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Coping skills among women who are abused by an intimate partner

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COPING SKILLS AMONG WOMEN WHO ARE ABUSED

BY AN INTIMATE PARTNER

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

Cheryl Dee Allen

June 2012

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Approved by:

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Social Work   Date

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ABSTRACT

This study examined coping skills and social support among women who have experienced intimate partner violence (IPV). The study focused on how women who experienced IPV coped with their situation and if social support played a role in their outcomes. The study used a qualitative design because of the sensitivity of the topic and the depth of the data collected during the interviews. The data were collected from in-depth interviews with eight women who were currently utilizing a domestic violence shelter as a result of their experience.

The study found that women blamed themselves and felt hopeless about their situation and that they utilized more avoidance coping responses than problem solving responses to cope with the abuse. The study also revealed that women were isolated from family and friends by their abusive partner. The study suggests that social workers must find avenues to help women feel more comfortable discussing their situation with others. Engaging with women who experience abuse and framing meaningful questions helps produce knowledge and increases self-awareness. The study also suggests that

referrals linking services together must include follow-up services that are designed to foster empowerment and enhance opportunities for growth.

ACKNOWLEDGMENTS

DEDICATION

I would like to dedicate this project to all the victims and survivors of Intimate Partner Violence, especially the women who agreed to participate in this research project, and to the professionals who participated in the helping process.

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CHAPTER ONE

INTRODUCTION

Intimate partner violence (IPV) continues to be a serious problem for the United States despite efforts to raise public awareness. The violence that is perpetrated by a current or previous partner has been known to result in damaging effects on the physical and emotional well being of women (Goodman & Smyth, 2011). In addition, research suggests social support is a way for women who experience abuse to gain access to emotional support and also an avenue for women to gain access to information which could ultimately influence her decision to stay in the relationship. The purpose of this research project was to examine coping strategies in women who experience abuse and to investigate if social support plays a role in outcomes.

Problem Statement

Intimate partner violence (IPV) is described by professionals as a pattern of negative behaviors that one person uses against another in an effort to coerce or control that other person in an intimate partner relationship (Goodman & Smyth, 2011). These behaviors

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include physical, psychological, and sexual abuse. Intimate partner violence impacts persons of all ages, races, and cultures, however, studies indicate women will experience significantly more abuse than men throughout the course of their lifetime (Flaherty, 2010).

Research published by Roberts (2005) estimates approximately 8.7 million women in the United States will experience abuse by an intimate partner each year. Other researchers suggest that one in four women will be abused by an intimate partner at some point in their lifetime (Kelly, Warner, Trahan, & Miscavage, 2009). Although both men and women experience abuse, women will experience approximately 4.8 million physical assaults and rapes compared to men who will experience approximately 2.9 million assaults annually (Murphy & Quimet, 2008). The violence perpetrated against women is known to result in feelings for women that include hopelessness, anxiety, and fear.

In addition to physical injuries, being a victim of intimate partner violence (IPV) can result in a wide range of mental health problems for women that can be serious. These problems include anxiety disorders, mood disorders, poor body image, and several other negative

outcomes including low self-esteem, suicidal ideation, and post-traumatic stress disorder (PTSD) (Murphy & Quimet, 2008; Howard, Trevillion, & Davies, 2010). Post Traumatic Stress Disorder (PTSD) is a syndrome that happens in some individuals after a traumatic event has occurred and presents itself with symptoms including intrusive re-experiencing of the event, emotional numbing, and intense feelings of fear and helplessness (DeJonghe, Bogat, Levendosky, & von Eye, 2008).

The problem is so serious that some studies report the prevalence of PTSD among battered women to be between 45 and 84 percent, and suggest that post traumatic stress disorder (PTSD) correlates significantly with almost all diagnosed anxiety and depressive mood disorders (DeJonghe, Bogat, Levendosky, & von Eye, 2008). Researchers suggests that depression is present in severe PTSD more than half of the time; other studies report the prevalence of depression in battered women with PTSD to be as high as 83 percent (Waldrop & Resick, 2004; DeJonghe et al., 2008). Additionally, the negative impact of prolonged exposure to IPV put those who are victimized at higher risk for developing problems with substance abuse (Howard, Trevillion, & Davies, 2010).

The prolonged and dangerous exposure to intimate partner violence (IPV) indicates women who are exposed to abuse are at a higher risk for alcohol and drug abuse. Researchers report women who are experience abuse are six times more likely than others to develop a dependency on alcohol and/or drugs, and say the dependency on substances is a direct attempt by that person to avoid experiencing the negative impact of the presenting PTSD symptoms (Howard, Trevillion, & Davies, 2010; Becker & Duffy, 2002). In addition, according to one study more than half the women in a methadone clinic report experiencing childhood sexual, physical, or life threatening abuse, which researchers say put them at high risk for experiencing IPV later in adulthood (Schiff, El-Bassel, Engstrom, & Gilbert, 2002).

Research by DeJonghe, Bogat, Levendosky, and von Eye (2008) suggests there are risk factors, including childhood exposure to violence that increases the likelihood of re-victimization in later adulthood and report that more than 50 percent of women who experience abuse by an intimate partner live with children under the age of twelve, suggesting that approximately 20 to 25 percent of these children will witness intimate partner

violence (IPV) between their parents. In addition,
studies report that children who witness IPV in the home
are five times more likely than others to develop a
serious emotional and/or a behavioral problem than others
(Bostock, Plumpton, & Pratt, 2009).

