

RECREATION AS A TREATMENT MODALITY AND COPING RESOURCE FOR SURVIVORS OF DOMESTIC VIOLENCE

Birgitta L. Baker, Pennsylvania State University

Susan Hutchinson, Dalhousie University

Home is often thought of as a safe haven, a place to retreat from the dangers of the outside world. For millions of women, this is anything but true. In the privacy of their homes, intimate partners perpetrate violence and abuse so severe it has been termed patriarchal terrorism (Dutton, 1995; LaViolette & Barnett, 2000). This paper will address the dynamics of partner abuse, the psychological effects of battering, and the potential role of recreation as a treatment modality and context for coping for survivors of violent relationships.

Domestic Violence

Researchers estimate between 20 to 40 percent of American women have been abused by a partner (LaViolette & Barnett, 2000) and revictimization occurs in 32 to 63 percent of these relationships (Dutton, 1995; Wiehe, 1998). Severe assault, including kicking, biting, hitting with a fist or object, beating up, or using a weapon against a partner is estimated to occur in 8.7 to 12.6 percent of marriages (Dutton, 1995). An intimate male partner is the most likely perpetrator of assault of a woman (Wiehe, 1998). Many terms, including wife assault, battering, domestic violence, partner violence, and wife abuse are used to describe the phenomenon of violent actions in the context of intimate relationships (Dutton, 1995; Sattler, 2000; Wiehe, 1998). Battering, defined as a combination of emotional/psychological, sexual, and physical abuse that creates an atmosphere of fear and coercive control (LaViolette & Barnett, 2000; Wiehe, 1998), will be the focus of this paper. Ninety-five to ninety-nine percent of battering is committed by males against females (Wiehe, 1998). For this reason, no effort will be made to use gender-balanced language. Perpetrators will be referred to as male and victims as female.

Psychological Effects of Battering

According to Stark and Flitcraft (1996), "it is the pattern of coercion and control used to establish subordination that elicits the mental health consequences associated with battering" (p. 160). Battered women exhibit high levels of depression (Andrews & Brewin, 1990; Cascardi & O'Leary, 1992;), and posttraumatic stress disorder (Astin, Lawrence, & Foy, 1993). For example, depression rates of 63 to 81 percent have been found in samples of battered women, in contrast to rates of seven percent in control groups of non-battered women (Campbell, 2002; Gleason, 1993). This depression has been attributed to the impact of living in a context of fear (Sato & Heiby, 1992), learned helplessness (Walker, 2000), and characterological self blame for the violence (Andrews & Brewin, 1990). Posttraumatic Stress Disorder (PTSD) is characterized by reexperiencing the traumatic event, avoidance of stimuli associated with the event, numbing of general responsiveness, and increased arousal (APA, 1994). Not surprisingly, 60 to 80 percent of battered women meet the diagnostic criteria for PTSD (Saunders, 1994).

Researchers describe conflicting findings regarding the role of learned helplessness (Gellen, Hoffman, Jones, & Stone, 1994; Walker, 2002) and self-blame (Andrews & Brewin, 1990; Dutton, 1995) in domestic violence. Walker (2002) suggested that women who repeatedly experience a cycle of violence over which they have no control eventually develop learned helplessness. They come to believe that they are incapable of either stopping or escaping the violence. Other researchers have argued against the theory of learned helplessness. However, evidence that women in violent relationships engage in repeated help seeking behaviors (Dutton, 1995; LaViolette & Barnett, 2000), and score high on both internal and external locus of control measures (Walker, 2000), would suggest that they are not in a state of learned helplessness. This apparently contradictory evidence has led researchers to suggest that a battered woman may have different levels of self-efficacy regarding her ability to influence her partner's violent behavior and her ability to leave the relationship, rather than an overall condition of learned helplessness (LaViolette & Barnett, 2000, Walker, 2000). In other words, a woman may believe she can stop the abuse if she can just be perfect enough (high perceived efficacy), while assuming she is incapable of leaving the relationship and functioning successfully on her own (low perceived efficacy). A woman who exhibits low self-efficacy in both areas may be exhibiting learned helplessness. The conviction that she is incapable of either preventing the violence or leaving the relationship may be a key factor in Battered Woman Syndrome (BWS). BWS is a subset of PTSD and is characterized by learned helplessness, reexperiencing of the trauma, generalized anxiety, and low self esteem (Jasinski & Williams, 1998). A woman may kill her batterer as a result of a belief that she is incapable of either preventing the violence or terminating the relationship and that her abuser will eventually carry out his threat to murder her (LaViolette & Barnett, 2000).

