
| 5. Considered several alternatives
for handling the problem | Yes | No | (AC PF) |
| 6. Drew on my past experiences; I
was in a similar situation before | Yes | No | (AC PF) |

- | | | | |
|--|-----|----|---------|
| 7. Tried to find out more about the situation | Yes | No | (AB PF) |
| 8. Talked with professional person (e.g., doctor, nurse, clergy, lawyer) | Yes | No | (AB PF) |
| 9. Took some positive action | Yes | No | (AB PF) |
| 10. Talked with spouse or other relative about the problem | Yes | No | (AB PF) |
| 11. Talked with friend about the situation | Yes | No | (AB PF) |
| 12. Exercised more | Yes | No | (AB EF) |
| 13. Prepared for the worst | Yes | No | (A EF) |
| 14. Sometimes took it out on other people when I felt angry or depressed | Yes | No | (A EF) |
| 15. Tried to reduce the tension by eating more | Yes | No | (A EF) |
| 16. Tried to reduce the tension by smoking more | Yes | No | (A EF) |
| 17. Took drugs | Yes | No | (A EF) |
| 18. Drank alcoholic beverages | Yes | No | (A EF) |
| 19. Kept my feelings to myself | Yes | No | (A EF) |
| 20. Got busy with other things in order to keep my mind off the problem | Yes | No | (A EF) |

21. Didn't worry about it; figured Yes No (A EF)
 everything would probably work
 out fine

Key: Method of Coping

Focus of Coping

AC = Active Cognitive

PF = Problem Focused

AB = Active Behavioral

EF = Emotion Focused

A = Avoidance

Of the items you used, I am interested in finding out which ones you find most helpful, and which ones you find least helpful.

Which do you find most helpful?

Please explain how/why these are most
 helpful. _____

Which items do you find the least helpful?

Please explain how/why they are least helpful.

Are there any items, other than those listed above,
which you use to help yourself deal with stress? _____

Please describe _____

Of these items, which do you find most helpful?

Please explain how/why these are most helpful

Which items do you find least helpful? _____

Please explain how/why these are least helpful.

Appendix C

Letter to Agency

Dear

I am a Registered Nurse and a graduate student at the School of Nursing, Memorial University of Newfoundland. As part of my program, I am conducting a study to examine the methods women use to cope with the stresses of living in a battering relationship.

This research project is being supervised by Dr. Leslie Hardy and Ms. Kathryn Hustins from the School of Nursing at Memorial University of Newfoundland. Dr. Hardy is Professor and Director of the school, and Ms. Hustins is an Assistant Professor and will be acting as the principal supervisor. Two additional supervisors, in Nova Scotia, are Dr. Samuel Danquah and Dr. Deborah Tamlyn. Dr. Danquah is the Director of Psychology at the Halifax County Regional Rehabilitation Center and a former faculty member of the M.U.N. School of Nursing. Dr. Tamlyn is Associate Professor and Director of the School of Nursing at Dalhousie University.

Information obtained from this study will be useful in providing a better understanding of how women cope in a battering relationship. This information could also be useful to other professionals working with battered women on an individual or group basis.

I would like to request your agency's participation in this study and I am enclosing a copy of the research proposal for your examination. Should your agency agree to participate I would make every attempt to minimize the actual amount of time required from your staff.

I would require your assistance in terms of selecting those women who could participate in the study, and also in providing a place at the agency to administer the questionnaires. I would request one staff member who could act as an intermediary in approaching the women regarding participation in this study. I would prepare a standard, written explanation for this person to ensure all women received the same information.

I would have the women sign a letter of informed consent and would ensure their anonymity and the confidentiality of the results. All materials which could identify the participants will be destroyed upon of this project and the final results would be made available to

your agency and any interested participants.

The participation of the women would require responding to two instruments which would take approximately one hour, and would occur at a time mutually convenient to the woman, the agency and myself.

I would appreciate your agency's consideration of my request and would agree to make the results of the study available to the agency, and any interested participants, upon completion. I believe the information from this study could be useful to your agency in terms of assessing the coping patterns of clients and assisting them to develop more effective methods of coping with stress.

Sincerely yours

Deborah Salczyn

Appendix D
Informed Consent Form

You are asked to participate in a nursing research study. You are in no way obliged to participate in this study and, if involved in the study, may withdraw at any time without penalty.

The researcher, Deborah Salyzyn, is a student in the Master of Nursing Program at the School of Nursing, Memorial University of Newfoundland and is an experienced Mental Health and Psychiatric Nurse. She is working under the direction of Dr. Leslie Hardy and Ms. Kathryn Hustins from the School of Nursing at Memorial University, Dr. Deborah Tamlyn from the School of Nursing at Dalhousie University and Dr. Samuel Danquah from the Halifax County Regional Rehabilitation Center.

