

**DEVELOPMENT AND PSYCHOMETRIC TESTING
OF THE ABUSED WIFE COPING SCALE**

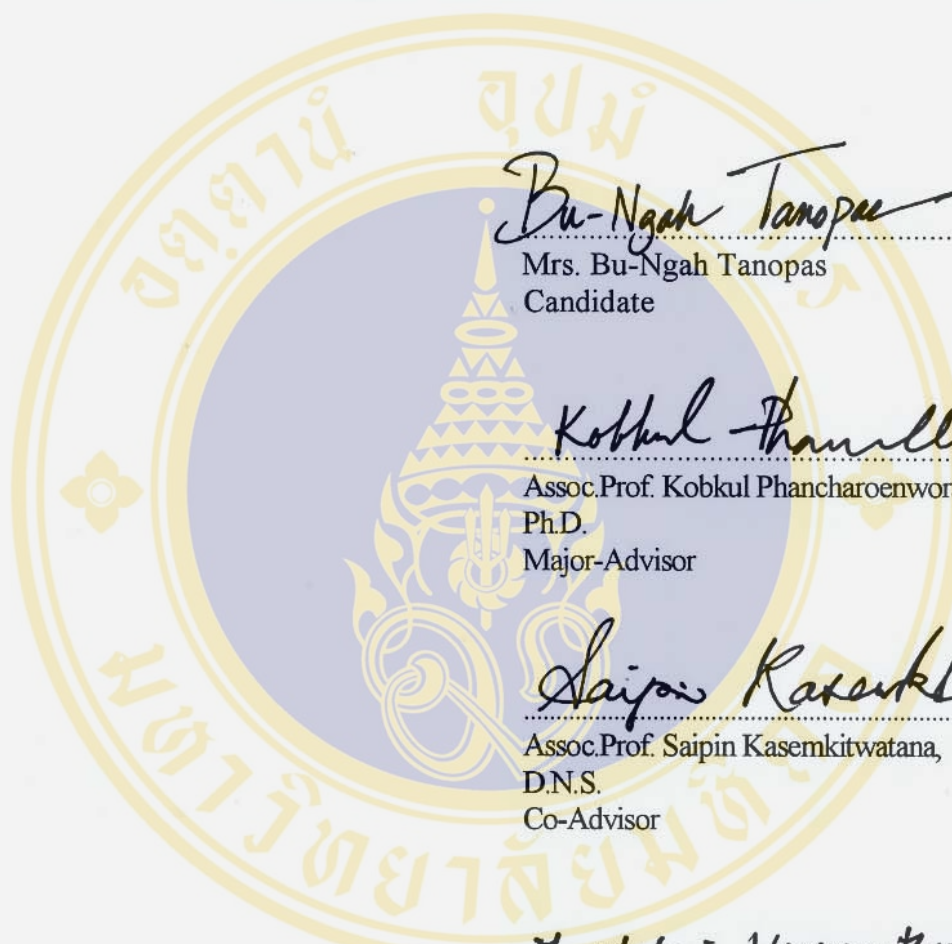


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Thesis
Entitled

**DEVELOPMENT AND PSYCHOMETRIC TESTING
OF THE ABUSED WIFE COPING SCALE**



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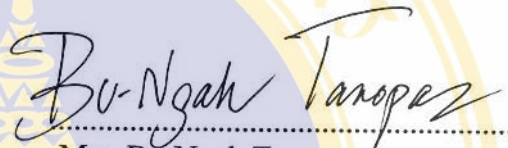
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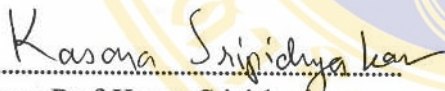
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Bu-Ngah Tanopas

DEVELOPMENT AND PSYCHOMETRIC TESTING OF THE ABUSED WIFE COPING SCALE.**BU-NGAH TANOPAS 4336812 NSNS/D****D.N.S.****THESIS ADVISORS: KOBKUL PHANCHAROENWORAKUL, Ph.D., SAIPIN KASEMKITWATANA, D.N.S., THAVATCHAI VORAPONGSATHORN, Ph.D.****ABSTRACT**

The purpose of this study was to develop an Abused Wife Coping Scale (AWCS) and test key aspects of validity and reliability of this measurement. Three sources of content validity evidence were provided: an extensive literature search provided the overview of coping in abused wives; Lazarus's Transaction Model was the theoretical base to conceptualize coping as a cognitive process; a qualitative study was employed to discover the abused wives' coping strategies. In effect, an item pool for the AWCS was developed based on the results of the qualitative study. Content validity of the AWCS was determined by five experts from various disciplines. The content validity index (CVI) showed high validity. After pretesting, the AWCS consisted of 52 items.

Three hundred and seventy participants who had experience of wife abuse responded to the AWCS and three additional instruments. Data collecting was conducted in various regions in Thailand. Psychometric testing was employed step by step. When using principle component factor analysis with varimax rotation, and loading cut off point of .40, nine factors emerged and were named as coping patterns, consisting of: 1) struggling to leave the marital abuse situation, 2) preventing and managing abusive trauma, 3) trying to maintain marital life after abuse, 4) reducing suffering by self-transcendence, 5) seeking help to manage abusive problems, 6) using self-destructive behavior, 7) seeking ways to harm the abusive partner and significant others, 8) managing sexually abusive situations, and 9) talking about suffering with close relatives and friends. The final draft of the AWCS consisted of 45 items.

This study provided sufficient empirical evidence to support the validity and reliability of the AWCS. The consistency of the scale as a whole was found to be highly reliable. When examining the construct-related evidence of validity by contrast group approach, it was found that most of the coping pattern scores were significantly different between severely abused wives and less severely abused wives. Additionally, examining the concurrent criterion-related evidence of validity by investigation of the correlations of the nine coping patterns to severity of abuse, marital satisfaction, and psychological distress demonstrated that there was sufficient empirical evidence to support concurrent criterion-related validity of the AWCS.

This scale could be used for future study to assess coping strategies in abused Thai wives. It is recommended that studies be carried out to further test the validity and reliability of the AWCS.

KEY WORDS: COPING / MEASUREMENT DEVELOPMENT/ PSYCHOMETRIC TESTING/ WIFE ABUSE**228 P. ISBN. 974-04-6127-1**

การพัฒนาและการทดสอบคุณภาพแบบวัดการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้าย
(DEVELOPMENT AND PSYCHOMETRIC TESTING OF THE ABUSED WIFE
COPING SCALE)

บุหงา ตโนภาส 4336812 NSNS/D

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คณะกรรมการควบคุมวิทยานิพนธ์ : กอบกุล พันธุ์เจริญวรกุล, Ph.D., สายพิน เกษมกิจวัฒนา, D.N.S.,
ธวัชชัย วรพงศธร, Ph.D.

บทคัดย่อ

การศึกษานี้มีวัตถุประสงค์เพื่อพัฒนาแบบวัดการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้าย และทดสอบความตรงและความเชื่อมั่นเพื่อเป็นหลักฐานสนับสนุนคุณสมบัติของแบบวัด ความตรงเชิงเนื้อหาของแบบวัดนี้ได้จาก การทบทวนวรรณกรรม การศึกษาเชิงคุณภาพในสตรีที่ประสบการณของการถูกสามีทำร้ายจำนวน 22 คน และการตรวจสอบความตรงเชิงเนื้อหาโดยผู้เชี่ยวชาญ 5 คนจากหลากหลายสาขาวิชา ค่าดัชนีบ่งชี้ความตรงเชิงเนื้อหาของแบบวัดเท่ากับ .92 ภายหลังจากการทดสอบเบื้องต้น ข้อคำถามของแบบวัดมีจำนวน 52 ข้อ

สตรีที่มีประสบการณ์ของการถูกสามีทำร้ายจำนวน 370 คน ทำการตอบแบบวัดการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้ายและแบบสอบถามอื่นๆจำนวน 3 ฉบับ โดยการเก็บข้อมูลกระจายในทุกภูมิภาคของประเทศไทย ในขั้นตอนของการวิเคราะห์องค์ประกอบโดยใช้ principle component factor analysis โดยการหมุนแกนด้วยวิธี varimax และใช้ค่าน้ำหนักตัวประกอบที่มากกว่า .40 เป็นเกณฑ์คัดเลือกข้อคำถาม ผลการสกัดองค์ประกอบได้ 9 ปัจจัย โดยเรียกใหม่ว่า แบบแผนการเผชิญปัญหา ประกอบด้วย 1) การฝ่าฟันให้หลุดพ้นจากสถานการณ์การถูกทำร้ายในชีวิตคู่ 2) การป้องกันและการจัดการกับการบาดเจ็บ 3) ความพยายามลงไว้ซึ่งสถานภาพชีวิตคู่หลังถูกทำร้าย 4) การลดความทุกข์ระทมด้วยการอยู่เหนืออดีต 5) การแสวงหาการช่วยเหลือเพื่อจัดการกับปัญหาการถูกทำร้าย 6) การทำร้ายตนเอง 7) การแสวงหาหนทางทำอันตรายคู่ครองและบุคคลใกล้ชิด 8) การจัดการกับสถานการณ์เมื่อถูกทำร้ายทางเพศ และ 9) การพูดคุยเพื่อระบายความทุกข์กับญาติสนิทและเพื่อน ทั้งนี้ภายหลังจากการวิเคราะห์องค์ประกอบแบบวัดนี้มีข้อคำถามทั้งสิ้น 45 ข้อ การศึกษานี้แสดงให้เห็นถึงหลักฐานที่แสดงให้เห็นถึงความตรงและความเชื่อมั่นของแบบวัด ค่าความเชื่อมั่นชนิดความสอดคล้องภายในมีค่าสูงเท่ากับ .95 ทั้งนี้ผลการทดสอบความตรงเชิงโครงสร้างโดยใช้วิธีการเปรียบเทียบกลุ่มที่มีความแตกต่างกันพบว่าสตรีที่ถูกทำร้ายรุนแรงมากมีการใช้แบบแผนการเผชิญปัญหาแตกต่างจากสตรีที่ถูกทำร้ายรุนแรงน้อย นอกจากนี้เมื่อทดสอบความตรงตามเกณฑ์ในแบบความตรงตามสภาพ โดยทดสอบความสัมพันธ์ระหว่างแบบแผนการเผชิญปัญหากับความรุนแรงของการถูกทำร้าย, ความพึงพอใจในชีวิตสมรส และ ความทุกข์ระทมทางใจพบว่าหลักฐานเพียงพอในการสนับสนุนความตรงตามเกณฑ์ในแบบความตรงตามสภาพ แบบวัดการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้ายซึ่งผ่านการพัฒนาและตรวจสอบอย่างเป็นระบบนี้สามารถนำไปใช้ในการศึกษาวิจัยกลยุทธการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้ายต่อไป นอกจากนี้ควรมีการวิจัยเพื่อแสดงหลักฐานสนับสนุนความตรงและความเที่ยงของแบบวัดการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้าย

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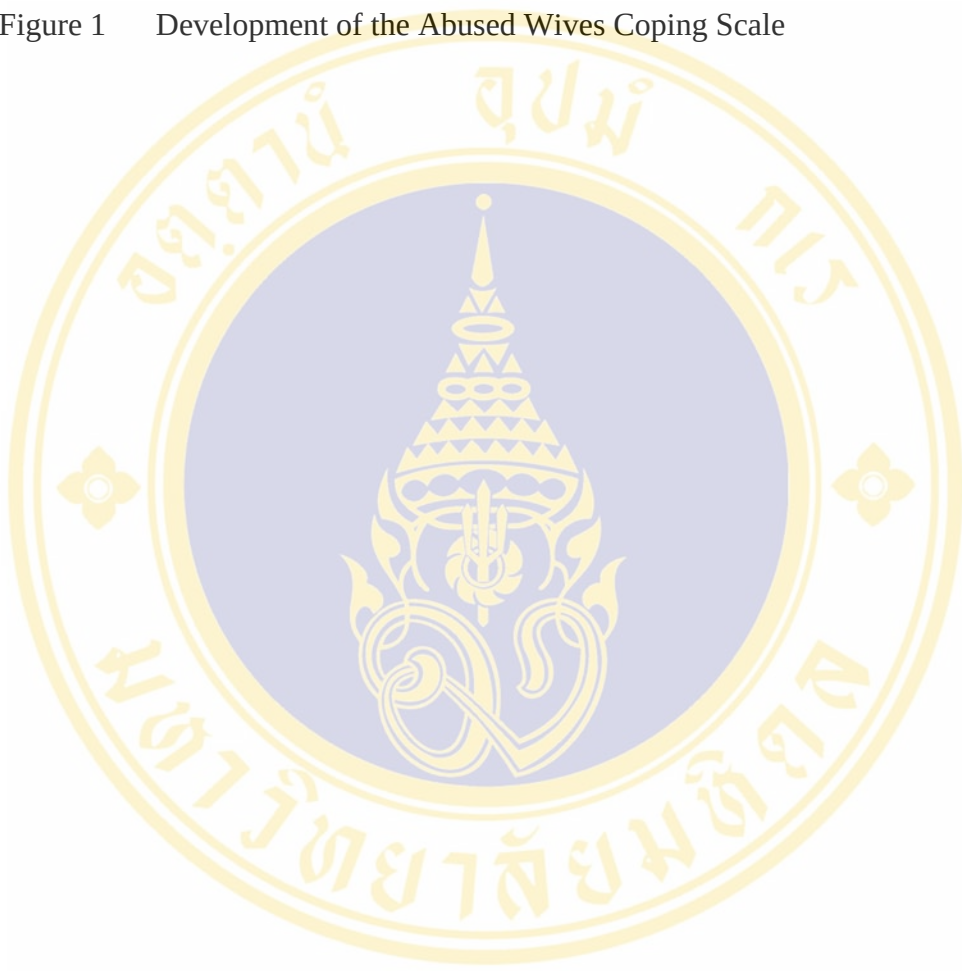
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CHAPTER I

INTRODUCTION

Background and Significance of the Study

Violence against women is a major health problem affecting women throughout Thailand as well as the rest of the entire world. It represents an extreme violation of women's basic human rights and is a serious problem which has existed for many years, and without geographical limitations. In 2000, the World Health Organization reported that 10-69% of women experience battering by intimate partners, and 12-25% are coerced into sexual intercourse by intimate partners (WHO, 2000). Krug, Dahlberg, Mercy, Zwi, and Lozano (2002: 93), reviewing many studies from Australia, Canada, Israel, South Africa, and the United States of America, found that 40-70% of murdered women were killed by their partners. There is also extensive research which suggests that intimate partner violence exposes women to increased risk for suicide and attempted suicide.

In Thailand, the estimated prevalence of wife abuse in urban and rural areas varies from 12-67%. This large variation is due to differing methodologies, differing criteria for sample selection, and differing operational definitions of abuse (Sterns, 1992: 143-152; Hoffman, Demo, & Edwards, 1994: 131-146; Hongthong, 1999; Thanaudom, 1996; Klaungpayaabarn, 1999; Chotikoot, 1998). In a major survey of 2,818 participants from Bangkok and Nakornsawun, lifetime prevalence of physical and/or sexual violence was found to be 44%. The lifetime prevalence of physical abuse only was 28.5 %. In this research, physical abuse was defined as slapping, throwing objects at partners, pushing or shoving, hitting, grabbing, beating, kicking, choking, burning, threatening harm with weapons. Sexual abuse consisted of using force to have sex, using threats to have unwanted or deviant sex, insisting on sex against wives' wishes. The lifetime prevalence of sexual abuse only was 29.5%. Insisting on sex against wives' wishes was 26.5%. (Archavanijakul, Karnjanajitra, Imaim, & Leardsrisantad, 2003: 39-46). According to the national injury surveillance report in 2002 on assaults on Thai females, domestic violence was the major cause of

death in assaulted women (Thai Ministry of Public Health, 2002). This report reconfirms the fact that domestic violence is a major problem which threatens the lives of Thai women.

Wife abuse affects both the individual victims and the wider society to which they belong. At a personal level, intimate partner violence directly and indirectly affects physical and psychological health. Acute illness from trauma, and chronic illness induced by trauma and chronic stress, can be found in abused women (Campbell & Humphrey, 1993: 262; Charoenyooth, Saresathen, Pariyatrakul, Terapatana, & Malithong, 2000; Diaz-Olacarrieta et al., 1999: 681-685). Intimate partner violence induces physical problems related to stress such as gastrointestinal and elimination problems, headache, back pain, and dependence on tranquilizer drugs and alcohol. It also causes psychological problems such as depression, anxiety, phobias and panic disorder, suicidal behavior and self-harm (Archavanijakul et al., 2003; Charoenyooth et al., 2000; Gerlock, 1999; Isaac & Prothrow-Stith, 1997; Pahl, 1995; Patcheep, 1999; Robert, William, Lawrance, & Rapheal, 1998; Siriwatana, 1995; Wang & McKinney, 1997). Moreover, women confronted with sexual abuse may develop gynecological problems such as pelvic inflammatory disease, sexual dysfunction, and sexually transmitted diseases, including HIV/AIDS (Bergman, Brismar & Nordin, 1992: 1486-1488; Campbell & Alford, 1989: 946-949; Plichta & Abraham, 1996: 903-907). In pregnant women, sexual abuse may also cause premature labor (McFarlane, Parker, & Soeken, 1996a: 37-42). Family violence can also generate a chain of violence for children. Children who witness violence are at a greater risk of developing emotional disorders and behavioral deviation. They may exhibit the same violent behavior as children and later as adults (Archavanijakul et al., 2003; Chotiratana, 1994; Ellsberg, 2000: 1595-1610; Hemanut, 1990; McCloskey, 1995: 1239-1261; Petsuksiri, 1996).

Violence against women has a significant impact on the economy and society in general. In 1993, the World Bank estimated that rape and domestic violence accounted for 5% of the healthy years of life lost to women aged 15-44 years in developing countries. The global health burden from violence against women of reproductive age was about 9.5 million disability-adjusted life years (DALYs). This is a significant number due to the fact that it is comparable to such other risk factors

as tuberculosis (10.9million DALYs) (World Bank cited in WHO, 2000). In the United State of America, \$ 3-5 million is the annual cost of health services for women who suffered marital violence. Violence against women has also been estimated to cost about \$100 million in lost productivity and increased social service usage (Kolander, Ballard, & Chendler, 1999).

In such situations, women's resources are insufficient. Such situations produce extreme and intense emotions such as sorrow (Campbell, 1989: 18-24), shame (Ellsberg, Pena, Herrera, Liljestrand, & Winkvist, 2000: 1595-1610), and threaten health and well-being (Coker, 2000: 451-457; Humphreys, 2000: 273-278). When women are confronted with abusive situations, they are forced to appraise how the abuse threatens their well-being and their identity. They also want to end such abusive situations (Landenburger, 1989: 209-227). Current research discloses that women adopt an extensive range of coping strategies to end abusive situations or leave their abusive partners (Belnap, 2002: 139-153; Davis, 2002: 285-305; Ellsberg, Winkvist, Pena, & Stenlund, 2001: 547-545; Farr, 2002: 267-281; Lutenbacher, Cohen, & Mitzel, 2003: 56-64; McFarlane, Soeken, Reel, Parker, & Silva, 1997: 244-250; Merritt-Gray & Wuest, 1995: 399-412; Ulrich, 1991: 465-473; Wuest & Merritt-Gray, 2002: 79-94).

Based on Lazarus's Transactional Model, coping functions consist of both problem-focused and emotion-focused coping. Both of these coping functions are used by women to manage intimate partner abuse. "Problem-focused coping" consists of managing the perceived causes of the problem; for example, endeavoring to do everything possible to behave as good wives and mothers, advising their abusive partners to seek help and treatment for their abusive behaviors (Yoshihama, 2002: 429-452), managing physical and psychological trauma (Varvaro, & Lasko, 1993: 37-41), and leaving abusive relationships (Ulrich, 1998: 71). "Emotion-focused coping" consists of rationalizing their marital life by thinking that their marital life is better than that of others (Herbert, Silver, & Ellard, 1991: 311-325), recalling and focusing on past good points and behaviors of their abusive partners, and using various methods of relaxation (Yoshihama, 2002: 429-452). Abused women go to great lengths in attempting to develop strategies to manage their marital violence while co-habiting and after leaving an abusive relationship.

In Thailand, there are a number of studies related to coping by abused wives coping. However, researchers have tended to focus on factors affecting or causing abuse and on the impact of abuse (Archavanitkul et al., 2003; Chotikoot, 1998; Hongthong, 1999; Patcheep, 1999; Petsuksiri, 1996; Skuntaniyom, 1998; Siriwatana, 1995; Thanaudom, 1996; Women's Rights Protection Center, Friends of Women Foundation, 2003). A literature review related to the coping of abused Thai wives shows that most of the research uses qualitative methodology to explain coping with abuse (Chaisetsumpun, 2000; Kanjanakul, 1997; Sithisoradet, 1999; Sripichyakan, 1999; Srisorrachart, 2001; Suwannarong, 2002; Thepthongkam, 2002; Woraseetagarankul, 2001). Only one researcher (Klaungpayaabarn, 1999) has employed quantitative methodology to explain coping as a cause of abusive situations. Her study reported that women's coping scores are negatively associated with wife abuse situations ($r = -.24$, $p\text{-value} < 0.01$). However, that researcher focused on general coping with any stressor by using a Pregnant Women's Coping Scale developed by Chunpradup. In addition, survey research by Archavanitkul et al. (2003) had one topic which explored coping in abused women. The coping assessment form in their study mostly focuses on help seeking. However, coping strategies related to personal strength are not included in this form. Furthermore, psychometric testing of this instrument was not reported.

From a literature review, it is apparent that all of the studies contributed valuable knowledge by exploring coping in abused wives. However, situational-specific coping instruments for abused wives need to be developed. Humphrey, Parker, and Campbell (2001: 293) through reviewing nursing research, found that most of the instruments related to intimate partner abuse focused on assessing the abuse experience and danger risk. This research confirmed the lack of a comprehensive coping instrument to assess coping strategies effectively.

Situational-specific coping instruments for abused wives generally are needed because wife abuse coping is complex and specific. General coping instruments do not appear to be suitable or adequate to contribute scientific knowledge about coping in specific categories of women (Backer, Bagas, Bennett, & Pierce, 2000: 259). Therefore, developing an Abused Wife Coping Scale is needed

as an effective tool for use in coping research. It will elicit knowledge related to stress, coping, and adaptation among abused wives.

Although the term “coping” has been used in numerous publications, this term has been employed in many different ways. Hitherto, coping instruments which have been developed reflect differing interpretations and usage, and differing theoretical bases. Aldwin (2000: 84-107) offered three different approaches to study coping. The first, *person-based approaches*, study the personality characteristics of persons coping with stress. These approaches consist of three perspectives: 1) psychoanalytic traditions which focus on defensive strategies. This involves studying coping styles common to all situations, 2) personality traits which refer to the ways in which individuals usually cope with and confront complex situations, and 3) perceptual styles which focus on how individuals deal with information rather than how they deal with emotions. The second, *situation-base approach* suggests that types of coping strategies depend on environmental demands. Finally, *cognitive approach* focuses on conscious evaluation of situations labeled “appraisal” which evoke coping. This approach is based on a transactionist perspective. The person and environment both influence appraisal, which in turn determines the type of coping response. In turn, coping outcomes influence the appraisal process, and may affect both the person and the environment. There are, and have been, many different approaches to study coping. Selecting an appropriate approach is crucial for scholars. In this study, coping was conceptualized based on a cognitive approach. By utilizing this approach, nurses can encourage women to use appropriate coping strategies to achieve positive and lasting outcomes in dealing with abusive situations.

A major issue that needs to be addressed concerns the manner in which coping may be measured. It may be measured for frequency or accuracy of each coping strategy, effectiveness of problem solutions, level of optimism, and self-actualization behaviors when employing each coping strategy to the problem identification. Unfortunately, all aspects of such an abstract concept as coping cannot be completely measured in a single measurement strategy (Burn & Grove, 2001: 390). In this study, wife abuse coping was measured in terms of frequency of

cognitive and behavioral effort to manage abuse problems and impact, and coping strategies were grouped to indicate coping patterns.

The AWCS will be a significant tool for use in the future research. Stress, coping, and adaptation in abused wives groups will be able to be explored when researchers use this coping tool to study the choice of coping strategies employed in dealing with abusive situations. The results of such future research will develop knowledge that will be integral in guiding intervention. Therefore, it can be performed in intervention research to measure the various coping strategies of abused wives. As it is a more specific coping instrument, this measurement appears to be adequate to assess intervention developed for abused women. As a result, the findings of this research contribute useful knowledge not only to the nursing discipline, but also to other disciplines.

Research Questions

This study was designed to investigate the following research questions:

1. What are the content domains and construct dimensionality of an instrument which aimed to measure coping strategies of abused wives?
2. What are the validity and reliability of an instrument that is aimed to measure coping strategies of abused wives?

Purposes of the Study

The purpose of this study was to develop the Abuse Wife Coping Scale and psychometrically test the scale with three specific objectives in mind:

1. To explore coping strategies in abused wives.
2. To develop an efficient and effective instrument for measuring coping strategies of abused wives.
3. To test validity and reliability of the coping scale.

Theoretical Framework

To develop an Abused Wife Coping Scale, the investigator used Lazarus's model of stress and coping as the conceptual base from which to investigate the coping skills of abused wives and related issues.

The transactional model of stress and coping is a framework for evaluating the process of coping with stressful events. Stressful experiences are construed as person-environment transactions. This model has been developed and tested by Richard Lazarus and his colleagues (Lazarus, 1966; Lazarus & Folkman, 1984). According to this model, stress is defined as "a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (Lazarus & Folkman, 1984: 21).

The cognitive approach to coping is based on a mental process of how the individual appraises the situation. The level of appraisal decides the level of stress and the unique coping strategies that the individual invokes. Appraisals can be treated separately as the primary and the secondary appraisal. However, both of them should be considered an integrated component due to the complexity of the process (Lazarus, 2000: 200-201). A primary appraisal is made when an individual makes a conscious evaluation of a matter at hand. This process is relevant to the person's values, goal, commitments, beliefs, situational intention, and coping skill. There are three kinds of primary appraisal: 1) irrelevant, 2) benign-positive, and 3) stressful. Irrelevant appraisal takes place when an encounter with the environment carries no implication for a person's well-being. When the outcome of an encounter maintains or enhances well-being, it can be categorized as benign-positive. Stress appraisals can be determined as harm/loss, threat, and challenge. If some damage has already occurred such as injury or illness, loss of self-esteem, or loss of the lover, it can be considered as "harm/loss". When there is some potential for harm or loss, the situation can be determined as "threat". When situations have potential for growth or benefit for an individual, "challenge" appraisal arises. However, threat and challenge can be transformed or predominate to the other one, belonging to characteristic of situation (Lazarus, 2000: 202).

A secondary appraisal takes place when an individual evaluates the coping resources around him/her. In this appraisal, a person considers alternative coping

options, various expectations about one's self and environment, and the availability of resources. Primary and secondary appraisals occur simultaneously interact with each other and can change, due to all encounters with the environment are continually changing and generating psychological situation feed back. When the process of continually evaluating, changing, or re-labeling the earlier appraisals of situations occur, it is called "reappraisal". This process is an extremely effective way to cope with stressful events in order to manage negative emotions. However, it is distinguished from ego defense (Lazarus, 1991: 134; Lazarus, 2000: 205).

In Lazarus's transactional theory, coping is defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984: 141). This definition demonstrates that coping as a cognitive process can be distinguished from other perspectives such as coping as a trait, defense mechanism, or automatic adaptive behavior that has been learned. Coping also implies managing the stressful situation and implies any attempt to master or handle stressful situations; therefore, it does not necessarily amount mastery (Lyon, 2000: 11). There are two major coping functions: (1) problem-focused coping function, and (2) emotion-focused coping function. The goal of problem-focused coping function is to change the reality of the person-environment relationship problem by mobilizing actions to manage the environment or the self whilst emotion-focused coping function is aimed at decreasing emotional distress. Lazarus suggests that the problem-focused and emotion-focused coping functions should not be treated as coping action types, as well as problem-focused and emotion-focused coping should not be absolutely distinguished from each other. Many acts have more than one coping function. The two coping functions are not actually separated: they facilitate each other as the parts of the total coping effort (Lazarus, 2000: 204-206).

In the transactional model, Lazarus proposes stress-related variables to health-related outcomes. The outcomes are presented as immediate effects and long-term effects. Immediate effects consist of 1) physiological changes, 2) positive or negative feelings and 3) quality of encounter outcomes. Long-term effects include: 1) somatic health/ illness, 2) morale or well-being, and 3) functioning in work and social living.

The coping variable nature becomes a challenge for investigators to analyze. It is imperative to address certain issues when studying coping. First, coping is a dynamic cognitive process that changes as a single stressful encounter unfolds and across variety encounters, depending on changes situation which person is coping with. Second, coping measurements are multidimensional. Some include multiple kinds of coping strategies belonging to problem-focused and emotion-focused coping functions. There are usually 6 to 8 types of coping strategies, although sometimes there may be more than 20 (McCrae, 1984). Although the various types of coping strategies are conceptually distinct, they tend to be related empirically. Additionally, Lazarus recommends that the investigator not decide which thought or action belongs in the problem-focused or emotion-focused category. Because coping is complex, many behaviors have more than one function. Although some coping factors, such as escape avoidance and positive reappraisal seem to represent emotion-focused coping function, confrontive coping and planful problem solving, seem to represent the problem-focused coping function. In any event, this way of thinking appears to scratch the surface of studying coping (Lazarus, 2000: 205). The last issue that should be considered is the internal consistency of coping scale. In this regard, it is difficult to achieve high levels of internal consistency because of the nature of coping. If one coping strategies works well, there is often no need to employ more. Thereby, the internal consistency of that category belonging to the measurement will be low. All these issues were noted concerns in this rigorous scientific investigation.

Scope of the Study

This study was to develop and test an Abused Wife Coping Scale. The study was based on data generated from a sample group of women from all regions in Thailand who had experienced physical, psychological and/or sexual abuse. Data was collected from 22 participants during the period of October, 2003 to February, 2004 in phase I; and 370 participants during the period of November, 2004 to February, 2005.

Operational Definitions

The operational definitions of terms used in this study are presented as follows:

Abused Wives refers to Thai women who have been subjected to at least one act of physical abuse, psychological abuse and/or sexual abuse by their husbands, intimate partners or cohabitants on one occasion or over a period of time. They must also have perceived the act or acts in question as abuse. These abused wives were assessed by abusive behavior experienced-related questions and a visual analog scale (ranging from 1 to 10) which rates perceived severity of abuse. These items were developed by the investigator. Listing at least one of the abusive behaviors and achieving a rated score of more than zero indicated that an individual was an abused wife.

Severely Abused Wives refers to the women who have experienced abusive behavior and had rated perceived severity of abuse scores ranging from 7 to 10.

Less Severely Abused Wives refers to the women who have experienced abusive behavior, and had rated perceived severity of abuse scores ranging from 0 to 3.

Coping refers to the cognitive and behavioral efforts of the abused wives in managing the abusive relationship problems and impacts by regulating their emotional response and goal directed behaviors, which can be categorized as coping patterns. Abused wives coping patterns can be measured by their scores on a subscale of the AWCS developed by the investigator.

Psychometric Testing refers to the examination of quality of an instrument, based primarily on evidences of validity and reliability (Polit & Hungler, 1995: 650).

Validity refers to the degree to which any instrument measures what it is purports to measure (Polit & Hungler, 1995: 656). In this study, the AWCS was examined: content-related evidence of validity, construct-related evidence of validity, and criterion-related evidence of validity. Content validity was determined by expert review. Construct - related evidence of validity was assessed by experts' review and principle components factor analysis. The relationship between coping patterns and severity of wife abuse were tested to support evidence of construct validity by contrast group approach and criterion validity. Concurrent criterion-

related evidence of validity was also investigated by testing relationship between coping patterns score and severity of abuse score, marital satisfaction score and psychological distress score.

Reliability refers to the degree of consistency with which an instrument measures its attribute (Polit & Hungler, 1995: 651). In this study, the evidence for the internal consistency reliability of the AWCS was examined by using the Cronbach's coefficient alpha for sub-scales and the total scale.

Marital Satisfaction refers to the feeling of happiness or pleasure in marital relationships that women achieve and experience by avoiding, solving problems, joining activities, and compromising to maintain marital relationships. In this study, marital satisfaction was evaluated by the Marital Adjustment Test developed by Locke and Wallace (1959).

Psychological Distress refers to the abused wife experience of unhappiness, anxiety, social impairment and depression. Abused wives' psychological distress scores were measured by the General Health Questionnaire (GHQ-30) developed by Goldberg (1972). Higher scores reflect more psychological distress.

CHAPTER II

REVIEW OF THE LITERATURE

The purpose of this chapter is to review selected literature that provides empirical and theoretical evidence background pertaining to abused wives' coping and measurement theory. The literature is organized into four sections. The first section focuses on meaning and type of wife abuse. The second section is a brief review of empirical evidence related to coping in abused wives. This section is presented in four subtopics: 1) the consequences of being abused wives, 2) factors affecting coping in abused wives, 3) coping in abused wives, and 4) coping in abused Thai wives. The third section related to psychometric measurement. The last section consists of a critical survey of coping instruments.

Meaning and Type of Wife Abuse

Understanding the meaning of wife abuse is a very important issue. Accordingly, it relates social construction and affects patterns of abuse. Wife abuse can be found around the world. There are various definitions for wife abuse which belong to social context; however, it depends on personal perception, relationship between couple, sexual role expectation in family, family pattern, social construction, and perspective of people in society. All of these factors affect operational definitions that threaten the results of the studies (Hearn, 1998: 15-28; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002: 91; Ohlin & Tonry, 1989: 79-90).

Wife abuse consists of various types, from mild verbal abuse through severe physical abuse (Barnett, Miller-Perrin, & Perrin, 1997: 186). Many researchers have used statistical methods to categorize types of marital abuse. Straus (1996) conducted factor analysis and found four types of marital abuse: 1) psychological aggression, 2) physical assault, 3) sexual coercion, and 4) injury. Similarly, the study of Rodenburg and Fantuzzo (1993: 203-228) that grouped wife abuse as physical, psychological, sexual, and verbal abuse. Aguilar & Nightingale (1994: 35-45) also categorized wife abuse as emotional, physical and sexual abuse. The results of

these studies revealed that there were similarities in categorized groups of psychological, verbal, and emotional abuse by combination or separation of these issues. And they were always categorized by separating physical and sexual abuse. Nevertheless, psycho-emotional and physical abuse revealed various contents. Psychological abuse usually presents as dehumanizing, threatening, or using power to control wives that affect the women's emotions of fear and anxiety, well-being, sexual satisfaction, living in society, economic status, and spirituality (Arias, 1999: 145; Martin & Younger-Lewis, 1997: 1557-1558).

A number of researchers manifest that the definition of abuse depends on belief, theoretical base, and gender sensitivity issues. Considering the conceptual base to conduct wife abuse research, it can be categorized into two groups. The first is common couple violence and the second is patriarchal terrorism. In Common couple violence, husbands or wives initiate abuse behaviors, which occurs temporarily when they have conflict, the purpose of abuse is to control the situation at the moment. Mostly, it was not harmful and did not increase in level of severity. On the other hand, patriarchal terrorism exhibits when abusers, always being the men, not only increase severity and frequency of violence over time, but also try to threaten and control their wives (Johnson, 1995: 283, 287)

Nevertheless, the view point of men, the definition of abuse has less profound meaning than, to women. They define abuse as only physical assault and almost do not include pushing, throwing objects, destroying things, or holding a weapon (Hearn, 1996: 27-29). Some abusive behaviors are ambiguous, especially in emotional abuse (Burge, 1998: 32). Sometimes, abused women can't identify abusive behaviors until they happen more and more, and threaten the security of their children and them. Additionally, marital relationships may affect their interpretation under realistic situations (Feld & Straus, 1989: 141-161; Mills, 1985: 103-123). Sexual abuse is also ambiguous and different meaning in men's and women's points of view (Fawcett, Featherstone, Hearn, & Toft, 1996: 27-29). Some women may not define forced sex as sexual abuse, but they really perceive the physical and emotional impacts of sexual abuse (Campbell & Humphreys, 1993: 261). Campbell and Alford (1989: 946-949) define forced sex as unwanted, rough,

and painful sexual activities, threats to have sex and assault, and/ or threats to use objects when having sexual intercourse.

In Thai Culture, the meaning of wife abuse from the view point of women and men are as difference as in western studies. Men define only physical assault as abuse, while women's definition of abuse depends on context and surrounding situations (Archavanitkul et al., 2003). Similarly, a study of Kanjanakul (1997) found that women perceived abuse when they were abused frequently and more severely. If abuse occurs in a private place, perceived severity is less than that of the real event. Interpretation of abuse is related to Thai cultural believes as revealed in the study of Suwannarong (2002). Meaning of violence were given as the feeling of being dehumanized, losing self-protective rights, enduring the pretence of being loved, suffering injuries from one's partner, and having an unbearable relationship. As the variety of meanings and types of wife abuse depend on personal perception and context, abused wives' coping strategies rely on an appraisal of the abusive situation as harmful or threatening, and then decide how to deal with this problem (Carlson, 1997: 4).

Empirical Evidence Related to Coping in Abused Wives

A number of studies related to wife abuse have been reported by researchers from various disciplines such as medicine, nursing, social work and women's organizations. These studies contribute valuable knowledge for knowledge development through changing national policy. In this section, the investigator presents the results from several studies into four issues: 1) the consequences of being abused wives, 2) factors affecting coping in abused wives, 3) coping with wife abuse, and 4) coping in abused Thai wives.

The Consequences of Being Abused Wives

Wife abuse induces numerous impacts on women's health. Minor to severe physical trauma from assault can be the cause of disability, or even death. A population report (1999) revealed that the percentage of women confronted with physical abuse by their partners was about 40-75%.

The physical and psychological consequences of abuse are various, depending on the frequency, type, and severity of abuse (Richards, 1992; Leserman et al., 1996: 4-15; Herbert, Silver, & Ellard, 1991: 311-325). Cuts, burns, punctures, bruises, bleeding, dislocations and bone fractures are direct effects of physical trauma. Furthermore, psychological trauma was the consequence from any kind of abuse. Many studies show that the abused wife groups had more physical and psychological problems than the non-abused group (Martin, Kilgallen, Dee, Dawson, & Campbell, 1998: 85-94; Richards, 1992).

Psychological trauma effects physical health problems, including: headache, migraine, chronic pain, back pain, sleeping disorder, gastrointestinal disorder, and alcohol and drug abuse (Coker et al., 2000: 451-457; McCauley et al., 1995: 737-746 ; Roberts, Lawrence, Williams, & Raphael, 1998: 796-801) Some abused wives identified musculoskeletal problems, and neurological problems (Gerlock, 1999 :373-385; Semogas, 1999). In addition, women who had sexual abuse experience by their partners might have gynecological disorders such as: urinary tract infection, sexual transmitted disease, pelvic pain without pathology, vaginal and rectal laceration, sexual intercourse problems, and HIV infection (Bergman, Brismar, & Nordin, 1992: 1486-1488; Campbell & Alford, 1989: 946-949; Plichta & Abraham, 1996: 903-907).

Physical or emotional abuse can have a profound impact on women's health, self-esteem, and marital relationships. All of these are factors initiated by post-traumatic stress disorder (Wood & Isenberg, 2001: 215-221) and symptoms remained even though abuse situations disappeared (Woods, 2000: 309-324). Post-traumatic stress disorder was reported at 33-60% varied by characteristic of samples and sensitivities of the measurements (Humphrey, 2000: 277).

Psychological change in abused women consists of depression, fear and anxiety, phobias and panic disorder, compulsion, sleeplessness, relationship disorder, isolation, and psychosomatic disorder (Frank & Rodowski, 1999: 657-677; Hien & Bukszpan, 1999: 1-16; Humphrey, 2000: 273-278; Roberts, Lawrence, Williams, & Raphael, 1998: 796-801; Wang & McKinney, 1997: 50-59; Martin, Kilgallen, Dee, Dawson, & Campbell, 1998: 85-94; Siriwatana, 1995; Weingourt, Maruyama, Sawada, & Yoshigo, 2001: 102-108). Additionally, some women also attempt or

decide to commit suicide (Abbott, Johnson, Koziol-McLain, & Lowenstein, 1995: 1763-1767; Archavanitkul et al., 2003: 66-67; Constantino, 1997; Kaslow et al., 1998: 533-540; UNICEF, 2000: 4).

When considering emotional issues, Lazarus (2000: 218-219) stated that “emotions are complex and organized subsystems consisting of thoughts, beliefs, motives, meanings, subjective experiences and physiological states. They depend on appraisals”. The impact of abuse experiences concern ego involvements, such as self-esteem, meanings and ideas, others person and their well-being, life goals (Lazarus, 2000: 213), and will affect various and different emotions of women. Abuse affects emotions of grief, loss, sorrow, guilt, anger and fear (Berger, 1998; McCathy, 1995). Loss is the major impact of wife abuse. Women feel loss, not only in living with the abusive situation, but also in leaving the abusive situation. Helplessness and hopelessness occur when women can't eliminate their sorrow from loss of security, loss of role, loss of self-esteem or anticipation of loss (Aguilar & Nightingale, 1994: 35-45; Fynn & Whitcomb, 1981: 250-254; McCarthy, 1995; Turner & Shapiro, 1986: 372-376). The majority of loss in these women consists of loss of freedom, loss of trust, loss of their hopes and dreams (Wang & McKinney, 1997: 50-59).

Factors Affecting Coping in Abused Wives

Abused wives use a variety of coping strategies (Draucker & Madsen, 1999: 327-332). These coping processes are complex, and happen at the beginning of couple conflict through permanent leaving from abusive partners (Hassouneh-Phillips, 2001: 415-432; Landenburger, 1998: 75-76; Mills, 1985). Therefore, women must think about barriers and supporting factors to deal with abuse problems (Lutenbacher, Cohen, & Mitzel, 2003: 56-64). Factors affecting coping strategies consist of: self concept, marital relationship, severity of abuse, social support, values and beliefs, and 7) security and well-being.

1. Self Concept

A number of studies revealed that self concept was an important issue in dealing with abusive relationships. Inner resources were excellent resources for survival (Davis, 2002: 1248-1263). Perceived self-esteem affected their perception and behaviors to control severity of the abusive situation (Chin, 1992).

A study by Campbell (1989a: 18-24) found that women who reported they shared responsibility for the events perceived higher self-esteem than women who blamed themselves or their partners. This result is congruent with results of the study of Andrews and Brewin (1990: 757-767), which found that women who blame themselves as the cause of abuse were confronted with barriers to escape from the abusive relationship (Andrews & Brewin, 1990: 757-767). As women being controlled to stay in their home might be the factor that destroys self concept and limits their ability to deal with any problems (Avni, 1991: 137-149). Moreover, feelings of shame, isolation, and entrapment are obstacles to leaving their abusive partners (Ellsberg, Pena, Herrera, Liljestrand, & Winkvist, 2000: 1595-1610).

Qualitative studies supported that sense of self, personal strength, or personal resources are major elements to protect women from harm when living with an abusive partner and deciding to leave (Belknap, 2002: 139-153; Davis, 2002: 1248-1263; Merritt-Gray & Wuest, 1995: 399-412; Patzel, 2001: 729-747). Furthermore, perceived self-esteem and self-efficacy were major elements to liberate themselves from abusive situations (Rothery, Tutty, & Weaver, 1999: 5-18). A study of Landenburger (1989: 209-227) discovered that women's patterns of leaving and recovery. This model represents women's self emerge and reemerge during their recovery from the abuse through phases of entrapment and recovering from the abuse. Mills (1985: 103-123) explained the stages of coping in the leaving process as: women enter a violent relationship, manage the violence, experience a loss of self, reevaluate the relationship as violent, and leave. The results of these studies described the process of leaving similarity, although they come from different fields. They revealed that during the gradual process of being abused and then recovering, women restructure themselves to cope.

2. Marital Relationship

Love and belonging with partner are important issues for women when they decide to leave (Archavanitkul et al., 2003: 84; Campbell, 1986: 18; Strube & Barbour, 1984: 837-844; Ulrich, 1998: 74). Some women still have bonding with their partners, although they are not living with them (Campbell, 1998: 743-763). Many women who live in shelters decide to go back to a couple's life when their partner express guilt and are aware of their fault. They believe that a man

can change his abusive behaviors. Dutton and Painter (1993b) stated that kindness is the trap to keep women in the circle of abuse. Many women fear of loneliness or fear of loss when they decide to leave their partners (Turner & Shapiro, 1986: 372-376). All of these finding represent relevance to the cycle of violence model. This model explains the cycle of violence into three phases: 1) tension building phase, 2) tension releasing phase, and 3) apologetic, regretful, repentant phase. In phase three, the partners apologize and plead with the women not to leave. They present love and tenderness to their wives. Many women will have conflict when they decision to leave. Even though, some women decide to leave when they perceive similarity or more frequency and severity in the abusive situation. Additionally, they realize that their partners are not going to change their abusive behaviors (Birns, 1998; Coffin-Romic, 1997; Jensen, 2000: 26-29).

