Bahria Journal of Professional Psychology, July 2021, Vol. 20, No. 2, 18-29

Coping Response Styles of Women With and Without Domestic Violence in Pakistan

***Syeda Danish Ahmed, Uzma Ali, PhD and Sobia Aftab, PhD**
Institute of Clinical Psychology, University of Karachi, Pakistan

Coping styles play an important role in maintaining the mental health of individuals however, the stressors such as domestic violence may adversely affect the use of effective coping mechanisms. Hence, this comparative study was conducted to evaluate coping strategies used by women with and without domestic violence. Based on the existing literature, the hypotheses formulated were: (1) women with domestic violence will score higher on emotion focused coping as compared to women without domestic violence (2) Women with domestic violence will score lower on problem focused coping as compared to women without domestic violence. The sample (N=150) comprised of two groups: women with domestic violence (n = 75; Age M=33.20; SD=10.73) were recruited using purposive sampling technique from different NGO's and women without domestic violence (n = 75; Age M=28.69; SD=9.23) were recruited using snowball sampling technique from general population. The participants completed the Domestic Violence Scale (Hussain, 1998) and Coping Styles Scale (Zaman, 2015) with demographic data sheet. The result of independent sample t-test indicated that women with domestic violence scored lower on emotion focused coping as compared to women without domestic violence (p <.05) with medium effect (d = -.40). Likewise, women with domestic violence scored lower on problem focused coping as compared to women without domestic violence (p <.05) with large effect (d = -.87). The findings of the study imply the effect of domestic violence on the use of coping response styles thus indicating the need of considering coping response styles of women while formulating effective therapeutic strategies in context of their well-being.

Keywords: Domestic violence, problem focused coping, emotion focused coping, women

The domestic violence is regarded as a very broad term covering abuse, spouse abuse, and intimate partner violence (Mahapatra, 2008). Domestic violence was recognized internationally in 1991 when from all over women united and demonstrated an international campaign to make domestic violence an important issue of human rights. Through their advocacy efforts, gender based violation were recognized as a violation of human rights and in 1993 United Nations general assembly approved Declaration on the Elimination of Violence against Women. First UN rapporteur was appointed in 1994 by Commission on Human Rights for analysis and documentation of the phenomenon. The fourth world conference on Women was held in Beijing (1995) where all types of domestic violence were emphasized to stop. In the 1979 Convention on the Elimination of Discrimination against Women (CEDAW), the Gender-based violence was not brought up however, in 1993, the CEDAW committee accepted General Recommendation 19, which declared gender-based violence a discriminatory practice impeding the ability of women to relish the rights and freedoms on equality grounds with men. Today the violence against women is regarded as the global epidemic and one of the unescapable forms of violence (UNICEF, 2000).

---

* Correspondence concerning this article should be addressed Syeda Danish Ahmed, Institute of Clinical Psychology, University of Karachi, Pakistan. Email: clinical.psychologist80@yahoo.com

In Pakistan, it has been estimated that 70-80% women are subjected to domestic violence on daily basis (Nosheen, 2011) whereas yearly 80% Pakistani women face domestic violence in the form of honor killings, acid burnings and marital rape (Faery, 2004). Asif et al. (2010) examined the reported incidence of domestic violence in daily newspapers during the month of June and July 2010. The newspaper reported 64 cases of rape, 99 cases of honor killing, 162 cases of domestic violence, 26 cases of sexual harassment, and 28 cases of suicide. In another estimation of prevalence of domestic violence, it was revealed that 21-30 years (33%) is the maximum and 71-80 is the minimum age for occurrence of domestic violence. In addition, it is seen to be more common in house wives (25%); women with lower socioeconomic status (56%) followed by middle class (36%); illiterate people (67%); couples living in joint families (67%) and rural areas (67%). Among the most common causes of domestic violence were the presence of a person with substance abuse in family (83%) and mental or physical illness (83%; Bhatti et al. 2013). Past research conducted in 1970, shows strong relationship between stereotypical upbringing and battering where the traditional stereotypical role expectations were the underlying reasons in 80% cases of women abuse (Walker, 1979). The study by Azhar et al. (2012) demonstrated that in Pakistan 56% women experienced physical violence whereas 71% women faced psychological violence. Furthermore, they also found that economically dependent women do not raise their voice against violence and suffer throughout their life. In the same line, the study conducted by Ali and Gavino (2007) on 400 married women between ages of 15-45 years reported the prevalence of verbal abuse as 97% and physical abuse as 80% while the financial crisis was found to be the most important participating factor behind domestic violence.

