

## The Coping Window: A Contextual Understanding of the Methods Women Use to Cope With Battering

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### **Abstract:**

This study aimed to develop a conceptual framework for understanding the coping strategies used by women who are battered, drawing from the existing literature and qualitative interviews with 10 women seeking services in shelters for women who have been battered. This conceptual framework is needed to reflect the unique complexity of the nature of the chronic and acute stressors associated with battering. The results of the data analyses were integrated with the existing literature to form a model, The Coping Window. This model includes an external frame of contextual influences, as well as a Focus Axis (including emotion-focused and problem-focused coping strategies) and a Resource Axis (including intrapersonal and interpersonal coping strategies). The Coping Window model could be used in individual or group counseling and educational programs, and additional research is needed to refine this model.

**Keywords:** battered women | domestic violence | coping | stress | women | victims of crime | psychology

### **Article:**

Battering is a "process whereby [women] experience vulnerability, loss of power and control, and entrapment as a consequence of [their partners'] exercise of power through the patterned use of physical, sexual, psychological, and/or moral force" (Smith, Smith, & Earp, 1999, p. 186). Battering involves numerous dynamics that contribute to a unique experience of stress, including the following factors: (a) the actual threat to the physical safety, and perhaps even life, of the victim, and this threat is repeated time and again within the context of chronic victimization (Smith et al., 1999); (b) the grounding of the relationship in what is perhaps the woman's closest intimate relationship (Follingstad, Neckerman, & Vormbrock, 1988); (c) associated intergenerational patterns of family violence that may be present (e.g., Kwong, Bartholomew,

Henderson, & Trinke, 2003); and (d) the complex backdrop of chronic stressors in which frequent, intense acute stressors are also experienced (Carlson, 1997). Regarding the latter point, Smith, Tessaro, and Earp (1995) showed battering to be an enduring, traumatic, and complex experience that continuously shapes women's behavior, views of self, and beliefs in the controllability of their own lives. Examples of acute stressors that occur within the context of this chronic stress include struggling for survival during an attack and feeling unable to protect children who witness the battering.

Several researchers have examined the coping strategies used by women who have been battered (e.g., Fernández-Esquer & McCloskey, 1999; Matheson, Skomorovsky, Fiocco, & Anisman, 2007; Parker & Lee, 2007; Sabina & Tindale, 2008; Shannon, Logan, Cole, & Medley, 2006), relying primarily upon general models of stress and coping (e.g., Lazarus & Folkman, 1984; Tobin, Holroyd, Reynolds, & Wigal, 1989). However, the existing research is limited by the lack of a conceptual framework that accounts fully for the complexity of coping that is unique to the experiences of battering victimization. Thus, the purpose of the current study was to develop a conceptual framework for understanding the ways that women cope with the chronic and acute stressors associated with battering.

## REVIEW OF THE LITERATURE

Put simply, coping refers to "any attempt to neutralize stress arousal" (Girdano, Dusek, & Everly, 2005, p. 8). In light of the many challenges they face, some researchers view women who have been battered as heroic (Jacobson & Gottman, 1998), resilient, resourceful, and strong (Davis, 2002) in their coping efforts. However, these women's coping abilities are likely to be restricted by their partners' use of control tactics that limit their access to supportive resources, such as money and social support networks (Follingstad et al., 1988; Jacobson & Gottman, 1998). Much of the existing research involves the application of general theories of coping to examine the types of coping strategies that women use to cope with battering. A widely used model of coping was developed by Lazarus and Folkman (1984), who posited that there are two main types of coping: problem-focused, involving attempts to solve the problem creating the stressful situation, and emotion-focused, which aims to manage negative emotional responses associated with the stress (D'Zurilla & Nezu, 2001). Within this model, problem-focused coping is viewed, in general, as "the more useful and adaptive form of coping" (p. 220).

In applying Lazarus and Folkman's (1984) coping model, Sabina and Tindale (2008) demonstrated that many women used problem-focused coping strategies for coping with battering. In another study of female college students in dating relationships, Matheson et al.