3. Severity of Abuse

Frequency and severity of abuse affects the coping strategies of women (Herbert, Silver, & Ellard, 1991: 311-325). Psychological pain is worse than physical pain from assault. It is one of the factors that affect the decision to permanently leave their partners (Aris & Pape, 1999: 55-67). Many researchers similarly reveal that abused wives are at heightened risk for suicide and suicide attempts (Amaro et al., 1990: 575-579; Bailey et al., 1997: 777-782; Kaslow et al., 1998: 533-540). Self protection is effective coping in less severe abused women, as while attempting to leave and seeking support is effective coping in the severe group (Ellsberg, Winkvist, Pena, & Stenlund, 2001: 547-545). Further, many women seek help from legal systems when confronted with more frequent and severe abuse (McFarlane, Soeken, Reel, Parker, & Silva, 1997: 244-250)

4. Economic Dependency

A study by Campbell reported that economic is one of the important issues (Campbell, 1998: 743-763). Men, who present power and control their wives, usually do not permit women to work outside. Abusers usually keep their wives in a trap so they try to keep women to feeling dependent by using conditions for expenses, keeping women's money and estates, concealing monetary matters, and economic control. By these conditions, women found it is difficult to leave their partners. Nevertheless, some working women can't leave their partners

because they don't have enough money to live in secure place (Brown, 1993: 1080-1084). These women have numerous conflicts about leaving the abuse, about homelessness with little money, and living with abusive partners by staying at home and having secure economic status (Frisch & MacKenzie, 1991: 339-344; Strube, 1983: 785-793).

5. Social Support

Kaslow et al. (2000: 127-143) revealed that lack of emotional, informational, and economic support correlates with severe abuse and high suffering in abused women. Many studies indicated that lack of family and community support affect women's decision to leave permanently (Davis, 2002: 285-305; Ellsberg, Pena, Herrera, Liljestrand, & Winkvist, 2000: 1595-1610). However, disclosing abuse situations and eliminating personal and community barriers are very difficult to do (Lutenbacher, Cohen, & Mitzel, 2003: 56-64). Women usually use supporting resources from their friends and family as the first option, next is policemen, and the last is emergency room (Pakieser, Lenaghan, & Muelleman, 1998: 16-19; Rose, Kampbell, & Kub, 2000: 27-39). The barriers consist of personal understanding in abused women, gender sensitivities, struggling to disclose the abuse situation, fear of partners' threatening behaviors, and concern about legal punishment (Newman, 1993: 108-113; Rodriguez, Quiroga, & Bauer, 1996: 153-158). A number of studies indicate that when women have a good relationship, they will define abuse problems. In addition, rationalization about injustice will support women to turn over and find the ways to end an abusive relationship (Gerbert, Abercrombie, Casper, Love, & Bronstone, 1999: 115-135; Semogas, 1999: 63)

6. Values and Believes

Many studies from various nations stated that society, religion and cultural affect women's perspective to keep family stability. Their communities will blame women who can't tolerate the family problems, and decide to separate or divorce. Many people perceive marital abuse as the normal life of a couple and divorced lady becomes stigmatized (Barnett, Miller-Perrin, & Perrin, 1997: 221; Coffin-Romic, 1997; Hassouneh-Phillips, 2001: 415-432; Woelz-Stirling, Kelaher, & Manderson, 1998: 296).

7. Security and Well-Being

Abusive partners, who abuse their wives usually, abuse their children (Ellsberg, Pena, Herrera, Liljestrand, & Winkvist, 2000: 1595-1610). Many women set the safety of their children and themselves as the priority of the decision to leave the abuse situation (Newmam, 1993: 108-113). However, women who feel anxious about their children may be confronted with external harm after leaving their partners (Birns, 1998; Humphreys, 1995: 127-145). Many women, who loss hope of security from assault by changing their partner's behaviors will try to permanent leave (Birns, 1998; Coffin-Romic, 1997).

Coping in Abused Wives

Considering abused wives coping by using Lazarus's model (Lazarus & Folkman, 1984; Lazarus, 2000) as conceptual base, wife abuse is a stressor because resources are not sufficiently available to manage the demand. Additionally, it is a condition that affects negative emotions such as sorrow (Campbell, 1989: 18-24), shame (Ellsberg et al., 2000: 1595-1610), and threaten health and well-being (Coker, 2000: 451-457; Humphreys, 2000: 273-278). When women are confronted with an abusive situation, they will appraise the abuse's affect on their well-being and self concept (Landenburger, 1989: 209-227). Then, women will judge their coping ability (Belknap, 2002: 139-153; Davis, 2002: 1248-1263; Landenburge: 62-65; Patzel, 2001: 729-747), and future situations such as survival of their children and themselves (Birns, 1998; Humphreys, 1995:127-145).

Function of coping consists of (1) problem-focused coping, and (2) emotion-focused coping. Problem-focused coping in abused wives includes managing the cause of abuse such as advising their partners to ask for help (Yoshihama, 2002: 429-452), trying to maintain good maternal and wife roles, managing health problems such as receiving traumatic treatment (Varvaro, & Lasko, 1993: 37-41), managing to leave the abuse (Ulrich, 1998: 71), and fighting back (Ellsberg et al., 2001: 547-555). Emotion-focus coping consists of thinking that their marital relationship is better than other couples (Herbert, Silver, & Ellard, 1991: 311-325), thinking of their partners' good behaviors, their good marital relationship, and using relaxation methods (Yoshihama, 2002 :429-452). However, women use a variety of coping strategies either living with an abusive relationship or leaving the abuse

situations. (Campbell, & Campbell, 1996: 461; Draucker, & Madsen, 1999: 327-332; Landenburger, 1998: 61-69; Ulrich, 1991: 465-437).

Because coping is a process and a complex issue, many studies employ qualitative methodology to understanding the wife abuse phenomenon. For example, Landenburger (1998: 61-69) reported women's patterns of leaving and recovery from abuse through 4 phases: 1) the binding phase defined as the developing relationship phase and having initial abuse, women still perceive their partners in positive ways and think the situation is not abusive. They try to follow their partners' needs to keep the marital relationship, 2) the enduring phase occurs when abusive situations still continue. Women perceive the problem, but they endure to keep the marital relationship. They believe the partners' promises. However, they perceive low self-esteem, and are aware of dangers that may come later if they are still living with their abusers, 3) the disengaging phase arises when women decide to leave. They feel conflict between being honest with their partners and their survival. In addition, they try to eliminate emotional attacks and have positive self-concept, and 4) the recovering phase is initially pointed to adaptation after leaving the abusive partners through balancing their life. Results from Mill's study (1985) congruent with this study, indicate that meaning of abuse, perceiving self, marital relationship, and purpose of life are important issues in the process of leaving through survival. Ulrich (1998: 74-77) reported that most of the 51 women in her research indicate "releasing self" to meet personal growth that is critical to leaving the abusive relationship. Davis (2002: 285-305) presented the meaningful result about leave-taking experiences in lives of abused women. Coping strategies of these women consist of determining the appropriate time to leave, seeking help and assistance through social systems, and finally using intuition to determine a plan to leave. These studies similarly revealed that developing personal strength is an effective coping strategy for abused women to leave abusive situations permanently.

Draucker and Stern (1999: 588-601) reported that women who have experiences of sexual abuse by their partners describe how to manage their lives during and after abuse: 1) to survive an assault, they know whether to struggle, resist, or succumb, 2) to survive enduring violence, they find better things to do, such as involvement in music, art or favorable activities, 3) to prevent further

violence, they attempt to stay safe, 4) to make things better they find a way to get personal satisfaction and help other victims. Another study of Draucker and Stern (2000, 385-406) manifested in survival of women coping with sexual abuse. These coping strategies consisted of disclosing about the violence to a close person or counselor, abandon blaming themselves and consider a way to soothing their life such as spiritual belief in God to become stronger. Moreover, these women reclaim their spirit by confronting the abuser, accomplishing feats, ignoring discouragement from others, leaving abusive families to allow for their own healing, and deciding to live without a partner. McCarthy (1995) presented the process of transforming of self in survivor intimate partner sexual violence women. This process consists of submerging of self, repulsing alienated sex, protecting of self and reemerging of self. The results of the studies of coping with sexual abuse indicated that important issues to survival from abuse depends on their judgment, person growth, and spiritual support.

Seeking help is an important issue to facilitate coping options. Many women struggle to eliminate intra-personal, inter-personal and social barrier to seek for support (Lutenbacher, Cohen, & Mitzel, 2003: 56-64). There are two-group desires of seeking support: the first group needs for psychological support and the second group needs to manage the problems. In the group seeking psychological support, they need only listening, understanding, and respecting them but they don't focus on managing the abusive problems. The women who need support for ending the abusive situation are seeking information about women's right and social support to take this right, assertiveness with their partners and seeking for referral system to leaving the abusive partners. However, some women have denial in abusive situations, blame themselves, and reject supporting systems (Dobach & Cavanagh cited in Kingston & Penhale, 1995: 132).

Emotional distress is a major impact of abuse. Many studies revealed that spiritual support is very important for abused women to cope with abusive situations. A study of Raphael (1998) in seven women who had experienced of emotional abuse and depression described their healing process and reclaiming of self. This process consists of searching for the meaning of events, using spiritual support, dreaming, engaging in creative activities, and using religion and supernatural support. The study

of Humphreys (2000: 273-281) in shelter women, presents similarly with the above study. Many women decrease their suffering by using spiritual support. These coping strategies consist of forgiving, closeness to God or their religion, and spiritual practices such as praying, meditation, and visiting church.

Many researchers are seeking effective coping strategies that can decrease suffering and depression. Additionally, the most common coping pattern employed in women who have severe abuse experience and leave abusive partners. Ellsberg et al. (2000) studied in 188 battered women by using mixed-methods. Three coping patterns include seeking help, self defense, and temporary separation, are examined. The results revealed that the most common coping strategy that women use to deal with abuse is “self defense” to protect them by employing either physical or verbal self defense. Among these women, 78% can end the abuse at least temporarily. Women report “temporary separations” at 41%. However, 20% of women reported they never used seeking help from external resources. Additionally, 42% of women reported using two or more coping strategies, and only 7% of women reported they never used all of these coping strategies. Multivariate logistic regression analysis was employed with the results showing significant negative associations between self defense and severity of abuse, as well as abuse of children. Temporary separations are positively associated with severity of abuse. Finally, help seeking is significant associated with severe abuse, and children abuse. The result of a Strube and Barbour study (1984: 837-844), factor affecting decisions to leave in abused women indicated that using coping strategies such as assault charges and restraining orders are associated with the decision to leave an abusive relationship.

Research on coping with wife abuse indicates processes of coping within abuse situations, transformation and recovery. Furthermore, factors relating to decisions to leave are explored. Obviously, reclaiming self and developing personal resources are importance coping strategies to leave. However, the details of coping strategies to deal with physical, psychological, and sexual abuse are some what different. Although, the research findings of coping strategies are numerous, coping patterns correlated with health and other outcomes are rarely explored in quantitative research, especially in nursing.

Coping in Abused Thai Wives

There are numerous studies of abused Thai women, but many researchers focus on factors affecting and the impacts of abuse (Chotikoot, 1998; Hongthong, 1999; Patcheep, 1999; Petsuksiri, 1996; Skuntaniyom, 1998; Siriwatana, 1995; Thanaudom, 1996; Women's Rights Protection Center, Friends of Women Foundation, 2003). A literature review related to abused Thai wives' coping shows that most of the research employed qualitative methodology to explain coping with abusive problem and impacts (Chaisetsumpun, 2000; Kanjanakul, 1997; Sithisoradet, 1999; Sripichyakan, 1999; Srisorrachart, 2001; Suwannarong, 2002; Thepthongkam, 2002; Woraseetagarankul, 2001). There is only one researcher who employs quantitative methodology to explain coping as a cause of abusive situations. This study reported that women's coping scores are negatively associated with the wife abuse situation ($r = -.24$, $p\text{-value} < 0.01$). However, research focuses on general coping with any stressor by using the Pregnant Women's Coping Scale developed by Chunpradup (Klaungpayaabarn, 1999). Another one is a large survey of abuse in Thailand and explains coping in abused women (Archavanitkul et al., 2003).

A study by Kanjanakul (1997) with 14 battered wives found that women perceive first assault as their husbands is angry, not intending to abuse. These coping strategies can relieve their sorrow. Additionally, they usually cope by enduring, forgiving, or not talking about the event. Some women may disclose the abusive event to pressure their partners. When abuse occurs again, and they still maintain their marital lives. Women try to escape from abusive situations by avoiding quarrels, escaping before abuse occurs, running away or hiding while they are assaulted, asking to stop assaulting them, trying to calm down their partner, and protecting themselves and their children. Nevertheless, they rarely notify the police. Women decide to leave with increasing frequency and severity of abuse, and perceived self-worth. Mostly, Thai women can't end the assault directly, they usually escape from their family with significant others, pressure their husband, using society to make him ashamed, using the law, and do not intend to kill their partners.

Sripichyakan (1999) employed grounded theory to discover coping in 34 abused wives who live in Chiangmai. The participants in this study were recruited to

cover all types of abuse: physical, psychological and sexual abuse. The result explains coping in the view point of women's power to manage abuse situations and their suffering. It manifests the process of regaining individual justice. When women are searching for a sense of justice, they use compensation, concession, retribution by legal punishment and personal retaliation such as fighting back, doing harm to their partners and them, and temporary leaving. To endure and eliminate suffering, women cope by acceptance, resigned acceptance, forgiveness, hope, and employing activities. Regaining actual justice from the husband and others consists of enhancing personal power by employing courage, self-worth, and self-consolation, focusing on problem solving and negotiating to resolve marital conflict, correcting bias, using assertiveness, expressing their demands, or engaging in community activities. Consistent with the study of Kanjanakul (1997) and Sripichyakan (1999), Suwannarong (2002) found that battered women cope by forgiving, enduring, maintaining family life, and using retaliating when they can't endure anymore.

A study of Woraseetagarankul (2001) focuses on managing physical health. She also stated that many women manage their physical health by taking care of themselves, and taking oral medicine bought from a retail store or drug store. Some women visit health care providers because they have physical trauma or are referred from legal officers. Two studies (Chaisetsumpun, 2000; Thepthongkam, 2002) also support the findings relating to managing health problems and seeking help from health care providers. Chaisetsumpun (2000) collected data from 10 battered women who visited emergency rooms in hospitals located in Chiang- Mai province. She found that women need help for security, understanding and supporting, freedom from abuse, legal claim and no charge for counsel. Similarly, the findings from Thepthongkam (2002) also support that battered women need health care providers to not only cure their trauma, but also to support their suffering, refer to appropriate supporting system, and protect them from assault by abuser in hospital.

One study explored the ending of abuse by using husband homicide. Sithisoradet (1999) interviewed 10 abused women and found that they use homicide because suddenly high peak of indignation that had accumulated for a long time. The causes of indignation consisted of physical and psychological abuse, jealousy, and dispirited marital life.

The exploratory research of Archavanitkul et al. (2003) in 2,818 women who lived in Bangkok and Nakornsawun provinces, contributed the overview of abused women in Thailand. They reported that approximately half of the participants used fighting back or protecting themselves, and nearly half of the participants never asked for help (42%). In the help-seeking group, a close relative such as mother, father, or sibling was asked for help mostly with 23-25%, and their response rate was 15-16%. Nevertheless, severely assaulted women sought help from policemen (7%), and health care providers (5%). Women sought support from religious persons such as monks (3%), social work institutes (1%), and shelters (0.2%). The reasons for seeking help included severe trauma and giving up their enduring. Moreover, 39% of abused women had used temporary separation approximately 1-3 times. Similarly in other studies, women still lived with their husband because they worried about their children, loved and connected with their husband, forgave, believed in social value, or hoped to change their partners' abusive behavior. Coping was examined by employing 9-part of the questionnaire: coping and impact part consist of 19 items with multiple choices, developed by a research team; however they did not report psychometric testing.

In conclusion, the empirical literature revealed that women use various and different coping strategies to deal with wife abuse. All of these studies contributed important and valuable knowledge to understand the wife abuse phenomenon.

Psychometric Measurement

Measurement, the heart of virtually all scientific endeavors, is a fundamental activity in all branches of science. Psychometric is the special area of science concerned with measuring social and psychological phenomena (Devellis, 1991: 2). This review of psychometric measurement consists of: (1) perspectives on measurement in nursing science, (2) procedures and steps in instrument development, (3) testing psychometric properties.

Perspectives on Measurement in Nursing Science

Measurement refers to the process of assigning the symbols to objects, events or situations according to rules. It consists of two concepts: (1) scaling, representing quantities of attributes numerically, or (2) classification, defining

whether the objects fall into the same or different categories with respect to a given attribute. Instrumentation, a component of measurement, refers to developing a measurement device by applying specific rules. The term “rules” implies that there are explicit states for the number assignment (Burns & Grove, 2001: 389; Netemeyer, Bearden, & Sharma, 2003: 2; Nunnally & Bernstein, 1994: 3).

Nursing confronts both direct and indirect measurement for gathering attribute variables. Nursing phenomena deal with human beings. Often, the characteristic to be measured is an abstract concept, such as stress, caring, coping, anxiety, compliance, or pain. Achieving clarification can be done by conceptual definition. When measuring the abstract concept, the concept is an indirect measurement. Instead, indicators or attributes of the concept are used to represent the abstraction. Burn and Grove (2001: 390) give an example of coping indicators, which can be measured by varying aspects such as the frequency or accuracy of problem identification, the speed or effectiveness of problem solution, level of optimism, and self-actualization behaviors. Unfortunately, a single measurement strategy is rarely a complete measurement of all aspects of an abstract concept.

Procedures and Steps in Instrument Development

Developing a concept measurement is the major important process in the structure of a scientific investigation. The strength of a study’s findings is based on research design, sampling, and other means of controlling conceptual and extraneous variables. The instrument should indicate the concepts with precision, accuracy and sensitivity. Precision refers to how the measurement can define the concept exactly. Accuracy refers to how the instrument can report the concept’s correctness or truthfulness. The ability of the instrument to discriminate levels of the concept is sensitivity (Mishel, 1998: 235-236). There are numerous authors who advocate procedures and steps to develop a measurement (DeVellis, 1991: 51-90; Mishel, 1998: 235-264; Netemeyer, Bearden, & Sharma, 2003: 14-17; Waltz, Strickland, & Lenz, 1991: 330-338). For the following, a brief overview of each step in instrument development is presented as: (1) concept clarification, theoretical definition and operationalization, (2) item construction, (3) determination of the format for measurement, and (4) pretesting.

Concept Clarification, Theoretical Definition and Operationalization

The first and most important step in instrument development is to clearly construct definition or clarify the concept to be measured. Three fundamental methods to clarify the concept consist of concept analysis, concept synthesis, and concept derivation. Concept analysis is a very useful approach for examining the attributes of a concept which uses theoretical literature already available in the areas of interest. Concept synthesis is a method for developing new concepts based on empirical evidence. Concept derivation is applied by employing analog from one field that is conceptually defined to another field of interest (Walker & Avant, 1995: 28-29, 55, 67).

After defining the concept, the theoretical definition and specific dimensions of the concept are approached by reviewing literature, using an inductive qualitative study, or deriving a concept from a new field of interest. Relational statements should be provided for testing construct validity of an instrument (Mishel, 1998: 243-244).

Operationalization is the process of determining and defining how to measure the concept, and specifying the empirical indicators and procedures that should be applied to measure it. The transition from a theoretical to an operational definition implicates a principal component of validity of the instrument. Conceptual and operational variable relation is the measurement assumption. It can be supported by validity testing (Mishel, 1998: 244-245).

Item Construction

Once the purpose of an instrument has been clearly obvious, the instrument should be constructed. In generating an item pool, the major issue that should be kept in mind is relating of scale items and content domain of the construct and manifestation of content validity (Netemeyer, Bearden, & Sharma, 2003: 95). In addition, items should be created for each dimension of an instrument in order that items in each dimension will be homogeneous (Mishel, 1998: 244-245). There are many approaches to generate items such as: (1) review literature, (2) combination of review literature, interview experts or patients, (3) selection of items from existing instrument, (4) qualitative study within the target group, and data bits from

interviews will be categorized according to similar themes. Then, these themes turn into scale dimensions and data are created to items.

There are three issues relevant to generating an item pool. First, the larger the initial item pool, the better it is. The developers should create as many items as they can to capture the phenomenon of interest. Then, eliminate some items based on criteria such as: relevance, clarity, or similarity to other items (DeVellis, 1991: 56-57).

Second, characteristics of good items should be clarity of meaning, keeping sentences short and simple, regardless of the target population, using conversational structure, limiting each item to only one idea, minimizing the effect of social desirability by avoiding derogatory, emotionally laden or trigger biased response terms, and using adjective forms instead of noun forms (DeVellis, 1991: 54-60; Netemeyer, Bearden, & Sharma, 2003: 97-99; Waltz, Strickland, & Lenz, 1991: 320, 331-332).

The last issue is sequence of the items. The issue to be concerned with is that items need be organized by: 1) keeping a minimum numbers of items, 2) keeping sensitive items that may be difficult to answer at the end, and 3) making sense to the respondents by arranging items in a logical and realistic fashion. However, sensitive questionnaires require items to be randomly ordered to increase response rates and eliminate bias due to evasive responses to emotionally disturbing items (Waltz, Strickland, & Lenz, 1991: 321, 333, 435). Sensitive issues such as stigma, fear, sudden death of loved one, abortion, and abuse are examples of topics to be concerned about. The researchers should be aware of emotional distress of participants when they respond to the questionnaire and know how to support them while conducting the measurement. Maintaining confidentiality, anonymous, ethical concern and researcher detachment are very important approaches, as above, to increase reliability and validity of the measurement and especially not jeopardize the participants (Waltz, Strickland, & Lenz, 1991: 432-438).

Determine the Format for Scaling

Since there are numerous formats for creating the questionnaire, the researcher should consider the format simultaneously with the generation of items in order to be compatible. There are a number of general formats of items and

response options. In the following, the most common types of scoring method that is used in nursing research will be presented. First is the differential scale. The most common example of this type is the Thurstone scale. It's a method of organizing the items into approximately equal-appearing intervals and generating for comparisons of changes in a respondent's position on the dimension or for distinction between differences of respondents relative to the dimension (Mishel, 1998: 254-255).

Second is the summative scale. The most common type is the Likert scale. The purpose of this method is scaling of participants, not scaling of the dimension (Mishel, 1998: 255). It's widely used for measuring opinion, belief, attitude or other constructs under study (DeVellis, 1991: 69-70). In the Likert scale, the common response options for each item may be four or seven categories. They are stated in continuums such as, strongly disagree to strongly agree (the classic Likert scale), rarely to usually, or many different wordings depending on the topic to be measured. DeVellis (1991: 66) and Netemeyer et al. (2003: 100) suggested that a neutral midpoint could also be included for participant's option. However, we should be aware of uncertain categories because the respondents may avoid making clear positive or negative choices, and the researchers will interpret these responses difficultly (Burns & Grove, 2001: 432-433). So, the measurement developer should assess the appropriateness and usefulness while decide the categories for the items.

Third are cumulative scales. The Guttman scale is the example of this type. This cumulative scale consists of items that are tapped to progressively higher levels of an attribute. The respondent's score is computed by counting the number of favorite answered items. In other scale types, such as the semantic differential scale and the visual analog scale, those item formats are in some ways similar. Semantic differential scale is typically used in reference to one or more stimuli in the case of attitude study. At the opposite ends of the continuum, a list of adjective pairs will be identified to measured target characteristics. The respondent will place a mark on one of the several lines (seven or nine are usually used) between opposite words. The visual analog scale can present respondent opinion, experience, belief or what ever is being measure with a continuous line between opposite end descriptors. It always uses single-item measures (DeVellis, 1991: 70-71).

In conclusion, the response formats and response options should reflect and be suitable with the phenomena or theoretical model and be adjusted to the ability of the participants to discriminate meaningfully and most accurately.

Pretesting

After the stage of assessing content validity by professional experts, the questionnaire should be pretested with representative samples of people on whom the final instrument will be used. The researcher conducts pretesting to judge the feasibility before using the instrument in a formal study (Mishel, 1998: 259). The small target participants were asked to give feedback the appropriateness and clarity of item wording. After that, some items will be reworded and the revised instrument will be conducted with similar participants. In the next step, the researcher uses item analysis to estimate the reliability and validity of the instrument (Mishel, 1998: 258-260; Waltz, Strickland, & Lenz, 1991: 334-335).

Testing Psychometric Properties

There are important criteria (psychometric properties), such as validity and reliability of the measurement that should be examined by measurement developers or researchers. These are all interrelated measurement properties, and are vital for scientific investigation to develop and refine the measurement.

Validity

The important characteristic of a measuring instrument is validity, generally and briefly stating in terms of how well a measuring instrument actually measures what it claims to measure, as well as the underlying concepts (Jacobson, 1997: 9; Nunnally & Bernstein, 1994: 83; Polit & Hungler, 1995: 656). In 1999, Standards for Educational and Psychological Testing defined validity as “the degree to which accumulated evidence and theory support specific interpretations of test scores entailed by proposed uses of a test” (AERA, APA, & NCME as cited in Lane, 1999: 1). This current view of validity is that a unitary concept with different sources of evidence contributing to an understanding of the inferences that can be drawn from a selection procedure. Some theorists and researchers argue that validity is the measurement evaluation process of scientific inquiry and there really is only one form of validity, construct validity (Burns & Grove, 2001: 399; Messick, 1989; Netemeyer, Bearden, & Sharma, 2003: 11). It appears that many scholars agree that

validation is the scientific inquiry process and all forms of validity have much in common. However, they emphasize that there are somewhat important different aspects among the three types of validity and the unique aspects of each that still showed be considered (Nunnally & Bernstein, 1994: 83-112; Jacobson, 1997: 9).

Recently, all of the previous “types of validity” are now considered as “types of validity evidence” (Burns & Grove, 2001: 399; Goodwin, 1997: 102-10; Netemeyer, Bearden, & Sharma, 2003: 11-12) or “sources of validity evidence” (AERA, APA, & NCME, as cited in Lane, 1999; Kane, 1999: 5-17; Linn, 1997: 14-16; Messick, 1989), those are various classifications. Although there are different sources of evidence, the terminology of three types of validity evidence are commonly used. Ideal validation includes several sources of evidence which come from each of the three types of validity. For the following, the various procedures for accumulating validity evidence are grouped into 3 categories as: (1) content –related evidence of validity, (2) criterion-related evidence of validity, (3) construct-related evidence of validity.

(1) Content –Related Evidence of Validity

Evidence based on content validity, focusing on examining the items of measurement, properly samples all of the major elements relevant to the theoretical domain of the content (Burns & Grove, 2001: 400; DeVellis, 1991: 43; Goodwin, 1997: 104; Netemeyer, Bearden, & Sharma, 2003: 12; Nunnally & Bernstein, 1994: 101; Mishel, 1998: 271; Waltz & Strickland, 1991: 172). Evidence of validity can be obtained from three sources: the literature, the qualitative data, and content expert judgement-quantification (Burns & Grove, 2001: 400; Jacobson, 1997: 10).

To examine content validity evidence, the first stage begins with item development that was discussed earlier. The second stage, providing content validity evidence is selecting the professional expertise with the topic to be measured to review critique: (1) the desired domain of content has been represented in the instrument; (2) items were appropriate indicators of the objective/purpose/definition of the study construct, (3) each item relevance in representing the content or behaviors in the domain of interest by using item relevance rating scale (Davis, 1992: 194-197; Waltz & Strickland, 1991: 172-173).

When using a numerical value reflecting content-related validity evidence, Index of content validity (CVI), and a minimum of three experts is recommended to obtain statistically justification results (Lynn, 1986: 382-385). For the new instrument, 80% or better agreement among content specialists can be considered acceptable (Davis, 1992: 197).

(2) Criterion-Related Evidence of Validity

Evidence of criterion validity for a measure is provided by the strength of empirical relationships between a measure and some outside well indicator (Devellis, 1991: 44; Goodwin, 1997: 104; Jacobson, 1997: 10; Netemeyer, Bearden, & Sharma, 2003: 14). There are two sources of criterion-related validity evidence: predictive and post-dictive validity, and concurrent validity.

Predictive validity evidence examines the extent to which a measure effectively predicts some subsequent and temporally ordered criterion. And post-dictive criterion validity is reported when a dependent or outcome variable is measured before the independent variable (Netemeyer, Bearden, & Sharma, 2003: 76).

Evidence of concurrent validity for a measure is provided by sizable correlations between the construct measure and indicator are used to estimate an individual's present status on the criterion at the same time (Goodwin, 1997: 105; Jacobson, 1997: 11; Polit & Hungler, 1995: 356).

(3) Construct-Related Evidence of Validity

Construct validity is directly concerned with the theoretical meanings of a measure, and logical relationship of a measurement concept to other concepts (Jacobson, 1997: 11). Michel categorized testing of construct validity evidence into two groups: internal association and external association. Examining of validity evidence by exploring internal associations is to examining patterns of interrelationships between indicators designed to measure the concept. There is domain of observables, and relationships between observables should be examined. Testing of validity evidence by examining external associations is to test the pattern of interrelationships between the indicators designed to measure a concept and other variables. This includes differentiating constructs from criterion-related validity, convergent/discriminant approach and multitrait-multimethod approach (Mishel, 1998: 274-279).

Domain of observables means a measure is developed by being concerned with defining the concept and embedding it in theory. Examining relationships between observables is to analyze the correlations among different parts of the measure and other parts of the measure. That will provide evidence on the extent to which all measures relate to the same concept. With the use of factor analysis, the relationship between the dimensions or the internal structure of the set of items will be examined.

Differentiating construct from criterion-related validity is focusing on the extent to which measure serves criterion-related validity evidence, or enhances the construct validity evidence of the measure when the theory support the correlation between variables (Devellis, 1991: 47; Nunnally & Bernstein, 1994:108-109). In the contrasted group approach (known-group approach), a measure is administered to two groups of people that should score high and low on the measured concept. Construct validity evidence is supported by the differing significantly of the group scores (Jacobson, 1997: 11; Netemeyer, Bearden, & Sharma, 2003: 80). This approach is one of the examples of a procedure which can be used to support either evidence of construct or criterion-related validity, depending on the researcher's intent, based on theoretical relationship and a measure scaling purpose (Devellis, 1991: 47).

Convergent validity requires that two measurements of the similar construct are highly correlated. Discriminant validity occurs when two measures have related construct, but different conceptual bases are low intercorrelated. When testing convergent and discriminant validity where maximally different measurement methods are required, the Multitrait-multimethod approach is required (Jacobson, 1997: 12; Netemeyer, Bearden, & Sharma, 2003: 77-78).

Reliability

The reliability of a measure denotes the consistency, stability, and repeatability of a data collection instrument. It can be an indication of the extent of random error in the measurement method (Brink & Wood, 2001: 184; Burns & Grove, 2001: 395). Reliability testing focuses on three aspects of reliability: (1) stability, (2) equivalency, and (3) homogeneity.

(1) Stability

Stability is concerned with the consistency of the results when repeating measures at two points in time on the same attribute, same research subject with the use of the same instrument. Testing of stability consists of test/retest and repeated observations. Using this technique requires an assumption that the attribute to be measured should be a stable concept that is constant over time (Brink & Wood, 2001: 185; Burns & Grove, 2001: 396). However, many phenomena in nursing research, such as hope, coping, and anxiety can change over a short period. So, these are not justified to test stability belonging to the above assumption (Burns & Grove, 2001: 396).

(2) Equivalency

Equivalency is determining the consistency of the results when using the two different forms of the instruments to measure the same concept, or two observer ratings of the same event by using the same data collection tool (Brink & Wood, 2001: 186; Burns & Grove, 2001: 397). Comparing of two instruments is referred to as alternate forms reliability. Alternate forms and parallel forms reliability were designed to measure the same trait. The two instruments are based on the same content but different items. Obtaining high correlation of two measures (above .80) indicate two alternate forms of instruments may be used interchangeably, and will support reliability of both forms of the instrument (Brink & Wood, 1998: 267). By using the raw scores between two variables, the Pearson product moment correlation coefficient can be computed to demonstrate correlation between two instruments. When comparing two observers by using the same instrument at the same time it is called inter-rater reliability. This method is useful to test reliability of observational tools and interpret physiological tools (Brink & Wood, 2001: 187).

(3) Homogeneity

Homogeneity is a test of internal consistency, and it examines the extent to which all the items in the instrument consistently measure construct. Currently, testing of internal consistency has been seen as a better approach to determining reliability (Burns & Grove, 2001: 398). The methods subsumed under internal consistency are basic and popular ways of evaluating

reliability, and consist of: 1) split-half methods, total number of items is divided into two halves and the correlation between the two halves provides an estimate of the reliability of all of the items, 2) Kuder-Richardson method (KR 20 or KR 21) should be applied to cognitive scales with dichotomous items. The alpha coefficient KR 21 should be used in cases where the investigator can assume that all items have the same difficulty level, and 3) Cronbach's coefficient alpha should be applied to scales with multiple responses. Alpha correlates each individual item with each other item and the overall score; therefore, it gives an overall measure of the consistency with which the score on an item can be used to predict the overall attribute being measure. As early developed instrument, coefficients alpha may be acceptable at .70. A more developed instrument is expected to be .80 or more (Netemeyer, Bearden, Sharma, 2003: 48-53; Mishel, 1998: 268-269; Waltz, Strickland, & Lenz, 1991: 164-172).

Critical Survey of Coping Instruments

Theoretical Issues in Coping Assessment

Interest in coping research has remained very strong. Studying coping strategies is focusing to understand why people cope with stress very differently and how differing responses relate to well-being. There are many perspectives to study coping. Aldwin (2000: 7-8, 84-107) presents the difference between personal-based approaches, situation-based approach, and cognitive approaches of coping as the following.

Personal-Based Approaches

The reductionism or stimulus-response model of coping behaviors focuses on simple responses of persons to stressful environment stimuli. The aim of personal-base approaches is to study personality characteristics of persons that effect coping with stress. These approaches consist of three perspectives: 1) psychoanalytic traditions, 2) personality trait 3) perceptual style.

Psychoanalytic traditions focus on defensive strategies. The primary manifestations of defense mechanisms are automatic, rigid reactions. The examples of defense mechanism are suppression, denial, and projection. With attention to personality, coping styles are assumed to be consistent across situations. Some psychoanalytic theorists view defensive processes trend to be pathological

when it distorts reality. In contrasting view, coping is defined by integrated defense and coping model.

When studying coping as personality traits, the investigators look for characteristics of typical ways of coping which people use for everyday living and tend to use when confronted with a more complex situation.

The perceptual style approach focuses on how individuals deal with information more than how they deal with emotion. The dichotomous styles have difference guises such as: repression-sensitization, nonvigilant-vigilant, blunting-monitoring, and approach avoidance. These are the most common terminology used.

Situation-Base Approach

Belonging to an interactionist point of view, coping was influenced by both person and environment characteristics. From this perspective, the situation based approach is contrasted with the personality based approach from the view point of reductionist. There are many ways to categorize situation and studied individuals utilizing coping strategies across difference stressors. One of these, categorizing of situation consists of harmful effects, potential to future harm, or potentially positive outcomes (Lazarus, 1966; McCrae, 1984: 919-928). Alternatively, the stressors can be study according to their content types, such as illness, death, interpersonal or practical (Folkman & Lazarus, 1980: 219-239; Mattlin, Wethington, & Kessler, 1990: 103-122). A fair amount of evidence supports that people responding variety of way to different types of stressors.

Cognitive Approach

The assumption of coping based on the cognitive approach provided a critical view point of the differences among this approach and others. The first, coping with a problem largely depends on appraisal of the situation. Appraisal is considered as a cognitive process through which the individuals evaluate a particular encounter with the environment as benign, threatening, involves a harm or a loss, or constitutes a challenge, and whether relevant to their well-being (Lazarus & Folkman, 1984: 31-35). According to this assumption, coping with problems base on “consciousness”. On the second, people use coping strategies belonging to the demands of a particular problem. So, in this view “coping styles” is an inappropriate

term because it implies coping is consistent. The third, coping functions consists of problem focused coping and emotionally focused coping. Finally, Cognitive theorists do not arrange adaptiveness in the hierarchically of coping strategies. Because coping strategies may be useful for some conditions. We should not label denial as maladaptive according to this, as it may provide to maintain some hope. As with the transactionism paradigm, more attention needs to be paid to the effect of environment, person, and coping mutually interactions more than interactionism that focuses on environment and person affect coping strategies.

According to the view of coping as seen from the reductionist, interactionist, and transactionist perspectives are difference. Selecting the appropriate approach is crucial for scholars. When using “coping style”, the focusing is on habitual preferences for approaching problems; these are more general coping behaviors that the individual uses when confronting stressors across a variety of situations. The measurements pay attention to coping styles or personality approaches, such as; the Coping Inventory for Stressful Situations (Endler & Parker, 1990), and the Miller Behavioral Style Scale (Miller, 1987).

The instruments were developed from situational-based approaches such as; Coping Strategy Indicator (Amirkhian, 1990), and the Broad Range Coping Responses for Different Cognitive Appraisals of Stress (McCrae, 1984) and the COPE Scale (Carver, 1989) which focuses on both coping style and situational coping strategies. The Way of Coping Scale (Folkman & Lazarus, 1980, 1985; Folkman, Lazarus, Dunkel-Schetter, DeLongis, Gruen, 1986) is developed based on cognitive approach. It was used in current research. However, there is a critical issue to be concern with about generalizability or specificity of items to measure coping strategies. According to general measures of coping, they do not appear to be adequate to assess some specific situations. A number of scholars tried to develop coping scales for situation-specific, or population-specific, such as when McCubbin, and colleagues contributed to the development of the research instruments related to family stress, coping, and health (McCubbin & Thompson, 1987; McCubbin, Thompson, & McCubbin, 1996).

The Overview of Coping Instruments

The overview of coping instruments in this section will portray the issues of development of coping instruments, coping assessment, dimensions of the instrument, and implication of coping instrument for the research.

1. The Coping Inventory for Stressful Situations (CISS)

Endler and Parker developed the Coping Inventory for Stressful Situations (CISS) by rational and empirical steps with rigorous way. Purposing of this instrument is at typical coping response as a trait or coping style, when individuals encounter a difficult, stressful, or upsetting situation. The early instrument was developed based on existing instruments and additional collections focus on coping functions: problem focus coping and emotional focus coping. It had 70 items, and a five point frequency scales. By using factor analysis, 66 items remained, with three factors: task-oriented, emotion-oriented, and avoidance-oriented coping. A revised CISS (66 items) was conducted on college student and adults visiting the Ontario Science Center. In addition, each sample group was divided by sex. When they conducted principle component factor analysis, 48-item was categorized into three factors, and each factor has 16 items. Three dimensions were presented as the previous version, but the avoidance dimension is subdivided into a distraction subscale and social diversion subscale. There is empirical evidence to support psychometric properties such as; evidence of construct validity was supported by appropriate correlations with personality and psychological distress (Cosway, Endler, Sadler, & Deary, 2000). However, this instrument is very limited when used for assessing situation-specific coping response.

2. Miller Behavioral Style Scale

One of the measurements developed by perceptual style approach is the Miller Behavioral Style Scale that focuses less on how individuals deal with emotions and more on how they deal with information. Miller adopted a vigilant attentional style as “monitoring”, and coined an avoiding attentional style as “blunting”. Miller Behavioral Style Scale (MBSS) consists of four hypothetical situations, two of them referring to physical threat and two to ego-threat. Each situation consists of eight coping options, half of them reflecting a monitoring and half a blunting attentional style. Calculate scores by adding up the corresponding

items yielding a monitoring and a blunting scores sum. Evidence for validity was supported by several studies. When Miller compared individuals' perceptual style in two experiments, a physical threat situation and ego-threat situation, the result supported her diagnostic (Miller, 1987: 345-353).

3. The COPE Scale

A number of researchers acknowledged a distinction between problem focus coping and emotional focus coping. But many scholars, including Carver et al. (1989) argued with this issue and refused the method of summing total scores to indicate coping response. They suggested that the researchers should focus on groups of coping strategies when studying the relationship with others variables ([http:// www.psy.miami.edu/faculty/ccarver/sclBrCOPE.html](http://www.psy.miami.edu/faculty/ccarver/sclBrCOPE.html)).

The COPE Scale has 2 versions; 1) disposition version (trait like version), focusing on personal response when confronting all kinds of stress, 2) situational version (state like version), focusing on coping response when confronting specific stress situation (Taylor, 1998). The COPE Scale has several steps to develop and uses rational construction procedure. In The final version of the COPE inventory, four items are contained in each sub-dimension. The first five were sub-dimensions of problem focus coping, and the last were sub-dimensions of emotional focus coping: 1) active coping, 2) planning, 3) suppression of competing activities, 4) restraint coping, 5) seeking social support for instrumental reasons, 6) seeking social support for emotional reasons, 7) positive reinterpretation and growth, 8) acceptance, 9) turning to religion, 10) focus on and venting of emotions, 11) denial, 12) behavioral disengagement, 13) mental disengagement.

This instrument has evidence of support for psychometric properties. Internal consistency reliability of each sub-dimension achieved reliability more than .60, except mental disengagement (.45) (<http://web.uccs.edu/jcorcoran/material.htm>). And there is evidence support of the convergent validity between the two versions; low to moderate correlations were found. In spite of vigorous design, the situational version of COPE Scale still has limitations when used in specific situations.

4. The Coping Strategy Indicator (CSI)

Amirkhan (1990) developed the Coping Strategy Indicator (CSI) by collecting 161 coping behaviors from existing scales and empirical evidence from his previous research. He reduced this data by using a series of factor analyses with independent large samples recruited from a variety of settings. At the early state, 357 participants were asked to respond to the CSI (161 items), and then with factor analysis, three out of seventeen factors were associated with eigenvalues above unity. The three subscales of CSI accounted for 21% of variance: problem solving, seeking support, and avoidance. In the second step, 520 participants responded to the CSI (63 factor indicators); data were analyzed by confirmatory factor analysis. In the final stage, the same procedure was repeated to analyze the data of the CSI (36 factor indicators), collected from 954 respondents. The final version of the CSI consisted of 33 items, 11 items for each subscale. All factors solutions showed goodness-of-fit indices, 21%, 33%, and 37% of variance for the three stages of scaling development. The evidence of validity shows that the “seeking social support” subscale of the Way of Coping Questionnaire was more closely associated with Amirkhan’s problem solving scale ($r = .55$) than with his seeking support scale ($r = .46$). In spite of these numerous efforts to develop and refine the instrument, strong empirical support for psychometric testing is still needed.

5. The Way of Coping Questionnaire (WCQ)

In cognitive approach, studying of “coping strategies” is to examine behavioral and/or cognitive attempts to manage specific internal or environmental demands (which are appraised as taxing or exceeding one’s ability to adapt) (Lazarus & Folkman, 1984: 141). The Way of Coping Questionnaire was designed to assess coping process not copings, styles or traits. This instrument was developed based on transactional phenomenological stress theory that suggested two main functions of coping: problem focus coping and emotional focus coping. The original Ways of Coping Checklist was developed in 1980. There are 68 items and response format was Yes/No, with forty items for problem focus coping and 24 items for emotional focus coping. According to categorization as above, cannot realize the complexity of coping process. In 1985, the revised Ways of Coping consist of 66 items, and response format was changed into a 4-point Likert scale

(0 = *does not apply and/or not used*; 3 = *used a great deal*). Deleting or rewording at some redundant and unclear items, and adding new items, such as prayer. Alpha and principal factoring with oblique rotation was used because at theoretical and empirical support that people chose a vast array of coping strategies rather than use one set of strategies. Using different strategies for combining person-occasions, or observations, conduct three separate factor analyses. A final factor analysis, categorized into eight factors as: confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, and planful problem solving. Cronbach's alpha coefficients of subscales are varying 0.61-0.79. Test-retest reliability is not conducted because inappropriate for theoretical framework. (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986: 992-1003).

6. The Jalowiec Coping Scale (JCS)

A large number of studies in many countries employed Jalowiec Coping Scale to assess coping in general and specific situations, especially in coping behaviors with health problems. It was developed and revised based on Lazarus's stress and coping theoretical framework, and synthesis research related to stress coping and adaptation. The 1984 JCS consists of 40 items with two subscales: problem-oriented (15 items) and affective-oriented (25 items) (Jalowiec, Murphy, & Powers, 1984: 157-164). When Jalowiec revised JCS by using LISREL confirmatory factor analysis, sixty-six items remained. The deleted items were crying, drinking alcoholic beverages, taking drugs, and meditation. This 1988 JCS was categorized into three subscales: 13 confrontive coping strategies, 9 emotive coping strategies, and 14 palliative coping strategies (Jalowiec, 1988). In 1999, Jalowiec revised this measurement; sixty items assessed cognitive and behavioral coping strategies, and appraisal of perceived coping effectiveness. Items are categorized into eight coping subscales: confrontive, evasive, optimistic, fatalistic, emotive, palliative, supportant, and self-reliant. The first part of this revised scale, assessing coping strategies, is rated on a 0- to 3-point scale (never used to often use). The second part, assessing effectiveness, is rated on a 0- to 3-point scale (not helpful to very helpful) (Jalowiec, 2001).