There is no commonly accepted definition of domestic violence and it is described in several ways. According to Kaur and Garg (2008), domestic violence happens when something raucous happens between two partners where an adult treats their adult partner in order to control his or her behaviors. It is also referred to as the abuse of an individual by a partner with whom the individual is in romantic or intimate relationship (Huecker et al., 2021). Despite the fact that there is lack of agreed upon definition, domestic violence is seen to adversely affect the sense of security and subjective well-being (Poutiainen & Holma, 2013). It damages psychological and physical health, impair quality of life, lower productivity, and leads to psychological issues including depression and substance use (Anderson, 2002; Coker et al., 2000; Huecker et al., 2021). It has also been noted that it affects the types of coping strategies an individual uses to cope up with the prevalent stressors in life (Allne et al., 2014) therefore, culminates in making individuals vulnerable for a host of psychological and physical health problems. Hence, contemplating the debilitating consequences of domestic violence, the present study was an endeavor to examine the coping styles in women who have experienced domestic violence.

Karen Horney in 1940 developed a theory on coping. According to this theory, fear causes anxiety, and that anxiety could be reduced through defense strategies. Karen Horney, (1940) proposed four coping strategies namely (1) "*Moving with*" in which people invest their time in initiating and maintaining good relationships and sacrifice in relationship with good mental health. (2) "*Coping toward*" where people walk towards threat to remove/scape from hurt. (3) "*Moving away*" when individual go away from hurt. (4) "*Moving against*" when an individual fights the source of hurt.

Lazarus and Folkman's (1984) proposed one of the remarkable transactional theory of stress and coping. They defined coping as an individual's cognitive or behavioral efforts to handle the internal or external stressors that are assessed as challenging or beyond the capacity of the person. Coping is categorized into two parts such as: (1) primary control coping operates over objects, events, and conditions while 2) secondary control coping is an individuals' attempts to adjust in situation (Lazarus & Folkman 1984; Rothbaum, et al., 1982). Lazarus and Folkman's (1984) divided coping strategies into two broad categories:

a) *Problem-Focused Coping:* This is defined to encompass the strategies which are directed at resolving the problem or its source and providing control over the situation such as direct actions or problem solving.

b) *Emotion-Focused Coping:* This is defined to encompass the strategies which are directed to manage emotional reaction to the situation such as use of emotional venting, distraction, crying or seeking emotional support from family.

Evidences indicate that violence negatively affect women and causes them to use emotion focused coping strategies. For instance, a strong relationship between emotion focused coping and domestic violence is evident in both old and recent studies (Dutton et al., 1994; Clements & Sawhney 2000; Shechory, 2012; Taft et al., 2007). The women with intimate partner violence are found to use emotion focused coping and eventually develop different psychological disorders (Arias & Pape, 1999; Kocot & Goodman, 2003; Simmons et al., 2015). Longitudinal studies on battered women have shown the use of emotion focused coping and eventually its link with development of different psychological problems; posttraumatic stress disorder, anxiety and depression (Taft et al., 2007). Other Emotion focused coping is harmful because it is related to social withdrawal and self-criticism, and shame and these components are primary base for the development of mental disorders. Moreover, passive coping styles are strongly linked with low self-esteem and studies indicate strong relationship between spiritual connection, coping styles and high self-esteems. (Karim, 2013; Rorger & Christine, 1983; Usta et al., 2008; Waldrop & Resick, 2004).

Nonetheless, problem focused coping may modify or change individual's reaction to the stress and is found to be associated with positive outcomes (Aldwin & Stokols, 1988; Pincus & Friedman, 2004; Shechory, 2013; Tekin, 2011). However, the use of problem focused coping is not an assurance for good psychological health but researches indicate that emotional focused coping is associated with abusive experience (Parker & Lee, 2007). In particular, the researches emphasize over the importance of social support because it provides courage, confidence and leads an individual towards stress relieve while studies indicate that victim with social support could use problem-focused coping strategies with better emotional control (Kocot & Goodman, 2003; Mitchell & Hodson, 1983; Parker & Lee, 2007).

