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An analysis of coping strategies used by women residing in domestic violence shelters

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Recommended Citation

AN ANALYSIS OF COPING STRATEGIES USED BY WOMEN

RESIDING IN DOMESTIC VIOLENCE SHELTERS

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

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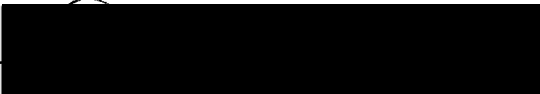
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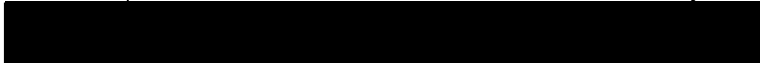
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ABSTRACT

This study explored the associations between the type

of coping strategies used among women who live in domestic

violence shelters and their overall well-being. Data were

collected from phone interviews with women residing in two

Southern California domestic violence shelters.

Determining which coping strategies lend themselves to

higher overall functioning while women are in shelter is

of significance because this can offer suggestions to

coping strategies which should be taught as part of

shelter intervention programs. Qualitative analyses were

used to determine the influence of the coping strategies

used on overall well-being. This study sought to explore

the types of coping strategies are considered useful to

shelter residents.

Results showed (2-3 main findings). Discussion (1-2

sentences).

ACKNOWLEDGMENTS

DEDICATION

To all the women who participated in the interviews-
Thank you.

To my grandparents, my mom and sister, and my
friends, all for their continued support. To my Nana Bea
and dad. Thanks to you all for putting up with me
throughout my education!

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CHAPTER ONE

INTRODUCTION

Problem Statement

Throughout history, women's lives have been endangered by domestic violence, and sadly this trend continues to this day.

Women's lives have been historically, and continue to be, endangered by domestic violence. Their physical and mental health and well-being are often sacrificed, as are those of their children. "Domestic violence remains the leading cause of injuries to women, ages 15 to 44, more common than muggings, auto accidents and cancer deaths combined" as reference by the U.S. Senate Judiciary Committee, 1992- quoted by Dwyer, Smokowski, Bricout, and Wodarski (1995). Domestic violence is found in all societies, in most countries, and can be traced as far back as the beginnings of recorded history (Berry, 2000). Berry states "Men have always been physically larger and stronger than most women, and most societies have been male dominated" (p. 19). These facts add to the complexity of domestic violence but in no way justify it. To demonstrate how recently domestic violence has been recognized as a serious problem Berry explains the

"fifteen minute rule" of the 70's: "if after spending fifteen minutes with the victim, the lawyer was ready to beat her himself, he would not pursue the case" (p. 23). This rule suggested that abuse of women was not only justified based on the woman's behavior, but abuse appeared to be understandable even in the eyes of the legal system that was in place to protect them. Only thirty years ago this behavior was not only being condoned, but viewed as a logical response to women.

Although much progress has been made in making domestic violence a criminal act, underlying societal acceptance of domestic violence appears to remain. Our society continues to rely on the attitudes learned in the past. Such attitudes include opinions that familial issues should be kept behind closed doors, that the wife should keep the family together regardless of what that means for her own health, and fairy tales of knights in shining armor taking care of women. Thus, the abuse continues at many levels in our society. Much has been accomplished in helping women leave abusive relationships in the last 30 years, but much more work is needed to keep the violent crime of domestic violence from destroying the lives of women and children.

One of the pioneers in the scientific study of domestic violence is Dr. Lenore Walker. Among her contributions to the domestic violence literature is her description of the cycle of violence. According to Lenore Walker (1979), domestic violence is a continuous cycle comprised of three distinct stages. The first stage is the "tension building stage" where minor battering incidents occur and the woman attempts to prevent further escalation of the abuse. Using defense mechanisms such as denial and minimization to guard against internal turmoil generated by the abusive incidents, the woman copes with this stage of the cycle as best as she can. Stage two is the "acute battering incident" where the abuse is very serious and both partners tend to acknowledge the uncontrolled nature of the abuse. Walker (1979) discusses the severity of physical injury, not to mention the emotional trauma experienced by the woman during this stage. Stage three is the "kindness and contrite loving behavior," more recently called the "Honeymoon Phase". This is when the abuser showers the victim in apologies and gifts attempting to rectify the harm they have done. During this phase, the woman is more likely to attribute his "loving" behavior as how he "really" is as opposed the abuse she just experienced. Walker adds that the length of time in each

phase and for the whole cycle depends upon the particular relationship and even varies within each relationship (Walker, 1979, p. 69). Berry (2000) defines domestic violence as abuse from one person to another in an intimate relationship. However, this still leaves the definition of abuse debatable. Domestic violence does not necessarily include physical battering, nor is it limited to this type of abuse. Emotional, sexual, and financial abuse are other types of abuse present in domestic violence relationships.

Breaking the cycle of domestic violence is an attempt to keep these women from returning to the abuser, restore their self-esteem and sense of self-efficacy, and raise children who know it is possible to leave such a situation. Breaking the cycle is most important as it is generally agreed upon that domestic violence escalates in frequency and intensity over time (Gelles, 1974; Dobash & Dobash 1984; Pahl, 1985- quoted by Dwyer, et al., p. 185). According to Johnson, I., Crowley, J., and Sigler, R. (1992, p. 224), about one third of battered women in shelter return to their abuser and this number may be as high as 70%.

Beyond personal and familial problems that are caused by domestic violence exist societal problems affecting us

all. First of all, domestic violence is against the law,

continues to go unchecked by the law, and is even

passively accepted and silently perpetuated by society.

The all too commonly heard phrases, such as, "if she

wanted to leave she would leave", portray an individual

problem rather than a societal problem that needs to be

dealt with on a larger scale. These phrases, along with

the attitudes behind them perpetuate the victim blaming

explanations for domestic violence stifling their ability

to contribute positively to society, let alone to their

own lives. According to the American Medical Association,

one out of five women in emergency rooms are there as the

result of injury from an intimate or past intimate (Berry,

2000, p. 8). "Between 25 and 50 percent of all women in

America will be physically abused by a partner at least

once in their lives" (Berry, 2000, p. 8). This is clearly

not a problem affecting some small minority. This problem

cannot be ignored yet somehow it seems to be.

The overall lack of understanding of why battered

women remain in their situation communicate that full

responsibility for the abuse remains on the victim. These

questions, and the way they are worded assumes there are

no true basic needs being provided in such a relationship,

and that there must be something wrong with the victim for

her to stay. In addition, these comments assume that the woman has the economic freedom and adequate social support to leave her current relationship and secure her own independence.

