Psychological Well-Being and Coping Mechanisms of Battered Women

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Abstract - The study determined the battered women's degree of psychological well-being, coping mechanisms and the relationship between psychological well-being and coping mechanisms. The variables were measured using the Caroll Ryff Scales of Psychological Well-Being and Ways of Coping Inventory and test of relationship was made using the Pearson r. The results show that the battered women had very good psychological well-being and positive reappraisal, seeking social support, accepting responsibility and planful problem-solving coping mechanisms were employed in succumbing distress associated with the experience from domestic violence. Psychological well-being and coping mechanisms were correlated but at various strengths. The findings reveal that battered women must not prolong their stay at home nor stay in the abusive relationship but run for shelter and seek help to promptly restore the shattered psychological well-being. An excellent psychological well-being leads them to cope with the crisis through problem-focused type of coping mechanisms. However, emotion-focused

coping mechanisms are used when psychological well-being is not in excellent status. Constant supervision and monitoring must be given to them even if they are subjected to therapeutic sessions. A trained psychiatrist, psychologist and social worker are required to efficiently and effectively respond to the victims. Finally, a comprehensive intervention program encompassing all dimensions of a person must be crafted, designed and implemented in support to the battered women in the shelter home.

Keywords - psychological well-being, coping mechanism, battered women

INTRODUCTION

Violence against women is a pervasive, global problem extending across national, racial, cultural and economic boundaries. The study on Domestic Violence and Women's Mental Health in Chile as reported in the Journal on Psychology of Women (2004) had found that there is indeed a link between domestic violence and serious social, psychological and health problems. Furthermore, a local study done through Work of Women Program by World Neighbors in March 2007 assessing how does domestic violence affect women in the Philippines found out that some women have bruises on their bodies, some also experience mental effects locally called as "bughat" when women feel weak and always afraid. Women are affected physically, mentally and socially.

According to Republic Act No. 9262 or the Anti-violence Against Women and Their Children Act of 2004, violence against women and their children refers to any act or a series of acts committed by any reason against a woman who is his wife, former wife, or against a woman with whom the person has or had a sexual or dating relationship, or with whom he has a common child, or against her child whether legitimate, within or without the family abode, which result in or is likely to result in physical, sexual, psychological harm or suffering, or economic abuse indicating threats of such acts, battery, assault, coercion, harassment or arbitrary deprivation of liberty. Harway and Hansen (1994) similarly define domestic violence as the use or threat of use

of physical, emotional, verbal or sexual abuse with the intent of instilling fear, intimidating, and controlling behavior.

Women who are victims of domestic violence are categorized to have battered woman's syndrome (BWS) according to Dr. Lenore E. Walker. Battered Woman's syndrome has four general characteristics: (1) the woman believes that the violence was her fault; (2) the woman has an inability to place the responsibility for the violence elsewhere; (3) the woman fears for her life and/or her children's lives and (4) the woman has an irrational belief that the abuser is omnipresent and omniscient.

Estimates from the National Violence Against Women survey indicate that approximately 1.5 million women are victims of physical or sexual assault by their intimate partners (Tjaden & Theonnes 2000). The Bureau of Women's Welfare of the Department of Social Welfare and Development (DSWD) documented 35,505 cases of spouse abuse, for a yearly average of about 5,000. The actual number of reported cases per year has been increasing over the seven-year period from 850 cases in 1991 to 7,850 cases by 1997 as disclosed by the office of Rep. Patricia Sarenas of the all women's party, Abanse! Pinay (2000).

In the report entitled "Domestic Abuse Top Violation Against Women" written by Purple S. Romero dated May 11, 2008, domestic abuse remains to be the main violation against women based from DSWD and Philippine National Police Women desk data. A trend of unsteady increase in the cases is apparently recorded from these agencies, 2,082 in 2006 and 4,284 in 2007.