Rational and Significance of the Study

A review of Western literature pertaining to domestic violence reveal the greater use of emotion focused coping strategies which in turn is evident to have debilitating repercussion for their psychological and physical health and overall well-being as well. The victims' tendency to

handle problems based on their coping style may shape their personality and positively or negatively affects their well-being and their sense of control over the problem. Problem focused coping strategies lead to positive reframing of the situation hence positively affect or increase the well-being. The emotion focused coping encompass self-distractive and avoidant coping hence they can lead to hopelessness and dysphoria (Clements & Sawhney, 2000; Folkman & Lazarus, 1985; Holahan & Moos, 1987). Emotional focused coping strategies does not provide the permanent solution of problems rather it just fix stress for some time through emotional discharge, while problem focused coping suggests long term solution (Bernardes et al., 2009; Mitchell & Hodson, 1983). It has also been evident that women with domestic violence are not only the victim of violence but their children also suffer from the same through witnessing it; hence are susceptible to develop psychological problems. Ahmed (2015) and Ghasemi (2009) found that the psychological well-being of children who witness domestic violence gets affected negatively also; some of them develop hospitality and mostly become the victim of somatic symptoms. Researches on coping strategies of women with domestic violence in Pakistani cultural context are in real dearth. Previous and current data of studies conducted in Pakistan indicates that anxiety and depression in women with domestic violence are repeatedly examined; however, there is a need to explore the types of coping styles in women suffering from domestic violence. It is imperative to know about the protective mechanism to mitigate the negative consequences of domestic violence and to make women suffer less. Hence, in this regard this research's obtained findings will help to understand the particular coping styles used by women with domestic violence. This research will help researchers and mental health organizations of Government of Pakistan to make better strategies for the health and protection of Pakistani women (Craparo et al., 2014; Karim, 2013).

In a nutshell, the above stated literature provide sufficient evidence regarding the link between domestic violence and use of emotion focused coping. However, these studies are conducted in Western Culture. An amount of research work is done in Pakistan on women's mental health related to spousal violence. However, not much work has been done on association between domestic violence and coping styles of women. Therefore, on the basis of identified gap in existing literature, the following hypotheses were formulated:

1. Emotion focused coping scores will be higher in women with domestic violence as compared to women without domestic violence.

2. Problem focused coping scores will be lower in women with domestic violence as compared to women without domestic violence.

Method

Research Design

For the current research, non-experimental research design (differential research) was employed.

Participants

For this study, the sample comprised of 150 women divided into two groups: women with domestic violence (n = 75) and women without domestic violence (n = 75). The women with domestic violence were recruited using purposive sampling technique from different women rights organizations whereas the women without domestic violence were recruited from general population through snowball technique. The age of women in both groups was between 18 to 50 years and they belonged to different socioeconomic classes (lower to middle class). The mean age of the women with domestic violence was 33.20 (± SD = 10.73) whereas of women without domestic violence was 28.69 (± SD = 75).

Inclusion and Exclusion Criteria for Participants

In the current study the selection of sample was made based on following inclusion and exclusion criteria:

- The women with domestic violence were those who faced violence not more than three months before they were selected.

- The women without domestic violence were those who were not currently going through any violence for not more than past three months
- Moreover, domestic violence was examined through domestic violence scale by Hussain, (1998), with the cut of score of 35.

Measures

In the current study the following measures were used

Demographic Form

This form obtained information about demographic variable of the study i.e. age, gender, birth order, marital status, years of marriage, educational level, income level, socioeconomic class, area of residence, ethic group, religion, number of children, and medical physical/problem.