Purpose of the Study

Intimate partner violence (IPV) is a serious social
problem. In addition to physical injuries, being a victim
of IPV can result in a wide range of mental health
problems for women that can be serious. Many believe
their situation will never get better. Researchers
suggest the impact of IPV is as traumatic for some women
as being held hostage or being subjected to torture
(Howard, Trevillion, & Davies, 2010). These researchers
say that women who experience IPV are at the highest rate
for re-victimization than any other crime in the United
States (Howard et al., 2010).

Women who are abused by an intimate partner are at
higher risk for experiencing negative mental health
outcomes, including depression and PTSD, substance abuse,
and are also at risk for re-victimization than those who
are not abused. Researchers say the risk of being abused

by an intimate partner is particularly high for women who are economically dependent or unemployed (Bostock, Plumpton, & Pratt, 2009). According to studies, women who experience intimate partner violence (IPV) are at higher risk for developing mental health problems and are at higher risk for substance abuse, which overall, plays a significant role in her efforts to gain employment (Goodman, Smyth, Borges, & Singer, 2009; Howard, Trevillion, & Davies, 2010).

Studies indicate women from lower socioeconomic groups are at higher risk and more likely to be abused by an intimate partner than others. According to researchers, this is because these women lack social support compared to others (Waldorp & Resick, 2004; Mitchell & Hodson's, 1983, 1986). This is a concern for many professionals who say women who experience intimate partner violence (IPV) are at risk because they are often isolated by a controlling partner who uses manipulative tactics such as preventing her from working outside of the home or by demanding she stop having contact with family or friends, or anyone else she may have had contact with in the past (Waldorp & Resick, 2004).

Studies estimate the problem of intimate partner violence (IPV) to be as high as 50 percent of all women presenting in primary care settings and emergency rooms (Murphy & Quimet, 2008). Several actions have been taken over the years calling for professionals to implement mandated screening procedures for abuse during the initial screening process, however, even with support from the U.S. Health Department and other health care organizations, only a small percentage of emergency rooms, social service, or primary care settings comply with these screening efforts (Murphy & Quimet, 2008). Studies report that mental health care professionals do not routinely ask about IPV, and only 61 percent of professionals admit to only questioning about abuse when a problem was suspected (Howard, Trevillion, & Davies, 2010).

Health care professionals offer several reasons for not routinely screening for intimate partner violence (IPV), saying they felt uncomfortable discussing these issues with their clients out of fear of upsetting them or offending, while others say screening for abuse is unlikely to result in any positive outcomes, and may actually do more harm than good (Murphy & Quimet, 2008).

Significance of the Project
for Social Work Practice

Research examining the impact of intimate partner violence (IPV) suggests responses to IPV ultimately over time can create a sense of learned helplessness, a state in which one learns to be helpless and then generalizes this to other aspects of their lives; however, researchers say this is not the case. Researchers propose that those who are unsuccessful in their efforts to leave are prevented from doing so not for reasons such as learned helplessness, but for reasons that include poor access to tangible resources and limited social support (Goodman, Smyth, Borges, & Singer, 2009).

According to studies, women with greater access to personal resources, such as income, education, and occupational status receive more concerned responses from friends and family when they sought help than those who have limited access to personal resources, indicating dependency needs could be relevant to the amount of money and resources a woman has access to and her decision to stay in the relationship (Waldorp & Resick, 2004).

Social support is a way for women to gain access to emotional support, but is also an avenue for women to

gain access to information increasing self awareness, which is empowering. Social support can be provided through informal networks such as family, neighbors, and friends, or through a network of formal systems such as emergency rooms, hospitals, community agencies, and domestic violence shelters (Goodman, Smyth, Borges, & Singer, 2009).

Domestic violence shelters are utilized each year by women and their children, and usually provide up to six weeks of shelter. Domestic violence shelters are in a position to help individuals replace lost resources, and provide a sense of belonging when a person's social networks are limited, however, studies indicate that women who are abused by an intimate partner in shelters, in the community, and in the criminal law system report overall inadequate formal support as well as limited informal support than others (Goodman, Smyth, Borges, & Singer, 2009).

Intimate partner violence (IPV) is a serious problem and can result in a wide range of negative mental health problems such as anxiety disorders, mood disorders, low self-esteem, and suicidal ideation. Additionally, researchers say those who experience (IPV) are at higher

risk for developing post-traumatic stress disorder (PTSD) and substance dependency than others who are not abused (Murphy & Quimet, 2008; Howard, Trevillion, & Davies, 2010). Differences in coping strategies have often been used to explain the extent to which an individual copes with a stressful encounter. Coping efforts, researchers suggest, includes a person's broad perceptions of the availability of emotional and social resources, and suggest that the options available to that person will determine how well they cope with the situation (Kocot & Goodman, 2003).

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will examine research important to understanding how women who experience intimate partner violence (IPV) cope with the experience of abuse and the effects of being involved in an abusive relationship on mental health. This chapter will look at theoretical orientations guiding the literature on coping responses and examine literature important to understanding contextual factors such as access to social support to investigate if social support plays a role in the outcomes.

Theories Guiding Conceptualization

Over the past several years many theories have focused on the coping strategies an individual utilizes to reduce stress and the prolonged nature on mental health. Early research by Folkman (1984) sought to examine the relationship between stress and coping. Folman's (1984) theory suggests whether an individual perceives an event as threatening or not depends on a cognitive process called appraisal. According to Folkman

(1984), appraisal is the process in which a person evaluates coping resources and potential outcomes, and then evaluates the availability of resources needed to deal with the threat. According to Folkman (1984), it is this relationship that shapes coping responses.

Furthermore, research by Folkman (1984) sought to make the distinction between problem focused coping and emotion focused coping. According to Folkman (1984), problem focused coping is utilized by a person to minimize an external threat and emotion focused coping is utilized to manage the emotion of the event. The importance of Folkman's (1984) research is that he defines coping as a process rather than an event, and suggests the process is influenced by contextual factors, which include a person's perceived access to social support.