Female rights advocate Katrina Legarda said that the rampancy of abuse against women, amid efforts to educate women and empower them, traces its roots to the fact that domestic abuse is a "silent crime." Consequently, battered women appear to be at risk for developing serious psychological outcomes (Boes & McDermott 2002). Battered women have been found to be at an increased risk for depression (Dienemann et al. 2000) and posttraumatic stress disorder (Austin, Lawrence & Fry 1993). These negative psychological effects are long lasting (Carmen, Ricker, & Mills, 1984, Heise 1993). There maybe a great deal of variability among victims of domestic violence with regard to the extent of damage to their psychological well-being. Some victims may suffer serious adverse outcomes, whereas outcomes for others may appear to be relatively mild. These variations may be understood by uncovering the coping mechanisms/processes used by the victims. According to Kaslow, et. al. 1998, psychological distress following violence may be a

significant reason for suicidal behavior among battered women if the victims do not have enough coping mechanisms to succumb the distress associated with the experience.

A study made by David, et al 1998 revealed domestic violence happens when the perpetrator is under the influence of alcohol. Gomel (1997) in his study entitled "A Focus on Women: Well-Being and Coping Strategies of Battered Women" showed that women reporting of spouse abuse have significantly higher scores on measures of psychotherapy. Common mental health problems experienced by abused women include depression, anxiety, post-traumatic stress, insomnia and alcohol use disorders as well as a range of somatic and psychological complaints. He found out that battered women seek psychiatric treatment and some attempted suicide.

On the other hand, Avila et al (1998) found out that some battered women often do not report the abuse because of psychological and sociological pressures. Women coped with the abuse by keeping it to themselves. Some battered women according to Romero (2008) coped with the abuses by going to their friends for help, and not to their families. However, in the book Violence Against Women authored by Tablang (2008), abused women in the Philippines had the highest rates of substance use as a coping strategy.

With the fatal outcomes brought about by domestic violence, abuse can be devastating to a woman's reproductive health as well as to other aspects of her physical and mental well-being. Garcia, et al (2000) in her study on Women's Health and Domestic Violence, found out that violence increases women's long-term risk of a number of health problems, including chronic pain, physical disability, alcohol abuse, and depression. Studies made by Kemp, et. al. 1995, found that coping mechanism is considered a factor which may contribute to reducing adverse psychological outcomes of abuse. Hence, the purpose of this study is to assess the degree of psychological well-being, coping mechanisms used and the relationship between psychological well-being and coping mechanism among battered women in Region X.

The results of the study will contribute to research in social work in several important ways. First, it will contribute to building a theory to account for psychological responses to domestic violence which may help in developing adequate intervention strategies for victims of domestic violence. Second, the current study will provide valuable information on the state of psychological well-being and coping mechanisms among battered women.

CONCEPTUAL AND THEORETICAL FRAMEWORK

The study is anchored on Carol Ryff's conceptual model of Psychological Well-being and Stress-Coping Theory which was developed by Lazarus and his colleagues. Psychological Well-being is a concept that includes subjective, social and psychological dimensions as well as health-related behaviors. According to Ryff, well-being has been guided by two general perspectives: the hedonic approach that defines well-being in terms of pleasure and happiness; and the eudaimonic approach which focuses on self-realization, personal expressiveness, and the degree to which people are able to actualize their abilities (Waterman 1993; Ryan and Deci 2001). The psychological well-being comprised six distinct dimensions of human actualization: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance (Ryff 1995). Each dimension reflects different challenges that individuals encounter in the process of adult development. Specifically, individuals attempt to hold positive attitudes about themselves despite the awareness of their limitations (Self-acceptance). People also strive to cultivate warm and trusting interpersonal relationships (Positive relations with others) and to modify their environment in order to meet personal needs and preferences (Environmental Mastery). In maintaining individuality within a social system, people seek a sense of self-determination as well as the ability to resist social pressures (Autonomy). Finally, finding meaning in one's efforts and challenges (Purpose in Life) and developing one's potential by growing and expanding as a person (Personal Growth) are central to psychological well-being.

However, these dimensions are impaired by an encounter of any traumatic or distressing event like domestic violence.

On the other hand, the Stress-Coping theory provided the explanation between stressful events and psychological outcomes. According to Lazaus & Folkman, coping is conceptualized as a multidimensional and ongoing process to perceive stress, which includes cognitive and behavioral efforts. The link between stressful events and outcomes may be altered by the cognitive appraisal processes and efforts to manage the situation (Ptacek, et. al 2002). That is, the stressful events do predict unfavorable outcomes, only if the individual appraises these events as harmful and threatening.