Problem Focus

Women entering domestic violence shelters are under tremendous amounts of stress for a variety of reasons. They have been using many different coping strategies, either adaptive or maladaptive, to handle stress before entering shelter and likely continue to use these coping strategies while in shelter. This research examined the strategies women use to cope with their situation while in shelter. Additionally, it was of interest to the researcher to explore how coping strategies are associated with the overall well-being of the women in shelter.

Several researchers have addressed coping responses to domestic violence. For example, Peled, Eisikovits, Enosh, and Winstok (2000) examined a sample of abused women who seek shelter and then return to the abuser. These researchers demonstrated that allowing women to return to shelter gives them the control to determine what is necessary and possible for them at that time. When women are told they cannot return to shelter and are

outright discouraged to return to the abuser, their control has been taken away, again, as it was in their abusive relationship. Thus, it can be argued that by giving her the choice to go back in terms of tools, resources, and continued support by the agency she sought shelter with, then it is more likely that she can choose to leave again. The number of women who return to their abuser dramatically decreases when the shelter remains open to those who decide to come back to shelter (Walker, 1979). However, the safety of the woman who returns to shelter, as well as the safety of the other residents is a big concern in these cases. Nevertheless, Peled et al's (2000) argument emphasizes the importance of giving the shelter residents a feeling of control over their lives, and of having options. These options should include a variety of ways they can cope with stress both in and out of shelter, and if need be in or out of an abusive relationship. More research will be needed to explore the types of coping strategies used in shelter and how those are associated with a woman's choice to remain on her own or return to the abuser.

In a study by de Anda (1998), researchers measured the person's appraisal of the stress and their perception of their ability to cope. Examples of positive adaptive

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coping strategies include relaxation, distraction, help-seeking, cognitive control and affective release (de Anda 1998). Maladaptive coping strategies include denial, withdrawal, confrontation, aggressive behavior and substance abuse (de Anda, 1998). Denial, though, may actually serve as an adaptive coping mechanism in dealing with the abusive relationship for the short term until the woman can leave. Results indicated that adolescents who participated in a 10-week stress management program used more cognitive control coping strategies and more adaptive coping strategies overall compared to the control group. They also had lower stress levels and less muscle tension. These differences were attributed to the stress management program which emphasized cognitive control coping strategies and relaxation methods.

The three domestic violence shelters used in this study are concerned not only because it is the mission of the shelter and outreach program to contribute to the overall functioning of domestic violence victims. It is also necessary to conduct research that provides support as to which types of interventions are indeed useful to their clients for funding sources. In this case, the types of coping strategies used while women are in shelter were explored in relation to their overall well-being.

Thus, the main research question is "What types of coping strategies used by women residing in domestic violence shelters are associated with overall well-being?"

Purpose of the Study

The purpose of the study was to examine how the types of coping strategies used in shelter affect residents' overall well-being. Women invariably enter shelter with high levels of stress and for many good reasons. They have just left their homes, have been abused by a supposed loved one, possibly have children who were left behind, and are now being asked to get a restraining order against possibly their only source of support (both financially and emotionally, albeit scarce and negative). It is important to understand what types of coping strategies are used by residents in transitioning out of an abusive relationship because it is these same coping strategies that either help or hinder them in coping with future stressful situations.

Significance of the Project
for Social Work

The significance of the project for social work is that it will provide information on how women are coping when in a domestic violence shelter, and how their chosen

coping strategies used effect their well-being. This will likely have implications for practice evaluation of counseling.

The study is also significant in that it questions whether residents perceive their use of particular coping mechanisms useful. This may contribute to how practitioners address the use of maladaptive coping mechanisms. The findings may also contribute to existing coping and stress models of intervention with abused women. In addition, exploring the types of coping strategies used by women may offer some insight not only into how they are handling their existing stress, but also to how they remained in their abusive relationship, and even how they managed to leave. According to a study done by Herbert and Silver (1991), women who were still involved in an abusive relationship tended to cognitively structure their situation to view their relationships in a more positive light. These cognitive efforts included focusing on the rewards of the relationship rather than the costs, and comparing their current relationship to how much worse it could be. This study also addressed the types of coping strategies these women were using when they left the relationship and might be using if they return to the relationship. It also may give insight into

the coping styles they will take with them outside of the shelter and how useful these strategies will be in terms of adaptive coping or maladaptive coping. Further research could be used to examine how particular coping strategies not only enable women to cope in abusive relationships, but also how they facilitate the process of leaving them.

CHAPTER TWO

LITERATURE REVIEW

Abusive Relationships

Gelles (1987) work suggests three categories of models pointing to causes of domestic violence: "Individual models (Psychological), Sociological models (Socio-psychological), or Social-structural models (Feminist)" (Dwyer, Smokowski, Bricout, & Wodarski, 1995). This study addressed the sociological viewpoint by exploring the ways domestic violence shelter residents cope with social relationship stressors in relation to their perceived social support, health, and perceived mental health (i.e., depression and anxiety).

Jacobsen, and Gottman (1994) studied couples with a violent husband and found that husbands admitted that once the violence started there was nothing their wives could do to stop it, including withdrawing, which only continued the violence. They also found that even when the violence is bilateral (the abuse is coming from both spouses), the husbands are still the perpetrators. This reinforces the helpless feelings of a battered woman and demonstrates the need for them to gain control over their environment, even if only over the stress they are experiencing within

themselves. This study examined the types of coping strategies these women are using currently and how useful they find these strategies now that they are not physically in the abusive situation.

Gelles and Strauss (1988) identified factors that affect the choice of whether battered women stay or leave. Those included having poor self-concepts, believing their husbands will change, being financially dependent, feeling guilty for depriving their children of their father, doubting they can function independently, feeling stigmatized for being divorced, and difficulty for mother's with small children to find work.

Celani (1999) explains how Fairbairn's object relations theory applies to the cycle of domestic violence. In referring to this theory, Celani (1999) explains that if own needs are not met by our initial objects (our parents) as infants then we seek to rectify those injustices through relationships we unconsciously seek that will repeat the process of not fulfilling our needs as adults. He goes on to say that out of our frustration with the parent object we internalize the bad parts of the parent because it would be too threatening to reject him/her. This also returns the bad parent to a state of goodness because the child takes on all negative

aspects of the relationship. Fairburn theorized this by noting we have no choice as infants to leave our parents for they are initially the only objects in our lives that can fulfill our most basic needs. He expands hi theory noting that due to this lack of fulfilled needs the infant focuses more sharpely on the maternal object to ensure to catch any scraps of love and support. This need and the focus on others to meet those needs, then, continues into adulthood. The child must split his ego structure into two separate parts- one which relates to the frustrating, rejecting part of the parent and one which hopes for the love the parent has been unable to offer.