Domestic Violence Scale

The Domestic Violence Scale (DVS) developed in Urdu Language by Hussain (1998) was used in the present study. The DVS consists of 35 items. This DVS is divided into five subscales such as: physical violence, emotional violence, social violence, economic violence, and sexual violence. Response category ranges from *never* (1) to *always* (4) with cut-off 35-140, with alpha coefficient which is .83. Each item of all scales of the test is negatively phrased. High scores as per cut off indicates presence of domestic violence while low score indicates absence of domestic violence (Hussain, 1998). The alpha coefficient of Domestic Violence Scale obtained in the present study is .944 indicating good internal consistency.

Coping Styles Scale

Coping Style Scale (CSS) was developed by Zaman (2015) at the Institute of Clinical Psychology, University of Karachi, Pakistan. The administration age for CSS ranges from 18 to 50 years. It is a self-report inventory based on 22 items with response category from 5 as *"always*" to 1 as *"not at all"* response category. The test-retest reliability is .80 for Problem Focused Coping (PFC) and .75 for Emotion Focused Coping (EFC) while the internal consistency is reported to be excellent for PFC (i.e., .88) and EFC (i.e., .89). The alpha coefficient of CSS obtained in the present study is .76 indicating good internal consistency.

Procedure

In the beginning of the study the researcher selected suitable tests for the study and request for permission to use in research. The formal approval to conduct this study was obtained first from Departmental Research Committee of Institute of Clinical Psychology (ICP), University of Karachi and then Advanced Studies and Research Board, University of Karachi. For sample of women with domestic violence, the permission was taken from authorities of organizations that deal with the cases of violence against women. The sample of women without domestic violence was approached through acquaintances (snowball technique), the researcher visited their home. Further, the informed consent was taken by these participants and the matter of confidentiality and their right to withdraw from the study at any time was discussed with them. However, after developing the rapport demographic data sheet, Domestic Violence Scale (Hussain, 1998) and Coping Styles Scale (Zaman, 2015) administered individually. The participants in both groups were thanked for their time and cooperation. For the current study, strict ethical consideration were followed such as, informed consent was obtained and enough information to make an informed decision was provided such as women were assured about the confidentiality of results, their right to withdraw participation at any time during the study and the availability of debriefing session in case participants experience any distress due to research procedure or scale items.

Results

To evaluate the differences between women with and without domestic violence on the variable of coping strategies, an independent sample *t*-test was computed through Statistical Package for Social Sciences Version 26. The descriptive statistics was also computed.

Table 1

t-test showing the difference on Emotion Focused Coping in Women with and Without Domestic Violence

Groups	*N*	*M*	*SD*	*t(148)*	*p*	*Cohen's d*
Women with Domestic Violence	75	40.41	6.88	-2.46	.02*	-.40
Women without Domestic Violence	75	44.47	12.53			

Table 1 shows the results of independent sample *t*-test indicating statistically significant differences between the scores of women with and without domestic violence on the variable of

emotion focused coping, (p<.05) with a medium effect (d = -0.40). These results imply that women with domestic violence scored significantly lower on the variable of Emotional Focused Coping than women without domestic violence.

Table 2
t-test showing the difference on Problem Focused Coping in Women with and Without Domestic Violence

Groups	*N*	*M*	*SD*	*t(148)*	*p*	*Cohen's d*
Women with Domestic Violence	75	23.40	5.26	-5.35	.00*	-.87
Women without Domestic Violence	75	28.95	7.27			

Table 2 shows the results of independent sample t-test indicating statistically significant differences between the scores of women with and without domestic violence on the variable of problem focused coping, (p<.05) with large effect size (d = -.87). These results imply that women with domestic violence scored significantly lower on the variable of Problem Focused Coping women without domestic violence.

Discussion

This study was conducted to determine emotion focused and problem-focused coping in women with and without domestic violence. The results pertaining to first hypothesis (Table 1) indicate significant differences in the use of emotion focused coping between women with and without domestic violence with medium effect size. The current study revealed some interesting trends pertaining to use of coping responses by women with and without domestic violence in Pakistani cultural context. The women with domestic violence are more likely to use both emotion focused and problem focused coping. Moreover, the results pertaining to second hypothesis (Table 2) indicate significant differences in the use of problem focused coping between women with and without domestic violence with large effect size. The women with domestic violence scored significantly lower on problem focused coping as compared to women without domestic violence. The obtained findings are consistent to the formulated hypothesis and findings from the studies which have demonstrated the less use of problem focused coping strategies in women with domestic violence.