Self-efficacy

Self-efficacy is “a judgement of one’s ability to organize and execute given types of performances” . . . “human behavior and affective states would be best predicted by the combined influence of efficacy beliefs and the types of performance outcomes expected within given social systems” (Bandura, 1997, p. 20). A person will act when she views herself as capable of performing an action and predicts the outcome of the action will be desirable. Bandura suggested that the uncontrollability of traumatic stressors may undermine self-efficacy. Restoring self-efficacy in one’s ability to manage the effects of the trauma will assist in the recovery process. Increases in self-efficacy can combat anxiety, depression, and hopelessness (Bandura, 1997), all of which are prevalent in battered women.

Self-efficacy is enhanced through four sources: enactive attainment, vicarious experience, verbal persuasion, and physiological and affective states (Bandura, 1997). Enactive attainment refers to a person’s belief that past performance predicts behavior. An individual is likely to believe that he/she can complete a task when he/she has done so in the past. Vicarious experience increases self-efficacy when seeing another person or visualizing oneself engaging in a successful performance increases an individual’s belief in his/her abilities. Verbal persuasion is task specific feedback provided by a trusted other. Physiological and affective states refer to a person’s interpretation of physical and emotional sensations that occur during performance.

Self-efficacy generalizes from one activity to another based on the co-development of skills, generalizable coping skills, cognitive restructuring of commonalities, and overwhelming mastery experiences (Bandura, 1997). When two or more skills are mastered together, increases in efficacy in one area will translate to increased efficacy in the other area(s). Generalizable coping skills such as those involved in stress management are applicable in a variety of circumstances and may generalize across activities. Cognitive restructuring of commonalities occurs when skills such as coping skills or activity subskills that are applicable to other situations are explicitly identified. Overwhelming mastery experiences may be the most powerful source of generalization. The experience of completing an apparently impossible task leads individuals to believe that they are able to succeed in the face of difficult challenges (Bandura, 1997).

This ability of efficacy beliefs to generalize across domains (Bandura, 1997) may be particularly salient in the recovery of battered women. A woman leaving a violent relationship may have low efficacy regarding her abilities to cope effectively with stressors, to become emotionally independent from her abuser, to become financially self-sufficient, and recover from the psychological impacts of abuse (Sattler, 2000; Wiehe, 1996). She may not have previous experience in successfully completing any of these tasks and thus cannot rely on enactive attainment to maintain her motivation in the face of challenges. It is not realistic to return her to threatening situations in order to facilitate enactive attainment. Increasing efficacy in these areas as a result of generalization from other domains through generalization of coping skills and overwhelming mastery experiences may solve this dilemma.

Coping and Self-regulatory Skills

Increasing skills and perceived efficacy in coping and self-regulatory skills may be key to the recovery process from the psychological conditions associated with domestic abuse. According to Stark and Flitcraft (1996), “in both BWS & PTSD the individual’s normal coping mechanisms are replaced by adaptive responses designed to manage the feeling that all avenues to escape are closed (learned helplessness) in BWS and, in PTSD, the unbearable anxiety that accompanies repeated violation of one’s physical and psychological boundaries” (p. 168). Important coping skills include problem solving, cognitive restructuring, relaxation, and diversion (Hood & Carruthers, 2002). Factors that facilitate coping include experiencing leisure, having a sense of control and competence, perceiving oneself as efficacious, and interacting with a supportive social network (Hood & Carruthers, 2002). These are also the resources that battered women are unlikely to have (Dutton, 1995; LaViolette & Barnett, 2000; Walker, 2000).

Self-regulatory skills improve performance across domains. These skills include those needed for problem solving, goal setting, and persisting (Bandura, 1997). Some researchers have suggested that battered women lack effective problem solving skills (Wiehe, 1998). Alternatively, battered women may be focused on the wrong problem. According to LaViolette and Barnett (2000) “Clinical experience supports the notion that although battered women are creative and tenacious problem solvers, they may be trying to solve the wrong problem. Most battered women are striving to stop the violence by focussing on changing the abuser’s behavior. One therapeutic goal should be to help them

refocus their efforts instead on their own safety and the safety of their children” (p. 128). Through cognitive restructuring of commonalities, battered women may believe that they possess strong problem solving skills that will enable them to succeed in creating a life away from their abuser.

