

THE PREDICTIVE RELATIONSHIP OF COPING STYLES WITH PSYCHOLOGICAL WELL-BEING IN WOMEN WITH DOMESTIC VIOLENCE

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ABSTRACT

Objective: The aim of present study was to find out the predictive relationship of coping styles and psychological well-Being in women with domestic violence in Karachi, Pakistan.

Design: Correlation study.

Place and Duration of the Study: Jan -Dec 2018 Institute of Clinical Psychology, University of Karachi, Pakistan.

Subjects and Method: A sample of 75 women with domestic violence with age range of 18 to 50 years (Mean age= 30.20; SD= 10.725) was selected from various urban organizations that deal with domestic violence at Karachi, Pakistan. Participants were assessed through Self-Developed Demographic Form, Domestic Violence Scale, Coping Styles Scale, and Psychological Well-Being Scale- Urdu Version.

Results and Conclusion: Regression analysis showed the significant predicted association between coping styles (i.e. emotional focused coping, & problem focused coping) and psychological well-being in women with domestic violence. Recognition of the fact that women with domestic violence who use problem focused coping and emotional focused coping have psychological well-being leads to the solution of domestic violence.

Keywords: Domestic violence (DV); Problem focused coping (PFC); Emotional focused coping (EFC); Psychological Well-Being (PWB).

INTRODUCTION

Violence is an intentional use of physical force or power, threatened or actual, against oneself, another person, against a group or community which causes psychological harm, injury, or death (WHO, 2014). In addition, "an act that could harm at physical or psychological level a person, group or community is called violence" (WHO, 2016). Worldwide the most common form of violence against women is domestic violence and in all cultures and communities it is a serious health concern. Moreover, actions like hitting or hurting others by other means is a physical abuse. Family violence and partner violence comes under the category of domestic violence (DV) (Hussain, 1998). As per United Nations General Assembly (1993) an act of gender based violence that cause mental, physical, and sexual harm or suffering to women occurring in private or in public is defined as violence against women. As per literature review when an individual abuse another individual or a group in a domestic setting is called domestic violence.

As far as the prevalence of domestic violence is concerned a survey conducted by Tjaden and Thoennes (2000) where they reported that in America 1.5 to 3.6 million women get physical violence by their intimate partner while 52% women experience physical abuse. Furthermore, internationally 1 in 3 (35%) of women physically and/or sexually abuse by intimate partner or non-partner in their lifetime (World health organizations, 2017). Moreover Itimi, Dienye and Gbeneol (2014) studied that 161 (41.9%) women out of 384 women reported physical abuse, in addition most of the women were abused by their intimate partner, at age 40. In domestic violence women who are abused by their intimate partner, brother, or father face multiple psychological problems and distress.

Psychological well-being is illustrated as a combination of states such as happiness and optimal effectiveness in individual and social life (Deci & Rayan, 2008). Furthermore Huppert (2009) defined psychological well-being as a combination of function effectively and feeling good, in short living going well is psychological well-being. He added that feeling well-supported, happy, capable, and satisfied with life is psychological well-being which causes better physical and mental health.

Previously, Ryff proposed systematic function of psychological well-being (PWB) (Ryff & Singer, 2008), they explained two most important facts

about psychological well-being (PWB), "first, well-being is more philosophical than biological and it does not only relate with human. Secondly, psychological theories on well-being are not scientifically challenged due to absence of reliability and validity hence in order to philosophy develop basis of well-being she combined science with philosophy. They conducted multiple studies and developed theories and draw fundamental model of well-being (Ryff, 1989). Moreover, According to Carol Ryff's model Psychological Well-being (PWB) is multidimensional not related only to happiness and positivity because all aspects of well-being must be well settled (Dodge et al., 2012). Six fundamentals of psychological well-being proposed by Ryff: (1) Self-Acceptance (SA)

The tendency to accept all good and bad aspects of own self and feel positive is high self-acceptance while dissatisfaction and disappointment with own self, past, and present is low Self-Acceptance. (2) Personal Growth (PG)

The tendency to realize own potential to grow and experience improvement, and develop continuously is personal growth while strong feelings of lack of improvement, progress and growth is Weak Personal Growth. (3) Purpose in life (PL) having goals, aim, and directions in life is called strong purpose in life while life without goals and direction is low purpose of life. (4) Relations with Others (PRO) An individual's tendency to trust on others and feel fell warmth and satisfaction strong positive relations while few or lack of close relations and feelings of mistrust for others is weak relations. (6) Environmental Mastery (EM) Strong belief of having control over all areas of life is high environmental mastery while inability to make changes in own life or in environment and difficulty in managing life in general is low environmental mastery (6) Autonomy (A) Feelings of independence and control over external pressure is high autonomy on other hand lack of sense of control over life is low autonomy.