(2007) found that, compared with women who were not in abusive dating relationships, those in abusive relationships were more likely to use emotion-focused strategies than problem-focused strategies. Parker and Lee (2007) expanded upon the problem-focused versus emotion-focused model of coping and also included a third category, meaning-focused coping, which they studied through the concept of sense of coherence (i.e., "coping strategies that assist one in finding meaning in adversity" [p. 1186]). Their findings reveal the importance of this third dimension. Among women with former experiences of battering, they found no relationship between problem-focused coping and psychological health, and emotion-focused coping was only related indirectly to psychological health through its relationship with sense of coherence. Although these studies provide some support for the Lazarus and Folkman model to explain coping with battering, they also suggest that the model may not capture the full range of coping experiences among women who are battered.

Another coping model that has been applied to women who have been battered is that of Tobin et al. (1989). In a series of quantitative studies with women seeking services from domestic violence shelters and agencies, Taft, Resick, Panuzio, Vogt, and Mechanic (2007a, 2007b) applied Tobin et al.'s classification of coping into engagement strategies (i.e., those focusing on actively attempting to manage the abusive situation) compared with disengagement strategies (i.e., those focusing on avoidance and escapism). The general assumption related to this categorization is that engagement strategies are more adaptive than disengagement strategies. Taft et al.'s (2007a) first study showed that characteristics of the abuse were related to disengagement but not to engagement strategies. Their second study (Taft et al., 2007b) focused on the link between coping and mental health, and they found that, in general, mental health outcomes were related positively to engagement coping strategies and negatively to disengagement coping strategies. Together, these findings suggest that the disengagement dimension of coping is experienced uniquely by women who are battered.

Researchers acknowledge the conundrum related to coping strategies among women who have been battered. Although coping may help them manage and understand their situations, these efforts may increase their willingness to tolerate abuse, and therefore make them more likely to stay in their relationships and risk further abuse (Follingstad et al., 1988; Matheson et al., 2007). A battered woman's coping strategies must be understood, first and foremost, in relation to the context of survival (Dutton, 1996). The underlying survival dynamics likely contribute to the findings of previous researchers that disconfirm assumptions as to which coping strategies are adaptive and maladaptive in relation to battering. However, such findings are consistent with the work of Vitaliano, Maiuro, Russo, and Becker (1987), which demonstrated that an individual's appraisal of a stressor influences the choice of coping strategies used. The existing research on coping in response to battering, much of which relies on quantitative methodologies,

demonstrates the limitations to the direct application of general models of coping to this particular phenomenon. To gain a more complete conceptualization of the role of coping among women who are battered, Davis (2002) argues for the value of qualitative methods. Thus, the present study uses qualitative methods to develop a model of coping with battering that allows for all possible coping strategies to be considered without making generalized assumptions as to which are adaptive or maladaptive.

## METHODOLOGY

This study used life-history interview methodology, which is useful for collecting in-depth qualitative data about stigmatized circumstances in people's lives, and the meanings they associate with their experiences (Mishler, 1986). Interviews were conducted with 10 women who had been battered and who were first-time residents in three shelters for battered women in North Carolina. This study was limited to first-time shelter residents because it was part of a broader study examining the processes through which women come to seek the services of shelters for battered women. Participants were recruited by shelter staff and were interviewed at the shelter when it was convenient for them. Until the target sample size of 10 participants was achieved, the staff invited all first-time, incoming residents to participate. Residents' willingness to participate in this study was in no way related to their eligibility to receive services from the shelter. A trained interviewer conducted all interviews, and this individual was already affiliated as a volunteer with the shelter programs. The interviewer was a woman who had former experiences of battering in her own life, and she received training in qualitative interview strategies from the lead researcher prior to the beginning of data collection. The informed consent procedure, which did not require participants' signatures, was completed prior to the beginning of the interviews. Counseling services were available to participants if they felt that they wanted to talk about the issues raised during the interview.

Interviews lasted between 1 to 2 hours long and were conducted in the shelter. Participants received a US\$25 stipend. An interview guide was used for the semistructured interviews, and the interviewer asked follow-up questions for clarification. The interview guide was reviewed by a panel of formerly battered women and approved by the shelter staff prior to the study. Examples of the questions on the interview guide are as follows: (a) Before coming to the shelter, do you think you were coping effectively with the violence?; (b) What did you do in the past to manage or deal with the violence or abuse (for protection, for escaping the violence, for temporary respite, and for other kinds of help)?; and (c) What did these strategies offer you?.