Research by Lazarus and Folkman (1984) sought to illustrate the distinction between problem focused coping and emotion focused coping by identifying several constraints influencing the choices a person might utilize while under duress and to examine the effectiveness of these coping strategies. According to Lazarus and Folkman (1984), when people see their

situation as changeable rather than unchangeable, they utilize coping strategies that keep them focused on the situation and are better able to problem solve. On the other hand, when people see their situation as having to be accepted, they utilize emotion coping responses which allowed them to avoid focusing on the problem (Lazarus & Folkman, 1984).

Lazarus's (2006) research examines the relationship between stress and emotions. According to Lazarus (2006), the central features of emotional responses include appraising, coping, flow of actions and reactions, and relational meaning. Lazarus (2006) suggests coping is the key feature of the emotion process, and says it is best understood in the context of personality and situational demands. According to Lazarus (2006), people are always appraising ongoing and changing relationships with others in their environment, and it is this constant appraising that makes it possible for us to construct meaningful relationships. Lazarus (2006) suggests the ongoing relationship between a person and their environment is a constant appraisal. Appraisal shapes and defines the emotional process, and before emotion can occur a person first automatically evaluates what is happening, what

this means to them, or what this means to their loved ones.

Research by Moos (1995) places emphasis on stress and environmental precursors to explain how individuals adapt to adversity and stress. Moos (1995) suggest humans are resilient and have an enormous capacity to survive, even in the face of adversity, and can emerge from a crisis with a new set of coping skills, a closer relationship with loved ones, a greater sense of self confidence, and a new way of experiencing life than before. Importantly, Moos (1995) suggests a person who has limited access to social support or resources faces bigger challenges than those who have greater access. According to Moos (1995), a person who has limited access to social resources will experience even more stressful events, increasing the potential by that person to experience more chronic stressors, which can result in a further decline in social resources.

Other theories appearing in the literature on coping are the approach/ avoidance response, also known as engagement versus disengagement, and the cognitive/behavioral response. Examples of avoidance coping are "Refused to believe that it happened" and

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"Kept my feelings to myself" (Waldorp & Resick, 2004,

p. 292). Examples of approach coping include responses

such as "Talked to a friend about the problem" and "Made

a plan of action and followed it" (Waldorp & Resick,

2004, p. 292). Researchers have sought to examine the

distinction between cognitive coping and behavioral

coping responses. An example of the cognitive coping

approach include attempts by that person to change the

way they think about the situation, for instance "Tried

to see the positive side of the situation" and behavioral

coping responses which includes observable actions to

reduce the stress, such as "Got away from things for

awhile" (Waldorp & Resick, 2004, p. 292).

Folkman, Lazarus, Schetter, DeLongis, and Gruen,

(1986) examine the process of coping, which they suggest

is a person's capacity to change behavioral and cognitive

processes to manage the demands of a stressful encounter.

Researchers Folkman et al. (1986) present a

biopsychosocial perspective to illustrate coping

responses and the factors influencing how a person will

react to a stressful encounter. Folkman et al. (1986)

measured cognitive appraisal, which is the immediate

event in which a person evaluates whether a situation is

detrimental to their well being, coping, and encounter outcomes to discover the extent of the relationship between variables.

According to Folkman, Lazarus, Schetter, DeLongis, and Gruen, (1986), the results of the study indicate that when a person sees their situation as changeable rather than unchangeable, they utilize coping responses that keep them focusing on the situation and are better able to problem solve, however, when people see their situation as having to be accepted, they utilize coping responses including escape and avoidance, which is an attempt by that person to avoid focusing on the problem and reduces the stress of the threat.

Intimate Partner Violence Effects

New theorists like Evan Stark (2007) suggest that beyond physical violence there are micro-aggressions against women that occur in everyday life. According to Stark (2007), these micro-aggressions are used by men against women in an effort to control and make coercion seem normal. What makes this interesting is that Stark (2007) looked beyond the prevalence and incidents of

physical violence to examine how gender and power play a role within intimate partner relationships.

Stark (2007) suggests this type of coercion and control is a liberty crime and stresses that women suffer psychologically due to these daily micro-aggressions, reinforced by the perpetrator based on the assumption that gender stereotypes are a norm and thus acceptable. Stark (2007) thought micro aggressions may seem relatively harmless to an outsider, yet these acts can result in negative mental health outcomes for women. According to Stark (2007), these negative mental health outcomes include higher levels of fear, depression, low self-esteem, and can significantly impact her overall sense of well being.

Violence against women is often prolonged and can result in a wide range of problems for women that can be serious. Tolman's (1992) research aimed to exclusively measure the construct of psychological abuse and its impact on mental health. Tolman, (1992) conceptualized psychological abuse by constructing a 58-item tool designed to measure psychological violence. The Psychological Maltreatment of Women Inventory (PMWI) identified several constructs of psychological abuse

including: creation of fear, emotional withholding, economic abuse, contingent expressions of love, and isolation (Tolman, 1992). The researcher reports that one reason many women choose to not report abuse or take formal legal action against a perpetrator are for reasons that include fear of retaliation, loss of financial support, and/or leaving a home or children (Tolman, 1992). Importantly, the results of Tolman's (1992) study indicate that women who had perceived access to social support were less likely to suffer from negative mental health outcomes compared to others who had limited access to social support.