In 2018 Naz and Malik studied four forms of domestic violence (sexual violence, economic, psychological, and physical violence) and its effects on psychological well-being (PWB) in women at Multan and Bhawalpur cities of Punjab, Pakistan. They found low level of psychological well-being (PWB) in women with physical and sexual violence; these women have low economic status and poor family support which is the significant factor of domestic violence (DV); these women developed multiple psychological problems such as post-traumatic stress disorder, depression, hopelessness, worthlessness, and low self-esteem.

Researchers considered that women with domestic violence (DV) develop different psychological problems. Previously Craparo, Gori, Petruccelli, Cannella and Simonelli (2014) found negative relationship between symptoms of depression and tendency to cope with stress in women abused by their intimate partners. Furthermore, (Tolman & Rosen, 2001) studied relationship between domestic violence (DV), psychological well-being (PWB), and mental health, they found women experience domestic violence had scored high on post-traumatic stress disorder, generalized anxiety disorder, depression, alcohol dependency, and drug dependency than women who never abused.

Coping is defined as an act or efforts to overcome or reduce stress is called coping, it depends on individual's coping styles. There are two types of coping styles An attempt to change one's own environment–environment by overcoming negative emotions is problem-focused coping. While in emotion focused coping an individual reduce a negative emotional state by relating to internal conflicts (Lazarus & Folkman, 1984).

Coping is a tool to overcome problems in hand, it is a defense of an individual against internal and external threats (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). Vollrath, Torgerson, and Alnaes, (1995) suggested that through coping strategies an individual compete difficulties of life and make efforts to resolve them. Mental health depends on types of coping strategies as (Kocot & Goodman, 2003) studied that health symptoms are associated with Problem-focused coping in women with lower level of social support. Mostly in Asian countries women with DV utilize emotional focused coping. Moreover, (Zakar, Zakir & Kramer, 2012), in his study interviewed 21 women with domestic violence at Lahore and Sialkot (Pakistan) and found that these women use problem focused and emotional focused coping strategies but most of these women more use emotional focused coping strategies than problem focused strategies including frequent visits to spiritual therapies for mental peace.

Previously it is found that EFC cause different psychological problems as (Arias & Pape, 1999) found that women who use Emotion-focused coping have symptoms of posttraumatic stress disorder; poor mental health(Taft, Resick, Panuzio, Vogt, Mechanic, Taft (2007) ; dysphoria and hopelessness, (Clements & Sawhney ,2000). Furthermore, those who use Emotion-focused coping experience self-criticism and social withdrawal which cause psychological problems Dutton, Burghardt, Perrin, Chrestman & Halle, 1994); use avoidant

copying (Waldrop & Resick, 2004) ;more avoidant and anxious than non-battered women (Shechory, 2012).

Literature indicate that many researches have been conducted in Pakistan over depression and anxiety in women with DV and psychological problems in their children but not much work or studies have conducted on coping styles as determinants of psychological wellbeing in women with domestic violence. The current study will provide awareness about coping styles and psychological well-being in women with DV. It is highly important to work on preventive factors of DV, hence this research will play a very important role to highlight link between coping styles and psychological problems in abused women and will provide awareness about facts and causes of DV which will be helpful to develop and implement over preventing strategies of DV. The following hypotheses were formulated: 1)There would be a predictive relationship between problem focused coping styles and components of psychological well-being (i.e environmental mastery, self-acceptance, positive relations with others, autonomy, purpose in life and personal growth) in women with domestic violence. 2) There would be a predictive relationship between emotion focused coping styles and components of psychological well-being (i.e environmental mastery, self-acceptance, positive relations with others, autonomy, purpose in life and personal growth) in women with domestic violence.

METHOD

Participants

The participants of the study were 75 women, age 18 to 50 years (mean age =30.20, SD = 10.725) who suffer from domestic violence were selected from different urban organizations that deal with the cases of domestic violence at Karachi through purposive sampling during the period of Jan to dec, 2018.