The tapes were transcribed verbatim (DeVault, 1990). To facilitate the data analyses, the text-based qualitative data analysis software, Ethnograph, was used. The analyses began with a reading of the transcripts while simultaneously listening to the tapes. This process allowed for the analyses to account for the nonverbal cues (e.g., hesitations, emotional responses, and humor) that are otherwise lost in a written transcription of the conversations (DeVault, 1990). An inductive, phenomenological process was then used to develop an emergent coding scheme. While reviewing the tapes and transcripts, segments of the text that represented different ways that the women coped with the battering were identified by multiple readers, including the first author and trained students. The data were reduced to essential points (defined here as the thoughts, feelings, and behaviors associated with coping strategies used by the participants) across the 10 participants. A set of codes representing the coping strategies emerged, followed by an iterative process of combining codes, eliminating codes, and identifying new codes. The first author reviewed all data coded by the students and made a final determination of the coding set. Once the first author finalized the coding set, a trained doctoral student independently reread all 10 interviews and applied this scheme to the data. Based on the context-dependent nature of coping among women who are battered (Dutton, 1996), the data analyses focused on identifying coping strategies without placing judgments on them as to whether they should be considered adaptive or maladaptive. All coping strategies were considered to have potential adaptive and maladaptive qualities depending on the woman's unique situation.

## RESULTS

Participants' ages were as follows: 20 to 25 years ( $n = 3$ ); 31 to 35 years ( $n = 2$ ); 36 to 40 years ( $n = 3$ ); and 41 to 50 years ( $n = 2$ ). Four participants had never been married, three were separated, and three were divorced. Eight were African American, one was White, and one was of an unknown ethnic background. Participants' personal annual income levels were as follows: under \$5,000 ( $n = 4$ ); \$8,000 to \$11,999 ( $n = 3$ ); \$16,000 to \$24,999 ( $n = 2$ ); and \$25,000 to \$39,000 ( $n = 1$ ). All of the women had at least one child, and one was pregnant.

### Coping Strategies Used by Participants

Nineteen unique coping strategies were identified. Through the data analysis procedures described above, these strategies were collapsed into four categories, which were combined to create a two-axis conceptual framework for understanding the coping strategies used by women who are battered, which we termed The Coping Window (Figure 1). The external frame of The Coping Window represents the context surrounding the various categories of coping strategies. The first axis, termed the Focus Axis, refers to the extent to which women's coping strategies focus on managing emotional responses (i.e., emotion-focused coping) or on changing the situation that is causing them stress associated with the battering (i.e., problem-focused coping).

The terms emotion-focused coping and problem-focused coping are modeled on the construction of coping styles proposed by Lazarus and Folkman (1984). The second axis, the Resource Axis, focuses on the extent to which women use internal or external resources in their coping efforts. This axis includes two categories: intrapersonal strategies (i.e., strategies that draw upon women's internal resources) and interpersonal strategies (i.e., strategies that draw upon resources within social support networks). The strategies therefore can be classified into four categories: emotion-focused/ intrapersonal, emotion-focused/interpersonal, problem-focused/intrapersonal, and problem- focused/interpersonal. Although these categories are presented here as distinct, most participants used strategies from all four areas.

#### External Frame: Context

Contextual influences played an important role in determining the strategies participants chose to cope with the battering they experienced. One contextual influence was perceived threat, as illustrated in the following participant statement, "I threaten to leave him, but he be like, 'If you leave me, I'll kill you and your son.' " Other participants mentioned parenting issues as an important contextual influence. An example of this is the statement, "He was a great dad. I was telling these people, the kids loved him to death . . . He would walk in the door and it was . . . like, 'Dad is home! Dad is home!' " Other participants considered the availability of alternatives to the relationship. As one participant said, "When I would leave, he would say, 'When you leave, you can't come back.' And that would scare me 'cause I knew I had nowhere else to go. So I wouldn't leave. I would just sit there and deal with it.' " An additional contextual influence was participants' beliefs about commitment to the relationship. One woman stated, "I thought when we got married, you married 'em for better, for worse, in sickness and in health. That meant getting beat up, too. You supposed to stick by your husband through thick and thin."

#### Emotion-Focused/Intrapersonal

This category includes eight strategies women use to change the way they feel about their abusive situation or their abuser by turning inward and drawing on personal resources.