In terms of object relations theory, as the child becomes and adult, he is still unable to express the rage felt towards his parents out of infantile fear of abandonment, and so chooses a safer object to dispell his rage-namely, his partner. In the domestic violence relationship, the woman also fears abandonment so she splits her ego in order to maintain her positive view of her abusive partner. This only lasts until the violence begins in the acute battering phase. What was done to her emotionally in childhood is being repeated physically by her partner. In the honeymoon stage the woman is still in the side of her split ego that allows her to feel angry at

her abuser for the injustice done and may even prompt her to leave the relationship. It is at this juncture that the abuser fears abandonment and splits to his ego structure that attempts to salvage the relationship. Her unfulfilled need from infancy soon moves her to believe his promises and the cycle begins again. This move back into the cycle of violence is, according to object relations theory, influenced by her need to have someone, although abusive, rather than nobody. This relates directly to her need as a child, when she learned to internalize the negative aspects of the parent-child abusive or neglectful relationship, in order to be able to continue to hope for her needs to be met. Again, as an adult, she focuses narrowly on whatever bits of love and in this case apologies that come her way. Since this process is a reenactment of the parent-child relationship, she believes he is the only one that can provide her the love she needs.

Foshee, Bauman, and Liner (1999) looked at the relationship between parental violence and violence against children. Two theories were explored to explain this relationship. The first of these, social learning theory, outlines why it is so important to give shelter residents tools they can take with them upon exit.

According to social learning theory, children are being handed a script for violence by their parents and/or abusers, and are taught to recognize emotional triggers for violence and the consequences of violence. Those children who are brought up in abusive homes have learned positive outcome expectations for the use of violence. They may have learned to use violence as not only a means of communication but also as a means of getting what is wanted. Conflict resolution strategies such as, negotiation, verbal reasoning, self-calming, and listening are often absent in violent relationships (Foshee et al., 1999). Adaptive coping mechanisms, then, serve as positive outcome expectations, for both the parent and the children, by reacting to others and communicating in a different and positive way. If these positive outcome expectations can be linked to the usage of relaxation techniques, it may be more likely that the women and their children will learn to turn to relaxation techniques rather than resorting to maladaptive coping strategies.

In a study about the frequency of abuse and appraisals of the relationship, Herbert and Silver (1991) found that a woman's ability to appraise her relationship positively decreased as verbal abuse was more prevalent. They also found the opposite with physical abuse in that

Nucho also explains the syntonic model. The syntonic model views a person as consisting of the body, the mind, the interpersonal relationships, the achievement realm, and the transpersonal factor, each of which can be strengthened by stress management techniques. Each of these areas can be disrupted and weakened in domestic violence victims to the point of almost non-existence. Nucho goes on to identify the techniques that address these areas of functioning (deep breathing, neuro-muscular relaxation, positive imagining, and self-signaling). These findings are relevant to this study because women residing in domestic violence shelters are already under extreme amounts of stress and have these five areas affected. It is important to explore which types of techniques are perceived as useful to shelter residents so that we can become aware of the most useful techniques in coping with the stress involved in the shelter experience.

According to Lee Bowker (as cited in Gelles & Strauss, 1988, p. 155), the most effective strategy for a woman to stop the abuse was her determination that it must stop now, and to have the husband promise to her that he will stop the violence. In order for a woman to be able to voice such a strong request and to be able to stick by it, she must feel secure in herself. Stress management may

help serve this mean and those of clarifying goals,
demanding personal rights, and asserting control over her
own life.

Similarly, Zuroff and Schwarz (1978), found that
transcendental meditation and muscle relaxation techniques
equally reduced trait anxiety in a group of 60
undergraduate volunteers over a nine-week treatment
program. The main difference found was that of
participant's self report of decreases in anxiety, with
the transcendental meditation perceived as more effective
by participants. This study points out the importance of
examining the perceived usefulness of a coping strategy
when evaluating its effectiveness in reducing stress. The
current study sought to know what the residents felt was
most helpful to them in terms of coping with the shelter
experience, in addition to looking at how the actual usage
of specific techniques related with overall well-being.
The study done by Zuroff and Schwarz indicates that a
perception of usefulness of particular techniques had a
significant role in reducing anxiety. Perhaps practice
using relaxation techniques may familiarize women with
them and even encourage them to use the techniques they
find most helpful after their stay in shelter.

Moreover, Zahourek (1988) notes a commonly held belief, that if relaxation responses are taught to replace stress responses then an individual can consciously reduce their responses to stress. He states that "anxiety, tension, and pain cannot exist at the same time," when these types of relaxation responses are incorporated as a coping mechanism.

Women who are in abusive relationships, then, not only need to be able to reduce the stress they are experiencing in order to be able to make the choice to leave. They also must that the strategies they are using to reduce stress are helpful. When relaxation responses replace maladaptive strategies to reduce stress the five areas of the person, noted by the syntonic model, should be strengthened and enable the woman to make the move away from the abuse.

Coping Literature

Lazarus and Folkman (1984) identified abuse as a "stressor that can surpass her resources and threaten her well-being". According to Carlson (1997) women who experiences severe physical abuse also experience significant levels of stress. She also identifies a major internal barrier to ending the abusive relationship as

poor coping skills. This is why it is important to understand what coping strategies these women consider a resource and how those strategies affect her overall well-being. The definition of coping by Lazarus, et. al, is "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding [one's] resources". Carlson (1997) goes on to differentiate between problem focused coping, which is present when the situation is perceived as amenable to change, and emotion focused coping, which is present when conditions are perceived as unchangeable, as creating harm or threatening the person. Thus, it is important to understand how domestic violence victims cope in times of stress in order to provide treatment approaches that will help women develop such coping strategies.

Gelles and Strauss (1988) found that the two most commonly used long term strategies for coping with domestic violence were avoidance and talking their abusers out of being violent. Avoidance is exhausting, restrictive of their expression, stressful (i.e., constantly walking on eggshells) and, unfortunately, not very effective in preventing the abuse, evidenced by the cycle of abuse. Talking the men out of being abusive was found to be

effective between incidents (during the honeymoon stages) but virtually ineffective during the abuse. According to Walker's (1979) description of the cycle of violence, the men are not abusive during the honeymoon stage anyway, making her attempts at talking him out of the abuse very likely. However, once the tension building stage is underway, it doesn't matter whether she talks him out of it or breathes wrong, the abuse will eventually ensue.

