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Contributions of Meaning by Service Professionals to the Phenomenon of the Experience of Coping for Women in the Spectrum of Domestic Violence Abuse: A Leadership Perspective

Lisa Haeseler

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CONTRIBUTIONS OF MEANING BY SERVICE PROFESSIONALS
TO THE PHENOMENON OF THE EXPERIENCE OF COPING FOR WOMEN
IN THE SPECTRUM OF DOMESTIC VIOLENCE ABUSE:
A LEADERSHIP PERSPECTIVE

by

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Submitted in partial fulfillment of
the requirements for the degree
Doctor of Education

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SPECTRUM OF DOMESTIC VIOLENCE ABUSE: A LEADERSHIP PERSPECTIVE

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Abstract

Domestic violence abuse for women continues to be an urgent concern in American society. This perpetual problem has resulted in revitalization in improving delivery of care for women of abuse. Especially for service professionals who directly aid and counsel the women in the spectrum of abuse including whether they stay in, or leave, the leadership initiatives, perspectives, and unique leadership style approaches of service providers for enhancing services become vital. This qualitative, phenomenological case study of eight, non-abused service professionals working in four different agencies investigated the phenomenon of the experience of coping in the spectrum of domestic violence abuse from service professionals' interpretations, and how their own leadership approaches impact service delivery to the women of abuse clients they serve. Two service providers, per agency, from a leadership lens, detailed the coping mechanisms they observe for the women of abuse. Participants were from the greater western New York region and will be recruited by phone calls, and emails to web addresses to which many social service professionals subscribe. With Appendix A as the interview guide, participants engaged in semi-structured, individual interviews that were audio-taped and transcribed. De-identified transcripts were then used for data analysis. For instruments used the three data sources included: interviews, secondary sources such as relevant documents and archival materials, and the author's own separate, field notes of the interviews. From their sophisticated insights and views, this author was able to provide further understanding of women's service needs. In addition, from the numerous service delivery models discussed, this study located specific organizational development frameworks that will heighten service delivery uniquely fitted for these agencies. From

this research study a more concise, in-depth, and holistic leadership perception of women of abuse will be achieved that many various professionals currently, and in the future, may find useful for better understanding women of abuse from a leadership perspective.

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DEDICATION

To the women of domestic violence abuse.

I share your story.

CHAPTER I

INTRODUCTION

Central Theme

Societal leaders and service professionals working in their respective arenas in the broad human services field have a moral obligation to more thoroughly identify the many coping mechanisms they observe for women of abuse (Miller, 1995).

Society has a habit of shutting its eyes to problems that make it cringe. Yet society is us. In its protective blindness, society offers little help to the battered woman who, without a home, a job, and childcare, cannot escape. Existing resources and social supports are too meager to rescue more than a small percentage of women who need them. The majority remain trapped--in abuse if they stay, in deprivation if they leave. What we as society have to do is acknowledge our responsibility to these women. (pp. 144-145)

Service professionals whose focus is in the realm of aiding women of domestic violence abuse must have a vested interest in advancing their awareness and understanding of women of abuse. Thus, leaders need to better understand and appreciate the numerous, distinctive, and uniquely multifaceted coping aspects surrounding women of abuse, whether women are currently with or have left their abusive partner. Professionals better serve their clients when they fully acknowledge and comprehend all of the unique and diverse issues with which women of abuse are coping. Service professionals must remain vigilant in accurately assessing the typologies of abuse incurred by women (Lutenbacher, 2003; Wolkenstein, 1998).

This research study was limited in scope to specifically focus on service

professionals' perceptions as they work with cases of male on female domestic violence abuse. The American Psychological Association Task Force on Violence and the Family operationally defined domestic violence as:

...a pattern of abusive behaviors including a wide range of physical, sexual, and psychological maltreatment used by one person in an intimate relationship against another to gain power unfairly or maintain that person's misuse of power, control, and authority. (APA, 1996, p. 1)

The APA definition of domestic violence adopted for this study represents a chronic state of abusive behaviors. It is acknowledged that the various terms relating to domestic violence utilized by professionals who work with women of abuse are not always seen as identical and can hold very different meanings. Yet, for this particular study, the operational definition for terms such as domestic violence, women of abuse, intimate partner violence, and domestic violence abuse, will be utilized interchangeably. This study's intention is to further understand the multiple levels of abuse, especially women who are chronically abused.

Leaders must thoroughly understand women's coping mechanisms in their unique spectrum stage of abuse. Spectrum stages of abuse as defined by Landenberger (1998) focus on the continuum of abuse. Women of domestic violence abuse may be at differing or various stages in their abusive situation. Women may intentionally plan on staying in, plan to leave, or may have already left the abusive situation. Women experience varieties of deprivations while in and after having left their abusive relationships. It is also commonly recognized that battered women attempt to leave multiple times before being successful in leaving the abusive environment that contributes to this understanding of

the spectrum stages of abuse. In each spectrum stage, women have diverse and complex coping experiences. Women have many situational and ecological issues to deal with simultaneously, such as economic, social and familial, and mental and medical health, and safety concerns (Lens, 2002). Lens details that employment, social support, and mental and physical health factors interplay with each other. Thus, these factors greatly affect coping mechanisms for women of abuse.

Many experts urge that in order for service professionals to provide enhanced service delivery, they must exemplify a more dedicated and holistic focus upon women of abuse and how numerous ecological factors influence diverse coping behaviors (Campbell, Jones, Dienemann, Kub, et al., 2002).

A sensitive in-depth assessment of these women can identify this important link . . . a necessary first step toward effective intervention and protection of abused women. (p. 5)

By providers taking a more profound look at women's coping mechanisms, better care may follow, as leaders will have become more aware of how women cope in the spectrum of abuse.

In each of the spectrum stages of either remaining or leaving the abuse, many women seek necessary aid from service professionals in the various human services fields. Therefore, these professionals who work with women of abuse are a most appropriate source from which to gather perspectives about the women's coping skills. These professionals are leaders in their fields, because they have an understanding of the unique needs of the women of abuse, acknowledge the various spectrum stages of abuse, and have an appreciation for the holistic view required to serve this population.

Additionally, through their personal interaction with the women of abuse, they can clearly identify the resources available to help these women out of abuse in their unique spectrum stages. The expertise that these leaders demonstrate through this research will aid future leaders in gaining an advanced sensitivity when working with women of abuse. In addition, as the leaders who participate in this study reflectively respond to define women's coping experiences, these current leaders can more accurately engage in contributing to a more holistic understanding and ecologically-based appreciation for women of abuse. From this study, both present and future service leaders can provide enhanced service delivery.

As leaders in this study defined the multidimensional and interwoven aspects that make up women's phenomenon of coping, future leaders will have a more in-depth identification of all that is included in women's coping experiences. Campbell (2002) states the urgency for a more holistic perspective for women of abuse. Professionals are better equipped to serve women of abuse by providing them more effective services: "I recommend increased assessment and interventions for intimate partner violence" (p. 1).

From this qualitative, phenomenological case study, professionals potentially will better assess female victims, implement better services, and advance proper care. Non-abused, female professionals in their respective service arenas had an opportunity to reflectively define from a leadership perspective the phenomenon of coping they observe for women of abuse in their various stages of staying or leaving. This self-reflection is useful in these leaders' personal and agency service development; it will also benefit other social service agencies that serve these women to understand the multiple stressors that the women face as a result of their abuse.

Leaders, especially those in the human service field, should benefit from this exploratory study of the emergent themes of coping for women of abuse unique to various service arenas. From this advanced leadership perspective, a more holistic understanding will be achieved and improved service delivery can occur. From this study, emergent patterns expressed by leaders in their respective service arenas can promote skills needed so that other service providers more precisely identify the unique coping needs for women of abuse, and thus implement, delegate, and refer more improved and appropriate aid.

Bybee and Sullivan (2002) state that by service leaders becoming more informed, more holistically-based treatment is executed. In this way, leaders can potentially help to eradicate further abuse: “Increased quality of life completely mediated the impact of the advocacy intervention on later re-abuse” (p. 1). Professionals must work collaboratively and value the ecological influences surrounding coping experiences for women of abuse. Unique perspectives expressed by leaders in various arenas can be shared among leaders, increasing more efficient and effective allocation of required resources and referrals and increasing service communication and delivery.

Roby (1998) states that service professionals’ perceptions of a phenomenon, drives service delivery, detailing the following propositions regarding leadership for the 21st century.

By clarifying our assumptions about human nature and providing opportunities for others to do the same, we create clearer bases for policy making, work, and interactions advancing justice...Global, institutional, interpersonal, and personal

phenomena shapes our lives. Successful social change efforts address all these levels and the interactions among them. (pp. 6-10)

This author advances the importance for professionals to clarify relevant phenomenon, ultimately producing increased proficiency in delegation of their leadership skills.

By having service professionals interpret and expand upon their unique perspectives of women's coping strategies with abuse, these professionals may arrive at a more holistic understanding of all the aspects with which women must cope. It is vital that leaders assess their intervention and advocacy services (Wathen & MacMillian, 2003). "The evaluation of interventions to improve the health and well-being of abused women remains a key research priority" (p. 1). Leaders in various service arenas enhanced their appreciation of the coping experiences for women that are unique to each service arena. Leaders who aid women of abuse may become more enlightened regarding women's unique issues and this newfound illumination can be shared with others in the larger societal community (Goldwag, 1979). "Here, the aim is to understand the living organism as a total entity and to understand its parts as integrated, interdependent, interrelated systems that can be understood by studying the parts, but without losing sight of their relation to the whole organism" (p. 18).

O'Neil (1984) describes individuals as complex beings engaged in continuous exchanges with their social environments, physical settings, and cultural contexts.

Professionals and paraprofessionals in human services are growing in the use of a holistic conceptualization of the persons receiving services. The client/patient/consumer is seen holistically when focus is on the whole person-body, spirit, and mind-and on the interdependence of each of the major

dimensions of *person*. In addition, the client is not seen in isolation, but within his or her life-space environments. The family, culture, physical surroundings, and society of the individual are seen as essential parts of a holistic view of clients. (p. 4)

Holism is a totality perspective, being sensitive to interdependence, relatedness, and the parts that constitute the whole. In order to advocate and demonstrate a holistic perspective in service delivery, professionals need to first define for themselves their own perception of coping for women of abuse. Thus, as providers in this study had the opportunity to reflectively respond to and actively define the phenomenon of coping for the women of abuse they serve, the providers are better prepared to identify needs, allocate services, and delegate the necessary referrals. The role of leaders in each of their arenas of service delivery is of fundamental, vital importance (Davies, 1998). Leaders must understand their unique roles and how their professional interpretations of women's coping requires more uncovering, in order for them to continue to provide high quality, appropriate care and proper referrals for women. Merrell (2001) states the necessity for service professionals to be more knowledgeable about ecological factors affecting women's coping. Service professionals working more collaboratively can achieve a more holistic service delivery approach to challenge this multifaceted social dilemma.

By providing an opportunity for leaders who work daily with women of abuse to express their own interpretations, leaders' own biases and personal perceptions were brought forth. From individual case study interviews, professionals from a leadership perspective more clearly recognized how their therapeutic approaches may positively or negatively impact women of abuse. Furthermore, leaders can better identify how their

own service arena organizational development initiatives more or less strongly impede or advance care for women of abuse. They may become more vigilant in their sensitivity towards their service delivery when working with these women. As providers were afforded opportunities to express their own interpretation of the phenomenon of the experience of coping for women of abuse, improved service leadership can occur.

Therefore, a phenomenological research inquiry of study was deemed most accurately suitable in arriving at a better qualitative understanding of what is the full experience of coping for women of domestic violence abuse through the viewpoint of those who daily serve women of abuse. Fraenkel and Wallen (2003) describe phenomenology as an integral part of a qualitative approach.

A researcher studies an individual's reactions to a particular phenomenon in a phenomenological study...studying multiple perceptions of the phenomenon...searching for the essence of an experience...to identify, understand, and describe these commonalities. (pp. 437-445)

Service leaders contributed in more richly defining and building upon the diversely complex coping behaviors for women of abuse. Thus, providers who aid women in various service capacities had the opportunity to describe the experience of coping by women in the spectrum stages of abuse of staying or leaving.

A phenomenological approach clearly details a desired need to return to intricately describing an experience in order to achieve comprehensive discoveries and thorough understandings. These can illuminate the basis for a reflective, structural analysis that portrays the essences of the particular experience (Moustakas, 1994). Thus, in order to best recognize the many aspects involved in women's coping in their various

spectrum of abuse, leaders were most appropriate in describing and providing meaning to the phenomenon of coping they observe in women of abuse. Through having performed this qualitative, phenomenological inquiry of eliciting reflective responses from the various service professionals who work with these women, this study helped to more thoroughly define the experience of coping from a leadership lens. Uniquely insightful interpretations were gained from this study, prompting better understanding all of what is involved in the phenomenon of coping for women of abuse. This holistic perspective of the spectrum of abuse is vital when attempting to more fully grasp the comprehensive issues surrounding the phenomenon of coping for women of abuse.

A number of authors reiterate the value of phenomenological inquiry and the investigation of the many diverse meanings of coping experiences. Jackson (2002) and Kernic, Wolf, and Holt (2000) describe that despite their scholarly contributions, a more thorough understanding of women of abuse is necessary in order to better identify their unique needs and services. These authors confirm that through applying qualitative, in-depth inquiry, more precise interpretations can be described of leaders' perceptions of coping for women of abuse, possibly improving service delivery. Wolf-Smith and LaRossa (1992) support the need for leaders to clarify coping for women of abuse in order to provide more enhanced services and care.

For counselors, therapists, and social workers who are working with...abused women...studies on the "phenomenology" of abuse...helps clarify how batterers and victims "give meaning to" and..."cope with" domestic violence. (p. 328)

Several other authors (Campbell, et al., 2002; Lens, 2002) provide evidence that a phenomenological study can better discern the many different meanings of coping and

the interrelated aspects that are included in women's experiences with coping. Carlson (1997), and Truman-Schram, et al. (2000) discuss that stress issues detrimentally affect coping physically, psychosocially, and medically. Buchbinder and Eisikovits (2003) advance that women's complex coping strategies can greatly impact their decision-making abilities, health, and mental health status: "Coping requires ongoing withdrawal and escape...caused by past and present deprecation" (p. 9). Furthermore, "our therapeutic duty is to help battered women . . . [by] understanding experiences among battered women" (p. 15). Shank (2002) states that the purposeful intent and vitality of phenomenological inquiry stems from its qualitative roots. Exploration without judgment of research participants is the key to producing rich descriptions of a phenomenon. Phenomenological, qualitative research aims to more clearly describe an experience. This form of research also develops understanding through abundant, thorough descriptions that have been gathered from purposefully selected research participants. Thus, alignment begins to exist in clearly understanding a given phenomenon, coming closer to a final interpretive framework.

Statement of the Problem

There is a substantial body of research that exemplifies the continuing existing problem of domestic violence abuse (Dearwater, Coben, Campbell, Nah, et al., 1998; Sullivan & Bybee, 1999; Warshaw, Gugenheim, Moroney, & Barnes, 2003). Yet, despite researchers, practitioners, and other professionals being aware of the travesties with which these women cope, little research explores how these women cope. Because the current literature clearly details that research thus far is negligible regarding holistic and ecological-based studies, this deficiency in the current literature urges further study of

women of abuse related to their coping mechanisms in their various spectrum stages of abuse (Buchbinder, & Eisikovits, 2003; Fry, & Barker, 2002; Morrell, & Rubin, 2001).

Thus far, much of the literature on women of abuse has been limited and restrictive, including being narrow in both scope and focus in its intent to holistically understand the multiple, ecological complexities surrounding coping mechanisms for women of abuse (Campbell, 1995; Carlson, 1997; Rose, & Campbell, 2000; Tolman, & Rosen, 2001). Clearly, a phenomenological inquiry is strongly justified. This type of investigative approach is both exploratory in nature and permits multiple meanings of a given phenomenon. The phenomenon of coping in the spectrum of abuse is holistically defined and given interpretive meaning through interviews with service leaders who work directly with women of abuse. In order to better understand the phenomenon of the experience of coping for women of abuse in relation to their various spectrum stages of staying or leaving, those who aid them provided detailed descriptions from their daily observations and interactions.

This qualitative, phenomenological case study can contribute to the larger body of literature for domestic violence abuse, filling in gaps of recognizing all of what is involved in the experience of coping for women. This study can potentially promote insight for researchers, practitioners, educators, counselors, and others who help women of abuse. By others more clearly understanding and discovering the multiple complexities involved in the experience of coping for women of abuse, opportunities for aiding these women can be advanced. Furthermore, through service leaders' insightful perceptions of the coping mechanisms they observe for women of abuse, leaders may experience enhanced awareness and dedication in their service delivery. Hence, leaders

may potentially demonstrate improvements in their therapeutic approaches from having participated in this study. This elevated sensitivity by leaders may potentially be linked to improved services and collaboration among various service leaders (Heinzer, & Krimm, 2002; Sutherland, Bybee, & Sullivan, 2002; Valera, & Berenbaum, 2003).

Purpose and Parameters of the Study

There is a vital necessity to capture a better understanding through purposeful investigation of the unique experience of coping for women of abuse, as provided by those service professionals who aid them. In this case study, providers defined women's coping from their leadership lens and from their professional service capacity. From leaders' collectively shared professional interpretations, emergent coping and service initiative themes and distinctions came to fruition. This useful scaffold was the scholarly intention of this research investigation that lead to the discussion of useful organizational development frameworks that would promote further service delivery efficiency for women of abuse.

Truman-Schram, Cann, Calhoun, and Vanwallendael (2000) state that what is gained is a valuable "phenomenological perspective of the relationship" (p. 10). Carlson (1997) asserts the importance of describing coping to improve intervention with abused women. The phenomenon of coping for women of abuse recognizes that "coping is conceived as a dynamic process" (p. 4). Jackson, Philp, Nuttall, and Diller (2002) state that by being more holistic and diligent in our understanding of women of abuse, those servicing them will demonstrate more effective service delivery:

Integration of neurological, psychological, sociological, and environmental factors will broaden our understanding of the problems of battered women and

will lead to more informed interventions and improved outcomes...[having] major implications for the treatment of battered women. (pp. 2-7)

Leaders have unique perceptions that are tied to their distinctive service arena leadership roles. This interpretation of coping for women of abuse provided a more developed, holistic portrayal for leaders in the larger human service field. Furthermore, from the reflective responses gathered in this study from service leaders, this investigation may increase greater individual and shared sensitivity and a realigned appreciation for understanding women's coping from a leadership perspective. From this study, a more advanced awareness by these service leaders may occur and a more developed, holistic service delivery for women may be produced.

Eight purposefully selected research participants (two from each agency) who work directly providing services with women of domestic violence abuse were selected for this study. Two female, non-abused service professionals were interviewed from four different service arenas. The participant and arena names, location specifics, and identities remained strictly confidential throughout this research. The identities of the women of abuse remained totally anonymous. The selection for each of these four agencies was determined by convenience, time duration for data collection and analysis, location, and cooperation to be involved. The location of the four service arenas for this study was restricted to the greater Western New York region. The various service arenas for this study included a variety of social service organizations that specifically care for women of domestic violence abuse.

Secondary sources were also utilized for the data collection and analysis portions of this study. These included relevant materials such as agency brochures and sample

forms. Fitzpatrick, Sanders, and Worthen (2004) reiterate the appropriateness of secondary sources for research investigations. They provide unobtrusive measures and demonstrate an awareness of confidentiality guidelines, while simultaneously providing useful information.

Evaluators (and clients) sometimes overlook the fact that not every question must be answered by collecting original data. Evaluators would be wise to see whether information relevant to any of the evaluation questions already exists in readily available form. (p. 265)

This phenomenological study incorporated triangulation research for validation purposes, including secondary sources, multiple leadership interviews from the service professionals in four various human services field agencies, and this researcher's own field journal notes to properly discriminate bias issues, engaging in the phenomenological based skill of bracketing. As women of abuse rely upon differing services, it was most appropriate to interview professionals working in various service arenas who aid women.

The intention of this study was to take a leadership view on organizational implications in serving women throughout their spectrum stages of abuse related to their coping experiences. The results gathered will provide the impetus for further exploration into the organizational development issues unique to this study.

Need for the Study

Several authors (Bybee & Sullivan, 2002; Campbell, 2002; Wathen & MacMillian, 2003) affirm the need for better understanding of the complex aspects involved in understanding coping strategies for women of abuse. Kirkwood (1993) argues that there is more to the story for these women than simply just their experiences

with violence and violent relationships. Considerations need to extend towards recognizing how service leaders play a vital role in their perceptions of women's coping in order to provide improved service delivery. Kirkwood (1993) strongly suggests that an exploration into the nature of women's struggles both during and after the abusive relationship needs to be more thoroughly researched. Clearly, service leaders can profoundly affect women's coping strategies with their own professional interpretations and perceptions. For example, the perspectives of service professionals can strongly influence proper, effective service delivery extending to economic, medical, mental health, and socio-cultural needs for women of abuse. Thus, for this study, leaders and arenas were chosen because they treat women of abuse regarding these specific needs.

Current research demonstrates that there is an urgent call to investigate further women of abuse. This exploration will provide a better understanding what is involved holistically and ecologically.

Objective of the Study

This study provides additional knowledge to the larger body of research regarding the experience of coping for women as defined by service providers who directly aid them. From their own respective leadership interpretation and service arena capacity, professional insights regarding women's coping with domestic violence will be explored. These collective perceptions will provide a clearer understanding of the kinds of organizational development frameworks and models most useful to advance service delivery initiatives for women of abuse.

In summary, this qualitative, case study of the phenomenon of coping in women of abuse is a vital issue that warrants further exploration. The holistic view of

understanding women of abuse in relation to their ecological issues and various spectrum stages of abuse needs to be more fully examined and interpreted. With such research, leaders of tomorrow may better contribute to identifying, educating, allocating, and networking appropriate needs and services for women of abuse as they will have a clearer appreciation of women's coping from a leadership interpretation. Furthermore, these factors may positively influence additional organizational structures for the leaders who aid women of domestic violence abuse.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The first sections of this literature review detail the history of domestic violence abuse and expand upon recent statistics, demonstrating that abuse continues to be pervasive in the United States. This extensive review of the abuse trend analysis begins broadly and then focuses narrowly upon the urgent need for abuse to be examined more diligently in the geographic location that was designated for this research study, the greater Western New York region.

Multiple terms are utilized when working with women of domestic violence abuse. There exist many interpretations to define specific terminology, such as “domestic violence,” “batterer,” and “various types of abuse,” so clarity is required. During the research interview process, definitions of these terms, drawn from multiple disciplines such as law, social work, and psychology, were provided to the service professionals so that uniform understanding was assured. To provide consistency, domestic violence was conceptualized by utilizing the APA definition of domestic violence:

...a pattern of abusive behaviors including a wide range of physical, sexual, and psychological maltreatment used by one person in an intimate relationship against another to gain power unfairly or maintain that person’s misuse of power, control, and authority. (APA, 1996, p. 1)

Although there are multifaceted terms for domestic violence abuse, for the purpose of this study, domestic violence and women of abuse terminology will be used interchangeably.

Appendix D provides a glossary of common terms that were utilized during the interviewing process. This glossary incorporates a helpful scaffold for conceptual understanding of the terminology that was used throughout this research study.

The next sections of this literature review succinctly examine and critically review relevant, scholarly research and pertinent reports showing the vital need for leaders, especially those in the service care arenas, to more critically examine the diverse and multifaceted experience of women's coping, specifically unique to and common among their spectrum stages of abuse of staying or leaving. From this study's intricately detailed and expansive literature review describing women's complex coping behaviors, professional service leaders who work with women of abuse may better understand the expanse of what is involved with women's coping mechanisms regarding their many ecological, life-space factors. Service professionals then can begin to potentially re-examine their policy initiatives in each of their service arenas, adopting more comprehensive, holistically-based therapeutic approaches when aiding women of abuse.

The purpose of this qualitative case study was to more intensely describe the phenomenon of the experience of coping for women of domestic violence abuse, as defined by non-abused, female service professionals who daily aid them. Therefore, the purpose of this literature discussion is to show what is known empirically about women's coping experiences, and how these providers in various service arenas play a vital role with aiding women regarding service initiatives. This literature review postulates the necessity for leaders, especially those in the service fields, to more clearly ascertain effective and efficient service delivery needs for women of abuse. By leaders having a better understanding of the all-encompassing coping behaviors of these women they can

potentially provide more appropriate organizational development initiatives including advanced service delegation, allocation, and referral. This chapter demonstrates how women's coping behaviors are extremely complex, warranting a need for a more complex and holistic organizational development model for the service arenas in this research study to utilize. By these service arenas adopting more ecologically driven organizational frameworks for services for the women, potentially these kinds of models may create improved delivery of care.

This chapter critically examines pertinent research that includes an overview of abuse, an historical analysis of abuse, and statistics specific to this study's geographical location. Next, women's coping mechanisms regarding their unique spectrum stages of abuse is discussed, along with ecological factors, such as mental and medical health, economic issues, and childcare issues that affect their coping behaviors. Clearly illuminated from this chapter is how women rely upon many service providers who play a critical role in impacting how women cope. Lastly, organizational development service initiatives are discussed that potentially could enhance care for women of abuse.

Social Perspective

Society and Abuse

Domestic violence abuse continues to pervade countries around the world, including the United States of America. Domestic violence abuse operationally defined for this research study is male on female abuse. Tomorrow's leaders face the dire and daunting task of working to eradicate this abuse, attempting to provide the many diverse services uniquely required for women in their various spectrum stages of abuse.

According to the UNICEF's report in 2000, no country is immune to the issue of domestic violence, although impoverished countries have a higher prevalence of domestic violence episodes than wealthier countries. The United Nations Conference held in 1996 details that no country reports an absence of domestic violence. Walker (1991) concurs with perceiving domestic violence as a global atrocity, explaining that despite each country's unique attitudes toward violence against women, the issues encountered by leaders providing services in this area are similar across all countries.

From their international findings, Fry and Barker (2002), and Roberts, Lawrence, Williams, and Raphael (1998) state that several extenuating factors highly impact domestic violence abuse. These aspects include those of mental health status, substance abuse, low self-esteem, and limited social support networks, including service agencies, family, and friends. Thus, implicated from these findings is the ubiquity of violence: women of abuse, regardless of their residing country, share a commonality with their coping experiences.

UNICEF (2000) reports that in the United States, 35-40% of all battered women attempt suicide. The National Violence Against Women Survey in 1998 tells that 5.9 million physical assaults are experienced every year by women in America. In addition, because many female immigrants and refugees reside in the U.S., their cultural, religious, and ethnic diversity aspects impact their perceptions and responses regarding domestic violence abuse (Walker, 1991).

Domestic violence abuse continues to occur, where the detrimental effects of abuse rob women of their health, self-esteem, and confidence (Walker, 1999). Therefore, urgency exists for service professionals to work collaboratively, so that

women of abuse can be treated and supported holistically in their respective communities. A barrier to this collaboration is the societal view that the family is a 'closed system' that inhibits intrusion from outsiders that seek to alter the unhealthy family unit. With this interpretation, societal sanctions are the causal agents of abuse and its prolongation (Walker, 1991).

Furthermore, there is a contradiction between the need to accurately define the incidence and prevalence of the problem and the strong tradition of privacy inside the family. Resistance to change from the police and law enforcement, the judicial system, the health and social services system, and organized religion, many of whom view the home as sacrosanct, all serve to condone and maybe even facilitate continued abuse in the family. (p. 23)

Domestic violence abuse is evidenced prominently in the United States and has continued to present itself as a severe, problematic issue. The most powerful leaders in our country clearly acknowledge the detriment of abuse. They call upon all individuals in society to aid women of abuse, through empathy, and by directing awareness to this issue that devastates millions of American women.

In his 1997 Domestic Violence Awareness proclamation, President William J. Clinton addressed the broadly compounding severity of abuse, explaining that it affects the entire community. He stated, "Domestic violence is a leading cause of injury to women in our country, and it occurs among all racial, ethnic, religious, and economic groups" (p. 1). In his 2003 Domestic Violence Awareness proclamation speech, President George W. Bush expressed his profound concern of abuse of women in America. He stated that there is an urgent need to eradicate this societal problem from

the U.S. He describes a domestic violence situation as a place of cruelty and brutality, and affirms that “it violates the law, it is wrong, it is a crime that must be confronted by individuals, by communities and by government” (p. 1).

It is vital that the multifaceted complexities of domestic violence are addressed. Therefore, it is imperative for those who aid women of abuse, to view the whole spectrum stages of domestic violence for women. Regardless of whether women’s spectrum stage is staying or leaving the abuser, it is imperative that their unique coping experiences are appreciated through compassionate, holistic understanding exhibited by service professionals.

Historical Views

It is important to acknowledge the history of women’s abuse. The debilitating view of the family as a closed system has prevailed for centuries, allowing abuse to also prevail. When one considers how little progress we have made illuminating this devastating issue over the years, it is a travesty. The trend of abuse still continues, with its demonstrated damage to women.

Jones (1994) described how women in the early teen centuries living in Europe, England, and the U.S. cried for attention regarding abusive behaviors perpetrated by men. In the 1400s women in France complained of harsh brutalities and injuries. During the eighteenth century, women cried of tyranny at the hands of men, and in the 1500s men were exhorted from the pulpit to beat their wives. In the nineteenth century, in England, a man praised for his literary work, John Stuart Mill, called for wife torturing. Concurrently, in the U.S. women’s pleas for help fell on society’s deaf ears. Despite the Women’s Movement being organized in 1848, women still required aid and yet, society

was not ready to assist (Jones, 1994; Stewart, 2004; Walker, 1979; Zosky, 1999). In the early to mid 1900s in the U.S., the acknowledgement of women's abuse remained rare. Jones (1994) states that batterers in the early 1900s could no longer claim the privilege of harming their wife, including beating, choking, kicking, pulling her hair, and spitting in her face. "Laws of assault, of course, were on the books in every state, but being intended to regulate the conduct of one man to another, they were almost never applied when a man assaulted his wife" (p. 21). Abuse perpetuated over these years because the courts considered it to be a private, not a public, matter.

Even into the mid to late 1900s, abuse was not still viewed as a seriously profound social problem in the U.S. In the 1960s, women having difficulties with men were perceived as having psyches of perversion and were viewed as masochistic. The victims were blamed for staying, being perceived as if they were 'asking to be hit,' or victims were seen as frigid or emasculating (Jones, 1994; Kirkwood, 1993). Mills (2003) advanced this point regarding society's negligence of the problem of abuse: "Thirty years ago, law enforcement personnel paid no attention to domestic violence and certainly did not listen to women's complaints" (p. 7). Even though the feminist movement of the 1960s encouraged women to speak out, helping professionals were slow to respond to the problems of domestic violence (Jones, 1994). In 1974, the first battered women's shelter finally opened in Minneapolis-St. Paul, but had very few beds available for women and children fleeing abuse.