There are numerous strengths of the JCS because this instrument had content validity, criterion-related validity and construct validity evidences supported by a large number of researches in cross-cultural situations worldwide. However, coping effectiveness scale part does not contribute information about the rationale of individuals when a person determines the efficacy of a coping strategy. Some effective coping for individual perception may be inappropriate action for adaptive outcome (Backer, Bakas, Bennett, & Pierce, 2000: 250-251).

7. The Adolescent-Coping Orientation for Problem Experience (A-COPE)

Many scholars had enormous effort to develop specific population coping instrument. A-COPE is one of there attempt. Joan Patterson and Hamilton McCubbin (developed the Adolescent-Coping Orientation to identify the helpful coping behaviors adolescents employ to managing problems or difficult situations. This instrument was conducted by inductive and deductive way. First, 95 items were generated by analyzing data from structured interviews with 30 participants in grades 10 to 12. To stimulate for recall at individuals life change, the Adolescent-Family Inventory of Life Events and Changes (A-FILE) was completed by male and female adolescent. Then, describe what they do to manage the hardships and relieve the discomfort of the personal stress, family member stress, and stubborn life changes in general. A-COPE was organized by a hierarchical approach. They categorized two levels of abstract terminologies: 1) operationally defined through specific items as “coping behaviors”, and 2) operationally defined “coping patterns” when combined with coping behaviors into specific patterns.

When 95 items were conceptually categorized, seven coping patterns emerged as: 1) developing and maintaining a sense of competence and self esteem, 2) investing in family relationships and fitting into the family lifestyle, 3) investing in extra-familial relationships and seeking social support, 4) developing positive perceptions about life situations, 5) relieving tension through diversions, 6) relieving tension through substance use and/ or expression of anger, 7) avoiding confrontation & withdrawing.

Second, the original draft of A-COPE was examined by conducting research at 467 adolescents. By applying criteria to delete the items with almost no

variance, 68 items remained. Then using the principal components of factor analysis, varimax rotation method, 54 coping behavior items that loaded on 12 factors were identified as: 1) ventilating feelings, 2) seeking diversions, 3) developing self-reliance and optimism, 4) developing social support, 5) solving family problems, 6) avoiding problems, 7) seeking spiritual support, 8) investing in close friends, 9) seeking professional support, 10) engaging in demanding activity, 11) being humorous, 12) relaxing. These twelve factors account for 60.1 percent of the variance of the correlation matrix. The reliability of the subscales is .50-.76. Evidence for concurrent validity showed that adolescents coping patterns related with abating or increasing substance abuse.

Summary

Wife abuse is a very serious and complicated problem, and a root of women's health problems. Many women struggle and suffer to survive or end the abusive problem. The existing research reflects that scholars perceive the importance of this problem and attempt to explore and understand the abuse problem and its impact, especially coping to ending the abuse. Research in nursing provides knowledge by using the qualitative approach to explain the abuse experience and women's responses to the problem, and the quantitative approach is used to examine factors affecting abuse and impact. Many measurements were developing to be the tool to answer these questions. Most of these are assessment types and measure severity of abuse. In Thailand, the focus of research is similar to that of other countries. At this moment, there is no coping scale specific to the abused Thai wives population.

There are many theoretical bases to develop a coping scale. At this moment, the cognitive approach is considered the most appropriate to be a theoretical base to study the coping phenomenon. Additionally, situational-specific coping measurement is need in scientific investigation. Psychometric testing should be examined to support evidence of validity and reliability. In this study, literature reviewed provides important scientific knowledge base to develop and test The Abused Wife Coping Scale.

CHAPTER III

METHODOLOGY

In this study, the qualitative-quantitative approach was employed to develop and test the psychometric properties of the Abused Wife Coping Scale (AWCS). The presentation includes a description of research design, population and sampling, setting, instrumentation, data collection, protection of human subjects and data analysis.

Research Design

The design of this study could be defined as sequential mixed methods, an instrument design model for collecting and analyzing qualitative data and moving to develop and test a quantitative instrument. Creswell, Fetters, and Ivankova (2004: 7-12) have suggested that the purpose of this model is to develop an instrument that is grounded in the views of participants. Therefore, this study is deemed to logically conduct.

According to using sequential mixed methods to develop and testing psychometric properties of AWCS, this study was organized into two phases. The first phase consisted of four steps. The first step was investigation of abused wives coping by qualitative approach. Using this approach, concepts were synthesized from existing phenomena. According to this rationale, qualitative methodologies should be employed as a means to generate concepts for measurement (Mishel, 1998: 243). The second step was generation of item pool. The third step was determination of content validity by experts. And the last step was determination of clarity and readability. In second phase of psychometric testing, it required four steps; the first step was investigating the evidence of construct validity by factor analysis, the second step was finding the evidence for internal consistency reliability for subscales and total scale, the third step was investigating the evidence for construct validity using contrasting group approach, and the last step was testing the

evidence for criterion validity by examining the relationships among subscales of the AWCS and severity of abuse, marital satisfaction, and psychological distress.

Population and Sample

The population in this study were Thai women who were physically, psychologically, and/or sexually abused by their spouses, ex-spouses, or cohabiting partners. Since this study consisted of two phases, the sample size estimation and sampling method were performed separately according to the objectives of each phase.

Phase I: Development of the AWCS

The sample in this phase was presented into two stages; i.e., (1) developing coping strategies of abused wives, and (2) the determination of appropriateness and clarity.

Developing Coping Strategies of the Abused Wives

Participants

The participants in this study consisted of 22 Thai women who had experience of intimate partner violence. Snowball sampling and purposive sampling were used to recruit the participants.

The inclusion criteria for recruitment of the participants were as the following.

- 1) Adult over the age of 18 years.
- 2) Were currently in an abusive relationship, ending the abusive relationship, or leaving from abusive relationship.
- 3) Were able to use verbal communication.
- 4) Willing to participate in this study.

The exclusion criteria were as the following.

- 1) Unable to participate through the whole process.
- 2) To be threatened or harmed by their intimate partner if participating in this research.

Determination of Appropriateness and Clarity

To determinate appropriateness and clarity of the second draft of the AWCS, ten women who had experienced of wife abuse and five women who had never experienced of wife abuse were recruited.

Phase II: Psychometric Testing on the AWCS

Participants

According to testing validity and reliability of evidence to support the AWCS, combination of purposive and network samplings were used for this investigation. Purposive sample of abused wives were recruited from women who had attended emergency room, One Stop Service Crisis Center in hospital, and Friends of Women Foundation. If the abused wives had inclusion criteria and had not exclusion criteria (as mention in the first phase), the health care providers or the officers would ask for their permission to participate in this study.

Network sampling or snowball sampling is an extremely useful method in finding socially devalued groups particularly where it is difficult to locate in the population (Brink, & Wood, 2001: 141-142). Abused wives existed, but it is difficult to look for these participants. The investigator located desired abused wives characteristics and then asked researcher network persons such as; friends, colleagues, health care providers to identify and refer other people who meet the eligible criteria.

In this study, participants had diverse types and severity of abusive experiences, and wife abuse situations. Polit and Hungler (1995: 235) suggested that a purposive sample of various types of participants can be effective when the investigator utilize pre-tests and evaluates a newly developed instrument. Therefore, it is suitable to use purposive sampling combined with network sampling in this study.

The sample size in this phase was based on criteria of factor analysis. The number of participants needed is usually assessed related to the number of items. Since statistical significance is not tested in exploratory factor analysis, therefore the “power analysis” was not applied (Dixon, 2001: 309). However, the investigator should use large sample sizes to increase the ability to generalize from

sample to population and ensure that classifications are not just as effects of sample error (Dixon, 2001: 310; Nunnally, & Bernstein, 1994: 454). However, a small sample size can be acceptable if the instrument has strong reliable correlations and a few definite factors (Tabachnick, & Fidell, 1996: 640). Dixon (2001: 310) suggested that the minimum ratio of participants per item that is desirable to generalize from the sample to a wider population should be 10:1. Nevertheless, a number of scholars provided less ratio of subjects-to-variables that could be acceptable. Bryant, & Yarnold (1998: 99-136) suggested that subjects-to-variables ratio in factor analysis at least was 5:1. Knapp & Brown (1995: 465-469) suggested three subjects for each variable were occasionally acceptable. Comrey and Lee (cited in Tabachnick, 1996: 640) gave a guideline of sample sizes; 50 cases as very poor, 100 cases as poor, 200 cases as fair, 300 cases as good, 500 cases as very good, and 1000 cases as excellent. When considering a rule of thumb, sample size for factor analysis should have at least 300 cases.

In this study, five hundred questionnaires were distributed, 405 (81%) questionnaires were returned. Three hundred and seventy (74%) questionnaires were recruited in this study. The rest was excluded due to the following reasons. Nine participants had a few abusive experiences and interpreted those experiences as not abusive behavior. Five participants did not rate the severity of abuse. Ten women did not provide information about the abusive behavior even though they responded to the AWCS. Eleven women did not respond the AWCS completely. Nevertheless, the sample size of 370 is acceptable, approximately 7 subjects for each item, and more than 300 samples for factor analysis investigation.

Setting

Phase I: Development of the AWCS

In this phase, the study was conducted in four regions including the Bangkok Metropolitan and five provinces, i. e., 1) Nakhon Pathom and Prachuab khirikhan in central region, 2) Chumphon in south region, 3) Pha Yao in north region, and 4) Surin in northeast region. The setting for this study included the Friends of Woman Foundation in Bangkok, 2) One Stop Service Crisis Center in the hospital of Pha Yao, Chumphon, and Surin, and 3) convenient places mutually set by the participants and the investigator.

The interviews were conducted in a convenient place to the participants such as; a private room in hospital, clinic, office, a quiet corner at participant home, or workplace. Time and place for the interviews, were mutually agreed by participants and investigator.

Phase II: Psychometric Testing on the AWCS

Data collection took place based on hospital base and community base. Setting of data collection included the Friends of Woman Foundation, One Stop Service Crisis Center in hospital, and communities setting that represented various provinces and covered all regions in Thailand. One Stop Service Crisis Center were used to collect data for this research consisted of 9 hospitals. (Chiang Kum Hospital, Chiangraiprachanukraw Hospital, Sawunphacharuk Hospital, Chainat Hospital, Surin Hospital, Naangrong Hospital, Sara Buri Hospital, Ra Yong Hospital, and Chumphonkateudomsok Hospital). Four Emergency rooms in hospital consisted of Haht Yai Hospital, Hua-Hin Hospital, Jowprayayommarart Hospital, and Thamasatcharoempragied Hospital.

Convenient places were mutually set by the participants and investigator or research assistants. The participants were recruited from various provinces covering all regions in Thailand; 1) north region provinces: Chiangrai, and Chiangmai, 2) northeast region provinces: Nakhonphanom, Surin, and Buri Ram, 3) east region provinces: Rayong, 4) south region provinces: Chumphon and Songkhla, 5) central region consisted of Bangkok Metropolitan, Lopburi, Sing Buri, Chainat, Sara Buri, Pathum Thani, Samut Prakarn, Samutsakorn, Nonthaburi, and Prachuabkhirikhan.

Instruments

Phase I: Development of the AWCS

Step One: Developing Coping Strategies of the Abused Wives

The instruments used in this phase included the Personal Information questionnaire, the interview guide, and the investigator. The Personal Information questionnaire (Appendix G) was presented as an additional instrument in phase II. The interview guide (Appendix C) was developed by the investigator. It was used to guide the interview. The open-end questions were started with general statement as

“Please tell me about your intimate partner relationship since you lived with your partner”. The following questions were generated according to the emerging information of each participant and interview guide line to clarify the intricate detail of each participant’s experience. The investigator background should be provided for the readers, according to the findings of the qualitative study depend on the interaction between the data and the creative process of the investigator (Munhall, & Boyd, 1993: 206). The brief background of investigator was presented as the following.

I was a forty-one year-old Thai woman who was born and grew up in Bangkok. At this moment, I am married with a Chinese-Thai man and we have eleven-year-old and six-year-old sons. I hold a bachelor’s degree and master degree in nursing. After that, I was a nurse lecturer in Department of Medicine at Thai Red Cross College of Nursing. Five years in being a HIV-counselor volunteer, a number of women told me about their suffering experiences with marital life, and these situations were difficult to manage. According to the woman health program in doctoral program, I found that domestic violence and women dignity were serious problems. It directed me to study in depth by literature review and to gain experience by joining activities with Friends of Women Foundation for three years. Additionally, I had observed and counseled for intimate partner violence problems with people close to me such as my employees, and friends. Wife abuse is a trap with traumatic experience and marital bonding, difficult to manage and to survival with well-being. The investigator had experience with qualitative methodology, by studying and training in a course of qualitative research from Faculty of Nursing, Mahidol University. Therefore, my personal and professional experience could support and enhance this investigation and all the processes of data collection and interpretation.

Phase II: Psychometric Testing on the AWCS

According to testing psychometric properties, the additional instruments included: 1) Personal Information Questionnaire, 2) Marital Adjustment Test (Locke, & Wallace, 1987), and 3) General Health Questionnaire (Goldberg & Williams, 1988). Detail of each instrument is presented as follows:

Demographic Data Form

The Demographic Data Form (Appendix G) developed by the investigator consisted of two parts; (1) personal information, and (2) abuse-related information. Personal information included age, ethnicity, religion, home province, current province, education background, employment, personal income, current marital status, and husband's background. Abuse-related information consisted of husband's abusive behaviors, severity of abuse. Perceived severity of abuse was assessed by visual analog scale, a ten-ranked rating from 0-10. The participants were asked to identify the rank number that best representing their current feeling about severity of abuse. The right-end of the line remarked "the most severe", the opposite end of this line remarked "the least severe", and the midline remarked "moderated". Higher scores indicated higher level of perceived severity of abuse experience. Zero-score can be identified as no abuse experience in their life, or not considered such abusive behavior as wife abuse.

The Marital Adjustment Test (MAT)

The Marital Adjustment Test was employed in this study to assess marital satisfaction of the participants. In 1959, Locke, and Wallace developed this instrument by modifying existing instruments and using factor analysis to categorize the items. The last version of the MAT consisted of 15 items with uni-factorial. The items score were unequal weights. An overall total score was calculated by summing the scores of the 15 items. Possible scores ranged from 2-158. Higher scores indicated higher levels of marital relationship (Freeston & Plechaty, 1997: 419-434).

The MAT has been widely used to assess the marital quality over the last 30 years and it continues to be used despite the development of other scales. The original version indicated high internal reliability of .90. Currently, there are various evidences that support the psychometric properties of this instrument. Reliability through test-retest stability for men was .82 and for women .84, one month later the hunt scoring reliability was .75 for men and .82 for women. These results of stability are generally considered adequate. For criterion-related validity, the group means of the general, satisfied, and dissatisfied sample were compared using analysis of variance. The dissatisfied men and women scored significantly less than other two samples. By using exploratory factor analysis, there was a high correlation between

factor loadings of solutions for men and women. It can be suggested that the structure is very similar for difference gender. The factor structure was uni-factorial and held constant for men and women for the combined samples. The cutting-score of less than 100 indicated maladjustment. (Freeston, & Plechaty, 1997: 419-434)

The Thai Version of The Marital Adjustment Test was back translated by Wongvisetsirikul (1997). It was evaluated for content validity by nine experts, and evaluated for reliability in 200 first-time mothers by using Cronbach's alpha coefficient technique, the Thai Version of the MAT showed standardized alpha of .82. In this study, The Thai Version of the MAT was tested in 370 abused wives for evidence of reliability by using Cronbach's alpha coefficient technique. The standardized alpha was .88.

The General Health Questionnaire (GHQ)

Psychological health in this study was measured by the General Health Questionnaire (GHQ 30) developed by Goldberg (1972), and translated into Thai language by Nilchaikovit, Sukying, and Silpakit (1996). The GHQ is a self-administered screening instrument designed to detect current, diagnosable psychiatric disorders. The participants were asked to answer all the questions simply by choosing the answer that they thought most nearly applies to them at present time and their recent complaints. The total scores can be calculated by two methods. The first method as 0-0-1-1, if the participants responded two-first of the answers indicated 0-score. The second method was using 4-point Likert scale as 0-1-2-3 for the first, the second, the third, and the last answer. In this study, the investigator employed the second method.

The GHQ was originally developed by Goldberg (1972) as a means of detecting psychiatric disorders in the community. This instrument had 4 version as; GHQ-60, GHQ-30, GHQ-28, and GHQ-12. The larger versions (GHQ 30 and GHQ60) have been used very widely (see Goldberg and Williams, 1988). The less popular 12-item version has also been found to be a valid instrument for the detection of psychological impairment. The authors of the GHQ 30 have reported test-retest reliability at six months ranging from 0.85 to 0.92. Internal consistency reliability coefficients were established as ranging from 0.82 to 0.93 and validity

correlation coefficients between the GHQ 30 and standardized psychiatric assessment fell between 0.67 and 0.83.

Psychometric testing for The GHQ-30 Thai version (Nilchaikovit, Sukying, & Silpakit, 1996: 2-17) showed adequate evidence of support of the validity and reliability of this instrument. Evidence of reliability by using Cronbach's alpha coefficient technique in 100 client attended mobile medical service in Bangkok, was .91, split-half coefficient was .94. Sensitivity of GHQ-30 was 81.8, and specificity was 89.7. The cutting-score was 5/6. Evidence of validity was supported by generalized kappa (0.83). In this study, The Cronbach's alpha coefficient was used to analyze reliability in 370 abused wives. The result showed that the alpha coefficient of GHQ 30 was .98.

Data Collection

Phase I: Development of the AWCS

The data collection procedure in this phase was conducted and presented into 3 steps as follows:

Step One: Developing Coping Strategies of the Abused Wives

The purpose of this phase was to explore coping strategies of the abused wives. Data were collected through in-depth interviews. Volunteer participants of 22 women who experienced of wife abuse were recruited through purposive and snowball sampling. Abused experiences, including physical, psychological, or sexual abuse, were assessed by abused history in personal information sheet developed by the investigator and/or patient history in hospital chart. The abuser could be a spouse, ex-spouse, boyfriend, or cohabiting partner. In addition, the participants were selected based on emerging findings as the study progressed to ensure the adequate representation of important themes and to ensure that the good participants were selected to meet the information needs of this study. The recruitment process was stopped when the emerging data were redundant. The participants included in this study had variation in age, socioeconomic status, type and severity of abusive experiences, and abuse situations.

The appointments were set by mutually agreement between participants and investigator, and flexible to keep participants feeling comfortable and safe. The interview might be taken at first contact or second or third contact according to the situation. Participants were informed about the purpose of the study, data collection method, the usefulness of the study, and protection of human right. The interview times ranged from 1-4 hours due to some participants want to express their suffering and need support. All participants were interviewed at least once. Two participants were interviewed more than once to clarify and validate the interpretation of the data. The investigator used interview guide, probing technique, and specific questions in order to gain rich information. Interviews started with a general statement such as “Please tell me what has happened to you since you met your partner and sustained your couple life.” Listening, probing, and supporting were used with all participants. Each interview was audiotape recorded and transcribed verbatim. Data about the participants’ backgrounds were recorded after the in-depth interview. The process of data collecting on the qualitative inquiry started in October 2003 and continued until February 2004.

Step Two: Determination of Content Validity

The initial item pool should be generated comprehensively to cover a large number of potential items, and cover the facet and the domain of the target construct. Thus, judging procedures and psychometric analyses are used to eliminate the items (Netermeyer, Bearden, & Sharma, 2003: 74). Therefore, following development of the initial set of items from qualitative study, the investigator used both qualitative and quantitative procedures to identify elements of the items that need to be refined, changed, or deleted as suggested by Netermeyer, Bearden, and Sharma (2003: 103). Through qualitative procedures, experts remark the specific items by writing or verbalizing. Through quantitative procedure, the level of agreement among experts was assessed using statistic method.

Using qualitative procedure, two dissertation committees and five experts from external faculty were asked to review the first version of AWCS to determine a specific set of items reflected all of the content domains. Additional, they were asked for suggestion to eliminate redundant items, double-barreled, and ambiguous statements. The selection of the experts should be rigorous; the developer should

select the experts with specific criteria relevant with the content domain (Lynn, 1986: 382-385). In this study, one of dissertation committee had expertise in women health nursing and the other one had expertise in coping research. The five experts from external faculty were specialist and had conducted research in domestic violence area. These experts consisted of two nursing lecturers from different institutes, one educator in the field of social science, one educator in the field of psychological medicine, and the head-department of Women's Rights Protection Center, Friends of Women Foundation, the last one (Appendix F). The investigator provided a set of two papers to these experts: 1) Manual of AWCS, and 2) the first draft of AWCS. The Manual of AWCS contained the information about: 1) purposes of the AWCS, 2) conceptual base for developing the instrument, 3) the development of AWCS, 4) the items related to the themes, categories, and subcategories emerged from qualitative study, and 4) how to calculate and interpret the scores of the AWCS. The first draft of the AWCS presented items relevant to each theme, category, and subcategory.

In quantitative procedure, the second version of AWCS was evaluated by the same five experts from external faculty. Lynn (1986: 382-385) suggested that the investigator should wait for a period of 10- 14 days for review when using the same experts. In this study, after the first validation for 2 weeks, the experts were given the Content Validity Form and asked with respect to place item in one of four-point scale related to:

1) Relevance of item based on the construct definition and content domain using the following four- point scale: 1= *not relevant*, 2= *somewhat relevant*, 3 = *quite relevant*, 4 = *very relevant*

2) Clarity of item using the following four- point scale: 1= *not clarity*, 2 = *somewhat clarity*, 3 = *quite clarity*, 4 = *very clarity*

Davis (1992: 196-197) suggested that, the investigator should use the Content Validity Index to compare item ratings of experts in order to make decisions about inclusion/revision/exclusion of the items. Accordingly, the Content Validity Index was the proportion of items that expert reviewers gave a rating of quite/very relevant by both of them. Therefore, the CVI was calculated to accurately quantify the degree of agreement between the experts (Waltz, Strickland, & Lenz, 1991: 173).

Step Three: Determination of Appropriateness and Clarity

When the investigator refined the AWCS based on the experts review, 15 participants were approached to determine appropriateness and clarity of the second draft of the AWCS and adequacy for the study to be conducted, and free from any problems or bias. Ten participants were women who had experienced in wife abuse; the others were women who had never been abused by their partners. The participants who had various experience of wife abuse were included in this step: 1) their perception of severity of abuse from less severe to most severe, 2) types of abuse as physical, psychological, and sexual abuse, and 3) situation of abuse as living with abusive partner, temporary or permanent leaving from the partner. These fifteen women were asked to give feedback about the items in the AWCS in the terms of appropriateness and clarity of items wording. The participants were asked to indicate their problems when responding the statements of questionnaire and give suggestion to improve the statements in AWCS. Additional, format of the AWCS and timing to complete the questionnaire were evaluated. Waltz et al. (1991: 335) suggested that psychometric testing should be performed following the pretest and revised scale by participants' remark.

Phase II: Psychometric Testing on the AWCS

In this phase, the investigator contacted network, including friends, relatives, employees, client, or colleagues to get information about abused wives in their responsibility areas or available participants whom they could approach. After the investigator received the permission from Committee on Human Rights Relate to Human Experimentation Mahidol University, all purposive sampling hospitals received a letter that asking for permission to collect data from Mahidol University, brief proposal, and Documentary Proof of Ethical Clearance from Committee on Human Rights Relate to Human Experimentation Mahidol University. The investigator could collect data after the permission of Human Research Committee of each hospital.

Consent form with small envelop, information about emergency social and health service, Personal Information Questionnaire, AWCS, the Marital Adjustment Test (MAT), the General Health Questionnaire (GHQ 30), and a pen were packed in a large envelop. The investigator sent the questionnaire and explained the process of

data collection especially protection of human right to the research assistants who were professional officers, nurse, and other researcher's network (friends, colleagues, relatives). Professional officers and nurse had experience in working and supporting the clients with domestic violence problems for more than two years. The investigator continued data collection until February 15, 2005. A few of research assistants mailed their responses to the questionnaire to investigator. However, each of participant questionnaires and consent form were sent separately in closed envelop to the investigator.

Protection of Human Right

The proposal of the study and consent forms were approved by the Committee on Human Rights Relate to Human Experimentation Mahidol University, and Human Research Committee of Chiangraiprachanukraw Hospital, Sawunphacharuk Hospital, Chainat Hospital, Surin Hospital, Naangrong Hospital, Sara Buri Hospital, Ra Yong Hospital, and Chumphonkateudomsok Hospital. Four Emergency rooms; Haht Yai Hospital, Hua-Hin Hospital, Jowprayayomarart Hospital, and Thamasatcharoempragied Hospital. Before entering into this study, participants were informed with a complete explanation and written description about the purpose, the method, the potential risks, and the benefits of participation in this research, the protection of confidentiality, and their rights as subjects. They had opportunities to ask any question to assure the protection of their right. Then, a written consent was obtained once the individual decided to participate in the study. The information about social and emergency health service, and the investigator's office address and telephone number were given to participants.

In the qualitative study, the investigator transcribed the audiotape recorded by herself to assure the confidentiality of participant information. Additionally, the participants name, and related information were changed in transcribed data paper. A list of participants' actual names, and code number was kept in a safe cabinet. All paper and tapes containing data were kept separated in investigator's lockers at office room. When the study was completed, audiotapes and participants' personal information were destroyed.

In the quantitative study, consent form and questionnaire were kept separately in envelopes after each participant responded these papers. The investigator kept the consent forms and questionnaires separately in the locked cabinet. All questionnaires were destroyed when the data were no longer needed for the purpose of this study.

Additionally, the investigator and research assistants provided counseling to participants who felt suffering to deal with the abusive relationship problems. In cases of women who had suicidal idea and who had made suicidal attempts in the past, the investigator and research assistants assisted them to manage the problems and referred to professional officers for follow up when the women agreed upon.

Data Analysis

Phase I: Development of the AWCS

Step One: Conducting Content Analysis

Following, the taped interview data recording were transcribed verbatim by the investigator. The transcribed texts were analyzed using content analysis procedures described by Mayan (2001, 22-25). Content analysis was a circular process, categories and the relationships between themes might be changed when continuous additional new data were included. The investigator must work closely with the data, and answer the all questions in the process of inquiry. Content analysis consisted of 3 steps. The first step, coding process, was analyzing data by reading and re-reading all of the data, highlighting sections of the text and taking note about overall impressions, points of interest, plan for giving a name, etc.

The second step was to categorize the data in which the investigator selected the highlighted sections of the text and grouped them into categories. If the same piece of data fits more than one category, the investigator made other files to place it into another category. When data were categorized, the investigator read all file and the clipping data. New categories might emerge when negative cases arise and the investigator found similar cases. The investigator could develop sub-categories, if they emerged and were clear. Once the investigator could write a summary of categories and sub categories, evaluation of the internal and external homogeneity were required. The third step, developing themes, the investigator

thought about the whole picture and integrated the categories. The trustworthiness was established according to four criteria of credibility, auditability, transferability, and confirmability. Trustfulness and closeness of relationship between investigator and all participants were established when conducting the interview. Two nursing instructors reviewed coding of three participants, analyzed data and the finding. Two participants verified the finding. Words of the participants which were quoted to support the findings were grounded in situation.

Step Two: Determination of Content Validity of the AWCS

This study consisted of qualitative and quantitative procedures in order to determine content validity. Therefore data analysis used for qualitative procedure, was to modify the first version of AWCS following to experts' suggestion to eliminate redundancy items, double-barrel, and ambiguous statements. The next step was calculating the content validity index, after the experts had judged the relevance and clarity of the items. Moreover, experts were asked to recommend the new statement if they judged any item not relevance or clarity.

The CVI of new instrument should be more than .80. If the CVI is low, the investigator should evaluate the items that should be eliminated or revised to establish sufficient content validity (Davis, 1992: 197, Lynn, 1986: 382-385).

Phase II: Psychometric Testing on the AWCS

After the questionnaires were returned, the investigator examined completeness of data. Questionnaires were excluded from data analysis with these criteria; 1) the participants had abuse experience but they interpreted those behaviors as not abuse, 2) the participants did not rate severity of abuse, 3) the participants did not provide information about the abusive behaviors even though they responded to the AWCS, and 4) a questionnaire had missing data of more than 10% of each instrument. Missing items of the questionnaires were replaced by the mean score of each missing item.

SPSS version 10.0 was used for data analyses;

1) Analyses Descriptive statistics including frequency, percentage, to describe the characteristic of the participants.

2) Item analysis to evaluate univariate and multivariate characteristics of each item, and to determine the items that should be eliminated before conducting

factor analysis. Cronbach's coefficients alpha for item to item, and item to total correlation were calculated. According to Nunnally and Bernstein (1994: 264-265) guideline propose that for an early developed instrument, coefficients alpha may be acceptable at .70, a more developed instrument is expected to be .80 or more. However, the reliability of each subscale may be less than that of the total instrument because they are shorter. For inter-item correlations should average between .30 and .70. When evaluating coefficients alpha, the investigator should considered scale length, average inter-item correlation, and redundancy of item wording, heterogeneous samples, and complexity of scale dimensions. (Jacobson, 1997: 9, Knapp, & Brown, 1995, 465-469, Netemeyer, Bearden, & Sharma, 2003, 58-59, Nunnally and Bernstein, 1994: 265-266)

3) Evaluation of assumption to determining the appropriateness of factor analysis: by examined Bartlett test of sphericity, anti-image correlation matrix, and measure of sampling adequacy (MSA).

4) Testing construct validity evidence by using exploratory factor analysis. In this study, principle component analyses (PCA) with oblique and varimax rotations were performed to examine construct validity evidence belonging to the third draft of AWCS. According to the suggestion of Tabachnick, and Fidell (1996: 670-707), the criteria for treatment factor analysis consisted of: 1) the factors with eigenvalues greater than 1, 2) determining the scree test of eigenvalues plotted against factors, 3) an item loading cutoff point of .40 and above are interpreted, and 4) factors fit in the hierarchy of "explanations" about the wives abuse phenomena.

5) Testing Reliabilities by using Cronbach's coefficients alpha internal consistency for item to item, item to subscale, item to total correlation, and standardized alpha for subscale and total scale.

6) Testing Construct-related evidence of validity by contrasting group approach. Using Mann-Whitney *U* Test examined the difference between severe abused wives and less severe abused wives with subscales of the AWCS.

7) Testing concurrent criterion-related evidence of validity by Spearman's rho for determine the relationship among subscales of the AWCS and severity of abuse, marital satisfaction, and psychological distress.

CHAPTER IV

RESULTS

In this chapter, analyses of the study findings are reported following the methodology. The results are organized into two phases. Phase I is the development of the Abused Wife Coping Scale in which in-depth interview and content analysis are used to discover abused wives' coping strategies. Generating the items, determining content validity and determination of appropriateness and clarity of the instrument are presented in this phase. In Phase II is psychometric testing of the AWCS which demonstrated the evidence of validity and reliability.

Phase I: Development of the AWCS

The results in this phase are presented as follows: (1) description of the participants' background, (2) coping strategies of the abused wives, (3) first draft of the AWCS, (4) determination of content validity, and (5) determination of appropriateness and clarity of the instrument.

Participants' Background

Demographics of the Participants

The participants were 22 Thai women who had experiences of wife abuse. The majority of participants were Thai ethnicity and Buddhist (77.3%, $n = 17$). Ages ranged from 23-60 years, with a mean of 41.69 years ($SD = 10.55$). Participants were recruited from all regions of Thailand, with approximately 3-4 cases from each region. Educational background of the participants was at various levels; two women (9.1%) had no formal education, eight women (36.4%) had completed elementary education, four women (18.2%) received a bachelor degree and one (4.5%) graduated with Master's degree. Nearly all of the participants (86.36%, $n = 19$) were working as employee, vender, private or government officer, or farmer, and the rest were housewives. The participants' incomes varied from 0-40,000 Baht per month.

half (50%, $n = 11$) of them had low income. Some partners of the participants had on and off working status. The participant's incomes were also varied, range 1000 - 200,000 baht per month ($\bar{X} = 23,920.45$, $SD = 45,189.77$). Detailed characteristics of the participants are presented in Table1.

Table 1 Demographic Characteristics of the Participants (N=22)

Demographic Characteristics	Frequency	Percent
Age (range 23- 60 years)		
< 30	3	13.6
30-34	3	13.6
35-39	5	22.7
40-44	4	18.2
45-49	4	18.2
> 50	3	13.6
Ethnicity		
Thai	18	81.8
Chinese-Thai	2	9.1
Yau	2	9.1
Religion		
Buddhism	17	77.3
Spirit	2	9.1
Islam	1	4.5
Christianity	1	4.5
Deva	1	4.5
Home Region		
North	4	18.2
South	6	27.3
East	4	18.2
West	1	4.5
Central	3	13.6
Bangkok	4	18.2
Current Residential Place		
Bangkok	8	36.4
Provinces outside Bangkok	14	63.6
Educational Background		
None	2	9.1
Primary school	8	36.4
High school	2	9.1
Vocational school	5	22.7
Bachelor degree	4	18.2
Master degree	1	4.5

Table 1 (Continued)

Demographic Information	Frequency	Percent
Working Status		
Housewife	3	13.6
Employee	6	27.3
Private officer	3	13.6
Government officer	1	4.5
Vender	7	31.8
Farmer/Gardener	2	9.1
Income(range 0- 40,000 baht/month)		
≤ 5,000	11	50.0
5,000-10,000	5	22.7
10,001-20,000	3	13.6
> 20,000	3	13.6
Education of Husband		
Primary school	5	22.7
High school	6	27.3
vocational school	3	13.6
Bachelor degree	2	9.1
Master degree	1	4.5
Income of Husband (range 1000 – 200,000 baht/month)		
≤ 5,000	9	40.9
5,001-10,000	6	27.3
10,001-20,000	1	4.5
>20,000	6	27.3

Marital Characteristics

The majority of the participants had been on their first marriage (77.3 %, n = 17). Registered and non-registered marriages were nearly equal (45.5% and 54.5%). Almost half of the participants (40.9%, n = 9) were still living with their partners. Half of the participants (50%, n = 11) had been in their marriage more than ten years. Most of these women had children (77.27%, n = 17). In this group, 9 women had more than 2 children. The details were shown in Table 2.

Table 2 Marital Characteristics (N = 22)

Characteristics	Frequency	Percent
Number of Times Married		
One	17	77.3
Two	3	13.6
Three	2	9.1
Marital Registration		
Registered	10	45.5
Non-registered	12	54.5
Current Marital Status		
Living with spouse	9	40.9
Separated living	5	22.7
Divorce	8	36.4
Number of children		
None	5	22.7
1	1	4.5
2	7	31.8
>2	9	40.9
Length of time in marriage (range 2-40 years)		
< 5	4	18.2
5-10	7	31.8
>10	11	50.0

Experiences of Abuse

The participants have had experiences of physical, psychological and/or sexual abuse. All of the women had combination of experiences of at least two types of abuse; physical and psychological abuse. Nearly half (40.91%, n = 9) had experienced three types of abuses. The participants reported that physically abusive behaviors of their husbands included several acts and various severities. Physical abuse without weapon was the most common kind of physical abuse (86.36%, n = 19). Only two participants reported a single incidence of being beaten by their partner. Eleven of the women were traumatized by a weapon and one from a chemical burn. All of the participants confronted verbal abuse such as insulting, scolding, shouting, criticizing, and blaming. Half of the women (50%, n = 11) suffered from sexual abuse by their husbands. Three of these reported their husbands used force and threat to have oral/ anal sex or penetrated objects in sexual activity (see Table 3). When using visual analog scale ranged between 1 and 10,

approximately half of the participants (54.5%, $n = 12$) perceived wife abuse experiences as the most severe with rating 10. Of women who were still living with their husband, six was currently abused, and three reported ending the marital abuse, approximately 2 and 10 years ago. All women who were in second or third marriage reported they had experienced of abuse since the first marriage.

Table 3 Abusive Behaviors (N=22)*

Abusive Behaviors	Frequency	Percent
Physical		
Slapping, hitting, pushing, shoving, grabbing, beating, kicking, slamming against objects	19	86.4
Assault with weapons, chemical burn, throwing objects at participants	12	54.6
Psychological		
Verbal abuse (insulting, scolding, shouting, criticizing, blaming)	22	100.0
Ignoring participants' opinions	11	50.0
Having a man/woman lover	10	45.5
Humiliating in front of others	7	31.8
Disappearing	4	18.2
Scolding parents/nationality of participants	3	13.6
Physically/psychologically abusing children	2	9.1
Destroying personal belongings	1	4.5
Neglecting participants' sexual needs	1	4.5
Sexual		
Using force/threat to have sex	8	36.4
Using force/threat to have oral / anal /objects in sexual activity	3	13.6

* Note: more than one behavior was reported in each participant

Coping Strategies of the Abused Wives

The analysis of the in-depth interview data could be concluded that there were five themes of coping strategies employed by abused wives including: (1) trying to maintain stability in an abusive relationship, (2) attempting to end the abuse, (3) struggling to leave the abusive relationship, (4) managing the sufferings, and (5) seeking help in dealing with traumatic and abusive relationship problems. The details of these five strategies were summarized as the following.

1. Trying to Maintain Stability in an Abusive Relationship

“Trying to maintain stability in an abusive relationship” refers to regulating their cognitions and coping behavior to maintain their security and safety. This theme consists of 6 categories: (1.1) making positive comparisons, (1.2) forgiving rationalization, (1.3) temporary guarding, (1.4) keeping secret, (1.5) being tolerant, (1.6) self healing.

1.1. Making Positive Comparison

This way made the wives accept events which happened, as stated by this participant:

I am sad, but I don't want to cry when he stays with me. I can't find the meanings of my life. He has never done like that. Later I have some ideas that the others may be like this. Their destiny is the same as mine. The couple's life is not perfect. My husband just drinks and he doesn't drink every day. Furthermore, he doesn't abuse me everyday. That's right. I can have a good night sleep that is self-soothing. Other husbands drink, gamble and have polygamy. Their wives can accept every thing. My husband is better than theirs. Why can't I accept him? He isn't bad. He gives me money every month. (09: p7, 21-28)*

Self-soothing by making positive comparison can help a woman to maintain her stability in an abusive relationship. The following statements illustrated examples:

Sometimes I am very stressful. Sometimes I want to die. Other women are worse than me, but they are still alive. I must endure. If I am stressful, I will discuss it with my friend. She always tells me that others are worse than me, but they can still be alive. So I endure. (15: p3, 21-22; p4, 1-3)

* Note: Data coding: 09 refers to participant's code, p 7 refers to page 7, 21-28 refers to line 21 to line 28.

1.2. Forgiving Rationalization

For this category, the reasons the wives are able to maintain their stability in an abusive relationship with their partners come from many factors that affect their partner's aggressiveness. Rationalization can make women forgive their partners and be able to maintain their stability in an abusive relationship. One participant felt sympathetic with the plight of a homeless husband. Furthermore, he was not ready to get married. Therefore, she forgave all of his abusive acts.

I forgive him because his father left him alone when he was 10. His father had two children and he was promiscuous. His daughter was sent to learn and his son, my husband married me. He was too young to marry at that time. He was just teenage husband so he didn't have any responsibility for his family. (13: p7, 29-34)

In the case of a working woman, she reported that her partner was abusive because of a traumatic experience as a child.

I really pity him because he came from an imperfect family, so he developed aggression. He told me his mom took him to a step-mom and she brought him up. His step-mom tied him in a chair for a long time. When he met his mom or his step-mom again he told me who was good, who was bad. I analyzed his experience, and forgave him for his aggressive acts. (06: p2, 32 - p3, 5)

Another woman thought that her husband assaulted her because of alcohol. Normally, her husband was good.

When we have a quarrel and he beats me, I don't have any ideas to separate from him. I never think to get divorced. It is impossible because he sounds bad just a short time and we have to forgive the drunken. (09: p5, 11-14)

One participant forgave the abusive behaviors of her husband because she thought about the honeymoon period that he performed to be a nice husband after the assault. Furthermore, she rationalized that she did not provide her times for taking care of him, so he had minor wives.

Unless he drank, he would be a kind person. He was extremely a different person after drinking. He assaulted me. However, after he recovered from drunkenness, he would apologize to me when he saw I was very angry ...He said that he really loved me. He never

loved others. He did it because he was jealous of me. I forgave him. He had affairs with other women, but he didn't want to take anyone home. He said he didn't want to make me regret. He was lonely because I didn't have enough time to take care of him. I had to take care of my children at this home, but he worked in another town. We were far away from each other. (08: p2, 2-5; p3, 1-5)

1.3. Temporary Guarding

A number of women felt that they had to maintain stability of self and family in an abusive relationship. They had to avoid a quarrel. That is self-guarding. When the problems seemed to be terrible, these women tried to avoid confronting aggressive partners. These ways seemed to be safe for them, while they were maintaining their stability in an abusive relationship.

1.3.1. Avoid Confrontation

Some women avoided confronting their partners by hiding themselves in somewhere, such as in a room, in the car, or going out for a while. This is another way of reducing abuse situations.

Mostly, if I know that he will hit me when we have a quarrel, I will walk away from him. When he gets angry, I will walk away for a while and come back. Then I will be safe. But if I have a quarrel with him, word by word, it will continue for long time.... So, I go away approximately half an hour or ten to twenty minutes. When he calms down, I will come back. (15: p2, 12-14, 18)

Another effective way is going out, but I must come back home. That is, drives a car somewhere for an hour, and waits until he sleeps. Then I can go back home. Especially, I must go back. If I don't, I will get a terrible time. Once, I went to go to sleep at my mom's home then went back in the morning. He was angry and assaulted me. (20: p7, 20-24)

Not talking about the abuse event is another strategy that is a very effective way to prevent husbands from aggression and assaulting them. "Mostly I don't talk about the past events because those will make him furious." (09: p5-8)

Self-protection is a good strategy which protects one from bodily injury. In case of this, the northern woman tried to hide weapons and hide herself inside a room. She didn't haggle with her husband.

If I can do nothing, I will hide knives. At that time, nobody can help me, or my children. I must stay in the room all night. ...If he drank, my children and I would hurry to finish all activities, such as taking a bath, eating food...then left some food for him on the table and hurried to go into the room. That was to avoiding haggling with him, and let him alone.(16: p8, 1-5)

Some women also try to hide weapons to save themselves from severe trauma.

If he has just taken a knife, I will run away. If he drinks, I will hide all of the knives. That's the way I protect myself. (09: p5, 30-34)

Another woman said about the cause of family violence came from the factor of her children. When her husband taught his children, he always got angry with them. Another way of solving this problem is keeping him away from teaching their children.

He is so worried about every thing....his job and our family. He is very serious, all things he wanted to control as he designed to be.....When he was furious, he hit children. After that he attacked me.....It was continuing events. Now I teach my children by myself. (22: p1, 21- p2, 34)

1.3.2 Avoiding a Quarrel

To avoid quarrels with partners, wives should yield to their partner. Like this participant, who has learnt that if she didn't yield him, they would have a quarrel with each other. Therefore, she should yield to him in order to avoid the quarrel.

He thinks that he is too big, so he never yields to anyone, including me; we always have a quarrel because we don't have the same thought. I need to protect myself so I have to yield to him by thinking as him. (13: p1, 24-33)

Some women must act against their wills, including having unwanted sex, as this participant did to prevent the quarrel.

He threatens me as....an animal like a dog (She cries out while she's speaking). The worst is having unwanted sex, when he cannot stop his sexual need; he does it as a dog does. I must do it. I don't want to do it.... I am his wife, but he treats me as a prostitute, touches my breasts, and my legs in public places. He always looks upset when I push his hands off. I don't know what I am; his wife or prostitute? If I am against him, we will have a quarrel. (03: p11, 7 – p12, 10)

Another participant is a famous rich woman. She ran a business with her husband in a province. She usually performed against her need to support her husband desire such as decreasing social activities, cooperating with his sexual activities in order to decrease the incidence of the quarrels.

I was really tired. I had to do many job including taking care of my five children. I had too much works to do. I was too tired to have sex with him. He forced me to have sex with him. I was not happy at all. I thought he had a mental disorder. He forced me to take nude photographs. He took pictures of each part of my body, especially that part. I didn't know his reason. Furthermore, when he had sex with me, sometimes he put objects as a torch into my vaginal canal. ...very ugly... I didn't know how I could stay with him.... You know?...If I rejected when he wanted any thing, he would be moody and had a quarrel with me, and ended up with beating me. (07: p2, 25-33, p3, 10-12)

1.4. Keeping Secret

There are many reasons that women have to keep the abusive situations as top secret such as feeling ashamed to be an abused wife, preventing relative's force to separate them from their husbands, and being afraid that it may worsen the situation when their abusive happening disclosed.

One participant was an executive and had many subordinates in her work place. She tried to keep the bodily injury a secret. Because she wanted to maintain her image, so she had to care for her bruises to make them disappear as quickly as she could. If there were still some bruises or scars, she would not go outdoor.

He hurt me, so I had to cover my bruised scars on my body. I must keep my image. I had to hide it from my staff. That's not good. I suddenly used herudoid to cure the bruise so that I would get better soon. If I didn't hurry to cure them, I wouldn't leave home for 2-3 days, and stayed only in the room. I just ordered my employees and worked in the room. (06: p4, 19-26)

This participant also kept the abusive situations as a secret with her mother. Because she thought that if she told her mother, she might be sad and told her to leave her abusive partner.

