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## **COPING STRATEGIES IN PEOPLE EXPERIENCING VIOLENCE – THE ROLE OF POSITIVE STRESS MANAGEMENT RESOURCES**

## ABSTRACT

**Purpose:** *The literature has largely focused on the harmful effects of violence and the associated risk factors, while failing to thoroughly examine protective factors that may be related to positive outcomes in people exposed to abuse. Understanding coping strategies used by women and men in violence situations may give new insights into the manners of supporting their effective coping efforts and to the role of their personal resource in this process.*

**Method:** *A cross-sectional study of 54 people experiencing violence and receiving specialised therapeutic care was conducted. Main outcome measures, the Coping Orientations to Problems Experienced (COPE), the Basic Hope Inventory (BHI), General Self-Efficacy Scale (GSES), Positive Orientation Scale (SOP) were used.*

**Results:** *Our study showed that the strategies used most often by participants are planning, positive reinterpretation and growth, and active coping. Higher levels of proactive coping were associated with higher levels of self-efficacy, positive orientation, and basic hope. The strategy of seeking support and focusing on emotions was accounted for by positive orientation.*

**Conclusions:** *The results of the present research can be used for therapeutic purposes as they provide information on the importance of positive stress coping resources in the application of certain coping strategies in people experiencing violence.*

**KEYWORDS:** *coping with stress, coping resources, people experiencing violence, victims of violence*

## INTRODUCTION

Violence research has produced numerous and conflicting definitions of violence that can be organized into four general camps: 1) the social psychology approach (that more than violence tends to use the term aggression (Parrott & Giancola, 2007), defining violence as *any aggressive act that has as its goal extreme physical harm, such as injury or death* (DeWall, Anderson & Bushman, 2011:246); 2) the exemplars approach (e.g. the American Psychological Association (APA) defines violence as *an extreme form of aggression, such as an assault, rape or murder* (APA, n.d.); 3) the animal research approach (violence is defined as *a pathological form of aggressive behaviour that is not*

*subjected to inhibitory control mechanisms and that has lost its function in social communication* (Koolhaas et al., 2010: 387); and 4) the public health approach which complement each other. Violent acts are commonly categorised as psychological, physical, sexual, or economic. Neglect and deprivation can be considered as forms of psychological abuse. What is important Marshall Rosenberg (2020), focuses in his work on violent and nonviolent language, concluding that the source of violent behaviour is in our language education. Furthermore, women are at a greater risk of fatal or serious abuse from their male partners than are men from their female partners (Jaffe, Lemon & Poisson, 2003; WHO, 2002). A pilot study conducted in Poland confirmed that women were far more likely to be victims of physical and sexual violence in relationships than men (Gruszczyńska & Więcek-Durańska, 2019). Since women experience violence more often than men, most of the research has included solely female respondents.

## **COPING STRATEGIES**

Coping strategies represent meaningful behavioural, cognitive, and emotional efforts taken to reduce or eliminate stressors and/or the psychological distress associated with the stressors, such as e.g. abuse (see Folkman, 1984). In the study by Zink et al. (2006), older women (victims of violence) initially reported problem-focused and emotion-focused coping behaviours. However, over a longer term their strategies favoured emotion-focused responses and appeared to ultimately develop into a philosophy of life. Important coping strategies are determined by personal factors including relatively stable personality traits and cognitive functions, such as hope, self-efficacy or positive orientation. An extremely important role in this process is attributed to the disposition expressed in self-efficacy, treated as a significant personal resource (Juczyński, 2001) and a protective factor (Johansen et al., 2007; Luszczyńska et al., 2009).

## **SELF-EFFICACY**

According to Bandura (1977), self-efficacy refers to a person's confidence that he or she can achieve certain goals and accomplish a given task in difficult

situations. Women with higher levels of self-efficacy are more consistent in their decision to separate/leave their violent partner (Jarończyk-Urbaś, 2015). Research in women who are victims of violence has shown that self-efficacy is positively associated with self-acceptance, and negatively correlated with posttraumatic stress disorder (Crapolicchio et al., 2021), or the risk of suicide attempts (Thompson et al., 2002). Lower self-efficacy was also associated with sexual trauma in women sexually abused by men (Hosey, 2012). What is more, higher self-efficacy was found to play a role in preventing domestic violence (Allen et al., 2012). Women who do not feel efficacious and able to cope effectively and actively with life events, report low levels of self-efficacy, and remain mentally blocked by their past (Crapolicchio et al., 2021). Bigzadeh et al. (2021) shows that the mean scores of self-efficacy in abused women are lower than in women who have not experienced violence.