These obtained findings are culturally supported as previously, Zakar et al. (2012) conducted a study, and they interviewed 21 abused women in Lahore and Sialkot (Pakistan). Findings revealed that all these women have been using problem focused and emotional focused coping strategies, while women in majority were using emotional focused coping. Human personality types also determine the use of coping strategies as Cameliaa and Ioanab (2015) conducted a research over 30 women without domestic violence and found significant difference in both groups in reference to their personality and coping strategies. Moreover, low self-esteem and hopelessness reinforce women with domestic violence to use emotional focused coping (Clements & Sawhney, 2000). Individual's typical personality characteristics such as perceived

negativity, perceived sense of inability to reach others, crying spells, and self-mutilation behaviors in order to discharge emotions are emotional focused coping. Further, previous data reveals strong link of engagement (problem focused) coping strategies and positive mental health, while poor relationship of mental health with emotional coping strategies (Bauman et al., 2008; Lokhmatkina et al., 2015; Rodriguez, 2012; Taft et al., 2007).

Theories on coping strategies is the better way to understand dealings of women with domestic violence. The traditional concept of man as a master or leader of women's life where women is bound to obey manis one of the causes of domestic violence. Sociocultural and psychosocial values affect the use of coping strategies against domestic violence. Coping is a natural process through which individual respond to stressors and problems. As far as coping strategies are concerned these strategies are those specific behaviors which individual use to face/solve problems. Emotional coping is less effective while problem focused coping is an effort to reduce actual threat of stressor (Hayati et al., 2012). Recently Khodabakhshi-Koolaee et al. (2018), studied coping strategies and domestic violence and found that women with DV use emotional focused coping than women without DV. Moreover, the findings of the current study are supported by Bahrami et al., (2016) and Sadeghi, (2010), they found that women with domestic violence use emotion focused coping.

In current study two coping strategies are used namely problem-focused and emotion-focused coping. The results of this study is supported by Bennice et al., (2003) they found that in domestic violence specially intimate partner violence cause poor mental health, further they studied that physically abused women illicit trauma related symptoms. Current study focuses that both emotion-focused and problem-focused copings are those two strategies which are based on advantages versus disadvantages, however, abused women use these to reduce stress.

Literature review reveals that problem and emotion focused copings improves mental health. The result of current study indicates that emotion-focused vs. problem-focused coping is actually is engagement versus disengagement coping and also helpful versus harmful strategies used by women with domestic violence. Problem-focused coping includes positive reappraisal and positive solution directional cognitive work this notion is strongly supported by previous researches on women with domestic violence (Arias & Pape, 1999).

Further previous researches emphasis on the role of social support in using coping strategies. Kemp et al. (1995) found social support an effective tool to improve mental health. Clements et al., (2004) found that emotional coping strategies highly vulnerable for mental health problems. Follingstad et al. (1988) found that women with domestic violence use emotional focused coping techniques.

Limitations and Recommendation

Limitation of the current research is that women with domestic violence were selected only from those organizations who dealt with cases of violence hence those women who receives violence at their home are missed and did not participat. Hence, the findings of the study are representative of only those women who approach shelter homes. The future studies may employ data of the women who live in their houses.

Conclusion

Domestic violence is a global problem and violation of human rights which has incapacitating repercussions for victims' life ranging from poor mental health, instable relationships, impaired trust poor self-worth and psychological wellbeing. Above all, the domestic violence which arises from home, increases gradually, and reaches at the level of somewhat called criminal activity. The current study revealed some interesting trends pertaining to use of coping responses by women with and without domestic violence in Pakistani cultural context. The women with domestic violence are more likely to use both emotion focused and problem focused coping.

References

Ahmed, D. A. (2014). *Depression in women abused by their husband and psychological problems among their children.* [Unpublished MPhil Dissertation] Institute of Clinical Psychology University of Karachi.

Allne, L., John, D., & Aideen, A. (2014). Older women living and coping with domestic violence. *Current Nursing Journal, 1*(1),1-2. Retrieved from: http://www.int ermedcentral.hk/index.php?journal=Nursing&page=article&op=view&path%5B%5D=17 0&pat h%5 B5D=116

Aldwin, C. M., & Stokols, D. (1988). The effects of environmental change on individuals and group: Some neglected issues in stress research. *Journal of Entertainment Psychology, 8*(1), 57-75.