**Keeping Hope.** This strategy refers to the woman holding onto a belief that her situation will improve because she can change her partner or he will change himself. One participant said, "There's always that stupid part of me that's going, you know, things can get better."

**Self-Talk.** This strategy involves talking to oneself to build up resistance to victimization. An example of this strategy is as follows: "I had to drill myself. I said, 'Look, you got to really, if you want to get away from this man, you got to put more of an effort than what you're doing.' "

**Keeping It at Bay.** This refers to women reacting in ways, such as by laughing, that are designed to emotionally deflect their partners' verbal assaults. This strategy is illustrated by the following participant statement: "The last fight we got into, I was laughing at him . . . because it was funny. It really was, and you know I wasn't scared or terrified of him or nothing like that. I just thought that, you know, it was really silly, childish. It just was real funny to me."

**Taking Blame.** This refers to women internalizing responsibility for the abuse. As one participant said, "I always thought it was my fault . . . I was like, 'Maybe if I said something he wanted to hear, I wouldn't have got hit.' "

**Spirituality.** In this strategy, women seek strength through prayer, meditation, or faith in a higher power. For example, one woman reported, "I've been saved by God . . . When he would start tripping or while he was ranting and raving, I'd be praying."

**Release (Intrapersonal).** The strategy of release involves women undertaking activities to clear their minds from their abusive situations and find release. Activities take many forms, including hobbies, as below, exercise, or journaling. Release is a strategy women could engage in with others (intrapersonal) or alone (interpersonal). An example of an intrapersonal release strategy is as follows: "I did arts and crafts. I am, I am fanatical about arts and crafts and I've (pause), that was basically that and reading. Those were my outlets."

**Substance Abuse.** Some of the women used drugs and/or alcohol as a mechanism of relief. For example, one woman said, "I used to do drugs. I used to smoke marijuana before, and I thought that was coping . . . That's how I was coping, and then I would just tune him out."

**Thoughts of Death.** This strategy refers to women questioning whether death would be a reasonable alternative to abuse. An illustrative quotation representing this strategy is as follows: "That's why I said, 'Well, maybe if I die, I wouldn't have to worry about him no more.' "

### Emotion-Focused/Interpersonal

This category refers to women's efforts to change the way they feel about their situation by reaching out for help or support from others. We identified two unique strategies in this category, plus the interpersonal variation of the release strategy listed earlier.

**Family Support.** This involves seeking emotional support from family. One participant said, "My daughter thought it was a good idea for me to go to the shelter. When she found out what he did to me, she flew in from Germany."

**Friend Support.** This strategy involves seeking emotional support from friends. One woman shared the following anecdote that illustrates this strategy:

A friend of mine . . . asked what I was going through, and . . . he said, "You look at yourself," and I put my head down, because my self-esteem was so low. I couldn't even look at myself. And he took my chin, and he put my head up, and he said, I'll never forget this for as long as I live, "You look at yourself in that mirror, you are beautiful, you can have anything . . . and don't you let nobody tell you you're not." From that day on, I started having that way of thinking.

**Release (Interpersonal).** The definition of interpersonal release was presented in the previous section. An illustrative quotation is as follows: "Women have ways of releasing themselves, and that was my way. You know, go out, do dinner and dancing with my mom."

### Problem-Focused/Intrapersonal

This category includes five strategies women used to change or improve their abusive situations by drawing on their own emotional, cognitive, or material resources. Some of these strategies involve the women in interaction with their partners. However, we classified these as intrapersonal rather than interpersonal strategies since these examples described the women acting alone in response to their partners.

**Making Peace.** This strategy refers to a woman's efforts to appease her partner in response to substantial threat or harm to herself, her children, or property. One participant said, "I would make his lunch for work, I would have his dinner ready, I would wash clothes, everything that was satisfactory in his eyes to prevent him from yelling."

**Active Planning.** This strategy refers to the woman actively making plans to live away from her partner and taking steps to ensure safety when, and after, leaving him. An example of this strategy is as follows:

While he was at work and wasn't able to watch every move I was making, I was planning my escape. I had my car, I said, "Now it's time to get a job that's going to pay me enough to pay rent and take care of the kids at the same time."

**Cooling Off.** This refers to the woman and/or partner taking time away from each other to diffuse an abusive situation. As one participant said, "Sometimes I slept with my daughter, sometimes I slept on the couch. But most of the times he was the one that left and leave for like hours. Cool off and come back and we would sit down and talk."