Literature over the past several decades demonstrates that three stages of developmental perspectives of psychological thought were evidenced regarding the understanding of battered women (Kirkwood, 1993): masochists, victims, and survivors.

In the masochistic image, women were blamed if they stayed in the abuse. In the victim image, women were seen as helpless if they endured violence. In the survivor image, women were viewed as being non-submissive and focused on preserving their safety. These perceptions influenced how therapists and other helping professionals approached counseling and other services provided for women of abuse.

In the 1970s, masochism became the dominant image of women of abuse if they remained with the perpetrator. Yet, in the early 1980s, there was scarce scholarly acknowledgement of domestic violence. The perception of women of abuse moved from that of being perceived as a passive victim or even a masochist (because of the psychological stress, fear, and hopelessness) to that of being a survivor, coping daily with their perpetrators (Kirkwood, 1993; Walker, 1979). Women once seen as masochists were now viewed as outcasts. Even into the 1990s and the new millennium, domestic violence still exists and remains a detriment to many women in our society.

A woman of abuse may be perceived theoretically as being in a cycle of abuse. Over time, because of the physical and psychological effects of this cycle, many women demonstrate an inability to initiate the leaving process. Walker (1979) states that this exemplifies the “learned helplessness theory” which is characterized by a woman of abuse enduring a battering cycle. The cycle begins with the tension build up phase, followed by the phase that includes an acute, abusive incident, with the last being the “making up” phase or honeymoon phase. This cycle varies in intensity, frequency, and duration. Interestingly, only after a perpetrator abuses a woman the second time, and with her remaining in the situation both times, is she classified as a battered woman (Walker, 1979). Thus from having endured this cycle of abuse, women eventually have,

in essence, learned to become helpless. Although variations can exist from this cycle of abuse, domestic violence situations can repeat this cycle continuously, especially due to the honeymoon phase where the batterer uses coercion and penance to reel her back into staying in the domestic violence situation (Stewart, 2004; Walker, 1979).

The theory of the learned helplessness cycle of abuse defined the term “battered woman’s syndrome.” This syndrome theorizes that when a woman is beaten repeatedly her motivation to respond diminishes (Walker, 1979). Kirkwood (1993) and Mills (2003) believe that this theory is insufficient in describing the cycle of abuse, because it doesn’t focus on the vast psychological dynamics and accompanying complexities associated with coping with domestic violence. In addition, these authors identified that there is a need for leaders to recognize the many, larger sociological circumstances involved with abuse, as well as the extensively diverse and unique issues related to women of abuse. Kirkwood and Mills write that some factors include, but are not limited to, economic, emotional, psychosocial, cultural, religious, and the responsibilities of motherhood that influence whether battered women stay or decide to vacate an abusive situation.

Analysis of historical trends shows that domestic violence currently remains a long-standing and pervasive societal problem (Mills, 2003). Thus, women’s unique and diverse coping mechanisms involved with abuse need to be more thoroughly viewed and assessed by the many, various service professionals who aid them. Therefore, it is clear that a more holistic or ecological perspective is required by leaders when attempting to understand the all-encompassing coping behaviors exhibited by women of abuse. Service professionals must recognize the coping mechanisms exhibited by these women, as this is a vital part of their therapeutic approach.

Statistics and Urgency

As stated in the above literature, the problem of domestic violence persists in spite of ongoing attempts to eradicate it. Domestic violence continues to be socially detrimental, as women are still being abused and even brutally murdered. Jones (1994) assembled statistical evidence from the 1970s and 1980s that revealed that about 30,000 U.S. women were killed by their male partners. This author further revealed through a longitudinal analysis of Massachusetts statistics that this pattern has worsened, not improved. Statistics from 1989 provided evidence that a partner killed a woman every 22 days. In 1990, this occurred every 16 days. Disturbingly, two years later in 1992, murders had increased to where a woman was being slain every nine days. Marecek (1993) reports one-third to one-half of women in the United States are at some point in their lives beaten by an intimate partner. Jones' research in 1994 concurred with Marecek's findings that intimate partner violence and killings have increased, and during that time frame, a woman was beaten every 12 seconds.

Walker (1979) ominously predicted in the 1970s, that potentially, half of all women would be beaten at some time in their life. Unfortunately, her prediction has come true. In spite of increased attention to abuse, Berry (2000) concludes that the number of assaults has generally remained consistent over the last decade. Statistical evidence compiled by the US Bureau of Justice Statistics in the Department of Justice in 2003 confirms the pervasiveness of domestic violence in our country (see Appendix B).

Western New York State Statistics and Implications

According to the New York State Commission on Domestic Violence Fatalities, Report to the Governor (1997) 57 domestic homicides occurred between 1990 and 1997.

Of these, 75% of the victims had ended the relationship or stated an intention to end it at the time of their death. According to the Federal Bureau of Intelligence (1999) data, between 1993 and 1999 the risk of homicide by an intimate partner is highest among child-bearing age females 35 to 49 years old. Also, the New York State Division of Criminal Justice Services Annual Report (1999) received 55,558 police reports of family offenses among intimate adult partners, with adult females identified as the victim in 84% of these cases.

According to the Erie County Indicators Report of Western New York (2003), domestic violence abuse results represent staggering and ominous findings. Statistics from 1993 through 1997 show that domestic abuse claims have been steadily climbing. Regionally, domestic violence abuse significantly increased by 243%, rising from one report per 1,000 population to 3.4 reports per 1,000. In 1998, domestic violence abuse incidents did show a decrease. The actual amount of decline in Western New York, however, was minimal as the statistics indicated that the incident of abuse only dropped to 3.3 incidents per 1,000 people and did not even match all of New York's statistics which indicated a decrease to 3% in the same year.

As well as the statistics on domestic violence abuse, there is additional crime indicators from the New York State Division of Criminal Justice Services (2003) for the Western New York area which is the region selected for this research study. Total violent crimes between 1998 and 2002 show only a marginal decrease from 108 in 1998 to that of 102 in 2001. Also, the violent felony arrests increased 1.7% from 2001 to 2002 and the total of reported violent crimes show a trend of heightened violence for the years

of 1999, 2000, and 2001. Given the violent crime indicators within the greater Western New York region, the need to explore its impact on women of abuse is clearly warranted.

Defining the Spectrum of Abuse

For this study, it is imperative to clearly understand women's spectrum stages of abuse. Landenburger (1998) defines the spectrum of abuse as women who are at various stages of abuse who are staying, attempting to leave, or actually leaving. The spectrum of abuse also includes the women's coping within each of these phases. Regardless of the women's decisions to stay or leave, a more extensively thorough investigation is needed to understand women's unique and diverse coping experiences in relation to their spectrum stages of abuse. There are many ecological factors that women of abuse cope with simultaneously. Thus, an enhanced understanding of women's coping is vitally important. As the service providers in this study are directly involved with aiding women of abuse, their definitions of this process, based on their own leadership role and service arena, will provide insights of the coping mechanisms of battered women. Additionally, their responses will potentially lead to the creation of advanced service delivery framework initiatives. In order to understand the spectrum of abuse, it is essential that there is a common understanding of the various stages of leaving or staying in abuse, and how coping is experienced by battered women. The differences and similarities of this process will be explained.

Understanding Coping Experiences of Women Who Stay

For women who are in the spectrum stage of remaining in the abuse relationship, many of the coping strategies they employ are related to issues of mental health status, economic needs, diversity of experiences, as well as how these women 'adapt' or alter

their own perceptions of the abuse. The Texas Council on Family Violence (2002) refers to situational factors that impact women staying in abusive relationships, where in addition to being currently abused, they are also dealing with such issues as lack of social support networks, societal disapproval for leaving the relationship, financial dependence, intimidation, and threats by the perpetrator. Each of these factors will be detailed further in subsequent literature. Additionally, the Council reports that women are also coping with feelings of affection towards the perpetrator, and over time come to believe that they themselves are incompetent and 'deserve' the abuse they receive. These women experience self-doubt and self-blame. Because of the unpredictable nature of abuse, the women have increased mental and physical exhaustion.

Campbell, Kub, Belknap and Templin (1997) and Mayer and Coulter (2002) validate through their findings that women in abusive relationships are coping with vast and varied psychosocial issues. Coping with abuse may lead to psychological symptoms that can include depression, anxiety, Post-Traumatic Stress Disorder (PTSD), and poly-substance abuse, such as alcohol and drug usage. Additionally, women may not seek needed medical treatment or obtain necessary help due to fear of retaliation by their abuser.

Schiff, El-Bassel, Engstrom, and Gilbert (2002) report that women of abuse who were studied in a methadone maintenance treatment program have a significantly higher poly-drug usage than non abused women, and that battered women display more psychological distresses such as Post-Traumatic Stress symptoms. When attempting to better understand the coping strategies involved for women of abuse, it is necessary to include their feelings of inadequacy that can further lead to a self-fulfilling prophecy of

continued abuse. It is important to recognize “the conceptualization that coping is an ongoing and multidimensional process and not a unidimensional, static personality trait” (p. 303).

A theoretical framework supports the relationship between partner violence and mental health. The cognitive theory model of stress and coping describes that abuse relates to PTSD and depression (Lazarus & Feldman, 1984). Campbell et al. (1997) provide further evidence to the profound mental health aspects of coping for women of abuse. According to these authors, relationship violence is the strongest predictor of depression in battered women, concluding “significant proportions of battered women are depressed (four to five times the rate of nonbattered women) and that depression is probably the most prevalent mental health response of women to battering” (p. 9).

Hattendorf, Ottens, and Lomax (1999) support related findings detailing the seriousness of abuse and the mental health aspects of coping behavior. In their investigation of incarcerated women of abuse who committed violent crimes against their abuser, 17 of the 18 women reported a high frequency and fairly severe PTSD symptomatology prior to their crimes. “Eventual inclusion of these women in future research endeavors, especially qualitative research, would provide insights into how they re-empower and re-story lives once dispossessed by partner abuse and imprisonment” (p. 11). These researchers clearly determined that women’s coping behaviors are vital factors to be further researched via qualitative study. These coping behaviors are associated with a sense of helplessness: the women’s psychological status influences their perception of having diminished alternatives.

To further compound the complexities of coping for women currently in an abusive situation is the existence of psychiatric issues, some of which may specifically be unique to battered women. Danielson, Moffitt, Caspi, and Silva (1998) describe the comorbidity that exists between abuse and psychiatric disorders. They report that over half of the women involved in severe partner violence exemplify higher rates of a wide spectrum of psychopathology.

Nearly two-thirds of the women victimized by severe partner violence met criteria for one or more disorders and had significantly elevated rates of mood, eating, and substance use disorders, as well as antisocial personality disorder and symptoms of schizophrenia. (p. 2)

Although this research calls attention to specific mental health types of concern for service leaders to address when working with women of abuse, studies need to be more holistic. Other extenuating factors, such as cultural diversity, should be included in order to understand the distinctive and numerous coping experiences for women of abuse (Campbell et al., 1997; Mayer & Coulter, 2002; Tolman & Rosen, 2001).

As service professionals contribute to defining the phenomenon of coping for women, recounting from their own leadership expertise and perspective, they must identify the importance of ethnicity. Diversity issues such as cultural, religious, ethnic, and economic factors intensify the multiple complexities associated with mental health and substance usage for a battered woman's coping experiences when remaining in an abusive situation. Ascertaining the relationship of sociodemographic variables to mental health is vital in achieving holistic clarity of abuse relations. Racial and ethnic concerns are especially important for Latino, Hispanic, and some African-American descendants as

there may be unique societal sanctions in regard to cultural and religious norms. Many minority women stay in the abusive situation since leaving a relationship is considered immoral. Thus, the extended family, religious leaders, and the cultural community may encourage women of abuse to stay regardless of the detrimental impact of abuse.

Campbell et al. (1997) describe the concurrence of ecological factors, such as ethnicity, economic standing, mental health status, and enduring abuse: “The relationship of sociodemographic variables to depression is therefore important in understanding the interaction with race in predicting mental health outcomes” (p. 4).

Through semi-structured interviews, Axelrod, Myers, Durvasula, Wyatt, and Cheng (1999) deciphered conflicting evidence regarding the role of ethnicity and culture in relation to psychological adjustment for women of abuse “with victims of frequent abuse reporting significantly more anxiety than victims of infrequent abuse and nonabused” (p. 9). They determined that the more that women of color are abused, the more they experience depression. Also, the women who experienced domestic violence reported more anxiety and depressive symptoms, with 58% of them displaying significant PTSD symptoms. Buchbinder and Eisikovits (2003) conducted a phenomenological study about abuse and women’s entrapment in shame and coping with feeling worthless. Women are entertaining the possibility of violence cessation and forgiveness by their abuser. “Battered women cope with such loss of ideals by keeping the violence a secret in the hope of avoiding deviant labels and maintaining some sense of order” (p. 3). Women cope with feeling vulnerable, isolated, helpless, and like a failure. They may also cope with issues of their birth family’s perceptions. Abuse may be generational.

Feelings of guilt, shame, tolerance, and passivity may be transcending as the birth mother herself is currently or was also abused.

Tolman and Rosen (2001) performed an assessment of welfare and women to determine the prevalence of domestic violence, and its association with mental and medical health. Women who had experienced violence in the past twelve months were found to have elevated rates of depression, generalized anxiety disorder, PTSD, drug and alcohol dependency, and medical health problems. Tolman and Rosen (2001) explain:

Women experiencing domestic violence in the past 12 months reported significantly higher percentages of health problems than women who never experienced domestic violence. In contrast to most of the mental health diagnoses, past victims were not significantly different from recent victims in their experiences of health problems. (p. 5)

However, Axelrod et al. (1999) found that very few women of abuse met criteria for alcohol abuse. Thus, all these factors that comprise a woman's coping experiences create potentially unanswered questions.

Cognitive perceptions are another vital element of women's coping strategies when involved in a domestic violence situation. Here, coping mechanisms equate to manipulation of cognition, or altering their perception regarding both the perpetrator and the violent situation. Buchbinder and Eisikovits (2003) explain that when women of abuse are coping with threatening input, they employ self-protective distortions or delusions. These employed coping mechanisms include rationalization and justification.

Truman-Schram, Cann, Calhoun, and Vanwallendael (2000) argue that a woman's commitment to stay in an abusive situation is influenced by relationship investment,

perceived alternatives, and positive feelings toward her abuser. Interpretation of the relationship influences a woman's decision to stay, and in taking responsibility for the abuse. "As relationship commitment increases, individuals should be more likely to deny negative behavior and resist the idea that it represents any underlying attribute about their partner" (p. 4). These women engage in making positive, cognitive reconstructions of their abuser's behavior by creating defensive storytelling or altering their cognition to turn the partner's faults into virtues. For example, a woman may rationalize that his raging jealousy is due to his depth of love for her. Furthermore, as a woman feels more committed, her cognitive distortions increase, denying his violent behaviors.

Research thus far reiterates the many coping mechanisms in which women who are currently in an abusive situation engage, including employing coping strategies such as altering their perceptions of the abusive relationship. Ben-Ari, Winstok, and Eisikovits (2003) further detail how women of abuse engage in tricking their minds or utilizing excuses for remaining in the violent relationship. These researchers derived two conceptual categories that emerged from the study, where battered women apply their own perception of choices. Here, a woman constructs her own meaning of the abusive situation as either choosing to stay, viewing leaving as a choice, or as being prevented from exiting, viewing staying with him as entrapment.

A woman's unique construction of choice relates to her coping experience of cognitive appraisal or perception of her abusive situation, where her own construction of meaning of choice defines her coping perceptions that include her emotional ties to her perpetrator and her relationship with him. Carlson (1997) describes that for women in an abusive situation, there are coping stages for altering of their perceptions. Women move

in stages from self-blame, to abuser-blame where they take responsibility to get him to change, to hoping he'll change, to finally the last stage where women engage in coping with despair.

It is clear that women employ cognitive coping strategies, engaging in complex mental maneuvers, changing their own meaning of their stressful relationship. Correspondingly, Herbert, Silver, and Ellard (1991) state that women weighing commitment investment such as satisfaction, cost, and reward, will still remain when it is both minimally acceptable and better than available alternatives. "Responses of women currently involved in abusive relationships suggest that they are viewing their situations in a more positive light" (p. 322). These researchers found that women can successfully employ these cognitive coping mechanisms, even if they have the necessary financial resources capable of living without their abuser. Thus, despite having the means to live independently from abuse, these women are still more likely to stay with the abuser.

As evidenced by the literature detailing the multitude of coping behaviors exhibited by women of abuse in relation to their spectrum stage of remaining in the abuse, more thorough and descriptive research defining their coping by service leaders who aid them is justly warranted. Therefore, the intention of this qualitative research is to provide an understanding of the battered women's experience of coping, as defined by non-abused, female service professionals who aid them.

Understanding Coping Experiences of Women Who Leave

There are several complexities involved in women's coping in the spectrum stage of leaving the abusive situation. When women are planning to leave, extensive coping strategies are involved surrounding where they will now reside: in a shelter, in

transitional housing, or with friends and family. These factors influence a woman's decision to flee from harm. Furthermore, additional issues such as the impact of the judicial system, concerns about child custody, personal economics, mental health, as well as the severity of the abusive situation, all interplay with a woman's survival as she attempts to flee from her abuser and begins her recovery process. Levels of how severe the predicament is after leaving the abuser, the possible decision to return to the abuser, or even the decision to engage in another relationship must be included in understanding the coping experiences of women who are deciding to leave. The many multi-dimensional, complex variables help to define coping experiences when women are leaving the abuse, as they move towards survival, safety, and recovery. Therefore, women who are in the spectrum stage of leaving abuse often utilize numerous service professionals in various service arenas to aid them in their many needs created by their transition from harm to safety.

According to the Texas Council on Family Violence (2002), women face an extraordinarily diverse number of issues to cope with when vacating an abusive situation. When women have fled from the abuse, they are actually at the highest lethality risk for serious injury or death. Additionally, in their first year after divorce, it is not unusual for the women's standard of living to drop by 73%. Formerly abused women, who have children, may potentially lack housing, creating a major burden. Bureau statistics state that there are 35 million Americans living in poverty, with 75% being women and children (U.S. Census Bureau, 1990). Furthermore, Finkelhor, Hotaling, and Sedlak (1993) detail that abuse-related child abductions are usually perpetrated by fathers, where

battering men utilize custodial access to the child to coerce and terrorize women in retaliation for the separation.

Leaders have a profound role in providing help with women's multiple, diverse, and complex needs when leaving abuse. Because of the urgency of these needs, leaders in varying service arenas must work collectively and collaboratively to provide proper care. The leaving process is complicated and scary for women.

Landenburger (1998) and Lutenbacher's (2003) research supports that there are many dynamics of coping involved for women in the experience of leaving an abusive situation. Both authors detail that this process often takes repeated attempts with leaving and returning. The leaving process also requires that women must simultaneously cope with multiple stressors including the struggle for survival, grieving the loss of their partner, and the sadness of this relationship not having met their expectations. Women engage in searching for the meaning of their own spectrum stage, where they previously coped with staying, and now they have to cope with leaving the relationship. Women's coping strategies of leaving may vary depending on specific circumstances. This could include fleeing their home in order to save their lives, as they are in grave danger of physical violence by the abuser. Alternatively, women may be methodically planning departure over a period of time, where issues of gaining enough resources, such as a place to live, money for expenses, and children's needs, can be processed before the actual departure.

A woman of abuse copes with being afraid, and, if she has children, her coping is compounded with also fearing for her children's safety. Even after leaving, abuse may escalate, with the abuser stalking, harassing, and threatening harm on her and/or her

family or friends, in coercion to get her to return to him. Landenburger (1998) explains, “Women often feel as if they live in a world of psychological and physical deprivation while in and after having left their abusive relationships. Recovering from an abusive relationship can be a lifelong process” (pp. 4-6).

Lutenbacher (2003) describes that for women who have been abused, the post-stress from leaving often includes moving from place to place in hopes that the abuser will not find them. It is not unusual for women to move from their home community or state in order to avoid contact with their former partner. If women take their children with them, then accountability with the legal system in regards to parental rights can become a huge threat. Conversely, because of this fear, women may decide to abandon their children in order to spare the children the stress of being on the run as well as to protect them from further peril. Psychologically, women who have most likely become isolated from social support networks such as family and friends due to their former abuser. They cope with social deprivation, societal stigma of having been abused, pressure from family to return, guilt for failure of the relationship, and stress from financial responsibilities. If they have left their children behind, this is another major emotional burden.

Lutenbacher (2003) states that women, having endured such psychological and physical deprivation when in the abusive situation, describe similar coping experiences even after having left the abusive situation. “They also experienced difficulty affording adequate legal counsel, because most had fewer overall financial resources than their perpetrators. This, in turn, made them feel revictimized and viewed as somehow being lesser persons” (pp. 7-8). Thus, Lutenbacher emphasizes that after fleeing the abuse,

women still experience the same negative self-perceptions they held while in the abusive situation and have poorly developed coping mechanisms.

The process of recovering from leaving an abusive situation involves women coping with their newly diagnosed or already existing mental health status. The severity of these psychiatric elements contributes to the women's ability to cope with the aftermath of domestic violence. Carpiano (2002) interviewed female domestic abuse survivors and learned that coping with recovery from victimization has several influential factors. Women vacillated between wanting to be good mothers while also experiencing uncertainty of breaking up the family where "abuse survivors who are also mothers may experience slower rates of recovery from abuse and lower physical and mental health status (both perceived and real) than victims who do not have children" (p. 442). Women's coping experiences include stressors of healing from prior abuse, decreased health status, and conflicting issues of motherhood. Furthermore, women are coping with the emotional unavailability from their social support networks. As seen from these results, a better understanding by service professionals of the post-victimization coping experiences for women of abuse is warranted.

Women in the spectrum stage of abuse of leaving their perpetrator cope with multiple mental health issues. Saarijarvi, Niemi, Lehto, Ahola, and Salokangas (1997) report that those who have survived violence abuse are at serious risk for psychiatric problems:

...although our results suggest that domestic abuse may cause PTSD, depression, alcoholism, or avoidant personality, it is also possible that these psychiatric disorders precede the battering or contribute to its onset in some way. It is also

possible that some other stressor, such as poverty or physical illness, may lead to both psychiatric problems and abuse. (p. 647)

It is evident that women survivors, or women who have left their abuser, still cope with mental health difficulties that are compounded by coping with other ecological issues such as economic recovery and maintaining a new household. Service leaders need to view women's survival from abuse holistically, understanding the perplexity of factors that impact women's coping behaviors as they leave the abusive situation.

There are limited studies regarding mental health concerns for women of abuse and much current research focuses mostly on PTSD. Morrell and Rubin (2001) administered the Minnesota Multiphasic Personality Inventory-2 to 93 female domestic violence abuse survivors. Their research showed high rates of PTSD, which stresses the need for ongoing, compassionate, psychiatric care as well as ongoing research to understand the multifaceted issues attributed to abuse recovery. Women cope with significant levels of emotional turmoil, trust issues, suspiciousness, paranoia, and fear, especially if there is periodic abuser contact. These authors conclude "this reinforces the need for continuing research with domestic violence survivors. Psychology needs to seek more thorough knowledge of how battering affects survivors behaviorally, psychologically, and socially" (p. 6). As women simultaneously have multiple types of needs, leaders in various agencies must work together providing a cohesive network of care, demonstrating in their leadership style approaches a holistic view for meeting women's service needs.

Other experts who write about women's coping experiences agree that many women experience problems related to issues of mental health (Harris, Mowbray, &

Solarz, 1994; Humphreys, 2000; Krishnan, Hilbert, & VanLeeuwen, 2001). This may be especially true when they have limited alternatives and have to stay at a shelter. Despite being afforded a shelter stay, an arrangement society perceives as safe and secure, these veterans of abuse still cope with problems related to issues of mental health, poly-substance abuse, diminished health capacity, as well as cultural and familial factors. Although in a sanctioned and safe environment, women may still feel pressured to return to their abuser or made to feel guilty for leaving. Interestingly, women, whose coping strategies included valuing and utilizing various spirituality practices and staying connected to a higher power, were less likely to experience mental health issues. These women sought help such as restraining orders, working with and reporting to law enforcement, and seeking medical attention and counseling for their specific needs.

Service professionals need to more clearly decipher women's coping needs regarding survival recovery, while displaying cultural sensitivity. Leadership styles of service delivery professionals greatly impact women's coping. Leaders play a profound role in how women manage and deal with their abuse issues. If providers understand the urgency of working more closely with other related agencies, a more united network of service care can be developed and women's needs may not fall through the cracks or be mismatched with heightened care being achieved for these vulnerable women of abuse.

After leaving a domestic violence shelter or leaving a domestic violence situation, women continue to cope with the haunting memory of having had endured the violence. Campbell's (1995) research found that for women who had resided in a shelter following their abusive experience continue to experience depressive symptoms even after they leave the shelter. Healing from these experiences is a very slow process. Although the

number of women coping with mild depression who were assessed immediately upon leaving the shelter exhibited decreased depression rates (83% to 58%) upon their ten-week assessment, there was little change in their depression assessment at six months. Sadly, some women do return to their previous abuser, while others enter into a new domestic violence situation. At the ten-week follow-up assessment, 45% of the women had once more experienced physical abuse. These women had the highest prevalence of depression. Reevaluation at the six-month time frame indicated that 43% of these women had been recently abused, with 23% of the women reporting severe depression.

Wolkenstein and Sterman's (1998) research with older women who had been out of abuse for decades mirrors this evidence. Ongoing depression, substance abuse, as well as limited financial and social support issues remain. The long-term effects of abuse continue to be continual, extremely complex, and devastating. These results demonstrate the urgency of understanding how women cope, and why these issues need to be explored more thoroughly by service providers. Professionals must recognize the pervasive and cyclical dynamics of not only abuse, but also the mental health issues that impact the lives of these women.

Women of abuse cope with drug and alcohol addiction issues, and these elements may further impede future safety from abuse. Kilpatrick, Acierno, Resnick, Saunders, and Best (1997) support the theory that there is a cyclical relationship between substance abuse and domestic violence assaults. Essentially, substance use increases the risk of future assault, and assault increases the risk of subsequent substance use. These researchers reported that a risk of new abuse was greatest in women who used drugs and had been previously assaulted. Results here clearly exemplify that women cope with

assault via poly-substance abuse and “analyses revealed a strong relationship between past assault and risk of future victimization” (p. 14). As evidenced from these findings, more ecologically based research is warranted in order for leaders to gain a better appreciation for women’s coping mechanisms as they try to survive with abuse, especially when these women have potentially limited social support networks.

Additional research (Anderson, 2003; Hewitt & Smale, 1997) states that women who are repeatedly involved in domestic violence situations and who go back, or temporarily leave and then return to an abuser, generally also endured abusive acts as a child. Throughout their lives these women have coped with vulnerability, emotional turmoil, and possibly psychiatric misdiagnoses by service leaders. Women who return to their perpetrator had originally left to demonstrate their unwillingness to tolerate the violence any longer. Unfortunately, women return to the abuser because of psychological distress caused by the abuser’s continual stalking, harassment, threats, and the potential fear of increased violence in the future. Women may also return because of ecological factors such as limited resources from service professionals, diminished social support networks such as friends and family, and marginal employment opportunities, seeing this option of returning to the abuser as the only way to obtain the basic necessities of food, clothing, and shelter. Women with children report that abusers control them through custody battles, and evidence also supports that women with children have a higher return rate to an abusive partner than women without children. Anderson (2003) urges more insight by service leaders to recognize and aid with women’s coping experiences regarding women’s struggles as they attempt to leave the abuse. “Future research should

explore these issues in more detail before definitive policy recommendations can be made” (p. 9).

Rose and Campbell (2000), through semi-structured interviews, discovered that women continue to utilize friendships more than family members as social support networks, where parental figures were not consistently viewed as supportive. In addition, “women were constrained from seeking support by cultural and societal sanctions against leaving” and the women expressed “caution in relating to others or forging new relationships...and forced isolation/seeing self as isolative” (p. 1). Thus, women are coping with feelings of ambivalence regarding leaving their abuser and seeking new social support networks. In the spectrum stage of attempting to leave abuse, women report coping with feelings of isolation. These feelings could originate from being conditioned and accustomed to isolation, similar to the isolation in the abusive relationship. Wolf-Smith and LaRossa (1992) state that support networks diminish for women of abuse; the “loss of support they experienced from significant others [occurred] when they made decisions to stay with or return to their abusers” (p. 329).

Professionals adhering to a holistic perspective in their therapeutic approaches will fully assess the spectrum of women’s coping in relation to abuse, allocating more precise and appropriate services. As service providers, they are the most aware of women’s coping behaviors and the multi-faceted issues that pervade these women’s lives. This current research study seeks to understand, from their leadership perspective, how women cope with these stressors and discover ways to be more effective in the programs they provide.

The Spectrum of Abuse

Women who are in the spectrum stages of abuse, either currently in or leaving an abusive situation, must cope with the detrimental effects of various health and economic issues, and this may include mismatched, improper service delivery from professionals. By observing how battered women manage the complexities of their lives, leaders can obtain knowledge that will potentially provide advancements in their agency's services.

Domestic violence abuse is a dire social concern for battered women, as it negatively affects and impedes their safety in both spectrum stages of abuse; being in or out of the abuse situation. Proper care is vital as women of abuse persevere towards a safer future and potential recovery from domestic violence. Service professionals and societal leaders must better aid these women. Leaders must recognize they have a societal and moral imperative to help these women in whatever capacity they can. For professionals working with women of abuse, the recovery process requires a collaborative and holistic approach to the various needs of these female clients who are on a long journey towards recovery.

Understanding Coping Experiences of Women and Health

Professionals can positively impact or impede women's journey to safety based on their therapeutic approaches and treatment delivery. Female victims of intimate partner violence are more likely to experience injuries and to require medical treatment than women harmed by strangers. Intimate partner violence is the most common source of women's medical injuries (U.S. Bureau of Justice Statistics, 1996). According to McFarlane, Parker, Soeken, and Bullock (1992), one out of every six women who receives prenatal care in public health clinics reports physical violence.

Numerous other studies substantiate these findings that women of abuse, regardless of spectrum stage, must cope with multiple medical concerns and may include a range of injuries from cuts and scrapes to knife and gunshot wounds (Campbell, 2002; Campbell, Jones, Dienemann, & Kub, 2002; Resnick & Acierno, 1997; Sutherland, Bybee, & Sullivan, 2002). Their research suggests that coping with abuse has long term, negative health consequences for women regardless of spectrum stage and may include chronic pain; increased emotional stress including depression and PTSD, as well as other physiological ailments which are exacerbated from the psychological stress. These problems can lead to a decreased functioning of the immune system and could potentially lead to an increased likelihood of contracting infectious diseases. Since domestic abuse may include rape, women may also incur gynecological injuries, including sexually transmitted diseases, urinary track infections, vaginal bleeding and infections, abdominal, pelvic, and intercourse pain. Other serious illness may include central nervous system ailments, gastrointestinal problems as well as an increased risk of heart attack and stroke. Despite spectrum stages of abuse, women may also experience severe life-threatening medical health issues such as head trauma.