Ali, T. S., & Gavino, B. (2007). Prevalence of and reasons for domestic violence among women from low socioeconomic communities of Karachi. *Eastern Mediterranean Health Journal*, *13*(6), 1417-26.

Anderson, K, L. (2002). Perpetrator or victim relationships between intimate partner violence and well-being, *Journal of Marriage & Family, 64*(4), 851-863. doi: 10.1111/j.1741-3737.2002 .00851.x

Arias, I., & Pape, K. T. (1999). Psychological abuse: Implications for adjustment and commitment to leave violent partners. *Violence & Victims, 14*(1), 55-67. https://www.researchgate.net/publication/12900916_Psychological_abuse_ Implications _for_adjustment_and_commitment_to_leave_partners

Asif, F., Zafar, M. I., Maann, A. A., & Ahmed, M. (2010). Domestic voilence – rural-urban current age and age at marriage differential impact on women physical health in Punjab, Pakistan. *Pakistan Journal of Agriculture Science, 47*(2), 178-182.

Azhar, Z., Sohai, M. M., Yasin, G., & Mahmood, B. (2012). Exploring socio-economic factors behind domestic violence against women in Sargodha District. *International Journal of Asian Social Science*, *2*(9), 1617-1626.

Bahrami, M., Shokrollahi, P., Kohan, S., Momeni, G., & Rivaz, M. (2016). Reaction to and coping with domestic violence by Iranian women victims: A qualitative approach. *Global Journal of Health Science, 8*(7), 100-109. doi: 10.5539/gjhs.v8n7p100

Bauman, E. M., Haaga, D. A. F., & Dutton, M. A., (2008). Coping with intimate partner violence: Battered women's use and perceived helpfulness of emotion-focused coping strategies. *Journal of Aggression, Maltreatment & Trauma, 17* (1), 23-41. https://doi.org/10.1080/10926770802250942

Bernardes, C., Ray, S., & Harkins, D. (2009). An exploratory study of resilience and coping strategies among Portuguese-speaking immigrant women survivors of domestic violence.

American Journal of Psychological Research, 5(1), 81-96. https://www.mcneese.edu/f/c/8642e89b/ AJPR%20 09-07%20Be rnardes.pdf

Bennice, J. A., Resick, P. A., Mechanic, M., & Astin, M. (2003). The relative effects of intimate partner physical and sexual violence on post-traumatic stress disorder symptomatology. *Violence & Victims*, *18*(1), 87-94. https://connect.springerpub.com/content/sgrvv/18/1/87.

Bhatti, M, A., Din, S. Z. U., Hamid, A., & Hanif, F. (2013). *Increasing trend of domestic violence with women in Pakistan.* Retrieved from http://www.medforum.pk/index.php?option=com_content&view=article&Id=777%3Aincreasing-trend-of-domestic-violence-with-women-in-pakistan&Itemid=

Cameliaa, D., & Ioanab, V. (2015). The involvement of coping mechanisms and personality structure in counseling women victims of domestic abuse. *Science Direct, 203*, 297-302. https://doi.org/10.1016/j.sb spro.201 5.08.298

Clements, C. M., Sabourin, C. M., & Spiby, L. (2004). Dysphoria and hopelessness following battering: The role of perceived control, coping, and self-esteem. *Journal of Family Violence, 19*, 25-36. https://link.springer.com/content/ pdf/10.1023/B:J OFV.000 001158 0.63593.96.pdf

Clements, C. M., & Sawhney, D. K. (2000). Coping with domestic violence: Control attributions, dysphoria, and hopelessness. *Journal of Traumatic Stress*, *13*(2), 219-240. doi: 10.1023/A:1007702626960

Coker, A., L., Smith, P. H. M. S. P. H., Bethea, L., King, M. R., & McKeown, R. E. (2000). Physical health consequences of physical and psychological intimate partner violence. *PubMed US National Library of Medicine National Institute of Health, 9*(5), 451-457. https://www.ncbi.nlm.nih.gov/pubme d/108 10951