**Standing My Ground.** This strategy refers to the woman standing up for herself, her rights, and/or her children. In the following quotation, the woman appears to have used this strategy until she determined that it was no longer safe for her to do so:

And he say, "You get in this house," and I be like, "No, I'm not listening to you" . . . I try and be smart, you know. I try to stand up for myself, "No, I don't have to listen to you." He said, "Okay," so he went into the house and got his gun, and he pointed it at me and said, "Get into the house." And so I went into the house.

**Retaliation.** This strategy refers to the woman fighting back and/or threatening her abuser with weapons. One participant said,

I was real upset and at the end of my rope, so I didn't care anymore. "Don't come toward me," I said, "Because if you come toward me," I said, "I'll stab you like that" . . . And I said, "Don't

come close to me." I said, "I hate you, and I hate this." I said, "I don't want to see you hurt me no more. I just want out of this, I want out, I want out now."

### Problem-Focused/Interpersonal

This category includes four strategies that women use to change or manage their situation by seeking help from others, in the formal and informal sectors.

**Informal Help-Seeking.** This strategy involves seeking resources and support from individuals not affiliated with community agencies or other organized groups. This strategy is different from the family and friend support listed above in the emotionfocused/ interpersonal category because this strategy refers to seeking practical support to help change the situation, rather than help in emotional regulation. An illustrative quote is as follows:

I was trying to get money every way possible to put a roof over me and my kids' heads. I'd slept in truck stops. You know, I'd had truckers give me money cause they would see me looking through the phone book to try to find a hotel, to clean rooms so they can provide me a room, you know for me and the kids, rather than sleeping at the truck stop.

**Formal Help-Seeking.** This strategy refers to seeking basic resources and instrumental support from established community agencies. Crisis lines were the source of formal support most commonly used by the participants in this study. Other agencies/organizations included doctors, hospitals, mental health agencies, and the YMCA. One woman said, "I'm fed up . . . and I ain't coming back. And I left and I called the YMCA."

**Criminal Justice Help-Seeking.** This strategy involves seeking support through the police and court system. An example of this strategy is as follows:

He told me not to call them [the police]. I better not call them and I sorta hesitated, because all the guys, I mean all the police force knows him. I know everybody, and I figured they'd probably come up there and talk to him. But a police lady came; she's the one who wrote up the report.

Seeking Shelter. This refers to seeking refuge at a battered women's shelter. As one woman said,

I called the YMCA . . . and I went over there and they gave me the number to the shelter . . . And she said they would take me, and I said, "I'm free, you know, I've got someplace to come and lay my head. That's all I need."

#### The Use of Multiple Strategies: Interacting and Displacing

The women in this study used many different coping strategies, and the strategies often overlapped depending on the unique aspects of the situations they faced. In the first illustrative quote, a woman reports engaging in multiple problem-focused/interpersonal coping strategies in response to an episode of abuse at the hands of her partner's friends. She said,

One particular night while he was over at his friend's house snorting cocaine, three guys came into my house . . . They actually abused me; that's what they did. I called the police right after I called him. Then I went to the hospital uh, they gave me some medication. They gave me some, like, ointment stuff so I could rub on me cause of all the bruises I had on my legs and down there. Then he was like you know we got to work through this together. We're gonna try, so we went out and started to go to church.

In the next quote, a woman also uses multiple problem-focused/interpersonal coping strategies over time designed to keep her safe at work. She reported,

I park my car in front of the garage with marked tires and everything with the cars. I told the guy in the garage to keep an eye on my car, if you see anyone tampering with it to let me know. I let my supervisor and everyone know it at the job if he comes and if he tries anything you just know well, call the cops or what have you . . .

In some cases, the use of one strategy displaced another. The following quote illustrates how a woman's use of the emotion-focused/intrapersonal strategy of self-talk preceded her going to a shelter, a problem-focused/interpersonal strategy. In response to being asked, "Have you ever thought about going to a shelter before now?," this participant said,

No. I've thought, I can't say I was too good for a shelter, but I felt I had, I was, I had too much ability in myself, that I was too strong a woman to come to a shelter . . . And I said, if I can survive out here on my own, I don't need a shelter. That's what I told myself.