The ways in which people cope with stress can have positive and negative effects on their physical and psychological health and their day to day functioning. The purpose of this study is to examine the methods of coping with stress used by women who have been in an battering relationship. The information obtained from this study will be useful in helping other women deal

with the stressors commonly associated with this type of relationship. The results of the study may be published for this purpose.

Agreement to participate in this study will involve answering questions which will take approximately one hour. You are free to refuse to answer any of the questions you do not wish to answer. Ms. Salyzyn will ask the questions and hand record your answers. Your name will not be used on the instruments to ensure confidentiality and anonymity. You will not be identified in any way. The instruments will be completed at a time convenient to you, the shelter staff and Ms. Salyzyn.

While the instruments are being completed one of the shelter counsellors will be available for assistance or support, if needed.

I do consent to participate in this study. Any questions have been answered and I understand what is involved in the study. I realize that participation is voluntary and that there is no guarantee that I will benefit from my involvement. I acknowledge that a copy of this form has been offered to me.

Signature of Participant_____

Date_____

.....

To the best of my ability I have fully explained to the subject the nature of this research study. I have invited questions and provided answers. I believe that the subject fully understands the implications and voluntary nature of the study.

Signature of Investigator_____

Date _____

Appendix E
Letter for Intermediary

(Name of Agency) has been requested to participate in a study on coping responses. This study is being conducted by Deborah Salyzyn who is a Registered Nurse experienced in the area of Mental Health and Psychiatric Nursing. She is also a graduate student in the Master of Nursing Program at Memorial University of Newfoundland, and this study is a part of her program. Ms. Salyzyn is being supervised by Dr. Leslie Hardy and Ms. Kathryn Hustins of the School of Nursing at Memorial University of Newfoundland, Dr. Deborah Tamlyn of the School of Nursing at Dalhousie University and Dr. Samuel Danquah of the Halifax County Regional Rehabilitation Center.

The ways in which people cope with stress can have positive and negative effects on physical and psychological health and day to day functioning. Ms. Salyzyn is interested in talking with women who have lived in a battering relationship to find out how they have coped with their stress. She hopes the information from this study will be useful in helping nurses gain a better understanding of how women cope in a battering

relationship. The results of the study may be published for this purpose.

Participation in this study will involve spending about one hour with Ms. Salyzyn in answering questions about yourself and your background, and how you coped with the stress of your situation.

You are under no obligation to participate in this study, and if you should decide to participate you may withdraw at any time without penalty. Any information you give will remain confidential and your name will not be used in the study or be written on any of the questionnaires.

If you are interested in participating in this study I will arrange for Ms. Salyzyn to meet with you.

Appendix F

Historical Conceptualizations of Coping

Historically, coping was viewed using a psychoanalytical ego psychology model (Lazarus & Folkman, 1984; Nyamathi, 1989) which defined coping as "realistic and flexible thoughts and acts that solve problems and thereby reduce stress" (Lazarus & Folkman, 1984, p.118). The processes used by a person to handle the person-environment relationship were organized hierarchically by Hann (1969,1977), Menninger (1963), and Vaillant (1977). At the top was coping which was considered the highest and most mature or advanced ego process (Lazarus & Folkman, 1984). Coping was followed by defenses, referred to as neurotic modes of adaptation, and then by fragmentation, or regressive or psychotic ego function (Lazarus & Folkman, 1984) which represents total disorganization of the ego (Nyamathi, 1989).

Menninger (1963) identified five orders of coping processes or regulatory devices. These were:

1. Coping devices. These included such items as talking it out, thinking it through, crying, humor, and working off energy. Although these were considered

normal, if used to the extreme (ie. talking too much) they were no longer considered coping devices, but symptoms which indicated discontrol, and threatened disequilibrium.

2. Second order devices. These included withdrawal and substitution. Withdrawal could take the form of dissociation (i.e. amnesia, depersonalization, narcolepsy) or displacement of aggression (i.e. prejudice, phobias, aversion). Substitution included substituting symbols or modalities for more overt displays of hostility (i.e. rituals, compulsions).

3. Third order devices included episodes of explosive outbursts of energy (i.e. panic attacks, convulsions and assaultive violence).

4. Forth order represented increased disorganization.

5. Fifth order was total disintegration of the ego.

In this conceptualization, coping includes only those devices that cause minimal disorganization or disruption, and excludes those that indicate disequilibrium or discontrol (Lazarus & Folkman, 1984).

Vaillant, on the other hand, had four levels of defenses. These include: (a) psychotic mechanisms

(i.e. delusional projection, denial of external reality), (b) immature mechanisms (i.e. fantasy, passive-aggressive behavior), (c) neurotic mechanisms (i.e. intellectualization, repression), and (d) mature or highest level mechanisms (i.e. altruism, humor, anticipation).