Craparo, G., Gori, A., Petruccelli, I., Cannella, V., & Simonelli, C. (2014). Intimate partner violence: Relationships between alexithymia, depression, attachment styles, and coping strategies of battered women. *The Journal of Sexual Medicine,* 11(6), 1353-1602. doi: 10.1111/jsm.12505

Dutton, M. A., Burghardt, K. J., Perrin, S. G., Chrestman, K. R., & Halle, P. M. (1994). Battered women's cognitive schemata. *Journal of Traumatic Stress, 7*(2), 237-255. doi: 10.1007/BF02102946

Faery, R. B. (2004). *Violence in Pakistan*. 120-121. http://www.hamariweb.com/articles /article.aspxid=6003

Follingstad, D. R., Neckerman, A. P., & Vormbrock, J. (1988). Reactions to victimization and coping strategies of battered women: The ties that bind. *Clinical Psychology Review, 8,* 373-390. http://dx.doi .org/10.1016/0272-7358(88)90065-7

Folkman, S., & Lazarus, R. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. *Journal of Personality & Social Psychology, 48*(1), 150-70. doi: 10.1037//0022-351 4.4 8.1.150

Ghasemi, M. (2009). Impact of domestic violence on the psychological wellbeing of children in Iran. *Journal of Family Studies 15,* (3), 284-295. doi: 10.5172/jfs.15.3.284

Hayati, N. E., Eriksson, M., Hakimi, M., Högberg, U., & Emmelin, E. (2013). Women's lived experiences of coping with domestic violence in rural Indonesia. *Global Health Action, 1*(6), doi: 10.34 02/gha.v6i0.18894

Huecker, M. R., King, K. C., Jordan, G. A., & Smock, W. (2021). *Domestic Violence*. In StatPearls [Internet] Treasure Island (FL): StatPearls Publishing. Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK499891/

Holahan, C. J., & Moos, R. H. (1987). Risk, resilience, and psychological distress: A longitudinal analysis with adults and children. *Journal of Abnormal Psychology, 96*(1), 3-13. doi:10.1037//0021-843x.96.1.3

Hussain, S. (1998). *Domestic violence: Myths and reality* [Unpublished MPhil Dissertation], National Institute of Psychology, Quiad-i-Azam University, Islamabad, Pakistan.

Karim, H, N. (2013). *Coping style and self-esteem of Kurdish women encountered domestic abuse.* [Unpublished Master's Thesis] Koya University. Retrieved from: http://thesis.koyauniversity.org/fsch/maste r/124 58795487

Kaur, R., & Garg, S. (2008). Addressing domestic violence against women: An unfinished agenda. *Indian Journal of Community Medicine, 33*(2), 37-46. dio: 10.4103/0 9 70-0218.40871

Kemp, A., Green, B. L., Hovanitz, C., & Rawlings, E. I. (1995). Incidence and correlates of post-traumatic stress disorder in battered women. *Journal of Interpersonal Violence*, *10*, 43-55. http://dx.doi.org/1 0.1177/08862609 5010001003

Khodabakhshi-Koolaee, A., Bagherian, M., & Rahmatizadeh, M. (2018). Stress and coping strategies in women with and without intimate-partner violence experiences. *Journal of Client-Center Nursing Care, 4*(1), 29-36. doi: 10.32598/jccnc.4.1.29

Kocot, H., & Goodman, I. A. (2003). The roles of coping and social support in battered women's mental health. *Violence against Women, 9*(3), 323-346. doi: 10.1177/1077801 202250075

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, & coping*. New York: Springer.

Lokhmatkina, N., V., Davies, R., A., Costelloe, C., Kuznetsova, O., Y., Nikolskaya, I., M., & Feder, G., S. (2015). Intimate partner violence and ways of coping with stress: Cross-sectional survey of female patients in Russian general practice. *Journal of Family Practice, 32*(2), 141-146. https://doi.org/10.1093/fampra/cmu086

Mahapatra, N. (2008). *South Asian women and domestic violence: Incidence and formal and informal help seeking*. [Unpublished PhD Dissertation] Department of Social Work, University of Texas.