At that time, my mom was sick. She couldn't move herself, so I had to take care of her, but I didn't say anything. I thought that if I told her, she might be sad... and actually, she would tell me to leave him. (06: p5, 20-23)

A number of participants keep secrets because they are afraid that the happening, may worsen the situations. Therefore, keeping secrets was a way of solving problems. One participant asked her mother for help, but she didn't understand her.

First, I revealed my problems to my mom, but she didn't understand. She thought that I wanted to separate from my husband. He helped my family. He lent my family some money, but he gave me nothing. I didn't tell this to my mom because I didn't want to make her sad. (04: p5, 7-14)

Another participant had to keep secrets because her partner had to keep his image. If he knew that his abusive behaviors were disclosed, he would assault her. She stated:

I was crying, but he told me to stop and acted as nothing had happened. I had to smile when I went out of the room. I thought that he should be a good partner, but he killed me as I was alive. (03: p4, 21-25)

1.5. Being Tolerant

Trying to stay with her family in an abusive relationship, a woman said that she must endure. She gave many reasons for being tolerant. It was for her child, because she didn't want her child to be a broken home child, and another reason is social judgment. She still loved him, such as this woman.

I had to endure because I couldn't have many husbands. He drank and we had a quarrel, but I had to endure because of my child. I saw my child's face and he said, "Don't go away mom"...If I escaped from them, my husband would drink, he would leave his job, how would they live? They would have problems. I thought of treasures that we helped each other collect for a long time. They were sold out. What about the children's education? If I went back home, my parents would be worried about my family's problems". (09: p 3, 25 - p 4, 1)

Some women are tolerant because of social judgments. An example was a participant who once got divorced from her ex-husband. If she separates from the present husband, she is afraid of social judgments from this repetition.

If I can't be enduring, I'm afraid that others will curse me. He's bad, he doesn't understand me, and he doesn't care about anything. Does he think about the fact that... why I am staying with him? (14: p8, 1-5)

Love is a strong bond; it causes women to be unable to leave their husbands such as this woman, a social girl. Because of love, she is tolerant with her husband who assaults her. That is the only reason.

A doctor asked that how I was tolerant. I answered, “because of love”. (20: p13, 11-12)

1.6. Self Healing

When women confront with physical and psychological trauma that were not much severe, many women tried to heal themselves by many ways such as using drugs that they had bought from a drug stores, and taking rest. This is an example case of a woman, who heals herself by buying pills from a drug store. However, time is needed for recovery.

I went to a drug store and bought drugs to heal my bruised scar... (Interviewer asked her “After taking drugs, Do you fell better?”) I don’t know, but it takes time”. (03: p14, 31-34)

If assaults are not dangerous, many women prefer self healing, such as staying alone, sleeping, and using drugs. As two participants stated:

I heal myself by using liniments, taking aspirin or other tablets. Only once, I went to see doctor because I was hit and became unconscious. (01: p 16, 16-17)

I was staying alone in my house. If I went to see a doctor, I would take drugs from the doctor and hurry to go back home. I didn’t say this to anyone including my relations. I didn’t want to see them. I wanted to stay alone...I took drugs for one month because I had got serious bodily injury. My ear swollen for more than two weeks. Around my head was really painful. I had got headache all day and all night. It was worse than migraine. After taking tablets, I would sleep. I seemed to be unconscious, so I didn’t want to go anywhere. I slept for twenty hours a day. (07: p6, 14-21)

2. Attempting to End the Abuse

In this study, “Attempting to end the abuse” refers to coping strategies that are aimed to end the abusive behaviors of their husbands and find out to escape the situation under pressure. This theme consists of 4 categories, (1) resolving the abusive affecting factors, (2) doing well, (3) retaliating against abuser, and (4) using violent ways.

2.1. Resolving the Abusive Affecting Factors

In order to end the abuse, the wives attempted to reduce factors contributing to the abusive situations. The factors founded in this study included family conflicts and factors affecting aggressive behavior.

2.1.1. Resolving Family Conflicts

Family conflict is a cause or factor of abusive relationships. The most violent problem is polygamy, both female and male, so the best way to resolve this problem, in order to end the abuse, is to resolve the cause and try to understand each other.

He came back home about 9 p.m. He asked why I was staying there and then he suddenly came to hit on me. "What's this? You think I am a buffalo? My uncle is in the house, but you take a bath" he said. I didn't know why he thought like that. He didn't trust me. I said I was his wife and that man was his uncle. I was a human. I was not an animal. He shouldn't say this. He was very furious and he didn't know what he should do. He forced me to accept what I didn't do. I didn't accept, then I called his mom and told her about the problems, but his mom said nothing. "You call his uncle and tell him to come here; do you have his phone number? If he doesn't come, the problems won't be resolved", I said to his mom. (04: p12, 18-27)

Communication is for resolving problems which bring about family violence and expressions of physical violence towards each other. That is another way to help the couple attempt to resolve violent incidents in the family. Although for temporary period, both of them must try to change their behaviors.

I left him for a while. At that time, he called me and asked what's wrong with me. Did I still love him? I replied in case he loved me, he must no longer be rude to me and then I would come back... "Didn't prod over the past. We both had bad behaviors. I accepted I was an easily angered woman because my parents treated me good. After that, we didn't try to know more about each other" I told him and he seemed to understand for a while..... Later we expressed physical violence on and off. I told him that this New Year was our 12-year wedding anniversary. I told him that I wanted something but not valuable things. We exchanged one promise from each other. He asked me to reduce my furious emotion in half. I said I would try to. Further, I told him that he must not assault me anymore. (20: p3,5 - p8,10)

2.1.2. Resolving Factors Affecting Aggressive Behavior

These were two example cases of aggressive partners drinking alcohol. The strategies of reducing and quitting alcohol are very important. Women must try to push, convert, make demands, and get rid of bad environment, for instance.

I used to talk to my husband when he had a consciousness and I still repeat this warning day by day. Now I haven't enough money but it doesn't matter. Even though, children are learning. The only thing that I want is that he doesn't drink anymore. His friends invited him to drink with them, and he refused... For three months, he didn't go anywhere, only stayed at home, and read a very big Buddhist book. He read them all for a few days. He seems to be another one. (09: p2, 10-16)

I also expressed aggressive behaviors to him. I always kicked a table collapsed down then I told his friends that who drank with him would get troubles and I would tell their boss, and his boss helped me to stop him. Now everything is good. (20: p19, 2-5)

Finding the best approach to release a partner stressor is another way to reduce tension that is a factor of abusive problems.

I suggested him saw a psychiatrist, but he refused. If I suggested him talked with his friends, he would talk about his children and cry out...I can be his consultant, but sometimes it's too much. I told his friends and asked them to come twice a month. On Father's Day Celebration, he met his friends and talked to them about this. Then he felt better. (20: p11, 14-15, 18-20)

2.2. Doing Good

Doing Good for a partner is a strategy for confronting problems: make him relaxed and happy, and create a new environment to reduce bad emotions that may be a cause of aggressive behavior. A woman hopes that she will not be abused anymore.

I have to do well for my husband; for example, serve fish, and make his feet relaxed when we are eating. If I don't do well, he will throw everything on the table. (03: p11, 24-30)

At the present time, I try to do everything. I hope he'll be happy and stop drinking. When he goes back home he can drink soft drinks, sweets, and orange juice provided. When he gets furious, I

must calm him down and speak only sweet words, such as I will take him to take a bath, eat rice. What he would like to eat, I must do, because I want to escape from his aggression. He really loves me to take care of him. (09: p5, 14-P11,18)

2.3. Retaliating against Abuser

Non-violent retaliating against an abuser to correct aggressive behavior consists of temporary separation and shutting down. This strategy might be able to stop aggressive behavior for a short time or a long period.

2.3.1. Temporary Separation

Most women use this strategy because they believe that this way can stop aggressive behavior. Temporary separation varied from escaping to other places for a while, making a conclusion to transient separate, in order to make partners realize their bad behaviors, feel guilty, and appraise the effect of separation.

He hit me and put my head against the wall. My blood splashed and the stain can be seen on the wall. My elder sister said that I should get divorced, but I thought about my two children. Once I went to Bangkok. He called and asked me to go back, but when I went back he hit me with a helmet. (14: p1, 11-16)

Making the conclusion for temporary separation is to give time for a partner to think about bad incidents in the past and stop expressing aggressive behavior.

I separated from him for a while. He wants our relationship to continue as it used to be, but I'm afraid that he sometimes will not be able to control himself. However, there're not any problems. We still contact and help each other. (11: p4,2-3, 5-6)

Some women may escape from their partners many times because their escaping isn't their willingness to get separated. They want their partners to stop their aggressive behavior. They will escape again if their partners express their aggression again. They want to get out of this cycle such as this woman does.

I don't want to go away from him. It's just to give him time to realize and stop abusive behavior, but he doesn't. Now I only think about escaping from him. I can end our relationships. Staying alone is worse but I don't care. (07: p 4, 30-36)

2.3.2. Shutting Down

Women try to present shutting down the relationships while living together. They hope that their partners will repent for their misdeeds. For instance, of a woman whose husband worked in other province since marriage. They lived together in holiday. When her husband beat her, she tried to present shutting down the relationship by not communicate with him to retaliate against her husband.

I refused his line every time. He didn't have anyone at all except my children and me; therefore, he became madly furious. (22: p 8, 28-33)

Abusive partner always makes love with his wife in order to express his love and apologize to her after expressing aggressive behavior. But woman usually refuses sexual intercourse at that time.

He was used to asking me to make love but I refused. I said that he hit me so he couldn't touch me. (20: p18, 23-25)

2.4. Using Violent Ways

This strategy is used for stop abusive partners. Women suddenly fight back if they are assaulted. They might suddenly fight back or wait and do it later. Some women are hurt in order to fight back with their abusive partners.

2.4.1. Fighting Back

Fighting back with malice, some women desire to do it by themselves, some might hire others to fight back with their abusive partners. Some stop their desire; think about many reasons to give up. In the case of this participant, she greatly resented her abusive husband. She's been assaulted and he hurt her mind. Furthermore, he refuses to take care of sick children. When he was with another woman and separated from her, she strongly resented him.

One day, I bought a bottle of acid water and put a knife into my bag. I thought whenever I saw him...., I would splash acid to his face. I wanted him to know that a non-educated man, just only Pratom 6, who couldn't even write his name, and became ugly, he would still attractive or not. If you ask me if I want to kill him, I'd say no, because it's easy to die. I want him to be handicapped. He knew well I followed him to hurt him and he tried to hide. I accept I'm really an aggressive woman. He didn't honor me at all. Once we met each other on the way. I took a big piece of wood and

stood against his car. When he got out of his car, I couldn't do it because I loved him. I didn't hit him. Finally, he hit me and I collapsed down on the ground. He said that if I thought to harm him, I must successfully follow my idea and can kill him. If I don't succeed, he'll suddenly fight back". (04: p 35, 29 – p 36, 7)

Hiring somebody to fight back with an abusive husband is planned by this participant.

He took a knife to harm me, but he couldn't fight me. I kicked him away. I seemed to be a mighty girl at that time. If he hurts me next time, I'll employ a hired gun to shoot him (21: p4, 27-28)

2.4.2. Self- Destruction

When a woman thought that she had no way to end the problems of an abusive partner, self-destruction is the last way she thinks about, in order to escape from all suffering.

I wrote a letter before dying, but I didn't die. He always hit me again and again. He's the same as my past husband. I had an intention of suicide, but I couldn't. How was my destiny to marry such a husband? (14: p4, 11-16)

When we went to sleep, he said to let him sleep but I cried out he shouted at me with rude words. I got up and went to sit outside the room. What a suffering life. My children were taken away. I sprayed insecticide into the glass then I drank it but I am still alive. My husband walked out the room and saw me then he took me to the hospital. (04: p9, 23-31)

Some women had suicidal thought but did not commit it yet. This is a sample case of a woman, who was fearful all the time because she couldn't solve her terrible problems. She was strongly afraid of her abusive husband. Suicide was the last choice to end with abusive husband that she could think of.

He threatened me. He would assault me. From that time he did the same again and again. When he shouted at me I felt ashamed. I didn't want others to know this. Then I thought I couldn't do anything. Dead is better than still being alive, but I just thought of. There was no way to escape. He didn't want to separate from me but to express aggressive behavior. (06: p6, 26-30)

3. Struggling to Leave the Abusive Relationship

“Struggling to leave the abusive relationship” is defined as coping strategies to leave an abusive marital relationship by separating from one’s partners. There were three categories: (1) reframing self, (2) reframing marital relationship, and (3) asserting to leave.

3.1. Reframing Self

Women need to reframe themselves and their behavior in order to push themselves to leave the abusive relationship. This strategy consists of: (1) developing personal strength, (2) disclosing, and (3) reconsidering the meaning of life.

3.1.1. Developing Personal Strength

Women try to develop their personal strength in order to get rid of all problems and cure from abusive relationship. Nevertheless, they insist on separating from their partners.

I really regretted. I don’t know why he abused me and expressed aggressive behavior to me. Should he do this to me? I need time to cure my mind and develop my personal strength. I must be strong, and fight back. Don’t cry. Don’t have regret. It is only a past life. (13: p5, 10-14)

Leaving him was too difficult to do for me at that time. First of all I tried to cheer up my mind to be strong, focused on problems, and not thought about past events. I needed to focus on my future life, and make life plans. If I don’t focus on solving problems, I can’t manage my child’s caring. I’m worried about this. (22: p15, 6-11)

Sometimes, hope is another way to support personal strength, and help women struggle for a better life.

I try to cheer myself up if I’m weak, or I’ll be defeated. For these, who have many terrible problems, destiny may change. It’ll be better...nobody can help us for a long time. We must live by ourselves. At this time I’m very proud that I can stand by myself. (07: p9, 9-14)

3.1.2. Disclosing

Confronting abusive husbands, or separating from husbands, all these make most women embarrassed. If they insist and dare to disclose their secret problems and don’t care anymore, this is a good strategy which helps women

to struggle and escape from abusive relationships. Such was the case of this participant. She made a plan to separate from her husband if he did not change his aggressive behavior. She did not care who knew about her secret problems about her husband's assaulted on her and her child. If she lodged a complaint, the police would come to see her. Furthermore, she asked for suggestions from the Friends of Women Foundation. This Foundation helped her to make decisions about how to resolve violence in the family.

I'm really glad that most people still have positive thinking about me. I don't care about anyone because my child and I want to be free from my abusive husband. I lodged a complaint and told my husband that I didn't care about the police, who came to my home. Furthermore, I turned to the Friends of Woman Foundation to help me to make decisions on how to resolve violent family problems. (22: p6, 8-27)

Many women can't avoid the cycle of assault. Furthermore, they keep it a secret. Later, they have an idea. They get up to have a fight and they are not ashamed anymore. Women are daring to reveal their secret; they are able to ask for help in order to end the problems of assault. It's not time for being assaulted or struggling alone.

I tried to escape from him many times in the past. He hunted me, called me and made me frightened. At that time I was really afraid of him, but later everything changed. I'm not afraid of him anymore. I asked for help from others. I'm not ashamed to do that because they can help me. They have knowledge. They know well how to manage these problems. If I am still ashamed and try to keep everything in secret, he will do whatever he wants to do. (06: p6, 5-8)

3.1.3. Reconsidering the Meaning of Life

Women try to stand against their husbands by reframing themselves. They consider the meaning of their lives. They must be free from violence. They must not commit suicide. They have to be alive for their children and themselves. This thought will help them and drive their power to keep fighting for being free.

I didn't commit suicide because of my child. He can't take care of them...Now, I know that my children are valuable to me not my husband so I should be alive and be strengthening..... One day, fortunately, I'll be better but I wonder why God doesn't give a chance to the good woman (12: p5, 14-49)

Separation is a way to escape from abuse. Reconsidering the meaning of self and developing for a better life are the better ways. It is a good idea that everyone should have. Such is the case of this participant:

Unless I try to get the better life, others will look down on me. After I separated from him, if I had stayed with another, my life would have been the same, so I must develop myself. I must learn more and then try to get better work. I hope I will be well-educated and have great work to do. I will have a chance to meet a better one. He needn't to be rich, just be a good man. I deeply regret leaving him. Who will take care of him? However, I don't want to turn back, even though he tried to tell everyone that I left him, that I have another one. He's never wrong. (05:p15, 28-35)

In this case, the participant has good social status and is rich when she lives with her husband, so considering the meaning of life is really important because she has to live alone and her social status will change.

Don't prod over the past. It's really useless. I needn't dedicate my life and my soul to him anymore. I'm not important to him. He didn't value my self esteem. If he did, I would dedicate my life to him. (07: p5, 15-17)

3.2. Reframing Marital Relationship

Reframing the marital relationship is very important because women can make their decision and reduce their sensitivity if they must separate in order to end abusive relationship problems. This strategy consists of: (1) Analyzing partner's behavior, and (2) Breaking away from emotional bonding.

3.2.1. Analyzing Partner's Behavior

Most women separated from their partners because they had already analyzed their husbands' behavior. They were terribly abused. His expression showed that he didn't love her anymore. He was really bad. For these reasons a woman can make the decision to separate from him. This is clearly reflected in this participant.

I analyzed him for a long time. At last he attacked me violently. He didn't love me at all. If he did, he wouldn't attack me like this. My hands and my legs were broken. I made my decision to leave our relationship because I didn't want to suffer from this. (13: p8, 19-27)

This man's really bad. I wrote about his bad behavior in my diary. I read it to remind myself that he's ugly, so there are no reasons to turn back to him. (07: p5, 11-14)

At first when I wanted to separate from him. I thought about his past behaviors.....good and bad. He didn't honor me or support our family at all. He was really bad for me. I had got a conflict in my mind. I don't know why I didn't leave him. But later he took another woman and did not care for our child. It was a really unbearable thing for me. I made my decision to separate from him because of this reason. He chose that woman instead of his child, even though his child really took after him. (04: p38, 11-24)

3.2.2. Breaking Away from Emotional Bonding

Emotional bonding is like a cage from which a woman can't escape from an abusive partner. Breaking away from emotional bonding is a method of confronting a problem which is formed by emotion and then expressing it. Some do it gradually, while they live with their husbands. Someone break away from their partners furiously or rancorously.

For two years, I really needed to break away from him but I didn't know what I should have done. I was really afraid that my husband would hunt me because he said if I went away from him he would follow me. Therefore, I tried to deny it, even though I didn't love him at all. Sometimes I forced him to go away, or I pretended to be a silly wife, but he didn't hate me. (05: p9, 21-31)

This is a sample case of a woman, who could break away from her first husband with feeling of angry and hate instead of love and passion for her husband.

He looked really good. He was a diligent man but when he wanted to have sex with me, he hurt me, so I really hated and detested him and I broke away from him. (12: p6, 1-10)

In the time of separation, if women have affairs and must contact each other, a woman will not contact her husband directly. She tries to avoid meeting him and speaking directly to him, in order to break away from emotional bonding.

I don't love him and I don't care about him anymore because he is really bad for me. Sometimes I'm afraid that he will be in a

difficult situation because he's a foolish and lazy man. He never plans his life. I'm worried about his child.....I miss him, but I don't want to meet him. I will give him some money if he doesn't have it. He always thinks of me when he doesn't have money. (03: p18, 4-8)

3.3. Asserting to Leave

When a woman asserts to leave her husband, she must concentrate and plan on ways to manage to leave. Even though, she needs to spend a lot of time to make her decision before separation. She must make sure that she can assert herself more. Furthermore, the way of showing her decision to leave is very important in order to stop her husband from taking her by force, so she can escape from the abusive couple's life.

3.3.1. Planning and Managing to Leave

A woman needs to manage all her burdens, finances, dwelling and children's education in order to plan and manage to leave. Some women can leave their husbands but some cannot because of many factors.

I made a plan and managed to leave him. I sold all the valuable things in order to get money, but I couldn't because I was really worried about my children. (09: p10, 27-34)

Asserting and managing all finances are very important. Women must be able to live alone after leaving husbands. In the case of this woman, she greatly needs to struggle to live because her husband didn't give her anything at all.

At that time, I had little money. I was really worried that if I had gone to stay with my relations, they might have been upset with me. I didn't want to have problems with others...even though I have little money now, I can make more lately. I can't sleep well and cry every night because I really suffer about this. (07: p5, 1-12)

This woman made plan and collected all legal documents in order to get divorce.

I took photographs when he assaulted me, and I wrote everything in my notebook every day. I collected all these documents in order to plan and manage to get a divorce. (20: p13, 4-9)

3.3.2. Showing the Decision to Leave

Showing the decision to leave is a way of showing an obvious decision to stop the assault permanently by separation. Sometimes one must try to do this because one must struggle with a violent reaction.

I can't accept his behavior. Even though he shouted me or expressed aggressive behavior, I insisted on showing my decision to leave him. (06: p11, 9-15)

In the case of this woman, she showed her decision to leave with her husband resolutely, even though he asked her to stay with him. She can end the abusive relationship resolutely, both the body assault and sexual assault.

Everybody asked me about the cause of separation, but I didn't explain to them. He was really good looking, but when I refused to have sex with him, he hurt me, He attacked me. I couldn't accept it therefore; I showed my decision obviously to leave him. (12: p6, 9-11)

4. Managing the Suffering

"Managing the suffering" refers to abused wives' coping strategies focusing on managing mental pain, grief, loss, and deterioration of themselves at any moment in the cycle of abuse including when leaving their abusive partners. There are two categories in this theme, accepting the situation and releasing the suffering.

4.1. Accepting the Situation

Some women can accept the situation because they accept in rationale their karma-doing good begets good return, doing bad begets bad return. This concept helps her to manage her suffering more quickly and then she can find the way to solve problems. Such is the case of this woman. She said that she accepts the separation status. Even though she tried to do many good things for him, he did not stop his relationship with other women. When she makes the decision to separate from him, even though she really suffers, she must accept this situation.

I think I must accept the situation because I tried to do my best and did many good things for him. Sometimes I'm like his slave; therefore, I mustn't care and must accept it. (03: p17, 18-21)

Many years ago, I didn't think about it but later I confronted many severe problems. I suddenly thought of accepting in rational my karma. (01: p18, 9-11)

Some women have passive acceptance because they believe in spiritual predestination and Karma. This can make them happier and decrease their suffering, but they might not solve problems directly.

He was very poor because he was handicap. My neighbors said that if I had wanted to separate from him, I would have separated since he didn't lose his arms. He didn't want anyone to help him and stay with him. I should endure. We are a karma couple. (15:p4, 7 – 9)

4.2. Releasing the Suffering

Releasing the suffering refers to problem confronting which emphasizes releasing the suffering, which might be for just a short time, or make one little happier. This consists of venting of suffering, increasing physical activity and using cigarettes, drugs or alcohol.

4.2.1. Venting of Suffering

Women have different methods to vent suffering. Crying is one of the venting of suffering strategies which most women use, with or without other strategies.

I stayed alone and cried in my room. I didn't go anywhere. I didn't meet anyone. I didn't play with anyone. I only wrote diary. (03: p10, 1-4).

I prayed while crying for many months. Now I still suffer but less than the past. Sometimes I sang a song related to a broken heart story when I stayed alone. It helped me to relax and it's a really great thing to do when I felt lonely. (07: p6, 6-10).

I drove my car to where I wanted to go then stopped the car and started shouting loudly "Why am I?"...It's not me. It's not myself. I didn't have happiness at all. I really suffered. Nobody could help me. I drove my car to everywhere just to go and cry. (12: p4,33- p 9,7)

The well-educated woman with high social status used writing to release her suffering.

He didn't know that as well educated as I was. I could write all these rude words to curse him. I really resented him; therefore, I wrote to release my rancor. (20: p16, 5-7)

4.2.2. Increasing Physical Activity

Increasing physical activity is another way to release suffering when confronting the problem of being abused, including separation from a partner in order to escape from being abused. Activities include working, traveling, and reading for instance.

This time I go traveling with my friends, eating food, listening to music. I think, if I'm ready, I will separate from him. (03: p19/13)

I work.. work.. and work just work. I have no time to think about this. I can live by myself without him. (02: p2, 29-30)

4.2.3. Using Cigarettes, Drugs, Alcohol

Some drink alcohol or smoke cigarettes, even though women know well that it is ruin. Some never take them but when facing a situation that is difficult to manage and that hurts them a lot, this way is the method to temporarily forget the suffering.

After quarreling recently, I could not sleep for 3-4 nights; I got up at 1-2 am. to smoke, then drank beer as well. Actually, I was not a kind of smoker and drunkard. When it became like this, I smoked and drank ... It could help relieve the stress for a while. However, I was not addicted to it. The reason I drank and smoked were that I wanted to be able to sleep and didn't want to go out of my home at night. The doctor had given me a drug that helped me to sleep, but I didn't take it; I wanted to sleep by myself because I was very scared. (21:p5, 35-30)

Another case is a woman who works in a clinic. When being asked how she can manage the stress that makes her not able to sleep, she answers that:

I took diazepam or dramamine so that I would be sleepy. I told my mother that if there was any problem, she must have contacted the hospital (The interviewer asked... at that time, whether she thought of harming herself.) No... Only wanted to sleep, I was scared of death, I just wanted to sleep. (02: p1, 17-20)

5. Seeking Help in Dealing with Traumatic and Abusive Relationship Problems

In this study, “Seeking help in dealing with traumatic and abusive relationship problems” refers to help seeking assistance with managing the problems and impacts of abuse, whether in an abusive relationship or on leaving their partners. Help may be asked of significant persons or social organizations. There are three categories in this theme: (1) seeking and accepting help to diminish traumatic problems, (2) seeking and accepting help to manage abusive relationship problems and their impacts, and (3) seeking and accepting help to reduce suffering.

5.1. Seeking Help to Diminish Traumatic Problems

This is the seeking of assistance from health care providers in order to deal with the problem of both physical and psychological trauma. Many women do not want to reveal the matter of being abused to others, or if revealed, it is only to release their suffering. Therefore, the cure is only for the physical trauma or psychological trauma from abuse such as stress, headache, and sleeplessness.

Every time I could bear up; only the last time could I not bear up. I could not sleep, just wide awake, I could not eat anything. Then the following day, I felt consciousness and I tried to support myself to go out of the home ...I went to my nearest friend's house in the market and I left my motorcycle at my friend's house. Then I hired a motorcycle to ride for more than 10 kilometers to the woods. The sun was very shiny then I had a headache and was about to fall. I was exposed to the sun for more than the distance of 30 kilometers, then got into the big van.... then after four hours in the van; I went by bus to Bangkok for more than 10 hours to receive traumatic treatment. When coming to Bangkok in the morning, the symptoms were more serious. I could not swallow saliva, and I had no energy. I spent fourteen thousand baht each day in the private hospital. After that day, I felt better. The medicine was good. I thought, if I had very much money, I would sleep there for a long time. The medicine was good, and the nurses took care of me well. (07: p4, 2-11).

Another woman was assaulted for many times, but she did not want to conduct a legal case in order to divorce her husband. Going to a hospital was to cure the physical trauma only.

In August, I took twenty-three needles I came to the hospital by myself.... I held knives while assaulted, he used a chair to beat ... when the blood was flown and it dropped, after seeing that the

blood was so intense, I decided to go to the hospital. That hospital here did not want to receive me. Another day, I had to cure my traumatic wound at another hospital ... They (doctors and nurses) said that this time, they would like to ask for the police to visit me. They told me that they could not bear it because it occurred the seventh time. The nurses and the doctors told that they could not bear it, and feared that I might be hurt... I told them that I was fine..so take the needles to sew up a wound. (20: p3, 30-35)

5.2. Seeking Help to Manage Abusive Relationship Problem and Its Impacts

This is the seeking help from close persons or personnel whose work is related to supporting abused women. Some women reveal the wife abuse situation and ask for support by focusing on dealing with abusive problems and their impact.

5.2.1. Seeking Help from Significant Persons

It is confronting the problem by asking for help to stop wife abuse from significant persons or close persons including friends, relatives, and the persons who are respected by the man. Additionally, women asked for help when they decide to leave the abusive relationship. This participant was confronted with physical, psychological and sexual abuse. However, she could not endure anymore when she found that her partner had a new lover and that they would have a baby, so she decide to leave by seeking help from her sister.

When my sister came to visit, he was pale. He was scared. He told me that he did not end the relationship with me. He told me to be quiet. He told me that “For whatever, I chose you and the child. I told you to be still....this is my method to resolve the problem.” But in my feeling, I did not want him to hurt anyone. If he did, he had to be responsible. (03: p5, 9-21)

Sometimes in the negotiation to stop an abusive situation, the elder relatives, such as parents came to help. It made some abusive husbands feel fear and sometimes this strategy could stop abusive situations permanently.

Once I asked for help from my father. He is good. He once said to my husband. He promised but he could not keep it. Thus, we let the lawyer outline the letter because we were afraid that he might not be able to control himself. (11: p3, 17-18)

The participant who gave this data was a 47-year-old woman lived in rural area. She described her coping strategies when confronting with abuse situation as follows:

There were some people near my house who were uncle and aunt from my husband's side ... my relatives lived far away. After staying overnight with his relatives, then I went back to my home. My husband might be relieved but I could not understand him at all to made sure that whether he was still angry (18:p5, 23-p6, 6)

In the case of this urban and educated woman, when it seemed that the violence might happen, the relatives might help to prohibit or stop the abusive situation by negotiating to stop this problem.

The elder brother said that "anyone who has a pedigree, when talking about any thing else, one should keep one's promise. Today you were drunk. You should go back first. Nobody blames because she chose by herself. Only wishing you will love her, if not, don't abuse her". At this moment, my brother never talks about this situation again. (20: p18, 10-14)

One woman in a rural area asked for help from an elder sister who was the mother of a member of the District Administration Organization.

The elder sister told him not to hurt me. Moreover, she told me that when I went anywhere, I just told him first. (18: p1, 16-p5, 17)

Asking for advice in order to deal with the problem of abuse with friends in the organization as this woman did was another way to cope. She needed to disclose the abusive situation because her friends in this organization knew her husband, as well.

At that time, he would divorce and let his new lover hurt me; My friends told me to tell the police...When I got trouble, My boss told me that I should not have to be in such matters. I should be quiet and still. But another boss told me to get through it. I believed in this boss; do you understand? I could not endure it anymore. (02: p2, 30-34)

Consulting with such friends, some women might receive advice in confronting abusive problems with patience and consciousness to resolving this problem.

I had a friend who worked in public information here. She is very good person. She helped me to remember. That was a good friend. When I got trouble, she told me and taught me to endure. (20: p16, 14-15)

In the case of this woman, in order to resolve the problem of the present husband that hurt her due to being drunk, she requested his boss to warn the staffs that were drinking with her husband.

Then, I told his friends. "If my husband assaults me again, everyone who drinks with him must be responsible for this event". I did this.... I told his boss. His boss would manage.... all his friends are afraid of me. (20: p19, 2-5)

5.2.2. Seeking Help from the Law and Protecting Women's Rights

Seeking assistance in order to end the abusive problem may be done from several sources depending on the characteristics and causes of the problem. The persons that the women go to ask for help in this group consist of legal personnel, the persons who are authorized in the local area, the foundation staff or organization to prevent or protect women, including the health care providers.

He had intense emotion, and got very angry. When I said something about it, he exploded. It was a continuous event confronting the children....they felt fright and fear..I ran to notify the police.. Second round, when I notified the police, he felt very shy and he cared about the society very much ... Police, sued him. When the police sue, he will be fined at the court It was not severe abuse, but I could not bear up. He only slapped at my child's face and he did not beat me as usual... I returned to the police because he could not lie to me. I said "I will retaliate with you."(22: p2, 32- p3, 10)

I told the police three or four times. I told the police that he beat me again and he also had amphetamines ... later, he was afraid to be arrested, he strangled me because this method did not show the testimony. The police did not know what should to be done. He came to warn my abusive husband at my home. He told my husband that he should not abuse me like this again (10: p1, 3-16)

Initially, this woman endured when keeping the abusive situation secret. But when she decided to fight, she used legal assistance.

If I did not inform the police, he might abuse me again because he threatened me. At that time, I started to fight and then I used tape recorder....recorded...and recorded... to use as evidence to notify the legal system. (06: p15, 5-7)

In the organization of the foundation or organization that works with women, there are many personnel from many places; social workers, lawyers, attorneys, and volunteers who have abuse experience. A woman who requests service may face a

person or many persons that will advise with ideas or strategies in many ways that the women can choose to deal with the problem in order to end the abusive relationship. In case of this woman, the way to solve the abusive relationship consisted of resolving the husband's accumulated stress problem and promoting a family relationship and all the alternatives besides the separation of marital relationship in order to end the abusive problem.

At that time, it seemed that I went to the foundation so that I could get some advices or methods for the betterment of situation. The foundation found the ways which I should use ... the foundation's lawyer warned my husband to understand his son more. The boy was only a little child. He should have gentle taught his child. "Try to meet a psychiatrist to see how you are" ... At that time, he only listened without change until he got downstairs. He met one of the foundation's volunteer women who created change on my husband. That woman said, "My child had Down's syndrome. I had to take care of him. "Why! Your child does not even have any problem and is healthy, only a learning problem..... You cannot accept. In fact, your family is better than mine and than many others families". This woman made this change. (22: p6, 30, p11, 8)

In case of this woman, she requested advice from the Friends of Woman Foundation to resolve the problem of abuse and the adaptation after separation from her partner.

When going to the foundation, I thought better and faster than others. Asking for survival already or not??....just still in the trap...I took a step for 6 to 7 months...Other cases that had counseling took a long time.....I called him... seemed for just one month... If you ask me that "Is it better?" It seemed better...and I tried to think that how could I deal with my life. Others may give you the ideas but you...the person who steps up...not them. (03: p13, 7-11)

Now, many hospitals have One Stop Crisis Service to support children and women who are confronted with violence. There are working groups consisting of health care providers and social workers in order to help women and children who fall victim to violence. The concealed story has been disclosed seeking to resolve the abusive problem and support women's suffering.

The doctor diagnosed that it was severe abuse and called social worker from OSCC..... After his call, someone told me to wait for a moment, and there would be someone to talk with me. If somebody came, I should tell my feeling. At that time.....frankly

speaking....I could not accept that. I did not want to reveal the story about being hurt that was about my family. Later, when I was sleeping, she (social worker from OSCC) tried to speak softly with me. Speaking liked that she could make me feel warm and liked a friend who was talking to friend. (13: p3, 29-35)

5.3. Seeking Help to Reduce Suffering

To reduce suffering, the wives tried to ask for assistance from significant persons and from religion and supernatural supporting system.

5.3.1. Seeking Help from Significant Persons

Relieving the feeling with a close person who may be a close friend, neighbor, colleague, or boss, can be regarded as the source for psychological support.

The friend around here encouraged me and told me that I didn't need to be too serious. You had to fight and not be discouraged. Start all over again. (14: p8, 7-9)

When I was in trouble, I would walk to the side of the room (neighbors' room next to woman's room in same apartment), and told them about what happened. They would say "Let it go"..... When I had a quarrel, I would not be serious afterwards. I would go and talk with my neighbors. That could make me relieved (09: p 8, 27- p9, 2)

I had friends who worked in public information. They were very good. They helped me a lot. I had two good friends. When I got in trouble, they told me to be enduring. Now another one had no husband any more and I had to comfort her. When she said one sentence to me about how I was lucky, whether my husband was good or bad, he still lived with me (20: p16, 14-17)

Having a love affair with a new person can relieve a women's psychological pain, when starting a good relationship through closing a relationship.

My new partner said that if I could not forget my later husband, it's O.K. Whenever, I could forget my later husband, he wanted to be loved and only him that I loved. Now he asked me if I loved him or not, and I answered that I loved him. (04: p40, 1-6)

In some cases, the intimate partner relationship may be between a woman and woman.

I felt sad when I slept at the factory and left my child with him.....
 Another one came into my life... that was a tomboy. A new kind of
 happiness came in. The happiness I never had before. It made me
 be attracted to that tomboy. (01: p9, 10-12)

5.3.2. Seeking Help from Religion and Supernatural Supporting Systems

Seeking assistance from religious institutions may be in the form of practicing “dharma” or a supernatural supporting. Some women can overcome obstacles by strictly practicing dharma continuously and strongly at the temple, which is the place for practicing dharma and to help comfort her. Some women may receive the advice from the monk in facing problems or reduce troubles.

When breaking from my husband, I went to stay at the temple to take Kammatan (meditation). It was for one year. I could plong (make up one mind) about a life that I might not have (husband) When going to temple, it could help a lot ... At that time I took a gun in my bag and went to pay respect to the abbot. The abbot asked that “Are you sure you want to do that. You know, you can wait, then the pain can disappear, then you will be happy.” (20: p14, 12-21)

This woman, when she perceived through the spirit, was made to think to do good virtue.

Someone told me that I had to see the abbot ... when I got there, every person was surprised, even my partner When I sat to meditate for two hours, my husband was surprised that I cried so much. He said it seemed I said to someone, I could know the event in the future, it would be like this. The abbot warned me that I had to do something when I got forty-eight years old. I must make merit more and more. What was lost let it be lost. If I could do it, my child would be good, my husband would be good, our brothers and sisters would live well. I turned to my husband, “I want to stay with you sometimes, go to temple sometimes, I will stop the quarrels.” Take this issue. I will be a good person. (20: p15, 31- p 16, 4)

In the case of this participant too, when she confronted suffering and desired to commit suicide. Going to temple helped her stop such thought.

Later, go to temple, and talk to the abbot ... I go to the temple and visit the abbot. That can comfort me and help me be relieved. ... It's about the rules of kharma (01: p17, 4 - p18, 7)

At the time when the women face a lot of trouble, some women can use the method of dharma and prayer and concentration.

I believed in the religion for 10 years. When I have trouble... I will access the religion more. From praying little to very much, it's the period of comfort, while the priests prayed I could stop thinking about any trouble. Some nights I could not sleep. I was wide-awake. I got up to pray in order to decrease thinking about the thing he had done to me. This symptom had been taken for a long time. (07: p5, 34- p 6, 8)

I concentrated and talked with Deva and prayed to be able to break from it. If Deva sends a loyal husband and has mercy on me... next time, I will not make a sin again... I will not eat meat... I will help others.. and do good virtue. Just pray all the time. (21: p5, 14-21)

Using supernatural supporting system such as going to the astrologer or any means can help many women. Because they feel that this supporting system helps them to solve problems and the future prediction will guide woman to make decisions or comfort their mind.

Then I went to seek astrologer outside. She said that my partner and I were not soul mates Another point was that ...whoever did wrong must pay the bill. I said I thought like that. (04: p39, 22-28)

Jow (deity) said that my husband was crazy over this woman because she used black magic. She advised me to pray, make merit, and use holy water to draw out the black magic. (07: p15, 13-17)

5.3.3. Seeking Help from Professional Organizations or Women's Support Groups

There are many ways that women's organizations can empower women in confronting violence. Group support is one of the empowerment approaches that has been employed. This participant has been assisted by the One Stop Crisis Service. The social worker provided valuable assistance and advice so that she could take part in group support.

I'm not the only one to fall into the abuse. Many others were abused like me... At that time, I did not feel quite strong. I still had to bring the blood bottle and wear that suit (patient suit). I felt very anxious and wanted to talk and felt in the similar way with other

women in the group. The auditorium was very wide..... Some women might be beaten. That's too bad. The people were different. I saw a very old woman who was abused on both sides of her body. At that time, she did not express any words of distress. Like me... felt nothing; thought nothing, no feeling to talk to anyone. (13: p4, 2-12)

After participating in the group support, this woman still consulted with and asked assistance from the social workers to look for the place to relieve herself after she got out of the hospital.

I had called her (a social worker)... I wanted a house. But the characteristic of the house was not the general house, but was for relief and relaxing. When I went to the shelter; the psychologists looked...and tried to help me... They told me that if I felt unhappy, I could talk with them. There were many psychologists who came to talk with me all the time... visited me....it seemed that they learnt something.(13: p9, 9-15)

The First Draft of the AWCS

The literature review provided a general viewpoint of how women cope with partner abuse. The qualitative study provided additional and specific information. The investigator generated the items following each theme, category, and subcategory from data that was grounded from in-depth interview. The investigator generated 2-10 items for each category. The result consists of 82 items for 5 themes, 18 categories as the following: (more detailed see Appendix E).

Theme 1: Trying to maintain stability in an abusive relationship consisted of 6 categories, 22 items were generated.

Theme 2: Attempting to end the abuse consisted of 4 categories, 17 items were generated.

Theme 3: Struggling to leave the abusive relationship consisted of 3 categories, 14 items were generated.

Theme 4: Managing the suffering consisted of 2 categories, 8 items were generated.

Theme 5: Seeking help in dealing with traumatic and abusive relationship problems consisted of 3 categories, 21 items were generated

The Abused Wife Coping Scale is designed to measure frequency of coping strategies and identify type of coping strategies by using following four-point Likert scale:

0 = *Never*

1 = *Rarely*

2 = *Sometimes*

3 = *Always*

Determining Content Validation

This study, using both Qualitative and Quantitative procedures to identify elements of the items that should to be refined, changed, or deleted, followed recommendations of Netemeyer, at al.(2003: 103-107). When approached with qualitative procedures, five experts were asked to review the first draft of AWCS that consisted of 82 items. (Appendix E). Experts wrote or verbalized commented about this instrument. All judges commented that this version was too long and needed to modify the items by covering all aspects, but decrease the items by approximately a half of the first draft. Most of these experts agreed with these items which represented the phenomena. After, the investigator modified the AWCS following expert suggestions. The second draft of the AWCS consisted of 51 items for 5 themes, and 18 categories.

In the second round, five experts were asked to identify relevance and clarity of the items by rating with a four-point scale. Scores from the relevance and clarity scale were examined by using the Content Validity Index. The CVI for the relevant item was .92, and for the clarity item, it was .91. When considering the expert judges, it was found that most of the experts evaluated each item as very relevant to the construct as the investigator intended to measure, and each item's wording was very clear. All of the items could be tapping the abused wives' phenomenon. However, one expert commented that 7 items should be dropped. *Item 42* (hoping that my partner will stop abusive behaviors), *item 8* (asking my partner not to abuse me anymore), *item 28* (hiding myself or escaping from my partner when he was angry), *item 32* (making an agreement with my partner about separation for a while until he will promise to stop abusive behavior), and *item 34* (expressing your

suffering with other women who have the same experience) should be dropped because represented specific phenomenon; additionally *item 15* (buying some oral medicines, or external drugs to heal my trauma or pain), *item 21* (taking a rest to heal my physical/ psychological trauma) should be dropped because they mean the same as *item 48* (keeping my abuse situation secret). Another one commented only *item 12* (soothing by thinking that wives abuse occurred in other families) should be reworded “Soothing” to “understanding”.

According to recommendation of DeVellis (1991, 76), the scale developer should keep the items that are concerned the same thing because removing all redundancy from an item pool or final scale would effect the integral aspect of internal consistency. Additionally, the CVI was acceptable. The CVI for relevant item was .92, and clarity item was .91. As for the reasons the above, the investigator kept the item 15 and 21. When considering the items represented specific phenomena, the investigator still kept items 42, 8, 28, 32, and 34, to accurately capture all essences of the abused wives’ coping phenomenon. With the reasons above, the second draft of the AWCS remained 51 items.

Determination of Clarity and Readability

Ten abused wives experiencing abuse in various forms and severity, and five non-abused wives were recruited in this section, in order to determine clarity, adequacy of the items, and freedom from problems and bias for conducting the research. Following the administration with an interview, the respondents were asked to indicate their reactions to the questions, identify any portions of the questionnaire format with which they had difficulty, and suggest improvement.

The non-abused wives group said that it was difficult to rate this scale because they didn’t have abuse experience, so they never used these coping strategies. The participants who had abusive behavior experience gave feedback about item 27 (not talking with my partner or refusing to have sexual intercourse) in terms of conveying two ideas in one item. DeVellis (1991: 59) suggested that double barreled items would be incorrectly interpreted because the participants might approve either or both ideas. Therefore, the investigator split this item into two

items: “not talking with my partner” and “refusing to have sexual intercourse”. Then, the third draft of AWCS contained 52 items as shown in Table 4.

Table 4 Item Statement of the AWCS in Each Theme and Category (52 items)

Theme and Category	Item No.	Item Statement
<i>Theme I: Trying to maintain stability in an abusive relationship</i>		
1.1 Making positive comparison	12	Soothing by thinking that wife abuse occurred in other families
1.2 Forgiving rationalization	42	Hoping that my partner will stop abusive behaviors
	2	Trying to understand the causes of abusive behaviors.
1.3 Temporary guarding	6	Keeping weapons, sharp things in a safe place in case my partner assaults me.
	35	Following all my partner's opinions and needs.
	8	Asking my partner not to abuse me anymore
	28	Hiding myself or escaping from my partner when he was angry.
	44	Acting against my will to have sexual intercourse even though I don't want to
1.4 Keeping secret	48	Keeping my abuse situation secret
1.5 Being tolerant	17	Enduring to stay with my partner because I think about positive outcome
	37	Enduring and staying with my partner because I still love him
1.6 Self healing	15	Buying some oral medicines, or external drugs to heal my trauma or pain
	21	Taking a rest to heal my physical/ psychological trauma

Table 4 (Continued.)