Valera and Berenbaum (2003) assessed 99 battered shelter and non-shelter women using neuropsychological, psychopathology, and abuse history measures and found partner abuse caused detrimental health problems. “Almost three quarters of the sample sustained at least 1 partner-related brain injury and half sustained multiple partner-related injuries” (p. 1). Additionally, these researchers determined that brain injury severity is negatively associated with measures of memory, learning, and cognitive flexibility. Brain injury severity is positively associated with partner abuse severity,

general distress, anhedonic depression, worry, anxious arousal, and PTSD symptomatology.

Several other authors (Jackson, Philp, Nuttall, & Diller, 2002; Monahan & O’Leary, 1999; Roberts & Gentleman, 1991) concur that women survivors cope with experiencing subtle to serious long-term psychiatric problems. Permanent psychiatric problems are debilitating. Neurological and pathological deficits can occur that include triggering the onset of Alzheimer’s disease, with cognitive, emotional, and behavioral difficulties due to head injury incurred during battering episodes. Therefore, these authors recommend service leaders routinely screen women of abuse for traumatic brain injury and post-concussive syndrome, urging an integrated, holistic assessment which should address women’s coping with neurological, psychological, sociological, and environmental factors. Jackson et al. (2002) suggest that by broadening holistic awareness of coping for women, leaders improve women’s outcomes. “Integration of neurological, psychological, sociological, and environmental factors will broaden our understanding of the problems of battered women and will lead to more informed interventions and improved outcomes” (p. 7).

In hospital emergency room departments Dearwater, Coben, Campbell, Nah, et al. (1998) noted the prevalence and pervasiveness of admittances of women of abuse, necessitating more appropriate and specialized healthcare treatment by service leaders. These women present characteristics of acute trauma, past-year physical or sexual abuse, and lifetime physical or emotional abuse. These authors identified characteristic risk factors for women of childbearing ages (18-39) which include: terminating a relationship within the past year, earning a monthly income less than \$1,000, and raising children

younger than 18 years old. Service leaders must be more cognizant of women's coping with these types of issues. Women of abuse cope with the interplay of ecological factors such as economic, housing, mental health, and childcare.

From their emergency room study, Kirshnan, Hilbert, and Pase (2001) similarly identify that of the 75% of women in active relationships, one-third report abuse. Of those reporting, 18% of women, despite being in inactive relationships due to divorce, separation, or being single, report that they still are continually abused. Yet, only 3-4% of women admit the need for medical help. "Women in abusive relationships use a disproportionate share of healthcare services, including more visits to the emergency departments" (p. 1). Thus, findings appear to be conflicting, as women of abuse, despite requiring and using much medical help, do not believe they need it. This contradiction may possibly stem from the ambivalence women experience toward their own needs as it relates to their connectedness to their partner, children, and society. Randall (1990) explains that abuse is under-reported by women due to their fear of reprisal, financial instability with children, and hopelessness. Clearly social stigma—feeling embarrassed because they have been abused—plays a role in this denial process and may lead to detrimental consequences. Professionals must pay closer attention to women in various stages of abuse as it relates to traumatic health consequences and how these unhealthy or dysfunctional cognitive coping strategies may potentially impede their access to appropriate medical and psychological care.

Ramsey, Richardson, Carter, Davidson, and Feder (2002) as well as Heinzer and Krimm (2002) assert that it is premature to introduce a screening program for domestic violence in healthcare settings. These authors state that further research is needed in

order to explore effective interventions and to overcome existing barriers to hospital screening, such as inaccurate statistics for domestic violence abuse and problems with staff participation in the screening. However, Feldhaus, Koziol-McLain, Amsbury, Norton, et al. (1997) noted that three brief screening questions, detailing past physical violence and perceived personal safety, can identify those women with abuse histories. They conclude that hospital emergency room leaders serve a significant role in aiding women of abuse, if the screening process is implemented. Phelps (2002) agrees with these authors, determining that female survivors of domestic abuse visit physicians twice as often as patients without abuse histories, having complaints of suffering from chronic pain and irritable bowel syndrome, which is unrelated to trauma. Phelps calls for health leaders to move from a traditionally didactic model to a more non-traditional model that includes engagement with female patients to permit a more thorough, holistic assessment. Doctors and medical students interacting with women would perform more accurate diagnoses, seeing the vital necessity of screening and reporting abuse.

Multiple studies indicate that not only do women of abuse require medical treatment, but often their children do too (Culross, 1999; Duffy, McGrath, Becker, & Linakis, 1999; Kernic, Wolf, & Holt, 2000). However, because medical treatment is only provided to the individual who has been clearly physically harmed, (i.e. the mother) the well-being of the children who are also in the abusive situation have received minimal attention. Health professionals need to further probe patients about injuries as well as other ecological factors and not just to prescribe anti-pain medicine. Healthcare service delivery deficiencies are evident and may detrimentally impact upon the coping mechanisms for victimized women. Health service professionals must work

cooperatively with leaders from other service arenas, such as mental health, domestic shelters, and other agencies who provide economic resources, in order to improve therapeutic outcomes for women and their children.

Manifestations of the battered women's poor health status is evidenced through a decreased quality of life, and ultimately, high usage of health services. Campbell et al. (2002) suggest that "...women sexually and physically abused [are] most likely to report problems. Routine universal screening and sensitive in-depth assessment of women...are needed...for women's long-term health and their immediate safety" (pp. 2-5).

Appropriate screening is clearly needed, in order to alleviate the adverse medical outcomes women of abuse experience as well as to provide opportunities to improve the cognitive, psychosocial, and physiological aspects of their lives. Holistic leadership approaches are appropriate, as women simultaneously need varied and often complex solutions to the problems created by abuse.

Understanding Coping Experiences of Women and Economics

Women of domestic violence abuse, regardless of spectrum stage of either staying or leaving, cope with economic difficulties. Service leaders must be sensitive to these concerns and provide proper allocation, referral, and delivery of resources. According to the National Coalition for the Homeless (1999), an abusive partner harasses 74% of employed battered women at work, either in person or over the telephone.

Consequentially, 20% lose their jobs. Schneider (1990) states that nearly 50% of all homeless women and children in the U.S. are homeless because they are leaving a domestic violence situation and have no alternative resources available. In addition, the U.S. Conference of Mayors in 1998 reports that women leaving an abusive situation cope

with issues of limited housing and finances and are faced with long waiting lists for assisted housing. For example, if shelters and transitional housing are filled to capacity, women of abuse and their children are turned away, impoverished, and forced to live on the streets.

In New York, the Executive Summary of 2002 from the Erie County Commission on Homelessness determined that homeless clients are coping with issues of poly-substance abuse, mental illness, and domestic violence abuse. Summary findings note that one of the most documented reasons for a homeless shelter stay is violence in the home. Clearly, for these women who are coping with both financial and housing needs, successful reintegration back into the community requires that service leaders provide more education, vocational and career training, and emotional counseling.

Crime and poverty become extremely dangerous impediments when women are vacillating between leaving and staying with their abuser (Moore, 2003). Women may be coerced by their batterers to become a partner in illegal drug activities. Additionally, women engage in poly-substance usage as a means of coping. To obtain cash for drugs, women of abuse fall into criminal activity—even prostitution. If they report their partner to law enforcement, they risk being convicted of drug possession and related crimes. Also, when leaving the abuser women may have to ‘go underground’, forced to change their identities. This creates a challenge for them to move on with their lives. Gaining employment, establishing a home for their families, and providing economic stability becomes tenuous at best when women of abuse must hide from a perpetrator.

Many women of abuse turn to the welfare system for financial assistance. However, welfare services may not be an option because of the women’s need for

anonymity. The welfare and court system requires both personal and demographic materials in order to obtain available economic resources. This poses a grave threat to women who are hiding, as these public records can be easily available to the abusers, putting the women at serious risk. Professionals who work with these women need to be aware of the safety concerns and the economic resources available in order to aid these women.

Current welfare laws have redefined the services for women facing economic crisis. Warshaw, Gugenheim, Moroney, and Barnes (2003) believe that the Domestic Violence and Mental Health Policy Initiative is a positive feature in the welfare system, because it addresses the traumatic effects of abuse and unmet mental health needs of domestic violence survivors and their children. However, Kurz (1998) disputes this view, stating the new welfare program, Temporary Aid to Needy Families (TANF), does not eliminate poverty for women. Kurz argues that at least the former welfare bill, Aid to Families with Dependent Children (AFDC), provided a guaranteed safety net for all poor women. TANF, as a part of the Personal Responsibility and Work Reconciliation Act (PRWORA), does not attend to poor women's needs due to implemented welfare program cuts. Entitlement to resources is severely restricted and time limited. Kurz (1998) explains that these limitations will inhibit those women thinking about escaping abuse, because "...a major factor in whether battered women will permanently leave their abusers is if they have enough economic resources" (p. 3).

Welfare aid may hinder financial security and career development and Lens (2002) reports that poor women and their families are actually hurt by the current TANF system. One of the failures lies in the inadequacy of addressing the obstacles created by

the program. TANF mandates that recipients be involved in work related activities within 24 months of initial enrollment. This factor inhibits women who are with an abusive partner, since abuse issues may restrict women's work abilities. In order to receive benefits, women must be actively seeking employment, or obtaining job training while trying to concurrently manage their families. Limited resources are available for childcare making it nearly impossible for women to hold down a job and attend school while providing adequate care for their families (Lens, 2002).

With earning academic achievements, women can better themselves by advancing in their careers, eventually earning more money and becoming self-sufficient. Furthermore, as their self-esteem improves, these women may become less likely to return to an abusive partner or enter another abusive situation. TANF makes it difficult for women to pursue an education or vocation that is required for higher-paying employment. TANF is steering women into dead-end jobs that force them to work up to 30 hours a week, thereby having little time to maintain a household while also studying for school. Professionals who work with women of abuse must acknowledge these barriers and provide women with educational opportunities that will lead them away from their abusers and toward their successful reintegration into society.

Both Kurz (1998) and Lens (2002) explain that the problem of women enduring abuse extends across all income, race, and ethnic groups. Both deduce that the goal of self-sufficiency remains illusive for the majority of these women, as the welfare system has glitches in its delivery of services and is not focused on allocating proper and specific services for women. Nam and Tolman (2002) echo this sentiment and also encourage ethnic and cultural sensitivity in the approaches used with women who are non-white and

who have experienced abuse. Despite governmental acknowledgement of abuse issues for women, in terms of welfare benefits, advocating further reform is necessary by service leaders so that they can more efficiently provide the appropriate services for women.

Even after women have left the abuse and are attempting to locate and maintain steady employment, they are still faced with factors that may detrimentally affect their daunting journey toward a successful career. Chronister and McWirtter (2003) reiterate that women of abuse are coping with numerous and dynamic ecological issues in their lives. These include debilitating health injuries, mental health problems such as depression, low self-esteem and self-efficacy, feelings of isolation and worthlessness, and a diminished, cognitive capacity. Leaders must identify that some of these issues are permanent and may negatively impact women's coping and work ability. "Despite increasing attention to the problem of domestic violence and its multifaceted consequences, the career development needs of battered women have only sporadically been addressed" (p. 1).

Wilcox (2000) describes work-related problems which women of abuse face. Women cope with the perpetrator's harassing phone calls and his stalking within and around their workplace. Also, the perpetrator's threatening to abuse and/or kidnap their children may cause women to be tardy or even absent from work, as women are preoccupied with safety concerns. Compassion by employers may be limited and the threat of potential job loss because of these stressors is very real.

A woman of abuse must also cope with other extenuating factors that include an abuser putting utility bills in her name, running up credit card allowances with non-

payment, and even stealing utility bills so the woman will not be able to pay bills on time and may have to pay a late remittance fee (Johnson & Indvik, 1999). These tactics can ruin a woman's credit history, which negatively impacts her future financial freedom. Women are reduced to coping with exhaustive difficulties of establishing welfare benefits and trying to set up and maintain a stable, living environment. When children are involved, relocating also means the children must change schools, reducing the social support of their prior educational environment.

Women of abuse are simultaneously coping with ecological factors such as economic, medical health, mental health, transitional housing, and religious and socio-cultural diversity. If children are involved, the abuser may demand court custody hearings, making threats of 'kidnapping the children' or may possibly stalk both the children and the mother. An abuser uses these cruel tactics to coerce the woman to return to the relationship. Therefore, service professionals from various service arenas who aid in these capacities must provide more comprehensive, holistic services in aiding women as they face the multi-faceted stressors of abuse.

Many factors influence coping, including the context of religious and socio-cultural identity. Lee, Thompson, and Mechanic (2002) find that despite African American women experiencing higher rates of intimate partner homicide than Caucasian women, the cumulative rates of nonfatal intimate partner violence are similar, and do not vary between urban or rural areas.

Contextual factors include potential for retaliation by the abuser, available economic resources, potential for child abuse, personal emotional strengths, and perception of available social support. Racial/ethnic communities have different

cultural norms regarding intimate partner roles...and the appropriateness of seeking community services. (Lee et al., 2002, p. 4)

Leadership entails the ability to serve those in need. For women of abuse, leaders can be those who either positively promote or deter their coping. Providers in the legal, economic, medical, and mental health arenas are those individuals that women of abuse depend on for support and aid in allocation of imperative resources. Roby (1998) and Merrell (2001) advocate improving inter-agency communication, cooperation, and networking with other agencies to identify individual, organizational, and global goals. Achieving these ideals leads to better outcomes for both leaders and those being helped by them.

Lee, et al. (2002) recommends that professionals should aid women of abuse with prevention strategies and also identify the numerous, yet specific, service arenas to help them:

The deleterious impact of intimate partner violence has been documented along a number of health-related dimensions, including acute injuries, somatic health complaints, diminished psychological functioning, and decrements in other social role domains, including occupational, interpersonal, and parental functioning.

(p. 2)

Research supports that efficient and effective service delivery is vital especially when aiding those in need, most notably, women of abuse (Cascardi, O'Leary, Lawrence, & Schlee, 1995; Culross, 1999; Donaghy, 1995; Ehrensaft & Vivian, 1996; Wathen & MacMillan, 2003). Leaders in their unique service arena must provide intervention that best meets women's diverse and complex needs.

Bybee and Sullivan (1999, 2002) indicate that advocacy by service professionals positively impacts women of abuse. Through connecting women to properly designated services, women reported enhanced quality of life, increased social support, and decreased re-abuse. However, after the intervention ends, women can still be temporarily at an increased risk for abuse. Therefore, these authors call for advocacy and intervention by service professionals to be more extensive and thorough, and to extend over time in order to better understand the many interwoven aspects that greatly impact coping experiences in women's lives. Weisz (1999) concurs with their findings and urges service professionals to thoroughly appreciate the multi-faceted concerns with which women of abuse are coping, especially with the interplay of both the welfare and court systems.

Monahan and O'Leary (1999) strongly suggest that agency initiatives contain an ecological understanding. In this way, several service professionals engage in communication of collective aid, networking and collaborating allocation of appropriate resources, and delegating proper services:

...staff need to assess whether injuries are a result of battering and make appropriate referral (that is, extended family when safety is guaranteed, community support systems, legal systems, and shelter placement)...staff need to recognize the emotional, cognitive, and behavioral deficits of battered women...(p. 7)

Current research demonstrates that for women of domestic violence abuse, the experience of coping is complex: physical, psychological, and economic factors are pervasive barriers to recovery. Adding to this complexity are the hardships women with

children must overcome. The next segment of the review addresses this major concern for women of abuse.

Understanding Coping Experiences of Women and Children

Women of abuse who are also mothers must cope with child-rearing issues. Thus, women's coping experiences, regardless of their spectrum stage of abuse, become more intensified as they must simultaneously cope with their own difficulties and the confounding anxieties of their children which could include: safety factors, schooling concerns, court-ordered custody determinations, and the possible threat of child abduction by their abuser.

Administrators and school personnel are vital in referring children and their families for services when concerns of abuse are identified. The many statistics included throughout the reported information found in the New York State Office for the Prevention of Domestic Violence (1990) verify that children from homes where there is abuse are at an incredible disadvantage and experience adverse consequences. Between 3.3 million and 25 million children experience domestic violence in their home and over half of these male batterers also abuse their children. Sadly, 40% of suspected child abuse reports also include a history of domestic violence. In addition, 25% of domestic violence victims are pregnant women. Of children in domestic violence shelters 70% are physically abused or neglected, and 80% of children who are runaways come from homes where domestic violence occurs. Young, male criminal offenders are four times more likely to come from abusive homes, and teenage girls are over six times more likely to have experienced sexual assault. An even more startling statistic is the fact that boys from homes with domestic violence are four times more likely to abuse in a dating

relationship, twenty-five times more likely to commit rape as an adult, six times more likely to commit suicide, and have a 74% greater chance of committing crimes against others.

Rebore (2004) states that educational professionals greatly impact the children of women of abuse and “people have become increasingly aware of the vulnerability [responsibility] of those who occupy leadership positions...in public education” (p. 331). The American Association of School Personnel Administrators of the National School Boards Association (1992) clearly state in their code of ethics, that school leaders have a fundamental role in identifying and helping to deter abuse in the home. They are responsible for maintaining confidentiality as well as in carrying out [educational] obligations, while adhering to all federal and state laws. Standards established by the American Federation of Teachers National Council on Measurement in Education dictate that teachers must perform ethical functions of intervening at signs of home life trouble. “Teachers will understand the student’s socioeconomic, cultural...factors [providing] counseling and guidance...helping them to adjust to home...stress” (National Education Association, 1990, pp. 1-4).

Stewart (2004) reiterates that for all school professionals, negligence of reporting abuse is a felony charge, that they are “criminally responsible for failing to act on behalf of a child.” Stewart urges professionals and paraprofessionals, such as school counselors, occupational and physical therapists, and speech and language pathologists to “report the abuser to a child protection agency, the police, or social services” (pp. 69-70). Children experiencing and/or witnessing abuse display emotional symptomatology affecting academic and social performances including depression and anxiety.

Such children may experience stress-related physical ailments, hearing and speech problems, higher risks of alcohol/drug abuse, and juvenile delinquency...signs of listlessness and developmental delay. Behavioral problems...hunger...bruised...erratic school attendance, poor social relationships... (pp. 70-73)

Research strongly suggests that women of abuse who are mothers have to cope with not only the daily child rearing issues, but also must cope with helping their child adjust to current or previous abuse. Also, they are concerned about their child's educational needs and their physical and mental health status. Schools need to be vigilant in detecting and dealing with abuse issues, as all school leaders must have a role in prevention as well as intervention (Johnson, Dupuis, Musial, Hall, & Gollnick, 2002). Mothers face a substantial burden as they cope with their child or children having to be included in the abuse situation, either presently or previously. "Nearly half of homeless women and children are fleeing abusive relationships. School...professionals may be the only adults available to support abused youngsters" (p. 113).

Professionals may aid in women's coping with their abuse issues and, potentially, diminish the anxieties of having their children either experience and/or witness the abuse. Culross (1999) emphasizes the importance of professionals' role in recognizing "that the safety of children is integrally tied to the safety of their mothers" (p. 1). In addition, Kirkwood (1993) supports that the coping experiences for women of abuse include the awareness that their own children suffer, and consequently, this identification may adversely affect and severely compound women's coping. "In this type of awareness, women gained insight into the fact that they or their children had changed significantly and in negative ways" (p. 74). While mothers are dealing with their own difficulties, they

are also attempting to maintain a stable and economically secure household, and be aware of and aid in their child's social, emotional, and academic developmental progress.

Duffy et al. (1990) state that abused mothers cope with the constant worry of protecting their children from the abuser. "Perpetrators are often close relatives and thus place the victims' children at risk for abuse and for the psychological trauma of witnessing violence" (p. 2). Leaders in the social service field have a moral imperative to more intensely and reflectively consider the many complex ecological factors, including the child rearing and schooling issues, with which women of abuse must cope.

As clearly demonstrated by each of the previous sections, women of abuse cope with ecological issues related to their spectrum stages of abuse, mental and physical health, economic resources, socio-cultural and religious issues, and even child rearing issues. As women call upon numerous and various services, providers must be especially cognizant of their leadership style approaches, as their delivery impacts women's coping and women's service delivery needs. Professionals should understand the utility of working collaboratively with other agency service providers, as women rely simultaneously on leaders from many different agencies to aid them in their spectrum of abuse. Therefore, the various service professionals in the human service field can best aid these women by providing a more holistic-based service delivery organizational development model in their therapeutic approaches, as this may potentially better serve the complex, intertwined, and unique needs for women of abuse.

Understanding Coping Experiences of Women and Organization Structure

For each of the service arenas that will be addressed in this study, including their organizational development models, it is appropriate to discuss these conceptual

framework factors. These include organizational development models, frameworks, or concepts that could enlighten program initiatives directly intended for the service arenas that will be included in this qualitative research investigation. As leaders in various service arenas understand fully and appreciate more concretely the phenomenon of the experience of coping for women of domestic violence abuse, they can potentially provide enhanced service delivery.

Holistic Structures

A developmental, holistic based organizational model is best suited for service professionals who aid women of abuse. This comprehensive approach embraces collaboration among agencies, and provides a clearer understanding of these women's diverse and unique service needs. This model promotes sharing of resources, networking with other agency leaders, and fosters a more unified effort to serve women. Through providing an all-encompassing, open systems-based organizational development model professionals can facilitate more appropriate services.

Carlson (1997) calls for an "ecological model of intervention...of stress and coping" (p. 1). "Internal barriers include psychological, emotional, and cognitive aspects of functioning that entrap women or complicate leaving or postabuse adjustment: (p. 2). Carlson reiterates the need for a comprehensive or holistic model for women. With this collaborative model, service professionals can more insightfully identify the proper service needs for women of abuse and there will be a better fit between service allocation, referral, and delivery, with women's diverse and complex needs being met. Miller (1995) values appropriately matching needs with services for women of abuse:

It is up to the courts and the advocates who influence them, therefore, to look

beyond the bloody nose and black eye of the woman before them and recognize the invisible wounds inflicted by the emotional and psychological and social and economic battering the women have endured unseen. When programs begin to address nonphysical abuse with the concern they express over violence today, they will begin to minimize the physical abuse to which it inevitably escalates. (pp. 270-271)

Organizational development models are the necessary next step for leaders to more effectively discern women's ecological needs, identifying the value of a holistic concept. A holistic framework encompasses interactive communication among service arenas and fosters inter-organizational networking and a broad service perspective, in which varied services equally contribute to women's growth potential toward safety. Leaders who aid women of abuse provide more dynamic empowerment skills for these women when they implement a multi-dimensional wellness intervention model as it provides a broad perspective "conceptualized by six dimensions-social, occupational, spiritual, physical, intellectual, and emotional" (Donaghy, 1995, p. 1). Jackson et al. (2002) also suggest that more holistic awareness should be used when aiding women of abuse. "Integration of neurological, psychological, sociological, and environmental factors will broaden our understanding of the problems of battered women and will lead to more informed interventions and improved outcomes" (p. 7). A holistic perception by leaders helps them to better identify women's numerous ecological needs, and thus provide more efficient service delivery.

Panzer, Philip, and Hayward (2000) provide a comprehensive, multifaceted and holistic model that demonstrates ecological appreciation of coping issues for women of

abuse. The vitality of an integrated model for leaders provides more complete service care for these women, including “individual counseling for women and children, childcare services, psychoeducation groups, family counseling/consultation, vocational training, and job placement, and after care programs to support families in their reintegration into communities” (p. 341). Especially important is addressing the coping behaviors for women of abuse. “Acknowledging the suffering is a necessary component for intervention” (p. 345). The key to better aiding these women is to better understand them, as “the impact of family violence on psychological, physical, and social functioning occurs” (p. 343). Professionals who aid women of abuse should engage in a collaborative, systems-driven organizational model where leaders are process driven and evidence flexibility, accountability, and shared responsibility with other agencies.

Although Brilliant and Young (2004) describe that clarity in organizational identity is an essential element for success, many others dispute this claim. Historically, most service agencies have embraced an identity-focused model, where each agency is distinct and service limiting. This model creates boundaries for interaction with other organizations and alienates inter-agency networking. In order to provide effective outcomes for this high-risk population, organizations need to engage in more informal, interactive relationships with each other. It is necessary for service arenas to exemplify and promote informal service networking, since this will provide more holistic services.

Eisler (1995) calls for a new form of organizational development, a partnership model, not a dominator model of organizational development that is not sustainable. “The distinctions between these two models for society have particular significance for the questions of leadership, management, and power that are so central to organizational

development” (p. 3). A partnership model fosters an ecological, holistic, inter-organizational structure where leaders possess and instill values empathy and caring.

Peled (2000) urges leaders to utilize a constructivist model when aiding women of abuse. This type of model empowers battered women, as it equally balances their needs and rights. A constructivist viewpoint implies a structural shift in reality perception and subsequent action, where individual and social construction processes require examination into a variety of holistic and situational contexts. Thus, service leaders need to recognize without condemnation women’s reasons for staying in an abuse relationship. This author details that with a constructivist model, leaders provide an empowerment-based approach to intervention with battered women, where staying in the abusive situation is seen as a legitimate choice, rather than entrapment. Intervention strategies “support women and their children before, during, and after separation from the perpetrator” (p. 4). Yet, tension may arise between women and service leaders because leaders “often practice intervention aimed at facilitating the termination of the abusive relationship” (p. 4). The constructivist model is ecological and heuristic, and includes the sociocultural domain, institutions, and organizations. Organizational development clearly influences service delivery as “operations, as well as hidden agendas, foster or inhibit battered women’s own desired intervention” (p. 7).

Women of abuse may potentially benefit from various service professionals working collaboratively agency-to-agency, informally networking among one another. By having an integrated service system, women of abuse are more likely to obtain required services because if one agency lacks in a particular service option, that same agency will know to whom and to where to refer women in order to meet their needs.

Bargal and Schmid (1992) discuss that even though an open systems model, based on a positivist view, was primarily the organizational development framework from which service leaders relied upon, and detailed that each organization was empirically separate, service organizations currently foster a social constructionist perspective. This service-oriented, boundary-free structure encourages leaders to actively engage in participation with others, facilitating them to accurately serve the many multifaceted and diverse needs of the women.

Mills (1996) suggests that leaders use a self-initiated, self-paced, fluid, and adjustable model. In order to better provide services for women of abuse, this holistic framework concentrates on meeting women's numerous ecological needs such as emotional, financial, and cultural needs. In addition, this model directly acknowledges women's decision-making conundrums in each of their unique spectrum stages of abuse. "It is in this confusing period that battered women attempt, over and over, to leave their batterers or decide to stay and endure the abuse forever" (p. 5). Furthermore, this model also promotes client self-determination by allowing women to design their own course of action regarding their service options such as financial and government assistance and childcare options. Similarly, Bybee and Sullivan (2002) support that women of abuse are better served by service professionals when they engage in community-based advocacy intervention that utilizes a strengths perspective. The strengths-based framework considers the women's responses to abuse, acknowledges their resilience in overcoming adversity, and allows the women's individual talents to emerge as they seek alternatives for their situations.

Leadership Initiatives

Current literature promotes the utility of service delivery initiatives by leaders that focus on interdependence and open communication in their leadership style approaches among service agencies in order to provide better service delivery for women of abuse. Skinner and Whyte (2004) demonstrate the need to make the maximum impact on service care that includes proper utilization of resources, such as staff and money, in order to promote agency effectiveness and better organizational process. “A change in approach is needed so that learning is placed at the heart of organizational processes to maximize the benefits of affirmation and growing professional confidence” (p. 3).

Furthermore, transformational leadership qualities may become evident by service professionals as they focus less on receiving individualistic or identity-seeking arena recognition. For extensive and proper service delivery for women of abuse, organizations must focus more on collaborative, integrated, and holistic approaches among the various agencies where the organizational goal is to inter-collectively enhance services. Brilliant and Young (2004) describe the importance for service professionals to have a more flexible leadership approach when viewing organizational identity and long-term strategies. “The future success of these organizations depends on successful adaptation of their identities to contemporary conditions and the implementation of new strategies consistent with, and supportive of, those identities” (p. 1). They state that successful organizational professionals are more tolerant and understanding of changing environmental conditions and concomitant strategies that need to be revisited over time to ensure agency survival and growth.

Hyde (2004) states that there are problematic issues in the human service field. This may extend to diminished service delivery. “The environment of human services agencies is often capricious and hostile” (p. 2). Providers who aid women of abuse must contend with diminished resources that are necessary to provide appropriate service delivery. Both Hyde (2004) and Panzer (2000) explain that service resource help within service arenas is dismal. Leaders must be flexible with many organizational problems such as financial cut backs, inadequate resources, organizational red tape, lack of collaboration with other agencies, and large caseloads.

From interviewing consultants and practitioners in direct service arenas, Hyde (2004) discovered four recurrent problems, and then generated four possible solutions. The difficulties expressed by workers included socioeconomic environmental issues, organizational dynamics, conceptualizing change efforts, and consultant competencies of expertise regarding service areas. Hyde suggests solutions such as more collaborative environmental relations, leadership development, focus upon assessment and planning, and permitting selection of consultants needed. Leaders must promote vision, be process driven, supportive, and have integrity to challenge uncommitted leaders. “Lack of leadership support and involvement were significant barriers and almost impossible to surmount” (p. 8). Agencies must engage in long-term, creative problem solving, follow-up, and collaboration by forging inter-agency links, as “chaotic agency climate...[creates] difficult times for human services agencies” (p. 8).

Organizational service delivery initiatives by leaders demonstrate their importance as they help to keep organizations and leaders on track regarding mission, policy, and initiatives. Wah (1998) discusses that an organization’s shared vision may be

unrealistic. Rather, leaders need to view their agency as being a complex, nonlinear system. Wah details that leaders should accept chance, changing conditions, and creativity. Thus, leaders in the 21st century should not simply anticipate and respond to change, but should proactively influence change. Leadership in today's organizations requires balancing stability and instability. Wah reinforced that leaders should flourish in chaos, as this fosters imagination, innovation, and interaction among members of an organization. "The entire organization must be involved, and a dynamic, organic structure is needed to make it work" (p. 3). By leaders delegating responsibility and building flexibility, loyalty, and trust in the workplace, organizations will potentially survive in the future.