Individual's determination of coping strategies are influenced by whether there are coping resources and options available (Folkman & Lazarus 1985). Therefore, perceiving the situation as harmful and controllable, and resources available will promote emotional-focused coping while appraising the situation as less harmful and controllable encourages problem-focused coping (Lazarus & Folkman 1984; Ptacek et. al. 2002). However, Lazarus (2003) noted that both forms of coping can reduce psychological distress and can bring about sound psychological well-being.

Folkman and Lazarus identified eight ways of coping namely: confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem solving and positive reappraisal. Planful problem-solving and accepting responsibility are ways of coping categorized as problem-focused while the rest are emotion-focused types. Confrontive coping describes aggressive efforts to alter the situation and suggests some degree of hostility and risk-taking. Distancing describes cognitive efforts to detach oneself and to minimize the significance of the situation. Self-controlling describes efforts to regulate one's feelings and actions. Seeking social support describes efforts to seek informational support, tangible support, and emotional support. Accepting responsibility means acknowledging one's role in the problem with a concomitant theme of trying to put things right. Escape-avoidance describes wishful thinking and behavioral efforts to escape or avoid problem. Planful problem solving describes deliberate problem-focused efforts to alter the situation, coupled with an analytic approach to solving the problem. Positive reappraisal describes efforts to create positive meaning by focusing on personal growth and it has a religious dimension.

These coping processes refer to the specific efforts, both behavioral and psychological, that individuals employ to reduce/minimize stressful events. The predominance of one type of strategy over another is determined, in part, by personal style and also by the type of stressful event.

In summary, stress-coping theory suggests that stress from the physical and social environment generates a state of internal arousal which influences coping (Huang & Gunn 2001). Thus, the psychological component of well-being of battered women must be assessed and what coping mechanisms are utilized. These findings will then be used as a tool to design an intervention program that battered women desperately need.

OBJECTIVES OF THE STUDY

The objectives of the study are: (1) to describe the psychological well-being and coping mechanisms of battered women; and (2) to establish the relationship between psychological well-being and coping mechanisms.

MATERIALS AND METHODS

This study used the quantitative-descriptive approach with standardized questionnaires as tools for data gathering.

Participants

A non probability sampling strategy was used due to its practical limitations. The study focused predominantly on abused women who were temporarily sheltered and under the custody of the Department of Social Welfare and Development in Region 10. "Abused women" included individuals who have experienced violence during the twelve months preceding their involvement in the study. Respondents were coming from different municipalities, provinces and cities in Region X, resulting in a sample size of 22 women.

Procedures

The prospective participants were obtained by contacting the DSWD Honorable Secretary who was in the position to allow the researcher to contact the Regional Director and social worker and be given permission to float the questionnaires.

The researcher sent a letter to DSWD Honorable Secretary asking for permission. After receiving permission, the researcher visited the DSWD regional office to meet the Research Department Head and the social worker assigned. Prior to conducting the survey, the research was presented to potential participants as anonymous, with no names or identifying information requested. The purpose of the study and responsibilities involved was discussed. Information about informed consent, confidentiality, potential risks and benefits were also discussed. They were also informed that the

services they received from DSWD will not be affected by their participation in the study.

The respondents were asked to accomplish the survey instrument through the social worker and to return it in an envelope with its flap sealed and signed to ensure confidentiality. The survey instruments were collected two (2) months after the distribution.

Measures

The psychological well-being dimensions were assessed with the use of Caroll Ryff Scales of Psychological Well-Being. The Cronbach alpha coefficient for the six scales ranges from .85 to .94. It utilized the short version consisting of 54 questions where respondents were asked how well the statements in the items describe themselves. Responses were measured using a 5-point Likert type scale modified from the original version of 6-point Likert scale(1= strongly disagree, 2 = disagree, 3= fairly disagree, 4= agree, and 5= strongly agree). Responses are totaled for each of the six dimensions divided by the number of items per dimension. However the revert scale convert numbers as follows: 1 = 5, 2 = 4, 3 = 3, 4 = 2 and 5 = 1. The variables were analyzed using established scale ranges (5.0-4.21= excellent, 4.20-3.41=very good, 3.40-2.61=good, 2.60-1.81=fair, and 1.80-1.0=poor).   To make the questionnaire understandable and simple, it was converted to Visayan language to fit in the respondents subculture dialect demand.