### ***BASIC HOPE***

Basic hope is a positive cognitive state which is defined as future orientation (Snyder et al., 2006), and the force that spurs individuals after traumatic events, such as e.g. violence (Parashar, 2015). Research in people who have experienced intimate partner violence shows that a higher potentially protective factor such as hope (next to spirituality, self-efficacy, coping, social support) was associated with a decreased risk of suicide attempts (Meadows et al., 2005). Persons who have gone through violence stand a higher risk of developing a mental health condition, such as e.g. depression (Gibb et al., 2003). However, hopeful thinking provides a positive interpretation of the future, self, and the world (Trzebiński & Zięba, 2004) and might be one of the important protective factors.

### ***POSITIVE ORIENTATION***

Equally important for a person's adaptive functioning when experiencing violence is positive orientation, understood as a person's basic tendency to perceive and focus on positive aspects of life, favourable experiences, and themselves. It consists of three components: optimism, self-esteem, and life

satisfaction, and is expressed in the positive perception of events (Caprara, 2010; Caprara et al., 2018). Positive orientation makes an individual willing to cope with adversities despite being aware of the losses and emerging limitations (Caprara et al., 2012). It is positively associated with basic hope, while negatively with the sense of hopelessness (Łaguna et al., 2011).

## MATERIALS AND METHODS

The aim of this study was to analyse the relationship between coping strategies and positive coping resource (self-efficacy, basic hope, and positive orientation) in people experiencing violence. Some people manage to survive, undertake the therapeutic process, and emerge from abusive relationships with fewer negative outcomes than others. This indicates the need for research on the coping strategies used by battered individuals and understanding the role that positive personal resources play in this process. The following research problem was formulated: are there any relationships between coping strategies and positive coping resources such as basic hope, positive orientation, and self-efficacy, and if so, what is their significance?

Based on the literature investigating study variables, we predict a positive relationship between positive coping resources and active coping strategies. Certain cognitive and emotional styles can influence a victim's coping strategies. Basic hope and optimism in the face of difficult or traumatic events are often considered mental strengths to facilitate adaptive coping (cf. Dutton, 1992). Despite a considerable body of research on coping, research among people experiencing violence is still scarce and primarily qualitative. To the best of authors' knowledge, this topic has not been explored in a unique group of people experiencing violence and receiving therapeutic treatment. This study aims to fill this gap. This research project received a favourable opinion from the Ethics Committee of the Maria Curie-Skłodowska University in Lublin. Opinion no.: 46/2020.

## **INSTRUMENTS**

COPE (The Coping Orientations to Problems Experienced) by C.S. Carver, M.F. Scheier and J.K. Weintraub in the Polish adaptation by Z. Juczyński i N. Ogińska-Bulik (Juczyński, 2009). It is a self-report measure consisting of 60 statements to which the respondent reacts on a 4-point scale. It is designed to evaluate 15 strategies for responding to stressful situations. The Cronbach's alpha coefficients for individual scales ranged from 0.48 to 0.94.

Polish version of the Generalized Self-Efficacy Scale (GSES) by R. Schwarzer and M. Jerusalem, adapted by Z. Juczyński (2009). The scale consists of 10 statements measuring a single factor. It allows to determine the intensity of the individual's general belief in the effectiveness of dealing with difficult situations. The scale is designed to examine healthy and affected adults. The Cronbach's alpha was 0.85.

Basic Hope Questionnaire (BHI-12) by J. Trzebiński and M. Zięba (2003). The questionnaire consists of 12 statements related to the individual's belief in the order and meaningfulness of the world. The respondent determines the degree to which he or she agrees with each item, using a scale from 1 (*strongly disagree*) to 5 (*strongly agree*). In this study, Cronbach's alpha was 0.54.

The Positive Orientation Scale by G.V. Caprara, adapted in Poland by M. Laguna, P. Oleś, D. Filipiuk (2011). It is a basic tendency to notice and give importance to the positive aspects of life, experiences, and oneself. The scale consists of 8 statements, all of which are diagnostic. In this sample, Cronbach's alpha was 0.88.

## **PARTICIPANTS**

The research was a cross-sectional study based on self-reports. Participant selection was conducted using purposive sampling. The participants were approached when they were at the institution of professional therapeutic help and asked to complete a handful of paper questionnaires with the help of their therapists. The measurements were administered in person by one of the authors of this study (who is a violence counsellor). The sample ultimately comprised 54 people experiencing violence and receiving professional

therapeutic help at the time of the study. Women represented 77.19% of the respondents, which reflects the structure of the population of people experiencing violence. Most participants reported to have completed secondary education (45.61%) and one in three participants declared a university degree (33.33%). Of all the persons studied, and 66.67% lived in a city. More than half of the persons were in a formalised or non-formalised relationship (57.89%), and almost every fourth participant declared being single (24.56%). More than half of the respondents (57.41%) declared they were parents. Participants declared which forms of violence they have experienced from their perpetrators by ticking specific situations experienced (jerking, threatening, kicking, ridiculing, forcing to pay debts, etc.), which can be categorised into psychological violence (17 situations), physical violence (16 situations), sexual violence (8 situations) and economic violence (12 situations). Most frequently participants experienced physical violence, followed closely by psychological and economic violence. The least frequently experienced form of violence was sexual violence. Detailed results are presented in Table 1.