Kemp and Green (1995) further studied coping strategies and found the disengagement coping strategy was the strongest predictor of current post-traumatic stress disorder. More specifically, this study found that wishful thinking was most frequently used, followed by social withdrawal, problem avoidance, and self-criticism. These, and other maladaptive coping strategies, may be useful to women in abusive relationships but become maladaptive once she leaves that situation. Problem avoidance and social withdrawal will be looked at as coping strategies in this study.

In a study exploring how women cope in abusive relationships, Herbert and Silver (1991) found that one way of coping with stress was minimizing the negative aspects of the situation, thus being better able to appraise it more positively (p. 6). Although these

strategies of minimizing and avoiding may have served them well in the relationship they become maladaptive once the women leave and are in charge of their own lives, however, Herbert and Silver go on to note, however, that leaving an abusive relationship does not necessarily mean that the woman has psychosocially adjusted. This finding may help dispel the myth that once a woman is in shelter she should be ready to bounce back, cope effectively without being shown how, and be prepared, psychologically, to move out on her own in 30-60 days. This study sought to explore just how these women were currently coping and whether they found the strategies they were currently using useful to them while in shelter.

Arata and Burkhart (1998) found in a study about coping with non-stranger sexual assault, that the use of active coping strategies (emotional expressiveness, social support seeking, coping activity/cognitive restructuring) were associated with greater current distress, contrary to their own hypothesis. They comment that it could be that these strategies have not yet served their purpose in reducing stress. However, these results could also indicate that those using active coping strategies were experiencing more stress, or have experienced stress in the past and that drove them to seek out coping

activities. This possibility lends itself to the victim of domestic violence, in that after continuously coping with the cycle of violence, victims may utilize active coping strategies after finding others do not work. Or perhaps they might be using active strategies as some of the few ways they have control in their relationships.

Summary

The purpose of this study was to examine the relationships between the types of coping strategies used by women residing in a domestic violence shelter, if any, and their overall functioning. The study examined shelter residents' emotional functioning, general health condition, perceived levels of stress, and perceived social support to explore which coping mechanisms tended to be associated with their well-being.

The current study explored both the types of coping strategies victims of domestic violence use and the perceived effectiveness of these strategies. It was expected that those participants using more adaptive coping strategies than maladaptive coping strategies would have lower levels of stress and higher levels of well-being.

This study sought to look at the relationship between the types of coping strategies used and the over all well-being of victims of domestic violence. One of the maladaptive coping strategies the current study looked at was avoiding problems and stressful situations. The current study looked at the types of coping strategies used, with what frequency and how that related to participants overall well-being.

CHAPTER THREE

METHODS

Sampling

Data were obtained from a sample of residents of

three domestic violence shelters in Southern California.

The selection criterion was that they were adult female

residents of a domestic violence shelter. Sixteen

interviews were conducted in this study.

The interviews were conducted over the phone with the

interviewer in a confidential place and with the

interviewee in the front office at the shelter. This was

to ensure full anonymity.

This study was approved by the Institutional Review

Board sub-committee at California State University, San

Bernardino.

Procedures

The researcher first obtained permission from the

executive directors of two shelters's to conduct anonymous

phone interviews with their residents. Letters of approval

were faxed to the agencies to be signed. Then initial

interviews were conducted by calling shelters and

interviewing as many willing participants as were

available. The informed consent was read prior to the

interview and a debriefing was read at the close of the interview. The researcher then called back periodically to interview any participants that had entered shelter after the last call in.

Data Collection and Instruments

The study collected demographic information via a demographic questionnaire as part of the entire interview (See Appendix A). The strengths of this questionnaire were that it provided very basic information about the participant and was designed specifically for this population. Basic information, such as, age, gender, ethnicity, number of children, length of stay in shelter, etc. were included in the demographics page.

Data were collected by interview over the phone. The interview questionnaire was comprised of a variety of scales each measuring one of stress levels, depression, anxiety, general health condition, perceived levels of social support and coping strategies.

The study collected data on levels of stress using the Perceived Stress Scale (PSS)(Appendix A), developed by Sheldon Cohen (1994). The PSS measures the degree to which situations in one's life are appraised as stressful. For example, the measure touches upon how unpredictable,

uncontrollable, and overloaded respondents find their lives to be. It also included a number of questions tapping respondents' current levels of experienced stress.

The main strength of this measure is that it is general in nature, making it useful in measuring stress in this population (as well as many other populations). It is a short 10 question scale making it easier to respond to, and it is designed for a junior high school education or higher making it accessible and understandable by most, if not all, of the likely participants.

The limitation to this scale in regards to this particular study is that each question refers to experiences "during the last month". This terminology will not fit participants who are only in shelter for a month. Using the phrase "during the last week" would be more appropriate for this study. This terminology has been changed for the purposes of this study (with permission from mind garden who distributes the scale to the public at no charge for the author Sheldon Cohen). Also, the scale asks for the participant's name, however this will be deleted as the participants will be identified by numbers and the shelters will be identified by letters.

The Symptoms Checklist (SC) (Appendix A) is the scale used to draw questions for the interview to assess the

residents' overall health. The strengths of this measure are that it touches upon very basic somatic complaints and even addresses symptoms of depression and anxiety.

The self rating for depression scale (SDS) (Appendix A) and the self rating for anxiety scale (SAS) (Appendix A) were combined in this questionnaire to cut down on the amount of time respondent's are being asked to remain on the phone.

The Multidimensional scale of perceived social support (MSPSS) (Appendix A) was included to examine whether higher levels of perceived social support have any correlation with whether or not respondents use coping strategies and if so which ones. Additional questions regarding types of coping strategies used were included at the close of then interview.

Protection of Human Subjects

The anonymity of the study participants was a primary concern of this researcher and all efforts were made on her part to accomplish this. For sake of protecting the participants' anonymity and inputting the data, a numbering system was utilized both for individual participants and for the shelters. Participants were assigned a number in order that they were interviewed and

shelters were assigned a letter in order of contact. No participant names were used; in fact, participants and shelter staff were immediately instructed to not disclose participants' names. Study participants were read informed consents over the phone before they participated in the study and they were told that they could stop at any time during the study without any effect on their current or future services with the agency (See Appendix B). The participants were also read debriefing statements with the names of the researcher and the advisor along with a phone number to contact the researchers if they had any questions concerning the study (See Appendix C). The interviews provided full anonymity in that the interviewer did not ask for respondents' names and in fact requested immediately that they do not disclose their names. Participants and shelters were identified by number and letter, respectively.