The coping processes and mechanisms were assessed with the use of Ways of Coping Inventory developed by Folkman and Lazarus. Its alpha coefficient ranges from .45 to .92 that uncovers eight ways of coping processes. It consisted of 66 questions where respondents were asked to designate or respond to a specific stressor and indicate the degree to which they have utilized each particular coping mechanism using the 4-point Likert type scale (o = does not apply/and or not used, 1 = used somewhat, 2 = used quite a bit, and 1 = used a great deal). The following table displays how items in the inventory are categorized according to the ways of coping:

WAYS OF COPING	ITEMS
Confrontive Coping	46, 7,17, 28,34,6
Distancing	44,13, 41, 21, 15, 4, 12
Self-controlling	14, 43, 10, 35, 54, 63, 37, 64
Seeking Social Support	8, 31, 42, 45, 18, 22
Accepting Responsibility	9, 29, 51, 27, 53, 61, 65, 25
Escape Avoidance	58, 11, 59, 33, 40, 50, 47, 3, 24, 32, 57, 55, 66, 16
Planful Problem Solving	49, 26, 1, 39, 48, 52, 62, 2
Positive Reappraisal	23, 30, 36, 38, 60, 56, 20, 5, 19

To score each scale, sum ratings were obtained divided by the number of items per scale. The variables were analyzed using established scales (3.24 – 4.00 = always used, 2.51-3.25 = moderately used, 1.76-2.50 = fairly used and 1.0 – 1.75 = not used). The questionnaires were also converted to Visayan language.

RESULTS AND DISCUSSIONS

The abused women had an excellent psychological well-being in terms of their relationship with others and in crafting purpose in life. They tried their best to cultivate warm and trusting relationship with others by acknowledging themselves as loving, giving and can be trusted individuals. They have recognized fairly that they only have few close people who can lend their ears when they need to talk to them. They have accepted being lonely because of having few close people. However, in terms of environmental mastery, personal growth and self-acceptance, the disadvantaged women showed a very good condition. They are able to modify their environment in order to meet personal needs and preferences such as managing their own finances and affairs, creating a home and a lifestyle that is much to their liking, and able to handle the daily responsibilities. However, they have been overwhelmed by the responsibilities and had showed poorly arranging their lives that would make them satisfied. The abused women have grown and expanded themselves as a person. However, they still have difficulty doing activities

that will expand their horizons and in trying new ways. They also have attempted to hold positive attitudes about themselves despite their limitations. They have not shown disappointment from the achievements they had in the past. They showed no regrets of the ups and downs in life as they recognize they also have their mistakes. However, they still lack the confidence in themselves. From the six dimensions encompassing psychological well-being, the abused women had a fair condition in terms of autonomy. They are still weak in resisting social pressures and sense of self-determination. They still showed weariness on the circumstance. They still have difficulty maintaining individuality within the big crowd. Overall, the abused women showed a very good condition in the dimensions of psychological well-being.

The next discussion focuses on the coping mechanisms used by the abused women in the shelter home. They always used the following coping mechanisms: positive reappraisal seeking social support, accepting responsibility and planful problem-solving as they stay in the shelter home. They always seek informational, tangible and emotional support. They also have acknowledged their roles in the solution of the problem and strive to put things right. Furthermore, they always analyze the problem to be able to understand better and be able to think of the right solutions.

The abused women always pray and get something positive from the experience to be able to discover other important things in life and become renewed beings. However, they moderately used confrontive coping, distancing escape avoidance and self-controlling ways of coping. Occasionally, they detach themselves from the experience to avoid getting severely hurt. They regulate their emotions and feelings by keeping sometimes in themselves their experiences. Furthermore, abused women occasionally hoped that the situation would be over. They fantasized and wished that a miracle will happen. They have not shown extended sleeping hours to cope with the problem.