Leadership initiatives for service delivery are changing. Wah (1998) explains that a new planning paradigm needs to replace past leadership initiatives. Organizations need to function as complex adaptive systems (CASs). "Unlike the traditional management system, which treats the organization as a machine reducible to its smallest functional parts, a CAS is a 'living system' and operates as a single unity" (p. 3). Professionals must be active problem solvers focused on the core issues at hand, while other professionals should demonstrate management of internal rhythm and strive for innovation and growth. Eisler (1995) concurs, prescribing that instead of a rigid, coercive, top-down chain of command, leaders should engage in a nurturing leadership style. Authoritarian leadership that generated a high degree of tension and fear throughout the workplace was once considered appropriate, fostering high efficiency and productivity. Yet, modern leadership practices recognize that inclusion and sharing of material is key to future success.

Leaders in the 21st century focus on a paradigm that promotes integration, collaboration, and cooperation among various organizations, as informal networking is the catalyst for sustainability for many organizations in the future. Sagawa (2000) reiterates the value of professionals working with other organizations, as this will heighten alliance building, inter-organization trust, and sponsorships, while promoting marketing strategies. Leaders of social service organizations in the past had unfavorable perceptions of leaders of corporate business organizations. “The business sector exists to capitalize on market opportunities to realize profits for owners and investors. The social sector is by its nature compensatory” (p. 5-6). However, both the business field and the human services field are not dichotomous. These fields can learn from each other, adopting initiatives fit their own organization.

Today, leaders in both sectors, instead of being efficiency and opportunity driven, are mission driven, and promote outcome quality, effectiveness, and organizational partnerships and communication (Sagawa, 2000). Martin-Castilla (2002) illustrates that excellence in leadership initiatives emerges through professionals who possess a more humanistic approach. These ethical leadership initiatives serve long term interests. Providers are more client-centered, promote shared cooperation, have established guidelines for continuous improvement, and are guidance-oriented and non-prescriptive.

Unfortunately, holistic service delivery is not fully established for women of abuse: women’s numerous economic, health, social, and occupational issues need to be better addressed by leaders providing more integrated services for women (Chronister & McWhirter, 2003). “Dogmatic approaches are completely unresponsive to battered women who are incapable of leaving because of internal or cultural pressures” (Mills,

1996, p. 3). In addition, approaches by medical leaders “in the primary care setting for preventing IPV is seriously lacking,” and service initiatives by leaders including those who work at battered women’s shelters “have not been adequately evaluated” (Wathen & MacMillan, 2003, p. 10). Many service professionals require much more training, education, and structured guidance that may come from utilizing many different models by which to treat women of abuse (Lawson, 2003).

There is urgency for service professionals to engage in a more holistic therapeutic approach. Service professionals need to provide a more comprehensive organizational developmental perspective to aid women of abuse. Providers may demonstrate in their services a more holistic leadership style approach, appreciating women’s many ecological issues, such as mental and medical health, economic, and socio-cultural factors that are numerous, complex, and unique (Culross, 1999; Harris, Mowbray, & Solarz, 1994; Lutenbacher, Cohen, & Mitzel, 2003; Warshaw et al., 2003).

Professionals should engage in leadership initiatives that demonstrate inter-agency cooperation, which involves relaxing agency boundaries and increased multifaceted, informal networking. Hoge and Howenstine (1997) advance that fragmentation of care has caused service delivery deficiencies. Achieving service integration has become a central, pressing objective for leaders. More focused attention by leaders must be “on the need to develop organized systems of care capable of delivering comprehensive services which are coordinated or integrated” (p. 1). Research strongly suggests that an organizational development approach to service integration should comprise less rigidity and more informal networking among professionals. This leadership initiative will better enhance service delivery for women of abuse, since it is

more effective due to facilitated communication and collaboration across service arenas. “Agency boundaries are typically so rigid and the politics of service delivery so fraught with conflict that attempts at implementing service integration strategies often fail” (p. 2). These authors offer service integration strategies for providers that include creating an umbrella organization and implementing task groups, strategic planning, boundary spanners, team building, resource sharing, and multi-agency programming.

Bates, Hancock, and Peterkin (2001) concur with the leaders’ need to enhance services for women of abuse by providing more quality care: “many service providers believed the myths associated with domestic violence, and had a poor understanding of what constitutes domestic violence, particularly mental abuse, and the effects of domestic violence” (p. 7). Six opportunities for service leaders exist to provide better care for women of abuse: to improve services, to increase service accessibility, to promote availability of services, to improve the service environment, to educate service professionals, and to provide specialists who demonstrate appropriate service-matched consultation initiatives for professionals. Authors also urge leaders to be more sensitive to cultural diversity and similar issues.

Leaders who aid women of abuse must pay special attention to women’s unique, complex, and diverse needs, as study results show that women’s service needs have not been met (Bates, Hancock, & Peterkin, 2001). “Although the women had accessed both government and non-government services to help them with domestic violence, not all the help offered was appropriate or helpful” (p. 5). As women’s coping behaviors are multifaceted and extensive, leaders must take heed of their widely ranged coping complexities such as shame, anxiety, guilt, and issues of self-esteem, communication,

stress management, and managing alone. Consideration for all of women's ecological issues would require implementation of a holistic organizational development model. "It is essential that public health services continue to improve the quality of their services to people who are experiencing domestic violence" (p. 8). In this way, leaders may provide more supportive and enhanced care through service providers working collectively via interagency communication, delegation, and referral avenues.

Although current literature states that organizational development models have transitioned toward a more systems-based perspective, much further exploration into service arena organizational development is warranted. Many organizational deficiencies, management gaps, and faltering service deliveries are still evident. Clearly, further exploration into service arena organizational development is justified, as it will provide a better understanding of service leaders' perceptions of women's coping. Additionally, this research will help to ascertain how these leaders interpret the organizational structure, mission, and goals of their agencies that may potentially impact service delivery.

Human service leaders who aid women of abuse have organizational problems and need additional resources, communication, and support. A holistic organizational development model with integration among various service arenas can lead to more advanced care for women of abuse. It is important to recognize that variations in organizational development and leadership initiatives positively or negatively impact women of abuse.

Panzer et al. (2000) state, "Social service and mental health agencies have traditionally been organized along hierarchical models, making administrative and

leadership innovation within programs challenging” (p. 342). Furthermore, Donaghy (1995) details that this occurrence extends to many other arenas.

As a result, the shelter movement is currently in transition. Also in transition is society’s approach to physical and mental health; there is evidence that the health care system is moving from the traditional medical model of disease toward a proactive, preventive approach. (p. 1)

Bargal and Schmid (1992) reiterate the importance for human service leaders to provide more thorough service delivery, “generating program innovation and change” (p. 188). These authors support that organizational development must include the recognition of the full, dynamic interactions among the various social service arenas, and the protocol that each arena employs to meet intervention needs. “From a developmental perspective, this information can be used for modifying and improving treatment interventions” (p. 193). Thus, because women of abuse require services from various arenas, it is only fitting that these agencies work together to promote a more unified delivery of care. By engaging in a more holistic organizational development model, leaders can demonstrate more united and integrated aid. Bates, Hancock, and Peterkin (2001) strongly justify the imperative by leaders to provide better care, as their research includes an authentic response from a woman of abuse:

It is essential that public health services continue to improve the quality of their services to people who are experiencing domestic violence, as voiced by one woman: “We get called stupid. I really don’t think so. We are strong and we are bright but a little encouragement and guidance would go along way.” (p. 8)

This research seeks to evaluate the effectiveness of agencies that encourage and guide women of abuse. As described in this section, women of abuse access various service professionals and because of the deficiencies that have been noted within the service arenas, these problems most likely deter adequate, proper care. From a leadership lens, it is vital to ascertain how these organizations vary or relate to one another, where the mismatched services are, and what improvements are needed.

Research has demonstrated the importance of a collaborative, integrated, and holistic organizational development model for leaders to utilize in their unique service arena capacity, as women simultaneously cope with numerous and distinctive health, economic, and socio-cultural issues. The Western New York State Division of Criminal Justice Services (1999), the region location for this study, reiterates that abuse pervades, impacting leaders' capacity of care.

Domestic violence disrupts personal and public safety at the most fundamental level, and often has wide-ranging medical, psychological, social, and financial consequences for affected families. Domestic violence can furthermore lead to other kinds of violence and create legacies of violence for generations to come.

(p. 1)

Leadership Style Approaches

Leaders influence women's coping experiences. Leadership styles, demonstrated by these professionals, also impact service delivery and the effectiveness of the interventions they provide women of abuse. The following section describes the major leadership approaches as drawn from the literature. The service providers in this study

were asked to identify the unique leadership qualities that they feel represent them, and it is important to conceptually define these kinds of leadership traits.

Much current research reinforces that leaders in the 21st century must possess qualities that include being proactive, transformational, collaborative, creative, systems-driven, and network-oriented (Brilliant & Young, 2004; Chronister & McWhirter, 2003; Hyde, 2004; Martin-Castilla, 2002; Skinner & Whyte, 2004; Wathen & MacMillan, 2003). These types of leadership styles foster enhanced delivery initiatives that positively promote the services necessary for women of abuse. Leadership in the 21st century is no longer traditional or authoritarian; instead, it is innovative, flexible, embracing of change and chaos, and collaborative in aiding those requiring services. Hence, leaders should show traits that extend towards inter-agency team building, being client-centered, initiative-driven, and exemplify integrity in their daily care.

Bloom (1997) scaffolds the importance for leaders to provide those in need, including women of abuse an interdisciplinary, interracial, transgendered, and global conversation in order to provide enhanced delivery of service. This author tells of the vitality of the sanctuary model, a cooperatively created framework in a therapeutic milieu of care. The scope of abuse is exemplified through the following vignette from a woman who was hospitalized in critical care after suffering horrific beatings: “I’ve never felt safe a day in my life. I don’t know what it would feel like. When my father wasn’t beating us, my mother was, and then I found my husband” (p. 115). Hence, service professionals must provide a more holistic leadership approach when aiding these women and understand the expansiveness of abuse.

Working professionals in service delivery for women of abuse must acknowledge that their own leadership style profoundly impacts those whom they serve. “There is no hope of creating a better world without a deeper scientific insight into the function of leadership” (Lewin, 1943, p. 108). In addition, there is confusion with defining who is a leader. As leadership does not require a formal authoritative position, it is important to not equate leadership with a job title. A holistic process of others engaging in cooperative and collaborative efforts displays leadership. “Leadership is also distinct from authority, though authorities may be leaders...Leadership is also different from management, though the two are easily confused (Bolman & Deal, 2003, p. 337). These authors advise that we require the right kind of leadership style approaches by professionals for organizational service delivery success; They urge that good leaders strive with purpose, strength, and honesty; lead with integrity; are vision-driven, passionate, inspirational, and trustworthy; build relationships; and recognize their agency boundaries and limitations.

Service professionals should contemplate their leadership initiatives in their delivery of care for the women of abuse they serve. We need to critically reflect upon our leadership endeavors and re-examine our leadership style approaches. DePree (1989) noted that the most reliable, contemporary leadership is participative management, where people are valued and can express contrary opinions. Results are seen when professionals are in a service arena that is comfortable. “Effective influencing and understanding spring largely from healthy relationships among the members of the group. Leaders need to foster environments and work processes within which people can develop high-quality relationships” (p. 25).

Professionals readily achieve heightened leadership initiative by exuding personal mastery and becoming a steward of the agency vision, carried out by the actionable agency mission. Their personal vision becomes a calling or a personalized vocation. Here, a leader feels a sense of responsibility toward the vision to promote organizational development collectively, without isolative possessiveness. “Personal mastery is . . . the discipline for personal growth and learning. People with high levels of personal mastery are continually expanding their ability to create the results” (Senge, 1990, p. 141). Personal mastery leadership traits foster commitment, drive, integrity, aptness for learning, and “have a broader and deeper sense of responsibility” (p. 143). A dynamic leader fosters a climate in which principles of personal mastery are practiced daily. Leadership growth is valued and supported collectively.

Leaders in the 21st century refer to their occupation as a calling, perceiving their work role as that of being a steward in their service arena. In this sense, one’s personal vision becomes that of a calling, as the leader is a steward of the arena vision. Motivation is intrinsic and flourishes throughout an agency. “On the job, people tend to use their mind and body to its fullest, and consequently feel that what they do is important, and feel good about themselves while doing it” (Csikszentmihalyi, 1997, p. 56). Hence, a calling is an urgency felt by leaders to engage in this transformational endeavor, surrounding oneself among others who also are passionate in their vocation. Bolman and Deal (2003) detail how former New York Mayor Rudy Giuliani emulated true leadership on the city’s bloodiest and saddest day. “He brought his hand to his mouth as he battled back tears, and then he went to work” (p. 335).

Leaders exhibit honorable qualities in their daily interactions in the community. Wheatley (2002) describes the urgency for fostering openness and heart talks that are the core impulses necessary to catalyze workplace objectives. “These are always the conditions that bring out our best – we’re focused on something we really care about; we work intensely together, inventing solutions as needed; we take all kinds of risks; we communicate constantly” (p. 126). In seeking to transcend organizational mission, members come to consensus and set differences aside for the common good.

Just our brain functions as an integrator, leaders align multiple levels of a system. Bloom (1997) illustrates this metaphor: “the role of the leader is to integrate the various sources of information within a system into a coherent whole that informs practice” (p. 131). The type of leadership necessary for women of abuse is to lead intercollectively from all angles, permitting more “flexibility and interchangeability of role responsibilities . . . abilities, training, and perceptions were different but complementary, proved to be far superior” (p. 181). Leaders possess ingenuity, respectfulness, and faith in others in their agency. Quality leaders challenge members to new, unforeseen heights, being creative risk takers while also being interdependent upon others when endeavors are a team effort.

Leadership characteristics manifest themselves by facilitation, extracting, navigating information, and sharing materials and resources, where competitiveness is not a driving motive. Bloom (1997) explains that an integrated systems viewpoint works best for the type of leadership required by those in need, including women of domestic violence abuse. Charismatic leadership is especially vital when an organization requires individuals to exude excitement and energy, attracting and motivating others to excel.

Hoy and Miskel (2001) state that those who exemplify charismatic leadership

possess a kind of mystique that draws and stirs others, having an “overwhelming personal appeal, and typically a common value orientation emerges within the group to produce an intense normative commitment to and identification with the person” (p. 218).

Bolman and Deal (2003) describe a four-frame model to demonstrate effective images of leadership, with leader traits being in parentheses: structural (analyst, architect); human resource (catalyst, servant); political (advocate, negotiator); symbolic (prophet, poet). Leaders need a holistic organizational framework and skill in managing relationships with all significant persons, including superiors, peers, and external constituents, as there are varying circumstances requiring different forms of leadership.

However, DePree (1989) perceives leadership in a more community-oriented viewpoint, urging professionals to exhibit accountability; he believes it is important to think of leadership in terms of stewardship, “to think about the leader-as-steward in terms of relationships” (p. 12). In addition, he promotes the value of being a servant as leader. Servant leadership includes the view that leaders must serve first and foremost in their role. Greenleaf (1977), who coined this approach, explains that this leadership trait provides a sense of direction, establishing overarching purpose as it “gives certainty and purpose to others who may have difficulty in achieving it for themselves” (p. 15). This leadership style permits professionals to expand services to clients and to other organizations.

To be a servant leader, one does not have to aspire to be head of the company or to hold an authoritarian position. Rather, this leadership trait displays attributes such as encouragement, collaboration, trust, foresight, active listening, and ethical usage of power. Sergiovanni (1992) expresses his appreciation for these qualities. “Servant

leadership can be much more powerful than other forms” (p. 117). In traditional views of leadership, leaders were perceived as being power mongers who sought control through authoritative means. Wren (1995) concludes that servant leadership is necessitated in our 21st century society. “Leaders themselves have many constituencies to answer to, and the people they lead are better-informed, more questioning, and far less obedient” (p. 471). Professionals today must focus on collaboration to have better productivity and service care.

In the past, leaders used to be served; today, leaders serve others. Both servant leadership and transformational leadership are emerging, effective, and influential leadership styles.

Transformational leadership grew out of transactional leadership. Transactional leaders are politically driven and thrive in politics. Transactional leaders attempt to motivate others by exchanging rewards for services rendered, such as jobs for campaign votes, “and try to provide them with what they want, exchange rewards and promises” (Hoy & Miskel, 2001, pp. 413-414). However, transformational leaders can fix the gaps between the way initiatives should be achieved and the way initiatives are actually achieved. The transformational leadership style grew out of this need: many companies began to realize that there was a huge disconnect between agency ideals and agency realities.

Transformational leadership promotes implementation of innovative concepts and tasks. Hoy and Miskel (2001) detail the utility of transformational leadership as it fosters personalization, ownership of work, ingenuity, creativity, and experimentation, leading to high productivity and quality performance in service delivery. “The source of

transformational leadership is in the personal values and beliefs of leaders” (p. 414).

These flexible professionals demonstrate dedication to their agency by adjusting their actions to enhance organizational development, connecting well with others, and remaining adaptable. They engage in rigorous, continuous self-improvement and agency-improvement. Organizations with professionals who exemplify transformational leadership are attendance-oriented, have initiative-building workshops, integration with other organizations for the better good for clients, and engage in cooperative, team-building meetings that facilitate ongoing, productive communication.

“Shared visions emerge from personal visions” (Senge, 1990, p. 211). This shared vision motivates and creates a common identity, establishes an overarching goal, keeps the organization on course, and fosters long-term commitment. Vision-led service organizations are able to strive in organizational development, focus on continuous improvement, and embrace change by operating systematically in a learning modality. Shared vision and openness negates internal politics and game playing and facilitates growth in a sense of trust, self-disclosure, and shared aspirations. The visionary leader will seek commitment from other professionals. A leader is responsible for integrating participation and risk-free expression. For a professional providing delivery of care for women of abuse in a specialty service arena, a formidable leadership challenge is to stay fresh and creative. Thus, when innovation and teamwork is encouraged, enhanced care for women of abuse may be achieved.

A leader is not always the prominent captain at the helm of a ship. Instead, roving leadership occurs where all types of service providers aiding women of abuse are afforded the opportunity to be creative in a risk-free working environment that fosters

and integrates personal, professional, and community issues. “When roving leadership is practiced, it makes demands on each of us-whether we’re a hierarchical leader, a roving leader, or a good follower...[and] demands a great deal of trust and a clear sense of our interdependence...freely and openly practiced together, is the vehicle we can use to reach our potential” (DePree, 1989, pp. 49-51). Leaders facilitate worker empowerment, ownership of, and responsibility for tasks and exemplify a fundamental quest to carry out the actionable mission that all professionals created collaboratively and still review, holding themselves accountable, for continuous improvement for their service agency.

Service organizations need to engage in changing necessary strategies to keep up with the fluidity of the community as well as client needs and resource availability. In a dynamic service arena, professionals must work as an integrated unit, being focused on working towards the agreed-upon goals. Thus, buy-in occurs for task completion due to the covenant-building relationships that are created in a cooperative spirit. All professionals are contributing members and have ownership of the tasks requiring accomplishing. Leaders inspire, actively listen and participate, and delegate tasks to others that will complement their strengths. True leaders fully resist complacency by engaging in continuous improvement via professional development initiatives, gaining enhanced training, integrating services to improve client care, and always being ready to show MEGA (Mentoring, Empowering, Guiding, and Advocating) leadership initiatives.

Traditional organizations do not meet client needs for self-respect and self-actualization. In service agencies that embrace these qualities in the women they serve and with the colleagues with whom they work, higher productivity and organizational development of a value-based, vision-driven environment ensues. Top-down,

authoritarian and controlling leadership characteristics most likely no longer meet the needs of women of abuse who require a complexity of multi-disciplinary service arena needs. DePree (1989) suggests an inclusive perspective, where “every person brings an offering to a group requires us to include as many people as possible” (p. 65).

Professionals rely on several other service organizations in order to comply with the demand of women with high needs in the spectrum of abuse. Thus, a systems or holistic leadership perspective to aiding women of abuse perhaps is a most vitally appropriate model to instill in a service arena to more efficiently and effectively meet their multi-faceted needs. Senge (1990) concurs, stating that systems thinking provides an all encompassing, conceptual framework of the vitality of interrelationships: “All are concerned with a shift of mind from seeing parts to seeing wholes, from seeing people as helpless reactors to seeing them as active participants...from reacting to the present to creating the future” (p. 69).

The convention pyramid model of leadership is an antiquated, male-driven image. “The implicit, taken-for-granted assumption was that leadership is basically a male activity. In recent years, however, there has been a surge of interest in gender and leadership” (Bolman & Deal, 2003, pp. 344-345). Modern leadership style approaches have more of an ecological focus. Helgesen (1990) suggests that women as leaders explain their leadership styles as a web-like image of inclusion. Women perceive themselves not in a hierarchical image, but rather as being in the middle of a web of connections, viewing an organization as a system. The web is built from the center and spirals outward, reinforcing the strands, and initiative has a ripple effect. This circular-formed architectural framework is “an interconnected cosmic web in which the threads of

all forces and events form an inseparable net of endlessly, mutually conditioned relations” (Helgesen, 1995, p. 16). The idea of hierarchy is primarily a more male-driven concept. From women studied, the leadership intentions were more motherly or nurture-oriented for producing positive relations “in which the niceties of hierarchical rank and distinction played little part; and in which lines of communication were multiplicitous, open, and diffuse” (p. 10).

Similarly, Bolman and Deal (2003) propose that an All-Channel Network model of leadership is deemed appropriate as informational resources flow easily and morale is heightened. “It works best when team members bring well-developed communication skills, enjoy participation, tolerate ambiguity, embrace diversity, have good communication skills, and manage conflict” (p. 98). This framework works well with professionals whose tasks require much networking and are complicated, such as those who aid women of abuse. Davies (1998) details that a suitable leadership style approach is one that recognizes not the ideal, but rather the real issues “battered women must cope with...Each change can bring new options and new challenges” (p. 2). A woman-defined advocacy approach is pragmatic and stems from meeting the women where they are in their current spectrum stage of abuse and not to persuade, coerce, or manipulate them to do what is ‘best’ in the mind of the advocate. “This means advocacy that starts from the woman’s perspective, integrates the advocate’s knowledge and resources into the woman’s framework, and ultimately values her thoughts, feelings, opinions, and dreams—that she is the decision maker, the one who knows best, the one with the power” (p. 4). A client self-determination leadership trait is seen, a core characteristic in the social services realm of aiding those in need, most notably, women of domestic violence abuse.

Research Questions

Mills (2003) indicates that it is apparent that society neglected to address the role of women in the vast dynamics of intimate partner violence. This literature review underscores the need for further research regarding organizational responses to the needs of women in relation to their spectrum stages of abuse. The intention of this qualitative, phenomenological case study is to promote greater awareness of the coping mechanisms for women of abuse, as described by service leaders who aid them. Incorporation of narratives and interviews equate to a better, comprehensive understanding of the complexity of coping in relation to influential contingencies and decision-making in the lives of women, in order for leaders to fully and effectively appreciate these issues.

The eminence of phenomenological inquiry is that it is part of the qualitative paradigm, and thus, this was an appropriate methodological pathway for this study. Phenomenology distinguishes itself by focusing on the discovery of the grand tour questions posed initially, investigating the phenomenon and the emerging patterns of commonalties from those who decipher the phenomenon (Creswell, 1994; Denzin & Lincoln, 1998; Fraenkel & Wallen; Moustakas, 1994; Shank, 2002; Speziale & Carpenter, 2003). The research discussed in this chapter has informed the questions posed for this qualitative case study. Specific questions to be answered through this study include:

1. What is the phenomenon of the experience of coping for women of domestic violence abuse, as described by eight different service professionals at varying social service arenas that aid them?

2. What are the emergent themes of the phenomenon of coping that are common among service professionals in the four varying service arenas?
3. What are the emergent distinctions or variances of the phenomenon of coping among service professionals in the four varying service arenas?
4. What elements vary and are common regarding women's spectrum stages of abuse of staying in or leaving the abuse situation?
5. How do leader perceptions of women's coping impact service delivery?
6. What are the leadership style approaches that help or deter service care?
7. What leadership initiatives more strongly or less strongly influence service?
8. What are the kinds of organizational development models or frameworks needed to enhance service delivery?

It is hoped that this study will influence many leaders: increasing ecological awareness of coping behaviors displayed by women of abuse, implementing more appropriate services in their own service arena. An additional benefit would be that leaders become more adept at identifying women's many diverse and multifaceted coping behaviors.

CHAPTER III
METHODOLOGY

Introduction

This chapter identifies and defines the research methodology for this qualitative, phenomenological case study. This chapter describes the preferred research paradigm. It describes the appropriateness in relation to the rationale for the phenomenon under investigation.

Rationale for Selection of Qualitative Research in this Study

Qualitative research is a field of inquiry that is process-oriented, involving an interpretive approach in studying phenomenon. This paradigm studies a phenomenon in its natural setting for interpretation based on the meanings derived from the people in the study. Denzin and Lincoln (1998) demonstrate the vitality of qualitative research:

Somehow we have lost the human and passionate element of research. Becoming immersed in a study requires passion: passion for people, passion for communication, and passion for understanding people. This is the contribution of qualitative research, and it can only enhance educational and human services practice. (p. 51)

The intention of a qualitative study was to illuminate understanding regarding the phenomenon of coping for women of abuse from a leadership perspective.

It is imperative to match the inquiry to the methodology. Research emphasis needs to dictate the type of methodological design to be used for a study (Denzin & Lincoln, 1998). “Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational

constraints that shape inquiry” (p. 8). Qualitative research is process-driven in order to paint a more holistic interpretation and provide more insightful meaning. A qualitative methodological design must meet the criteria needed to fit with the paradigm used (Creswell, 1994). “This study is defined as an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting” (pp. 1-2). Qualitative methods ascertain questions of “how” and “why” for a given phenomenon. O’Neil (1984) details the value of looking at a person holistically. Thus, there is sensitivity in exploring one’s totality of unique and diverse complexities with the interdependence of this individual’s ecological factors that comprise one’s life space.

Denzin and Lincoln (1998) detail the utility of a study that includes an ecological viewpoint of looking at an individual’s life space. Qualitative research can take notice of variables that detail interdependence in a person’s life space. Use of a qualitative paradigm provides the opportunity for a researcher to engage in inductive analyses. From data collected via field notes, documents, and interviews, emergent categories, themes, and patterns are discovered. In this way, a researcher can succinctly and critically engage in intensive, systematic immersion of methodological inquiry regarding the phenomenon of study. In describing the essence of and rationale for appropriate usage of qualitative inquiry, Shank (2002) details that qualitative methodology involves the search for a new understanding, allowing data to guide the findings. Qualitative studies permit empirical investigation in order to arrive at meaning.

The intention of this research study was to uncover the phenomenon of the experience of coping for women of abuse, as defined by those service professionals who

aid them. It embraced the phenomenological research process, and the complexities and variations that contribute to its uniqueness. Qualitative methods are vital, necessary, and useful tools that illuminate findings from the emergence of narrative-based data collection that typifies the importance of holism (Creswell, 1994; Denzin & Lincoln, 1998; O'Neil, 1984; Shank, 2002).

Purposefully selected service professionals had the opportunity to provide meaning and insight, from their own service arena perspective, regarding the experience of coping for women of abuse. The information gathered from the leaders helped to scaffold a more holistic organizational development model for their various agencies. Leadership style approaches and leaders' perceptions of women's phenomenon of coping enhance or impede women's coping. Professionals' unique interpretations influence their therapeutic care, and thus, either diminish or develop service delivery initiatives for the women. The intent of this study was to interview providers from differing agencies, in order to comprehend leadership impact upon service delivery for women of abuse.

Phenomenology and Relevance for Selection of Research Design

In its simplest form, phenomenology is the study of a given phenomenon or occurrence. This science began as a movement over several decades and has transitioned into an intensive science that has evolved and maintained vitality. Speziale and Carpenter (2003) detail the historical involvement of those who immersed themselves in phenomenology. The phenomenological movement began near the early twentieth century, yet in 1764 Emmanuel Kant first described phenomenology as the study of phenomena. In the preparatory phase, Franz Brentano and his student, Carl Stumpf, were

prominent figures, as scientific rigor of phenomenology and the concept of intentionality were the focal points. In the German phase, Edmond Husserl and Martin Heidegger premised that in order to restore contact with deeper human concerns, phenomenology must become the foundation for all philosophies and sciences, as concepts of essences, intuition, and phenomenological reduction were developed. In the French phase, Gabriel Marcel, Jean Paul Sartre, and Maurice Merleau-Ponty developed concepts of embodiment and being-in-the-world, where acts are constructed on foundations of a perception of a phenomenon.

Speziale and Carpenter (2003) explain that the importance of phenomenological inquiry is that it brings language perceptions of human experiences:

Phenomenology has been and continues to be an integral field of inquiry that cuts across philosophical, sociologic, and psychologic disciplines. This rigorous, critical, and systematic method of investigation is a recognized qualitative research approach applicable to the study of phenomena... (p. 51)

Phenomenology is inductive and descriptive where its utility lies in its ability to focus upon an individual's lived experience of the world. It provides meaning to another's interpretation, influenced by the internal and external.

Moustakas (1994) has been instrumental in the growth and development of phenomenology, noting principles that ground phenomenological research. He describes the central tenets of phenomenology to

...determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it. From the

individual descriptions, general or universal meanings are derived, in other words, the essences of structures of the experience. (p. 13)

Creswell (1994) defines phenomenology as a useful tool for building a complex, holistic picture that is formed by writings of descriptions of meaning that are told by informants. He supports the value of the exploratory nature of phenomenology: “In a qualitative study, one does not begin with a theory to test or verify. Instead, consistent with the inductive model of thinking, a theory may emerge...The intent is not to be constrained by a theory” (pp. 94-95). Furthermore, Denzin and Lincoln (1998) state that what is to be researched and how it’s to be accomplished guide design, using appropriateness and proper suitability. Shank (2002) further advances the importance of phenomenological design because it is driven by process. Phenomenological inquiry yields tremendously insightful descriptiveness of the information sought. From results gathered, illuminated are emergent, central categories that define a phenomenon.

Several researchers and service leaders from the health, economic, and childcare arenas all call for the need for phenomenological inquiry. It will provide for leaders’ thorough understanding of women’s complex and numerous ecological issues that interplay with experience of coping in accordance with spectrum stages of abuse of either staying or leaving. Jackson et al. (2002) state that holistic, collaborative integration of understanding the neurological, psychological, sociological, and environmental factors will broaden understanding of the diversity of problems to which women of abuse are coping, leading to more informed interventions by service leaders. Campbell et al. (2002) advise that there is urgency for a more sensitive, in-depth assessment by those who aid women of abuse to enhance services for these women. Donaghy (1995)

recommends that to enhance growth and power in decision-making, a conceptual model oriented towards wellness is needed. The six dimensions in this model include social, occupational, spiritual, physical, intellectual, and emotional. By leaders viewing women's coping through this ecological perspective, more effective service delivery can occur. Frameworks built upon organizational development issues assisted in interpretation of data derived from interviews with selected providers. Service delivery initiatives that were more strongly or less strongly developed in these agencies were illuminated.