The inclusion criterion for the current study was to select only those women who were going through domestic violence. The research group was taken only from different organizations that deal with the cases of domestic violence at Karachi, Pakistan. For the present study women with, heart disease, HIV, cancer, substance abuse, chronic illness/disability were not included.

Measures

Demographic Form

Demographic sheet (Age, gender, marital status, educational level, and socioeconomic class) etc .

Domestic Violence Scale (Hussain, 1998)

Domestic Violence Scale comprising of 35 items in Urdu version categorized into nine theoretically diverse subscales i.e. physical scale comprises of eight items, emotional, social, and socioeconomic violence scales comprises of seven items, while the sexual scale is comprises of six items, with response category of never (1) to always (4). Research exhibits that subscales encompass good internal consistencies is .84.

Coping Styles Scale (Zaman & Ali, 2015).

This scale consist on 22 items, it is a self-report measure. The score ranges from 5 “always “to 1 “not at all”. The age range for this scale are from 18 to 50years. it has a high level of alpha level and spilt half of PFC i.e. (.879 & .846) and EFC i.e. (.890 &.809) with test-retest reliability i.e. (.802) for PFC and (.745) for EFC.

Psychological Well Being Scale- Urdu Version (Ansari, 2010)

This scale was adopted and translated in the Urdu language by Ansari in 2010. It measures six dimensions of well-being such as autonomy (AUT), environmental mastery (E-M), personal growth (P-G), positive relations with others (P-R), purpose in life (PIL), and self-acceptance(S-A). All these scales have 9 items and half of the items have reverse scoring system. PWLS-Urdu has 0.853 Cronbach's alpha.

Procedure

Frist the permission was taken from the Departmental Research Committee (DRC,) of Institute of Clinical Psychology, University of Karachi and then Advanced Studies and Research Board, (ASRB) University of Karachi, in second step permissions was requested from authors of the scales; the sample was selected from different organization who deal with domestic violence (DV),

Karachi, Pakistan. A consent letter, demographic form, and questionnaires, were provided to the selected organizations. After getting permission from the organizations the women with domestic violence age 18-50 were interviewed before administration of research questionnaires to make sure they meet the inclusion and exclusion criteria of the research. Than selected women provided consent form, domestic violence scale form, coping style scale, and psychological well-being forms. Domestic Violence scale was administered to rule out the presence of domestic violence by taking its cutoff score.

Before the data collection, researcher established the rapport with the participants; they were also informed about the confidentiality of the results, right to withdraw from the study any time and for their right of their volunteer participation in the study. At the end the authorities of shelter homes and participants and authors of the scales were thanked for their cooperation.

RESULTS

Table 1
Demographic variables of women with Domestic Violence

Variables	M	SD	f	%
Age	23.69	9.22	75	100

Table 2
Summary of linear regression analysis for women with domestic violence (n=75) Problem focused coping (PFC) and domains of psychological well-being.

Predictor	Out Come	B	AR	F
PFC	Environmental mystery	.36	.12	23.03
	Self-Acceptance	-.34	.11	19.53
	Positive Relationships	.26	.06	11.40
	Autonomy	-.37	.13	24.84
	Purpose in Life	.42	.17	31.71
	Personal Growth	-.22	.04	7.93

*Note: p<.05**

Regression model shows the Problem Focused coping (PFC) contributing 12% change in (EM), 11 % in (SA), 6 % in (PR), 13 % in (A), 17% in (PL), and 4% in (PG) in women with Domestic Violence (DV).

Table 3

Summary of linear regression analysis for women with domestic violence (n=75) Emotional focused coping (EFC) and domains of psychological well-being.

Predictor	Out Come	B	AR	F
EFC	Environmental Mastery	.39	.14	25.93 2.
	Self-Acceptance	-.36	.12	22.69
	Positive Relationships	.32	.10	17.90
	Autonomy	-.36	.12	22.92
	Purpose in Life	.38	.14	25.50
	Personal Growth	-.18	.02	5.18

Note: $P < .05^*$

Regression model shows the Emotion Focused coping (EFC) contribute 14% change in (EM), 12% in (SA), 10 % in (PR), 12 % in (A), 14% in (PL), and 2% in (PG) in women with Domestic Violence (DV).