Mitchell, R., E., & Hodson, C., A. (1983). Coping with domestic violence: Social support and psychological health among battered women. *American Journal of Community Psychology, 11*(6), 629-54. doi:10.1007/BF00 89 6600

Nosheen, H. (2011) Violence against women. *The Dialogue, 6*(3), 290-299.

Parker, G., & Lee, C. (2007). Relationships among abuse characteristics, coping strategies, and abused women's psychological health: A path model. *Journal of Interpersonal Violence, 22*(9), 1184-98. doi: 10.1177/0886260507303732

Pincus, D. B., & Friedman, A. G. (2004). Improving children coping with everyday stress: Transporting treatment interventions to the school setting. *Clinical Child & Family Psychology Review, 7*(4), 233-240.

Poutiainen, M., & Holma, J. (2013). Subjectively evaluated effects of domestic violence on well-being in clinical populations. *Hindawi Journal, International Scholarly Research Notice,* Article ID 347235, 1-8. http://dx.doi.org/10.115 5/201 3 / 347235

Rodriguez, T. J. (2012). Psychological well-being and coping mechanisms of battered women. *Asian Scientific Journals, 1*(1). doi: 10.7828/ajoh.v1i 1.158

Rorger, E. M., & Christine, A. H. (1983). Coping with domestic violence: Social support and psychological health among battered women. *American Journal of Community, 11*(6), 629-654. doi: 10.1007/ BF0 0896600

Rothbaum, F., Weisz, J. R., & Snyder, S. S. (1982). Changing the world and changing the self: A two-process model of perceived control. *Journal of Personality & Social Psychology, 42*(1), 5-37. https://doi.org/10.1037/0022-3514.42.1.5

Sadeghi, F. S., (2010). A qualitative study of domestic violence and women's coping strategies in Iran (Persian). *Iranian Journal of Social Problem, 1*(1), 107-142.

Shechory, M. (2013). Attachment styles, coping strategies, and romantic feelings among battered women in shelters. *International Journal of Offender Therapy, 57*(4), 425-444. doi: 10.1177/0306624x11434917.

Simmons, B. S., Knight, E. K., & Menard, S. (2015). Long-term consequences of intimate partner abuse on physical health, emotional well-being, and problem behaviors. J*ournal of Interpersonal Violence, 33*(4), 539-570. doi:10.1177/0886260515609582

Taft, C. T., Resick, A., Panuzio, J., Vogt, D. S., & Mechanic, M. B. (2007). Coping among victims of relationship abuse: A longitudinal examination. *Violence & Victims, 22*(4), 408-418. https://doi.org/1 0.1891/088667007781553946

Tekin, M. (2011). A study into the levels of decision making and coping with stress of the student of physical education and support college. *African Journal of Business Management, 5*(8), 3614-3622.

United Nations General Assembly. (1993). *Resolution adopted by the General Assembly.* Retrieved from: http://www.un.org/documen ts/ga/res/48/a48r104.htm

UNICEF, (2000). *Domestic violence against women and girls*. United Nations Children Fund Innocent Research Center Florence: Italy.

Usta, J., Farver, J. A., & Zein, L., (2008). Women, war, and violence: Surviving the experience. *Journal of Women's Health*, *17*(5), 793-804. doi:10.10 89/jwh.2007.0602.

Waldrop, A, E., & Resick, P, A. (2004). Coping among adult female victims of domestic violence. *Journal of Family Violence, 19*(5), 291-302. http://empower-daphne.psy.unipd.it/userfiles/file/pdf /wa ldrop%20a_%20-202004.pdf

Walker, L. E. (1979). Battered women, psychology and public policy. *American Psychology, 39,* 1178-1182.

Zaman, N. I. (2015). *Development and validation of coping styles scale: The relationship of coping styles with social support and psychological well-being of university students.* [Unpublished Doctoral Dissertation] Institute of Clinical Psychology, University of Karachi, Karachi].

Zakar, R., Zakar, M. Z., & Krämer, A. (2012). Voices of strength and struggle: Women's coping strategies against spousal violence in Pakistan. *Journal of Interpersonal Violence, 27*(16), 3268-98. doi:10.1177/0886260 5124 41257