## DISCUSSION

### Study Limitations

Most participants were African American, and therefore the findings warrant further examination in their applicability to women of other ethnic backgrounds. This study was also limited by its collection of data in one geographic region and small sample size. The study's setting was a methodological strength (i.e., by providing access to participants), but it also contributed to related limitations. Participants' responses may have been different while in the shelter and removed from the abusive relationship as compared to before or after seeking shelter. Finally, because participants were living in a short-term shelter, we were unable to process our interpretation of the data with them to check of the accuracy of our conclusions.

### Overview and Implications of The Coping Window

The participants in this study engaged in a variety of coping mechanisms that encompassed emotion-focused, problem-focused, intrapersonal, and interpersonal strategies. The 19 strategies identified can be combined conceptually into a two-axis framework, The Coping Window, which encompasses a Focus Axis and a Resource Axis surrounded by an external frame that represents the context in which the coping occurs.

The Focus Axis relates to whether women use emotion-focused and/or problem-focused coping strategies. As stated earlier, problem-focused strategies are generally considered to be more adaptive than emotion-focused strategies (D'Zurilla & Nezu, 2001). However, this assessment becomes more complicated as it applies to women who have been battered. For example, the problem-focused coping strategy of women standing up for themselves (i.e., standing my ground) is found in studies of many populations, and it is often considered to be positive (Pape & Arias, 1995). However, when one of the women in our study stood up for herself, she was escorted into her home at gunpoint. Thus, while other women might find this strategy protective, our findings indicate that it also has the potential to involve increased risk in a battering situation. Help-seeking from informal and formal sources, the criminal justice system, and shelters is another problem-focused coping strategy that was found in this study and also has been studied in the existing literature (e.g., Coker et al., 2002). However, a battered woman's decision to seek social support must be considered based on her assessments of the effectiveness

of the support, previous negative or positive responses from family and friends, and concerns that the support will lead her partner to harm her or others (Rose, Campbell, & Kub, 2000). Hence, it is important to consider women's own assessments of their resources and environment in any evaluation of the value of problem-focused and emotion-focused coping strategies.

The second axis, the Resource Axis, reflects the extent to which women cope by drawing upon resources either within themselves or from their social networks. The emphasis on a resource-focused approach to coping among women who have been battered represents a unique contribution of The Coping Window model to the existing body of literature. Although this axis has not been made explicit in much of the existing research on coping among women who have been battered, these categories are consistent with emerging research that uses a resource-focused approach to studying coping (e.g., Davis, 2002). Research in this area tends to make distinctions between different types of supportive resources, such as personal (e.g., health, problem-solving skills, and social skills), material, and social (e.g., emotional and tangible support from others) coping resources (Sabina & Tindale, 2008). The role of intrapersonal coping resources has been studied less extensively, although preliminary research demonstrates that intrapersonal resources can serve a self-protective function (Davis, 2002). More intrapersonal strategies were identified compared to interpersonal strategies. It is possible that women who have been battered have found more ways of coping alone than in interaction with others. These women may need to engage in intrapersonal strategies before attempting interpersonal strategies. Another possible explanation for the women's greater reliance on intrapersonal coping strategies was that the participants' abusive partners used tactics to isolate them (Jacobson & Gottman, 1998). As such, the participants may have been unable to use interpersonal coping strategies because they did not have ready access to interpersonal support.

We aimed to develop a conceptual framework that accounts for the complexity of the context of coping among women who have been battered. In general, coping strategies can serve both a protective and a risk-engendering function for these women, and often the same strategy may serve both functions depending on whether a short- or long-term view is taken (Matheson et al., 2007). In the short term, coping strategies are often necessary for survival, particularly if the woman perceives there to be no way to leave the abusive relationship (Follingstad et al., 1988). In the longer term, however, any coping strategy that makes it more likely that a woman will stay in an abusive relationship has potentially harmful consequences as she risks further abuse (Matheson et al., 2007). Therefore, The Coping Window was developed with recognition of the importance of context in understanding the coping strategies used by women who have been battered (Dutton, 1996), and the external frame of The Coping Window represents this context. In addition to those discussed in the Results section, other contextual influences that should be considered in further conceptual development of The Coping Window include family history of

abuse, gender role socialization, the attitudes toward violence in the immediate and extended social network, and various characteristics of the abuse and the abusive partner.