Social Support

Mitchell and Hodson's (1983, 1986) study measured personal resources and say that the greater a woman's personal resources, such as income, education, occupational status, and social support, the better the outcomes on mental health (Waldorp & Resick, 2004). Additionally, research by Kocot and Goodman (2003) report that women engage in more problem focused coping, including actions to reduce stress, and are less likely

to suffer from negative mental health outcomes than others if they had perceived access to social support.

Kocot and Goodman (2003) report that women who are victims of intimate partner violence (IPV) are often forced to endure environmental constraints such as inadequate access to financial resources and their coping responses must conform to these limitations. The researchers suggest that problem focused coping efforts may be ineffective and even militate against emotional well being for those who have limited resources compared to those who have greater access to tangible resources (Kocot & Goodman, 2003).

Goodman, Smyth, Borges, and Singer, (2009) suggest that distinct from emotion or problem focused coping there is survival-focused coping targeted at surviving for the short term. According to these researchers, social support increases active coping, and suggest that women who are persuaded to discuss the abuse with a support system are also encouraged to cope more actively with the abuse, taking actions that reduce the risk of negative mental health outcomes and the chances of being re victimized (Goodman et al., 2009).

Research by DeJonghe, Bogat, Levendosky, and von Eye (2008) examines risk factors and mental health outcomes in women who are victims of intimate partner violence (IPV). The study reports that there are several factors increasing the chances mental health problems will develop as a result of the negative experience, suggesting that social support and personal characteristics mitigate outcomes. These researchers report factors include perceived control, goal orientation, commitment, self-esteem, and adaptability, which influence a person's resiliency in negative situations (DeJonghe et al., 2008). These researchers found in a sample of low income women who had attempted suicide, that most reported utilizing coping responses that were focused on accommodating the perpetrator rather than using coping responses focused on preventing re victimization (DeJonghe et al., 2008).

Summary

This literature review identified current theoretical theories examining coping responses that will guide this research project. This chapter also examined the negative impact of experiencing intimate partner

violence (IPV) on a woman's mental health and reviewed

the literature examining contextual factors, such social

support to discover if social support plays a role in the

outcomes. The aim of this research project was examine

these differences and shed light on implications for

social work practice, policy, and research.

CHAPTER THREE

METHODS

Introduction

The purpose of the study was to generate responses
from women who experience intimate partner violence (IPV)
to develop a deeper understanding of how women cope with
their situation and investigate if social support plays a
role in their outcomes. The questions the researcher
asked of the participants (see Appendix A) were designed
to gain deeper insight into what social workers can do to
help empower women who experience IPV and what
professionals can do to better build a network of support
in which women who are abused by an intimate partner do
not feel alone.

Study Design

This research was a qualitative study designed to
examine how women who are victims of intimate partner
(IPV) cope with their experience. Participants were women
who were utilizing services at a domestic violence
shelter in Victorville California who all agreed to
participate in the study. Interviews were conducted
individually with the researcher and with open-ended

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questions designed to provide opportunity for further exploration and discussion. Participants were from both urban and rural areas and were utilizing the domestic violence shelter as a result of their experience with abuse.

A potential weakness of the study is that participants were drawn from a help seeking population, such as those utilizing a shelter, and may not reflect the population of intimate partner violence (IPV) survivors as a whole. For example, these women may differ on level or type of violence experienced, or the resources available to this population in general (Waldrop & Resick, 2004).

Sampling

Participants were eight women recruited by the shelter director who asked if they would be voluntarily willing to share their experience with intimate partner violence (IPV) with the researcher. Participants were told that the interview would last approximately one hour and all were informed their responses would be confidential. Participants were all English-speaking women and 21 years old or older. The interviews took

place behind closed doors in a private room at the shelter. The interview questions were developed by the researcher, and were open-ended in an effort to generate detailed responses from participants. The questions were designed to examine individual experiences with abuse, how they coped with the abuse, and the social resources utilized by these women before entering the shelter.

Data Collection and Instruments

Participants received a folder in which there were several items for them to fill out and return to the researcher. The participants were given an informed consent (see Appendix B) to read and accept. There were several demographics questions that asked for participant's age, ethnicity (see Appendix C) and a few questions designed to identify whether or not the women had children as well as the current status of the relationship.

After completing the face-to-face interview questions designed to generate coping responses and identify levels of social support, participants were then debriefed (see Appendix D) and thanked for their participation in the study. To conceptualize the

participants' coping responses the researcher asked

questions during the interview designed by the researcher

to generate detailed responses. There was no deception

used in the study. The questions were adapted from

Tolman's (1989) Psychological Maltreatment of Women

Inventory (PMWI) and included questions such as "Does

your partner ever tell you that the abuse was your fault"

"Do you ever blame yourself for what has happened?" and

"Do you ever feel hopeless about your situation?"

Participants were asked several questions designed

by the researcher to help conceptualize the levels of

social support. These questions included "Does your

partner ever try to isolate you from others?" "Before

entering a domestic violence shelter, have you ever been

asked by a professional about your experience with

abuse?" and "Have you ever reported a domestic violence

incident to the police department, hospital, or a social

worker?" Notes were taken by the researcher in an effort

to capture emerging concepts and their relationships to

other responses.

Through this process of identifying the

participants' main concerns, and by comparing and

contrasting themes, the researcher began to see the

emergence of a core variable (Brown, 2006). After identifying the core variables, a selective coding was identified and variables were categorized. The researcher again compared and contrasted the participants' responses to the interview questions against the emerging categories and their related properties to gain deeper insight (Brown, 2006).