CHAPTER FOUR

RESULTS

Presentation of the Findings

Demographics

The following are important findings from the

demographic table (See table 1): 50% of the participants

were Caucasian, 25% were Hispanic, 12.5% were African

American and 12.5% were Asian. 18.8% were in their 20's,

50.3% were in their 30's, 25.2% were in their 40's and

only one participant was in her 50's, with the average age

being 36.3 years old. 25% had no income last year, 25%

made $5,000 to $15,000. 18.8% made $25,000-$35,000. The

average number of children was 3.25 and every participant

had children. The average number of years participants

were with the abuser was 7.5 years and ranged from 3

months to 24 years. The average number of children

participants had with them in shelter was 1.75, with 5

women having 1 child in shelter, and 25% having 3 children

in shelter. Two women were currently employed and one of

these women was also attending college. 43% identified

with the "other" category of religion/spirituality with

the following responses: Mormon (1), Pentacostle (1), and

Baptist (3). 37.6% were Christian, 25% replied "none", and 6.3% were Catholic.

Abuse Situation

The following findings were relevant to the specific abuse situation these women were involved in (see table 2). Fifty percent of the abusers were husbands, while the other 50% were boyfriends. 68.8% experienced emotional and physical abuse from the abuser, 25% experienced emotional, physical, and sexual abuse from the abuser, and 6.3% (one woman) stated she experienced sexual abuse from the abuser. 62.5% had a restraining order, while the other 37.5% did not. 75% of the women stated they had left the relationship before, and the other 25% had not left the relationship in the past. The range of answers to the time frame of the onset of abuse was from 2 weeks into the relationship to 15 years into the relationship. 4 women said the abuse started 1.5 years into the relationship and 3 said 2 years into the relationship.

The reasons they personally decided to return to the relationship are illustrated in Table 2. The answered varied markedly from person to person. Three said money and/or security was the main reason they returned, two hoped he would change, and four had never left before.

Stressors

The findings on the top three stressors in participants lives are as follows: The three biggest stressors in participants' lives revealed particular themes. Concern about their children's well-being was said most often (69%), although only four women considered this stressor their greatest stressor. Stress over housing was mentioned 6 times, with emphasis on trying to meet requirements to get into transitional housing. Also mentioned 6 times were concerns about the abuser in general. These responses ranged from whether he will find her when he is released from prison, to the verbal names he called her, to fear of his family harming her. Financial concerns and stress about finding a job was mentioned 5 times. Also mentioned 5 times was the experience of being in shelter (i.e., the loudness of the house, many children around, and no privacy) and the process of leaving the relationship in general (i.e., having to go through this). Stress about court dates to obtain a temporary restraining order and divorce paperwork was mentioned 4 times. Three women mentioned personal stress (i.e., "my future", and concern about son accepting another man in her life). One person mentioned

transportation as a stressor and one person mentioned clothing as a stressor.

Perceived Stress Scale

The important findings from the Perceived Stress Scare are depicted in Table 3. Scores ranged from 0-20 with 0 meaning not stressed, 10 meaning somewhat stressed, and 20 meaning extremely stressed. Actual scores from respondents ranged from 4 to 20 and had a mean score of 12.25, a little above somewhat stressed. The mode score was 16. One woman had a score between 0-5, 5 women had a score between 6-10, 5 women had a score between 11-15, and 5 women had a score between 16-20.

Symptoms Checklist

The responses for the items on the Symptoms Checklist ranged from 0 to 2, with 0 meaning never, 1 meaning sometimes, and 2 meaning often. The least frequently experience symptoms in this measure were skin rash and feeling life is meaningless or pointless (m=0.375). The most frequently experienced symptoms were nervous/tense and depressed (m=1.5625). Symptoms are listed in order of frequency experienced in Table 4. The five most frequently experienced symptoms were, in order, depressed, nervous or tense, crying easily, headaches, and trouble sleeping. The most notable findings are as follows: Sixty-two percent of

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the women said they felt nervous often, 50% experienced rapid heartbeat sometimes while the other 50% experienced rapid heartbeat often, 62.5% said they felt depressed and cried easily often, 75% were not taking medication to sleep, 68.8% did not feel life was meaningless or pointless, and 75% did not have skin rashes.

Self-Rating Depression/Anxiety Scale

The important findings from the SDS/SAS were; 50% of the women reported often feeling hopeful about the future, and 37.5% reported feeling this sometimes, 43.75% stated they felt sad sometimes, and 25% felt sad sometimes, 37.5% were upset often and 31.25% were sometimes, 31.25% were nervous often and 50% were sometimes, 31.25% often felt it was easy to make decisions while 37.5% felt this way sometimes. Participants reported feeling like they were falling apart or going to pieces less often than any other item with a total of 5 responses. 68.75% of the women reported never feeling that their mind was as clear as it used to be.

Multidimensional Scale of Perceived Social Support

Scores for this scale ranged from 0 to 12. Scores ranging 0-4 meaning little to no perceived support is felt from a person, friends and family, 5-8 meaning some perceived support, 9-12 meaning support is often felt.

37.5% women felt little to no social support, 18.75% women felt some support, and 50% felt a lot of support. As a whole, this participant group had scores of 39 for each of the three support categories; a person, family, and friends.

Coping Strategies

See Table 5 for a list of results in order of most commonly used coping strategies and how often they were used. Prayer was most often used by participants with 62.5% reporting that they used it often to cope with stress and 25% stating they use it sometimes. 81.25% of the women reported deep breathing as being a useful means of coping, with 50% using it often and 31.25% using it sometimes. Exercising and/or walking was the third most commonly used coping strategy with 56.25% using this often and with 12.5% exercising sometimes. Talking to friends was the fourth coping strategy used most often, with 43.75% reporting doing this often and 25% doing this sometimes. Of the coping strategies listed as examples, muscle relaxation was the least frequently used strategy with only 12.5% stating they used this strategy often. Additional strategies mentioned throughout the interviews were as follows: reading a book, cleaning the house, taking hot showers, playing games with the kids, breathing

into a bag, hiding in her room, staring off into space, playing cards on the internet, and taking a drive alone. Each of these strategies was used only by the woman who mentioned it, with the exception of the two women who stated they clean the house to cope with stress.