**Table 1.** *Forms of violence experienced by participants (n=54)*

Category	Min.	Max.	Mean	SD	Mean	SD
psychological	0	15	7.63	4.23	.45	.25
physical	3	17	9.37	3.69	.59	.23
sexual	0	6	1.00	1.43	.13	.18
economic	0	9	2.94	2.72	.25	.23
total	1	39	15.39	10.62	.29	.20

**Source:** own study.

Respondents pointed to such perpetrators of violence as: father/mother, husband/wife, partner, brother/sister, son/daughter, and neighbour. The most commonly identified perpetrators were father/mother (45.85%), husband/wife (29.16%), brother/sister (13.88), neighbour (6.94%), and son/daughter (4.17%). It should be added, that more than half of the participants (55.55%) reported more than one perpetrator of violence.

## STATISTICAL ANALYSIS

The Kolmogorov-Smirnov test was used to examine if variables are normally distributed. Pearson's  $r$  was used to measure correlations between the variables. The internal consistency of the scales used was measured using Cronbach's alpha. The level of significance was set at  $p < 0.05$ . Regression analysis was conducted to assess the contribution of explanatory variables for the endorsement of coping strategies. Data analysis was performed using IBM SPSS version 28.

## RESULTS

The most common strategies used by the respondents to cope with stress were Planning, Positive Reinterpretation and Growth, and Active Coping. This means that people experiencing violence most often use active coping strategies.

All strategies were grouped into three factors: *Active coping*, which involves five strategies (Planning, Positive reinterpretation and growth, Active Coping, Suppression of competing activities, Restraint), *Avoidance Behaviour*, which involves six strategies (Denial, Mental disengagement, Humour, Behavioural disengagement, Substance use, Acceptance), and *Seeking support and focusing on emotions*, which involves four strategies (Use of instrumental social support, Use of emotional social support, Focus on and venting of emotions, Religious coping). Correlations between basic hope, positive orientation, self-efficacy, active coping strategies, avoidant behaviour, seeking emotional support and focusing on emotions were examined.



**Table 2.** *Basic hope, positive orientation, self-efficacy and stress coping strategies in people experiencing violence (n=54)*

Category	Min.	Max.	Mean	SD
Basic hope (BHI)	24.00	51.00	37.48	5.77
Positive orientation (SOP)	13.00	40.00	29.06	6.22
Self-efficacy (GSES)	10.00	40.00	29.04	5.57
Active coping	1.00	4.00	2.87	.51
Planning	1.00	4.00	2.99	.66
Use of instrumental social support	1.00	4.00	2.69	.74
Use of emotional social support	1.00	4.00	2.72	.77
Suppression of competing activities	1.00	4.00	2.63	.58
Religious coping	1.00	4.00	2.36	1.07
Positive reinterpretation and growth	1.00	4.00	2.93	.65
Restraint	1.25	3.50	2.59	.45
Acceptance	1.25	4.00	2.70	.62
Focus on and venting of emotions	1.00	4.00	2.77	.63
Denial	1.00	3.25	1.70	.56
Mental disengagement	1.00	4.00	2.22	.62
Behavioural disengagement	1.00	3.25	1.86	.55
Substance use	1.00	4.00	1.46	.74
Humour	1.00	3.75	1.73	.67

Source: own study.

**Table 3.** *Correlations between variables (n=54)*

Category	BHI	SOP	GSES	ARS	ZU	PWiKE
Basic hope (BHI)	-					
Positive orientation (SOP)	.41**	-				
Self-efficacy (GSES)	.40**	.55**	-			
Active coping (ARS)	.44**	.53**	.82**	-		
Avoidance behaviour (ZU)	.17	-.07	-.03	.06	-	
Seeking support and focusing on emotions (PWike)	.15	.28*	.17	.25	.12	-

Note: \* $p < 0.05$ ; \*\* $p < 0.01$

The results have supported our hypothesis that coping strategies would be positively associated with positive coping resource (self-efficacy, basic hope, and positive orientation). There was a positive correlation between basic hope and active coping. We also found positive links between positive orientation and active coping, seeking support and focusing on emotions, as well as between self-efficacy and active coping.