According to studies grounded theory requires researchers to conceptualize meaning from the data, which is different from traditional qualitative studies who determine findings based on the participants' quotes and thick description of data to identify concrete measures (Brown, 2006). To conceptualize coping, data was analyzed from participants' responses to questions like "Do you ever feel hopeless about your situation?" and how they coped with that feeling. To conceptualize social support, data was analyzed from questions like "Does your partner ever try to isolate you from others?" and what formal and informal systems of social support were utilized before entering the shelter. Again, data was reexamined against the emerging categories in an effort to identify major concerns.

Procedures

The face-to-face interview took place in a private room at a domestic violence shelter in Victorville California to protect participants' confidentiality. The researcher interviewed women recruited by the shelter director who asked participants if they would be willing to share their experiences with abuse for the purpose of the study. The researcher explained the purpose of the study, and gave the participants an informed consent to read and accept. The interview took approximately one hour and the interviews were scheduled to take place over several days. The interviews included questions designed to generate responses from women who experience abuse to find out how they coped with their situation and if social support played a role in the outcomes.

Protection of Human Subjects

Participants were told their participation in the study was voluntary, and that they could withdraw from the study at anytime without penalty. Participants were informed that all identifying information would be confidential and the only people who would have access to the contact information would be the researcher and the

project supervisor (refer to consent and debriefing).

Participants were told that no identifying information

would be collected and that all research materials would

be destroyed seven years after the publication of the

data in compliance with research guidelines.

Data Analysis

The method of analysis adopted by this researcher is

qualitative and guided by grounded theory because it

supports the view that a person's subjective experience

is a reliable source of information (Brown, 2006). The

process of utilizing grounded theory data involves

ascribing codes to the interview text. The interviews

were then checked by the researcher; themes and sub

themes were identified and recorded by the researcher

(Brown, 2006). Studies say grounded theory researchers

are expected to conceptualize information from the data

and utilize a constant compare and contrast method to

analyze the interview content; this is done tediously,

line by line (Brown, 2006).

Data sources for this study included responses from

the participants which were gathered by the recorded

interview and by the field notes taken by the researcher

during the interview. Themes were explored by revisiting the interview text, and by refining the definition of that person's experience with abuse by reviewing the taped recording. Themes were then compared and contrasted with the other participants' responses, including the researcher's perception of the interview context and variables were identified and coded (Brown, 2006).

Summary

This chapter covered the study design, sampling, data collection, procedures, protection of human subjects, and data analysis. The interview questions included responses from participants including demographics, times utilizing a domestic violence shelter, aspects of social support, and coping strategies. The questions eliciting demographic information included age, ethnicity, and where the participants were living before entering the shelter. The data were used for the purpose of describing the sample of women who agreed to participate in this study.

CHAPTER FOUR

RESULTS

Introduction

This chapter will cover the demographics of the participants, their coping responses, levels of social support, and the utilization of social service organizations that was collected from the data of the participants' responses to the interview questions.

Presentation and Findings

The sample consisted of eight women who have experienced intimate partner violence (IPV) in their relationships and were currently utilizing services at a domestic violence shelter as a result of their experience with abuse. The method of analysis adopted by this researcher was qualitative because of the richness of the data collected and the sensitivity of the topic. The following results are significant findings from the demographic information provided by the participants in the study. The participants were all women between the ages of 24 and 41, with an average age of 30 years old. Three fourths of the women (n = 6) were self-identified as Hispanic, followed by a single participant (n = 1) for

each of the following categories: Caucasian/Native American and African American. Seven of the women (87.5%) reported they had lived in the area before entering the shelter and one of the participant lived out of state. Most of the participants had approximately two children with the abuser, and one of the participants was currently pregnant. Three of the women (37.5%) were married, and the remaining participants report cohabitating with the abuser. The average length of the relationship was almost 6 years (5.81), and almost all of the women (n = 7) were utilizing the domestic violence shelter for the first time.

Only Half (50%) of the women interviewed said they had reported a domestic violence incident to the police department, hospital, or a social worker before entering the shelter, and 75 percent of all participants reported they were never asked by a professional about their experience with abuse before entering the shelter. The participants were then asked eight questions related to their experience with abuse. To ensure confidentiality, participants were given numbers at the time of the interview, and these will be used to quote responses to the questions that follow.

Isolation

The first question asked by the researcher was,

"Does your partner ever try to isolate you from others?"

This question was asked to gain a better understanding of

levels of social support. Almost all of the participants

(87.5%) reported they were isolated by their partner from

work, family, and friends. For example, participant 2

responded by saying, "Very much so. He was very

manipulative, and so most of the time I was just locked

up in the house" (Personal Interview, February 2012).

Participant 4 reported,

> I was forbidden to go anywhere or be near my family.
>
> And he would come to my work at odd times because I
>
> worked at a hospital and it is a twelve-hour shift.
>
> He would come at 12 o'clock, come in at 4:00 in the
>
> morning and just enter the premises. (Personal
>
> Interview, February 2012)

Participant 7 responded by saying, "Yes, he always did.

Especially from my family. I was not allowed to work

because he'd be jealous, thinking I'd be out messing

around" (Personal Interview, March 2012).

Fault

The second question was asked to gain a better understanding of coping responses. Participants were asked by the researcher, "Does your partner ever tell you that the abuse was your fault?" All eight of the participants responded that they were told by their partners that the abuse was their fault. For example, participant 1 responded by saying, "Yes. It was all my fault. If he was acting foolish it was my fault. If he will not have a good day at work it was going to be my fault" (Personal Interview, February 2012). Participant 2 reported, "Oh yeah. If I would have just listened to him, if I would pay attention to what's going on, then it wouldn't happen" (Personal Interview, February 2012). Participant 3 responded, "Yes. I pick on him" (Personal Interview, February 2012). Participant 7 responded by saying, "Yes. He did tell me it was my fault. That I shouldn't have said nothing" (Personal Interview, March 2012).