Through leaders having a better appreciation of understanding into women's experiences of coping, they can potentially provide better care and delegate more proper referrals (Campbell, 2002). Furthermore, Carlson (1997) calls for an ecologically-based perspective by leaders when they aid women of abuse, stating that it is necessary for leaders to be cognizant of women's own spectrum stage of abuse, when attempting to uncover women's unique experiences of stressful events and their coping skills.

In addition, Kirkwood (1993) affirms the value and need for better understanding of the diverse aspects involved with coping for women of abuse. Kirkwood urges that leaders should discern more clearly the multi-dimensional experience of coping for women of abuse, as there is more to their dealings with stress and coping than just simply their experiences with violence and the relationship in which violence is or was enacted. Furthermore, the American sociological focus on the family has been ignored, in regards to the larger social constructs that support male battering of women. In order to understand the full meaning of abuse, research involvement includes an exploration of the nature of women's struggles both during and after leaving the abuse. Campbell, et al.

(2002), Jackson (2002), and Kernic, et al. (2000) describe that thoroughness of understanding women of abuse is necessitated in order for service professionals to better identify women's distinct and diverse service needs. By utilizing qualitative, in-depth inquiry, a more precise defining of women's coping from a leadership lens is achieved.

Buchbinder and Eisikovits (2003), Carlson (1997), and Truman-Schram, et al. (2000) discuss that the issues of stress in regards to coping is detrimental physically, psychosocially, and medically. Women's coping strategies can greatly impact their decision-making abilities, health, and mental health status. Researchers call for leaders to study more in-depth women of abuse to better surmise women's coping. Krishnan et al. (2001) and Morrell and Rubin (2001) suggest there is a need for continuing, thorough examination with women of abuse. It is vital to ascertain additional knowledge of women's experiences of how they cope, as dynamics involving cultural and ethnic barriers that can prohibit women from fleeing abuse are still not fully understood.

Truman-Schram et al. (2000) urge the ongoing discovery of the many variables of abuse. They emphasize the importance of locating women's unique phenomenological experience of coping in accordance with coping with the abuser. This kind of investigation encapsulates further understanding of women's spectrum stages of abuse and "may provide valuable insight into her phenomenological perspective of the relationship" (p. 10). Leaders must value interventions to thoroughly probe and uncover coping issues for women of abuse "for information about a client's relationship" (p. 10). A phenomenological study provided valuable insight based on leaders' interpretations, unique to their own service arena, impact service delivery. A whole understanding of

leaders' perceptions of women's coping phenomenologically may lead to potential advancement or impediment of care from an organizational development viewpoint.

Buchbinder and Eisikovits (2003) strongly support that a phenomenological study with a purposeful sample of participants permits a researcher to learn more about women of abuse in relation to their spectrum stages of staying or leaving, by utilizing descriptive narratives that describe the phenomenon. "Coping requires ongoing withdrawal and escape aimed at gaining existential space" (p. 9). Engaging in research aimed at better understanding of the unique phenomenon of coping has great potential to enhance service delivery by leaders. Wolf-Smith and LaRossa (1992) concur, warranting "for counselors, therapists, and social workers who are working with...abused women" to study the phenomenology, as this helps clarify how women of abuse "give meaning to [and] cope with" their diverse and multi-faceted experiences of dealing with abuse (p. 328).

There is a strong need for service professionals to further explore the coping mechanisms for women of abuse that include looking at internal barriers such as psychological, emotional, and cognitive aspects of functioning that entrap women in staying, or complicate leaving, and women's post-abuse and recovery. Furthermore, because coping is a dynamic process of constantly changing cognitive and behavioral efforts that need to be managed, a phenomenological research approach was appropriate. In order to accurately understand the coping mechanisms for women of abuse, leaders must employ a holistic perspective. By leaders implementing a holistic organizational development model, their service approaches can more substantially demonstrate ecological appreciation of the life space issues with which women of abuse must cope. Service leaders need to more intently recognize women's diverse coping experiences by

looking at the multi-faceted dynamics interrelated with abuse, including women's spectrum stages.

A qualitative case study was best suited to answer the complex question of what is the phenomenon of the experience of coping for women of abuse, as defined by service leaders, serving in their unique service arena capacity. This leadership study illuminated how perceptions impact service delivery as organizational development issues influence women's care. The service arenas specifically chosen for this study matched the precise typology of service specialties upon which these women rely. As providers aid women of abuse, they were suited to define women's coping from a leadership lens. Speziale and Carpenter (2003) concur with the methodological path. "Appropriateness of the method to the phenomenon of interest should guide the method choice" (p. 57). They advise that the participants must be those who can best answer the questions relevant to the study.

Leaders had the opportunity to define coping behaviors observed from their own professional standpoint and from their unique service arena perspective. Also uncovered were professionals' leadership style approaches that either positively or negatively impact service delivery initiatives for women of abuse. Leadership interpretations lent vital information for organizational development issues related to their service initiatives for women's needs.

Research Participants and Parameters of the Study

The author of this proposal was the sole researcher and the research instrument source. This author was seeking to explore the phenomenon of the experience of coping for women of abuse in their various spectrum stages, as defined by the service

professionals who aid them. This study sought to illuminate both commonalities among various service arenas, as well as unique approaches within each service arena, that are directly relevant to promoting or inhibiting coping mechanisms for these women. As suggested by the literature review, women of abuse require numerous and distinctive services and call upon various service professionals who work in differing service capacities. Because these women require much assistance such as economic resources, transitional housing, childcare, and mental and medical health needs, each of the selected professionals and agencies were chosen because they provide these services to women.

Eight professionals serving in a leadership capacity from four from different agencies were chosen for this study. The research participants were recruited via phone call and each self-selected themselves to participate in the research process. These professionals identified themselves as leaders based on the occupational positions that they held within these organizations. An additional guideline, that participants must be only non-abused female providers who were not current or past victims of domestic violence abuse, was also utilized in determining whom ultimately participated in the interview process. The participants in this study contributed their interpretations of the experience of coping for women of abuse. In addition, this study looked at how their leadership perspectives and style approaches influenced women's coping in relation to agency organizational development service delivery initiatives.

Interviews were held in a comfortable setting, most often in each of the participants' offices. Participants engaged in semi-structured, individual interviews that were audio-taped and then transcribed for data analysis. (See Appendix A). Data was coded, and collection and analysis occurred simultaneously. The participants engaged in

member checking during the data collection phase for accuracy purposes. This author was immersed in locating both commonalities and distinctions from findings.

Transcriptions de-identified participants, their agencies, and any client information.

Confidentiality was maintained throughout this study. All information, audio-tapes, and codes are only accessible by the principal investigator and will be kept in a locked, secure location for five years. At the conclusion of this time, all materials will be destroyed.

These participants were informed that their involvement was voluntary, and that they could leave the study at any time.

The Executive Summary from the Erie County Commission on Homelessness (2002), included in the greater western New York region, supports the need for further investigation regarding service initiatives for women of abuse:

On any given night, some 2,100 Western New Yorkers live on the street, stay in emergency shelters, or utilize transitional or permanent housing programs...dealing with substance abuse, mental illness, and domestic violence issues...The most common documented reasons for shelter stay [is] violence at home...These families may need additional counseling and care services related to their abuse history. However, the majority of families have experienced domestic violence. (pp. 1-3)

This report along with current statistics, demonstrate the relevance and the necessity for additional study in this location. Clearly, domestic violence abuse counseling and other services need to improve. This report reinforces the seriousness of abuse in Western New York, and provides additional support for choosing the area for this research study.

Multiple methods of data collection were used to improve the reliability and the validity of findings. The first data source consisted of two personal interviews performed with each of the participants. Interviews were one on one, open-ended, and semi-structured. They were audio-taped in order to increase accuracy during data analysis. Commonalities and distinctions regarding leadership viewpoints of coping observed for women of abuse were extracted from these interviews. Additionally, each of the eight participating service professionals identified their leadership style approaches, as well as their organizational viewpoints, that were then evaluated for similarities and differences among these selected agencies.

The next data source included secondary sources. These consisted of relevant documents and other pertinent information. These were materials such as agency brochures and sample agency forms that are regularly used by each agency.

The third data source consisted of this author's own, separate field journal notes. This author engaged in the methodologically appropriate, phenomenological skill of bracketing to provide a thorough, comparative analysis to discern categories in data. This skill permits the researcher to have a comparative analysis to discern categories and conflicting data that do not fit, in regards to the emergent patterns. Denzin and Lincoln (1998) define bracketing as follows:

1. Locate within the personal experience, or self-story, key phrases and statements that speak directly to the phenomenon in question.
2. Interpret the meanings of these phrases as an informal reader.
3. Obtain the participants' interpretation of these findings, if possible.
4. Inspect these meanings for what they reveal about the essential, recurring

features of the phenomenon being studied.

5. Offer a tentative statement or definition of the phenomenon in terms of the essential recurring features identified in Step 4. (p. 48)

The length of data collection and analysis for this study extended for two months—June and July of 2006. This author located concrete distinctions and themes regarding leaders' views on women's coping. Also located was how these responses along with their leadership style approaches promote or impede organizational development service initiatives for the women of abuse they serve.

Many sensitivity and confidentiality issues surround domestic violence abuse.

This necessitates importance to adhere to the Social Work Code of Ethics, and an urgency to provide complete privacy to those being studied (O'Neil, 1984). Many authors state that researchers should possess certain empathetic qualities, such as being relaxed, positive, and dedicated (Creswell, 1994; Kirkwood, 1993; Moustakas, 1994; Shank, 2002). A researcher actively listens with compassion and without judgment in conducting in-depth interviews that are taped, later transcribed, and the participants' experience is transformed into a language to be shared (Speziale and Carpenter, 2003; Weiss, 2000). Exploring the professionals' perspectives as well as their individual styles of leadership was a major focus of this research, as these approaches can enhance or impede care for women of abuse. Empowering each respondent to provide honest feedback was a vital part of the confidential interviews. This author utilized a respectful and non-judgmental approach with each service professional interviewed. In order to assure objectivity, the phenomenological skill of bracketing was utilized. By

incorporating this technique, bias is diminished and emergent themes are more clearly identified.

Data Collection and Analysis

Data collection procedures and analysis for a phenomenological inquiry focus on a small number of purposefully selected research participants for a pre-determined time frame. Based on the responses, emergent commonalities of relationship of all potential meanings are developed. In this process, a researcher engages in bracketing, or in essence, suspends his/her personal judgments of what is real (Creswell, 1994).

When data collection begins data analysis simultaneously occurs, since the researcher is immediately immersed in the data (Speziale & Carpenter, 2003). The data collection and analysis procedures need to be viewed as a process that includes setting the parameters, collecting information through observations, interviews, and visual materials, and sorting and formulating the recorded information from where possible emergence of themes can be identified (Creswell, 1994). Denzin and Lincoln (1998) support that the epistemological premise for a qualitative study of phenomenology equates to where the researcher does not separate him/herself from the data collection procedure, but rather views this stage as an emergent process. “Being totally immersed in the immediate and local actions and statements of belief of participants, the researcher must be ready to deal with the substantive focus of the study and with the researcher’s own presuppositions” (p. 43).

The idea of qualitative research is to purposefully select informants that will best answer the research question. There is no attempt made to randomly select research participants because they are chosen based on their knowledge of a specific phenomenon

(Creswell, 1994; Speziale & Carpenter, 2003). The selected participants for this study were appropriate since they work daily with women of abuse and possess the information to identify the various coping behaviors these women experience in their spectrum stages of abuse.

In a qualitative study, steps in data analysis are less structured, and the outcome consists of a descriptive narrative or synthesis of knowledge about phenomenon, based on the researcher's descriptions (Creswell, 1994). Using a variety of data sources is meant as a heuristic tool, pointing towards a particular intersection. They serve to descriptively identify the essence or meaning of a phenomenon in order to discover themes that can provide an accurate depiction, pursuing meaning that we hold about our world and our place in it (Denzin & Lincoln, 1998; Fraenkel & Wallen, 2003; Shank, 2002). Phenomenological inquiry culminates with detailing how these central themes emerged and how they are connected to one another. Open-ended discussion questions facilitate expression, where interviews allow for an entrance into a participant's world (Speziale & Carpenter, 2003).

Creswell (1994) advances the importance of allowing the responses of participants to guide the open-ended interviews. "These questions...become topics specifically explored in interview, observations, and documents and archival material" (p. 70). The interview guide is included in this study (See Appendix A). Denzin and Lincoln (1998) describe how participant responses guide the interviewing process, allowing discovery of a phenomenon. "The researcher should keep the first interviews broad...then use subsequent interviews to obtain more targeted information to fill gaps"

(p. 74). These authors detail that researchers must allow the participants to provide the direction for additional questions and information.

Verification Standards

Because qualitative research does not lend itself to replication or generalizability, but rather relies on the experience of the specific participants, validity of the results has to do with description and explanation (Denzin & Lincoln, 1998). For validity purposes, member checking needs to be utilized by research participants regarding what the researcher has detailed about their particular stories. In this study, strategies were set in place to ensure research validity. The qualitative technique of member checking was included. Participants corrected and clarified any necessary questions or responses gathered during the interview process, providing feedback for authenticity and accuracy.

Intersubjective validity in phenomenology is necessary in order to arrive at knowing a subject with intended commitment and with an approach to verify, accentuate, and extend knowledge and experience (Moustakas, 1994). There is a reciprocal correcting of reality that takes place in social conversations and dialogs as people articulate and describe another person's experience. This study was engaged in finding these verification strategies via semi-structured, one on one, open-ended, tape-recorded interviews.

Leaders had the opportunity to detail women's coping mechanisms, based on their own professional perceptions and interpretations, specifically unique to their service arena. Trustworthiness and authenticity were supported by the process which emerged as supported by Creswell's (1994) discussion of valid qualitative research. Triangulation is a valid strategy. When all the varying modalities of data are taken together, there is

stronger evidence for the findings (Denzin & Lincoln, 1998; Fitzpatrick, Sanders, & Worthen, 2004). Utilizing alternative data sources strengthened the authenticity of the data and verified the emergent themes.

Justification of Study for Leadership

Phenomenology is an integral field that extends across numerous disciplines such as social sciences, health sciences, psychology, education, and governmental agencies. From this study, service professionals who work with women of abuse will gain knowledge about women's coping behaviors through illuminating an ecological view of their coping. Numerous scholars and service leaders in the many differing human services field may further appreciate the phenomenon of coping for women in the spectrum of abuse, in relation to their spectrum stages of staying and leaving, and how service delivery can impact their coping behaviors. Professionals in many diverse fields may better understand how women of abuse cope, and potentially exemplify heightened empathy to initiate and delegate more appropriately matched services.

This study illuminated through a holistic perspective, some of the issues that surround women's phenomenon of coping, in relation to service delivery. The many leaders who are responsible for treating, counseling, and referring aid for women can more thoroughly and properly assess women's unique, diverse, and complex needs. Findings should heighten an understanding of leadership and development among organizations dedicated to aiding women of abuse. Data was analyzed through a leadership lens, supported by various organizational development models, leadership frameworks, and the unique leadership style approaches discussed. From a leadership

and organizational view, this phenomenological path of inquiry was appropriate for this study.

Leaders' professional interpretations of coping experiences for women of abuse have potential implications for organizational development and leadership. These concepts can assist data findings to illuminate which particular factors of service delivery are more or less strongly developed in each of the service arenas under investigation. These service issues presented by leaders may tend to positively or negatively affect their therapeutic approaches for women, and consequently, may impact women's coping experiences. Organizational development models and leadership frameworks and the various leadership style approaches revealed by the professionals will be discussed, scaffolding and defending data results.

In conclusion, this methodology was justified as being most appropriate to answer the research questions detailing service delivery implications unique to service providers in their own specialty arena. It enhanced understanding of the phenomenon of coping for women of abuse from a leadership lens. This chapter clarified the course of study for this investigation, and supports the framework of the qualitative inquiry.

CHAPTER IV

RESULTS

Introduction

Chapter four describes the participants, analysis process and progression, and summarizes the results. Within the qualitative paradigm, the data analysis begins with a shared experience out of which concepts emerge, producing both themes and distinctions. The substantive developments of this research experience inform the discussion of leadership implications in chapter five.

The purpose of this phenomenological case study was to ascertain the following: “What is the experience of coping for women in the spectrum of domestic violence abuse expressed through a leadership perspective, by the service professionals who work directly with these women?” The intention of this study was to locate commonalities and variations in these women’s experiences, as explained by the service professionals. In addition, this researcher wanted to decipher how service professionals’ unique leadership perceptions and approaches impact organizational development initiatives in relation to their service delivery to the women they serve.

This chapter consists of providing demographics and leadership perceptions and approaches of the eight female, non-abused service professionals, two per agency, from four different service agencies. Changes occurred in the planned data collection period due to meeting the time parameters and scheduling challenges of the selected service professionals. Instead of weekly meetings held over a month’s time, the interviews were completed in two sessions, each lasting approximately two and a half hours. Appendix A

provides the topic guide utilized during the interviews with service professionals, which was the basis for the data collection and analysis.

This chapter provides the specific findings extracted from the completed, intensive interviews that answer the original eight questions that were identified in the literature review. Additionally, a detailed summary of themes and distinctions that emerged from the research study questions is provided.

1. What is the phenomenon of the experience of coping for women of domestic violence abuse, as described by eight different professionals at varying social service arenas that aid them?

The women of abuse served by professionals in this research study are considered to be chronically abused women. Consistently, the eight interviewed professionals described the women of abuse that they serve as having experienced a life of abuse that began in their childhood. This means that the coping patterns they have developed are accentuated by self-blame, low self-esteem, and their life choices, reinforcing this insecurity. Breaking out of this cyclical pattern is difficult. Women of abuse must be re-socialized in order to overcome the negative influence a lifetime of dependence and abusive behaviors has had on their lives.

2. What are the emergent themes of the phenomenon of coping that are common among service professionals in the four varying service arenas?

When women are in the abuse, the dominant theme provided by the interviewees regarding how these women cope is through ‘maintaining’, surviving day to day, and attempting to avoid another incident of abuse. A majority of these women have had children with the abusive partner and breaking up the family unit is difficult for them so

‘maintaining’ becomes their life pattern. This is especially true if they also have pressure from birth family and relatives who may focus more on cultural and traditional sanctions rather than the difficult life the women experience when living with abuse. Over time, the cycle of abuse is seen where dependency increases and extends into every aspect of their life. These women manifest learned helplessness through defensive story telling, where they minimize or deny the abuse.

Upon leaving the abuser, the theme of ‘adjusting’ is the major focus where women are attempting to adapt to an entirely different life style. The eight service professionals all agreed that coping once out of the abuse is terrifying for these women as everything is new for them. These women must alter their lifestyle and become extremely self-motivated. They are not accustomed to being in control of their own lives. Returning to the abuser, rather than forging a new life alone, is not uncommon.

Concerns relating to economics, physical and mental health, and social support networks were identified by all of the eight interviewed professionals. Clearly, there were similarities regarding these issues that were noted by the four different agencies, but there were also distinct differences in how women of abuse accessed services within these agencies. These emergent coping themes will be discussed more thoroughly in the later segments of this chapter.

3. What are the emergent distinctions or variances of the phenomenon of coping among service professionals in the four varying service arenas?

The four agencies that participated in this research had divergent attitudes about women who are coping with leaving a domestic violence relationship. These distinctions

are more fully addressed in the various themes that emerged through the research process, but initial differences are summarized below.

Agency A perceived that women of abuse coped through self-destructive behaviors such as poly-substance abuse, recidivism, and abusing the welfare system. Intergenerational abuse was seen as the norm and the professionals clearly believed that this was the experience most of their clients had lived throughout their lifetime. Poverty, drugs, and abuse are complications that must be faced as these women struggle to escape the cycle of abuse.

Agency B viewed women as being marginally successful in coping with the realities of leaving abuse. The professionals from this agency focused on the women's inability to maneuver the legal system, making a successful transition out of abuse difficult. Coping with leaving an abusive relationship was seen as very stressful, as they have limited success because of these legal barriers.

Agency C focused on the many needs required of women of abuse as they attempt to cope with leaving a violent relationship. These professionals recognized that the women had to overcome a wide range of concerns spanning from drug and alcohol dependency, childcare issues, employment assistance, and limited education. This agency's role in assisting women to cope with leaving abuse was very service-centered and skills training focused.

Agency D services women of abuse who are more affluent than the other three agencies. This reality alters the agency view of service provision and the professionals in this agency identified social barriers such as stigmatization and community embarrassment as being major concerns for the women they serve. Although

confidentiality remains a key component of all of the agencies, it takes on a heightened role in this agency. Coping strategies utilized by the women seeking help included exercise, journaling, and having a more receptive attitude towards counseling services.

4. What elements vary and are common regarding women's spectrum stages of abuse of staying in or leaving the abuse situation?

All eight of the professionals interviewed recognized that living abuse free is an unnatural state for the chronically abused woman. Even after a woman has left the abusive situation, she continues to cope in the same manner as when she was in the relationship. Only over time and with the assistance of intensive individual and group therapy, will women of abuse gain the skills and confidence needed to adjust to a life without abuse. Gradually, as women receive properly matched services as well as adequate social supports, adaptation and self-esteem improve and women are able to live abuse-free lives.

5. How do leader perceptions of women's coping impact service delivery?

Because Agency A leaders perceive that most of the women they serve require help overcoming drug or alcohol addictions, their approach to service provision is guarded and judgmental. This attitude is limiting the potential that the women they serve can achieve. To be a more effective agency, the professionals need to develop a more supportive environment in which to assist women through the multiple barriers they face in leaving domestic violence.

Agency B leaders recognize that not only do women of abuse have multifaceted and diverse needs, yet also attest that these women are also very self-aware of what services they require to leave an abusive relationship such as financial, legal, educational,

and emotional. Although the resources needed are often extensive, these professionals view the women through a very supportive and positive perspective.

Services in Agency C are regimented and disciplined, with mandatory guidelines that direct the care women of abuse receive. These leaders perceive that women are not very self-aware of their many complex needs and must be guided in a concrete fashion. Although this structure helps to eliminate some of the chaos women leaving abuse experience, this philosophy may limit the women reaching their potential by restricting their self-directed achievements.

Agency D leaders perceive that women are able to successfully transition out of abuse and also to remain abuse free. These leaders recognize that women have the potential to overcome the difficulties leaving an abusive relationship creates. They view women's social support networks and coping mechanisms to be more positive, leading to a healthy, safe lifestyle.

6. What are the leadership style approaches that help or deter service care?

The eight service providers who participated in this study all self-reported highly positive leadership style approaches. Leadership traits included aspects such as being collaborative, interactive, people-oriented, moral, ethical, and enjoying working with their colleagues. These approaches may enhance service care for the chronically abused women they serve in their own, respective leadership roles. Most or all of the leadership qualities the leaders reported exemplified engaging in advanced service delivery of care. Although the agencies were distinctly different in their philosophical approaches, the professionals clearly had shared leadership attributes that reflect appropriate qualities to aid women of abuse.

7. What leadership initiatives more strongly or less strongly influence service?

All of the eight leaders interviewed demonstrated initiative-driven aspects in the service delivery for the women of abuse they serve. Each leader serves in a leadership service delivery capacity. They are pro-active in their care, view women ecologically, and provide holistic-based aid to meet the numerous, comprehensive needs identified during their clients' assessments. Just as women's needs are complex, the kind of care they receive must also be matched to meet these needs and these leaders are committed to providing thorough service initiatives. They also recognize that they do the best they can with the daily realities of working in the human services field where resources may be unavailable due to financial limitations. Other annoyances include the slow bureaucratic process, which delays implementing referrals, and increases paper work.

8. What are the kinds of organizational development models or frameworks needed to enhance service delivery?

All the leaders interviewed recognized that in order for advanced service delivery of care to occur they must work cooperatively and scaffold each other's agency of service to reinforce client care so no woman falls through the cracks. Although they recognize the utility of a systems-driven model it is not always evidenced. Because women of abuse have simultaneous, diverse service needs, a web-like or integrated, multi-agency model would be more efficient and comprehensive than single agency services. The professionals interviewed clearly articulated loyalty to their own agency, and their policies and philosophical positions, which may inhibit a system-integration that is infused with an interdisciplinary agencies focus. One suggestion to increase quality services for women of abuse is to make agency networking a priority, where regularly

scheduled community meetings occur to eliminate serve duplication, improve resources that already exist, and allow creative programming to emerge in order to eliminate current service gaps for this population. Improving systems-wide communication between service professionals and their associated agencies is a major key to enhancing services for women of abuse.

These eight questions helped to provide the focus for understanding leadership initiatives for professionals who serve women of abuse. The brief summary above only highlights some of the major themes that emerged from the intensive interviews completed as a part of this research study. The following pages will provide additional insight into themes of coping in the spectrum of abuse, as well as specific concerns faced by women of abuse such as physical and mental health, social support, economics, and childcare.

Themes of Coping in the Spectrum of Abuse

There are many issues involved in women's coping mechanisms regarding domestic violence abuse. The eight service professionals interviewed for this study identified common themes of coping strategies of women in the spectrum of abuse. The next section delineates these commonalities.

Coping in the Abuse

'Maintaining' is the predominant coping mechanism when women are in the abuse situation. They are coping with maintaining a household and stable environment for their children, and most notably, continually attempting to avoid an incidence of abuse. Women must focus on surviving in the abusive situation day to day. A woman of abuse feels consumed by her perpetrator, since he usually controls her economic means

of survival. Maintaining her existence in this unhealthy relationship seems normal, as most women of abuse have not experienced anything else in their lives. Thus, staying with an abuser may feel quite natural, and unknowingly, these women have perpetrated their own destiny with this abusive intimate partner.

The interviewees identified common trends in regard to how these relationships develop. Early in the relationship, the abuser moves quickly, and often the woman is either living with or marrying the abuser within a few months. Initially, the male woos her romantically. Unfortunately, this gradually shifts to a relationship of power and control, with physical and emotional abuse emerging slowly. The abuse steadily mounts over time in frequency, duration, and intensity. The woman is ultimately exposed to daily verbal abuse and may experience physical abuse. The longer the relationship exists, the more exposed she is to all types of abuse, including intimate partner or marital rape. It appears that the longer a woman remains with an abusive male, the harder it is for her to leave the relationship, with many abusive relationships existing from only a few years to decades. If a woman has children, as a majority of these women do, it is even more difficult to leave the abusive situation. Clearly, women are both financially and psychologically dependent upon this abusive partner. Over time, a woman manifests learned helplessness in the abusive relationship. She maintains by constantly dodging her partner's intermittent and unpredictable, angry moods. Her self-confidence erodes, and her self-blame and negative self-talk escalates. She feels trapped in this hopeless situation.

A woman who is in the abuse is usually motivated to stay in this negative relationship because her children's ages generally range from two to five years old.

However, the children can also motivate their mother to leave the abusive situation, because she is concerned about the negative impact created by their witnessing or experiencing abuse. Although not always true, the abuser is usually also the birth father. Issues of parental rights have a negative affect on a woman's decision to stay or leave. If the father physically abuses his children, the woman generally does not report the abuse out of fear that she will be reported to CPS, that CPS will take her children away, and that ultimately she will lose permanent custody of her children. The perpetrator uses this fear to blackmail her into staying in the relationship, stating that he will tell authorities she has known of this abuse to the children all along. He attempts to convince her that she is an unfit mother and hence, will ultimately lose custody of her children.

A woman of abuse copes with his relentless control, as he coerces and manipulates her to keep her in the relationship. He threatens harm to the children to get her to stay. He uses any tactic to keep her with him by means of threatening harm to anyone and/or anything having emotional ties with her. This includes using family, friends, and even pets as emotional pawns. He pits family and friends against her, utilizing miscommunication as a major control tactic. This leads the woman to become gradually more socially and geographically isolated. Women in the abuse often do not work outside of the home. However, if women are employed, it is usually on a part-time basis. Women with full-time jobs are required to relinquish their paychecks to their husband or partner. This reinforces their financial dependence on the abusers, as these men ration the amount of cash women have available to run the household and buy necessities such as groceries.

The issue of security is profound in an abusive relationship. Financial, emotional, social, and physical dependence keeps her with him. Her whole focus revolves around her perceptions of pleasing him, anticipating his moods, and thinking that if she just could be a better partner, mother, etc., the abuse would end. A woman eventually internalizes these feelings, begins to accept responsibility for the abuse, believing that it is all her fault, and that she is deserving of his wrath. This faulty thought process leads women of abuse to cope through defensive storytelling. For example, she may state that he gets angry because he is so jealous and wants her to only be with him, claiming it is because he loves her so much. A woman may also engage in tremendous self-blame storytelling, such as justifying the abuse and making excuses for his conduct. She may explain that it was her fault that he was angry, because she did not have dinner ready on time, etc. Another form of defensive storytelling includes minimizing and denying the abuse, stating that the harm was not that detrimental, or she lies that she fell down and caused the injuries herself. A woman will deny his wrongdoing. She does not acknowledge that it even was abuse. For example, if it was verbal abuse and not a physical altercation, she will not count this as an actual abusive act.

Women do not like the abuse. They do not choose it. They feel trapped, worthless, and do not know or believe there are options available to assist them. Women are gradually brainwashed into believing they deserve the abuse, which leads to perpetuating self-blame and low self-esteem. When in the abusive situation, a woman “walks on eggshells,” attempting to avoid incidences of abuse and coping with trying to anticipate his moods. The perpetrator controls, coerces, and manipulates her on a daily basis.

A woman of abuse fears the unknown of what life would be without him. Even though down deep she knows she is being abused, she has accepted this life as normal. At least she is alive and has her children. Furthermore, the abuser has made it abundantly clear that she is worthless, unwanted, incapable, and she has no identity nor could she survive without him. It is critical to reiterate that a woman of abuse may have deep love and commitment towards her abuser. Clearly, the longer she is with him, the more difficult it is for her to leave him. They have built a home and a life together; they have a family history. She has emotional, financial, and psychological attachments, which limits her ability to face the severity of the abuse and its self-destructive nature. A woman copes with feeling a loss of personal identity, isolation, and believing she is imprisoned and has no options. Although these women recognize how dangerous remaining in the abusive situation can be, she actually feels safer with the known relationship, believing she can handle it.