Theme and Category	Item No.	Item Statement
<i>Theme 2: Attempting to End the Abuse</i>		
2.1 Resolving the abusive affecting factors	1	Discussing the problems with partner to cooperate in solving problems such as drinking, paramour, debt
2.2 Doing well	3	Talking sweet words with partner
	51	Taking care of my partner and/or my children
2.3 Retaliating against abuser	9	Escaping to other place temporary after being abused
	32	Making an agreement with my partner about separation for a while until he will promise to stop abusive behavior
	27	Not talking with my partner
	46	Refusing to have sexual intercourse
2.4 Using violent ways	22	Thinking about self-harm or suicide
	49	Doing harm to myself or considering suicide.
	33	Thinking about doing harm to my partner and/or his significant persons (new lover, children)
	39	Doing harm to my partner/ significant others (new lover, children)
<i>Theme 3: Struggling to leave the abusive relationship</i>		
3.1 Reframing self	45	Telling myself that my life is more valuable than staying with abusive partner
	5	Being strong in order to manage problems which happened
	29	Considering that if my partner continues with abusive behavior, I will leave him
3.2 Reframing marital relationship	10	Thinking about partner's past behavior and finding more bad than good things
	40	Telling myself that I don't love him at all
3.3 Asserting to leave	19	Planning my life for separating from my partner, such as preparing the legal documents, finance, habitats, and children
	24	Severing relationship, not communicating, with my partner and asserting my purpose is to separate from him

Table 4 (Continued)

Theme and Category	Item No.	Item Statement
<i>Theme 4: Managing the suffering</i>		
4.1. Accepting the situation	25	Accepting the events
4.2. Releasing the suffering	43	Expressing suffering to myself (crying, writing diary, shouting)
	14	Taking activities (traveling, reading, exercise)
	52	Taking sleeping pill or tranquilizer drug
	18	Working hard to forget the events
<i>Theme 5: Seeking help in dealing with traumatic and abusive relationship problems</i>		
5.1 Seeking and accepting help to diminish traumatic problems and their impacts	38	Visiting clinic/ hospital for treatment of sleepless, headache, stomachache according to the impact of abuse
	31	Visiting clinic/ hospital to treat my trauma from physical assault
	41	Visiting clinic/ hospital to treat psychological symptoms according to the impact of abuse
5.2 Seeking and accepting help to manage abusive relationship problems	7	Asking help from relatives, friends, or close persons
	30	Making a legal claim against my partner At police station
	11	Consulting the women's foundation/ hotline on issues of law, solving abusive problem, etc
	20	Asking or accepting help from crisis center for abused children and women in hospital
	36	Taking with and learning from other abused women
	16	Asking for help from the people who have enough power in the local area (village headman, district committee, etc.)
5.3 Seeking and accepting help to reduce suffering	4	Expressing suffering with close person such as friends, parents, relatives
	13	Going to temple/ church/ mosque to practice dharma or finding spiritual support
	50	Meditation or praying to keep peacefulness in mind
	23	Expressing my suffering with persons who work with supporting women
	26	Initiating relationship with a new lover
	34	Expressing my suffering with other women who have the same experience
	47	Making merit, averting the effects of misfortune or visiting fortune teller

Phase II: Psychometric Testing of the AWCS

The results in phase two are presented as follows: (1) demographic characteristics of the participants, (2) item analysis, (3) evaluation of the assumption, (4) testing construct validity evidence by factor analysis, (5) testing internal consistency reliabilities, (6) testing construct-related evidence of validity by contrast group approach, and (7) testing concurrent criterion-related evidence of validity.

Demographic Characteristics of the Participants

The sample size of this phase was 370 cases. The general demographic characteristics were presented in Table 5. Ages of these participants ranged from 18 to 65 years, with a mean of 38 years ($SD = 10.39$). The majority of the participants were Thai (98.6%, $n = 365$) and Buddhists (96%, $n = 355$). The participants grew up and resided in various regions in Thailand. Education background for the majority of these women was primary school (29.5%, $n = 109$) and high school (25.9%, $n = 96$). Thirteen (3.5%) had graduate degrees whereas sixteen women (4.3%) did not attend in formal education. With regard to working status, the majority of the participants (29.2%, $n = 108$) were employed. One hundred and fifty-two (41.1%) had low income.

Table 5 Demographic Characteristics of the Participants in Phase II (N = 370)

Characteristics	Number	Percent
Age		
< 24	37	10.0
25-29	50	13.5
30-34	58	15.7
35-39	58	15.7
40-44	60	16.2
45-49	50	13.5
>50	57	15.4
Ethnicity		
Thai	365	98.6
Chinese	5	1.4
Religion		
Buddhist	355	96.0
Christian	12	3.2
Islam	3	0.8

Table 5 (Continued)

Characteristics	Number	Percent
Home Region		
North	52	14.1
Northeast	93	25.1
East	17	4.6
West	2	0.5
Central	113	30.5
South	53	14.4
Bangkok and Suburban	40	10.8
Current Region of Residence		
North	32	8.6
Northeast	40	10.8
East	13	3.5
Central	127	34.4
South	51	13.8
Bangkok and Suburban	107	28.9
Settlement		
Rural	153	41.4
Urban	217	58.6
Education		
No Formal Education	16	4.3
Primary School	109	29.5
High School	96	25.9
Vocational school	42	11.4
Bachelor Degree	94	25.4
Graduate Degree	13	3.5
Employment		
None	33	8.9
Employee	108	29.2
Private Officer	37	10.0
Government Officer	96	25.9
Agriculturist	13	3.5
Vender	31	8.4
Own Business	27	7.3
Others	25	6.8

Table 5 (Continued)

Characteristics	Number	Percent
Personal Income		
< 5,000	152	41.1
5,000-10,000	104	28.1
10,001-15,000	40	10.8
15,001-20,000	32	8.6
>20,000	42	11.4

Marital Status and Abuse Experience

Marital information revealed that most of the participants lived with their partner (72.2%, n = 267). Thirty-nine women (10.5%) were living separately (Table 6). Some of the women in these groups reported that the abuse situation did not occur for a period of time. The majority of the participants (80.3%, n = 297) had been married only once. Most of the women had their children (78.4%, n = 290). Data related to abuse experience represented that more than half of the participants confronted with combination types of abuse. Most of the participants reported physical and psychological abuse (40.8%, n = 151). However, seventy-one women (19.2%) had experience with all three types of abuse. In this study, there were 157 women (42.4%) rated the severity of abuse between 7 to 10 points in the visual analog scale and there were 98 women (26.5%) rated the severity of abuse more than 0 to 3 points in the visual analog scale.

Table 6 Marital Status and Abuse Experience (N = 370)

Characteristics	Number	Percent
Current Marital Status		
Living with Partner	267	72.2
Separate	39	10.5
Divorce	55	14.9
Widow	9	2.4
Number of Times Married		
One	297	80.3
Two	63	17.0
Three	10	2.7
Number of Living Children		
None	71	19.2
Currently Pregnant	9	2.4
One	101	27.3
Two	138	37.4
Three	39	10.5
More than three	12	3.2
Type of Abuse		
Physical	6	1.6
Psychological	123	33.2
Sexual	4	1.1
Physical and Psychological	151	40.8
Physical and Sexual	1	0.3
Psychological and Sexual	14	3.8
Physical, Psychological and Sexual	71	19.2
Severity of Abuse		
Severe	157	42.4
Moderate	115	31.1
Less Severe	98	26.5

Item Analysis

To develop a new instrument, the instrument developer should evaluate univariate and multivariate characteristics of each item, to determine the items that should be eliminated before conducting factor analysis (Dixon, 2001: 308). The first, univariate descriptive statistic was performed to present four basic characteristics of distribution: central tendency, variability, skewness, and kurtosis. For 52-item of the

AWCS, item means ranged from 0.149-2.449, standard deviation ranged from 0.512-1.262. Two components of normality are skewness and kurtosis; skewness represents symmetry of the distribution, and kurtosis reveals distribution peak. The skewness and kurtosis values are zero which indicated that distribution is normal (Tabachnick, & Fidell, 1996: 71). Most of the data indicated low skewness, except 18 items indicated somewhat high skewness to extreme high skewness -1.645 - 3.742. When determining non-normality distribution, item 3 and item 5 presented negative skewness; they were -1.645 and -1.336. The mode and median of item 3, item 5 was 3.00. According to extreme skewness value affected kurtosis, and non-normality distribution would reveal extreme high kurtosis (Munro, 2001: 46). So, items 11, 16, 20, 26, 30, 39 that were extreme high skewness represented too peak kurtosis. There was pile up of cases to the left (median and mode was zero) and the right tail was too long. Therefore, these items were extreme non-normality distribution. The detail was presented in Table 7.

Table 7 Descriptive Statistics of AWCS (N = 370)

Item Number	Mean	Median	Mode	SD	Skewness	Kurtosis
Item1	1.962	2.000	3.000	1.035	-0.720	-0.635
Item2	1.695	2.000	3.000	1.139	-0.321	-1.306
Item3	2.449	3.000	3.000	0.873	-1.645	1.873
Item4	1.873	2.000	2.00 ^a	1.066	-0.569	-0.914
Item5	2.314	3.000	3.000	0.973	-1.336	0.655
Item6	0.876	0.000	0.000	1.226	0.869	-1.007
Item7	1.035	1.000	0.000	1.129	0.566	-1.166
Item8	1.332	1.000	0.000	1.262	0.158	-1.651
Item9	1.040	0.000	0.000	1.192	0.539	-1.342
Item10	1.560	2.000	3.000	1.182	-0.123	-1.484
Item11	0.149	0.000	0.000	0.512	3.742	14.026
Item12	1.165	1.000	0.000	1.165	0.337	-1.428
Item13	1.224	1.000	0.000	1.164	0.249	-1.464
Item 14	1.468	2.000	2.000	1.136	-0.064	-1.410
Item15	0.873	0.000	0.000	1.154	0.793	-1.020
Item16	0.178	0.000	0.000	0.589	3.449	11.258
Item17	1.903	2.000	3.000	1.215	-0.606	-1.246
Item18	1.760	2.000	3.000	1.166	-0.440	-1.281
Item19	1.051	1.000	0.000	1.169	0.525	-1.303
Item20	0.203	0.000	0.000	0.611	3.082	8.691
Item21	0.746	0.000	0.000	1.010	1.033	-0.552

Table 7 (Continued)

Item Number	Mean	Median	Mode	SD	Skewness	Kurtosis
Item22	0.616	0.000	0.000	0.962	1.218	0.028
Item23	0.427	0.000	0.000	0.853	1.875	2.261
Item24	0.851	0.000	0.000	1.113	0.819	-0.907
Item25	1.776	2.000	3.000	1.164	-0.425	-1.296
Item26	0.270	0.000	0.000	0.738	2.778	6.623
Item27	1.627	2.000	2.000	1.134	-0.295	-1.314
Item28	1.268	1.000	0.000	1.248	0.239	-1.605
Item29	1.414	2.000	0.000	1.262	0.038	-1.666
Item30	0.310	0.000	0.000	0.753	2.366	4.438
Item31	0.500	0.000	0.000	0.972	1.728	1.469
Item32	0.762	0.000	0.000	1.090	1.038	-0.480
Item33	0.435	0.000	0.000	0.838	1.708	1.563
Item34	1.273	1.000	0.000	1.154	0.207	-1.438
Item35	1.508	2.000	2.000	1.112	-0.139	-1.341
Item36	1.060	1.000	0.000	1.143	0.506	-1.267
Item37	1.805	2.000	3.000	1.234	-0.434	-1.444
Item38	0.614	0.000	0.000	1.069	1.395	0.294
Item39	0.297	0.000	0.000	0.712	2.390	4.722
Item40	1.127	1.000	0.000	1.190	0.412	-1.428
Item41	0.449	0.000	0.000	0.931	1.875	2.023
Item42	1.510	2.000	0.000	1.248	-0.096	-1.626
Item43	1.854	2.000	3.000	1.162	-0.568	-1.157
Item44	1.197	1.000	0.000	1.165	0.220	-1.527
Item45	1.381	2.000	0.000	1.246	0.075	-1.638
Item46	1.114	1.000	0.000	1.101	0.313	-1.382
Item47	1.262	1.000	0.000	1.104	0.160	-1.374
Item48	1.116	1.000	0.000	1.157	0.373	-1.420
Item49	0.432	0.000	0.000	0.834	1.666	1.337
Item50	1.316	1.000	0.000	1.183	0.128	-1.524
Item51	2.276	3.000	3.000	1.049	-1.250	0.178
Item52	0.911	0.000	0.000	1.194	0.778	-1.082

The second step was conducting bivariate examination of all the variables by using Pearson product-moment correlation to ensure sufficient correlations between variables. This mode will provide meaningful results to be obtained in factor analysis (Dixon, 2001: 308). Regarding item to item correlation, each variable should be included moderately correlated with at least one other variable between 0.30-0.70 (Dixon, 2001: 309). When considering the correlation matrix, all of each item

represented correlated with at least two other items. Most of the items revealed somewhat moderate correlation between items to other item. The ratio of item to item correlation value between 0.30-0.70 ranged from 2/51- 34/51 for the total scale. The item revealed low consistent correlate with other items, including: item 1 (2/51), item3 (2/51), item11 (2/51), item14 (2/51), item 16 (2/51) and item 51 (2/51). As Nunnally and Bernstein (1994: 305) recommended, the item to total correlation should be more than .30. In this study, average item to total correlation ranged from .18 - .71. Items not meeting the criteria included, item 1 ($r = 0.21$), item 3 ($r = 0.23$), item 11 ($r = .25$), item 14 ($r = .18$), item 51 ($r = .26$).

The investigator decided to exclude: item 1 (discussing the problems with partner to cooperate in solving problems such as drinking, paramour, debt.), item 3 (talking sweet words with partner), item 14 (taking activities such as traveling, reading, exercise), and item 51 (taking care of my partner and/or my children). Because these items were not consistently correlated with other items, and indicated more general statement. However, item 11 (consulting the women's foundation/hotline in issues of law, solving abusive problem, etc.) still remained because they represented specific coping behaviors in abused wives. With the reasons above, four items were eliminated; the forth draft of the AWCS consisted of 48 items.

Evaluation of the Assumptions

For meaningful results to be obtained in a factor analysis to develop a new instrument, correlation between variables should be assessed. Because of the matrix of correlations between variables, it is very important to support whether it has sufficient correlations to determining the appropriateness to conduct factor analysis (Dixon, 2001: 309; Hair, Anderson, Tatham, & Black, 1998: 99). To determine the appropriateness of factor analysis, Bartlett test of sphericity, anti-image correlation matrix, and measure of sampling adequacy (MSA) were examined.

When determining normal distribution of 48-items from histogram, skewness, and kurtosis: it was found that some variables approximate normal distribution. To identify linear relationships between variables, scatter plots of variables should be examined because the data revealed difference skewness may be curvilinearity for some pairs of variables. When examined, too many variables by

scatter plot, and spot checks on a few plots can apply for the worst variables, those with strong positive or negative skewness (Tabachnick, 1996: 685). With this technique, the investigator found that there was no evidence of true curvilinearity.

Regarding investigation of *inter-item correlation*, moderate correlation (0.30-0.70) with at least one other variable indicates factorability (Dixon, 2001: 309). The correlation matrix of 48 items indicated correlations range from .04 to .73. All of variables revealed moderate correlation with other variable except item 11, which has correlated with only two variables. Item- to- total correlation score represented range .23-.67. All of the items have moderate item- to- total correlation, except item 11 ($r = .23$) that revealed a low score.

Anti-image correlation matrix represents the negative value of the partial correlation among variables after factor analysis was performed. This matrix demonstrates the degree to which the factor can explain each variable. Partial correlation coefficient should be mostly small values to represent unique covariance. When negative partial correlation is above zero, it reveals that variables are partially correlated. Therefore, those variables are not suitable for factor analysis (Hair et al., 1998: 99; Dixon, 2001: 324). When evaluating the off-diagonal values of anti-image correlation matrix represented partial correlations among variables. It was found that most of the variables demonstrated mostly small values. Therefore, data matrix of this study was suitable for factor analysis.

Measure of sampling adequacy (MSA) is another way to assess the appropriateness of applying factor analysis by examining the entire correlation matrix and each individual variable. Represented value of .80 or above is worthy, .70 or above is middling, .60 or above is fair, .50 or above is miserable, and below .50 is unacceptable (Kaiser, cited in Hair, et al, 1998: 99). When examined, values among the diagonal elements of anti-image matrix, it was found that all of the MSA value were meritorious, except only one item was middling (range of .79 to .96).

Bartlett test of sphericity is statistical testing to examine the overall correlation matrix and is appropriate for factor analysis by testing the hypothesis that the matrix is an identity matrix, and also providing determination of multivariate normal distribution (Hair, et al., 1998: 99, Dixon, 2001: 324). In this study, the Bartlett test of sphericity was significant ($\chi^2 = 8746.65$, $p = .000$), revealing that

variables had multivariate normal distribution, and the correlation matrix was suitable for factor analysis.

Kaiser-Meyer-Olkin measure of sampling adequacy (KMO) is a ratio of sum of squared correlations to the sum of squared correlation plus sum of squared partial correlation. It can indicate variables share common factors by comparing the zero-order correlation to the partial correlations. When KMO is .60 and above, it reveals that using factor analysis is suitable. The KMO value in this study was .93; high value represented appropriateness to conduct factor analysis.

Testing Construct Validity Evidence by Exploratory Factor Analysis

To describe and summarize data into a smaller and more manageable set of unified concepts by grouping together observed variables that were correlated; the investigator chose the principal component method of factor analysis for factor extraction. Each factor will be assumed to make an individual contribution to the overall variance, with the fewest number of meaningful factors as possible (Netemeyer, Bearden, Sharma, 2003: 121-122). In order to represent a set of arbitrary factors that provides the clearest conceptual picture of the relationships among the items, factor rotation approach was employed to support and strengthen the relation between variables and factors (DeVellis, 1991: 100; Nunnally, & Bernstein, 1994: 492). Because there was no evidence to support the abused wives coping dimensions, the investigator used both orthogonal, varimax method and oblique rotation, oblimin method to identify coping dimensions. As a result, the ten factor varimax solution was judged to be the most parsimony, congruent with qualitative study and meaningful interpretable. The investigator used three criteria in determining the final items for each factor: 1) interpretability with each factor representing a meaningful underlying dimension, 2) factor loading cutoff point was .40, and 3) Magnitudes of eigenvalues greater than one.

As a result, 3 items were dropped out from the scale. Item 5 and 36 were deleted because factor loading was less than .40. According to factor 10 which represented only one item, hence factor 10 with item 26 was omitted. Nevertheless, items 7, 8, 9, and 28 revealed high cross-loading values on two factors, but the investigator still remained these items because they represented abused wives coping

strategies and meaningful interpretability. The final draft of the AWCS was composed of 9 factors, 45 items and explained a total of 58.18 % of variance. The identified factors emerged as follows: 1) struggling to leave the marital abuse situation, 2) preventing and managing abusive trauma, 3) trying to maintain marital life after abuse, 4) reducing suffering by self- transcendence, 5) seeking help to manage abusive problems, 6) using self- destructive behavior, 7) seeking ways to harm the abusive partner and significant others, 8) managing sexually abusive situations, and 9) talking about suffering with close relatives and friends. The details of factor analysis in this study were presented in Table 8.

The first factor included 9 items, accounting for 11.39 % of variance with an eigenvalue of 5.47. Factor loadings on the first factor ranged from .45 to .74. When examined, the item content found that six items (item 29, 19, 45, 24, 40, 10) revealed as representative items in theme “Struggling to leave the abusive relationship”. The other three items, item 27, item 43, and item 32 could be interpreted as coping strategies for women who try to leave the abusive relation. Hence, Factor I was labeled as “*Coping pattern 1: Struggling to leave the marital abuse situation*”. However, there was one item (item 28) in this factor that had cross loading in factor 2. The investigator desired to keep item 28 in factor 2 because it exhibited more relevant issue than factor 1.

The second factor included 10 items, accounting for 10.76 % of variance with an eigenvalue of 5.16. Factor loadings on the second factor ranged from .45 to .71. Item content revealed that, three items (item 6, 8, 28) revealed as “temporary guarding category”, two items (item 15, 21) represented as “self healing category”, three items (item 31, 38, 41) shown as “seeking and accepting help to diminish traumatic problems category”, item 9 displayed in “retaliating against abuser”, and item 7 exhibited as “seeking and accepting help to diminish traumatic problems category”, in qualitative study. According to, Factor 2 represented coping strategies in the context of coping with traumatic problems from abuse, thus it could be labeled as “*Coping pattern 2: Preventing and managing abusive trauma*”.

The third factor included 8 items, accounting for 8.86 % of variance with an eigenvalue of 4.25. Factor loadings on the second factor ranged from .42 to .76. When examined, the item content found that most of the items in this factor (item 37,

17, 35, 42, 2, 12, 48) demonstrated as Theme 1 “Trying to maintain my stability in an abusive relationship”. Item 25 was the only item represented in “Managing the suffering theme”, so Factor 3 should be conceptualized as “*Coping pattern 3: Trying to maintain marital life after abuse*”

The fourth factor included 4 items, accounting for 5.65% of variance with an eigenvalue of 2.71. Factor loadings on the second factor ranged from .42 to .78. When examined, the item content found that most of the item in this factor (item 50, 13, 47) display as “Seeking and accepting help to reduce suffering category”, and item 4 showed in “Releasing the suffering category”. These demonstrated the congruence of items that focus on releasing the suffering; hence Factor 4 was named “*Coping pattern 4: Reducing suffering by self- transcendence*”

The fifth factor included 5 items, accounting for 4.99 % of variance with an eigenvalue of 2.40. Factor loadings on the second factor ranged from .46 to .72. When examined, the item content found that most of the items (item 11, 20, 16, 30) manifested in “Seeking and accepting help to manage abusive relationship problems and their impacts category”. Nevertheless, item 23 (expressing my suffering with persons who work with supporting women) was represented in “Seeking and accepting help to reduce suffering category”, but in wife abuse phenomenon, the aim of many women who seek help from women’s organization was to reduce suffering and manage abusive relationship problems together. Thus, Factor 5 was labeled as “*Coping pattern 5: Seeking help to manage abusive problems*”

The sixth factor included 3 items, accounting for 4.96 % of variance with an eigenvalue of 2.38. Factor loadings on the second factor ranged from .43 to .77. When examined, the item content found two items (item 49, 22) displayed in “Using violent way category”, and one item (item 52) exhibited in “Releasing the suffering category”. The majority of these coping strategies indicated self-destruction, so Factor 6 could be labeled as “*Coping pattern 6: Using self- destructive behavior*”.

The seventh factor included 2 items, accounting for 4.05 % of variance with an eigenvalue of 1.95. Factor loadings on the second factor ranged from .66 to .67. When examined, the item content found that both items (item 39, 33) manifested in “Using violent way category”. Of these two items, Factor 7 was named “*Coping pattern 7: Seeking ways to harm the abusive partner and significant others*”

The eighth factor included 2 items accounting for 3.85 % of variance with an eigenvalue of 1.85. Factor loadings on the second factor ranged from .59 to .64. When examined, the item content found that item 46 displayed in “Retaliating against abuser category” and item 44 represented in “Temporary guarding category”. These two items manifested as coping strategies when women confronted with sexual abuse. Thus, Factor 8 was labeled as *“Coping pattern 8: Managing sexually abusive situations”*

The ninth factor included 2 items, accounting for 3.67 % of variance with an eigenvalue of 1.76. Factor loadings on the second factor ranged from .43 to .79. When examined, the item content found that both items (item 4, item 34) displayed in “Seeking and accepting help to reduce suffering category”. However, these two items could represent more specific methods of reduce suffering, so Factor 9 could be labeled as *“Coping pattern 9: Talking about suffering with close relatives and friends”*

Table 8 Item statement, Factor Loadings, Communalities, Eigenvalue, and Percent of Variance

Item Statement		Factor Loadings	Communalities h^2
Coping Pattern 1: Struggling to Leave the Marital Abuse Situation			
(9 Items, Eigenvalue = 5.465, Percent of Variance = 11.385)			
29	Considering that if my partner continues with abusive behavior, I will leave him.	0.735	0.733
19	Planning my life for separating from my partner such as preparing the legal documents, finance, habitats, and children.	0.725	0.656
45	Telling myself that my life is more valuable than staying with abusive partner	0.641	0.647
24	Severing relationship, not communicating, with my partner and asserting my purpose is to separate from him	0.627	0.630
40	Telling myself that I don't love him at all	0.619	0.615
27	Not talking with my partner	0.597	0.496
10	Thinking about partner's past behavior and finding more bad than good things	0.558	0.543
43	Expressing suffering to myself (crying, writing diary, shouting)	0.478	0.535
32	Making an agreement with my partner about separation for a while until he will promise to stop abusive behavior.	0.451	0.572

Table 8 (Continued)

	Item statement	Factor Loadings	Communalities h^2
Coping Pattern 2: Preventing and Managing Abusive Trauma			
(10 Items, Eigenvalue = 5.162, Percent of Variance = 10.755)			
15	Buying some oral medicines or external drugs to heal my trauma or pain	0.713	0.686
31	Visiting clinic/ hospital to treat my trauma from physical assault.	0.688	0.705
21	Taking a rest to heal my physical/ psychological trauma	0.685	0.625
6	Keeping weapons, sharp things in a safe place in case my partner assaults me	0.682	0.609
38	Visiting clinic/ hospital for treatment of sleepless, headache, stomachache according to the impact of abuse	0.621	0.702
9	Escaping to other place temporary after being abused	0.564	0.654
8	Asking my partner not to abuse me anymore	0.533	0.653
41	Visiting clinic/ hospital to treat psychological symptoms according to the impact of abuse	0.530	0.714
7	Asking help from relatives, friends, or close persons	0.528	0.571
28	Hiding myself or escaping from my partner when he was angry	0.446	0.607

Table 8 (Continued)

	Item statement	Factor Loadings	Communalities h^2
Coping Pattern 3: Trying to Maintain Marital Life after Abuse			
(8 Items, Eigenvalue = 4.254, Percent of variance = 8.862)			
37	Enduring and staying with my partner because I still love him	0.761	0.648
17	Enduring to stay with my partner because I think about positive outcome	0.744	0.633
35	Following all my partner's opinions and needs	0.628	0.613
42	Hoping that my partner will stop abusive behaviors	0.621	0.639
25	Accepting the events	0.536	0.505
2	Trying to understand the causes of abusive behaviors	0.492	0.483
12	Soothing by thinking that wife abuse occurred in other families	0.43	0.523
48	Keeping my abuse situation secret	0.418	0.457
Coping Pattern 4: Reducing Suffering by Self- Transcendence			
(4 Items, Eigenvalue = 2.712, Percent of Variance = 5.650)			
50	Meditation or praying to keep peacefulness in mind	0.781	0.677
13	Going to temple/ church/ mosque to practice dharma or finding spiritual support	0.751	0.639
47	Making merit, averting the effects of misfortune or visiting fortune teller	0.657	0.613
18	Working hard to forget the events	0.422	0.532

Table 8 (Continued)

	Item statement	Factor Loadings	Communalities h^2
Coping Pattern 5: Seeking Help to Manage Abusive Problems			
(5 Items, Eigenvalue = 2.396, Percent of Variance = 4.991)			
11	Consulting the women's foundation/ hotline on issues of law, solving abusive problem, etc	0.720	0.596
20	Asking or accepting help from crisis center for abused children and women in hospital	0.667	0.610
16	Asking for helps from the people who have enough power in the local area (village headman, district committee, etc.)	0.587	0.499
23	Expressing my suffering with persons who work with supporting women	0.511	0.517
30	Making a legal claim against my partner at police station	0.462	0.509
Coping Pattern 6: Using Self-Destructive Behavior			
(3 Items, Eigenvalue = 2.383, Percent of Variance = 4.964)			
49	Doing harm to myself or considering suicide	0.770	0.750
22	Thinking about self-harm or suicide	0.749	0.745
32	Making an agreement with my partner about separation for a while until he will promise to stop abusive behavior.	0.433	0.554
Coping Pattern 7: Seeking Ways to Harm the Abusive Partner and Significant Others			
(2 Items, Eigenvalue = 1.945, Percent of Variance = 4.052)			
39	Doing harm to my partner/significant others (new lover, children)	0.672	0.727
33	Thinking about doing harm with my partner and/or his significant persons (new lover, children)	0.664	0.695

Table 8 (Continued)

Item statement		Factor Loadings	Communalities h^2
Coping Pattern 8: Managing Sexually Abusive Situations			
(2 Items, Eigenvalue = 1.850, Percent of variance = 3.853)			
46	Refusing to have sexual intercourse	0.642	0.627
44	Acting against my will to have sexual intercourse, even though I don't want to	0.588	0.648
Coping Pattern 9: Talking about Suffering with Close Relatives and Friends			
(2 Items, Eigenvalue = 1.760, Percent of Variance = 3.667)			
4	Expressing suffering with close person such as friends, parents, relatives	0.788	0.700
34	Expressing your suffering with other women who have the same experience	0.433	0.582

Testing Internal Consistency Reliabilities of the Resulting Factors

The Cronbach's alpha coefficient was employed to determine the internal consistency of nine subscales of the AWCS (Table 9). Internal consistency on the total AWCS was .95, which was acceptable for a new instrument; however, this value was very high. More than half, five subscales, represented sufficient correlation; coping pattern 1: struggling to leave the marital abuse situation ($r = .88$), coping pattern 3: trying to maintain marital life after abuse ($r = .83$), coping pattern 4: reducing suffering by self-transcendence ($r = .74$), coping pattern 6: Using self destructive behavior ($r = .75$), and coping pattern 7: seeking ways to harm the abusive partner and significant others ($r = .76$). However, two subscales revealed somewhat low Cronbach's alpha coefficient; coping pattern 5: seeking help to manage abusive problems and coping pattern 8: managing sexually abusive situation, both revealed $r = .68$. Additionally, coping pattern 9 had the lowest reliability, with a

standardized alpha of .52. Coping pattern 2: preventing and managing abusive trauma, demonstrated high value of standardized alpha ($r = .91$).

In this study, all items were shown to have sufficient item-total correlation by representing a range from .23 to .70. Additionally, most of the items showed sufficient item-subscale correlation. The exception, coping pattern 5, indicated a low item-subscale correlation ($r = .20$ -.46).

Table 9 Cronbach's Coefficient Alpha Internal Consistency Reliabilities for the 9 Coping Patterns (subscales) and the AWCS (N = 370)

Coping Pattern	No. of Item	Inter-item Correlation	Item-total Correlation	Standardized Alpha
Coping Pattern 1: Struggling to leave the marital abuse situation	9	.32 - .59	.52 - .77	.88
Coping Pattern 2: Preventing and managing abusive trauma	10	.37 - .73	.57 - .71	.91
Coping Pattern 3: Trying to maintain marital life after abuse	8	.25 - .57	.44 - .66	.83
Coping Pattern 4: Reducing suffering by self-transcendence	4	.32 - .50	.45 - .58	.74
Coping Pattern 5: Seeking help to manage abusive problems	5	.20 - .46	.42 - .52	.68
Coping Pattern 6: Using self-destructive behavior	3	.38 - .73	.42 - .64	.75
Coping Pattern 7: Seeking ways to harm the abusive partner and significant others	2	.62	.62	.76
Coping Pattern 8: Managing sexually abusive situations	2	.51	.51	.68
Coping Pattern 9: Talking about suffering with close relatives and friends	2	.35	.35	.52
The AWCS	45	.04 - .73	.23 - .70	.95

Testing Construct –related Evidence of Validity by Contrast Group Approach

In order to have validity evidence support for the AWCS, the contrast group approach was used to test construct–related evidence of validity. To demonstrate differences in coping patterns in severely abused wives and less severely abused wives, Mann-Whitney *U* Test was done to determine whether there were significant differences in coping patterns across two groups. The investigator decided to use non-parametric approach, because data of coping patterns in severely abused wives and less severely abused wives revealed insufficient evidence of normal distribution and violated the assumption of homogeneity of variance.

The results about coping patterns in severely abused wives and less severely abused wives indicated significance for six of the nine coping patterns. It could be observed from Table 10 that less severely abused wives had significant lower coping pattern scores than severely abused wives ($p < 0.001$, 2 tailed) which existed in coping patterns 2, 5, 6, 7, 9; and at 0.01 level, in coping pattern 1.

The differences of coping patterns between severely abused wives and less severely abused wives were considered substantial, and supported construct–related evidence of validity in the AWCS.

Table 10 Abused Wives' Coping Patterns by Level of Wives' Abuse Severity

Coping Patterns	Sum of Rank Coping Score	Mann- Whitney <i>U</i>	<i>Z</i>
Coping Pattern 1: Struggling to leave the marital abuse situation			
Less severe ^a	10816.00	5965.00	-3.016*
Severe ^b	21824.00		
Coping Pattern 2: Preventing and managing abusive trauma			
Less severe	8947.50		
Severe ^b	23692.50	4096.50	-6.284**

Table 10 (Continued)

Coping Patterns	Sum of Rank Coping Score	Mann- Whitney <i>U</i>	<i>Z</i>
Coping Pattern 3: Trying to maintain marital life after abuse			
Less severe ^a	13654.00	6583.00	-1.937 ^{ns}
Severe ^b	18986.00		
Coping Pattern 4: Reducing suffering by self- transcendence			
Less severe ^a	12901.50	7335.50	-.624 ^{ns}
Severe ^b	19738.50		
Coping Pattern 5: Seeking help to manage abusive problems			
Less severe ^a	10725.00	5874.00	-3.616**
Severe ^b	21915.00		
coping pattern 6: Using self - destructive behavior			
Less severe ^a	10169.00	5318.00	-4.361**
Severe ^b	22471.00		
Coping Pattern 7: Seeking ways to harm the abusive partner and significant others			
Less severe ^a	10502.50	5651.50	-4.368**
Severe ^b	22137.50		
Coping Pattern 8: Managing sexually abusive situations			
Less severe ^a	12548.00	7689.00	-.007 ^{ns}
Severe ^b	20092.00		
Coping Pattern 9: Expressing suffering with close relatives and friends			
Less severe ^a	14908.00	5329.00	-4.127**
Severe ^b	17732.00		

^a*n* = 98. ^b*n* = 157.*ns* = non-significant at *p* < .05. * *p* < .01. ** *p* < .001 (2 tailed).

Testing Concurrent Criterion-related Evidence of Validity

To examine the strength of empirical relationships between two events, with concurrent criterion-related validity evidence; the investigator used Spearman's rho to investigate correlation among nine abused wife coping patterns and severity of abuse, marital satisfaction, and psychological distress because coping patterns and psychological distress revealed non-normal distribution.

Five of nine abused wife coping patterns scores had statistically positive significant correlation with severity of wife abused, ranging from .187 - .350, at .01 level. Thus, the more severe the wife abuse, the more use of these coping patterns: struggling to leave the marital abuse situation (coping pattern 1), preventing and managing abusive trauma (coping pattern 2), seeking help to manage abusive problems (coping pattern 5), using self-destructive behavior (coping pattern 6), and seeking ways to harm the abusive husband and significant others (coping pattern 7). Additionally, two of nine had negative significant correlation with severity of abuse by presented $r = -.151$ and $-.209$ ($p < .01$, 2- tailed). That was the more severe of wife abuse, the less trying to maintain marital life after abuse (coping pattern 3) and talking about suffering with close relatives and friends (coping pattern 9).

Significant correlations were found for all of the coping patterns with marital satisfaction. Six coping patterns had negatively significant correlation with marital satisfaction, ranging from $-.218$ to $-.337$, at .01 level. Thus, the less marital satisfaction, the more using of the following coping patterns was found: struggling to leave the marital abuse relationship (coping pattern 1), preventing and managing abusive trauma (coping pattern 2), seeking help to manage abusive problems (coping pattern 5), using self-destructive behavior (coping pattern 6), seeking ways to harm the abusive partner and significant others (coping pattern 7), and managing sexually abusive situations (coping pattern 8). Additionally, three coping patterns were positively significant correlation with marital satisfaction, range from $.151$ -. $.257$, at .01 level. These coping patterns were: trying to maintain marital life after abuse (coping pattern 3), reducing suffering by self-transcendence (coping pattern 4), and talking about suffering with close relatives and friends (coping pattern 9).

As the result of correlation between psychological distress and coping patterns of the abused wives, seven coping patterns were significantly correlated

with psychological distress. Four coping patterns were positive significant correlation, range from .169 to .335, at .01 level. Hence, the more psychological distress, the more using of the following coping patterns was found: preventing and managing abusive trauma (coping pattern 2), seeking help to manage abusive problems (coping pattern 5), using self-destructive behavior (coping pattern 6), Seeking ways to harm the abusive partner and significant others (coping pattern 7). Three coping patterns were negative significant correlation, range from -.118 to -.249, at .05 and .01 level. These coping patterns consisted of: reducing suffering by self-transcendence (coping pattern 4), managing sexually abusive situations (coping pattern 8), and talking about suffering with close relatives and friends (coping pattern 9)

The result revealed that there was sufficient empirical evidence support for concurrent criterion-related validity of the AWCS.

Table 11 The Spearman's Rho Correlation among Nine Abused Wife Coping Patterns and the Severity of Abuse Scores, the Marital Satisfaction Scores, and the Psychological Distress Scores

Coping Patterns	Correlation		
	Severity of Abused	Marital Satisfaction	Psychological Distress
Coping Pattern 1: Struggling to leave the marital abuse situation	.187**	-.218**	.042
Coping Pattern 2: Preventing and managing abusive trauma	.350**	-.331**	.243**
Coping Pattern 3: Trying to maintain marital life after abuse	-.151**	.257**	-.082
Coping Pattern 4: Reducing suffering by self-transcendence	-.084	.151**	-.128*
Coping Pattern 5: seeking help to manage abusive problems	.256**	-.258**	.169**
Coping Pattern 6: Using self-destructive behavior	.284**	-.337**	.335**
Coping Pattern 7: Seeking ways to harm abusive partner and significant others	.289**	-.281**	.248**
Coping Pattern 8: Managing sexually abusive situations	-.023	-.152**	-.118*
Coping Pattern 9: Talking about suffering with close relatives and friends	-.209**	.223**	-.249**

*Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

CHAPTER V

DISCUSSION

This study has undertaken the necessary steps to develop and test psychometric properties of the Abused Wife Coping Scale. A discussion of the results of this study was presented into: 1) number and characteristic of the participants, 2) discussion of the evidence of validity, and 3) discussion of the evidence of reliability.

Number and Characteristic of Participants

Three hundred and seventy participants were recruited to testing psychometric properties of the AWCS. According to the recommendation of Comrey and Lee (cited in Tabachnick, 1996: 640), a sample size of 300 cases is good enough. Additionally, Bryant and Yarnold (1998: 99-136) suggested five subjects for each variable which are acceptable for the specific population that is not easily accessible for getting information. Therefore, the sample size of 370 cases (7 subjects per 1 item) is acceptable because this study employs more than 300 subjects and more than minimum requirement of five subjects per variable. However, it will be more credible if the sample size can reach ten subjects per variable as Dixon's recommendation to increase generalization from the sample to the population (Dixon, 2001: 309-310)

The investigator collected data from various settings. Demographic characteristics represented the variety of socioeconomic status and experience of abuse.

Discussion of the Evidence of Validity

The transition from a theoretical to an operational definition indicates a principal component of validity of the instrument. Conceptual and operational variable relation is the measurement assumption which can be supported by validity

testing (Mishel, 1998: 244-245). The discussion about the evidences supporting the content validity and construct validity of the AWCS was presented as following.

Content-related Evidence of Validity

To assess the content-related evidence of validity, the investigator focused on examining the items of measurement that were the proper sample of all major elements relevant to the theoretical domain of the content (Burns, & Grove, 2001: 400; DeVellis, 1991: 43; Goodwin, 1997: 104). Three sources of validity evidences: literature review, qualitative data, and content expert judgment-quantification were evaluated (Burns, & Grove, 2001: 400; Jacobson, 1997: 10). An extensive literature search provided the overview of coping in abused wives. Lazarus's Transaction Model was the theoretical base to conceptualize coping as cognitive process. Therefore, coping as defense mechanism and personality trait were not included in this study.

Qualitative study was employed to develop a scheme for categorizing the content from in-depth interview data. As a result, 5 themes and 18 categories were emerged. The investigator developed an item pool from the interview data in each category. To strengthen the developed content domain of the AWCS, the trustworthiness of qualitative findings was concerned and achieved through: 1) all of the participants had direct experience of wife abuse by their husbands, intimate partners or cohabitates temporarily or over a period of time. 2) data were collected by concerning various level of severity and type of abuse. Participants history relating to abuse revealed that all of the women had the combination experiences of abuse at least two types of abuse and nearly half of the participants (40.91%, $n = 9$) had experienced physical, psychological, and sexual abuses. Approximately half of the participants (40.91%, $n = 9$) perceived wife abuse experience at the most severe level. Others perceived less severe and moderate to severe abuse. Furthermore, status of the abuse situation was concerned by including participants who still lived with the abusive partners, ended the abuse but still lived with their partners, and temporary or permanent leaving from their partners, 3) participants were requested to check the findings of this study and the external approval for the findings, 4) the information about theoretical framework, sampling techniques, characteristics of

the participants, and the investigator's background were presented, and 5) quotation were displayed to support the findings which were grounded on events.

Content expert judgment-quantification consisted of two folds. At the first round of reviewing the first draft of the AWCS, all of the content validity experts agreed with these items representing the phenomena and every item was relevant to their categories and themes. At the second round, the content validity index (CVI) was used to support the evidence of content validity. Waltz et al. (1991) suggested that the index of content validity should be equal to or greater than .90 to be safely considered acceptable. Therefore, the CVI of the AWCS for the relevant item was .92 and the clarity item was .91. This revealed that the AWCS has acceptable content validity.

Pretesting was conducted to judge the feasibility before using the instrument in a formal study. Mishel (1998: 258-260) stated that the small target participants should be asked to feedback the appropriateness and the clarity of items wording; after that, some items should be reworded. In this section, ten abused wives experienced of abuse in various forms and severities, and five non-abused wives were recruited. All of the non-abused wives said that it was difficult to rate this scale because they did not have abuse experience, so they never used these coping strategies. It indicated that this measurement was not generally coping in marital conflict. Six participants who had abuse experiences gave feedbacks about item 27 that it conveyed two ideas in one item. Therefore, the investigator split this item into two items because it is a crucial point to discriminate double barreled statement in this instrument because it indicates different coping patterns (Devellis, 1991: 59).

Construct Validity Evidences

Construct validity is directly concerned with the theoretical meanings of a measure, and the logical relationship of a measurement concept to other concepts (Jacobson, 1997: 11). The discussion about construct validity evidences supporting of the AWCS will be presented as: 1) construct-related evidence of validity by factor analysis, 2) construct-related evidence of validity by contrasting group approach, and 3) criterion-related evidence of validity by investigating correlation between the AWCS subscales and severity of abuse, the AWCS subscales and marital satisfaction, and the AWCS subscales and psychological distress.

Construct-related Evidence of Validity by Factor Analysis

Testing the evidence of construct validity by using factor analysis was undertaken in 370 participants who had experiences of wife abuse. Item analysis was examined by using Pearson product moment correlation to derive the indication to eliminate some items from consideration before conducting factor analysis as Dixon's recommendation (2001: 308).

According to the result of item analysis: item 1 "Discussing the problems with partner to cooperate in solving problems such as drinking, paramour, debt", item 3 "Talking sweet words with partner", item 14 "Taking activities (traveling, reading, exercising)", and item 51 "Taking care of my partner and/or my children." exhibited low consistent correlation with other items and represented more general statement; therefore, the investigator decided to eliminate four items before conducting factor analysis. Even though, item 11 "Consulting the women foundation/ hotline in issues of law, solving abusive problem, etc." revealed low item to total correlation ($r = .25$), but item statement sufficient represented coping with abusive situation. Hence, the investigator kept this item. As the result in item analysis, four items were excluded; the AWCS with 48 items was examined in the next step.

By using principal components factor analysis with varimax rotation, eigenvalues of significant factors were greater than 1.0, a loading cutoff point was .40, meaningful interpretability underlined factors, using these criterions, the result demonstrated 10 factors. Factor 10 revealed only item 26 "Initiating relationship with a new lover", so it was excluded. Furthermore, item 5 and item 36 revealed that factor loading lower than .40; hence, the two items were eliminated. Therefore, the final draft of the AWCS demonstrated nine factors with 45 items and explained 58.18% of total variance. In this study, factor loading cutoff point was .40 which is more conservative than the suggestion about the minimal loading of Nunnally and Bernstein (1994). Additionally, using eigenvalues of significant factors greater than 1.0 is a lower boundary for an underlying factor of any relevance (Knapp & Brown, 1995: 466)

The resulting nine factors were labeled as coping patterns: 1) struggling to leave the marital abuse situation, 2) preventing and managing abusive trauma,

3) trying to maintain marital life after abuse, 4) reducing suffering by self-transcendence, 5) seeking help to manage abusive problems, 6) using self-destructive behavior, 7) seeking ways to harm the abusive partner and significant others, 8) managing sexually abusive situations, and 9) talking about suffering with close relatives and friends. The discussion about resulting factors was presented as the following.