The parameters of psychological well-being: namely; positive relations with others and self-acceptance have high relationships with confrontive coping while autonomy is moderately related with confrontive coping. However, autonomy and environmental mastery have a moderate relationship with distancing. A very high relationship was reflected between autonomy, environmental mastery and self-acceptance to self-controlling coping mechanism. Only the dimension on personal growth has a moderate relationship with self-controlling way of coping.

The dimensions of psychological well-being such as autonomy, environmental mastery and self-acceptance have high relationships with seeking social support way of coping and only personal growth is moderately related with such coping mechanism. It also reveals that autonomy and purpose in life are highly related with accepting responsibility as a way of coping while environmental mastery, positive relations with others and self-acceptance are moderately related with accepting responsibility coping mechanism. There is a moderate and significant relationship between dimensions of psychological well-being and escape avoidance coping mechanism.

A very high relationship is observed from positive relations with others and purpose in life to planful problem-solving way of coping. Only a moderate relationship is seen for personal growth. Purpose in life and positive relations with others as dimensions of psychological well-being which have high relationship with positive reappraisal. A moderate relationship is seen between autonomy and positive reappraisal way of coping. The finding implies that psychological well-being is correlated with coping mechanisms but at various strengths.

Results indicate that the abused women need a home where they can be secured and safe to be able to psychologically transcend from the traumatic experiences. The finding implies that unless they will be pulled out from the tragic experience, they will not be able to attain psychologically sound well-being. As stated by Curley and Cathryn (2003), providing a temporary shelter for victims of domestic abuse helps them make their own decisions. They will be able to receive counseling sessions to restore the psychological damage brought about by the experience and advocacy assistance in their encounters with the legal, medical, and social services. For these services receive in a shelter home, battered women are helped in establishing affectionate relationship with others, expand themselves and grow as persons, create a positive learning insight from the experience, redirect priorities in life and move forward with hope and optimism. These observations made by Curley supported the outcome of the study that the respondents are able to relate and craft purpose in life excellently. Having few close people whom they can rely and share problems, the shelter home becomes the haven to pour out their depressions.

McCloskey (2007) added that women who receive shelter services endure shorter periods of violence than women who do not access such services while those who never used shelter services had the longest trajectories of violence

exposure; become severely abused and are more likely to stay. As stated by Dutton and Painter (1993), the current predominant paradigm of treatment is to separate the spouses; remove the woman from the abusive union and empower her through therapy, education, and advocacy; and legally punish the abusers and resocialize them through psychoeducational groups. The battered women having been under the care of the shelter home are taught to manage their lives in their own liking, needs and preferences. This is in support from the statement of Lee (2003) stated in the Oxford Journal in the article "Describing Strengths and Competencies in Female Domestic Violence Survivors" that instead of building the treatment strategies upon an understanding of the problem of violence, solution-focused approach must be used —that positive change in clients can occur by focusing on solutions, strengths, and competencies instead of focusing on problems, deficits, and pathology. Moreover, Batezon (1999) noted that the emphasis must be on solution-talk over problem-talk.

Likewise, Green and Keuter (1999) stated that individuals can hardly be expected to avoid the risks imposed by personal choices when they do not know or understand these risks, when they lack the knowledge or skills needed to choose a healthier lifestyle, or worst of all, when they seek guidance or support from their family and community and it is unavailable to them. Having attained a very good psychological well-being in the shelter home simply means that the center has helped them understand the risks associated when they continue to live in their homes as battered individuals.

The study also reveals that battered women must be given constant therapy sessions because they still do poorly arranging their lives, full of weariness, lack confidence and are still weak in resisting social pressures. Kaag (2008) even observed that the emotional consequences of abuse, fear of new situations, others' judgments, and practical constraints served as barriers to become receptive and active when therapeutic sessions are conducted. Thus, close supervision and follow-up must be done. Panzer, et. al. (2000) added that the victims are faced with the task of adapting to their new environment and relationships. Victims who enter the shelter do not only with their own distress but the distress their children are facing, thus they become overwhelmed with the responsibilities they are facing.