Coping Out of the Abuse

The predominant coping mechanism when women are out of the abuse situation is adjusting. Their lives are turned “upside down.” Although abusive, their prior lifestyle was “normal.” They became accustomed to this abuse, and found comfort in it because abuse was all they have known. Now, out of the abuse situation, they have to redefine “normal” as they attempt to take control of their lives, perhaps for the very first time. If they are working with domestic violence agencies, they are exposed to a rigorous regimen that includes many services, such as visits to various professionals including doctors, therapists, caseworkers, and childcare and employment personnel. With this hectic schedule, women need to regain control over their own lives. They have to be self-

initiating and challenged to cope with trying to remain abuse-free. While in the abuse, the perpetrator controlled everything. When a woman vacates an abusive relationship, she becomes the sole provider for her family, and has to cope with raising her children, locating jobs, and finding daycare all by herself. It is an incredible challenge.

Unfortunately, many women are unsuccessful in this newly-found freedom. They return to abuse—usually the same abuser. These women vacillate between being out of abuse and going back to the abuse. They hope or believe that he has changed.

Women who have successfully left the abusive situation are coping with feeling completely overwhelmed in their adjustment. Before, their abusive partner took control of every aspect of their lives and now they have to be in charge of their life. They are living day-to-day, coping with brand new life stressors, juggling many activities all by themselves. This total lifestyle transformation can be overwhelming and is generally the complete opposite of their lifestyle when in the abuse relationship. These women are afraid of the unknown, riddled with self-doubt, and have not fully prepared themselves for the realities of life on their own. These women must cope with these lifestyle changes all by themselves: the abusive relationship fractured their connections with their friends and family, who become an unreliable resource. Although many women seek help in a shelter or a residential environment, they feel alone. The other women in placement are strangers and are not seen as a resource to help them sort out their personal anguish.

A woman who has left the abusive relationship has much to contend with, as she enters into a lifestyle that she is not accustomed to nor ready for. While in the abuse, her abusive partner told her she was worthless and monitored and controlled her every action.

Now, she has to completely alter her self-concept and become self-initiating. This transition out of abuse and remaining abuse-free is so difficult for her to do. She is not accustomed to being independent, driven, and motivated to be in control of her own life. As her cognition has been negatively impacted, in essence, brainwashed into believing she is worthless, she needs to alter her self-perception. Now that she is out of the situation, she copes with struggling between autonomy and self-doubt. She has to learn who she is and to begin to focus on herself. She has to learn to make her own decisions and live with these choices. Her low self-esteem makes this a difficult process, as she often second-guesses her decisions and is full of self-doubt.

In addition, women who have left an abusive environment must also work with the legal system. Frequently, these women obtain protection orders (PFA) from abuse, and they must cooperate with the police with following through with the legal charges. Unfortunately, the women must also recognize that the abuser is confounding the process. He does not usually care about protection from abuse orders, as he sees this as a worthless sheet of paper. He is usually quite arrogant. Nothing deters his determination for power, control, and domination. Stalking and harassing the women at their new jobs, manipulating family and friends to lie or testify against the women, deceiving judges, child-custody attorneys, and other legal advocates are all tactics the abuser will implement. The difference is that this time, his female partner is not residing with him. Sadly, the abuser is relentless, and perhaps now even more insidious. For example, he may take out his resentment on her for leaving him by sneaking around her home and cutting her phone wires, confiscating her mail, or puncturing her car tires.

A woman simultaneously copes with the loss of the relationship. She loves him and grieves the hope of what could have been, the ideal, or simply the sad realization that he will not change. Furthermore, he may be trying to lure her back by promising he will change, sweet-talking her into returning. Conversely, he may threaten harming or killing her, her support networks, or their children to get her to return. He will use whatever tactics necessary to entice her back. He is noted for being charismatic, charming, narcissistic, and yet cunning. He is always justifying himself, as the abuse is always her fault.

Unfortunately, even if women do leave their abuser, they often return to that lifestyle either by resuming life with their prior partners or by entering into another abusive relationship. Women do not necessarily see this new relationship as abusive as it may appear in another form, for example emotional withholding abuse, as compared to physical abuse. This under-discernment of abuse typology usually leads to women once out of one abusive situation to enter into another abusive situation. They state that this new partner is not abusive. Yet, he is—just in a different way. Also, if she does enter into another abusive relationship, she simply may not realize it because in the beginning of the relationship, the abusive man is wooing her and his true personality is not evident. If women do return to the same abuser, he may initially alter his behavior to demonstrate that he has changed. Yet, once again, frequency, duration, and intensity of abuse build over time.

Childrearing issues become a major concern for women out of abuse. When they were in the abuse relationship, all their focus and energy was on their partner and they were primarily doing everything for him exclusively. When out of this environment, they

cope with feeling overwhelmed with having to be the sole caregiver and authority figure for their children. This is not a role the women are accustomed to holding when living with an abuser. The woman is consumed with self-doubt and low self-esteem while having to assume the roles of being the sole parent, disciplinarian, and economic provider. In addition, children are usually very angry with their mother for leaving the father or the male parental figure. The children may feel resentment towards their mother for breaking up the family unit and they may also be pleading for their mother to return to him. One of the tactics the abuser uses to keep the woman in the relationship is to manipulate the children. He may shower the children with gifts, be overly nice, or coerce them using fear tactics. Because these children have witnessed their mother's abuse, they perceive that she has no authority and this frequently leads to the children mistreating their mother as well. Children, especially boys, model the abuser's behavior, while girls internalize their emotions. Despite women generally obtaining custody, the road to abuse-free recovery, with the added stress of single parenting, is particularly difficult.

A major concern for women leaving abuse is their loss of personal identity. After years of being dependent on the abuser, coupled with the internalized belief that they have no value outside of the relationship, women are not able to cope effectively with the new struggles abuse-free life brings. These women are usually not equipped mentally, emotionally, or physically for the challenges required to dramatically change their lives. Furthermore, they cope with past trauma and grieve the loss of their partner and their former life. They feel remorse for their predicament and overwhelmed by an uncertain future. They are isolated, their support networks have been compromised, and they feel extremely alone. It is quite understandable that women return to abuse after feeling so

overwhelmed with their lifestyle change, isolation, and loneliness. They usually return to the same abuser because of familiarity and economic and emotional dependency.

Women cope with attempting to engage in self-care while also missing the familial unit and longing for love. They feel guilty for having their children involved. Conversely, they may take out their resentment and anger on their children. Obviously, they feel safer taking this aggression out on their children rather than the abuser, due to the extreme harshness of the abuser's retaliation. Thus, even though out of the abuse they still may engage in detrimental coping mechanisms in the same manner as when in the abuse. These include unhealthy focused anger, self-medicating or poly-substance abuse, experiencing fear and paranoia of his retaliation, feeling angry with themselves and with him, suffering depression, low self-esteem, embarrassment, shame, isolation, and vulnerability.

Themes of Mental Health

Women may cope with an array of mental health issues when in the abuse. Unfortunately, these issues can negatively interact with women's self-medicating and improper diagnoses. Women are usually verbally abused daily. This erodes their self-worth until they eventually feel worthless and powerless. Many continue to cope with these concerns after leaving the abuse situation. As a result, mental health issues may continue to exist or become evident as they seek help. Most notably, women in an abusive situation suffer from depression. They often have been isolated from social support networks such as friends and family. The abuser may also have isolated her geographically by moving the family out of state. She may not even have work colleagues as support because he has interfered with the relationships there or gotten her

fired through harassment tactics. As he may have had the sole means of transportation and telephone/internet communication, she may not be able to make direct contact with those whom she loves. Clearly, as a woman may see her predicament as hopeless, this perpetuates her lack of drive to initiate positive changes in her life. Mental health issues that surface in this spectrum stage of abuse may include: poly-substance abuse, bipolar disorder, PTSD, and suicidal and homicidal tendencies. She copes with feeling vulnerable and embarrassed, and these issues impede her ability to successfully leave the abuse.

A woman's mental health issues perpetuate long after she transitions out of abuse. Furthermore, these mental health issues may be exacerbated as a woman returns to the abuser or enters into another abusive relationship. In addition, new stress may threaten her mental health status further. It is not uncommon that these women have never been adequately diagnosed, especially if a woman has been in the relationship for years or decades. As a result, once a woman begins the recovery process through her contacts with a domestic violence program, she is thrust into attending sobriety meetings, counseling sessions, and locating a full time job. She is juggling attending workshops and job training, education classes such as parenting classes, deciphering transportation routes in regards to children's daycare, schooling/after school activities, all while working around her job schedule, and setting up a home for her family. Despite the rewarding one-on-one counseling, group counseling, and the various needed services, a woman may become easily flustered as she copes with the aftermath of trauma. After having been living as a dependent, in fear and isolation, mental health status becomes impaired due to this huge adjustment.

After transitioning out of the abuse, a woman must begin to cope with the travesties of her abused past. Some women may have an extensive abuse history. Revisiting this history stirs up emotional trauma, and a woman may experience anger, rage, and resentment towards her abuser. Women may cope by engaging in poly-substance. Yet, if they were not engaged in this coping behavior prior to the abuse, they generally do not begin engaging in this type of coping after the abuse. Furthermore, as a woman is reflecting upon her abusive past, she can easily become startled, being very uncomfortable, mistrusting, and nervous when persons unknown to her are behind her or are present. A woman may experience PTSD, flashbacks, nightmares, adjustment disorder, and isolation. In addition, she copes with depression usually due to the loss of her abuser, having to face the societal stigma and answer questions as to the demise of the relationship.

Throughout the court system process, a woman is continually bullied. The perpetrator continues his abuse in this legal arena. This includes issues regarding pressing charges and prosecution, custody of the children, and alimony and child support. She lives in fear, either real or perceived, that he is stalking and threatening her. Usually the woman is not paranoid, as he is harassing her. He is careful and clever not to get caught. For example, he may very covertly let his presence be known, such as by clipping her phone wires, sitting in a car across the street from her dwelling, and/or confiscating her mail.

Themes of Physicality

A woman displays generally a wide range of physical abuse, from minor to extreme injuries. Most physical abuse is incurred when in the abusive relationship.

However, when he stalks her or if she returns to him, physical abuse resumes. A woman may suffer from brain trauma, usually from him punching her in the head. This neurological injury may impair her judgment or reasoning capacity, which in turn may further place her and her children in jeopardy. A woman may have bruises, mostly on non-visible areas such as her upper arms or stomach. A woman of abuse will look and dress inappropriately, and not in accordance to the weather, to mask evidence of the physical abuse. For example, she will wear long sleeves in the heat of summer, wear excessive makeup or have sunglasses on at odd times. Other types of physical abuse include fractures and bone breaks such as broken noses, cuts, stabbing and gun shot wounds, black eyes, broken eye sockets, scrapes, scratches, lumps, and swellings from blows. She may have first, second, or third degree burns or scarring from burns from cigarettes, irons, or the stove. A woman also may suffer from broken ribs and concussions as he has kicked, beaten, and thrown her. Extreme physical abuse may even lead to paralysis.

Whether women are in or out of the relationship, they cope with a wide array of stress-related health problems. Women's high stress issues include anxiety, weight gain or weight loss, coping with obesity, anorexia, bulimia, sleeplessness or overindulgence with sleeping, fatigue, low self-care due to feeling hopeless, hair pulling, substance abuse, PTSD due to their emotional scars from the relationship, ulcers, migraine headaches, upper and lower gastro-intestinal track problems, nausea, high blood pressure, and lowered immune system. Their physical health, especially stress, steadily continues long after they transition out of abuse due to all the new stressors they must face. Women have been wounded. They are vulnerable to the outside world.

An abuser compounds a woman's medical ailments because he will usually not permit her to go the hospital and receive the medical care that she may desperately require. He also restricts routine medical appointments. A woman's physical symptoms negatively affect her mental status. This is further exacerbated by the stress of worrying about economic resources for their family. Thus, many issues are interwoven into women's coping when in and out of the abuse.

Themes of Childcare

Physical abuse often begins or escalates during a woman's pregnancy. In fact, the leading cause of death for a pregnant woman is homicide, which is often committed by her partner. Essentially, a woman is focused on the fetus and is usually receiving positive attention from others. This causes the abuser to feel tremendous rage due to his insecurities. Because she is not as consumed with him and is focused on the baby, he feels he is losing his control. Frequent miscarriages have been reported and for those children who are born, many do not experience normal development. Children may have delayed speech, fall behind academically, and do not meet the normal age level development markers.

A woman generally does not report that her children are also being abused. However, this often occurs as well. This omission may be caused by a woman's fear that this information will be used against her legally. Sometimes, however, an abuser purposefully does not abuse the children as a strategy to manipulate the children to yield to him during custody decisions, to lure her and the children to return to him, or to remain in the relationship. If she does report her abuser to Child Protective Services (CPS), it is due to his neglectful, verbal, physical, and sexual abuse of the children. Generally, he

manipulates the woman by threatening to report her as an unfit mother to the CPS system. If she and the children do leave him, he calls CPS claiming issues of abandonment or abduction. For example, he will threaten her continuously, stating that because she knew that he was molesting the children and/or that she engaged in substance use, the law will take her children away. He preys on her insecurities and vulnerabilities. He intentionally coerces her to stay in the relationship or if she flees manipulates her to return, using whatever means necessary. This may include pitting loved ones such as family and friends against her, threatening legal actions regarding custody, and/or harming loved ones including their children and pets. As he knows what is important to her, he uses any scheme to force her to remain with him.

Usually, the children acknowledge that he is good to them and that they should remain or return to him. He uses this information to entice and persuade the children to have their mother stay with him. She copes with his constant manipulation of their children, as he is usually the children's father, using them as pawns to control and coerce her to stay in the relationship. Even when she has left the abuser, he is relentless with obtaining custody and painting her as a bad mother. He manipulates friends and family, sometimes even her family, to testify against her legally.

Despite her leaving him, charges filed against him, and protection orders established, he is patiently relentless in manipulating the court system, including CPS, to get her to stay in the relationship. He refuses to admit blame and rationalizes that she is the one at fault. He coerces her via sweet talk and empty promises to return and thus, she violates the protection order, losing her credibility. On the other hand, he may threaten harm or death to her and/or her loved ones, including pets, unless she returns. The

mortality rate for an abused woman is highest after she leaves a perpetrator. He is arrogant and feels no remorse. Protection orders, CPS orders, and other legal issues against him do not deter him from coming after her.

On average, it takes seven times for a woman to leave an abusive relationship. She wants to make it work, thinks that if she changes and does better it will work, wanting so desperately to believe that this next time with him will be different and abuse-free. Usually a woman feels love for him and after leaving does miss him, the possibility of what could have been, and still feels at times a yearning that perhaps this next time the abuse will end.

A woman copes with their children being difficult to manage, especially when she is out of the relationship. She lives in fear that he will follow through on his incessant threats to abduct the children when they are at school or waiting for the bus. In addition, the children, like these women, live what they learn. Boys tend to model behaviors similar to the abuser being more outwardly aggressive, while girls tend to internalize these feelings, being more passive-aggressive and also tend to not be highly socialized with others such with family and friends. Children may be diagnosed with conduct disorders and oppositional defiance disorders as a result of their experiences.

When in the abuse and when out, the abuser tells the children, and they also see for themselves, that their mother does not have control, and tells them to not listen to her. When in the abuse the woman was accustomed to being submissive and passive and now being out she does not trust her own parental judgment. Issues such as potty training, feeding times, daily scheduling of activities for her children are overwhelming, when in, but especially when out of the relationship. The most distinct difference is that when she

is in a relationship she worries about his reactions, but when she is out, she worries about managing independently and as the sole authority. Children's emotional reactions lead them to rebel against their mother, mimicking the abuser, by stating grievances such as: "she broke up the family," "she destroyed their home," "they no longer have friends," "they miss their father," etc. They model the standards that were set by their father and pattern their behaviors toward their mother accordingly. This increases the difficulties for a woman transitioning out of abuse. These realities help explain why a woman stays in the abuse, maintaining a family structure that is familiar, even though it is dysfunctional.

Themes of Economics

Economic dependency is a major factor in why a woman stays or returns to the abusive situation. The lack of financial resources is the biggest concern for a woman when out of the relationship, as she usually struggles to provide the basics of food, clothing, and shelter. When she is in the abusive situation, the abuser controls all of the finances, such as taking her paychecks if she works outside of the home. However, most women do not work or are only employed part-time. Thus, this predicament leaves a woman to be reliant on the abuser's financial support. Even if the abuser is on welfare, he still controls her economic resources.

When out of the abusive situation, economics become a major concern. Often these women do not have a steady work history. In addition they need a place to stay, require job training, schooling, transportation, and childcare. The availability of shelters or transitional housing is limited and may not be an immediate resource for these vulnerable women. As most women have their children in tow, women cope with such

conflicting emotions of guilt for leaving, questioning if their judgments were correct in their decision, and being completely overwhelmed with having to begin a new life. Self-initiative, after years of abusive control, is difficult to achieve.

Immediate issues regarding housing and its associated costs can be overwhelming. Women often leave the abusive situation without sufficient financial resources to cover the rent, security deposit, and utilities. Emergency monies are limited and many women require employment to cover ongoing family expenses. Minimum wage jobs really aren't sufficient. Full time positions that provide adequate salaries with accompanying benefits are illusive, making a fresh start even more stressful. In the welfare to work program initiatives, there are still gaps in aiding women to economic self-sufficiency. For example, women who receive job training or go back to school for a GED may be penalized with receiving much needed welfare aid. Women generally do not have many marketable employment skills to earn an advanced income. Thus, women may not be able to obtain all of the monies entitled to them, specifically because of their needing time for the necessary job training and schooling in order to achieve an above minimum wage income.

Economic obstacles are usually the biggest factor for women returning to an abusive situation. Economic concerns that women cope with when transitioning out of this situation, as well as major childcare concerns, make returning to their previous, albeit dysfunctional, lifestyle more attractive. Hence, economic barriers keep them in or force them back to return to the abuse relationship.

Themes of Social Support Networks

If women have positive, healthy social support networks they have an easier time leaving the abusive relationship. Financial and emotional support is essential for a successful transition. If women do have social support networks, it is usually family, rather than friends. Sadly, many women's support systems during and after an abusive relationship are minimal.

It is not uncommon that a woman of abuse was raised in a birth family with blurred boundaries, where she experienced abusive or unhealthy relationships. If so, reconnecting with this system would not be a positive support measure for a woman. Additionally, the abuser has isolated the woman from most family and friends, which limits her support network. If the birth family is a potential resource, family members may be tired of the woman's previous indecisive attempts to leave the abuser and may not be willing to provide the support that she now needs.

Cultural and religious sanctions may also inhibit a woman of abuse. These belief systems may detrimentally impact the woman's decision to leave an abusive home.

Guilt imposed on the woman by her birth family as well as cultural and religious tradition barriers may take precedence over the unsafe environment in which she lives. A woman may feel conflicted to stay, made to feel guilty as her birth family reinforces constraining issues and coerces her to remain with him. In addition, she may not have many options awaiting her if she left. A woman's upbringing in regards to standards and beliefs influence her decision-making and how she defines abusive treatment, especially if divorce is seen as taboo. Hence, if a woman's family of origin has focused on aspects of

religion, tradition, and culture that prohibit divorce and uphold strong patriarchal values, a woman would have a more difficult time leaving the abusive situation.

Upon leaving, a woman attempts to reconnect with healthy, positive, social support networks, yet these are rare. Family members generally are more prevalent than friends as a strong, reliable source of support. Yet, even family support is scarce.

Neighbors and work friends are typically the most useful outside social support networks.

When a woman is in the abuse relationship there is minimal contact with family and friends. Upon leaving she tries to reconnect with them. However, a woman must cope with feeling embarrassed, shameful, and inadequate, thus making her attempts to remain abuse-free that much more difficult. Because of these issues, a woman transitioning out of abuse utilizes domestic violence networks and associate services such as one-on-one counseling, support groups, various agency providers, and 24-hour hotline services.

A woman of affluence may possibly cope with fear of embarrassment and of the abuser's retaliation, since as a couple they have been known as being of high status in the community and at social gatherings. He usually has the higher income or controls her income, has the means to control others in society, and can manipulate others to discredit her publicly, having colleagues influence others with court appeals or moving trials to another county, and cutting her off financially by closing checking accounts as these are in his name. Furthermore, she may not wish to have his or her family and friends know about the abuse, whether she is in or out of the relationship. A woman of affluence may actually cope with more stress directly because of the societal status. If she attends agency services she worries about others seeing her, being focused on keeping her issues

of abuse discrete and private. She may suffer societal stigma and shame more so than a woman of poverty.

Organizational Development of Service Delivery Needs

Several overarching themes emerged in regards to women's service needs. These service care initiatives are expressed by various service professionals who daily aid women in the spectrum stages of abuse. Women in the spectrum of domestic violence abuse cope with many aspects of their lives simultaneously.

Women require aid with substance abuse, depression, economic depravity, and self-care. They need to reclaim their lives and examine their past and current choices. For some this is the first time for doing so. Women struggle with, and require help with increasing their self-worth and self-esteem. They need to learn or relearn positive, self-talk and alter their negative thinking, as they have been brainwashed into believing they are worthless and their lives are hopeless. The abusive situation takes a detrimentally profound hold on their self-worth. Their identities have been eroded and their self-concepts have been shattered. Thus, women need both group and individual counseling to help change their negative thought patterns. With viewing women's needs holistically they should be linked to several services, having a wide array of referral options, as simultaneously, they need mental health and medical services to detoxify from the abuse, obtain proper diagnoses, and receive a thorough health examination from physical injuries incurred.

Women need help to improve their autonomy, parenting skills, and to engage in productive coping skills, such as using appropriate discipline with children, changing

lifestyle, and coping with fears of abuser retaliation. Women need aid to reconnect with positive, healthy social support networks and establish new ones as well. They require someone to listen to them without judgment as they cope with perceived societal stigma of abuse, daily stressors with children, and altering their views regarding their old generational beliefs of having been told to stay in the abuse or not get a divorce.

Regardless of spectrum stages, women require much guidance, supportive encouragement, and information requiring safety initiatives. Acquiring knowledge of job availabilities, bus routes for various services, safety planning, and information regarding court advocacy and the legal process are major goals. The women need to feel successful and have improved self-care and demonstrate self-initiative. They need economic resources including transportation, bus tokens, and quick cash for expenses such as utility down payments and security deposit funds.

Service Agency Demographics and Leader Distinctions

The previous sections detail the phenomenon of the experience of coping for women in the spectrum of domestic violence abuse from service professionals' perspectives. These professionals have also provided an understanding of the service delivery issues necessary to aid these women. Organizational leadership perspectives in this narrative demonstrate that although women are cared for via a holistic framework of services, the agency-to-agency relations uncovered reveal a possible fragmentation of care. What emerged through this process was a realization that the individual agencies that aid women of abuse do not necessarily view each other positively. This potential crevice in care, based on the agency-to-agency relations, may unfortunately become a negative barrier for women of abuse.

Regardless of spectrum stages of abuse, these women may require a variety of services, simultaneously, by different service arenas. Therefore, if interagency networking is not collaboratively working to provide that necessary holistic care women need, diminished service delivery may be occurring. This could lead to women not receiving the advanced care they deserve from these many service arenas. Organizational development initiatives should be extended toward building positive bridges and coordinating amicable relationships among these agencies. In this way, agency-to-agency networking may become more cohesive, collaborative, and cooperative in nature, thus improving the human services system to be a more collectively holistic unit of care to aid women of abuse. These service delivery leadership and organizational development initiatives will be more thoroughly discussed and critically detailed in chapter five.

The following section will describe the service provisions and philosophies of the agencies reviewed. There are several distinctions, or unique qualities that define or make distinctive, each agency reviewed in this study. These differences noted for each agency helped to scaffold initiatives regarding organizational delivery of care. Variances will provide informed support to leadership care initiatives for providers aiding women.

Agency A

The mission of this agency is to aid women with issues such as domestic violence, homelessness, and drug and alcohol addiction. The many, positive service distinctions this agency provides includes offering practical programs including parenting and household/life skills, budgeting of economic resources, job training, healthcare, childcare, education for women, K-6 transitional schooling for children, counseling, and

dependency recovery. The majority of services to aid women include domestic violence, sexual abuse, stressful home situations, unhealthy living conditions, job loss or lack of education, dependency issues, physical illness, linkage to available resources, and meeting basic needs of food, clothing, and shelter. This privately funded shelter focuses on meeting the needs of women and their children through ministry of the gospel of Jesus Christ, promoting spiritual growth and healing. This emergency shelter holds a sixty-client capacity for abandoned women and their children, providing mentoring faith-based services. The average length of stay is sixty days for women attending the twelve-step Serenity Program. Additionally, women may stay six months or longer if they need further aid such as setting up housing or locating childcare in order to better acclimate back into the community. They offer long-term programming and use tough love to aid women struggling with drug/alcohol addictions into contributing members of the community, while also improving family development initiatives. The agency hopes to turn these female domestic violence victims into survivors.

This is a first come, first serve agency with very strict rules, including mandatory Bible studies, aiding women with a supportive and encouraging safe haven. Providers have a Christian, advocacy leadership perspective, meeting women where they are currently in their life. Women are referred to this agency by churches, homeless shelters, and word-of-mouth. In relation to stages, many women here are transitioning out of the abuse, yet some are still in the situation and may actually return to the abuser after leaving the shelter.

This agency has some positive distinctions. It provides a very structured environment, having very strict rules for women. It has a Christian focus, having the

“God piece” that the shelter feels women need. The belief is that abuse is interwoven with issues of poly-substance abuse, mental health, and homelessness. However, this agency philosophy holds a stigmatized view of women of abuse: they perceive women in more of a victim-based mentality, viewing the women as engaging in bad habits and self-destructive coping behaviors, having many re-admittances, and having led a self-deprivation, lifestyle of abuse. They feel women “milk the system.” They usually observe that the abuser is on welfare and does not work, and that economics is not a reason for women to stay, as they both are on welfare. They feel that women decide that it is easier to not work and to collect welfare instead.

Additionally, this agency supports the belief that alcohol and drug addiction is the culprit, and aspects of addiction, homelessness, mental health, and abuse are all intertwined, perpetuating a lifestyle of abuse. For example, the abuser may be supplying the woman’s drug habit or he may prostitute her so they both receive monies for substances. Women’s physical health problems are not just caused by domestic violence, but also result from severe addictions. This agency terminology includes terms such as “needy,” “weak,” and “desperate” when describing women of abuse. Agency providers identified recidivism and re-abuse as major concerns, as women’s abuse lifestyle tends to be cyclical. The women this agency serves have minimal education and they are viewed as submissive and non-threatening. The agency believes that women see welfare as a sense of entitlement, and thus, they are not motivated to work outside of the home, as it’s easier just to collect welfare resources that may in turn perpetuate their addictions. Women are perceived as showing no initiative to better their lives and they “abuse the system.” Women seek immediate gratification and are tremendously dependency

oriented, especially upon the abuser, and now transfer dependency to the agency services. Abuse for these women is almost always generational, as this lifestyle of abuse is all they know.

Agency B

The mission of this agency is to advocate for women, provide a supportive environment, and be their voice. The focus of this agency is to keep women safe through safety planning, regardless of whether women are in or out of the abuse situation. This agency continually attempts to provide alternatives for abuse relationships, by linking women to various programs that advocate for them, through a respectful process of service delivery. Service care includes family violence resource guides, a 24-hour hotline by trained staff, a safe home, advocacy, intervention, and one-on-one and support group counseling programs. Children's services include preschool, after school, and other children's groups including child counseling, and many community outreach programs such as education and health and fitness classes. In addition, rape crisis services and adult survivors of childhood sexual abuse programs are provided.

Women of abuse are referred to this agency from various arenas such as drop-in shelters and hospitals. Referrals are also made by law enforcement and local courts, family members, or women can self-refer. This service agency strives to provide domestic violence court advocacy to aid women as they proceed through the legal process regarding issues such as prosecution of the abuser and protection orders. The service providers link women to outside agencies and provide them with their basic needs such as food, clothing, shelter as well as diapers, furniture, and transportation. This agency focuses on providing practical resources for women who request aid. In relation

to spectrum stage of abuse, the majority of women are in the beginning phase of leaving their abusive situation. Women are engaged in the legal system to press criminal charges against the perpetrator. This may include family court as well as criminal court systems. This agency boasts its integrated legal advocacy program, where women are less likely to fall through the legal system cracks with its aid. This collaborative approach makes the professionals believe they better aid women through this type of service delivery. This agency serves women throughout the spectrum stages of abuse, and focuses on meeting the women “where they are” in their lives in relation to their spectrum stage of abuse.

This agency has a few distinctions relating to service delivery via a leadership lens. This agency provides services such as giving women aid by providing financial and emotional referrals to other arenas, linking women to other agencies in the community. These service professionals perceive that most women they aid usually have suffered sexual and physical abuse more so than other types of abuse. The most frequently reported abuse type seen is sexual abuse.

In startling contrast with agency A, agency B providers believe that women really do have a very good sense of their needs. The agency believes that women are self-aware and cognizant of the programs that are available and are able to decide which programs are most suitable for them. It is understood that the women have the correct ideas of their own needs for services. Women are viewed as knowledgeable and positively self-aware of their service needs, as their ideas are appropriate. Women lack access to the tools to make leaving the abusive situation happen. This agency tries to promote self-efficacy by providing these resources.

Agency C

This resident housing agency provides a safe place for women and their children transitioning out of abuse. It may also provide short-term housing for women before returning back to the perpetrator. However, most women are transitioning out of abuse, as this is often a second level of housing services received. This is a refuge for new beginnings for women and their children. The mission of this agency is to help women who are homeless or low income by supporting them and providing them with the services they need, while facilitating women to aid each other through nonjudgmental support. This transitional housing program provides newly renovated, private apartments for the residents. Women must be responsible tenants and contributing members of the community. They are generally referred from other emergency shelters, yet this transitional housing facility also takes women in crisis. Women can also be referred by counselors at other service arenas or by professionals aiding them with their domestic violence issues at hospital emergency rooms, homeless shelters, and self-referrals.

The housing complex provides a long term, supportive care and a transitional housing program where many services for the women are provided directly on-site. Outside agencies provide various in-house services that include education, individual and group counseling, family development specialists, which includes parenting classes, substance abuse assistance, economic/financial management, and job skill training such as culinary, hospitality, and nursing. Childcare is also provided. This agency partners with neighboring colleges, schools, community projects, and engages in community activism and preservation. Eligible clients include homeless, single women; young

women aging out of the foster care system; homeless mothers and children; and married women attempting to escape from abuse.

This facility maintains a structured, regimented schedule and all women must follow very strict rules. Women must be willing to be fully participatory in all programs. A woman's stay is very busy, as she must attend classes, meetings, and workshops on a daily basis. The service delivery initiative is to provide basic life skills training as well as to promote self-sufficiency for women.