Coping Pattern 1: Struggling to Leave the Marital Abuse Situation

Coping pattern 1 consisted of 9 items with strong factor loading from .45-.74, and accounted for 11.39 % of variance with an eigenvalue of 5.47. The majority of items, six items included item 29, item 45, item 10, item 40, item 19, and item 24 revealed as representative items based on qualitative study Theme 3 “Struggling to leave the abusive relationship” (see Table 11). All of these loading items were appropriately revealed in this cluster, and this supported qualitative study in phase one and many researches that revealed “reconstruction self” was a very important issue to leaving from abuse (Belknap, 2002: 139-153; Davis, 2002: 1248-1263; Hassouneh-Phillips, 2001; Landenburger, 1989: 209-227; Merritt-Gray & Wuest, 1995: 399-412; Patzel, 2001:729-747; Sripichyakan, 1999). Moreover, marital relationship is another major element for decision making to leave, thus many women tried to look at their beliefs about the relationship with their partners and cope with this trap (Archavanitkul et al., 2003: 84; Campbell, 1986:18; Strube, Barbour, 1984: 837-844; Ulrich, 1998; 74). Planning to leave is another coping strategy for abused women when they desired to leave (Kanjanaikul, 1997; 100).

Item 27 and item 32 drawn from Theme 2 “Attempting to end the abuse” with included category “Retaliating against abuser”. These items might reflect coping strategies to end the abusive relationship through leaving the abusive relationship as one participant who usually used temporary leaving from her husband did, but when she realized that he could not change his abusive behaviors, she decided to permanently leave.

I don't want to go away from him. It's just for giving time to him to realize and stop abusive behavior, but he didn't. Now I only think about escaping from him. I can end our relationships. Staying alone is poorer but I don't care. (07: p 4, 30-36)

Many literatures supported that women use temporary leaving more than one time, and decided to leave when they could not end the abusive relationship permanently (Archavanitkul et al., 2003; Ellsberg et al., 2001: 547-545; Sripichyakan, 1999).

Item 43 drawn from Theme 4 “Managing the sufferings”, this item demonstrated cross loading in Factor 3 “Trying to maintain marital life after abuse” with factor loading .34 that was lower than loading cutoff point (.40) in Factor 1. In qualitative study, many women stated that they were really sorrowful for a long time when she decided to leave. Psychological pain in leaving phase is more intensive and the time consuming is longer than in living with partner phase. Davis (2002: 292) stated that love and commitment to the relationship made leave-taking a painful process for abused women. As the above reasons, the investigator decided to keep this item in coping pattern 1. However, it needed to be examined in future study.

Considering the result from factor extraction, most of the items revealed congruence with Theme 3 “Struggling to leave the abusive relationship” in qualitative study (see Table 11). Hence, Factor 1 could be interpreted as “Coping pattern 1: Struggling to leave the marital abuse situation”. Further, this Coping pattern 1 could be defined as *cognitive and behavior efforts of the abused wives to end abusive relationship by leaving from their partners, including reframing self and marital relationship, asserting to leave, and release suffering.*

Table 12 Comparative Construct of the AWCS between Factor Analysis and Qualitative Study in Coping Pattern 1: Struggling to Leave the Marital Abuse Situation

Item No.	Item Statement	Theme and Category
	<i>Coping pattern 1: Struggling to leave the marital abuse situation (9 items)</i>	<i>Theme 3: Struggling to leave the abusive relationship</i>
29	Considering that if my partner continues with abusive behavior, I will leave him.	Category 3.1: Reframing self
45	Telling myself that my life is more valuable than staying with abusive partner.	Category 3.1: Reframing self
10	Thinking about partner's past behavior and finding more bad than good things.	Category 3.2: Reframing marital relationship
40	Telling myself that I don't love him at all.	Category 3.2: Reframing marital relationship
19	Planning my life for separating from my partner such as preparing the legal documents, finance, habitats, and children.	Category 3.3: Asserting to leave
24	Severing relationship, not communicating, with my partner and asserting my purpose is to separate from him.	Category 3.3: Asserting to leave
		<i>Theme2: Attempting to end the abuse</i>
27	Not talking with my partner.	Category 2.3: Retaliating against abuser
32	Making an agreement with my partner about separation for a while until he will promise to stop abusive behavior.	Category 2.3: Retaliating against abuser
43	Expressing suffering to myself (crying, writing diary, shouting)	<i>Theme 4: Managing suffering</i> Category 4.2: Releasing the suffering

Coping Pattern 2: Preventing and Managing Abusive Trauma

Coping pattern 2 consisted of 10 items with factor loading from .45-.71, and accounted for 10.76 % of variance with an eigenvalue of 5.16. When examining the item content, it as shown that half of Coping pattern 1 (5 items) were drawn from Theme 1 “Trying to maintain my stability among abusive relationship”. Three of these were represented in the category of “Temporary guarding”; the others were displayed in category of “Self healing”. Nearly half (4 items) were drawn from Theme 5 “Seeking and accepting help in dealing with traumatic and abusive relationship problems”. Three of these (item 31, item 38, and item 41) were shown in the category of “Seeking and accepting help to diminish traumatic problems” (more detail see Table 12). Item 9 had a cross loading on factor 2 (.56) and factor1 (.49). Item statement as “Escaping to another place temporarily after being abused” could reflect the purpose of women to keep away from traumatic situation and retaliating against abuser to end his abusive behaviors. Thus, item 9 needed to be modified more specifically as “*Escaping to another place temporary to escape from being assaulted*”. Additionally, item 7 had a cross loading on Factor 2 (.53) and Factor 9 (.42). Therefore, item statement should add the purpose to prevent the more severe assault by stating as “*Asking help from relatives, friends, or closed persons to prevent more severe assault*”. This item supported the results from other studies revealing that social support especially family and friends could aid women when being beat. However, this support might play a role in actually reducing the amount and the frequency of abuse, resulting in the short-term reduction of abuse (Bowker, 1983; Donato & Bowker, 1984, cited in Giles-Sims, 2004).

Most of these items reflected similar coping strategies when women dealt with traumatic problems from abuse by protecting themselves from abuse situations and managing their physical and psychological trauma after abuse. As this reason, Factor 2 could be labeled as “Coping pattern 2: Preventing and managing abusive trauma”. Furthermore, coping pattern 2 could be defined as *cognitive and behavior efforts of the abused wives seeking the way of traumatic protection from assault, and dealing with psychological and physical trauma by self-healing and seeking help from health care providers.*

The representative of the majority of items in Coping pattern 2 could be strongly support the finding from the qualitative study in phase one (Table 12). What's more, it supported many studies. For instance, the study of Kanjanakul (1997) in 14 battered wives, women tried to escape from abuse situations by avoiding quarrel, escaping before abuse occurred, running away or hiding while they were assaulted, asking for stopping assaulting them, trying to calm down their partners, and protecting themselves and their children. The study of Woraseetagarankul (2001) found that many women managed their physical health by taking care of themselves, taking oral medicine bought from retail store or drug store. Some women visited health care providers when they had physical trauma or referred from legal officers. Chaisetumpun (2000) collected data from 10 battered women who visited emergency rooms in hospitals located in Chiang- Mai province. She found that battered women needed health care providers not only to cure their trauma but also to support their suffering. The finding from Thepthongkam (2002) also presented the relevance with the above findings.

Table 13 Comparative Construct of the AWCS between Factor Analysis and Qualitative Study in Coping Pattern 2: Preventing and Managing Abusive Trauma

Item No.	Item Statement	Theme and Category
	<i>coping pattern 2: Preventing and managing abusive trauma (10 items)</i>	<i>Theme 1: Trying to maintain stability in an abusive relationship</i>
6	Keeping weapons, sharp things in a safe place in case my partner assaults me.	Category 1.3 Temporary guarding
8	Asking my partner not to abuse me anymore.	Category 1.3 Temporary guarding
28	Hiding myself or escaping from my partner when he was angry.	Category 1.3 Temporary guarding
15	Buying some oral medicines or external drugs to heal my trauma or pain.	Category 1.6 Self healing
21	Taking a rest to heal my physical/ psychological trauma	Category 1.6 Self healing
9	Escaping to another place temporarily after being abused	<i>Theme 2: Attempting to end the abuse</i> Category 2.3 Retaliating against abuser
31	Visiting clinic/ hospital to treat my trauma from physical assault.	<i>Theme 5: Seeking help in dealing with traumatic and abusive relationship problems</i> Category 5.1 Seeking help to diminish traumatic problems
38	Visiting clinic/ hospital for treatment of sleepless, headache, stomachache according to the impact of abuse.	Category 5.1 Seeking help to diminish traumatic problems
41	Visiting clinic/ hospital to treat psychological symptoms according to the impact of abuse.	Category 5.1 Seeking help to diminish traumatic problems
7	Asking help from relatives, friends, or close persons.	Category 5.2 Seeking help to manage abusive relationship problems and their impacts

Coping Pattern 3: Trying to Maintain Marital Life after Abuse

Coping pattern 3 consisted of 8 items with factor loading from .42-.76, and accounted for 8.86 % of variance with an eigenvalue of 4.25. When examining the item content, the finding was that all of the items in this factor demonstrated as Theme1 “Trying to maintain my stability among abusive relationship. Except, item 25 (Accepting the events) represented in Theme 4 “Managing the suffering”. Hence, Factor 3 could be labeled as “Coping pattern 3: Trying to maintain marital life after abuse”.

The category underlying each item provided the definition of this coping pattern (see Table 13) as *“cognitive and behavior efforts of the abused wives to keep their marital status even though their partner abused them. These coping efforts included positively thinking comparing by with other abused women, trying to give reason to forgiving and tolerating with partners’ abusive behaviors, and accepting the abusive situations”*. All of the loading items revealed in this factor were relevant with qualitative study and supported the results of many studies. For instance, Landenburger (1998: 61-69) reported that at initial abuse phase, women perceived their partners in positive way. They thought this situation was not abuse, and tried to follow their partners’ needs to keep marital relationship. When abusive situations still continue, women perceived the problems but they endured to keep marital relationship since they felt stigmatized and ashamed of her situations. According to, the study of Newman (1993: 108-113) women usually isolated themselves from their family and friends, and were forced to quit their jobs. Women hoped for the betterment of their abusive relationship. Many researchers reported that there were various reasons why women still lived with their partners such as worrying about their children, loving and attaching their partners, forgiving, believing in social value, and hoping to change their partners’ abusive behaviors (Archavanitkul, et al., 2003; Hassouneh-Phillips, 2001: 415-432; Marden, 1995: 70-82). A number of women stayed with abuser because they rationalized that there were numerous barrier factors to leave and somehow were worse and more dangerous than living in their homes. The study of Kanjanakul (1997) in 14 battered wives found that women perceived the first assault as their husbands were angry, not intended to abuse, these coping strategies could relieve their sorrow. Additionally, they usually coped by

enduring, and forgiving. Also, when living with abusive relationship, women tried to keep the situation as a secret (Archavanitkul et al., 2003; Sripichyakan, 1999).

Some items of this factor demonstrated emotional focus that supported many literatures. Herbert, Silver and Ellard (1991: 311-325) found women who thought that their marital relationship were better than other couples could encourage the women to maintain their marital relationship. Yoshihama (2002: 429-452) presented that thinking about partners' good behaviors and their good relationship were also maintain marital life of abused women. Kanjanakul (1997) reported that women perceived the first assault as their husbands were angry, or not intended to abuse. These reasons could relieve their sorrow. Additionally, In Thai culture, accepting the situation is another coping strategy to decrease suffering in abused Thai women because they almost believed in karma (Kanjanakul, 1997; Sripichyakan, 1999).

Table 14 Comparative Construct of the AWCS between Factor Analysis and Qualitative Study in Coping Pattern 3: Trying to Maintain Marital Life after Abuse

Item No.	Item Statement	Theme and Category
	<i>Coping pattern 3: Trying to maintain marital life after abuse (8 items)</i>	<i>Theme 1: Trying to maintain my stability among abusive relationship</i> Category 1.1 Making positive comparison
12	Soothing by thinking that wife abuse occurred in other families.	
2	Trying to understand the causes of abusive behaviors.	Category 1.2 Forgiving rationalization
42	Hoping that my partner will stop abusive behaviors.	Category 1.2 Forgiving rationalization
35	Following all my partner's opinions and needs.	Category 1.3 Temporary guarding
48	Keeping my abuse situation secret.	Category 1.4 Keeping secret
17	Enduring to stay with my partner because I think about positive outcome.	Category 1.5 Being tolerant
37	Enduring and staying with my partner because I still love him	
25	Accepting the events	Theme 4: Managing suffering Category 4.1 Accepting situation

Coping Pattern 4: Reducing Suffering by Self-Transcendence

Coping pattern 4 consisted of 4 items with factor loading from .42-.78, and accounted for 5.65% of variance with an eigenvalue of 2.71. When examining the item content, it was found that most of the items in this factor (item 13, item 47, and item 50) were displayed in the category of “Seeking and accepting help to reduce suffering”, and was one item (item 4) shown in the category of “Releasing the suffering”. These demonstrated the congruence of items that aimed to emotional focus coping by releasing the suffering. As the four items stated about religion, supernatural, and working hard to pass the suffering; therefore, Factor 4 was suitable to name as “*Coping pattern 4: Reducing suffering by self- transcendence*”.

All of the three items supported the result from qualitative study in phase one with main idea falling in release suffering (Table 14). Additional, these loading items also supported many researches related to dealing with suffering from abusive situation. Sripichyakan (1999) stated that women employed many activities such as turning to religion, praying, going to the temple, practicing religious activities, keeping busy with work to release their anger and suffering. Researches focusing on coping with sexual abuse are congruence with result of this factor. For the example, A study from Draucker and Stern (1999: 588-601) stated that women who had experiences of sexual abuse by their partners used many coping strategies to dealing with distress thoughts and feelings, they try to find better thing to do, such as involvement in music, art or favorable activities. Another study by Draucker and Stern (2000: 385-406) manifested survival women coping in sexual abuse by consider a way to soothing their life such as spiritual belief in god to become stronger.

As the reason from accumulated of these items’ statement and purpose of these behaviors thus coping pattern 4: Reducing suffering by self-transcendence refers to “*cognitive and behavior efforts of the abused wives to decrease suffering by using psychological support from religion and supernatural supporting system, including working hard*”.

Table 15 Comparative Construct of the AWCS between Factor Analysis and Qualitative Study in Coping Pattern 4: Reducing Suffering by Self-Transcendence

Item No.	Item Statement	Theme and Category
	<i>Coping pattern 4: Reducing suffering by self-transcendence(4items)</i>	<i>Theme 5: Seeking help in dealing with traumatic and abusive relationship problems</i>
13	Going to temple/ church/ mosque to practice dharma or finding spiritual support.	Category 5.3 Seeking help to reduce suffering
47	Making merit, averting the effects of misfortune or visiting fortune teller.	Category 5.3 Seeking help to reduce suffering
50	Meditation or praying to keep peacefulness in mind.	Category 5.3 Seeking help to reduce suffering
18	Working hard to forget the events.	<i>Theme 4: Managing sufferings</i> Category 4.2 Releasing the suffering

Coping pattern 5: Seeking and Accepting Help to Manage Abusive Problems

Coping pattern 5 consisted of 5 items with factor loading from .46 - .72, and accounted for 4.99 % of variance with an eigenvalue of 2.40. Examining the items' content shown that, most of the items (item 11, item 20, item 16, and item 30) manifested in the category of "Seeking and accepting help to manage abusive relationship problems and their impacts". Item 23 represented in the category of "Seeking and accepting help to reduce suffering category" (see Table 15). Nevertheless, the purpose of many women who seek helped from women organization was both to reduce suffering and to manage the abusive relationship problems. This finding supported many researches.

Chaisetsumpun (2000) collecting data from battered women who visited emergency rooms in hospitals, found that women need help for security, understanding and supporting, being free from abuse, claiming legally and no charge for legal advices. Similarly, the finding from Thepthongkam (2002) also supported

that battered women needed health care providers not only to cure their trauma but also to support their suffering, including referring to appropriate supporting system, and protecting them from being assaulted by their partners in hospital. In Thailand, One Stop Crisis Center has been developed in many hospitals for years to help women and children who confront with violence in families or communities. All of the battered women who visit emergency room are referred to this center. They will receive psychological support and counseling to manage abusive problem.

Positive social support was a very important issue to disengage from abusive relationship (Ellberg et al., 2000: 1595-1610). The women who needed support for ending the abusive situation sought for information about women right and social support to take this right, assertiveness against their partners and seeking referral system to leave from abusive partners (Dobach & Cavanagh cited in Kingston, & Penhale, 1995: 132). Davis (2002: 285-305) presented the meaningful result about leave-taking experiences in lives of abused women. Coping strategies of these women consisted of determining the appropriate time to leave, seeking help and assistance through social system whether from friends, families or outside resources (shelter, protective services legal aid). Archavanitkul et al. (2003) reported that severe assaulted women sought help from policemen (7%), health care providers (5%), and they rarely sought support from social agencies (1%), and shelters (0.2%). The reasons for seeking help included severe trauma and giving up their endurance.

All factor loading items in Factor 5 were congruent and supported qualitative study. Thus, Factor 5 was appropriate to be labeled as “Coping pattern 5: Seeking and accepting help to manage abusive problems” This coping pattern referred to *“cognitive and behavior efforts of the abused wives focusing on ending abusive relationship by asking and receiving help from women’s organizations, crisis center for abused children and women in hospitals, and legal system”*. However, item 23 revealed low item-item correlation ($r < .30$) with 3 items (item 11, item 16, and item 23). In effect, it is probably considered to be eliminated.

Table 16 Comparative Construct of the AWCS between Factor Analysis and Qualitative Study in Coping Pattern 5: Seeking and Accepting Help to Manage Abusive Problems

Item No.	Item Statement	Theme and Category
	<i>Coping pattern 5: Seeking help to manage abusive problems (5items)</i>	<i>Theme 5: Seeking and accepting help in dealing with traumatic and abusive relationship problems</i>
11	Consulting the women's foundation/hotline on issues of law, solving abusive problem, etc.	Category 5.2 Seeking and accepting Help to manage abusive relationship Problems and their impacts
16	Asking for help from the people who have enough power in the local area (village headman, district committee, etc.)	Category 5.2 Seeking and accepting help to manage abusive relationship problems and their impacts
20	Asking or accepting help from crisis center for abused children and women in hospital.	Category 5.2 Seeking and accepting help to manage abusive relationship problems and their impacts
30	Making a legal claim against my partner at police station.	Category 5.2 Seeking and accepting help to manage abusive relationship problems and their impacts
23	Expressing my suffering with persons who work with supporting women.	Category 5.3: Seeking and accepting help to reduce suffering

Coping Pattern 6: Using Self-Destructive Behavior

Coping pattern 6 consisted of 3 items with factor loading from .43 -.77, and accounted for 4.96 % of variance with an eigenvalue of 2.38. When examining the item content, the finding was that two items (item 49, 22) were displayed in “Using violent way category”, and item 52 “Taking sleeping pill or tranquillizer drug” exhibited in category of “Releasing the suffering” (Table 16). Coping strategies by using sleeping pill or tranquilizer drug might be difficult to be distinguished between the purposes of self-destruction and suffering release. Some women used the appropriate drug to rest, but some use overdose to attempt suicide. Thus, this item

should add the words to indicate the purpose of self-destruction “*Taking sleeping pill or tranquilizer drug over dose*”.

These loading items in Factor 6 presented the congruence with many empirical studies. Stark and Flitcraft (1988) reported that 26% of all female suicide attempts coming to the attention of hospitals were associated with physical abuse and that a large majority of those who attempted suicide had been seen before battering injuries. Furthermore, suicide attempts may increase with the frequency and severity of battering (Straus & Gelles, 1987). Giles-Sims, J. (2004) stated that the causes of suicide were various such as accelerating pattern of battering, retaliatory violence, increasing negative attitudes towards the partners, increasing attempts to leave, feelings that there is not another escape but suicide, decreasing love and realistic hope for changing the violence.

Furthermore, a finding from Sripichyakan (1999) study indicated that when women were searching for a sense of justice, some of them used retribution by doing harm with them. Similarly, the finding from Suwannarong (2002) in 15 abused women who receiving traumatic experience and admitted in one hospital for treatment of physical injuries or received treatment from attempt suicide revealed that when women perceived violence by suffering injuries committed by their partners; they thought that these were dehumanization, thus some women decided to use drug over dose and take chemicals to cope with dehumanizing behaviors of abusive partners. Similarly, the finding from Archavanitkul et al. (2003), indicated that approximately one-third of abused women had ever thought about suicide and had experienced the suicide attempt.

Underlying the purpose of these coping strategies, Factor 6 could be indicated as “*Coping pattern6: Using self- destructive behavior*”. Based on loading items, using self destructive behavior referred to “*cognitive and behavior efforts of the abused wives to use violence ways by attempt suicide or harming self*”. Moreover, item 52 should add some word to present more specific coping strategy.

Table 17 Comparative Construct of the AWCS between Factor Analysis and Qualitative Study in Coping Pattern 6: Using Self Destructive Behavior

Item No.	Item Statement	Theme and Category
	<i>Coping pattern 6: Using self-destructive behavior (3 items)</i>	<i>Theme 2: Attempting to end the abuse</i>
49	Doing harm to myself or considering suicide.	Category 2.4 Using violent way
22	Thinking about self-harm or suicide.	Category 2.4 Using violent way
52	Taking sleeping pill or tranquilizer drug	Category 4.2 Releasing the suffering

Coping Pattern 7: Seeking Ways to Harm the Abusive Partner and Significant Others

Coping pattern 7 consisted of 2 items with factor loading .66 and .67, and accounted for 4.05 % of variance with an eigenvalue of 1.95. When examining the item content, it was shown that both items (item 39, 33) manifested in category of “Using violent way” (see Table 17). The statement of two items represented using violent way to harm their partners and close persons who were significant for their partners, so Factor 7 labeled as “*Coping pattern 7: Seeking ways to harm the abusive partner and significant others*”. And definition followed by items’ content as “*cognitive and behavior efforts of the abused wives by using violence ways to kill or to do harm with their partners, new partners’ lovers, or their children*”.

The loading of the two items in this factor supported the finding from Sithisoradet (1999). Her study was conducted in 10 abused women who decide to end abusive situation by using husband homicide. She reported that women use homicide because suddenly high peak of indignation was accumulated for a long time. The causes of indignation consisted of physical and psychological abuse, jealousy, and dispirited marital life. Similarly, the finding from Sripichyakan (1999) also supported that women retaliating toward their partners by fighting back, and doing harm with their partners. Kanjanakul (1997) stated that women in her study used husband homicide because of fighting back or self-defense. Similarly

with the study of Saunder (1986), most of battered women used violence against their partners by the reason of self-defense. It seemed that the report of these researches revealed using violence to deal with wife abuse in the manner of automatic response rather than planning to do harm. The AWCS development was based on cognitive approach, thus doing harm indicated in cases of planning to use violence with their partners or closed persons did not include automatic response as fighting –back or self-defense.

Table 18 Comparative Construct of the AWCS between Factor Analysis and Qualitative Study in Coping Pattern7: Seeking Ways to Harm the Abusive Partner and Significant Others

Item no.	Item Statement	Theme and Category
	<i>Coping pattern 7: Seeking ways to harm the abusive partner and significant others (2 items)</i>	<i>Theme 2: Attempting to end the abuse</i>
33	Thinking about doing harm to my partner and/or his significant persons (new lover, children)	Category 2.4 Using violent way
39	Doing harm to my partner/significant others (new lover, children)	Category 2.4 Using violent way

Coping Pattern 8: Managing Sexually Abusive Situations

Coping pattern 8 consisted of 2 items with factor loading .59 - .64, and accounted for 3.85 % of variance with an eigenvalue of 1.85. When examining the item content, it was found that item 46 displayed in the category of “Retaliating against abuser” and item 44 represented in the category of “Temporary guarding” (see Table 18). These two items were manifested as coping strategies when women confronted with sexual abuse. Thus, Factor 8 was labeled as “*Coping pattern 8: Managing sexually abusive situations*”, and its definition was “*cognitive and behavior efforts of the abused wives to guarding and retaliating with sexual abuse*”.

The loading items in factor 8 supported the evidences of coping with sexual abuse as these researchers’ studies focused on dealing with sexual abuse. Draucker

and Stern (1999: 588-601) reported that women who had experiences sexual abuse by their partners described that coping strategies to survive an assault included knowing whether to struggle, resist, or succumb. Similarly, McCarthy (1995) represented the process of transforming of self in abused women who survived from their intimate partner sexual violence. This process consisted of submerging of self, repulsing alienated sex, protecting of self and reemerging of self. The results of the studies of coping with sexual abuse indicated that the choices of coping depended on the judgment of women to survive from abusive situations.

Table 19 Comparative Construct of the AWCS between Factor Analysis and Qualitative Study in Coping Pattern 8: Managing Sexual Abusive Situations

Item No.	Item Statement	Theme and Category
	<i>Coping pattern 8: Managing sexually abusive situations (2items)</i>	<i>Theme 1: Trying to maintain my stability among abusive relationship</i>
44	Acting against my will to have sexual intercourse, even though I don't want to.	Category 1.3 Temporary guarding
46	Refusing to have sexual intercourse.	<i>Theme 2: Attempting to end the abusive relationship</i> Category 2.3 Retaliating against abuser

Coping Pattern 9: Talking about Suffering with Close Relatives and Friends

Coping pattern 9 consisted of 2 items with factor loading .43 and .79, and accounting for 3.67 % of variance with an eigenvalue of 1.76. When examining the item content, it shown that, both items (item 4, item 34) displayed in the category of “Seeking and accepting help to reduce suffering” (see Table 19). However, these two items could be represented as a more specific method of suffering reduction, so Factor 9 could be labeled as “Coping pattern 9: Talking about suffering with close relatives and friends”. That could be defined as “*cognitive and behavior efforts of*

the abused wives to reduce suffering by talking about their psychological distress with mother, father, relatives and other abused women”.

A loading of two items in this factor supported the finding from many researches revealed that women usually used supporting resources from their friends and families at the first option (Archavanitkul et al., 2003: 78-80; Pakieser, Lenaghan, & Muellemann, 1998: 16-19; Rose, Kampbell, & Kub, 2000: 27-39). However, some women who sought for psychological support needed only listening, understanding, and respecting them but they did not focus on managing the abusive problems (Dobach & Cavanagh cited in Kingston, & Penhale, 1995: 132). Barriers for women to seek support consisted of the fear of blame, gossip, cultural belief about violence as the personal matter (Archavanitkul et al., 2003; Kanjanakul, 1997).

Table 20 Comparative Construct of the AWCS between Factor Analysis and Qualitative Study in Coping Pattern 9: Talking about Suffering with Close Relatives and Friends

Item No.	Item Statement	Theme and Category
	<i>Coping pattern 9: Talking about suffering with close relatives and friends (2 items)</i>	<i>Theme 5: Seeking help in dealing with traumatic and abusive relationship problems</i>
4	Expressing suffering with close person such as friends, parents, relatives.	Category 5.3 Seeking and accepting help to reduce suffering
34	Expressing my suffering with other women who have the same experience.	Category 5.3 Seeking and accepting help to reduce suffering

The overall AWCS covered problem-focused and emotion-focused coping functions. As Lazarus recommended that the studies should not be decide which thought or action belonged to problem-focused or emotion-focused coping function since many acts served both functions and the total coping effort of the individual consisted of both coping functions (Lazarus, 2000: 205-206). In this study, many coping patterns could be represented both types of coping functions such as Coping

pattern 1: Struggling to leave the marital abuse situation, items that seem to represent problem-focused coping function, i.e., “Item 19: planning my life for separating from my partner and asserting my purpose is to separate from him”, “Item 32: making an agreement with my partner about separation for a while until he will promise to stop abusive behavior”, and items that seemed to represent emotion-focused coping function such as “Item 43: expressing suffering to myself (crying, writing diary, shouting). Additionally, some items represented both problem-focused and emotion-focused coping functions, i.e., “Item 21: Taking a rest to heal my physical/ psychological trauma” in “Coping pattern 2: Preventing and managing abusive trauma”.

In comparing with other coping scales, the AWCS was constructed using categorized items of coping strategies similar to the Ways of Coping Questionnaire that was not intended to separate problem-focused from emotion-focused coping underlying each subscale.

Construct-related Evidence of Validity by Contrasting Group Approach

In order to estimate construct-related evidence of validity, Mann-Whitney *U* Test was conducted to determine differences in coping patterns across severe abused wives and less severe abused wives. The results revealed sufficient support for construct validity of the AWCS. Most of coping patterns scores was significantly different between less severe abused wives and severe abused wives. This finding was congruent with many studies. They revealed that severe abused wives employed many coping strategies to deal with abusive situations (Amaro et al., 1990: 575-579; Aris & Pape, 1999: 55-67; Bailey et al., 1997: 777-782; Herbert, Silver, & Ellard, 1991: 311-325; Kaslow et al., 1998: 533-540; McFarlane, Soeken, Reel, Parker, & Silva, 1997: 244-250).

However, three coping patterns -- trying to maintain marital lives after abuse, reducing suffering by self-transcendence, and managing sexual abusive situations -- were not significantly different between severe abused wives and less severe abused wives. This research was cross-sectional study; thus, women responded the items by considering about past and current coping strategies to deal with abusive situations. Some severe abused women who were survivors by leaving from their partners also employed “trying to maintain marital life after abuse” when

they lived with their partners. Therefore, longitudinal studies needed the examination of coping with abusive situations. As mentioned earlier, reducing suffering by self-transcendence and managing sexual abuse also revealed no difference between severe and less severe abused wives. Reducing suffering by self-transcendence might depend on belief and value to desire using this coping pattern. Managing sexual abuse was the specific coping pattern that should be examined to realize the typical. Therefore, the future researches are needed to be explored with other factors.

Concurrent Criterion-related Evidence of Validity

In this study, concurrent validity was assessed by comparing the AWCS to other accepted measures that also represented in the phenomena of wife abuse. The result revealed that the coping patterns of the AWCS correlated significantly with Marital Adjustment Test and General Health Questionnaire. Therefore, the results of the present study indeed supported the criterion-related validity of the AWCS, as correlations were in the expected direction and could be considered as sufficient. As Polit and Hungler (1995: 390) recommended that correlation for most variables of social and psychological nature, r of .70 was deemed to be high, $r = .10$ -.40 was deemed to be the typical correlation between variables.

The finding of this research revealed that most of the coping patterns were significant correlated with severity of abuse except coping pattern 4 and 8. The correlation between coping patterns and severity of abuse ranged from -.15 to .35, that revealed sufficiently. As the above discussion in testing construct validity evidence by contrast group approach, the result in this study was relevant with existing studies. However, coping pattern 1 was also significant positively correlated ($r = .19$) with the severity of abuse.

Marital satisfaction scores showed both positively and negatively significant associated with all coping patterns scores. Six of ninth coping patterns scores showed negative significant correlated with marital satisfaction scores with range from -.15 to -.34. Other coping patterns revealed positive significant correlation range from .15 to .26. The result supporting many studies indicated that marital relationship was the crucial factor that affected coping strategies of abused women. For instance, the study of Herbert, Silver and Ellard (1991: 311-325)

showed that women who still lived with their partners usually perceived more positively marital relationship than women who leaved from abusive relationship. Many studies similarly reported that love and belonging in partners was an important issue for women when they decided to leave (Archavanitkul et al., 2003: 84; Arriaga, Oskamo, 1999: 13; Campbell, 1986: 18; Herbert, Silver, & Ellard, 1991: 311-325; Strube & Barbour, 1984: 837-844; Dutton & Painter, 1993b; Ulrich, 1998: 74). Giles-Sims (2004) stated that decreasing love and realistic hope for changing the violence was another cause of suicide in abused women.

Most of the coping patterns were associated with psychological distress. Four of seven coping patterns were positive significant correlation with range from .17 to .34. And others were negative significant correlation with range from -.13 to -.25. Coping pattern 1 and Coping pattern 3 did not significant correlate with psychological distress. However, the direction of correlation between these coping patterns and psychological distress revealed appropriate direction, the more having psychological distress the more using struggling to leave the marital abusive situations. Additionally, women who revealed high scores of psychological distress, they showed low scores of trying to maintain the marital life after abuse.

Psychological distress in abused women related to coping patterns of: using self-destructive behavior, seeking ways to harm abusive partner and his significant others, preventing and managing abusive trauma. For instance, the study of Suwannarong (2002: 94) found that when violence was suffering injury, women used thinking of killing the intimate partner and committing suicide as the narrow way to escape from the abusive situation. Similarly, Sithisoradet (1999) interviewed 10 abused women and found that they used homicide because suddenly high peak of indignation that was accumulated for a long time and emerged at that certain time. The causes of indignation consisted of physical and psychological abuse, jealousy, and dispirited marital lives. Carmen, Reiker, and Mills (1984: 378-383) also presented that women who had experienced of severe trauma would increase the risk of suicide. These studies could infer that the women who suffered or distressed from severe abuse might use attempting suicide and doing harm with their partners. Arias (1999: 140) reviewed existing researches and found that psychological distress such as fear, terror, nightmares, low self-esteem, anxiety, depression, helplessness,

loneliness was the consequence of wife abuse. According to result of this study and the current researches, the future researches should examine the causal relationship among the severity of abuse, the psychological distress and the women's coping.

Discussion of the Reliability

The Cronbach's alpha coefficient of internal consistency for the AWCS revealed .95. According to Nunnally and Bernstein (1994: 264-265) guideline propose that coefficients alpha is acceptable at .70 for an early developed instrument, and expected to be .80 or more in developed instrument. Therefore, evidence of reliability of the AWCS demonstrated sufficient reliability for a new instrument. However, it represents a high value that may be affected from many factors surrounding the measurement situation (Waltz, Strickland, & Lenz, 1991: 167-168). First, more items were included in the AWCS. Second, higher value of the total test variance (mean = 47.81, variance = 734.11) in this study. And the last factor, testing was conducted in a heterogenous group.

Item - subscale correlations of the AWCS were examined to determine the homogeneity of the AWCS. According to Ferketich (1991), homogeneity is supported when large percentages of the scale items have item-total subscale correlations between .30 to .70. However, Streiner and Norman (1995: 62) recommended that the item-total correlation more than .20 was acceptable. In this study, all items revealed sufficient item-total correlation by representing range from .23 to .70. Therefore, the over all of the AWCS indicated acceptable item-total subscale correlations.

Considering standardized alpha of each subscale, found that six of nine coping patterns revealed sufficient item-subscale correlation. However, Coping pattern 2 revealed high alpha for subscale ($r = .91$). It might be the effect of high correlation between item 38 and item 31 ($r = .71$), and between item 38 and item 41 ($r = .73$). They indicated that these items were redundant. Nevertheless, these items should be remained because they are important to discriminate the purpose of coping with traumatic issues. Coping pattern 5 showed nearly acceptable item-subscale correlation ($r = .68$). Considering item-item correlation in this subscale, it was revealed that item 23 was low item-item correlation with other items.

Additionally item 23 stated not too specific with coping pattern 5. Thus, it should be modified the statement to be more specific and congruent with this coping pattern. Coping pattern 8, 9 showed low alpha for subscale, especially coping pattern 9 ($r = .52$). The statements of item 4 and 34 revealed redundancy with other items (item 7, item 36) in this scale. In effect, coping pattern 9 may be deleted in future study.

The above discussion demonstrated that the AWCS offers promise in measuring the wife abuse coping. However, some items should be modified to indicate specific coping strategies to relevance their coping pattern. Additionally, this instrument needs to examine by using confirmatory factor analysis to confirm the number of latent variables underlying the items correspond to the expected number and confirm an expected factor structure. Moreover, longitudinal studies are needed to examine coping patterns in abused wives.

CHAPTER VI

CONCLUSION

This chapter consisted of three parts. The first part was the summary and conclusion of the study findings, and then the implications and recommendations were displayed. Finally, knowledge development was presented.

Summary and Conclusion of the Study Findings

The purpose of this study was to develop the Abused Wife Coping Scale (AWCS) and test the validity and reliability of this measurement. The process of development and psychometric testing of the AWCS were presented as following.

An extensive literature search provided the overview of coping in abused wives. Lazarus's Transaction Model was the theoretical base to conceptualize coping as a cognitive process. Qualitative study was conducted to reveal coping strategies of the abused wives. Twenty-two participants who had experiences in wife abuse were recruited from all regions of Thailand. In-depth interview and content analysis were performed to discover the abused wife coping strategies. Five themes and eighteen categories were emerged. Five themes were presented as 1) trying to maintain stability in an abusive relationship, 2) attempting to end the abuse, 3) struggling to leave the abusive relationship, 4) managing the sufferings, and 5) seeking help in dealing with traumatic and abusive relationship problems. The items were generated following each theme, category, and subcategory from data that was grounded in in-depth interview. The first draft of the AWCS consisted of 82 items.

The first draft of the AWCS was reviewed by content experts who were specialist and conducted researches in domestic violence area. The content expert judgment-quantification in this study included two folds. Firstly, the content experts were asked to review the first draft of the AWCS. All experts agreed that these items represented the phenomenon. However, this version was too long, so it needed to be modified. The second draft of the AWCS consisted of 51 items which were modified following experts' suggestion. In the second round of experts reviewing, the Content

Validity Index (CVI) was calculated. The CVI for relevant item was .92 and for clarity item was .91. Waltz et al. (1991: 244) suggested that the safely considered acceptable CVI should be more than .90. Therefore, the CVI of the AWCS in this study revealed that this measure had sufficient evidence supporting the content validity. When the investigator conducted pretesting for judge the clarity and readability of the second draft of the AWCS in 10 abused wives and 5 non-abused wives, one item was recommended to split into two items in order to improving clarity of the item's statement. As the result, the third draft included 52 items. Three hundred and seventy women who had experience of wife abuse responded the AWCS and additional instruments. The demographic information of the participants revealed that women's socioeconomic status were various.

Before conducting the factor analysis, item analysis was evaluated by using Pearson product-moment correlation to derive the indication to eliminate some items. As a result, four items were dropped. When employing principal component factor analysis with varimax rotation, the final draft of the AWCS was composed of 9 factors, 45 items and explained 58.18 % of total variance. The identified factors emerged and were labeled as "*Coping pattern*" as follows: 1) struggling to leave the marital abuse situation, 2) preventing and managing abusive trauma, 3) trying to maintain marital life after abuse, 4) reducing suffering by self-transcendence, 5) seeking help to manage abusive problems, 6) using self-destructive behavior, 7) seeking ways to harm the abusive partner and significant others, 8) managing sexually abusive situations, and 9) talking about suffering with close relatives and friends. This finding supported the result of qualitative study and current research.

Examining the reliabilities of the resulting factors, it showed that the internal consistency on the total of the AWCS was high reliability with $r = .95$. Standardized alpha for subscales were range from .52 to .91. The over all of item to total correlation showed satisfactory internal consistency reliability with range from .23 to .70. When testing construct-related evidence of validity by contrast group approach, it was found that most of the coping patterns scores were significant difference between severely abused wives and less severely abused wives. Additionally, when examining the concurrent criterion-related evidence of validity by investigating correlation among nine abused wives coping patterns and severity of abuse, marital

satisfaction, and psychological distress, the result demonstrated that most of the coping patterns of the AWCS were significantly correlated with all concurrent validity measures from multiple sources: the severity of abuse (range $r = -.15$ to $.35$, $p < .01$), the marital satisfaction (range $r = -.15$ to $-.34$, $p < .01$), and the psychological distress (range $r = -.12$ to $.34$, $p < .05$). As a result, there were sufficient empirical evidences supported for validity of the AWCS. The process of development and psychometric evaluation of the AWCS was presented in Figure 1.

Implications and Recommendations

Even though, this research was preliminary study to develop and test psychometric properties. The validity and reliability evidences of the AWCS revealed that the AWCS had promised as a psychometrically sound measure of abused wives coping. Such a measure will have utility in research development, nursing practice, nursing education and knowledge development.

Implications and Recommendations for Future Research

Overall, the results of this study provided the evidences of content validity, construct validity, criterion validity, and reliability of the AWCS. The tool is easily administered to the abused women by self-report or interview. Moreover, the women who can read and understand Thai language are able to rating this scale by themselves. The scoring procedure of the AWCS is relative score. The relative score of each coping pattern can be obtained by using the mean score of that coping pattern divided by summing mean scores of all coping patterns. Relative score of each coping pattern ranged from 0.00-1.00. Summation of coping patterns' relative score for the individual is 1.00.

This instrument is helpful for researchers who interest in explaining, predicting, and improving the effective coping in abused wives. Future researches are needed to provide evidences and strengthening support for the validity and reliability of the AWCS as follow:

1. Further testing of the AWCS in the large samples that more diverse races and religions, by including minorities group are needed to increase generalize of the findings.

2. Confirmatory factor analysis should be employed to confirm the number of latent variables underlying the items corresponding to the expected number, and confirm an expected factor structure of the AWCS. However, there are many ways to confirm the construct of the AWCS such as: including only coping pattern 1 to coping pattern 6 that has more than 2 items, excluded and modified some items as mentioned in the discussion chapter then employed exploratory factor analysis and confirmatory factor analysis.

3. Social Desirability Scale should be employed to describe the degree to which subjects responded to the AWCS in culturally sanctioned ways versus according to their true coping strategies.

4. This study employed cross-sectional design; the results could not be fully disentangled the causal ordering of marital satisfaction, psychological distress, and severity of abuse. Therefore, longitudinal studies are requisite to determine the abuse affecting factors and the decline and flow of selected coping patterns on specific outcome such as the ending of abuse, and the quality of life.

The AWCS is suitable for assessing coping strategies of abused women in the future researches.

5. The wife abuse and severity of abuse assessment tool needed to be more developed and its psychometric properties tested more rigorously in order to strengthening the results of scientific inquiry in future research.

Implications and Recommendations for Nursing Practice

This instrument can be used to assessing coping strategies and coping patterns in abused wives. The score of each coping pattern will demonstrate what coping pattern that women used to dealing with abusive situations. However, it can not indicate the effectiveness of coping pattern. According to, universally effective or ineffective of coping strategy can not be stated. The users must measure coping separately from its outcome in order to properly evaluate the effectiveness of each coping strategies that depend on the context. The outcome modality consists of subjective well-being, social function, or somatic health (Lazarus, 2000: 202-203).

When using the AWCS in a practice area, the nurses may check the items employed by clients when dealing with abusive situations. Moreover, the nurse must assess the overall coping patterns that women used. In some coping patterns that

reveal harm such as using self-destruction, a therapeutic intervention should be employed to support abused women and prevent negative consequences. Additionally, nurses should explore the underlying factors that affect coping strategies of the individual woman and the outcome of coping strategies such as well-being and ending the abuse. Thus, this instrument can serve to guide nursing intervention for abused clients.

The result of this study also reveals that the severity of abuse, the marital satisfaction and the psychological distress were associated with coping patterns. Therefore, nurse should assess these factors simultaneously when counseling abused women. For instance, some women who have sustained severe trauma from being physically assaulted still wish to maintain their marital relationship. Their reasons may be that they still have high marital satisfaction while they were in the “honeymoon period”.

The AWCS can be employed as assessment tool not only in nursing but also in other disciplines such as social workers, persons who work in women’s foundations.

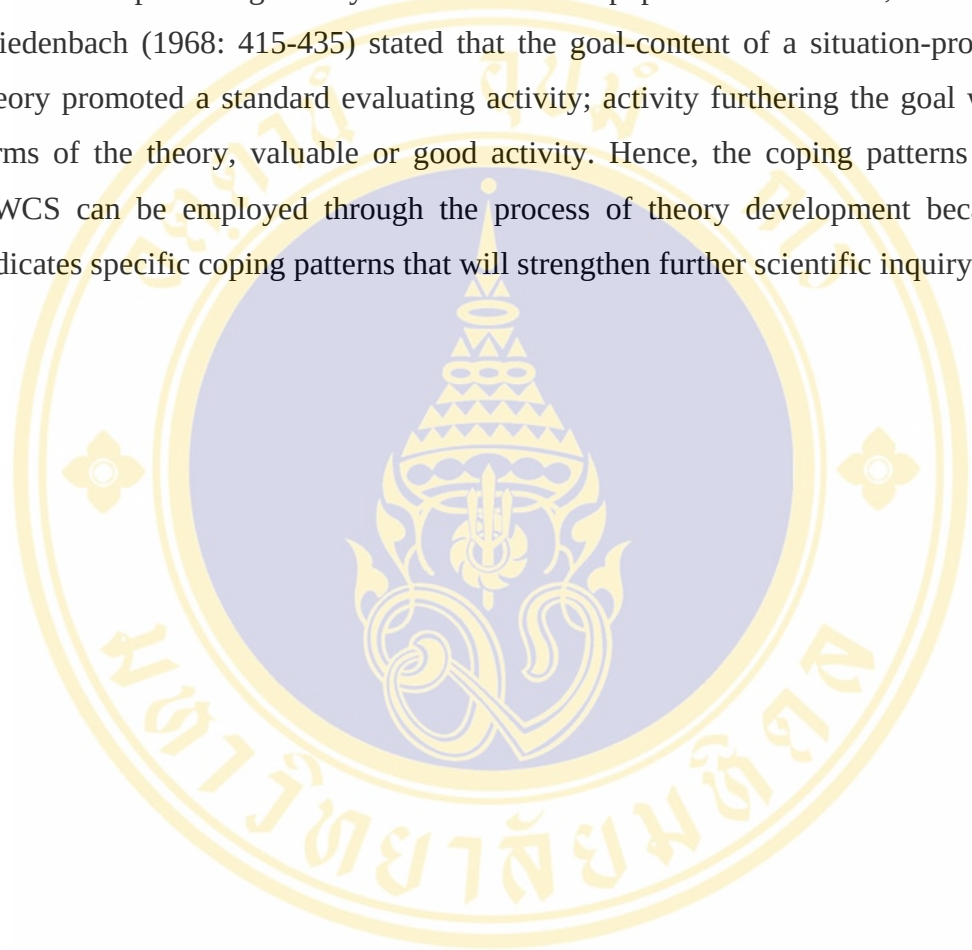
Implications and Recommendations for Nursing Education

Abused wife coping strategies and coping patterns that were discovered in this study can be provided invaluable information to include in the topic related to violence against women in women health course. Especially, women health topic in Advance Practice Nursing Education, nursing students will get not only understanding the coping issue in abused women but also employing the AWCS to assess the coping of clients who confronted with marital abuse situations.