Hann (1969,1977), who also had a hierarchical system for ego processes, used a three part arrangement of coping, defending and fragmentation. She identified the mode by the manner in which the underlying process was expresses (i.e. sensitivity would be expressed as empathy in coping, it would be expressed as projection in defense, and as confabulation in fragmentation). Hann's major criterion for defining processes in the coping mode is a person's adherence to reality.

Appendix G

Comparison of this Study's Battered Women and
their Batterers to Canadian Statistics

Table G-1

Characteristics of this Study's Battered Women and their
Batterers Compared to Canadian Statistics

Variable	This Study	Canadian Study
	Frequency	Frequency
Age		
under 21	6%	14%
21-34	57%	56%
35-49	25%	24%
> 50	12%	6%
Average number of children (from the group with children)	2	2
Marital Status		
Married	51%	50%
Common-law	34%	28%

Variable	This Study Frequency	Canadian Study Frequency
Separated	6%	7%
Divorced	9%	5%
Single	0%	10%
Education		
Not completed		
high school	54%	70%
High school diploma	17%	22%
College or technical		
school	20%	6%
University degree	0%	2%
Other	9%	0%
Women working outside		
the home	51%	20%
Occupation outside home		
Professional (i.e. law,		
nursing, teaching)	14%	8%
Nonprofessional (white-		
collar, skilled blue-		

Variable	This Study	Canadian Study
	Frequency	Frequency
collar, unskilled blue-collar and other)	86%	92%
Partners employment		
Employed	60%	38%
Unemployed	40%	62%
Family income	Net	Gross
<\$10,000	14%	43%
\$10,000-20,000	49%	32%
>\$20,000	28%	?
missing	9%	?

Appendix H

Individual Scores for Methods and Foci of Coping

Table G-1

Individual Scores for Methods and Foci of Coping

Participant	Method			Foci	
	AC	AB	A	EF	PF
1	33	22	44	77	23
2	45	27	27	54	45
3	31	23	46	46	54
4	21	36	43	57	43
5	45	45	9	45	55
6	31	38	31	54	46
7	20	50	30	40	60
8	14	31	54	69	31
9	31	46	23	54	46
10	45	18	36	55	45
11	50	0	50	75	25
12	18	27	55	64	36
13	38	31	31	62	38
14	25	25	50	67	33
15	30	20	50	70	30
16	38	23	38	62	38

Participant	Method			Foci	
17	40	30	30	40	60
18	25	38	38	50	50
19	36	45	18	45	55
20	25	0	75	75	25
21	33	25	42	58	42
22	27	36	36	55	45
23	50	17	33	58	42
24	29	29	43	57	43
25	8	50	42	58	42
26	36	27	36	55	45
27	35	30	35	59	41
28	25	25	50	63	37
29	29	29	43	57	43
30	43	36	21	43	57
31	25	50	25	50	50
32	29	29	43	57	43
33	23	38	38	54	46
34	38	38	23	38	62
35	18	9	73	82	18

AC=Active Cognitive AB=Active Behavioral A=Avoidance

EF=Emotion Focused PF=Problem Focused

Appendix I

A Comparison of the Frequencies of Responses
Utilized by Battered Women and Responses
Identified as Being Least Helpful to Battered Women

Table I-1

A Comparison of the Frequencies of Responses Utilized by
Battered Women and Responses Identified as Being Least
Helpful to Battered Women

Response	Frequencies	
	Utilization	Least Helpful
Got busy with other things in order to keep my mind off the problem	28	1
Prepared for the worst	23	7
Kept my feelings to myself	23	12
Tried to reduce the tension by smoking more	21	8
Sometimes took it out on other people when I felt angry or depressed	18	6
Tried to reduce the tension by eating more	15	8
Took drugs	15	7
Drank alcoholic beverages	13	8
Didn't worry about it; figured everything would probably work out fine	8	1

Note: Many women responded more than one time.



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STANFORD UNIVERSITY SCHOOL OF MEDICINE
Department of Psychiatry TD-114
Rudolf H. Moos, Ph.D., Professor
Director, Social Ecology Laboratory

January 30, 1990

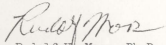
Deborah Salyzyn
34 Ancona Place
Dartmouth, Nova Scotia
Canada B2X 3K5

Dear Ms. Salyzyn:

Thank you for your letter describing your planned research on coping responses of battered women. I am happy to give you permission to use the set of coping responses as published in the 1981 Billings and Moos paper and for you to make each of the changes you described.

I would appreciate a copy of your findings when they are available. Good luck with your project.

Sincerely yours,


Rudolf H. Moos, Ph.D.

RHM:jmc

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