Positive reappraisal, seeking social support and accepting responsibility ranked high as the types of coping employed by the battered women in shelter home. Battered women coped with the traumatic situation by cognitively reframing difficult thoughts in a positive manner. Seligman (2000) observed

that people adapt and grow better from adversity, stressful life events, or traumatic experiences through the use of positive psychology or in finding personal benefit from adversity. He further noted that adversarial growth, that is, finding positive impacts to dealing with potentially traumatic events or adversity in life relieves emotional pain.

Moreover, battered women really seek for social support. Studies agree that social support plays an important role in the protection of victims from the consequences of the traumatic experience (Coker et al. 2002; Kemp, et al. 1991; Mitchell & Hodson 1983; Tan, et al. 1995). Bates and Toro (1999) noted that social support directly provides another individual with a sense of connection, resources, and affirmation". Similarly, Hobfall and Vaux (1983) conceptualize social support as "activities that enhance a person's sense of competence through receiving materials and cognitive help as well as emotional comfort".

In general, social support increases psychological well-being and reduces the adverse psychological impacts of exposure to stressful life events (e.g., Aranda, Castaneda, Lee, & Sobel 2001; Cutrona & Troutman 1986; Golding & Burnam 1990). Likewise, Cohen and Wills (1985) emphasized that social support directly increase the quality of one's life through the "provision of positive affect," "stability," and "avoidance of negative experiences". Further studies also affirmed that accepting the responsibility of being one of the victims of domestic violence somehow eases the adverse feeling. The finding implies that battered women play a dynamic role for the solution of the problem. The therapist is there to supervise but the interventions suggested become futile without full recognition of accountability and responsibility on the part of the victims.

Moreover, the findings disclose that there was a relationship between psychological well-being and coping mechanisms but at various strengths. One must possess autonomy, environmental mastery and demonstrate self-acceptance to be able to regulate one's feelings and emotions and receive informational, emotional and tangible support. Furthermore, if battered women are self-reliant in their decisions, confident, focus and able to set goals in life, then they will be able to fully acknowledge their role in the problem with the intention of putting things right. Relating well with others and having a purpose in life facilitate battered women to cope with the adversity through problem-focused and analytic approach or through positive thinking. This suggests that for battered women to continue finding meaning to life, they

must restore their psychological well-being and cope with the adversities in life with the help of a shelter home to escape from violence and receive necessary psychological interventions.

Battered women need a temporary shelter home to restore the shattered psychological well-being. Shelter homes must have a trained psychiatrist, psychologist and social worker to be able to give necessary intervention programs. Brown, et. al (2000) emphasized that they should be knowledgeable and trained because they have to understand the general psychological and safety concerns of the victims and helped out issues such as presence of concomitant psychological disorders, psychological impact of previous traumatic relationships and the current physical jeopardy of the victims and their children. Police authorities, government agencies, family and friends must give full social support for the early recovery of the victims from psychological pain. Coping on the part of battered women becomes difficult without significant others support.

The findings of this study provided support that battered women must learn to speak up the adversities they have experienced to be able to give an immediate psychological help. Sharing the experience of being battered must not be taken as a shameful experience but as a form of empowerment and freeing women from the dominance of men. Battered women who do not speak up exacerbate gender bias and women discrimination. Future researchers should conduct studies identifying the typology of the batterer and the reasons why perpetrators commit such a crime.

CONCLUSIONS

The study generated the following conclusions: The abused and battered women generally had very good psychological wellbeing. Their fair condition is in autonomy - the inability to exercise independent judgment to manage their lives very well. They had difficulty in resisting social pressures and sense of self determination. To deal with the abuse, the battered women had positive reappraisal solving social support, accepting responsibility and planful problem solving. The battered women's psychological wellbeing particularly positive relations and self acceptance make them predisposed to comfrontive coping. Women with high autonomy, environmental mastery and self acceptance tend to use self controlling coping mechanism.

NOTE:

Pursuant to the international character of this publication, the journal is indexed by the following agencies: (1)Public Knowledge Project, a consortium of Simon Fraser University Library, the School of Education of Stanford University, and the British Columbia University, Canada:(2) E - International Scientific Research Journal Consortium; (3) Journal Seek - Genamics, Hamilton, New Zealand; (4) Google Scholar; (5) Philippine Electronic Journals (PEJ);and,(6) PhilJol by INASP.

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