These providers view that for women of abuse, improving parenting skills is vital. They perceive that women are ill-informed or never properly taught about childcare issues. Women's disciplinary style is seen to be either too lenient or too harsh. This treatment consequently extends into everyday childrearing practices, such as potty training and bottle-feeding. The professionals in this agency state that they see women struggling with children issues. Additionally, the women often report that the abuser physically abuses the children causing these women to be concerned about future custody issues. For example, since a woman knows that her abuser is physically abusive to the children, and that he knows that she also is aware of this, the woman fears he will use this information to obtain custody of their children. Thus, he manipulates her dilemma. He threatens to, or actually reports to CPS, that because she is aware of his abuse to their children and she has not reported him, she is guilty of being an unfit mother, putting her children in harm's way.

The service professionals in agency C and agency B vary in their perceptions. Providers in agency C believe that women, in contrast with agency B, are not cognizant of their service delivery needs. These providers see that women do not believe that they

even require services, feeling that women think that they can handle their abuse issues on their own, without service care. As a result women do not always attend the mandatory programs required as a condition of residency such as: education, job training, substance abuse deterrence, and parenting.

Agency D

This non-residential domestic violence agency's mission is providing an advocacy-based program for women of abuse. Service delivery initiatives that address issues of spouse, date, elderly, child, and parental abuse are provided. Additional services address rape and date rape, suicide prevention, and crisis intervention, a 24-hour hotline as well as ongoing collaborations with neighboring hospitals and other service providers. This agency is dedicated to promoting the health and well-being of women of abuse through full access to services that provide immediate intervention, prevention services, education, and other community-wide resources which are available twenty-four hours a day, seven days a week. Additional resources include case management, criminal justice assistance, individual, group, and family counseling, economic resources, victim compensation help, and education and job training skills. This program maintains additional satellite offices that offer phone counseling, advocacy, and mobile crisis response units, and collaboration with law enforcement agencies. Emergency outreach services for the homeless and individuals with mental health needs are also available.

Women are referred via hotline calls, self-referral, therapists, primary physicians, legal service providers, law enforcement, and medical staff including ambulance workers, and emergency room visits. Providers always attempt to meet women where they are in their lives to meet their needs and help women both in and out of abuse. When in the

situation, women require services related to case management therapy, linkage to other service arenas such as for housing and financial needs, phone counseling, and giving information regarding protection orders and options available to them. Because of this program's hospital emergency response service, a majority of the clients are still in an abusive situation. When women are out of the situation, this agency provides legal advocacy, linkage to housing, childcare help, economic resources, and other basic needs such as food and clothing.

Agency D providers do not usually see women return to abuse. They see a high number of women reporting sexual abuse, such as partner assault or marital rape. Women seen in this agency generally have an occupation, either working full time, but more likely, part time. Also, these providers see many women who leave abuse who do not return to their abusers. They are successful at altering their life situation in a more positive way. In addition, they explain that the women maintain their employment status, not leaving their jobs. They also see more positive coping strategies such as journaling and art therapy. Women are usually not engaging in self-destructive or detrimental coping behaviors.

Agency D professionals state that women leave abuse more often. They also view that the women transition out of abuse with greater ease. This is in total contrast with what was detailed by agencies A, B, and C.

Agency D providers see women with a range of socioeconomic status, but many women are of a higher status, usually middle and upper class levels. These professionals see much more positive coping for women, especially once out of the abuse situation because these women have been able to obtain the services necessary to start their lives

over again. Successful outcomes include a new life plan, improved resource management, and participation in educational and life skills programs. Over time these women grow to have higher self-confidence, self-care, and self-esteem.

In addition, these professionals explain that even when women are in the abuse situation, they engage in healthy coping behaviors. This agency also stated that women who have not yet left their abuser, but have received some services, demonstrated improved coping skills while still in the negative environment. Examples include improved coping by keeping in contact as much as possible with family and friends and attending exercise classes and individual or group counseling sessions. Furthermore, friends and family are noted as generally being positive social support networks for women, with birth families sometimes being viewed as being healthy and non-abusive.

Agency D is the only agency that mentions friendships for women as a positive attribute that needs to be fostered. This ongoing networking with friends and family may be a strong factor in how women have a smoother transition to becoming abuse-free. Positive social support networks enhance client well-being. When women do not have this support and have not learned positive coping skills, they may turn to detrimental coping behaviors such as self-mutilation or cutting.

The four agencies share some commonalities. Agencies A and C both house women on their premises and have strict, rigorous schedules with specific programs that the women must follow. These agencies usually see women who have a lower socioeconomic status. Also, because the women have issues of generational abuse they may find this lifestyle comfortable, as they are accustomed to it, and see abuse as a sense of normalcy in their lives. As the lifestyle of mistreatment and abuse become

normalized, any other environment is frightening and unthinkable. The rigidity found in these agencies provides a secure foundation for learning a new lifestyle. Both agencies perceive women as timid and dependent, with most having childrearing and substance abuse issues with which they cope.

In contrast, agencies B and D perceive that substance abuse is not necessarily a coping mechanism and may not be interwoven with the abusive environment. However, both agencies identify that women of abuse frequently cope with eating disorders. In addition, providers at agencies B and D believe that employees at other agencies are not doing their jobs adequately and are not being held accountable to improving the outcomes for women of abuse. This subsequently leads to diminished care for the victims of abuse. Ultimately, increased accountability by all agencies is needed to coordinate and deliver the complex services these women need in order to escape a life of abuse.

Leadership Perceptions Unique to Service Professionals

By more clearly understanding leadership interpretations regarding women's coping, service initiatives, and providers' unique leadership styles, advanced care may occur. An additional component of this research was to ascertain service initiatives for women of abuse in relation to the leadership style and organizational development of each agency. To determine the leadership style influences in each of the agency provisions of care, it is important to describe general demographics for these service professionals. However, in keeping with strict adherence to this study's compliance regarding safety, confidentiality, and ethical guidelines, this author will only provide

collective information that explains a general understanding of the interviewed leaders and agencies.

Two direct service case workers were interviewed from each agency. All eight of the research participants were non-abused females. Their ages range between approximately twenty-five to fifty years. Their educational statuses ranging from entry level, human service positions with a bachelor's degree to upper level, administrative positions with a master's degree. Each of the interviewed professionals has worked in the human services profession for five years or more, extensively in the field of family domestic violence. Their individual, professional, and leadership perspectives are described below.

AI

As a Case Manager, she believes her leadership role includes continuing to improve aid to women by connecting them to appropriate resources, gaining their trust, making them feel safe, and getting them to face and deal with their anxieties by educating them about the abuse cycle. Although she feels the agency works well with other agencies, there are aspects that annoy her in the human services system such as the welfare system of entitlements, as it enables women to not work and rewards irresponsible behavior. She feels that stricter rules need to be in place at other agencies, such as enforcing drug testing and curfews. Other system criticisms include referral waiting periods, scheduling, and other arenas not adequately meeting women's needs such as not providing them with the proper finances or mental health diagnoses. Thus, her agency feels compelled to intervene, as she sees women's referral needs fall through the cracks. Her agency could improve if there were fewer time restrictions, as currently

they do not have enough opportunity to focus on counseling women or providing the extra programs relating to issues of sexual abuse, grief, and loss. Increased educational training workshops for staff on domestic violence would also be very beneficial.

A2

As a Childcare Director, she defines her role as comforting the children and helping women to become more self-confident and feel safe, provide encouragement, and aid women with their immediate concerns. She feels her agency is understaffed for the high volume of women they serve, and unfortunately, some women may not get the assistance they need. She perceives a lack in service continuity with other agencies, minimal sharing of client information due to confidentiality restraints, which then hinders scheduling of services and delays care. Additionally, this provider perceives that there is a lack of concern for women and children by other agencies regarding schooling issues such as curriculum and bussing needs. She is annoyed that other agencies do not see the urgency in women's needs, and subsequently views these agencies as uncompassionate. This provider identified the need for more training regarding abuse (especially with children's issues), increased staff, and guidance on how to better navigate women through the service system. Time constraints, which limit client interaction, are also problematic. She feels consultants via support groups are needed regarding substance abuse, poverty, and how to become abuse-free.

B1

As a Domestic Violence Counselor, her roles include group and individual counseling via walk-ins and phone referrals, helping clients feel safe, providing practical needs, and meeting their immediate service needs. She feels that there is too much

paperwork and not enough staff at her agency. She feels service gaps at her agency include a lack of face-to-face counseling time with women, limited resources, and diminished cash availability to aid women with security deposits and utility bills. She is frustrated with other agencies, such as schools, because they do not acknowledge how abuse has detrimentally impacted women's children. She believes that other agencies are not compassionate or understanding of how overwhelmed women are as they engage with various service agencies. Having said that, she also stated that women do milk the welfare system, and just want handouts. This professional believes that other agencies need to be aware of her agency's limitations and should be more respectful of boundaries of care. Her agency requires improvement by adding staff and becoming more open-minded and reflective of women's needs. This agency also should have workshops with law enforcement to provide more cohesive service delivery and coordinate resources.

B2

As a court advocate, this provider helps women transition through the legal process by providing counseling, referral information, and further understanding of issues such as family court. She is concerned that her agency does not always have the transportation resources available for women, as they require multiple services throughout the region. Additionally, she feels the women need ongoing reinforcement of legal issues, accurate feedback, and support to continue with the abuser prosecution process. She is frustrated that other agencies do not do what is required of them regarding accountability of personnel and agency goals, that confidentiality issues such as waivers are time-consuming, leading to decreased information and, ultimately, to diminished care. Because of the complexities that these clients bring, keeping them on-

board by navigating them through the prosecution process is challenging. Other agencies need to see that women are overwhelmed with juggling numerous service arenas at once and should be more collaborative in their efforts. She feels her agency could improve if it had more funding for programs, increased counseling services for the women, a more expedited legal response, and more reassurance for women. Additional agency education and training regarding domestic violence as well as improved literature resources would be beneficial. One specific need is education on helping children navigate the legal process.

CI

This provider is the Director of this agency. She oversees all staff members while also providing direct service care to women, counseling, and locating housing and additional resources helping women to maintain self-sufficiency. She is concerned by a lack of government funding to increase staff and to offer more programs such as childcare, transportation, and education. She is frustrated with the overall system. Because other agencies have varying missions and goals, this leads to variances in a commonality of an overall picture for delivery of care, as each agency has different concepts regarding beliefs of women's needs and varying interests of their outcomes of care for women. This system problem leads to agencies not always being on the same page when attempting to work together. Scheduling conflicts come into play with service delivery such as timing, meeting mandatory program entrance deadlines, and welfare issues with needing to provide women accessibility to better paying jobs that permit them to stay employed as they have to pay for childcare. Her agency needs to better coordinate with other agencies, managing constraints of other agency turf issues.

C2

This professional is a Family Development Specialist. She provides advocacy via group and individual therapy for women and their children by meeting their immediate concerns, and coordinates many services such as transportation, education programs, and providing various referrals. She is frustrated by scheduling conflicts of services that women require, time management dilemmas that inhibit regular counseling sessions, and the lack of funding that limits staffing services for women. Additionally, she is angered that other agencies lack accountability and do not take ownership of and are not properly engaged in their delegated roles to aid women. A system problem emerges when there is either no support or there is duplication of services needed for women. This provider feels there must be more cohesiveness and reinforcement of service care through inter-agency collaboration: increasing coordination, holding others accountable, and having more multiagency meetings. Her agency needs more staff and increased educational training from experts regarding women's mental health issues. Increased client services such as transportation and parenting classes would also be helpful.

D1

This professional is a Therapist, providing individual counseling, linking women with other services such as housing and legal counsel, working with them on trust issues, advocacy, and meeting immediate needs. She engages in public service, such as speaking engagements, community awareness, and marketing for increased awareness and funding. Although she supports the core value of client self-determination, she is annoyed when women do not keep their appointments, are stuck in a self-defeating mindset, and do not hold themselves accountable for their behaviors. She is frustrated that the system is not

meeting the mission of eradicating abuse, as other agencies are not doing what they say they are going to do regarding women's care. She is also annoyed with confidentiality regulations as this inhibits service care delivery. Additionally, the philosophies and politics of other agencies limit progress. This includes disagreements regarding the suitability of services, with some organizations such as churches and schools not wanting them to discuss the harsh truths of abuse, such as rape. These attitudes perpetuate the cycle of abuse. She feels her agency needs improvements with agency-to-agency continuity of care, education regarding dynamics of abuse, and better navigating of services for women with mental health, CPS, and legal issues.

D2

This provider is a Domestic Violence Coordinator, linking women with services including rape crisis, sexual assault, and family intervention. She helped develop, in collaboration with other agencies, a coordinated, multidisciplinary response strategic plan for women. She is frustrated by variations among agencies via conflicting philosophies, territorial and egocentric issues, and provider politics such as personality differences and personal agendas, as these negatively impact coordination of services. She feels the problem is with other providers not meeting their intended responsibilities, with no follow through with accountability and with women's care, as providers are not following agency mission and goals. She believes there is a need for joint ownership with agencies, holding each other accountable, and increased coordination. Law enforcement needs to see the big system picture, providing enhanced advocacy, eliminating fragmentation of care, and focusing on the system's shared vision of working collectively. She feels her agency must see the big system picture by working more cooperatively with other

agencies respecting varying views and goals; increasing funding, staff, and training; and providing workshops with other agencies that would improve communication.

Findings of Service Professionals' Leadership Style Approaches

Included in this study are the leadership style approaches responses that were circled by the female service professionals who participated (see Appendix C). The leadership style approaches that were circled by these research participants were included. Certain leadership style approaches emerged from this data. There were similarities and differences regarding the eight participants from these four agencies.

In analyzing Appendix C, it was interesting to see how in lieu of agency focus, the leadership style approaches followed in similar suit. The majority of the eight participants in this research selected more collaborative-based traits, which include: assertive, interactive facilitator, service arena vision focused, unifier, collaborative, and internal agency driven. Every professional participant from each of the four agencies selected "people driven." Although some traits may be more agency-driven, the overall concepts demonstrate that the providers thrive on working cooperatively with others, especially those within their own agency.

Unique trends emerged within individual agencies. For example, Agency B professionals did not identify many leadership style approaches. In fact, this was the only agency that did not have the "relater" trait identified as a key leadership characteristic. This agency did not make a distinction or unique stance for any specific leadership qualities.

However, certain other agencies made distinctions that corresponded to their agency focus. For example, both Agency A professionals identified traits such as: safe

player, interpersonal, informal, intrinsically motivated, and group decision focused. As these professionals stressed the spiritual aspect of their agency, they also stressed the important qualities they see, such as being low key, needing personal inspiration, and appreciating their agency.

Interestingly, responses generated similar results from both providers from both Agency A and Agency D. Agency A providers have the religious and informal agency focus. They work in a low income, high crime area where they daily see women struggle with poly-substance abuse issues and because most receive welfare benefits, they need significant financial support. Conversely, Agency D providers generally work with women of affluence. Their agency location and the population served are not as in need, and religion is not a central focus. Yet, these two agencies have similarities in leadership style approaches including: shared responsibility, values/morals based focus, and responsibility self-initiator. Thus, perhaps just because one's given agency thrives on its "God piece" does not mean that another agency, although quite different, does not share similar qualities. Hence, professionals can exude moral and ethical conduct without being religious.

Specific styles for agency D providers included aspects such as: rational/sequential focused, agency goal focused, agencies networking driven, and creatively innovative focused. The leadership style approaches generated by both providers may result from their clientele having higher educational status and coming from more affluent backgrounds. The agency's geographic area is less crime-driven, and providers focus on community awareness and creating cooperative partnerships.

Agency C professionals also had a few unique distinctions regarding the leadership style approaches they noted. Both these providers selected traits including inspirational motivator and performance focused. This agency provides a wealth of varying services in-house, bringing the care for women of abuse directly to the agency so that the women served can receive all of the needed support at one location. It is fitting that the professionals identified these traits as it may indicate that they need to demonstrate their utility and vitality to the other service care providers in the community. Additionally, these professionals may view themselves as providing the women of abuse with the motivational tools required to engage in multiple services.

CHAPTER V

DISCUSSION

Introduction

This chapter consists of coping in the spectrum of domestic violence abuse in relation to leadership implications. This next section will discuss ramifications of the professionals' responses supported by this study's review of current research. The information will include service professionals' leadership style approaches and organizational development service delivery initiatives.

The Phenomenon of the Experience of Coping in the Spectrum of Abuse

This research helped to better understand holistically women's coping in the spectrum of domestic violence abuse from a leadership lens. The study further illuminated commonalities and distinctions to improve organizational service delivery initiatives for those professionals aiding these women. Thus, as reported by current research, it is evident that women of abuse regardless of spectrum stages of staying and leaving cope with many simultaneous ecological issues that service professionals who aid them observe on a daily basis. These include aspects such as economic and social supports, medical and mental health, and substance usage (Campbell et al., 1997; Fry & Barker, 2002; Kirkwood, 1993; Roberts et al., 1998; Walker, 1991; Zosky, 1999).

A woman of abuse has usually lived in a lifestyle of abuse from birth. Regardless of socioeconomic status, she has experienced throughout her lifetime family conditions such as blurred boundaries, control, physical abuse, and sometimes sexual abuse. She perceives this dysfunctional lifestyle as normal. Although abusive, this lifestyle provides security, as it is all she has known since her childhood. As she fears the unknown, this

unhealthy family pattern is familiar and seems natural. Family traditions play a role in a woman's decision making, which may also include issues such as cultural or religious sanctions that confound her choices to return or leave abuse (Anderson, 2003; Axelrod et al., 1999; Culross, 1999; Hewitt & Smale, 1997).

These women generally have always been exposed to generational mistreatment. Thus, a woman of abuse lives what she has learned. This factor becomes tremendously powerful as a woman sees how her birth family members coped with abuse, which potentially determines how she will cope. A woman who may be receiving services, regardless of abuse stage, may also be facing for the first time the aftermath of the atrocities she endured in her unhealthy childhood home life. When a woman is in the abuse relationship, she frequently copes by engaging in self-medicating, substance use to the point of poly-substance abuse using illegal drugs and/or alcohol, and not uncommonly, prescription medications. This creates a detrimental medical health status and exacerbates her compromised mental health status (Saarijarvi et al., 1997; Sutherland et al., 2002).

Substance abuse is evident throughout the spectrum of abuse. If a woman used substances when in the abusive relationship, she most likely will continue to cope in this manner when out of the relationship. Yet, the amount and frequency may diminish over time if she is transitioning toward living abuse-free. Unfortunately, much recidivism occurs, including returning back to the abuser, as a woman fails to eliminate her self-destructive coping behaviors. Therefore, whether in or transitioning out of abuse, women's coping is ecologically intertwined (Campbell et al., 1997; Hattendorf et al.,

1999; Lazarus & Feldman, 1984; Mayer & Coulter, 2002; Mills, 2003; Schiff et al., 2002).

Women of abuse frequently have a diagnosis of depression. They exhibit low self-care and manifest detrimental health responses such as eating disorders because they choose self-comforting strategies that they believe will alleviate the stressful environment. Women's coping with abuse is complex and interwoven with multiple dysfunctions (Danielson et al., 1998; Tolman & Rosen, 2001). Whether a woman is in or out, she lives with a feeling of immense fear. If in the abuse, she is fearful of the next abuse incidence. If she has left the abuse, she is fearful that the abuser will stalk her, which often manifests as paranoia. Unfortunately, these fears may represent the actual reality (Campbell, 2002).

Abuse is a life pattern for a woman. It crosses all socioeconomic boundaries and is non-discriminate. Another coping commonality for a woman of abuse was defensive storytelling. This detrimental coping mechanism contributes to a woman's decision to stay in the abuse. A woman alters her cognition to view the abuser's harm to be that of jealousy because he loves her so much, or that he abused her because it was her fault that she did not have dinner ready on time (Buchbinder & Eisikovits, 2003; Truman-Schram et al., 2000). In addition, she engages in self-blame. As a woman's learned helplessness further compounds staying in the abuse, as she continually endures suffering in the degrading relationship (Herbert et al., 1991; Stewart, 2004; Walker, 1979).

When women are transitioning away from abuse, despite being physically out of the abuse, they still live with constant fear, feel unsafe, suffer from depression, and have low self-esteem. In addition, they cope with conflicting emotions of the love for the

abuser, hoping that the relationship could change while also coping with altering what they considered normal in their lifestyle of abuse (Ben-Ari et al., 2003; Carlson, 1997).

If a woman does return to abuse, she usually goes back to the same abuser.

Generally, this occurs within a couple of months. When a woman is out of the abusive situation for a year or more, she is more likely to remain abuse-free. Reliance on services is a vital component to her success along with her own commitment to moving forward with her life. A woman in the transition phase of becoming abuse-free copes with high levels of anxiety predominantly due to the fear of the unknown. She must simultaneously engage with various agency services while also coping with other issues such as seeking adequate day care and employment. A woman may need to get intensive cognitive therapy in order to adjust from a lifetime of living with abuse. Self-destructive coping behaviors for women of abuse must be replaced with healthy, positive coping in order to improve their well-being. These include exercise, healthy eating, and journaling, as these facilitate a woman's progress (Duffy et al., 1999; Monahan & O'Leary, 1999).

After women leave an abusive relationship, they cope with such aspects as establishing a new home for their family. As women usually have custody of the children, getting financially situated becomes vital. These women usually require the basic necessities for a home and economic aid. They often are seeking full-time employment while simultaneously trying to obtain both medical and mental health services. They are also attempting to reconnect with fragmented social support networks. Furthermore, they are trying to navigate the legal system regarding custody issues and protection from abuse orders due to perceived and potentially very real stalking and harassment behaviors of the perpetrator (Finkelhor et al., 1993; Morrell & Rubin, 2001;

Resnick & Acierno, 1997). These are daunting tasks for a woman who has left an intimate, abusive relationship and has internalized the perpetrator's lies that she is inadequate and incompetent (Gollnick & Chinn, 2002; Johnson & Indvik, 1999; Kurz, 1998; Warshaw et al., 2003; Wilcox, 2000).

When a woman does attempt to transition out of abuse, she also grieves the loss of her relationship, and the hopes of what could have been if he were not abusive (Humphreys, 2000; Kilpatrick et al., 1997; Krishnan et al., 2001; Landenburger, 1998; Lutenbacher, 2003; Moore, 2003). Adjusting to life without her intimate partner is difficult because even though he was abusive, she was not alone. Now out of the relationship, she copes with loneliness since her only positive social support networks may be the social service agencies.

Service Quality Enhancement Initiatives

The service professionals who aid women in the spectrum of domestic violence abuse who participated in this study all expressed a common theme that women require an array of holistic services in order to transition successfully. The providers understood and demonstrated in their practices that women's service needs are wide-ranging, diverse, multifaceted, and complex. Their interviews had several suggestions and implications regarding how to provide more effective services.

Service providers must meet the women where they are in their life, permit self-determination, and while continuously offer safety planning and multiple options to assist these women to get reestablished in life. By fostering self-sufficiency while providing structure and boundaries, professionals aid women in gaining the skills needed for independence (Roby, 1998). Over time, these women learn how their childhood issues

and relationships influenced their adult life relationships, and they recognize how their unhealthy choices were self-destructive patterns. Initially, women are defensive and self-protective. Domestic violence professionals recognize that women must be willing to engage with the multitude of services and reformulate many life style choices from their past. Women need to be taught self-protective and self-reliant initiatives, focusing on themselves and how to improve their self-worth. This requires ongoing therapy that allows them to work on cognitive restructuring with the ultimate goal of independence, self-sufficiency, and a sense of safety and peace (Merrell, 2001).

To improve women's self-esteem and self-determination, providers believe that they need to permit women to make their own decisions regarding their lifestyle and abuse issues. Service delivery initiatives must focus on this philosophy (Lee et al., 2002; Wathen & MacMillan, 2003). Advocacy for women of abuse means not dictating to them what they should do, since this is what the perpetrator did. Service delivery initiatives that are best for women of abuse, regardless of spectrum stages, meet women where they are in their abuse stage, do not coerce them or try to get them to leave, but rather provide them with the care and assistance that they request (Bybee & Sullivan, 1999, 2002). For example, women may call a domestic abuse, but not want to leave the abusive home. A nonbiased therapist will listen to her, allowing the woman to vent, be compassionate to her in her situation, and hold their own judgments in check.

Professionals must guide women via client self-determination, permitting them to make their own choices as to what they need to do. These women also must be educated regarding the cycle of abuse in order to make more informed decisions in their lives. Women need the counselors to serve as guides, since clearly the women are the experts in

their own personal experiences. A woman of abuse knows her abuser best, having learned his moods, reactions, and what triggers an incident.

As women cope with tremendous dependency issues due to their abusers, service professionals need to be cognizant that counter transference may occur. Caution must be taken so that the women do not substitute dependence on their counselor for the abusive relationship they just left. Hence, a “catch 22” may exist regarding women’s service delivery being driven by client self-determination versus women’s clearly demonstrated dependency relationships fostered by the abuse. It is important to be aware that women of abuse, regardless of spectrum stage, may not have the interpersonal skills necessary to cope in a positive or non-adverse manner (Donaghy, 1995; Weisz, 1999). Thus, this contradiction may be a serious roadblock for care and must be considered by the service providers assisting them (Davies, 1998; Mills, 1996).

Leadership Style Approaches and Perceptions

In review of the leadership style approaches identified by the eight service professionals, the themes and distinctions are appropriately related to leader perceptions regarding women of abuse. These leadership perceptions correlate to the individual agency philosophies. For example, the service professionals who work with more upscale women are more rational and outreach-oriented to the community. Conversely, service professionals that aid women who are financially needy and work in high crime communities demonstrate initiatives that include financial assistance and other resources that will allow women of abuse to become more independent. Thus, the professionals’ responses, leadership style approaches, and leader perceptions, generally correspond or match their own agency goals, philosophies, and areas in which they work. It is clear that

the leaders engage in leadership initiatives that directly relate to the clientele they serve, where how they serve and the locations where they work match their perceptions.

The leadership characteristics for these service professionals were considered positive in regards to viewing women of abuse holistically. In addition, the providers demonstrated leadership traits that mirrored current leadership trends discussed in this study's research. They thoroughly enjoyed their own agency viewing it as collaborative, interactive, and positive, where they could each flourish in their own leadership roles. Furthermore, the leadership style approaches they reported were very conducive, amicable, and demonstrated that for their own agency, it is a cooperative and boundary free working environment that served its clients appropriately.

The service professionals interviewed perceive that service delivery initiatives must be dedicated to providing a holistic model due to the women having many needs to be met simultaneously. In addition, they believe that women need an integrated and collaborative service delivery care system with all agencies that aid women of abuse. Furthermore, follow-up care in cooperation with other service arenas is also necessary. The service professionals interviewed felt that more shelters and transitional housing are needed, and government and county funding should be increased to provide agencies with more personnel that ultimately would increase and improve service care for the women.

Professionals perceived that they demonstrated leadership style approaches that are positive, effective, and current 21st century leadership traits. All four agency professionals interviewed reported that their leadership attributes included being collaborative, mission-driven, and facilitating interaction and communication.

Additionally, they also perceived themselves as being people-driven. Each professional had strong agency loyalty and commitment. Furthermore, additional leadership characteristics included being proactive, self-initiating, and assertive. Many providers stated other positive leadership qualities such as being creative, moral, unifying, intrinsically motivated, and possessing high agency morale.

These leadership style approaches reported by the female service professionals are clearly aligned with 21st century leadership initiatives and are supported by this study's research, being cooperative, collaborative, interagency network driven, and recognizing the all-encompassing, holistic, multifaceted, and complex needs for women of abuse. Specifically due to the fact that each provider interviewed is female, they may have a heightened advantage in their therapeutic approaches. Current research in leadership regards women as leaders who demonstrate certain unique feminine qualities, the qualities also shown by these female service providers (Helgesen, 1990). These enhanced gender leadership traits include viewing an organization within a broader system, being more motherly, nurturing, non-hierarchical driven, and understanding the necessity for networking with others in the larger system of service delivery (Helgesen, 1995).

Additional traits that these women professionals exemplified include being values-based, developing high-quality relationships, fostering integrity, and having an aptness for continuous improvement through enhanced learning, utilizing consultants, and participating with others (DePree, 1989; Senge, 1990; Wheatley, 2002). Other positive leadership qualities reported were such initiatives as being interdisciplinary in their work, integrated, inter-collective, motivating self and others to excel, understanding

and tolerant of other agencies via respecting their missions, and embracing agency alterations for the betterment of services ((Bloom, 1997; Bolman & Deal, 2003; Hoy & Miskel).

Leadership attributes supported by research include demonstrating stewardship with relationship building, servant leadership with possessing inspirational insightfulness, productivity, knowledge, cooperation, and trustworthiness (DePree, 1989; Greenleaf, 1977; Sergiovanni, 1992; Wren, 1995). These transformational leadership patterns are in the forefront for organizations entering into the 21st century, with these types of initiatives being effective, influential, accountable, adaptable, dedicated, having ingenuity and integrity (Hoy & Miskel, 2001; Senge, 1990). The professionals interviewed demonstrate these attributes.

Agency Issues of Concern

In analyzing the findings from this research, some areas of concern were identified. Each agency is unique. These unique qualities provided ideas that could lead to improved service delivery for women of abuse.

Agency A service professionals possessed a distinct victim-based perspective towards women of abuse. This was due perhaps to the fact that the majority of their clientele experienced a lot of recidivism, re-abuse, and poly-substance abuse. However, could their unique leadership lens make for an agency-fulfilling prophecy? Perhaps if provider perceptions were altered to view clients in a more positive light, such as not viewing them as meek, weak, and milking the welfare system, this changed approach could lead to advanced outcomes for women served. To provide improved service

delivery to women of abuse, this agency should embrace a less negative perception of their clients.

Agency B providers identified gaps in care as a major concern for women of abuse. Despite their statement that this agency worked collaboratively with other agencies, fragmentation of services impeded an integrated service delivery approach. These professionals felt that women did not always receive the knowledge reinforcement of the legal system they felt women required. Thus, although they made it a point to describe how collaborative and systems-driven they are, they still also feel that cracks exist which limit women in receiving unified care. Increased interaction with other agencies within their integrated system would promote more comprehensive services to women of abuse.

Both Agency C and D providers had concerns regarding politics and accountability issues from professionals that work in other agencies. Specifically, they identified poor job performance, limited ownership of initiatives, personal agendas, and turf and boundary issues that interfered with system-based meetings and collaboration. However, the service providers in both agencies, despite these setbacks, did not let these negative viewpoints deter their leadership initiatives, serving the women. Perhaps the agencies could benefit from having extended opportunities with other professionals in other agencies. Collaborative training opportunities, intentional interaction with other agencies, opportunities to share together in a relaxed, unhurried atmosphere could increase agency-to-agency relationships. This could also improve their systems-based service delivery and advance care for women of abuse.