Blame

The third question was asked to gain a better understanding of coping responses. Participants were

asked by the researcher if they blamed themselves for what has happened, and if so, how they coped with the blame. All eight of the participants responded by saying that they blamed themselves for what happened. Participant 1 responded by saying, "Yeah. Like I did something wrong. Because he was always telling me that I was not enough. I think I have the problem" (Personal Interview, February 2012). Participant 7 responded, "Blame myself for being in this position. Yes" (Personal Interview, March 2012). All eight of the participants reported depressive symptoms. For example, participant 3 responded, "I ate a lot. Always depressed. Didn't want to live, honestly" (Personal Interview, February 2012). Participant 7 responded, "Before I was always just staying to myself, staying quiet. You wake up depressed and don't want to do nothing" (Personal Interview, March 2012).

Hopelessness

The fourth question was asked to develop a deeper understanding of coping responses. Participants were asked if they ever felt hopeless about their situation. Most of the women (75%) reported feeling hopeless about

their situation. For example, participant 3 responded by saying, "Yes, I gave up" (Personal Interview, February 2012). Participant 4 responded,

> I just wanted the world to end. I didn't want to end my life because I love my children so much and I wouldn't want to leave them behind and I wouldn't want to end their lives. I would just pray for the world to come to an end. (Personal Interview, February 2012)

Participant 7 responded, "Yes. Because I couldn't move around like I wanted to or get my kids out of that situation as a mother should you know? I thought I was protecting them but I was hurting them more" (Personal Interview, March 2012). Participant 8, who was taken by her abuser to Mexico reported,

> I lost a lot of hope at that point and thought I was gonna die there. And I thought I'd never see my son again. When I felt really bad I just had to think about my son and my unborn child. (Personal Interview, March 2012)

Hopeful

The fifth question was asked to gain a better understanding of coping responses. Participants were asked by the research if they ever felt hopeful about their situation. All eight of the participants responded by saying that they were now hopeful about their situation. For example, participant 2 said,

> Yes. It made me a very strong person now. You know, I've had a rough life as it is, and then getting in a relationship like that has made me stronger, and so I'm definitely excited to get out and start my life now. (Personal Interview, February 2012)

Participant 7 responded by saying "At this point, yeah, right now I do. Everybody around here is so positive and they motivate you to do more, and that you're not alone" (Personal Interview, March 2012). Participant 8 responded, "I do. I see how far I've come. I still have a lot to do but I feel it's not impossible" (Personal Interview, March 2012).

Share Feelings

The sixth question was asked to gain a better understanding of levels of social support at the time of

violence. Participants were asked how often they shared their feelings with a close friend or family member. Because almost all of the participants reported they were isolated by their partner from family and friends, the finding support that most (87.5%) of the participants did not share their feelings with a close friend or family member while in the relationship. For example, participant 3 responded by saying,

I don't because I don't know where they live. And it was just impossible to get on the phone because he would have to dial the number and he would just sit there. He would screen all the phone calls.

(Personal Interview, February 2012)

Participant 4 said, "I couldn't share with my family member because they don't support it. Because I was in that relationship for years, so they took it for so long that my family doesn't want anything to do with me" (Personal Interview, February 2012).

Professional Support

The seventh question asked by the researcher was, "Do you feel that you have received the appropriate support from the professionals that you have come into

contact with?" This question was designed to understand the participants' experiences with utilizing social services. All eight women reported they had received the appropriate support from the professional that they had come into contact with as a result of their experience. Participant 1 responded by saying,

> Yes. I'm very happy. I feel my depression, it was like one hundred percent, now it's maybe fifty percent of depression and when I get into my own place with my son and I don't have to go back I think I'm going to get My American dream come true. (Personal Interview, February 2012)

Participant 4 responded,

> They have completely changed my way of thinking and I don't ever want to come out of this place because they make me happy to be here. I am free. That's the one thing I haven't been for a very long time. (Personal Interview, February 2012)

Kinds of Support

The eighth question asked by the researcher was designed to gain a better understanding of the kinds of social support the participants have received since

utilizing the services at the shelter. All participants

expressed a positive emotional experience. For instance,

participant 1 responded,

> You get support from the ladies because they are in
> the same position, so we support each other. And
> then the staff supports you because if you feel like
> something is not going good you can talk to them and
> they will listen. (Personal Interview, February
> 2012)

Participant 7 responded,

> If, while you're in here and you have to go to
> school like for GED classes, then they'll take care
> of your kids in daycare. We'll go to classes on
> Mondays and Wednesday's for parenting classes and
> peer support classes. Those are the ones that help
> me out the most because we talk about what's on your
> mind and what has happened to you. (Personal
> Interview, March 2012)

Participant 8 responded by saying, "I received a lot of

guidance as far as the steps that I need to take because

I was very sheltered by my lover so there was a lot of

things that I didn't know how to do" (Personal Interview,

March 2012).

In general, the types of social service organizations that the participants reported they have utilized since utilizing the shelter include individual therapy, group therapy, therapy for their children, childcare, financial assistance, food, clothing, education, legal assistance, and housing. Many expressed a sense of empowerment as a result of utilizing these resources. For example, participant 2 responded, "On Wednesdays we have, it's more like an educational day, we'll have people come in and explain to us how job interviews would go for us to prepare for the future, and you know, what to expect" (Personal Interview, February 2012). Participant 8 responded by saying, "It makes me feel like I can make it, you know?" (Personal Interview, March 2012). All of participants were very satisfied with the services they had received thus far and were hopeful about the future.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will present the discussion of the results presented in chapter four. There will be a discussion on the themes and data that emerged from the qualitative interview process. The chapter will discuss the limitations to the study, and then the researcher will make recommendations for social work practice and policy. Ideas for future research on intimate partner violence (IPV) will be discussed. Finally, the conclusions to the research project will be presented.