Of the maladaptive coping strategies given as examples, 62.5% of the respondents said they avoided the problem and 68.75% said they smoked cigarettes to cope with stress. 18.75% of the women stated they like to shop or window shop, 12.5% drank alcohol (one mentioned that she drank with the abuser and would now be stopping), one woman, 6.25%, stated she used methamphetamines while in the abusive relationship. Other responses were disengaging self, separating her emotions from herself, becoming quiet, drinking coffee, addicted to playing cards on the internet, and blocking out the world.

Summary

Although participants reported using many of the coping strategies mentioned during the interview, other strategies that they used were brought to light during the course of the interviews. The following discussion section explores the significance of the findings of this study and the possible implications of these findings.

CHAPTER FIVE

DISCUSSION

Discussion of the Findings

Participants reported using a wide variety of coping mechanisms, some of which were mentioned by the researcher during the interview, while others the participant indicated on their own. All but two respondents reported that a variety of coping strategies should be taught in shelter. Some of the women indicated that they learned their coping strategies while in shelter. This points out the need for domestic violence shelters need to point out the current coping strategies being used and to educate them on different types of coping strategies to use.

Those who used prayer as a coping mechanism emphasized that it was most useful to them, except for one woman who stated that not only prayer, but all other types of coping strategies she used did not work. She indicated that when she tried to use imagery it reminded her of a garden that her husband took away, "He invades everything, even meditation was a nightmare", she stated. Her PSS score of 20 indicated an extreme amount of stress, and her MSPSS score of 2 revealed very little social support.

On the contrary, a woman who often meditated, exercised, talked to friends, and sometimes took deep breaths, and used imagery had a PSS score of 4 (the lowest of all the women interviewed) and an MSPSS score of 12 (the most perceived support on this scale). This, of course, is not to conclude that the coping strategies are causal factors in the reported scores, however, they are in fact associated. This woman also reported often feeling hopeful about the future and found it easy to make decisions.

Limitations

Due to the time constraints of this study and the unpredictable and fluctuating nature of the number of shelter resident populations, the goal was to sample approximately 20 participants. Due to time constraints and availability of shelter residents to participate in phone interviews, the total number of interviews conducted for this study was 16. Due to this limitation, results cannot be generalized to a particular population, but rather serves to explain the experience of the specific individuals interviewed.

A limitation of this study is that it did not include a questionnaire in Spanish since the interviewer does not

speak Spanish. Another limitation to data collection was that shelter residents may not have been in shelter at the time the interviewer was able to call, or the shelter staff were busy with crises when the interviewer called in. In addition, shelter resident's did not necessarily have readily available child care at the time of the interview and some had a difficult time remaining on the phone for very long. This was addressed prior to each interview and respondents were told they could take a break, or attend to their children as needed. The interview was presented as secondary to their immediate needs of comfort and role as a mother. These types of limitations were expected in a study with this population based on their current living situation and did not significantly impact the quality of the interviews.

Recommendations for Social Work Practice, Policy and Research

Due to the limited number of participants in this study it is recommended that further research be conducted to explore how different coping strategies effect overall well-being in this population. Also, the fact that a great majority of the stress reported was directly related to the process involved in leaving an abusive relationship indicates that much more attention is needed in theseareas

For example, in the area of temporary restraining orders and how helpful or hurtful this process can be. Also, the shelter mileu itself in terms of the relationships between residents as this was reported as another stressor. Last but not least access to areas of the shelter where coping strategies, such as imagery or meditation can be practiced should be looked into, as should counselors approach and willingness to discuss coping strategies.

Conclusions

The coping strategies these women used were chosen for specific reasons, mostly out of what suited their life and what worked for them. To find that some of these women were taught these strategies while in shelter provides much hope for those who will seek shelter in the future. It is clear though that this area needs more research and attention in order to gain a better understanding of the types of coping strategies women in domestic violence shelters find useful and whether or not the actual usage of these strategies effects their overall well-being.

APPENDIX A

INTERVIEW

Participant ID# _____

Shelter ID# _____

Date: _____

Demographics

Instructions: Please answer the following questions to the best of your knowledge and as accurately as possible.

1. Your Age _____

2. Ethnicity (Please circle one):
    1. African American   2. American Indian
    3. Asian   4. Caucasian
    5. Hispanic   6. Other (Please specify): _____

3. Religious/spiritual preference, if any (optional):
    1. Protestant   2. Catholic
    3. Jewish   4. None
    5. Other (Please specify) _____

4. Number of children _____

5. Ages of children _____

6. Gender of children _____

7. Are they all with you now in shelter? _____

8. Are you currently employed? Type of employment? _____

9. How much money did you make last year?
    (check one of the following answers):
    1. Less than $5,000/yr   2. $5,001 to $15,000/yr
    3. $15,001 to $25,000/yr   4. $25,001 to $35,000/yr
    5. More than $35,000/yr

10. Relationship to the abuser _____

11. Length of time with the abuser _____

12. Type of abuse experienced _____

13. Time frame of the abuse _____

14.　Left before? _____
How many times? _____
For how long? _____
Seek shelter before? _____
Length of time in shelter now? _____

15.　What would you say was the main reason you returned to the abuser after having left? _____

16.　Do you currently have a restraining order? _____

17.　What are your three biggest stressors right now?

_____

_____

_____

Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts **during the last week**. In each case, you will be asked to indicate *how often* you felt or thought a certain way.

0 = Never 1 = Sometimes 2 = Often

1. In the last week, how often have you been upset because of something that happened unexpectedly? 0 1 2

2. In the last week, how often have you felt that you were unable to control the important things in your life? 0 1 2

3. In the last week, how often have you felt nervous and "stressed"? 0 1 2

4. In the last week, how often have you felt confident about your ability to handle your personal problems? 0 1 2

5. In the last week, how often have you felt that things were going your way? 0 1 2

6. In the last week, how often have you found that you could not cope with all the things that you had to do? 0 1 2

7. In the last week, how often have you been able to control irritations in your life? 0 1 2

8. In the last week, how often have you felt that you were on top of things? 0 1 2

9. In the last week, how often have you been angered because of things that were outside of your control? 0 1 2

10. In the last week, how often have you felt difficulties were piling up so high that you could not overcome them? 0 1 2

Symptoms Checklist (SC)

Following is a list of various troubles or complaints people sometimes have. Please indicate whether or not you experienced any of these over the past week by choosing never (0), sometimes (1), or often (2).