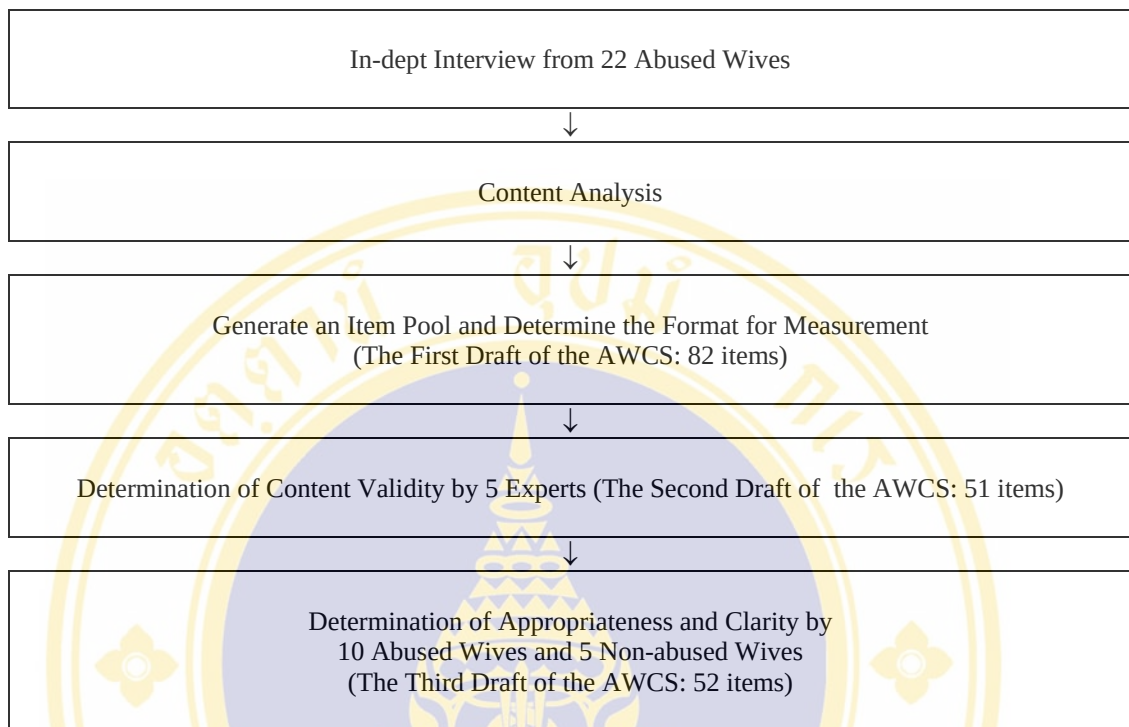
Knowledge Development

Nursing science is a human science discipline. The linkage between phenomena with noumenon, and empirical concepts with theoretical concepts were needed for theory development for the 21 century (Reed, 1995). In this study, the investigator defined new concepts by employing participant involvement in the process of inquiry in order to reflect the phenomenon of the specific situation. The AWCS is a new situation-specific coping measurement that is very useful in exploring the abused wife coping phenomena. Other researchers who interested in

the area of stress, coping and outcome of coping in abused wife groups, can employ the AWCS to assess the coping patterns of this population. As a result, a situation-relating theory was created from these studies. Moreover, a causal model of coping in abused wives will provide invaluable knowledge to develop a prescriptive theory or situation-producing theory in abused wife populations. Dickoff, James, and Wiedenbach (1968: 415-435) stated that the goal-content of a situation-producing theory promoted a standard evaluating activity; activity furthering the goal was, in terms of the theory, valuable or good activity. Hence, the coping patterns of the AWCS can be employed through the process of theory development because it indicates specific coping patterns that will strengthen further scientific inquiry.



PHASE I: Development of the Abused Wife Coping Scale



PHASE II: Psychometric Testing of the Abused Wives Coping Scale

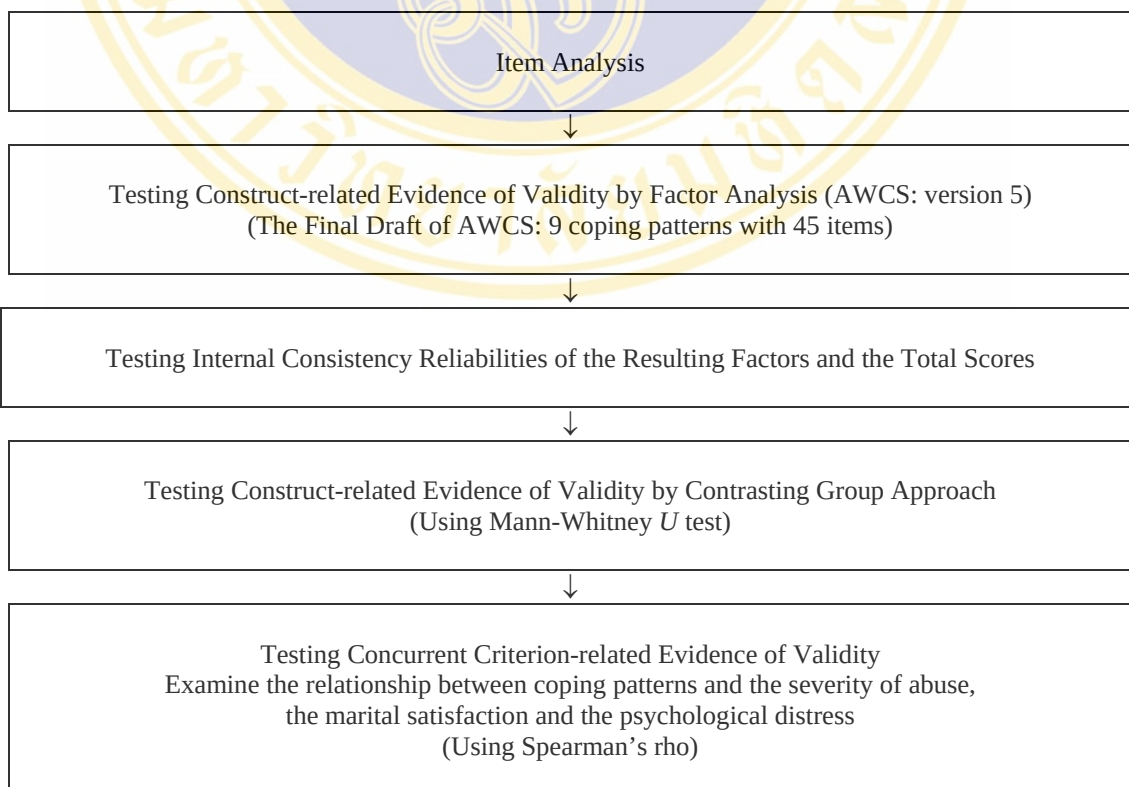


Figure 1 Steps in the Development and Psychometric Testing of the AWCS

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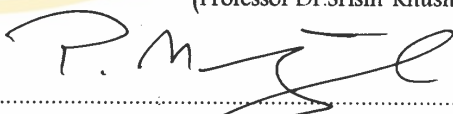
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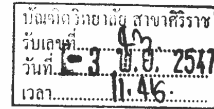
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APPENDIX A
DOCUMENT PROOF OF ETHICAL CLEARANCE

	
No. <u>117/2004</u>	
Documentary Proof of Ethical Clearance The Committee on Human Rights Related to Human Experimentation Mahidol University, Bangkok	
Title of Project.	Development and Psychometric Testing of the Abused Wives Coping Scale (October 2004 - January 2005)
Principle Investigator.	Mrs. Bu-Ngar Tanopas
Name of Institution.	Faculty of Nursing
Approved by the Committee on Human Rights Related to Human Experimentation	
Signature of Chairman.	 (Professor Dr. Srisin Khusmith)
Signature of Head of the Institute.	 (Professor Dr. Porchai Matangkasombut)
Date of Approval.	- 8 OCT 2004



ที่ รร 0027.102/ 2456

โรงพยาบาลเชียงรายประชานุเคราะห์

1039 ถนนสถานพยาบาล ตำบลเวียง

อำเภอเมือง จังหวัดเชียงราย 57000

๒๙ ตุลาคม 2547

เรื่อง อนุญาตให้นักศึกษาคำเนินการเก็บข้อมูลในโรงพยาบาลเชียงรายประชานุเคราะห์
 เรียน คณะบดีบัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล
 อ้างถึง หนังสือบัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล ที่ ศร 0517.02 (ศร)/ 1993 ลงวันที่ 11 ตุลาคม 2547

ตามที่ท่านได้ขอความอนุเคราะห์ให้นักศึกษา เข้าเก็บข้อมูล เพื่อประกอบการทำวิทยานิพนธ์
 เรื่อง “การพัฒนาและการทดสอบคุณภาพแบบวัดการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้าย” ตามหนังสือที่อ้าง
 ถึง ความทราบแล้วนั้น

โรงพยาบาลเชียงรายประชานุเคราะห์ โดยคณะกรรมการพัฒนางานวิจัย และคณะกรรมการ
 พิจารณาด้านจริยธรรมในการศึกษาวิจัยทางชีวเวชศาสตร์ พิจารณาแล้วเห็นว่า การเก็บข้อมูลดังกล่าวจะเป็น
 ประโยชน์ในการพัฒนางานบริการสาธารณสุขในอนาคต จึงได้อนุญาตให้นักศึกษาคำเนินการเก็บข้อมูลใน
 โรงพยาบาลได้ ทั้งนี้ให้นักศึกษาปฏิบัติตามระเบียบวิธีวิจัย และการเคารพสิทธิของอาสาสมัครในการวิจัยอย่าง
 เคร่งครัดเนื่องจากการวิจัยดังกล่าวเป็นการสอบถามประวัติและเรื่องส่วนตัวของอาสาสมัครฯ โดยให้นักศึกษา
 ประสานงานกับคณะกรรมการพัฒนางานวิจัย และศูนย์ช่วยเหลือเด็กและสตรีในภาวะวิกฤติของโรงพยาบาล
 เชียงรายประชานุเคราะห์ ในการจัดเก็บข้อมูล และจัดส่งวิทยานิพนธ์ฉบับสมบูรณ์ให้แก่โรงพยาบาลฯ จำนวน
 1 ฉบับ เมื่อสำเร็จการศึกษา

จึงเรียนมาเพื่อโปรดทราบ

ขอแสดงความนับถือ

(นายแพทย์สมบุรณ์ศักดิ์ ญาณไพศาล)

ผู้อำนวยการโรงพยาบาลเชียงรายประชานุเคราะห์

ดำเนินเรียน

- รศ.ดร. กอบกุล พันธุ์เจริญวรกุล
- คณะกรรมการพัฒนางานวิจัย
- ศูนย์ช่วยเหลือเด็กและสตรีในภาวะวิกฤติ

ติดต่อคณะกรรมการพัฒนางานวิจัย

นายสง่า อินทะจักร นักวิชาการสาธารณสุข 5 ปฏิบัติหน้าที่ผู้ช่วยเลขานุการคณะกรรมการพัฒนางานวิจัย

โทรศัพท์ 053-711300 ต่อ 1106

APPENDIX B

CONSENT FORM FOR THE PARTICIPANTS

คำอธิบายโครงการวิจัย

เรื่อง การพัฒนาและการทดสอบคุณภาพแบบวัดการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้าย
(ระยะที่1. การพัฒนาแบบวัดการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้าย)

คำแถลงผู้วิจัย

ดิฉันจะขอเชิญท่านเข้าร่วมการวิจัยเรื่อง “การพัฒนาและการทดสอบคุณภาพแบบวัดการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้าย” การวิจัยครั้งนี้เป็นส่วนหนึ่งของการศึกษาในหลักสูตรปริญญาเอกทางการพยาบาล คณะพยาบาลศาสตร์ มหาวิทยาลัยมหิดล ใบยินยอมนี้มีวัตถุประสงค์เพื่อให้ข้อมูลแก่ท่านสำหรับการตัดสินใจว่าท่านจะเข้าร่วมในการวิจัยหรือไม่ กรุณาอ่านใบอธิบายโครงการนี้โดยละเอียด ท่านสามารถถามคำถามต่างๆเกี่ยวกับงานวิจัยและใบยินยอมที่ยังไม่กระจ่าง ทั้งนี้การเข้าร่วมงานวิจัยของท่านจะเป็นไปด้วยความสมัครใจ ท่านสามารถตอบรับหรือปฏิเสธการเข้าร่วมวิจัยในครั้งนี้

วัตถุประสงค์และประโยชน์ของงานวิจัย

การศึกษานี้มีวัตถุประสงค์เพื่อที่จะศึกษาผลกระทบการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้าย และพัฒนาไปสู่การสร้างแบบวัดการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้าย

ประโยชน์ที่จะได้รับจากงานวิจัย

ได้แบบวัดการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้ายที่ผ่านการพัฒนาและทดสอบอย่างเป็นระบบ แบบวัดที่ได้สามารถนำไปใช้ในการวิจัยเพื่อพัฒนาความรู้เกี่ยวกับความเครียด การเผชิญปัญหา และการปรับตัวของภรรยาที่ถูกสามีทำร้าย รวมถึงการทดสอบโปรแกรมการช่วยเหลือภรรยาที่ถูกสามีทำร้าย นอกจากนี้แบบวัดดังกล่าวจะช่วยให้พยาบาลและบุคลากรทีมสุขภาพ ตลอดจนบุคลากรที่ทำงานในการช่วยเหลือภรรยาที่ถูกสามีทำร้าย สามารถนำไปใช้ในการประเมินการเผชิญปัญหาของผู้รับบริการ เพื่อให้การดูแลช่วยเหลือที่เหมาะสมต่อไป

ขั้นตอนของการวิจัย

ดิฉันจะขอพบและพูดคุยสัมภาษณ์ท่านในสถานที่ที่ท่านเลือก อาจเป็นมูลนิธิเพื่อนหญิง บ้านคลินิก หรือโรงพยาบาล มหาวิทยาลัย หรือสถานที่อื่นๆที่มีความมิดชิดและปลอดภัยทั้งตัวท่านและดิฉัน การพูดคุยเกี่ยวข้องกับประสบการณ์ของท่านในการจัดการกับปัญหาการถูกทำร้าย ในการสัมภาษณ์ดิฉันจะถามท่านถึงประสบการณ์ชีวิต และเหตุการณ์ที่สามีทำร้ายหรือข่มขู่ท่าน ผลจาก

การถูกทำร้ายที่มีต่อท่านและบุคคลใกล้ชิด การจัดการขณะที่ท่านถูกทำร้าย และภายหลังจากนั้น เมื่อการสัมภาษณ์เสร็จสิ้น ดิฉันจะขอให้ท่านช่วยตอบแบบสอบถามข้อมูลทั่วไป เช่น อายุ การศึกษารายได้ และข้อมูลเกี่ยวกับการถูกสามีทำร้าย การสัมภาษณ์อาจมีขึ้น 1-2 ครั้ง การพูดคุยแต่ละครั้งจะใช้เวลาประมาณ 1-2 ชั่วโมง

ระหว่างการสัมภาษณ์ท่านสามารถถามคำถามที่ท่านสงสัยเกี่ยวกับการวิจัยและสิทธิของท่าน ท่านสามารถปฏิเสธการตอบคำถามใดๆที่ท่านไม่ต้องการตอบ และสามารถขอหยุดการสัมภาษณ์เมื่อท่านต้องการ และการสัมภาษณ์จะดำเนินต่อไปได้เมื่อท่านอนุญาต หากมีการสัมภาษณ์ครั้งต่อไป ดิฉันขอสอบถามท่านเพิ่มเติมในประเด็นที่ยังไม่ได้พูดคุยหรือยังขาดความกระจ่าง

โอกาสที่จะเกิดความเสี่ยง ความเครียด หรือความไม่สบายใจ

คำถามบางคำถาม อาจทำให้ท่านเศร้าใจ วิตกกังวล หรืออารมณ์เสีย ท่านอาจรู้สึกว่าเป็นสิ่งที่ยากลำบากและเจ็บปวดที่จะพูดคุยถึงเหตุการณ์ที่เกิดขึ้นและความรู้สึกของท่าน ซึ่งท่านอาจไม่เคยเปิดเผยหรือไม่ค่อยพูดให้คนอื่นฟัง อย่างไรก็ตามการมีโอกาสพูดคุยเกี่ยวกับเหตุการณ์ดังเครียดที่เกิดขึ้นกับท่าน อาจทำให้ท่านรู้สึกสบายใจขึ้น หากท่านสามารถหลุดพ้นจากการถูกทำร้าย ประสบการณ์ที่เจ็บปวดของท่าน มีคุณค่าอย่างยิ่งสำหรับผู้หญิงที่ประสบปัญหาของการถูกสามีทำร้าย ท่านมีอิสระที่จะไม่ตอบคำถามหรือถอนตัวจากการวิจัยเมื่อใดก็ได้ และการสัมภาษณ์จะหยุดเมื่อท่านต้องการ

ข้อมูลเพิ่มเติม

ดิฉันจะบันทึกการพูดคุยสัมภาษณ์ด้วยเทปบันทึกเสียงและถ่ายถอดเนื้อหาของการสนทนาในเทปลงบนกระดาษโดยตัวดิฉันเอง ข้อมูลทั้งหมดที่ท่านให้จะถูกเก็บรักษาไว้เป็นความลับ ชื่อของท่านจะไม่ปรากฏบนแบบฟอร์มใดๆ ของการสัมภาษณ์หรือเชื่อมโยงกับเทปบันทึกของการสัมภาษณ์ ชื่อของท่านจะถูกแทนที่ด้วยรหัสที่เป็นตัวเลข ซึ่งดิฉันเพียงคนเดียวเท่านั้นที่ทราบข้อมูลที่บ่งชี้ถึงตัวท่าน ข้อมูลที่บ่งชี้ถึงตัวบุคคล เช่นชื่อสถาบันหรือสถานที่จะไม่ปรากฏในเอกสารบันทึกเนื้อหาการสนทนา เทปบันทึกเสียงการสัมภาษณ์จะถูกเก็บไว้ในตู้ที่ใส่กุญแจไว้ตลอดเวลา และจะทำการลบเทปบันทึกเสียงเมื่อการวิจัยสิ้นสุดลง สำหรับใบอนุญาต เอกสารบันทึกการสัมภาษณ์ ชื่อและที่อยู่ของท่านจะถูกแยกเก็บไว้ในตู้ที่ใส่กุญแจและดิฉันเพียงผู้เดียวเท่านั้นที่จะสามารถใช้เอกสารเหล่านี้ ผลการวิจัยครั้งนี้จะถูกเสนอในลักษณะภาพรวมของกลุ่มและจะไม่มีข้อมูลใดๆ ที่บ่งชี้ถึงตัวบุคคล การสัมภาษณ์แต่ละครั้งดิฉันขอมอบเงินจำนวน 200 บาทแก่ท่าน เพื่อใช้จ่ายในการเดินทาง แม้ว่าท่านจะตัดสินใจหยุดการสัมภาษณ์ หรือขอถอนตัวระหว่างการสัมภาษณ์ก็ตาม

ในขณะที่วิจัยถ้าท่านอาจได้รับอันตรายหรือต้องการความช่วยเหลือ ท่านจะได้รับการช่วยเหลือที่เหมาะสมตามความต้องการหรือความสมัครใจของท่าน

ถ้าท่านต้องการพูดคุยเกี่ยวกับการศึกษาวิจัยนี้ ท่านสามารถติดต่อดิฉันได้ที่หมายเลขโทรศัพท์ 0-1432-8012

คำชี้แจงโครงการวิจัย

เรื่อง การพัฒนาและการทดสอบคุณภาพแบบวัดการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้าย
(ระยะที่ 2. การทดสอบคุณภาพแบบวัดการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้าย)

คำแถลงผู้วิจัย

ดิฉันชื่อ บุษงา ตโนภาส เป็นนักศึกษาปริญญาเอกทางการพยาบาลของคณะพยาบาลศาสตร์ มหาวิทยาลัยมหิดล ขณะนี้กำลังทำวิจัยเรื่อง “การพัฒนาและการทดสอบคุณภาพแบบวัดการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้าย” ซึ่งแบบวัดนี้เป็นเครื่องมือสำคัญที่จะนำไปสู่การพัฒนาความรู้เกี่ยวกับความเครียด การเผชิญปัญหาและการปรับตัวของภรรยาที่ถูกสามีทำร้าย รวมถึงการทดสอบโปรแกรมการช่วยเหลือภรรยาที่ถูกสามีทำร้าย นอกจากนี้บุคลากรที่ทำงานด้านการช่วยเหลือภรรยาที่ถูกสามีทำร้ายสามารถนำแบบวัดดังกล่าวไปใช้ในการประเมินการเผชิญปัญหาของสตรีที่มาใช้บริการ เพื่อให้การดูแลช่วยเหลือที่เหมาะสมต่อไป

ท่านเป็นผู้หนึ่งที่มีคุณสมบัติเหมาะสมที่จะเข้าร่วมงานวิจัย และถ้าท่านยินดีที่จะเข้าร่วมงานวิจัย ดิฉันขอความร่วมมือในการตอบแบบสอบถาม 4 ชุด ได้แก่ ข้อมูลส่วนบุคคลและประสบการณ์การถูกทำร้าย แบบวัดการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้าย แบบวัดสัมพันธภาพระหว่างคู่สมรส และแบบประเมินภาวะสุขภาพ โดยใช้เวลาตอบแบบสอบถามประมาณ 40-90 นาที ทั้งนี้ใบยินยอมและแบบสอบถามจะถูกเก็บแยกไว้ ชื่อของท่านจะไม่ปรากฏในที่ใดและจะถูกแทนที่ด้วยรหัส ผลการศึกษาวิจัยจะถูกนำเสนอในลักษณะภาพรวม ไม่มีการบ่งชี้ถึงตัวบุคคล

ท่านสามารถถามคำถามต่างๆเกี่ยวกับงานวิจัยและใบยินยอมที่ยังไม่กระจ่าง การเข้าร่วมงานวิจัยของท่านจะเป็นไปด้วยความสมัครใจ ท่านสามารถตอบรับหรือปฏิเสธการเข้าร่วมงานวิจัยนี้ในการตอบแบบสอบถาม อาจมีบางคำถามที่ทำให้ท่านเศร้าใจ วิตกกังวล หรืออารมณ์เสีย ท่านอาจรู้สึกว่าเป็นสิ่งที่ยากลำบากและเจ็บปวดที่จะคิดถึงเหตุการณ์ที่เกิดขึ้น ซึ่งท่านอาจไม่เคยเปิดเผยหรือไม่ค่อยพูดให้คนอื่นฟัง อย่างไรก็ตามคำตอบทุกคำตอบของท่าน มีคุณค่าอย่างยิ่งในการพัฒนาความรู้เพื่อให้การช่วยเหลือภรรยาที่ประสบปัญหาการถูกสามีทำร้าย ทั้งนี้ท่านมีอิสระที่จะยุติการตอบแบบสอบถามได้ตลอดเวลาตามที่ท่านต้องการ

ในขณะที่วิจัยถ้าท่านอาจได้รับอันตรายจากการถูกสามีทำร้ายหรือต้องการความช่วยเหลือ ท่านจะได้รับข้อมูลและการช่วยเหลือที่เหมาะสมตามความสมัครใจของท่าน ถ้าท่านมีข้อสงสัยหรือต้องการพูดคุยเกี่ยวกับการศึกษาวิจัยนี้ ท่านสามารถติดต่อดิฉันได้ที่หมายเลขโทรศัพท์ 0-1432-8012

ขอขอบคุณในความร่วมมือของท่านเป็นอย่างยิ่ง

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(นาง บุษงา ตโนภาส)

ใบยินยอมให้ทำการวิจัย

การวิจัยเรื่อง การพัฒนาและการทดสอบคุณภาพแบบวัดการเผชิญปัญหา
ในภรรยาที่ถูกสามีทำร้าย

วันที่ให้คำยินยอม วันที่.....เดือน.....พ.ศ.

ก่อนที่จะลงนามในใบยินยอมให้ทำการวิจัยนี้ ข้าพเจ้าได้รับการอธิบายจากผู้วิจัยถึงวัตถุประสงค์ของการวิจัย วิธีการวิจัย อันตรายที่อาจเกิดขึ้นจากการวิจัย รวมถึงประโยชน์ที่จะเกิดขึ้นจากการวิจัยอย่างละเอียด และมีความเข้าใจดีแล้ว

ผู้วิจัยรับรองว่าจะตอบคำถามต่างๆที่ข้าพเจ้าสงสัยด้วยความเต็มใจ ไม่ปิดบัง ซ่อนเร้น จนข้าพเจ้าพอใจ

ข้าพเจ้ามีสิทธิที่จะบอกเลิกการเข้าร่วมในโครงการวิจัยนี้เมื่อใดก็ได้ และเข้าร่วมโครงการวิจัยนี้โดยสมัครใจ และการบอกเลิกการเข้าร่วมการวิจัยนี้ จะไม่มีผลต่อการรับบริการสุขภาพหรือการช่วยเหลือที่ข้าพเจ้าพึงได้รับต่อไป

ผู้วิจัยรับรองว่าจะเก็บข้อมูลเฉพาะเกี่ยวกับตัวข้าพเจ้าเป็นความลับ และจะเปิดเผยได้เฉพาะในรูปที่เป็นสรุปผลการวิจัย การเปิดเผยข้อมูลเกี่ยวกับตัวข้าพเจ้าต่อหน่วยงานต่างๆที่เกี่ยวข้องกระทำได้เฉพาะกรณีจำเป็นด้วยเหตุผลทางวิชาการเท่านั้น

ข้าพเจ้าได้อ่านข้อความข้างต้นแล้วและมีความเข้าใจดีทุกประการ และได้ลงนามในใบยินยอมนี้ด้วยความเต็มใจ

ในกรณีที่ผู้ยินยอมตนให้ทำการวิจัยไม่สามารถอ่านและเขียนหนังสือได้ จะต้องได้รับการยินยอมในขณะที่มีสติสัมปชัญญะ และระบุข้อความไว้ตามนี้ ข้าพเจ้าไม่สามารถอ่านหนังสือได้ แต่ผู้วิจัยได้อ่านข้อความในใบยินยอมนี้ให้แก่ข้าพเจ้าฟังจนเข้าใจดีแล้ว ข้าพเจ้าจึงลงนามหรือประทับลายนิ้วหัวแม่มือของข้าพเจ้าในใบยินยอมนี้ด้วยความเต็มใจ

ลงนาม.....ผู้ยินยอม
(หรือประทับลายนิ้วหัวแม่มือ)

ลงนาม..... พยาน

ลงนาม.....พยาน

APPENDIX C

GUIDELINE FOR PARTICIPANT INTERVIEW

1. Please tell me what has happened to you since you met your partner and sustained your couple life. (Including, abusive behaviors of your partner)
2. How did you feel and think about your couple life?
3. How did wife abuse affect you and your family?
4. Please tell me about the events that were related to the abusive situation.
5. In what ways did you deal with the first abusive situation and the following times?

Dealing with abusive situation at that time

Managing with intimate partner relationship

Dealing with your feelings (such as sorrow, shame, anger)

Managing your health deviation

What were the affecting factors that contributed to your deciding the ways to cope with these problems?

What were the obstacles to you when you decided to manage the problems in those ways?

6. Who did you ask for help to manage the problems? (abusive relationship problems, physical and psychological health problems, the impact of abusive situations, etc.) How was the support that you received?

7. In the case of leaving an abusive partner.....

What were the causes that induced you to decide to leave?

How did you feel about leaving your partner?

How did you manage when you decided to leave?

What were the problems after you left your partner?

How did you manage these problems?

8. How did you feel with the consequences of the ways that you managed any problems?
9. Is there any thing more that you would like to share about your experiences than the above?

แนวคำถามสำหรับการสัมภาษณ์

1. กรุณาเล่าให้ฉันฟังถึงเรื่องราวของชีวิตคู่ของคุณตั้งแต่พบและใช้ชีวิตคู่ร่วมกัน (รวมถึงลักษณะการข่มเหงทำร้ายที่สามีกระทำต่อคุณ)
2. คุณคิดและรู้สึกอย่างไรกับสภาพชีวิตคู่
3. ปัญหาชีวิตคู่ที่เกิดขึ้นเมื่อมีการข่มเหงทำร้ายคุณนั้นส่งผลกระทบต่อคุณและครอบครัวอย่างไร (ผลกระทบต่อทั้งด้านร่างกาย จิตใจ อารมณ์ สังคม และจิตวิญญาณ)
4. กรุณาเล่าถึงเหตุการณ์ที่เกี่ยวข้องกับการข่มเหงทำร้ายที่เกิดขึ้น
5. คุณจัดการกับการทำร้ายครั้งแรกและครั้งต่อไปอย่างไร
 - การจัดการกับการทำร้ายในขณะนั้น
 - การจัดการกับการดำเนินชีวิตคู่/ครอบครัวในช่วงต่อไป
 - การจัดการกับสภาพอารมณ์ ความรู้สึก (เช่น เศร้า เสียใจ อับอาย โกรธ)
 - การจัดการกับภาวะสุขภาพที่เปลี่ยนแปลงไป
 - อะไรที่ทำให้คุณเลือกใช้วิธีการที่กล่าวมา
 - อะไรที่ทำให้คุณจัดการอย่างที่ต้องการไม่ได้
6. คุณขอความช่วยเหลือจากใครบ้างในการจัดการกับปัญหาต่างๆที่เกิดขึ้น (ปัญหาการข่มเหง/การทำร้าย ปัญหาสุขภาพทั้งด้านร่างกายและจิตใจ ปัญหาที่กระทบต่อสมาชิกในครอบครัว ฯลฯ) และการช่วยเหลือที่ได้รับเป็นเช่นไร
7. ในกรณีที่แยกทางกัน.....
 - อะไรเป็นสิ่งที่ทำให้คุณตัดสินใจแยกทางกับสามี
 - คุณรู้สึกอย่างไรกับการแยกทางกับสามี
 - คุณทำอย่างไรในการจัดการเพื่อแยกทางกับสามี
 - ปัญหาต่างๆภายหลังจากการแยกทางมีอะไรบ้างและคุณจัดการอย่างไร
8. คุณรู้สึกอย่างไรกับการจัดการกับปัญหาและผลกระทบอื่นๆที่คุณได้ทำมาแล้ว
9. คุณมีอะไรที่จะเล่าเพิ่มเติมอีกไหมคะ

APPENDIX D

SOCIAL AND EMERGENCY HEALTH SERVICE

การทำร้ายผู้หญิงไม่ใช่เรื่องส่วนตัว
แต่เป็นเรื่องของสังคม
ที่ทุกคนต้องร่วมกันแก้ไขและป้องกัน

กรณีฉุกเฉินเร่งด่วน ☎

จส.100	0-2350-3100-9
ศูนย์เรนทร	0-2245-2222
กรมประชาสงเคราะห์	1507, 1578
เหตุด่วนเหตุร้าย	191, 0-2246-1338-42
หน่วยแพทย์กู้ชีพ	1554
กองปราบปราม	195, 0-2513-1725

องค์กรพัฒนาเอกชนให้คำปรึกษาแก่ผู้หญิง

มูลนิธิผู้หญิง	0-2433-5149, 0-2435-1246
มูลนิธิเพื่อนหญิง	0-2513-2780, 0-2513-1001
มูลนิธิปวีณาเพื่อเด็กและสตรี	1134, 0-2521-9231-2
บ้านพักฉุกเฉิน สมาคมส่งเสริมสถานภาพสตรี	0-2566-2707, 0-2929-2301-10
สมาคมบัณฑิตสตรีทางกฎหมาย	0-2241-0737, 0-2243-9050
สหทัยมูลนิธิ	0-2381-8834-6

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APPENDIX E

THE AWCS WITH 82 ITEMS BY THEMES AND CATEGORIES

แบบวัดการเผชิญปัญหา จำนวน 82 ข้อ จำแนกตามมิติและกลุ่มของกลยุทธ์ในการเผชิญปัญหา

มิติที่ 1.	ความพยายามในการรักษาเสถียรภาพของตนท่ามกลางสัมพันธภาพที่มีการทำร้าย	
	1.1 การเปรียบเทียบกับครอบครัวอื่นๆที่แย่กว่า	
ข้อ 8.	เปรียบเทียบกับผู้อื่นที่ประสบความทุกข์ยากมากกว่า	
ข้อ 41.	ปลอบใจตนเองว่าการข่มเหงทำร้ายภรรยา นั้นเกิดกับครอบครัวอื่นเช่นกัน	
	1.2 การหาเหตุผลในการให้อภัยสามี	
ข้อ 3.	หวังว่าสักวันหนึ่งสามีจะเลิกข่มเหงทำร้าย	
ข้อ 11.	ให้อภัยสามีเนื่องจากเข้าใจสาเหตุหรือที่มาของการมีพฤติกรรมก้าวร้าวข่มเหง	
ข้อ 44.	ให้อภัยสามีเนื่องจากโดยทั่วไปเขาเป็นคนดี	
	1.3 การสร้างเกราะกันภัยชั่วคราว	
ข้อ 5.	เก็บอาวุธ ของมีคมต่างๆเมื่อส่อเค้าว่าสามีอาจจะทำร้าย	
ข้อ 21.	โอนอ่อนผ่อนตามความคิดเห็นหรือความต้องการของสามี	
ข้อ 30.	ขอร้องสามีอย่าข่มเหงทำร้ายอีก	
ข้อ 37.	อยู่ห่างๆสามีในขณะที่เขามีท่าทีหงุดหงิดโมโห	
ข้อ 39.	ฝืนใจมีเพศสัมพันธ์แม้ไม่ต้องการ	
ข้อ 49.	ไม่รู้เรื่องเล่าหรือเรื่องการข่มเหงทำร้ายที่ผ่านมา	
ข้อ 53.	หาที่หลบ เช่น แอบอยู่ในห้อง หรือในรถ เมื่อส่อเค้าว่าสามีอาจจะทำร้าย	
ข้อ 58.	ฝืนใจมีเพศสัมพันธ์ในรูปแบบที่รังเกียจ	
	1.4 การปกปิดเรื่องราวการถูกทำร้าย	
ข้อ 12.	ไม่เล่าเรื่องราวการถูกข่มเหงทำร้ายให้ใครฟัง	
ข้อ 31.	เก็บตัวไม่ออกไปข้างนอกให้บุคคลอื่นเห็นร่องรอยการถูกทำร้าย	
ข้อ 63.	ปกปิดร่องรอยการถูกทำร้าย เช่น ใส่เสื้อแขนยาว ใส่แว่นตา	
	1.5 การให้เหตุผลที่ต้องอดทนอยู่ต่อไป	
ข้อ 10.	บอกกับตนเองให้อดทนเพราะยังรักสามี	
ข้อ 26.	บอกกับตนเองให้อดทนอยู่ต่อไปเพื่อลูก	
ข้อ 55.	บอกกับตนเองให้อดทนอยู่ต่อไปเพราะ ไม่มีทางเลือกอื่น	

	ข้อ 68.	บอกกับตนเองให้อดทนเพราะสังคมจะตราหน้าถ้ามีการหย่าร้าง
	1.6 การเยียวยาอาการบาดเจ็บด้วยตนเอง	
	ข้อ 50.	นอนพักรักษาอาการบอบช้ำทางร่างกายและ/หรือจิตใจ
	ข้อ 54.	ซื้อยามากินหรือหาคุณนวดรักษาอาการบาดเจ็บหรือบอบช้ำ
มิติที่ 2.	ความพยายามในการยุติการถูกทำร้าย	
	2.1 การขจัดปัจจัยที่นำไปสู่การทำร้าย	
	ข้อ 2.	พยายามหาวิธีให้สามีลดการดื่มเหล้า หรือเสพยา
	ข้อ 16.	เจรจาเพื่อหาทางแก้ไขปัญหาร่วมกันกับสามี เช่น เรื่องชู้สาว การสร้างหนี้สิน
	ข้อ 45.	พูดโน้มน้าวให้สามีแก้ไขสาเหตุที่ทำให้ก้าวร้าว เช่น ความตึงเครียด
	ข้อ 61.	โต้เถียงและหาข้อยุติปัญหาที่เกิดขึ้นในครอบครัว เช่น เรื่องชู้สาว การสร้างหนี้สิน
	2.2 การเอาความดีเข้าสู่	
	ข้อ 1.	พูดจาดีกับสามี
	ข้อ 9.	ดูแลเอาใจใส่สมาชิกในครอบครัวอย่างเต็มความสามารถ
	ข้อ 42.	ปรนนิบัติ เอาใจสามีอย่างต่อเนื่อง
	ข้อ 48.	พยายามทำดีกับบุคคลที่ใกล้ชิดกับสามี
	2.3 การตอบโต้ให้สำนึก	
	ข้อ 43.	หลบหนีไปอยู่ที่อื่นชั่วคราวหลังถูกข่มเหงทำร้าย
	ข้อ 38.	ตกลงแยกกันอยู่ชั่วคราวจนกว่าสามีจะให้สัญญาว่าเลิกข่มเหงทำร้าย
	ข้อ 62.	ไม่ติดต่อพูดคุยกับสามี หลังถูกข่มเหงทำร้าย
	ข้อ 46.	ไม่ยอมมีเพศสัมพันธ์กับสามีหลังถูกข่มเหงทำร้าย
	2.4 การใช้ความรุนแรง	
	ข้อ 33.	ทำร้ายร่างกายตนเอง
	ข้อ 40.	วางแผนที่จะทำร้ายสามีกลับคืน ถ้ามีการข่มเหงทำร้ายอีก
	ข้อ 57.	วางแผนที่จะทำร้ายบุคคลที่สามีรัก เช่น คู่รักคนใหม่ของสามี
	ข้อ 65.	ตอบโต้ด้วยการทำร้ายร่างกายสามีหรือบุคคลที่สามีรัก
	ข้อ 69.	วางแผนหรือคิดที่จะทำร้ายตนเองหรือฆ่าตัวตาย

มติที่3.	การฝ่าฝืนให้หลุดพ้นจากสภาพชีวิตคู่ที่ต้องถูกทำร้าย	
	3.1 การปรับวิธีคิดและพฤติกรรมส่วนตน	
	ข้อ 18.	บอกกับตนเองว่าไม่จำเป็นต้องรักษาสถานภาพความเป็นครอบครัวที่สมบูรณ์อีกต่อไป
	ข้อ 24.	บอกกับตนเองว่าชีวิตฉันมีค่า มีความหมาย แยกทางจากเขาคิดว่าที่จะยอมทนถูกข่มเหงทำร้าย
	ข้อ 27.	เปิดเผยเรื่องราวการถูกทำร้ายให้บุคคลอื่นได้รับรู้
	ข้อ 34.	บอกกับตนเองว่าแม้แยกทางกัน ฉันก็สามารถยืนหยัดอยู่ได้ด้วยตนเอง
	ข้อ 66.	บอกกับตนเองว่าฉันต้องเข้มแข็งเพื่อจัดการกับปัญหาต่างๆที่เกิดขึ้น
	ข้อ 70.	คิดใคร่ครวญว่าถ้าสถานการณ์ข่มเหงทำร้ายไม่ดีขึ้นจะแยกทางกับสามี
	ข้อ 75.	คิดว่าไม่มีเขาเราก็คงไม่ตาย
	3.2 การปรับความคิดเรื่องชีวิตคู่	
	ข้อ 47.	คิดทบทวนการกระทำที่ผ่านมาของสามีและตัดสินใจว่าความเลวมีมากกว่าความดี
	ข้อ 67.	บอกกับตัวฉันเองว่าฉันหมดรักเขาแล้ว
	ข้อ 73.	ตัดทอนความรักและสายใยสัมพันธ์กับสามี
	3.3 การยืนหยัดที่จะแยกทาง	
	ข้อ 35.	เตรียมหลักฐานทางกฎหมายไว้ใช้ในการขอหย่า
	ข้อ 51.	วางแผนชีวิตแยกทางกับสามี เช่น เตรียมหางาน วางแผนการเงิน ที่พักอาศัยและลูก
	ข้อ 64.	แสดงให้เห็นว่าฉันรู้แน่ชัดว่าจะแยกทางกับเขา
	ข้อ 78.	ตัดขาด ไม่ติดต่อสัมพันธ์ฉันท์สามีภรรยา

มติที่4.	การจัดการภาวะทุกข์ระทม	
	4.1 การทำใจยอมรับ	
	ข้อ 13.	ปลงตกไม่อาฆาตพยาบาทหรือเคียดแค้นสามี
	ข้อ 23.	ทำใจยอมรับกับเหตุการณ์ที่เกิดขึ้น
	ข้อ 77.	ยอมรับสภาพที่เกิดขึ้นโดยเชื่อว่าเป็นเรื่องของกรรม
	4.2. การปลดปล่อยความทุกข์ระทม	
	ข้อ 4.	สูบบุหรี่ ดื่มเหล้า เบียร์
	ข้อ 6.	ระบายความทุกข์กับตัวเอง เช่น ร้องไห้ เขียนไดอารี่ ร้องตะโกน
	ข้อ 19.	ไปเที่ยว หรือทำกิจกรรมอื่นๆ เช่น อ่านหนังสือ ออกกำลังกาย
	ข้อ 22.	ใช้ยานอนหลับ ยาแก้ปวดประสาท หรือสารเสพติด

	ข้อ 81.	ทำงานเพิ่มขึ้นเพื่อให้ลืมเรื่องราวต่างๆ
มติที่ 5.	การแสวงหาและการยอมรับการช่วยเหลือในการจัดการกับปัญหาการถูกทำร้ายและการบาดเจ็บ	
	5.1 การแสวงหาและการยอมรับการช่วยเหลือเพื่อจัดการปัญหาการบาดเจ็บ	
	ข้อ 17.	ไปคลินิก/โรงพยาบาลรักษาอาการนอนไม่หลับ ปวดหัว ปวดท้อง ซึ่งเป็นผลจากการถูกข่มเหงทำร้าย
	ข้อ 28.	ไปคลินิก/โรงพยาบาลรักษาอาการบาดเจ็บจากการถูกทำร้ายร่างกาย
	ข้อ 72.	ไปคลินิก/โรงพยาบาลรักษาอาการทางจิตใจที่เกิดจากการถูกข่มเหงทำร้าย เช่น เครียด ซึมเศร้า
	5.2. การแสวงหาและการยอมรับการช่วยเหลือเพื่อจัดการกับปัญหาการถูกทำร้าย	
	ข้อ 14.	ขอความช่วยเหลือกับคนที่คิดว่าจะช่วยให้สามีหยุดข่มเหงทำร้าย (เช่น ญาติพี่น้อง พ่อแม่ หรือบุคคลใกล้ชิดที่สามีเคารพยำเกรง)
	ข้อ 15.	แจ้งความหรือลงบันทึกประจำวันที่สถานีตำรวจ
	ข้อ 20.	ปรึกษากับทนายความหรือองค์กรด้านกฎหมาย
	ข้อ 29.	ขอคำปรึกษาหรือความช่วยเหลือจากมูลนิธิหรือองค์กรพิทักษ์สิทธิสตรี
	ข้อ 36.	ปรึกษาหรือขอคำแนะนำการแก้ไขปัญหาการถูกข่มเหงทำร้ายจากบุคคลใกล้ชิด
	ข้อ 52.	ขอความช่วยเหลือ ด้านการงาน การเงินหรือที่พัก จากญาติพี่น้อง บิดา มารดา
	ข้อ 59.	ปรึกษาหรือรับความช่วยเหลือจากศูนย์ช่วยเหลือเด็กและสตรีที่ถูกกระทำรุนแรงในโรงพยาบาล
	ข้อ 71.	แลกเปลี่ยนและเรียนรู้จากคนใกล้ชิดที่เคยถูกสามีข่มเหงทำร้าย
	ข้อ 74.	ขอความช่วยเหลือจากเจ้าหน้าที่ปกครองในท้องถิ่น เพื่อให้สามีหยุดการข่มเหงทำร้าย
	ข้อ 76.	เข้ากลุ่มบำบัดหรือกลุ่มสนับสนุนช่วยเหลือสตรีที่มีประสบการณ์การถูกทำร้ายเช่นกัน
	5.3 การแสวงหาและการยอมรับการช่วยเหลือเพื่อบรรเทาความทุกข์ระทม	
	ข้อ 7.	นั่งสมาธิ หรือสวดมนต์เพื่อให้จิตใจสงบ
	ข้อ 25.	ระบายความรู้สึก ความทุกข์ใจกับบุคคลใกล้ชิด เช่น พ่อ บิดามารดา ญาติ พี่น้อง
	ข้อ 32.	ไปวัดโบสถ์หรือมัสยิด เพื่อหาที่พึ่งทางใจ
	ข้อ 56.	ระบายความทุกข์กับผู้ที่ทำงานเกี่ยวข้องกับการช่วยเหลือสตรี
	ข้อ 60.	ติดต่อพบปะกับชายหรือหญิงอื่นในลักษณะของคนรักหรือแฟน
	ข้อ 79.	แลกเปลี่ยนและระบายความทุกข์กับสตรีที่มีประสบการณ์เช่นเดียวกับฉัน
	ข้อ 80.	ทำบุญ สะเดาะเคราะห์ หรือ ถวายสังฆทาน
	ข้อ 82.	ไปหาหมอหรือบุคคลที่สามารถ ดูดวง หรือพยากรณ์ชีวิต

APPENDIX F

LIST OF EXPERTS

1. Associate Professor Dr. Kasara Sripichyakan
Faculty of Nursing, Chiangmai University
2. Associate Professor Dr. Krittaya Archavanitkul
Institute for Population and Social Research, Mahidol University.
3. Assitant Professor Dr. Nuntapun Chinlumprasert
Faculty of Nursing, Assumption University
4. Associate Professor Dr. Roenachai Konsakorn
Faculty of Medicine, Ramathibody Hospital, Mahidol University
5. Miss Supensri Pungkhoksoong
Head of Women's Rights Protection Center,
Friends of Women Foundation

APPENDIX G

INSTRUMENT

Personal Information Sheet

1. Age
2. Religion
 - ☐ 1. Buddhism ☐ 2 Christian ☐ 3.Islam ☐ 4. Other.....
3. Ethnicity
 - ☐ 1. Thai ☐ 2.Chinese ☐ 3.Other.....
4. Home province.....
5. Current province.....
6. Current residence
 - ☐ 1. Urban ☐ 2.Rural
7. Education
 - ☐ 1. No formal education ☐ 2. Primary school
 - ☐ 3. High school ☐ 4. Vocational school
 - ☐ 5. Bachelor degree ☐ 5. Graduated degree
8. Employment
 - ☐ 1. None ☐ 2.Employee (maid, factory, workman)
 - ☐ 3. Private officer ☐ 4.Goverment officer
 - ☐ 5. Agriculturist ☐ 6.Vender
 - ☐ 7. Own business ☐ 8.Others.....
9. Income.....Baht/month
10. What is your intimate partner relationship pattern?