Discussion

There were several categories that emerged from the interview process that can be grouped into themes. These include: (1) demographic characteristics, (2) isolation, (3) fault, (4) blame and coping responses, (5) Hopelessness, (6) hopefulness, (7) professional social support, and (8) kinds of social support. The demographic questions were asked of the participants to establish characteristics of the sample and to build rapport before asking participants about their

experiences with abuse. The demographic findings showed that out of the eight participants, six were Hispanic, (75%), and although the researcher did not ask about income level, it can be inferred from the data that all of the women were considered to be from low socioeconomic status (SES), and most of the participants (n = 7) were utilizing services at a shelter for the first time.

The study found that the participants felt they were isolated from family and friends. Consistent with researcher by Waldorp and Resick (2004), most of the women (87.5%) reported they were isolated from working, or from having contact with family and friends. Some report they felt trapped in their situation. Also, consistent with literature, many say that that have friends and family who do not understand, are not sympathetic to what they are going, or are overwhelmed by the fact of the abuse (Goodman, Smyth, Borges, & Singer, 2009). Finally, these researchers say that women who are not working and are low SES are at greater risk for being involved in an abusive relationship than others because they lack resources and are more likely to rely on the financial support of an abusive partner than others who have greater access to resources (Goodman et al., 2009).

The study found participants felt that the abuse was their fault. Consistent with the literature by Stark (2007), all of the women were told and then believed that the abuse was their fault. The impact of capitulating to an abuser's notion of reality rather than trusting one's own senses can have a severe impact on the psychological well being of women and her notions of self (Stark, 2007). This is because many abusers create a world in which it is their reality that determines the boundaries, expectations, and rules of their partners' reality, and also an example of the cognitive coping approach, which includes attempts by that person to change the way they think about the situation (Stark, 2007; Waldorp & Resick, 2004).

As predicted, the study found that all of the participants blamed themselves for what happened. Literature supports that women who experience Intimate partner violence (IPV) often report feelings including shame and blame, which can lead to negative mental health outcomes including low self esteem and depression (Kelly, 2004). Many reported that they blamed themselves for causing their partners violence and erroneously believed that their actions could alter their partner's behaviors.

These beliefs heighten her risk of re-victimization and may reduce her sense of mastery over the environment (Parker & Lee, 2007).

The study found the participants felt hopeless about their situation while in the abusive relationship. Consistent with literature on coping strategies and mental health outcomes in women who experience abuse, researchers indicate depression, including feelings of hopelessness and worthlessness occurs at high rates (Waldorp & Resick, 2004). In addition, coping literature suggests that greater depression is associated with more avoidance coping responses than problem solving responses because women engage in more problem focused coping, including actions to reduce stress, and are less likely to suffer from negative mental health outcomes than others if they perceived they had access to social support (Kocot & Goodman, 2003).

The study found that all of the participants responded they were now hopeful about their situation. Many said this was a result of the social support they had received upon utilizing the services of the shelter. According to coping research, social support, financial resources, and other tangible resources may all

contribute to an abused woman's choice of coping strategies she utilizes while under duress (Waldrop & Resick, 2004). In addition, social support is not only a means for women to gain access to emotional support, but an avenue for her to gain information and accurate appraisals of stressors (Waldrop & Resick, 2004).

The study found that most of the participants did not share their feelings with a close friend or family member. Researchers say that that this is because family itself can be a negative network that inadvertently supports abusive behavior as a result of cultural norms, expected gender roles, and an environment of poverty and isolation (Roditti, Schultz, Gillette, & de la Rosa, 2010). As a result, research examining resiliency, social support and social networks say that Mexican American women who seek services from a domestic violence shelter may actually receive greater benefit from formal services than informal social support networks (Roditti et al., 2010).

The study found the participants felt that they had received the appropriate support from the professionals that they had come into contact with. All of the participants reported they were happy with the support

they had received since utilizing the services of the shelter. Shelters are often the place women who experience intimate partner violence arrive at during a crisis and are sometimes utilized as a way of avoiding further abuse. As a result, shelters are a unique formal resource that a woman can draw on for social support. Social support is a way for women to gain access to emotional support and is also an avenue for women to gain access to information that could influence her decision whether to stay in the relationship.

Finally, the study asked participants about the kinds of support they have received since utilizing the services at the domestic violence shelter. The researcher found that the participants reported they received individual and group therapy, therapy for their children, financial support, education, childcare, and housing. The participants also reported they felt the peer support groups to be especially beneficial because they felt a connection with the other women and could share things with the group that they could not share with anyone else. In addition, the study found the participants received referrals for legal assistance if they needed, and three of the participants reported they were now

living in transitional housing after completing the ninety-day stay at the shelter.

Limitations

There were several limitations to the study. Although the research was rich in data, there were only eight participants and six were of Hispanic origin. As a result, the findings cannot be generalized to the entire population. In addition, all of the participants were currently receiving services from the shelter, which may have influenced their responses to the questions asked. In addition, some of the participants had difficulty with their English and the language barrier may have prevented the women from expanding on their responses. Also, although the sample was drawn from a convenience sample and was not meant to be a comparative study of ethnic groups, the researcher did not expect it to be so homogeneously Hispanic. If this had been anticipated, other questions relating to cultural expectations and barriers would have been asked. Cultural competency and linguistic capabilities are critical to understanding how these women respond to abuse.