## References

- Carlson, B. E. (1997). A stress and coping approach to intervention with abused women. *Family Relations*, 46, 291-299.
- Coker, A. L., Smith, P. H., McKeown, R. E., Bethea, L., King, M. R., & Davis, K. (2002). Social support moderates negative effects of partner violence on mental health. *Journal of Women's Health and Gender-based Medicine*, 11, 465-476.
- Davis, R. E. (2002). "The strongest women": Exploration of the inner resources of abused women. *Qualitative Health Research*, 12, 1248-1263.
- DeVault, M. L. (1990). Talking and listening from women's standpoint: Feminist strategies for interviewing and analysis. *Social Problems*, 37, 96-116.
- Dutton, M. A. (1996). Battered women's strategic response to violence: The role of context. In J. L. Edleson (Ed.), *Future interventions with battered women and their families* (pp. 105-124). Thousand Oaks, CA: Sage.
- D'Zurilla, T. J., & Nezu, A. M. (2001). Problem-solving therapies. In K. S. Dobson (Ed.), *Handbook of cognitive-behavioral therapies* (2nd ed., pp. 211-245). New York: Guilford.
- Fernández-Esquer, M. E., & McCloskey, L. A. (1999). Coping with partner abuse among Mexican American and Anglo women: Ethnic and socioeconomic influences. *Violence and Victims*, 14, 293-300.
- 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.
- Girdano, D. A., Dusek, D. E., & Everly, G. S. (2005). *Controlling stress and tension* (7th ed.). San Francisco: Pearson.
- Jacobson, N., & Gottman, J. (1998). *When men batter women: New insights into ending abusive relationships*. New York: Simon & Schuster.
- Kwong, M. J., Bartholomew, K., Henderson, A. J. Z., & Trinke, S. J. (2003). The intergenerational transmission of relationship violence. *Journal of Family Psychology*, 17, 288-301.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.

Matheson, K., Skomorovsky, A., Fiocco, A., & Anisman, H. (2007). The limits of "adaptive" coping: Well-being and mood reactions to stressors among women in abusive dating relationships. *Stress: The International Journal on the Biology of Stress*, 10, 75-91.

Mishler, E. G. (1986). *Research interviewing: Context and narrative*. Cambridge, MA: Harvard University Press.

Pape, K. T., & Arias, H. (1995). Control, coping, and victimization in dating relationships. *Violence and Victims*, 10, 43-54.

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, 1184-1198.

Rose, L. E., Campbell, J., & Kub, J. (2000). The role of social support and family relationships in women's responses to battering. *Health Care Women International*, 21, 27-39.

Sabina, C., & Tindale, R. S. (2008). Abuse characteristics and coping resources as predictors of problem- focused coping strategies among battered women. *Violence Against Women*, 14, 437-456.

Shannon, L., Logan, T. K., Cole, J., & Medley, K. (2006). Help-seeking and coping strategies for intimate partner violence in rural and urban women. *Violence and Victims*, 21, 167-181.

Smith, P. H., Smith, J. B., & Earp, J. L. (1999). Beyond the measurement trap: A reconstructed conceptualization and measurement of woman battering. *Psychology of Women Quarterly*, 23, 177-193.

Smith, P. H., Tessaro, I., & Earp, J. A. (1995). Women's experiences with battering: A conceptualization from qualitative research. *Women's Health Issues*, 5, 173-182.

Taft, C. T., Resick, P. A., Panuzio, J., Vogt, D. S., & Mechanic, M. B. (2007a). Examining the correlates of engagement and disengagement coping among help-seeking battered women. *Violence and Victims*, 22, 3-17.

Taft, C. T., Resick, P. A., Panuzio, J., Vogt, D. S., & Mechanic, M. B. (2007b). Coping among victims of relationship abuse: A longitudinal examination. *Violence and Victims*, 22, 408-418.

Tobin, D. L., Holroyd, K. A., Reynolds, R. V., & Wigal, J. K. (1989). The hierarchical factor structure of the Coping Strategies Inventory. *Cognitive Therapy and Research*, 13, 343-361.

Vitaliano, P. P., Maiuro, R. D., Russo, J., & Becker, J. (1987). Raw versus relative scores in the assessment of coping strategies. *Journal of Behavioral Medicine*, 10, 1-18.

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