Recreation as a Treatment Modality

The experience of leisure has been found to increase health and quality of life (Hood & Carruthers, 2000). Unfortunately, battered women may have low efficacy beliefs regarding their ability to engage in leisure (Dutton, 1995). Opportunities to be self-directed in leisure may enable women to regain a sense of control and competency (Hood & Carruthers, 2002) that was eroded by abuse. Recreation, including leisure education, may be an effective treatment modality when purposefully designed to assist battered women to increase their self-efficacy both through an increase in skills and an increase in their confidence in their abilities to use their skills. Participants may have opportunities to gain, practice, and generalize effective coping and self-regulatory skills and to have overwhelming mastery experiences in relatively safe, nonthreatening or enjoyable recreation settings. Challenging recreation may be particularly conducive to increasing self-efficacy in areas relevant to battered women. The opportunity to master fear, anxiety, and seemingly impossible tasks presented by challenging recreation may translate to enhanced self-efficacy in her ability to manage the stressors caused by abuse. Research has suggested that engaging in challenging recreation can enhance efficacy in the recreation skills practiced and that this increase generalizes across domains to other areas such as problem solving (Wells, Widmer, & McCoy, 2004). Cognitive restructuring, relaxation, and diversion are also promoted through therapeutic recreation (Hood & Carruthers, 2002). In addition recreation can increase positive personal and social resources that facilitate coping skills.

References

- American Psychiatric Association (APA). (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Andrews, B., & Brewin, C. R. (1990). Attributions of blame for marital violence: A study of antecedents and consequences. *Journal of Marriage and Family*, 52, 757-768.
- Astin, M. C., Lawrence, K. J., & Foy, D. W. (1993). Posttraumatic stress disorder among battered women: Risk and resiliency factors. *Violence and Victims*, 8, 17-28.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W. H. Freeman and Company.
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *Lancet*, 359, 13-31.
- Cascardi, M., & O’Leary, K. D. (1992). Depressive symptomatology, self-esteem, and self-blame in battered women. *Journal of Family Violence*, 7, 249-259.
- Dutton, D. G. (1995). *The domestic assault of women: Psychological and criminal justice perspectives*. Vancouver, BC: UBC Press.
- Gellen, M. I., Hoffman, R. A., Jones, M., & Stone, M. (1984). Abused and nonabused women: MMPI profile differences. *Personnel and Guidance Journal*, 63, 601-604.
- Gleason, W. J. (1993). Mental disorders in battered women: An empirical study. *Violence and Victims*, 8, 53-68.

- Hood, C. D., & Carruthers, C. P. (2002). Coping skills theory as an underlying framework for therapeutic recreation services. *Therapeutic Recreation Journal*, 36, 137-153.
- Kemp, A., Rawling, E. I., & Green, B. L. (1991). Posttraumatic stress disorder (PTSD) in battered women: A shelter sample. *Journal of Traumatic Stress*, 4, 137-147.
- LaViolette, A., & Barnett, O. (1993). *It could happen to anyone: Why battered women stay*. Newbury Park, CA: Sage.
- Sato, R. A., & Heiby, E. M. (1992). Correlates of depressive symptoms among battered women. *Journal of Family Violence*, 7, 229-245.
- Sattler, C. L. (2000). *Teaching to transcend: Educating women against violence*. Albany, NY: State University of New York Press.
- Saunders, D. G. (1994). Posttraumatic stress symptom profiles of battered women: A comparison of survivors in two settings. *Violence and Victims*, 9, 31-44.
- Stark, E., & Flitcraft, A. (1996). *Women at risk: Domestic violence and women's health*. Thousand Oaks, CA: Sage.
- Walker, L. A. (2000). *The battered woman syndrome* (2nd ed.). New York: Springer Publishing Company.
- Wells, M. S., Widmer, M. A., & McCoy, J. K. (2004). Grubs and grasshoppers: Challenge-based recreation and the collective efficacy of families with at-risk youth. *Family Relations*, 53, 326-333.
- Wiehe, V. R. (1998). *Understanding family violence: Treating and preventing partner, child, sibling, and elder abuse*. Thousand Oaks, CA: Sage Publications, Inc.

ABSTRACTS
of Papers Presented at the
Eleventh Canadian Congress on Leisure Research
May 17 – 20, 2005
Hosted by
Department of Recreation and Tourism Management
Malaspina University-College
Nanaimo, B.C.
Abstracts compiled and edited by
Tom Delamere, Carleigh Randall, David Robinson
CCLR-11 Programme Committee
Tom Delamere
Dan McDonald
Carleigh Randall
Rick Rollins
and
David Robinson



Copyright © 2005 Canadian Association for Leisure Studies
ISBN 1-896886-01-9



Appropriate Use of Documents: Documents may be downloaded or printed (single copy only). Please note that this document is copyrighted and CREDIT MUST BE PROVIDED to the originator of the document when you quote from it. You must not sell the document or make a profit from reproducing it. You must not copy, extract, summarize or distribute downloaded documents outside of your own organization in a manner which competes with or substitutes for the distribution of the database by the Lifestyle Information Network (LIN). <http://www.lin.ca>