**Table 4.** *Results of the stepwise regression analysis*

<b>Active coping (ARS)</b> <i>R = .83; R<sup>2</sup> = .69; Adjusted R<sup>2</sup> = .67; F = 36.26; p &lt; .001</i>					
<b>Predictors</b>	<b>B</b>	<b>SEB</b>	<b>β</b>	<b>t</b>	<b>p</b>
GSES	.30	.04	.73	7.45	.001**
SOP	.03	.04	.08	.85	.002**
BHI	.04	.05	.11	1.23	.05*
<b>Seeking support and focusing on emotions (PWike)</b> <i>R = .28; R<sup>2</sup> = .08; Adjusted R<sup>2</sup> = .06; F = 4.40; p &lt; .05</i>					
SOP	.10	.05	.28	2.10	.041*

In line with the theoretical assumptions of this research, a stepwise regression analysis was conducted in order to verify whether positive coping resources are significant for coping strategies of people experiencing violence, and to what extent. As a result of the analysis, statistically significant regression models were created. The regression model created for active coping (ARS) accounted for 69% of the variability of these coping strategies. A higher level of active coping was correlated with higher level of person's confidence/belief that he or she can achieve certain goals and accomplish a given task in difficult situations, with the belief in the sense of the world and world order and general positivity toward individuals, as well as with person's tendency to perceive and focus on positive aspects of life, favourable experiences, and themselves. Positive orientation accounted for 28% of the variability of seeking support and focusing on emotions. Higher tendency to perceive and focus on positive aspects of life was linked to seeking support and focusing on emotions.

## DISCUSSION

The aim of this study was to investigate coping strategies and positive coping resources in people experiencing violence, and to verify the relationship between these variables. People experiencing violence receiving therapy usually use proactive coping strategies, which are expressed in active management of their lives, and they influence the surrounding reality by planning and focusing on achieving goals. These people are aware of the significance of traumatic experiences, but they can give them new meanings that lead to their personal growth. Studies conducted among women experiencing psychological violence have shown a relationship between less self-kindness and less positive re-evaluation and less focus on development, and consequently low sense of the meaning of life (Samios et al., 2020). On the other hand, in studies conducted among women over 55 years of age staying in abusive relationships, the participants mainly used cognitive strategies (focused on emotions) to enable them to find meaning in the experienced situation, which was perceived as unchanging (Iznk et al., 2006). Other studies (Shannon et al., 2006) point to differences in seeking support and use of coping strategies between female victims of violence living in rural and urban areas. The two groups of women activated a variety of help-seeking resources and coping strategies in significantly different ways. Urban women used more help-seeking resources than rural women, and types of these resources differed across the two groups. Coping strategies and help seeking are related, problem-focused coping being associated with the use of more formalized help-seeking resources.

People experiencing violence are commonly portrayed as helpless and mentally paralyzed. Our findings show them in a slightly different light and allow to emphasize the role played by therapy: it makes people experiencing violence activate internal resources to cope with difficult or even traumatic situations. It is important to remember that coping with difficulties is a dynamic process, which depends on various circumstances and current resources of an individual (Yoshihama, 2002). The results of the present study are partially confirmed by other studies. For example, Asadi-Bidmeshki and colleagues (2021) have found that domestic violence was tolerated by some women for financial, cultural and social reasons, and this had severe

psychological impacts on the victims. Other victims were empowered to act to change their abusive situations, however only due to support from a wider community or their family.

Current empirical reports indicate a positive relationship between basic hope and adaptive coping strategies, such as problem-focused coping, seeking emotional support, turning to religion, and a negative relationship with maladaptive strategies, such as denial or emotional focus (Byra & Gabryś, 2023). This has been partially confirmed in our research – we found a positive correlation between basic hope and active stress coping strategies. Interestingly, in our research the role of religion in coping has been marginalized. In turn, other studies have shown the importance of spiritual coping processes for surviving and healing in women who experienced intimate partner violence (Drumm et al., 2013).

On the other hand, it was found that people who present active coping strategies have a more positive perception of the world and themselves, as well as a stronger inner conviction about the possibility of achieving various life goals. The resulting multi-factor model provides us with confirmation that proactive coping can be accounted for by positive coping resources, such as basic hope, positive orientation, and self-efficacy.

The results of the present research can be used for therapeutic purposes as they provide information on the importance of positive stress coping resources in the application of certain coping strategies in people experiencing violence. Understanding the relationships between these variables can be significant in designing activities that support effective problem management in this group of people.

The presented findings are not free from certain limitations. The study was a small number of participants. It is also worth noting that we have only surveyed individuals receiving professional therapeutic assistance. Participants seeking help may not reflect the population of people experiencing violence as a whole. Receiving therapeutic treatment may play a role in the choice of remedial strategies applied by counselled individuals. The present research may serve as the starting point for further analyses.

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