The service professionals interviewed for this research study demonstrate in their service delivery a holistic ecological understanding of women in the spectrum of abuse. This is the good news. The unfortunate news involves organizational concerns stemming from the larger, systems perspective. Although each of the professionals clearly supported their own agency's mission, their view of other agencies was less positive. While the professionals did not directly interpret other agencies to be deficient, they all felt that their agency-to-agency relations were generally too scarce, infrequent, and limited because of time constraints.

The agencies are self-focused with independent agendas in regards to service delivery for women of abuse. Yet, in order to really serve their clients, these agencies must embrace boundary-free, collaborative agency initiatives, and their focus must also be turned outward. Each agency should move towards an agency-to-agency, systems-based perspective to advance a more holistic, all-encompassing service delivery of care.

The potential service improvement issue stems from providers holding a centric view, believing that their own agency does not have the same concerns they report about the other agencies. Yet, the big picture remains. Agency-to-agency relationships need to improve to provide a more unified, interdisciplinary, delivery system. Consistent care can only occur if agencies can scaffold and reinforce one another in a complimentary service fashion.

Organizational Development Framework Initiatives

The service professionals interviewed in this research study perceive that service delivery initiatives must be dedicated to providing a holistic model, as women have many needs to be met simultaneously. In addition, they believe that women need an integrated

systems-driven service delivery care system via other agencies working collaboratively to aid women of abuse. Furthermore, follow-up care in cooperation with other service arenas is necessary, so women are not left coping with minimal service care from just a few agencies, as women are best served when numerous options are available to them. Also, the service professionals interviewed felt that more shelters and transitional housing are needed, government and county funding should be increased to provide agencies with more staff personnel and thus, more care for the women.

The service professionals enjoy collaboration and invite more opportunities for increased networking, communication, and interagency teamwork. By agencies working together more closely, a more unified framework exists for women's care. These professionals would like more cohesive services for enhancing initiatives for women of abuse. They call for a more boundary-free system in their service model of care. All the professionals reported that they believe in the human services system and although there are gaps such as minimal funding for more services and personnel, politics, and agency constraints, they all understand the realities of the larger system and contend with what they have, continuing in their leadership roles to serve women.

Professionals explain that there are specific, problematic, organizational framework issues. These include differing agency philosophies, the realities of the paper work, the bureaucratic "red tape" that inhibits services, lack of accountability and ownership of work from those in other agencies, agency-to-agency personal politics including personality problems such as arrogance, and forcing personal agendas such as wanting to move up the agency ladder quickly. In spite of this, these professionals all felt that they do the best with what they have.

Hence, in regards to organizational development initiatives, they each applaud and respect their own agency and their agency mission, colleagues, and interactive, integrated cooperative open-communication. They do not feel micromanaged or that they are in a top-down hierarchy. Each professional believes that they lead with their own strengths, agency roles, and talents. They believe in their organizational mission and their leadership initiatives are demonstrated in their unique roles of service delivery. Although the organizational development models for their unique agency is driven by continuous improvement, being flexible to other agencies, and adjusting to changes via governmental or community incentives, they do not always feel other agencies do the same. Each agency has a sense of agency egocentrism. This “agency self-love” may be the culprit for problematic human services system integration, which each agency claims is a goal to achieve.

Due to barriers such as differing agency goals and personal agendas of providers, women’s needs are falling through the cracks. What is occurring is a “passing the buck” attitude where these agencies are not seeing the larger picture. If these agencies do not work together, as a collective system of care, women suffer the consequences. Organizational development issues such as territorialism, politics, and personal agendas hinder care for women.

All agency professionals, despite fragmentation because of varying agency goals and personalities, wish to work better together in a more cohesive, integrated unit to improve care. All providers have the same goal to aid women, yet their approaches and philosophies vary. Each provider wants to work more in sync with other agencies, yet

time constraints and funding gaps perpetuate the problems that inhibit organizational development initiatives for the service system.

In order to promote more systems-based delivery of care, promoting more collaborative, unified, and cohesive agency-to-agency initiatives, current research proposes that service agencies look outward to advance care inwardly. Thus, these organizational development framework initiatives are most beneficially suited to further understand and enhance a more solid and unified systems-based delivery of care unique for women of abuse. By agencies working more cooperatively this leads to heightening holistic-based service delivery (Bates et al., 2001; Brilliant & Young, 2004; Hyde, 2004; Jackson et al., 2002; Peled, 2000; Skinner & Whyte, 2004). Furthermore, agencies are more successful when they are more tolerant and understanding of changing environmental conditions, regulations, ambiguities, and possess initiatives such as flexibility, accountability, and shared responsibilities across agencies (Lawson, 2003; Martin-Castilla, 2002; Panzer et al., 2000; Washaw et al., 2003).

Those in this study could benefit from utilizing a conceptual framework for service integration strategies, creating an umbrella of care through multi-agency programming (Hoge & Howenstine, 1997). The arenas and providers in this study require a more dynamic, fluid, and less agency-bound focus, such as a partnership model (Eisler, 1995), or cultivating a complex adaptive systems model (Wah, 1998). Arenas could also benefit from an all-channel network model in which information flows with fewer complications (Bolman & Deal, 2003). Agencies involved in this study need to improve agency-to-agency relations by building alliances through learning together via enhanced trainings and informal workshops with consultants (Sagawa, 2000).

Bargal and Schmid (1992) clearly reiterate the vitality of an open systems model because women of abuse call upon numerous service arenas simultaneously. It is vital that these four agencies work well together in order to demonstrate a more integrated, reinforced system of care. This socially constructivist framework encourages various agency providers to participate via a boundary-free structure. This model enhances referral avenues, services-matching, and communication, with providers gaining networking and collaboration time with other agencies.

For participant professionals in this study, it is strongly suggested that a systems-driven framework will produce better, cohesive, and thorough services. Senge (1990) reinforces that systems thinking provides an all encompassing, holistic framework that show the utility of interrelationships. In addition, Helgesen (1990) purports that when organizations work cooperatively as a system, a web-like image of inclusive interconnections emerges, where the threads form an inseparable net of mutual interdependence and open relations. Similarly, Davies (1998) also urges a framework of systematic advocacy and on going program documentation. Thus, agencies continue to work jointly with a systems-based focus while also continuously improving via agency self-appraisal. Strongly suggested from this chapter's discussion is a systems-based focus that more succinctly serves the multifaceted, diverse needs for women of abuse.

It is clear, although perhaps not realistic, that service improvements can truly occur only through substantial increases in both local and federal government funding. However, this author has some specific, systems-driven organizational development considerations. There needs to be increased agency staff and budgets, freeing up providers' time and schedules in order to make them more accessible for the one-on-one

interventions the women they serve require. These alterations also free agency staff to attend systems-based meetings, which would increase opportunities for more unified collaborative efforts to take place. It would be most beneficial if the agency representatives met on a rotating basis at the various affiliate agencies, which would increase knowledge and understanding of these separate agencies. With more staff, resources, and time to fully understand and appreciate initiatives and missions of other agencies, these initiatives may also potentially enhance more cooperative, long-term, multiagency strategic plans. By prompting a systems-based perspective by the agencies in this study, a more comprehensive and integrated system of care is achieved for women of domestic violence abuse.

Research Study Strengths and Limitations

This was a qualitative, phenomenological case study. Although this qualitative study was not meant to have generalizability to other service agencies across the United States, knowledge gained from this research will have some transferability to other professionals who serve women of abuse. This study's focus was limited to only include the greater western New York region. Study findings and implications may be utilized to better clarify women's coping from a leadership lens.

The leadership implications of this study is important for professionals such as educators, research scholars, and all those who are dedicated in their service delivery aiding women of abuse. This study has implications for those in the health, economic, and childcare arenas. Leaders in numerous capacities are better informed and further appreciate the myriad of coping mechanisms for women. From this study, leaders potentially will provide more assessments, treatments, policies, and procedures with more

acuity and enhanced understanding of women. In addition, leaders can possibly improve their service of care, based on the findings of this study. Leaders can also more effectively allocate proper resources, and from seeing its value, engage in improved communication and networking in their agency-to-agency relations. This research study has implications for those wanting to better understand abuse. Many service professionals in varied arenas can become stronger in their delivery of care of aiding women in whichever capacity they are able.

Summary Implications for Future Research

Using rich descriptions via one on one, in-depth interviews, this researcher contributed to the larger body of knowledge of women's coping in the spectrum of domestic violence abuse, by actively listening to how those service professionals who aid women uniquely define women's phenomenon of coping through their own, professional interpretation based on their specific service arena. This qualitative research uncovered and explored emergent themes, patterns, and distinctions of women's coping in their various spectrum stages of abuse, specifically unique to various service arenas and leadership perceptions.

Various leaders in the human services field, who directly provide aid to women of abuse, were purposefully selected to be research participants in this phenomenological case study. Because these leaders directly work with the women, they were the most appropriate to interview, as they thoroughly described women's phenomenon of coping mechanisms from their own, unique service arena and leadership lens. Each provider from each arena further enhanced coping for women of abuse, as each leader has her own professional expertise, insight, and perception from having observed and helped women.

This qualitative inquiry will contribute to future research endeavors that add a unique leadership interpretation of coping for women of abuse. Additional researchers can learn the magnitude of coping through a holistic and ecological leadership impression.

With this study, leaders shared their collective stories of women's experiences of coping. This study also demonstrated how leadership style approaches impact service delivery initiatives and organizational development frameworks. Women in the spectrum of abuse cope with multiple adversities, and their coping strategies are incredibly creative, complex, and varied (Davies, 1998).

This completed research study documented these complexities and recognized that additional information, especially pertaining to leadership styles and the coping strategies of women of abuse, would benefit all professionals throughout the United States. Although this qualitative research had limited scope, duplication of this particular study would broaden the understanding of all of the various issues identified through this project. Expanding this research with other social service agencies that serve women of abuse into other areas of the US would enhance the knowledge base of the differences or similarities of women coping in the spectrum of abuse, as well as identifying successful leadership qualities within those agencies. Unified, cohesive, and collaborative systems-based service delivery has been highly successful in serving this population and expanding this comprehension of information throughout America is vital.

Additional recommendations for professionals serving women of abuse could include producing personal reflection and growth in leadership roles, including professionals engaging in how they demonstrate their own accountability and leadership initiative. Also, agencies could adopt intensive, high quality strategic planning through a

systems-driven organizational development model, utilizing educational workshops and consultants targeting specific system-based service delivery gaps. In this way, sharing of each agency's strength is still focused on and grasping the need to work cooperatively as a unified, service network, as women of abuse simultaneously require multiple and diverse services. Furthermore, this process of connectedness allows the various agencies to foster systems-driven cooperation, while promoting agency autonomy by providing an opportunity to share their specific agency mission, service resources, and boundary limitations.

These transferable suggestions can also be applied to both rural and urban service agencies. Networking, sharing, and working collectively better serves women as well as potentially closing gaps regarding unmatched and non-reinforced service delivery. In this way, women of abuse gain the unified and comprehensive delivery of care they deserve.

A qualitative paradigm encourages service leaders to engage in sensitive discussion with a researcher. The aspiration in this type of study is that by illuminating women's phenomenon of coping experiences, one can appreciate the integrity, courage, and veracity of women who have experienced abuse, and understand how service leaders' therapeutic initiatives play a vital role in women's coping. A phenomenon is characterized by its emphasis on an individual's own unique perception, viewpoint, and interpretation of an experience (Coleman & Glaros, 1983). The significance of this holistic research study is that it explores how service providers' leadership style approaches, perceptions, and organizational initiatives hinder or positively contribute to women's coping. In this research, the phenomenon of the experience of coping for women of abuse is defined by those leaders who directly aid these women.

Each service provider uniquely encapsulated the multitude of ecological factors and services for women of abuse. The service leaders clearly answered, from their specific service delivery role and service arena, questions about how age, culture, socioeconomic status, mental health, healthcare, social support networks, financial and resource availability, and demographics all contribute to women's coping mechanisms. Additionally, these professionals demonstrated how all of these ecological, compounding factors relate to women's stages of staying and leaving in the spectrum of abuse.

The importance of this study lies in its understanding of the multifaceted, dynamic complexities of discovering what is the phenomenon of coping for women of abuse in relation to their own spectrum stage of abuse as defined by those leaders who work with them. By leaders more fully validating the experience of coping for these women from a systems-based perspective, what emerges are descriptions of the insurmountable, ecological factors involved with abuse. Enhanced leadership service delivery and organizational development initiatives are needed in order to improve the necessary care for women in the spectrum of domestic violence abuse.

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Appendix A
Interview Guide



DUQUESNE UNIVERSITY

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CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: Contributions of meaning by service professionals to the phenomenon of the experience of coping for women in the spectrum of domestic violence abuse: A leadership perspective.

INVESTIGATOR: Lisa Ann Haeseler, A.B.D., M.S.Ed., B.S.W., B.A.

ADVISOR: Peggy L. Black, Ph.D.
Chair of Dissertation Committee
(814) 824-2453

SOURCE OF SUPPORT: This study is being performed as partial fulfillment of the requirements for a Doctoral degree in Educational Leadership (IDPEL) at Duquesne University.

PURPOSE: You are being asked to participate in a research project that seeks to explore coping mechanisms of the women of abuse clients you service, from your leadership perspective. Information sought will be about your views of how women of abuse cope throughout the spectrum stages of abuse of staying and leaving, your leadership styles, and how these influence organizational service initiatives in your particular service arena. You are being asked to complete 4 individual interviews, lasting approximately 45 minutes in length, with an approximate time span between interviews being one week. In addition, you are being asked to provide information regarding services offered unique to your agency and documents frequently utilized in your service arena that are only sample copy forms, that contain no client information. You may be asked to review the transcribed, audio-tape material you disclosed for clarification purposes.

RISKS AND BENEFITS: The information that you provide will enhance understanding of women's coping from a leadership standpoint, and how leadership perspectives impact service delivery to these women. From results gathered, it is hoped that improved service delivery occurs, as more awareness of women's coping from a service perspective will provide enhanced understanding of abuse from your leadership impressions. Study findings may provide substantial research-based educational training and resources for service professionals in leadership workshops, organizational initiatives, and furthering organizational development in varying arenas in the social services field.

COMPENSATION: There is no monetary cost for participation in this study. The only cost will be in the time required to complete the interview surveys and locating pertinent documents relevant to your service agency. No additional compensation is provided.

CONFIDENTIALITY: All information provided will remain confidential throughout this study process. Your identity for material gathered in this study will be indicated through coding by case letters and numbers. No identifying information will be disclosed in the transcriptions or in the publishing of this study. Only composite results will be published. The code linkage identifiers and the audio-tapes will be kept in a secure, locked location to which this author will only have access. Transcriptions will delete all identifiers pertaining to you or anyone discussed during the interviews. You are being asked to engage in individual-based interview sessions held in a non-disclosed, comfortable setting, at a location of your choice such as your own office. Throughout the study and after study completion, research materials will remain in a confidential location. After a period of five years, materials will be destroyed. In the final report, neither names nor service arenas will be used. Signing this Consent Form is an indication that you have critically read the information provided, and that you are comfortable with the research procedure and content material. As a research participant, you will have full access to this author.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw consent to participate at any time.

SUMMARY OF RESULTS: Upon request, a summary of the research results will be provided to you at no cost.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I understand that my participation and involvement in this study is completely voluntary. I understand that I am free to withdraw my consent at any time, for any reason. On these terms, I certify I am willing to participate in this research project. A copy of this Consent Form will be given to me. My signature below means that I have freely agreed to participate in this project. I understand that should I have any further questions about my participation in this study, I may call the Chair of the Duquesne University Institutional Review Board (412-396-6326).

Participant's Signature

Date

Researcher's Signature

Date

Topic Guide for Interview 1: Service Needs

1. How are women of abuse referred to your agency?
2. What is your service arena specialty?
3. What leadership role do you perceive for yourself in this arena?
4. What are the most prominent needs you see for women of abuse?
5. What services do you offer most to women of abuse?
6. What spectrum stages of abuse are most prominent for women in your arena?
7. What agency initiatives positively drive effective service delivery for your arena?
8. What agency alterations are needed to advance service delivery for your arena?
9. Describe the living arrangements for women in both spectrum stages of abuse.
10. Describe the economic and resource concerns for women in each stage.
11. Describe the mental health factors you see for women in each stage.
12. Describe the physical health problems in women in each stage.
13. What are the initial, immediate concerns faced by women?
14. Describe discrepancies for meeting women's needs with the resources available.
15. What are the discrepancies among matching women's needs with the proper care?
16. What timing issues come into play with referrals and offering programs?
17. Describe what service delivery issues are most frustrating and overwhelming.
18. How is your agency follow-up care process implemented and maintained?
19. Describe your thoughts on women's re-abuse, re-admittance, and recidivism regarding your services offered.
20. What are the common misconceptions regarding women for both abuse stages?

21. What are the most prominent service concerns that you think women have?
22. What specific service delivery issues in your arena, anger, frustrate, or annoy you?
23. What are the types of service arenas you feel have specific service delivery concerns?
24. What are the specific service delivery concerns in these arenas?
25. What “red tape” do you see among agency-to-agency relations regarding services?
26. What service barriers in your agency do you interpret to be problematic for women?
27. What are your biggest service delivery challenges in attempting to aid women?
28. Describe the challenges regarding networking/communicating with other arenas.
29. What concerns do you see regarding women’s requiring multiple service arenas?

Topic Guide for Interview 2: Coping Experiences

1. What are the coping mechanisms you see displayed by women?
2. How would you define the experience of coping for women?
3. Explain commonalities regarding women's coping regarding stages of abuse.
4. Describe the time frame for intimate relationships for women.
5. Detail the patterns regarding women's intimate partner relations.
6. What are the child rearing concerns?
7. How many women have children? Mean ages and number for each woman.
8. What types of issues are re-current regarding women's coping related to stages?
9. What are the predominant coping mechanisms used in relation to stages?
10. What coping commonalities do you see regarding substance usage and abuse?
11. What coping commonalities exist regarding women's mental health status?
12. What coping commonalities exist regarding women's health status?
13. What coping commonalities exist regarding women's economic/resource status?
14. What coping commonalities exist regarding women and their child(ren)?
15. How do you describe women's coping strategies when in the abuse(such as justifying, denying, accepting)?
16. What are women's coping behaviors when having left the abuse?
17. What are the services required by women that are unique to each stage of abuse?
18. What is the typology of abuse you observe most?
19. What is the frequency of abuse that women detail?
20. What is the duration of typology of abuse incurred for women?
21. What are the problems for women regarding the abuser and children (manipulation)?

22. What coping behaviors do you find to be most detrimental and why?
23. What coping skills do you see as most beneficial for women?
24. What coping behaviors are similar regardless of spectrum stage?
25. What coping behaviors are distinctive regarding staying and leaving?
26. What are the types of women's social support networks?
27. What factors influence social support networks?
28. Describe women's coping in the adjusting in their transition after leaving the abuse?
29. What services do you believe women require most?
30. What services do women feel they think they need and are they appropriate?
31. What is the main vocational or employment issue for women?
32. What socio-cultural/diversity factors influence women's staying or leaving decisions?
33. What socio-cultural/diversity factors impact coping behaviors for each stage?
34. What problematic issues are there among women's social support networks?
35. What are the positive leadership qualities for your arena regarding service delivery?
36. What improvements should occur in your service arena?
37. What factors in this service arena impede services for women?
38. What training/workshop could cultivate heightened service delivery for your arena?

Topic Guide for Interview 3: Organizational Development Model and Leadership

Arena mission

Organizational Model

Holistic appreciation/Holistic Focus

Arena leadership initiative framework

Agency Constraints related to organizational development

Agency-to-Agency Constraints related to organizational development

Changes/alterations, who do we look to, what do we look for, what must occur to improve service delivery

Organizational transformation to advance service efficiency and effectiveness for women

Defining the phenomenon of the experience of coping for women of abuse related to your professional service specialty perspective: Potential for impact on service delivery.

Interpretation of other service arena leaders' defining coping for women of abuse related to their unique service expertise: Potential for impact on service delivery.

How do service leader perceptions of interpreting the phenomenon of the experience of coping for women of abuse impact (improve/impede) service delivery?

Holistic, integrated model that includes informal networking and ecological appreciation for women's coping in relation to their spectrum stages of abuse of staying or leaving.

What organizational development model is most uniquely suited and most appropriate to implement for leaders in the human service field who directly aid women of abuse?

Topic Guide for Interview 4: Leadership Style Approaches

Please circle any of the leadership characteristics that apply to you. Please include any traits not included below that you believe apply to your leadership initiatives.

MANAGERIAL

RATIONAL/SEQUENTIAL FOCUSED

BOTTOM UP DRIVEN

ASSERTIVE

SHARED RESPONSIBILITY

AGENCY ORGANIZATIONAL STRUCTURE FOCUS

INTERACTIVE FACILITATOR

SAFE PLAYER

CHARISMATIC

VALUES/MORALS BASED FOCUSED

SELF GOAL FOCUSED

SERVICE ARENA VISION FOCUSED

INTELLECTUAL STIMULATOR

INTERPERSONAL

SKILL DRIVEN

INDIVIDUALIZED DECISION DRIVEN

UNIFYER

POWER DRIVEN

RISK TAKER

RESPONSIBILITY SELF INITIATOR
RELATOR
EXTRINSIC REWARD MOTIVATED
AGENCY GOAL FOCUSED
AUTHORITATIVE
COLLABORATIVE
POWER-DELEGATOR
INSPIRATIONAL MOTIVATOR
INFORMAL
FRONT LINE, TOP DOWN DRIVEN
POLITICAL FOCUSED
INTRINSICALLY MOTIVATED
TRADITIONAL
AGENCIES NETWORKING DRIVEN
COMPROMISOR
PERFORMANCE FOCUSED
UNCONVENTIONAL
COMPLIANCE BASED
SUBORDINATE ORIENTED
MIDDLE MANAGEMENT FOCUS
BOUNDARY FREE ORGANIZATIONAL STRUCTURES
AGGRESSIVE
PEOPLE DRIVEN

FORMAL

CREATIVELY INNOVATIVE FOCUSED

GROUP DECISION FOCUSED

INTERNAL AGENCY DRIVEN

EXTERNAL AGENCIES DRIVEN

Appendix B

United States Bureau of Justice Statistics

United States Bureau of Justice Statistics

From the years of 1992-1996:

- Approximately 2,000 American women are murdered each year by intimates.
- On average, there were 960,000 violent victimizations of women age 12 and older by an intimate partner.
- Between 1976 and 1996, 31,260 women were intimate murder victims: 64% were killed by their husbands, 5% by ex-husbands, and 32% by non-marital partners.
- About three out of every four women experiencing violence at the hands of an intimate report that the offense occurred at or near their own home.
- One-third experienced an act of domestic violence more than once in the previous six months of time.
- 1,007,000 women are stalked annually.
- Battery is the single largest cause of injury to women-more frequent than auto accidents, muggings, and rapes, combined.

From the years 1993-2001:

- Intimate partner violence made up 20% of all nonfatal violent crime experienced by women in 2001.
- 1,247 women were killed by an intimate partner in 2000.
- Between 1976 and 1988 the number of female victims of intimate partner homicide fell an average of 1%
- In 1998 women experienced an estimated 876,340 violent offenses at the hands of an intimate partner.

Findings from the year 2002:

- Females were more likely to be violently victimized by a friend, an acquaintance, or an intimate partner.
- More than six in ten rape or sexual assault victims stated the offender was an intimate, other relative, a friend or an acquaintance.
- In 2002, women experienced an estimated 494,570 rape, sexual assault, robbery, aggravated assault and simple assault victimizations at the hands of an intimate.
- Intimates were identified by the victims as the perpetrators of about 1% of all workplace violent crime.
- Intimate violence is primarily a crime against women-in 1998 females were the victims in 72% of intimate murders and the victims of about 85% of non-lethal intimate violence.
- Women age 16-24 experienced the highest per capita rates of intimate violence.

Appendix C
Leadership Style Approaches

LEADERSHIP STYLES BY INDIVIDUAL AGENCY PERSONNEL

Agency Personnel → Leadership Style ↓	A-1	A-2	B-1	B-2	C-1	C-2	D-1	D-2
Agencies Networking Driven					X		X	X
Agency Goal Focused	X	X					X	X
Agency Organizational Structure Focus						X		X
Assertive			X	X	X		X	X
Bottom Up Driven								
Charismatic			X	X				X
Collaborative				X		X	X	X
Compliance Based	X				X			X
Compromiser	X		X	X		X		
Creatively Innovative Focused			X	X	X		X	X
External Agency Driven					X			
Frontline Top Down Driven					X			
Group Decision Focused	X						X	X
Individualized Decision Driven		X						
Informal	X				X			
Inspirational Motivator					X	X		X
Intellectual Stimulator							X	
Interactive Facilitator	X	X			X	X	X	X
Internal Agency Driven	X		X	X	X			X
Interpersonal	X					X	X	
Intrinsically Motivated	X	X						
Managerial					X			
Middle Management Focus								X
People Driven	X	X	X	X	X	X	X	X
Performance Focused			X	X	X	X		X
Political Focused					X			
Rational/Sequential Focused						X	X	X
Relater	X				X	X	X	X
Responsibility Self Initiator	X		X	X			X	
Safe Player	X						X	
Self Goal Focused						X		X
Service Arena Focused	X		X	X	X			X
Shared Responsibility	X		X	X		X	X	
Skill Driven		X				X		X
Traditional						X		
Unconventional					X			
Unifier	X	X			X	X	X	X
Values/Morals Focused	X						X	X

Appendix D
Glossary of Common Terms

Glossary of Common Terms

In keeping with a phenomenological form and perspective, many interpretations and paraphrased definitions for given domestic violence abuse terms are provided. There exist many variations to conceptually define terminology. These items are paraphrased. Terms are from law, social work, and psychology text materials.

Aggravated Assault: The unlawful attack by one person to another for the purpose of inflicting severe or aggravated bodily injury. This kind of assault is usually accompanied by the use of a weapon or by means likely to produce death or great bodily harm. It also includes attempts to commit murder (New York State Division of Criminal Justice Services, 2004).

Batterer: (abuser, perpetrator, violent partner). An individual whose goal is power and control over the intimate partner. Common characteristics most likely displayed include: poor self-image, low self-esteem, severely depressed, chronic jealousy, abnormal reaction to stress, and traditional ideas regarding male superiority and stereotypical sex roles (Berry, 2000).

Cognition: This includes mental processes related to learning, understanding, knowing, thinking, imagining, reasoning, and creativity (Coleman & Glaros, 1983).

Coping: (coping mechanisms, adjustment strategies, life stressors, coping strategies, safety strategies, coping behaviors). Attempts by an individual to deal with the source of stress and/or control reactions to it. A person is adversely affected by events or circumstances straining or exceeding the ability to effectively handle a situation, is influenced by psychological and physiological components and other external components possibly being social support networks, events in one's ecological/life space,

and can be either effective and productive by management and flexibility, or be ineffective and display adverse reactions such as withdrawal, aggression, and usage of defense mechanisms (Coleman & Glaros, 1983). The capacity and extent to which persons experiencing a problematic issue, are capable of maintaining or improving their level of functioning, and is influenced by aspects including physical, psychological, intellectual, economic and spiritual strengths (O'Neil, 1984).

Domestic Abuse: (domestic violence, wife beating, spousal abuse, family violence, battering, intimate partner violence). ...a pattern of abusive behaviors that may include a wide range of physical, sexual, and psychological maltreatment used by an individual in an intimate relationship against another to gain power unfairly or maintain that person's misuse of power, control, and authority (APA, 1996). Any abusive or coercive behavior used to control a partner, including multiple kinds of cruel actions. It is a pattern of manipulation and violent tactics that force the victim to change her behavior in response to the abuse. This occurs in current of former dating, married, or cohabitating relationships (Stewart, 2004). There are categories representing abusive behaviors by batterers: Emotional, intimidation, coercion and threats, economic, male privilege, using children, isolation, and minimizing, denying, blaming (Domestic Abuse Intervention Project). Abuse is all the physical, emotional, or psychological actions or threats of action that influence power, control, or force over another human being. These aspects may include anything that frightens, intimidates, terrorizes, manipulates, hurts, humiliates, blames, injures, or wounds (Marecek, 1993). It is a pattern of controlling behavior via threats, domination, intimidation, and physical, economic, sexual, or emotional abuse, affecting people of all social, economic, racial, religious and ethnic

groups, occurring in cities and suburbs (Western New York Regional Information Network, 2001).

Economic Abuse: Controlling through interfering with, or not allowing a person to attend work, limiting or refusing financial provisions, and taking away income earned (Texas Council Domestic Abuse Intervention Project, 2002).

Emotional/Psychological Abuse: This person has an intent to shame, insult, ridicule, embarrass, demean, belittle or mentally hurt another (Berry, 2000).

Holistic Approach: The ability by human service professionals to perceive clients as a whole unit, identifying all of the outside and extenuating factors in their ecological life space (O'Neil, 1984).

Incarcerations: These include all sentences which include some length of confinement in prison, jail, or jail plus a term of probation (New York State Division of Criminal Justice Services, 2004).

Mental Health: An individual that has a diagnosis of or display an impaired mental health status, and includes those individuals requiring psychological aid by a service professional (Walker, 1979).

Phenomenology: The study of exploring a given phenomenon. It is related to the humanistic-existential model of human behavior. Emphasis is placed on characterizing perception, and how an individual views and interprets his or her experiences (Coleman & Glaros, 1983).

Physical Abuse: This includes slapping, hitting, kicking, burning, punching, choking, shoving, beating, throwing objects, locking out, restraining, endangering and purposefully causing physical pain (Berry, 2000).

Post-Traumatic Stress Disorder: This is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave, physical harm occurred or was threatened. Traumatic events that can trigger PTSD include violent personal assaults, natural, or human-caused disasters, accidents, or military combat (National Institute of Mental Health, 2003).

Protection Order: This is a legal court ordered document. It prohibits a person who has committed an act of domestic violence, from contacting, abusing, or harassing the victim. A person can be established in an emergency situation where a woman is in extreme danger, being temporary, and a permanent one can later (after about six months) be established for generally up to three years duration (Berry, 2000).

Sexual Abuse: (sexual violence, sexual assault, rape). The carnal knowledge of an individual against his/her will. Attempts to commit rape by force or threat of force are also included (New York State Division of Criminal Justice Services, 2004). A female is forced, threatened, or manipulated into sexual contact against her will (Office of Victims of Crime, Criminal Justice Programs, 2004).

Spectrum Stages of Abuse: (continuum, major phases of abuse). Women of domestic violence abuse may be at differing or various stages in their abuse situation, or spectrum of abuse. A woman may intentionally plan on staying in the abuse, plan to leave, or may have already left the abuse situation. Women may experience varieties of deprivations while in and after having left their abusive relationships (Landenburger, 1998).

Violent Crimes: These include crimes of murder, rape, robbery, and aggravated assault (New York State Division of Criminal Justice Services, 2004).