Implications for Social Work Practice

Social workers have a history of providing support to women in various settings and are in a position to help women overcome obstacles when they decide to take action. Additionally, social support is a way for women to gain access to information increasing self-awareness, which over time, fosters empowerment. Studies of survivors who have experienced intimate partner violence (IPV) say women are not comfortable discussing their abusive situation with professionals and say that attitudes for mandatory screening depend on certain conditions such as an unhurried setting or a questionnaire rather than having to sit through a face to face interview with a someone they are barely know (Murphy & Quimet, 2008, p. 310).

Social workers must find avenues to help women who experience abuse feel more comfortable about discussing their situation with others. This means engaging with and framing meaningful questions during the initial screening process that helps to produce knowledge and increases self-awareness.

Conclusions

The data collected regarding coping strategies utilized by the participants permit several conclusions. Women who experience intimate partner violence (IPV) appear to utilize more avoidance coping responses when they are still involved in the abuse relationship in an effort to cope with the ongoing violence. All of the participants in the study reported depressive symptoms, including blame and feelings of hopelessness. Women who actively took steps to end the abusive relationship report higher levels of self-esteem and confidence. Importantly, it can be inferred by the data collected by the researcher that social support mediates outcomes.

Moos (1995) suggested that interventions aimed at decreasing the negative effects of life stressors should focus not only on the person, but the contextual forces to better understand how a person responds to a stressful encounter. Importantly, Moos (1995) suggested humans are resilient and have an enormous capacity to survive, even in the face of adversity, and posits that many can even emerge from a crisis with a new set of coping skills and a greater sense of self confidence.

It is important for social workers to assist women in decreasing the negative mental health symptoms that she may be experiencing as a result of her situation. To do so, the assessment phase should include questions that help the social worker understand the amount of threat that the client has or is now experiencing or any cognitive distortions she may be experiencing as a result of her situation with abuse (Waldrop & Resick, 2004).

Social workers have a history of providing support to women in a wide range of settings including 24-hour hotline centers, domestic violence shelters, hospitals, and mental health settings. Referrals that link services together and build a network of support must also include information on job training, options for low-income housing, counseling, childcare, legal aid, and other community services, which means follow up services designed to foster empowerment and provide opportunity for growth. At this point, further research is needed to gain a better understanding of the relationship between coping strategies and social support to investigate the most effective intervention strategies for social work practice, policy, and research.

APPENDIX A

QUESTIONS

Questions

1. Have you ever reported a domestic violence incident to the police department, hospital, or a social worker?
   Can you tell me more about this?

2. Before entering a Domestic Violence Shelter, have you ever been asked by a professional about your experience with abuse?
   Can you tell me more about this?

3. Does your partner ever try to isolate you from others?
   Can you tell me more about this?

4. Does your partner ever tell you that the abuse was your fault?

5. Do you blame yourself for what has happened?

6. How do you cope with this?

7. Do you ever feel hopeless about your situation?
   Can you tell me more about this?

8. Do you ever feel hopeful?

9. How often do you share your feelings with a close friend or a family member?
   Can you tell me more about this?

10. Do you feel that you have received appropriate support from the professionals that you have come into contact with?
    Can you tell me more about this?

11. Can you talk about the kinds of support that you have received?

Developed by Cheryl Allen

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to examine coping skills and social support among women who have been abused by an intimate partner. The study is being conducted by Cheryl Allen under the supervision of Janet Chang, Professor of Social Work, California State University, San Bernardino. This study has been approved by the Institutional Review Board, Social Work subcommittee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to examine coping skills among women who have been abused by an intimate partner to investigate if social support plays a role in their outcomes.

Description: Participants will be interviewed about their experience with abuse.

PARTICIPATION: Participation is voluntary and will not affect your stay at A Better Way Domestic Violence shelter or any other services you are receiving.

CONFIDENTIALITY OR ANONYMITY: All information is confidential and will be kept in a locked box. Only the researcher will have access to the contact information and all research data will be destroyed after seven years.

DURATION: The expected duration of the interview is expected to take approximately one hour.

RISKS: There are no foreseeable risks to your participation in the study. Participants are free to end the interview at any time without penalty.

BENEFITS: Participants will receive a ten-dollar Wal-Mart gift certificate.

CONTACT: If you have any questions about the research and research participants' rights please contact Janet Chang at 909.537.5501

RESULTS: Results can be obtained after December 2012 at the Pfau Library, CSUSB.

By placing an X in the space below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Participant's X _____   Date: _____

By initialing below, I agree that my interview could be tape recorded:

Initials_____   Date: _____

APPENDIX C

DEMOGRAPHICS

DEMOGRAPHICS

1. Age

2. Ethnicity

3. Where do you live?

4. How long have you been involved in your current relationship?

5. What is your relationship to the person who abused you? Are you married to, separated from, living with, or dating the person who abused you?

6. How many children do you have?

7. How many times have you utilized a Domestic Violence Shelter?

Developed by Cheryl Allen

APPENDIX D

DEBRIEFING

DEBRIEFING

Thank you for taking the time to participate in this study by student Cheryl Allen. In the consent form you were told that the purpose of the study was to investigate coping skills that women who are abused by an intimate partner use and whether social support plays a role in outcomes. The purpose of the study is to examine what professionals can do to better identify whether abuse is occurring, and if so, what social workers can do to provide support for women when they decide to take action.

The study also seeks insight into how to better enable a person who is abused to become empowered and build a network of support in which women who experience abuse do not feel alone. If you have any questions or concerns about this study, please contact my faculty supervisor, Dr. Janet Chang, Professor of Social Work at jchang@csusb.edu, California State University, San Bernardino, 909. 537. 5501.

Thank you again for your participation.

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