☐ 1. Marital ceremony and/or marital registration	Period of living together...Year
☐ 2. Marital ceremony but not marital registration	Period of living together...Year
☐ 3. Cohabitate	Period of living together...Year
☐ 4. Intimate partner	Period of living together...Year
11. Current marital status

☐ 1. Living together	☐ 2.Separated
☐ 3. Divorced/Ending relationship	☐ 4.Widowed
12. Number of living children.....

13. Spouse education

- | | |
|---|---|
| ☐ 1. No formal education | ☐ 2. Primary school |
| ☐ 3. High school | ☐ 4. Vocational school |
| ☐ 5. Bachelor degree | ☐ 6. Graduated degree |

14. Husband's occupation

- | | |
|---|---|
| ☐ 1. No occupation | ☐ 2. Employee (maid, factory, workman) |
| ☐ 3. Private officer | ☐ 4. Government officer |
| ☐ 5. Farmer/Gardener | ☐ 6. Vender |
| ☐ 7. Own business | ☐ 8. Others..... |

15. Spouse income.....baht/month

16. Sufficient income

- | | | |
|--|--|---|
| ☐ 1. Sufficient | ☐ 2. Insufficient | ☐ 3. Sufficient for saving |
|--|--|---|

17. Marital history

- | |
|---|
| ☐ 1. First marriage or living together |
| ☐ 2. Second marriage |
| ☐ 3. Third marriage |

18. Have you ever confronted with wife abuse from previous husband?

- | | |
|---------------------------------|--------------------------------|
| ☐ 1. Yes | ☐ 2. No |
|---------------------------------|--------------------------------|

19. In your intimate partner relationship, Did your partner doing these behaviors.....

(You can tick more than one box)

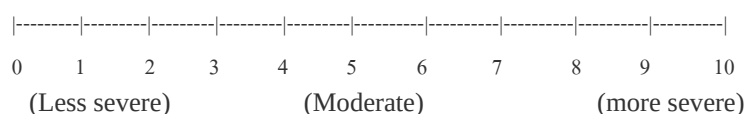
- | |
|---|
| ☐ 1. Tried to restrict contact with your friends, or family of birth |
| ☐ 2. Destroyed your things or pets |
| ☐ 3. Insisted on knowing where you are at all times |
| ☐ 4. Ignored you and treated you indifferently |
| ☐ 5. Insulted you or made you feel bad about yourself? |
| ☐ 6. Belittled or humiliated you in front of other people? |
| ☐ 7. Did things to scare or frighten you on purpose |

(e.g. by the way he looked at you, by yelling and smashing things)?

- | |
|---|
| ☐ 8. Threatened to hurt you or someone you care about? |
| ☐ 9. Scolded you with rude words |

- ☐ 10. Assaulted or hit someone you care about
- ☐ 11. Had sexual relationship with ex-partner
- ☐ 12. Twisted your arm, pinched you or pulled your hair
- ☐ 13. Jerked or shoved vigorously
- ☐ 14. Hit you with his fist, slapped, beat or, strangled
- ☐ 15. Kicked, dragged, shoved against the floor/ wall
- ☐ 16. Used weapon such as stick, knife, gun, machete
- ☐ 17. Threw at or hit you with something
- ☐ 18. Burnt you on purpose with hot water or chemical
- ☐ 19. Severely assaulted you until you were unconscious
- ☐ 20. Assaulted you, and you had to go to hospital from severe trauma
- ☐ 21. Physically forced you to have sexual intercourse when you did not want to
- ☐ 22. Forced you to follow his sexual intercourse design that made you degraded or humiliated
- ☐ 23. Intended you to have sexual intercourse even though you did not want to but you surrendered because you feared the outcome if you said no
- ☐ 24. Abused in other ways such

20. This line presents the severity of abuse level. Would you please estimate your severity of wife abuse experienced by marking this line (Please cross “x” above a number which represents the severity level of the abuse that you perceived).



21. What is your abused situation?

- ☐ 1. Still abused.....years.....months
- ☐ 2. Decreased abuse.....years.....months
- ☐ 3. Leaving the abuse years.....months
- ☐ 4. Ending the abuse years.....months

because of.....



แบบบันทึกข้อมูลส่วนบุคคล

คำชี้แจง โปรดเติมคำลงในช่องว่างและทำเครื่องหมาย ☒ หน้าข้อที่ตรงกับข้อมูลส่วนบุคคลของท่าน

1. อายุ.....ปี
2. ศาสนา

☐ 1. พุทธ
☐ 2. คริสต์
☐ 3. อิสลาม
☐ 4. อื่นๆ.....
3. เชื้อชาติ

☐ 1. ไทย
☐ 2. จีน
☐ 3. อื่นๆ.....
4. ภูมิลำเนา หรือ บ้านเกิดจังหวัด.....
5. ปัจจุบันอาศัยอยู่ในจังหวัด.....
6. ปัจจุบันท่านอยู่ในเขต

☐ 1. อำเภอเมือง
☐ 2. นอกอำเภอเมือง
7. การศึกษา

☐ 1. ไม่ได้ศึกษา

☐ 2. ประถมศึกษา ชั้นปีที่.....

☐ 3. มัธยมศึกษาชั้นปีที่.....

☐ 4. ปวช./ ปวส. ชั้นปีที่.....

☐ 5. ปริญญาตรี

☐ ปริญญาโท/ ปริญญาเอก
8. อาชีพ

☐ 1. ไม่ได้ประกอบอาชีพ

☐ 2. รับจ้าง (เช่น ทำงานบ้าน, โรงงาน, ก่อสร้าง)

☐ 3. พนักงานบริษัทเอกชน

☐ 4. รับราชการ/ รัฐวิสาหกิจ

☐ 5. เกษตรกร(ทำสวน ทำไร่)

☐ 6. ค้าขาย

☐ 7. ทำธุรกิจส่วนตัว

☐ 8. อื่นๆ (โปรดระบุ.....)
9. รายได้.....บาท /เดือน
10. ท่านแต่งงานหรืออยู่กินกับชายคนรักในลักษณะใด

☐ 1. มีพิธีแต่งงานและ/หรือจดทะเบียนสมรส

อยู่ด้วยกันเป็นเวลานาน.....ปี

☐ 2. มีพิธีแต่งงานแต่ไม่จดทะเบียนสมรส

อยู่ด้วยกันเป็นเวลานาน.....ปี

☐ 3. อยู่กินด้วยกันแต่ไม่ได้แต่งงาน/หรือจดทะเบียนสมรส

อยู่ด้วยกันเป็นเวลานาน.....ปี

☐ 4. เป็นคู่รักที่มีความสัมพันธ์ทางเพศแต่ไม่ได้อยู่กินด้วยกัน

มีความสัมพันธ์เป็นเวลา.....ปี

11. การดำรงชีวิตคู่ของท่านกับสามี/ชายคนรักในขณะนี้

- ☐ 1. อยู่ด้วยกัน ☐ 2. แยกกันอยู่ เป็นเวลา.....ปี
- ☐ 3. หย่า/แยกทางกันเป็นเวลา ปี ☐ 4. หม้าย

12. จำนวนบุตรที่มีชีวิตขณะนี้ คน

13. ระดับการศึกษาของสามี

- ☐ 1. ไม่ได้ศึกษา ☐ 2. ประถมศึกษา ชั้นปีที่.....
- ☐ 3. มัธยมศึกษาชั้นปีที่..... ☐ 4. ปวช./ ปวส. ชั้นปีที่.....
- ☐ 5. ปริญญาตรี ☐ 6.ปริญญาโท/ ปริญญาเอก

14.อาชีพของสามี

- ☐ 1. ไม่ได้ประกอบอาชีพ ☐ 2. รับจ้าง(เช่น ก่อสร้าง, โรงงาน, รับจ้างทั่วไป)
- ☐ 3. พนักงานบริษัทเอกชน ☐ 4. รับราชการ/ รัฐวิสาหกิจ
- ☐ 5. เกษตรกร(ทำสวน ทำไร่) ☐ 6. ค้าขาย
- ☐ 7. ทำธุรกิจส่วนตัว ☐ 8. อื่นๆ (โปรดระบุ.....)

15. รายได้สามี.....บาท/เดือน

16. ความเพียงพอของรายรับรายจ่ายในครอบครัว

- ☐ 1.เพียงพอ ☐ 2. ไม่เพียงพอ ☐ 3. เหลือเก็บ

17. ประวัติการมีคู่ครอง

- ☐ 1. เป็นการแต่งงานหรืออยู่ร่วมกันเป็นครั้งแรก
- ☐ 2. เป็นการแต่งงานหรืออยู่ร่วมกันเป็นครั้งที่สอง
- ☐ 3. เป็นการแต่งงานหรืออยู่ร่วมกันเป็นครั้งที่สาม

18. หากท่านเคยแต่งงานหรือใช้ชีวิตคู่มาก่อนท่านเคยถูกสามีคนก่อน ข่มเหง/ทำร้ายหรือไม่

- ☐ 1. เคย ☐ 2. ไม่เคย

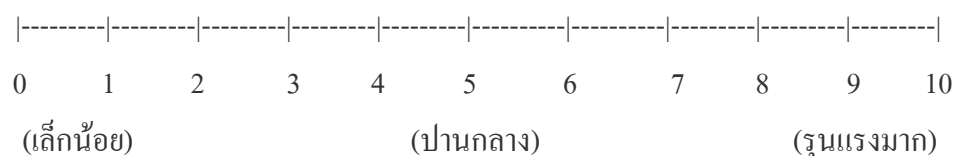
19. ตลอดช่วงเวลาในการใช้ชีวิตคู่ร่วมกับสามี สิ่งที่มีผลกระทบต่อท่านมีอะไรบ้าง

(ตอบได้มากกว่า 1 ข้อ)

- ☐ 1. จำกัดไม่让您พบ/ติดต่อกับเพื่อน ญาติ พี่น้อง
- ☐ 2. ทำลายสิ่งของหรือสัตว์เลี้ยงที่ท่านรัก
- ☐ 3. ต้องรู้อยู่ตลอดเวลาว่าท่านอยู่ที่ใด
- ☐ 4. ไม่สนใจท่านและปฏิบัติต่อท่านอย่างไม่แยแส/ไม่ใส่ใจ
- ☐ 5. ใช้คำพูด/ท่าทางดูถูกเหยียดหยามหรือทำให้ท่านรู้สึกไม่ดีต่อตนเอง
- ☐ 6. แสดงให้รู้ว่าท่านไม่มีความสำคัญ หรือทำให้ท่านอับอายต่อหน้าผู้อื่นอยู่เสมอ
- ☐ 7. ตั้งใจทำให้ท่านรู้สึกกลัวหรือตกใจ เช่น มองจ้อง ตะโกนเสียงดัง ขว้างปาสิ่งของ

- ☐ 8. ขู่จะทำร้ายท่านหรือคนที่ท่านรัก
- ☐ 9. คำว่าท่านด้วยถ้อยคำหยาบคาย
- ☐ 10. ทำร้ายทุบตีบุคคลที่ท่านรัก
- ☐ 11. มีความสัมพันธ์ทางเพศกับหญิง/ชายอื่น
- ☐ 12. บิดแขน, จิกผม
- ☐ 13. กระทบหรือผลักอย่างแรง
- ☐ 14. ชกต่อย ตบ ตี บีบคอ
- ☐ 15. เตะ, ลาก, ซ้อม จับอัดกระแทกพื้น/ฝาห้อง
- ☐ 16. ใช้อาวุธ เช่น ไม้ มีด ปืน พร้า
- ☐ 17. ใช้สิ่งต่างๆขว้าง/ตี
- ☐ 18. ตั้งใจเผาหรือใช้น้ำร้อน/สารเคมีกับท่าน
- ☐ 19. ทำร้ายรุนแรงจนท่านหมดสติ
- ☐ 20. ทำร้ายท่านบาดเจ็บมากจนต้องไปโรงพยาบาล
- ☐ 21. ใช้กำลังบังคับให้ท่านมีเพศสัมพันธ์แม้ท่านไม่ต้องการ
- ☐ 22. บังคับให้ทำอะไรเรื่องเพศที่ทำให้ท่านรู้สึกแย่ ไม่ชอบ หรือทำให้รู้สึกต่ำต้อย
- ☐ 23. ทำให้ท่านจำยอมมีเพศสัมพันธ์ด้วยแม้ไม่ต้องการ เพราะกลัวผลลัพธ์ที่ตามมาหากปฏิเสธ
- ☐ 24. การข่มเหงทำร้ายในลักษณะอื่นๆ ได้แก่.....

20. หากเส้นตรงนี้บอกถึงระดับความรุนแรงของการถูกข่มเหง/ทำร้าย ท่านคิดว่าจากความรู้สึกที่แท้จริงของท่าน โดยรวมแล้วสามิท่านทำร้ายร่างกายและ/หรือจิตใจท่านอยู่ในระดับใด (โปรดขีด X เหนือตัวเลขที่ตรงกับระดับความรุนแรงที่สามิท่านทำร้ายท่าน)



21. สถานการณ์ของการถูกสามิข่มเหง/ทำร้าย

- ☐ 1. ยังคงถูกกระทำเช่นเดิมเป็นเวลานาน.....ปี
- ☐ 2. ลดน้อยลงเป็นเวลา.....ปี.....เดือน
- ☐ 3. แยกทางเป็นเวลา.....ปี.....เดือน
- ☐ 4. สามิหยุดการข่มเหง/ทำร้าย เป็นเวลา.....ปี.....เดือน เนื่องจาก.....

The Abused Wife Coping Scale

Instruction: The questions below are coping strategies which you may have used to manage physical, psychological, or sexual abuse by your partner, cohabited, or husband. Please consider whether you used any of these coping strategies or not. If you did then, please carefully consider *how often* and tick (✓) in the spaces provided.

Coping Strategies	Frequency			
	Never	Rarely	Sometimes	Always
1. Discussing the problems with partner to cooperate in solving problems such as drinking, paramour, debt.				
2. Trying to understand the causes of abusive behaviors.				
3. Talking sweet words with partner.				
4. Expressing suffering with close person such as friends, parents, relatives.				
5. Being strong in order to manage problems which happened				
6. Keeping weapons, sharp things in a safe place in case my partner assaults me.				
7. Asking help from relatives, friends, or close persons.				
8. Asking my partner not to abuse me anymore.				
9. Escaping to another place temporarily after being abused				
10. Thinking about partner's past behavior and finding more bad than good things.				
11. Consulting the women's foundation/ hotline on issues of law, solving abusive problem, etc.				
12. Soothing by thinking that wife abuse occurred in other families.				

Coping Strategies	Frequency			
	Never	Rarely	Sometimes	Always
13. Going to temple/ church/ mosque to practice dharma or finding spiritual support.				
14. Taking activities (traveling, reading, exercise)				
15. Buying some oral medicines or external drugs to heal my trauma or pain.				
16. Asking for help from the people who have enough power in the local area (village headman, district committee, etc.)				
17. Enduring to stay with my partner because I think about positive outcome.				
18. Working hard to forget the events.				
19. Planning my life for separating from my partner, such as preparing the legal documents, finance, habitats, and children.				
20. Asking or accepting help from crisis center for abused children and women in hospital.				
21. Taking a rest to heal my physical/ psychological trauma.				
22. Thinking about self-harm or suicide.				
23. Expressing my suffering with persons who work with supporting women.				
24. Severing relationship, not communicating, with my partner and asserting my purpose is to separate from him.				
25. Accepting the events.				
26. Initiating relationship with a new lover.				
27. Not talking with my partner.				
28. Hiding myself or escaping from my partner when he was angry.				

Coping Strategies	Frequency			
	Never	Rarely	Sometimes	Always
29. Considering that if my partner continues with abusive behavior, I will leave him.				
30. Making a legal claim against my partner at police station.				
31. Visiting clinic/ hospital to treat my trauma from physical assault.				
32. Making an agreement with my partner about separation for a while until he will promise to stop abusive behavior.				
33. Thinking about doing harm to my partner and/or his significant persons (new lover, children)				
34. Expressing my suffering with other women who have the same experience.				
35. Following all my partner's opinions and needs.				
36. Talking with and learning from other abused women.				
37. Enduring and staying with my partner because I still love him.				
38. Visiting clinic/ hospital for treatment of sleepless, headache, stomachache according to the impact of abuse.				
39. Doing harm to my partner/significant others (new lover, children)				
40. Telling myself that I don't love him at all.				
41. Visiting clinic/ hospital to treat psychological symptoms according to the impact of abuse.				
42. Hoping that my partner will stop abusive behaviors				

Coping Strategies	Frequency			
	Never	Rarely	Sometimes	Always
43. Expressing suffering to myself (crying, writing diary, shouting)				
44. Acting against my will to have sexual intercourse, even though I don't want to.				
45. Telling myself that my life is more valuable than staying with abusive partner.				
46. Refusing to have sexual intercourse.				
47. Making merit, averting the effects of misfortune or visiting fortune teller.				
48. Keeping my abuse situation secret.				
49. Doing harm to myself or considering suicide.				
50. Meditation or praying to keep peacefulness in mind.				
51. Taking care of my partner and/or my children.				
52. Taking sleeping pill or tranquilizer drug.				

แบบวัดการเผชิญปัญหาในภรรยาที่ถูกสามีทำร้าย

คำชี้แจง: ข้อความข้างล่างนี้ เป็นวิธีการจัดการกับปัญหาเมื่อถูกสามีข่มเหง/ทำร้ายร่างกาย จิตใจ หรือทางเพศ ขอให้ท่านพิจารณาว่าท่านใช้วิธีการในแต่ละข้อคำถามหรือไม่ ถ้าใช่ ท่านใช้วิธีการนั้นบ่อยครั้งเพียงใด โดยขอให้ท่านทำเครื่องหมาย ✓ ตรงกับความเป็นจริงของท่านมากที่สุด

วิธีการเผชิญปัญหาที่ใช้	ความถี่			
	ไม่เคยใช้	ใช้น้อย	ใช้บางครั้ง	ใช้ประจำ
1. พูดคุยกับสามีเพื่อร่วมกันแก้ไขปัญหา เช่น เรื่อง คိမ်สุรา ฐัฐสาว หนี้สิน				
2. พยายามทำความเข้าใจสาเหตุหรือที่มาของการมีพฤติกรรมก้าวร้าวข่มเหง/ทำร้าย				
3. พูดจาดีกับสามี				
4. ระบายความรู้สึก ความทุกข์ใจกับบุคคลใกล้ชิด เช่น เพื่อน บิดามารดา ญาติพี่น้อง				
5. บอกกับตัวเองว่าฉันต้องเข้มแข็งเพื่อจัดการกับปัญหาดังกล่าวที่เกิดขึ้น				
6. เก็บอาวุธ ของมีคมต่างๆ ให้มีดชิดเมื่อสื่อเค้าว่าสามีอาจจะทำร้าย				
7. ขอความช่วยเหลือจากญาติพี่น้อง พ่อแม่ เพื่อน หรือบุคคลใกล้ชิด				
8. ขอร้องสามีอย่างข่มเหงทำร้ายอีก				
9. หลบหนีไปอยู่ที่อื่นชั่วคราวหลังถูกข่มเหงทำร้าย				
10. คิดทบทวนการกระทำที่ผ่านมาของสามีและพบว่าส่วนเลวมากกว่าส่วนดี				
11.ปรึกษาหรือขอความช่วยเหลือจากองค์กรทำงานด้านสตรี/สอทไลน์ เช่น กฎหมาย การแก้ปัญหาคาการถูกข่มเหง/ทำร้าย				
12. ปลอดภัยตนเองว่าการข่มเหง/ทำร้ายภรรยาเกิดกับครอบครัวอื่นเช่นกัน				
13. ไปวัด/โบสถ์/มัสยิด เพื่อปฏิบัติธรรมหรือหาที่พึ่งทางใจ				
14. ทำกิจกรรมอื่นๆ เช่น ไปเที่ยว หรืออ่านหนังสือ ออกกำลังกาย				
15. ซื่อยามากินหรือทานอาหารการบดเจ็บหรือบอบช้ำ				
16.ขอความช่วยเหลือจากผู้มีอำนาจในท้องถิ่น เช่น ผู้ใหญ่บ้าน อ.บ.ค. เพื่อให้สามีหยุดข่มเหงทำร้าย				
17. อดทนอยู่กับสามีโดยมองถึงผลดีที่ตามมา				

วิธีการเผชิญปัญหาที่ใช้	ความถี่			
	ไม่เคยใช้	ใช้น้อย	ใช้บางครั้ง	ใช้ประจำ
18.ทำงานเพิ่มขึ้นเพื่อให้ลืมเรื่องราวต่างๆ				
19. วางแผนชีวิตเมื่อจะแยกทางกับสามี เช่น เตรียมหลักฐานทางกฎหมายการเงิน ที่พักอาศัย ลูก				
20.ปรึกษาหรือรับการช่วยเหลือจากศูนย์ช่วยเหลือเด็กและสตรีที่ถูกกระทำรุนแรงในโรงพยาบาล				
21. นอนพักรักษาอาการบอบช้ำร่างกาย/จิตใจ				
22. คิดทำร้ายตนเอง หรือฆ่าตัวตาย				
23. ระบายความทุกข์กับผู้ที่ทำงานเกี่ยวข้องกับการช่วยเหลือสตรี				
24. ตัดขาด ไม่ติดต่อและแสดงให้สามีรู้แน่ชัดว่าจะแยกทางกับเขา				
25. ปลงตกและทำใจยอมรับกับเหตุการณ์ที่เกิดขึ้น				
26. เริ่มมีสัมพันธภาพฉันท์คนรักกับชายหรือหญิงอื่น				
27. ไม่พูดคุยกับสามี				
28. หาที่หลบซ่อน หรืออยู่ห่างๆสามีในขณะที่สามีมีท่าทีหงุดหงิดโมโห				
29. คิดใคร่ครวญว่าจะแยกทางกับสามีถ้าการข่มเหง/ทำร้ายยังเกิดขึ้นต่อไป				
30. แจ้งความ/ลงบันทึกประจำวันที่สถานีตำรวจ				
31.ไปคลินิก/โรงพยาบาลรักษาอาการบาดเจ็บจากการถูกทำร้ายร่างกาย				
32. ตกลงแยกกันอยู่ชั่วคราวจนกว่าสามีจะให้สัญญาว่าเลิกข่มเหงทำร้าย				
33. คิดทำร้ายสามี/บุคคลที่สามีรัก เช่น คู่รักใหม่ ลูก				
34. ระบายความทุกข์กับสตรีที่มีประสบการณ์เช่นเดียวกัน				
35. ยอมทำตามความคิดเห็นหรือความต้องการของสามี				
36. พยายามเพื่อแลกเปลี่ยนเรียนรู้จากสตรีที่เคยถูกข่มเหง/ทำร้าย				
37. อดทนอยู่กับสามีเพราะยังรักเขา				
38. ไปคลินิก/โรงพยาบาลรักษาอาการนอนไม่หลับ ปวดหัว ปวดท้องซึ่งเป็นผลจากการถูกข่มเหงทำร้าย				
39. ทำร้ายสามี/บุคคลที่สามีรัก เช่น คู่รักใหม่ ลูก				
40. บอกกับตัวนั่นเองว่าฉันหมดรักเขาแล้ว				

วิธีการเผชิญปัญหาที่ใช้	ความถี่			
	ไม่เคยใช้	ใช้น้อย	ใช้บางครั้ง	ใช้ประจำ
41. ไปคลินิก/โรงพยาบาลรักษาอาการทางจิตใจที่เกิดจากการถูกข่มเหง/ทำร้าย				
42. หวังว่าสักวันหนึ่งสามีจะเลิกข่มเหง/ทำร้าย				
43. ระบายความทุกข์กับตัวเอง เช่น ร้องไห้ เขียนไดอารี่ ร้องตะโกน				
44. ฝันใจมีเพศสัมพันธ์แม้ไม่ต้องการ				
45. บอกกับตัวเองว่าชีวิตฉันมีค่าเกินกว่าที่จะทนอยู่กับสามีที่ข่มเหง/ทำร้าย				
46. ปฏิเสธที่จะมีเพศสัมพันธ์				
47. ทำบุญ สะเดาะเคราะห์ หรือไปหาหมอ				
48. ปกปิดเรื่องราวการถูกข่มเหงทำร้าย				
49. ทำร้ายร่างกายตนเองหรือพยายามฆ่าตัวตาย				
50. นั่งสมาธิหรือสวดมนต์เพื่อให้จิตใจสงบ				
51. ดูแลเอาใจใส่สามีและ/หรือสมาชิกในครอบครัว				
52. ใช้นานอนหลับหรือยากล่อมประสาท				

Marital Adjustment Test (MAT)

1. Check the number on the scale line below which best describes the degree of happiness, everything considered, of your present marriage. The middle point, “happy” represents the degree of happiness which most people get from marriage, and the scale gradually ranges on one side to those few who are very unhappy in marriage, and on the other, to those few who experience extreme joy or felicity in marriage.

1	2	3	4	5	6	7
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2. State the approximate extent of agreement or disagreement between you and your mate on the following items. Please check each column.

	Always agree	Almost Always agree	Occasionally disagree	Frequently disagree	Almost Always disagree	Always disagree
2. Handling family finances	5	4	3	2	1	0
3. Matters of recreation	5	4	3	2	1	0
4. Demonstration of affection	5	4	3	2	1	0
5. Friends	5	4	3	2	1	0
6. Sex Relations	5	4	3	2	1	0
7. Conventionality (right, good, or proper conduct)	5	4	3	2	1	0
8. Philosophy of life	5	4	3	2	1	0
9. Ways of dealing with in-laws	5	4	3	2	1	0

10. When disagreements arise, they usually result in:

- a) Husband giving in
- b) Wife giving in
- c) Agreement by mutual give and take

11. Do you and your mate engage in outside interests together?

- a) All of them
- b) Some of them
- c) Very few of them
- d) None of them

12. In leisure time do you generally prefer: to be “on the go” _____
to stay at home? _____

Does your mate generally prefer: to be “on the go” _____
to stay at home? _____

13. Do you ever wish you had not married?

- a) Frequently
- b) Occasionally
- c) Rarely
- d) Never

14. If you had your life to live over, do you think you would:

- a) Marry the same person
- b) Marry a different person
- c) Not marry at all

15. Do you confide in your mate:

- a) Almost never
- b) Rarely
- c) In most things
- d) In everything

แบบวัดสัมพันธภาพระหว่างคู่สมรส

คำชี้แจง: แบบวัดนี้สอบถามเกี่ยวกับสัมพันธภาพระหว่างท่านและสามี ตั้งแต่ใช้ชีวิตร่วมกัน กรุณาตอบทุกข้อตรงกับการรับรู้ของท่านมากที่สุด คำตอบที่ได้ไม่มีถูกหรือผิด

1. โปรดขีด ✕ ลงบนตัวเลขที่ท่านเห็นว่าเป็นตัวแทนความสุขในชีวิตคู่ของท่านได้ดีที่สุด

1	2	3	4	5	6	7
ไม่มีความสุขเลย	มีความสุขน้อยมาก	มีความสุขน้อย	มีความสุขปานกลาง	มีความสุขค่อนข้างมาก	มีความสุขมาก	มีความสุขมากที่สุด

โปรดขีด ✕ ลงบนตัวเลขที่ระบุว่าท่านและสามี มีความเห็นพ้องกันมากน้อยหรือบ่อยครั้งเพียงใดในเรื่องต่อไปนี้

เรื่อง	เห็นพ้องกันเสมอ	เห็นพ้องกันเป็นส่วนใหญ่	เห็นพ้องกันเป็นบางครั้ง	ไม่เห็นพ้องกันค่อนข้างบ่อย	ไม่เห็นพ้องกันเป็นส่วนใหญ่	ขัดแย้งกันตลอดเวลา
2. การจัดการค่าใช้จ่ายภายในบ้าน	5	4	3	2	1	0
3. การพักผ่อนหย่อนใจ	5	4	3	2	1	0
4. การแสดงความรักความห่วงใย	5	4	3	2	1	0
5. การคบเพื่อนฝูงของทั้งสองฝ่าย	5	4	3	2	1	0
6. ความสัมพันธ์ทางเพศ	5	4	3	2	1	0
7. ขนบธรรมเนียมประเพณี (ความถูกต้อง, เหมาะสมหรือการปฏิบัติที่ถูกต้องตามทำนองคลองธรรม)	5	4	3	2	1	0
8. ปรัชญาในการดำรงชีวิต(เป้าหมายของชีวิตและครอบครัว)	5	4	3	2	1	0
9. การปฏิบัติต่อญาติของทั้งสองฝ่าย	5	4	3	2	1	0

โปรดขีด ✕ หน้าข้อความที่ตรงกับการรับรู้ของท่านมากที่สุด

10. เมื่อท่านและสามีเกิดไม่เข้าใจกันขึ้นครั้งใด ส่วนใหญ่แล้ว

- ก. สามีมักจะเป็นฝ่ายยอมแพ้
- ข. ท่านเป็นฝ่ายยอมแพ้
- ค. ตกลงกันด้วยดีไม่มีใครแพ้หรือชนะ

11. ท่านและสามีมักออกไปไหนต่ไหนนอกบ้านด้วยกันบ่อยครั้งแค่ไหน

- ก. ทุกครั้ง
- ข. เป็นบางครั้ง
- ค. น้อยครั้ง
- ง. ไม่เคยไปด้วยกันเลย

12. เมื่อมีเวลาว่างพร้อมๆกันท่านชอบที่จะ ☐ ออกไปนอกบ้าน ☐ อยู่บ้าน
ส่วนสามีท่านก็ชอบที่จะ ☐ ออกไปนอกบ้าน ☐ อยู่บ้าน

13. ท่านเคยมีความคิดว่า “รู้อย่างนี้ไม่แต่งงานดีกว่า” บ่อยครั้งเพียงใด

- ก. บ่อยครั้งมาก
- ข. เป็นบางครั้ง
- ค. ไม่ค่อยคิด
- ง. ไม่เคยคิดเลย

14. ถ้าชาติหน้ามีจริง ท่านคิดว่าท่านขอ.....

- ก. แต่งงานกับสามีคนนี้ตลอดไป
- ข. แต่งงานกับคนอื่นดีกว่า
- ค. ไม่ขอแต่งงานอีกเลย

15. ท่านรู้สึกไว้วางใจในตัวสามีของท่านมากน้อยเพียงใด

- ก. แทบจะไม่ไว้วางใจเลย
- ข. ไว้วางใจไม่ค่อยได้เลย
- ค. ไว้วางใจได้เกือบทุกๆเรื่อง
- ง. ไว้วางใจได้ทุกๆเรื่อง

GENERAL HEALTH QUESTIONNAIRE

We would like to know if you have any medical complaints, and how your health has been in general, over the past few weeks.

Please answer all the questions simply by underlining the answer that you think most nearly applies to you.

Remember that we want to know about present and recent complaints, not those you had in the past. It is important that you try to answer all the questions.

HAVE YOU RECENTLY:

1. Been able to concentrate on whatever you're doing?

☐ Better than usual ☐ Same as usual ☐ Less than usual ☐ Much less than usual

2. Lost much sleep over worry

☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much more than usual

3. Been having restless, disturbed nights?

☐ Not at all ☐ No more than usual ☐ Rather less than usual ☐ Much more than usual

4. Been managing to keep yourself busy and occupied?

☐ More so than usual ☐ Same as usual ☐ Rather less than usual ☐ Much less than usual

5. Been managing out of the house as much as usual?

☐ More so than usual ☐ Same as usual ☐ Less than usual ☐ Much less than usual

6. Been managing as well as most people would in your shoes?

☐ Better than most ☐ About the same ☐ Rather less well ☐ Much less well

7. Felt that on the whole you were doing things well?

☐ Better than usual ☐ About the same ☐ Less well than usual ☐ Much less well

8. Been satisfied with the way you're carried out your task?

☐ More satisfied ☐ About the same as usual ☐ Less satisfied than usual ☐ Much less satisfied

9. Been able to full warmth and affection for those near to you?

☐ Better than usual ☐ About same as usual ☐ Less well than usual ☐ Much less well

10. Been finding it easy to get on with other people?

☐ More time than usual ☐ About same as usual ☐ Less well than usual ☐ Much less than usual

11. Spent much time chatting with people?

☐ More time than usual ☐ About same as usual ☐ Less time than usual ☐ Much less than usual

12. Felt that you are playing a useful part in things?

☐ More so than usual ☐ Same as usual ☐ Less useful than usual ☐ Much less useful

13. Felt capable of making decisions about things?

☐ More so than usual ☐ Same as usual ☐ Less so than usual ☐ Much less capable

14. Felt constantly under strain?

☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much more than usual

15. Felt you couldn't overcome your difficulties?

☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much more than usual

16. Been finding life a struggle all the time?

☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much more than usual

17. Been able to enjoy your normal day-to-day activities?

☐ More so than usual ☐ Same as usual ☐ Less so than usual ☐ Much less than usual

18. Been taking things hard?

☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much less than usual

19. Been getting scared or panicky for no good reason?

☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much less than usual

20. Been able to fact up your problems?

☐ More so than usual ☐ Same as usual ☐ Less able than usual ☐ Much less able

21. Found everything getting on top of you?

☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much less than usual

22. Been feeling unhappy and depressed?

☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much less than usual

23. Been losing confidence in yourself?

☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much less than usual

24. Been thinking of?

☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much less than usual

25. Felt that life is entirely hopeless?

☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much less than usual

26. Been feeling hopeful about your own future?

☐ More so than usual ☐ About the same as usual ☐ Less so than usual ☐ Much less hopeful

27. Been feeling reasonably happy, all things considered?

☐ More so than usual ☐ About the same as usual ☐ Less so than usual ☐ Much less than usual

28. Feeling nervous and strung-up all the time?

☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much more than usual

29. Felt that life is not worth living?

☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much more than usual

30. Found at times you couldn't do anything because your nerves were too bad?

☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much more



แบบประเมินภาวะสุขภาพ

คำชี้แจง: สุขภาพโดยทั่วไปของท่านในระยะสองถึงสามสัปดาห์ที่ผ่านมาเป็นอย่างไรบ้าง กรุณาตอบคำถามต่อไปนี้ โดยขีดเครื่องหมาย ☒ หน้าคำตอบที่ใกล้เคียงกับสภาพของท่านในปัจจุบันหรือในช่วงสองถึงสามสัปดาห์ที่ผ่านมามากที่สุด โดยไม่รวมถึงปัญหาที่ท่านเคยมีในอดีต และกรุณาตอบคำถามทุกข้อ

ในระยะสองถึงสามสัปดาห์ที่ผ่านมา.....

1) สามารถมีสมาธิจดจ่อกับสิ่งที่กำลังทำอยู่ได้

☐ ดีกว่าปกติ ☐ เหมือนปกติ ☐ แย่กว่าปกติ ☐ แย่กว่าปกติมาก

2) นอนไม่หลับเพราะกังวลใจ

☐ ไม่เลย ☐ ไม่มากกว่าปกติ ☐ ก่อนข้างมากกว่าปกติ ☐ มากกว่าปกติมาก

3) มีอาการกระสับกระส่าย หลับไม่สนิท

☐ ไม่เลย ☐ ไม่มากกว่าปกติ ☐ ก่อนข้างมากกว่าปกติ ☐ มากกว่าปกติมาก

4) หาอะไรทำและทำให้ตัวเองไม่มีเวลาว่างได้

☐ มากกว่าปกติ ☐ เหมือนปกติ ☐ ก่อนข้างน้อยกว่าปกติ ☐ น้อยกว่าปกติมาก

5) ออกไปนอกบ้านบ่อยเท่าที่เคย

☐ มากกว่าปกติ ☐ เท่าปกติ ☐ น้อยกว่าปกติ ☐ น้อยกว่าปกติมาก

6) จัดการกับสิ่งต่างๆ ได้ดีพอๆกับคนส่วนใหญ่ ที่อยู่ในสภาพเดียวกับท่าน

☐ ดีกว่ามาก ☐ ดีพอๆกัน ☐ ก่อนข้างน้อยกว่า ☐ น้อยกว่ามาก

7) รู้สึกว่าโดยทั่วไปแล้วทำอะไรๆ ได้ดี

☐ ดีกว่าปกติ ☐ เหมือนปกติ ☐ ดีน้อยกว่าปกติ ☐ ดีน้อยกว่าปกติมาก

8) พอใจกับการที่ทำงานลุล่วงไป

☐ มากกว่าปกติ ☐ พอๆกับตามปกติ ☐ น้อยกว่าปกติ ☐ น้อยกว่าปกติมาก

9) สามารถมีความรู้สึกรักและอบอุ่นต่อคนใกล้ชิดได้

- ☐ ดีกว่าปกติ ☐ เท่าปกติ ☐ น้อยกว่าปกติ ☐ น้อยกว่าปกติมาก

10) รู้สึกว่าสามารถเข้ากับคนอื่นได้ง่าย

- ☐ ดีกว่าปกติ ☐ เท่าปกติ ☐ น้อยกว่าปกติ ☐ น้อยกว่าปกติมาก

11) ใช้เวลาคุยเล่นกับคนอื่นมาก

- ☐ ใช้เวลามากกว่าปกติ ☐ เท่าปกติ ☐ น้อยกว่าปกติ ☐ น้อยกว่าปกติมาก

12) รู้สึกว่าได้ทำตัวให้เป็นประโยชน์ในเรื่องต่างๆ

- ☐ มากกว่าปกติ ☐ เหมือนปกติ ☐ น้อยกว่าปกติ ☐ น้อยกว่าปกติมาก

13) รู้สึกว่าสามารถตัดสินใจเรื่องต่างๆได้

- ☐ มากกว่าปกติ ☐ เหมือนปกติ ☐ น้อยกว่าปกติ ☐ น้อยกว่าปกติมาก

14) รู้สึกถึงเครียดอยู่ตลอดเวลา

- ☐ ไม่เลย ☐ ไม่มากกว่าปกติ ☐ ค่อนข้างมากกว่าปกติ ☐ มากกว่าปกติมาก

15) รู้สึกว่าไม่สามารถที่จะเอาชนะความยากลำบากต่างๆได้

- ☐ ไม่เลย ☐ ไม่มากกว่าปกติ ☐ ค่อนข้างมากกว่าปกติ ☐ มากกว่าปกติมาก

16) รู้สึกว่าชีวิตต้องดิ้นรนอยู่ตลอดเวลา

- ☐ ไม่เลย ☐ ไม่มากกว่าปกติ ☐ ค่อนข้างมากกว่าปกติ ☐ มากกว่าปกติมาก

17) สามารถมีความสุขกับกิจกรรมในชีวิตประจำวันตามปกติได้

- ☐ มากกว่าปกติ ☐ เหมือนปกติ ☐ น้อยกว่าปกติ ☐ น้อยกว่าปกติมาก

18) มองอะไรเครียดไปหมด

- ☐ ไม่เลย ☐ ไม่มากกว่าปกติ ☐ ค่อนข้างมากกว่าปกติ ☐ มากกว่าปกติมาก

19) รู้สึกกลัวหรือตกใจโดยไม่มีเหตุผลสมควร

- ☐ ไม่เลย ☐ ไม่มากกว่าปกติ ☐ ค่อนข้างมากกว่าปกติ ☐ มากกว่าปกติมาก

20) สามารถที่จะเผชิญหน้ากับปัญหาต่างๆของตัวเองได้

- ☐ ดีกว่าปกติ ☐ เหมือนปกติ ☐ น้อยกว่าปกติ ☐ น้อยกว่าปกติมาก

21) รู้สึกเรื่องต่างๆที่บดบังจนรับไม่ไหว

- ☐ ไม่เลย ☐ ไม่มากกว่าปกติ ☐ ค่อนข้างมากกว่าปกติ ☐ มากกว่าปกติมาก

22) รู้สึกไม่มีความสุขและเศร้าหมอง

- ☐ ไม่เลย ☐ ไม่มากกว่าปกติ ☐ ค่อนข้างมากกว่าปกติ ☐ มากกว่าปกติมาก

23) รู้สึกเสียความมั่นใจในตัวเองไป

- ☐ ไม่เลย ☐ ไม่มากกว่าปกติ ☐ ค่อนข้างมากกว่าปกติ ☐ มากกว่าปกติมาก

24) คิดว่าตนเองเป็นคนไร้ค่า

- ☐ ไม่เลย ☐ ไม่มากกว่าปกติ ☐ ค่อนข้างมากกว่าปกติ ☐ มากกว่าปกติมาก

25) รู้สึกว่าชีวิตนี้หมดหวังโดยสิ้นเชิง

- ☐ ไม่เลย ☐ ไม่มากกว่าปกติ ☐ ค่อนข้างมากกว่าปกติ ☐ มากกว่าปกติมาก

26) รู้สึกมีความหวังในอนาคตของตนเอง

- ☐ มากกว่าปกติ ☐ เท่าปกติ ☐ น้อยกว่าปกติ ☐ มีความหวังน้อยมาก

27) รู้สึกมีความสุขดี ตามสมควร เมื่อดูโดยรวมๆ

- ☐ มากกว่าปกติ ☐ เท่าปกติ ☐ น้อยกว่าปกติ ☐ น้อยกว่าปกติมาก

28) รู้สึกกังวล กระวนกระวายและเครียดอยู่ตลอดเวลา

- ☐ ไม่เลย ☐ ไม่มากกว่าปกติ ☐ ค่อนข้างมากกว่าปกติ ☐ มากกว่าปกติมาก

29) รู้สึกไม่คุ้มค่าที่จะมีชีวิตอยู่

- ☐ ไม่เลย ☐ ไม่มากกว่าปกติ ☐ ค่อนข้างมากกว่าปกติ ☐ มากกว่าปกติมาก

30) รู้สึกว่าบางครั้งทำอะไร ไม่ได้เลยเพราะประสาทตึงเครียด

- ☐ ไม่เลย ☐ ไม่มากกว่าปกติ ☐ ค่อนข้างมากกว่าปกติ ☐ มากกว่าปกติมาก

BIOGRAPHY

NAME

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26 May 1962

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INSTITUTIONS ATTENDED

The Thai Red Cross, College of Nursing, 1980-1984:
Bachelor of Nursing

Mahidol University, 1988-1990:
Master of Science (Nursing)

The New York Hospital – Cornell Medical Center, 1998:
Fellowship Training in the Clinical Management
of HIV Disease

Mahidol University, 2000-2005:
Doctor of Nursing Science

POSITION & OFFICE

1984-1988, King Chulalongkorn Memorial Hospital
Bangkok, Thailand
Position: Staff Nurse

1990-1992, Faculty of Nursing, Christian College
Bangkok, Thailand
Position: Nurse Instructor

1992- Present, The Thai Red Cross, College of Nursing
Bangkok, Thailand
Position: Nurse Instructor