1. Common cold or flu. 0 1 2

2. Dizziness. 0 1 2

3. General aches and pains 0 1 2

4. Headaches. 0 1 2

5. Hands sweat and feel damp and clammy 0 1 2

6. Muscle twitches or trembling 0 1 2

7. Nervous or tense. 0 1 2

8. Rapid heart beat (not exercising) 0 1 2

9. Shortness of breath (not exercising) 0 1 2

10. Skin rashes. 0 1 2

11. Upset stomach 0 1 2

12. Trouble sleeping. 0 1 2

13. Depressed mood 0 1 2

14. Difficulty concentrating 0 1 2

15. Crying easily. 0 1 2

16. Lack of appetite/loss of weight 0 1 2

17. Taking medication to sleep or calm down 0 1 2

18. Overly tired/ lack of energy. 0 1 2

19. Loss of interest in TV, movies, news, friends 0 1 2

20. Feeling life is pointless, meaningless 0 1 2

Self-Rating Depression/Anxiety Scale (SDS and SAS)

Please rate your responses with (0) never, (1) sometimes, or (2) often

1. I feel more nervous and anxious than usual 0 1 2

2. I get upset easily or feel panicky. 0 1 2

3. I feel like I'm falling apart and going to pieces 0 1 2

4. I feel afraid for no reason at all. 0 1 2

5. I have nightmares 0 1 2

6. I feel down-hearted, blue, and sad.. 0 1 2

7. I eat as much as I used to.. 0 1 2

8. My mind is as clear as it used to be... 0 1 2

9. I feel hopeful about the future. 0 1 2

10. I find it easy to make decisions. 0 1 2

Multidimensional Scale of Perceived Social Support (MSPSS)

1. There is a special person with whom I can share joys
   and sorrows. 0 1 2

2. My family really tries to help me.............................. 0 1 2

3. My friends really try to help me. 0 1 2

4. There is a special person in my life who care about
   my feelings.. 0 1 2

5. My family is willing to help me make decisions 0 1 2

6. I can talk about my problems with my friends 0 1 2

Coping strategies

1. When you feel stressed or anxious do you ever:
    Take slow deep breaths? _____ How often? _____
    Count slowly to 10? _____ How often? _____
    Go for a walk? _____ How often? _____
    Tense and relax your muscles? _____ How often? _____
    Imagine a peaceful scene? _____ How often? _____
    Meditate? _____ How often? _____
    Exercise? _____ How often? _____
    Use a form of prayer? _____ How often? _____
    Seek out friends to talk to? _____ How often? _____
    Listen to music? _____ How often? _____
    Writing feelings down? _____ How often? _____

    How long would you say you've been using this/these coping strategy
    to deal with stressful situations? _____

2. Are there any other strategies you use to calm yourself down during
    times of stress? _____
    For example:
    _____ avoiding the problem
    _____ drinking alcohol
    _____ smoking
    _____ other substance abuse
    _____ shopping
    _____ gambling

    If so, what are they?

3. Do you find these strategies helpful? _____

4. Have you used any of these while you have been in shelter?
    Which ones? _____
    How often? _____

5. Do any of the first strategies listed above (i.e., deep breathing, imagery,
    etc.) sound interesting or useful to you? _____
    If so, which ones? _____

6. Do you think it would be helpful if you were taught how to use these
    techniques while you were in shelter? _____

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

My name is Bonnie McPherson and I am a Master's in Social Work student at California State University, San Bernardino. This study is being conducted to explore types of coping strategies used among women residing in domestic violence shelters.

As a participant in this study you will be asked to do participate in an over the phone interview lasting 15-20 minutes. The interview is completely anonymous. As a matter of fact, please do not indicate your name at any time during the interview.

Deciding not to participate in this study, or withdrawing at a later time, does not harm, or in any way effect the services you are receiving or may receive in the future.

This research project has been approved by the Institutional Review Board at California State University, San Bernardino. The research is conducted by Bonnie McPherson, MSW student, under the supervision of Dr. Jette Warka with guidance from Dr. Rosemary McCaslin, Professor of Social Work at CSUSB.

If you have any questions or concerns regarding this study you may contact Dr. Rosemary McCaslin at (909) 880-5507.

By agreeing to participate in this study, you acknowledge that you have been informed of, and understand, the nature and purpose of this study, and you freely consent to participate. You acknowledge that you are at least 18 years of age.

If you agree to participate in this study please state "yes" at this time and "no" if you do not agree.

APPENDIX C

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

I would like to thank you for participating in this study. You were part of a study to examine the correlations between types of coping strategies used and overall functioning for women living in a domestic violence shelter. By participating in this study you have contributed to the existing knowledge base that aims to help women in similar situations that you are currently in. If you would like a copy of the results you may contact the library at California State University, San Bernardino (909) 880-5090. Once again I would like to thank you very much for your help in this research and for your time.

APPENDIX D

LETTERS OF APPROVAL

HIGH DESERT DOMESTIC VIOLENCE PROGRAM, INC.

Member Agency of the Desert Communities United Way
17100-B Bear Valley Road, #284 PMB
Victorville, CA 92392
Outreach Center: (760) 843-0701 Fax (760) 843-9551 Hotline (760) 949-HELP
hddv@eee.org

"Make the Choice to Live Violence Free"

February 7, 2002

California State University, San Bernardino
Department of Social Work
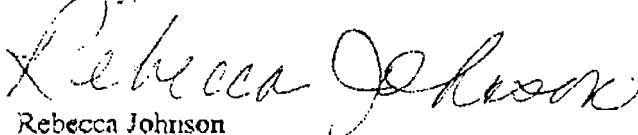5500 University Parkway
San Bernardino, CA 92407-2397

Dear Dr. Rosemary McCaslin:

As Executive Director of High Desert Domestic Violence Program, Inc., I, Rebecca
Johnson, authorize Bonnie McPherson , MSW student researcher enrolled at California
State University, San Bernardino, to collect data through our agency's shelter. I
understand that the purpose of the study is to examine the correlations between types of
coping strategies used by residents of domestic violence shelters and their overall well-
being. I understand the research procedure will consist of agency clients voluntarily
participating in an anonymous one time phone interview about their well-being and the
coping strategies they use.

As a confidential shelter program I acknowledge that Bonnie McPherson has already
completed the oath of confidentiality and child abuse reporting forms, and has had the
standard fingerprinting procedure completed I understand that full confidentiality will
be assured for our clients at all times, and that our agency will be given access to the
findings of this research upon its completion.

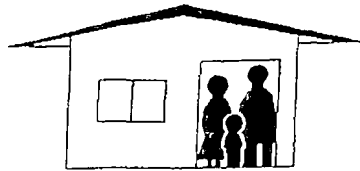Please feel free to contact me if you require further information.