DISCUSSION

The outcome of the present study reveals the relationship of problem focused coping (PFC), emotional focused coping (EFC), and components of psychological well-being (PEB) in women with domestic violence. Results shows that PFC have 12 %, effects on Environmental Mastery (EM), 11% effect on self-acceptance (SA), 6% effect on Positive relations (PR), 13% effect on Autonomy (A), 17% effect on Purpose in Life (PL), and 4% effect on personal growth (PG). PFC is a significant predictor of PWB. Moreover, 12 % effect of PFC on EM shows that women with DV with PFC could 12% control in ($p < .05$) their life.

The result of the current study is supported by Loue, (2001) work on psychosocial theory. Routine matters of cultural aspects such as biased attitude for man and women, DV, dominating role of man where women is perceived as inferior have been highlighted in this research. The current study found that PFC positively predicts PWB in victim women. Scene of control and freedom are the basis of satisfied and happy life this idea is proposed by Murry, further he says that the sense of control is an attempt to control one's own life (Costa, Robert & McCrae, 1988). Abused women due to her surroundings where she face constant unsupportive environment, financial deprivation, insults, develop a strong lack of scene of control over their life as she could not get help/ support. Women while living surrounding abused environment loss their sense of control and respect but when they decide to live apart from such surrounding and starts to live in shelter homes or other place they could retrieve their sense of control and respect. , Moreover in women with DV 11% PFC contributes change in self-acceptance (SA). SA is one's tendency to accept own self as it is. Need for approval is developed only when than an individual initiate to accept him/herself. Costa, et al. (1988). Moreover, table 1 indicates that in women with DV 6% PFC affects in Positive Relations with others (PR). Regardless of length, intensity, and duration of DV, a woman is affected so deeply and badly, her complete psychological and physical personality ruin because it affects their all areas of their life including relationships with family friends and others. Results shows PFC 13% affect Anatomy (A), it indicates that these abused women are independent with scene of determination, shelter homes and PFC providing support, and multiple problems solving options that is why these women have scene of autonomy. Furthermore, PFC change 17 % Purpose in Life (PL) in women with DV. In current research women with DV who left their home and living in shelter home to live happy and good life such women have purpose in life they are more like to use problem focused coping. Moreover, results indicate that only 4 % change Personal Growth (PG) in women with DV because in Pakistani culture where women is depending and supported by man the concept of Personal Growth id not developed or in progress to develop.

If women with DV leave their violent surroundings and get shelter away from violence they could develop and maintain their PWB and use PFC these findings support the first hypothesis of current study. Renner and Hartley (2018), supported the findings of current study as they identified that victim women of DV have poor mental health but their PWB is better. First hypothesis of the current study is proves in women with DV the predictive relationship of PFC and components of PWB.

Second hypothesis of the research is proved at $<.05$ level in Table 3. It shows significant relationship between (EFC) and components of (PWB). EFC affects (EM) 14 %, (SA) 12 %, (PR) 10%, (A) 12, (PL) 14%, and (PG) 2%. Literature review supports and explains that women with DV could reestablish their PWB very fast if they move from violence place to shelter home/stay at family or friend place. The current research indicates that victim of DV living in shelter home with EFC have better PWB because they left hunted house of DV; In shelter home they get proper physical and psychological treatments, counseling, respect, good quality food, health care facilities, and individual support. The current study is evident that these facilities together rebuild their PWB. McCloskey, (2007) supported the findings of the current research, he studied that women who keep living and suffering from DV have poor PWB as compare to those women with DV who moved to shelter home and getting all basic facilities because these facilities help them to recover from trauma caused by DV. Furthermore, these findings are supported by Dutton and Painter, (1993) they studied that solutions and treatment of women with DV is to separate her from abusive person and abusive environment, provide her education, and legal support. They further added that women in shelter by keeping their own preferences and likes/dislikes could plan their present and future. Lee, Sebold and Uken (2003), also highlighted importance of shelter home and explained that understanding DV and finding its causes are not enough to deal with it, with this approach one must use solution-focused approach, moreover he added that victim must focus on solution, instead of emotional discharge only, must focus on her strengths and competencies instead of focusing on failures and limitations.

Conclusion

The findings of the study reveal that both problem focused coping and emotion focused coping play a significant role in the psychological wellbeing of women with domestic violence, however problem focus coping contribute.

Limitations and Recommendations

In this study the sample size was small, and only taken from one city that is Karachi, hence generalizability of the findings is limited. It is strongly recommended that further research should be conducted in other cities of Pakistan. It is also suggested that counseling and trainings programs on learning effective coping skills and psychological well-being should be conducted for women with domestic violence in shelter homes and as well as for general community.

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