Sincerely,

X *Rebecca Johnson*

Rebecca Johnson
Executive Director

Cc: Ms. Bonnie McPherson

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Hotline:
(805) 945-6736 (24 hr)
· Fax: (805) 940-3422

Adm. Off.:   (805) 949-1916
Bus. Ctr.:   (805) 945-5509
Thrift Store: (805) 266-1948

VALLEY OASIS SHELTER

March 25, 2002

California State University, San Bernardino
Department of Social Work
5500 University Parkway
San Bernardino, Ca. 92407-2397

Dear Dr. Rosemary McCaslin:

As Executive Director of the Antelope Valley Domestic Violence Council. I, Carol Ensign, LCSW, authorize Bonnie McPherson, MSW student researcher enrolled at California State University, San Bernardino, to collect data through our agency's shelter.

I understand that the purpose of the study is to examine the correlation's between types of coping strategies used by residents of domestic violence shelters and their overall well being. I understand the research procedure will consist of agency clients voluntarily participating in an anonymous one time phone interview about their well-being and the coping strategies they use.

I understand that full anonymity will be assured for our clients at all times and that our agency will be given access to the findings of this research upon its completion.

Sincerely,

Carol Ensign LCSW

Carol Ensign, LCSW
Executive Director

Cc: Ms. Bonnie McPherson

ANTELOPE VALLEY DOMESTIC VIOLENCE COUNCIL
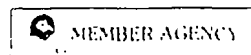
MEMBER AGENCY   P.O. BOX 2980
                           LANCASTER, CA 93539

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February 7, 2002

California State University, San Bernardino
Department of Social Work
5500 University Parkway
San Bernardino, CA 92407-2397

Dear Dr. Rosemary McCaslin:

As Executive Director of Unity Home., I, Linda Comacho, authorize Bonnie McPherson, MSW student researcher enrolled at California State University, San Bernardino, to collect data through our agency's shelter. I understand that the purpose of the study is to examine the correlations between types of coping strategies used by residents of domestic violence shelters and their overall well-being. I understand the research procedure will consist of agency clients voluntarily participating in an anonymous one time phone interview about their well-being and the coping strategies they use.

I understand that full anonymity will be assured for our clients at all times, and that our agency will be given access to the findings of this research upon its completion.

Sincerely,

Linda Comacho
Executive Director

Cc: Ms. Bonnie McPherson

APPENDIX E

TABLES

Table 1. Demographic Data

ITEM	PERCENT	N
ETHNICITY		
African American	12.5	2
Asian	12.5	2
Caucasian	50	8
Hispanic	25	4
AGE		
25-30	18.8	3
31-40	50.3	8
41-50	25.2	4
51	6.3	1
INCOME LAST YEAR		
$0	25	4
Less than $5,000	12.5	2
$5,001-$15,000	25	4
$15,001-$25,000	6.3	1
$25,001-$35000	18.8	3
More than $35,000	12.5	2
NUMBER OF CHILDREN		
1	6.3	1
2	31.3	5
3	25	4
4	12.5	2
5	18.8	3
6	6.3	1
NUMBER OF CHILDREN IN SHELTER		
0	18.8	3
1	31.3	5
2	18.8	3
3	25	4
5	6.3	1
CURRENTLY EMPLOYED		
YES	12.5	2
NO.	87.5	14
RELIGION/SPIRITUALITY		
Christian	37.6	6
None	25	4
Baptist	18.8	3
Catholic	6.3	1
Mormon	6.3	1
Pentecostal	6.3	1

Table 2. Abuse Situation

ITEM	PERCENT	N
RELATIONSHIP		
Husband	50	8
Boyfriend	50	8
TYPE OF ABUSE		
Emotional/Physical	68.8	11
Emot/Phys/Sexual	25	4
Sexual	6.3	1
CURRENT RESTRAINING ORDER		
No	62.5	10
Yes	37.5	6
LEFT BEFORE		
Yes	75	12
No	25	4
TIME BEFORE ABUSE BEGAN		
Immediate-1 month	18.8	3
2 months-1 year	18.8	3
1-2 years	43.9	7
6 years	6.3	1
12 years	6.3	1
15 years	6.3	1
REASONS RETURNED TO PARTNER		
Socially isolated		1
He found me		1
The kids asked for him		1
I love/care for him		2
Money/security		3
To avoid this process		1
Felt guilty		1
Afraid I couldn't make it		1
Kidnapped kids		1
Never left before		4
MAIN STRESSORS		
Children's well-being		11
Housing		6
The abuser/Finding her		6
Finances/Job		5
The process/The shelter		5
Court process TRO/Divorce		4
My Future/Relationships		2
Transportation		1

Table 3. Perceived Stress Scale

(Score range 0-20. 0= no stress, 20= very stressed)

SCORE	N
0-5	1
6-10	5
11-15	5
16-20	5

Table 4. Symptoms Checklist

Scores range from 0-2
0=never, 1=sometimes, 2=often

ITEM	MEAN
Depressed	1.5625
Nervous/Tense	1.5625
Crying	1.3125
Headaches	1.1250
Trouble sleeping	1.1250
Aches/Pains	1.0000
Rapid heartbeat	1.0000
Cold/flu	0.9375
Muscle twitching	0.9375
Upset stomach	0.9375
Low appetite/weight loss	0.9375
Tired/lack of energy	0.8125
Loss of interest	0.7500
Dizziness	0.6875
Sweaty/clammy hands	0.5625
Shortness of breath	0.5625
Taking med. To sleep	0.5000
Skin rash	0.4375
Feel life is pointless	0.4375

Table 5. Coping Strategies

TYPE	SOMETIMES	OFTEN
Prayer	4 (25%)	10 (62.5%)
Exercise/walk	2 (12.5)	9 (56.25)
Deep breathing	5 (31.25%)	8 (50%)
Seek friends for support	4 (25%)	7 (43.75%)
Listen to music	2 (12.5%)	7 (43.75%)
Imagery	4 (25%)	5 (31.25%)
Write feelings down	3 (18.75%)	4 (25%)
Meditate	2 (12.5%)	3 (18.75%)
Count to 10 slowly	3 (18.75%)	2 (12.5%)
Muscle relaxation	2 (12.5%)	2 (12.5%)
Clean house	0	2 (12.5%)
Hot shower	0	1 (6.25%)
Plays games w/ the kids	0	1 (6.25%)
Reads	0	1 (6.25%)
Goes on a drive	0	1 (6.25%)

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    and adjustment to nonstranger sexual assault.
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