

**COPING ORIENTATION TO PROBLEMS EXPERIENCED AMONG WOMEN  
INMATES IN ETOT REFORM CENTER,  
DUHOK, KURDISTAN REGION OF IRAQ**

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### ABSTRACT

**Background:** Coping with stressful situation need various strategies, while some minimize stress, others could exacerbate. Being inmates, expose an individual to immense stress and require huge efforts to overcome the situation and adapt to the new environment. The present study identify the patterns of coping among women inmates in Etot Reform Center in Duhok Governorate, Iraq and find the most prevalent coping strategies used.

**Methods:** A cross-sectional study uses Brief-COPE 28 item self-report questionnaire among 53 women inmates. Data were analyzed using SPSS version 27. Categorical data were described by their frequency and frequency percentages. Fisher-Freeman-Halton Exact test was used to test the association between COPE items and socio-demographic variables. A p value less than 0.05 was considered statistically significant.

**Results:** The most frequently used coping items was religion (77.4%), followed by self-blame and use of informational support (50.9%), while the least frequently used were humor (3.8%) and substance use (11.3%). Emotion Focused Coping was the main strategy to cope while Problem-Focused Coping strategy had been used frequently, and the Avoidant Coping was the least used strategy to cope.

**Conclusions:** Based on the findings presented, there should be appropriate interventions that support mental health and psychosocial activities to allow inmates to cope with new environment and more in-depth research in the future.

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**Keywords:** Women inmates, Coping strategies, Reform Centers, Brief COPE.

**T**o cope with unfamiliar and/or restrictive setting is an important need for a human being especially when the setting is forensic related and stressful (Carr, 2013). According to the World Health Organization (WHO), mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a

contribution to his or her community” (WHO, 2004). Based on the aforementioned, response to stress play a major role in mental wellbeing. Hans Selye (1907–1982): founder of the stress theory and father of stress research established a clear link between stress and disease and described stress as an interaction of force with resistance to counter that force and contextualized stress into “nonspecific response of the body to

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any demand“ (Tan & Yip, 2018). Managing the external and internal demands of situation that are considered as stressful influence by using thoughts and behaviors is called Coping (Folkman & Moskowitz, 2004). Coping with stressful demands have various strategies, some minimize stress and produce good psychological results while others exacerbate stress and create further negative psychological results (Smith et al., 2016).

Being in detention will certainly expose a person to stress and the responsive efforts to overcome the stress is therefore crucial to limit the psychological adverse effects such as suicide (Luke et al, 2021). Though, literatures indicate that mental health problems are considered relatively common among inmates in detention (Fraser et al., 2009) while knowledge and research that clearly explain the mechanism to develop mental health problems are limited (Dirkzwager & Nieuwbeerta, 2018) taking into consideration the lack of proper methods to detect and treat inmates with mental health illnesses despite fact that the population of inmates in detention are mounting (Andersen, 2004). Brief COPE tool is considered internationally acceptable method to measure coping strategies in setting like detention. COPE stands for Coping Orientation to Problems Experienced, it is a 28 item self-report questionnaire planned to be used in healthcare settings to study how inmates are responding to unfamiliar and/or restrictive setting and to find effective and ineffective ways to cope with stressful situations (NovoPsych, 2023). In a Canadian study for instance, conducted among 377 inmates concluded that using Brief COPE to measure coping styles of offender populations was considered a suitable, validated, short and accessible tool (Power et al, 2021).

In another study, Brief COPE was used among 194 female inmates in a

Northeastern state correctional facility for women, revealed that female prisoners tend to utilize adaptive coping methods to deal with their imprisonment, however, in a very limited situations women coped actively and nearly half of them focus on efforts to do some action in order to make circumstances better (Celinska et al, 2022). At international and local levels, different nomenclatures have been used to refer to detention such as correctional center, youth correctional center, reform center, release center, reception center, prison, etc. In Kurdistan Region and for the purpose of this research we used the term Reform Center. This study aims to discourse the aforementioned gap in the literature through further explaining the mechanism of coping with stress particularly women inmates to cope with an unfamiliar condition particularly when the surrounding environment is very limited and the individual is unable to change or modified it. The main objective of the present study is to identify the patterns of coping among women inmates in Etot Reform Center in Duhok Governorate, Iraq and to find the most prevalent coping strategies used. Etot Reform Center is the only and the main center for women inmates to stay in. Therefore, this is one of the important steps in improving psychiatric services at this center based on clear scientific goals, this in turn aid to identify a treatment plan and support psychosocial workers at the center. The fact that this study is the first of its kind in Kurdistan Region and even Iraq makes it more valuable.

## **METHODS:**

A cross-sectional study to evaluate the effect of being detained among women inmates in Etot Reform Center, an interview schedule was use to the data from all 53 women in the center and assigned to receive Brief COPE form and refilled by them in a systematic approach. The place of the study is Etot Reform

Center, Duhok Governorate, Kurdistan, Iraq. The study uses Brief-COPE which is a 28 item self-report questionnaire to determine women's primary coping styles as a problem-focused coping, emotion-focused coping or avoidance coping. In addition, the following subscales are reported: Self-distraction, Active coping, Denial, Substance use, Use of emotional support, Use of instrumental support, Behavioral disengagement, Venting, Positive reframing, Planning, Humor, Acceptance, Religion, & Self-blame (NovoPsych, 2023). For ethical considerations this study was approved by the Ethical Committee from the concerned sectors in Duhok city, namely, Duhok Directorate General of Health, College of Medicine at University of Duhok, and Directorate of Care and Social Development.

Each participant informed about the aim of the study and the confidentiality of their data will ensure by the researcher before starting to participate, also their rights to refuse or participate in the present study confirmed and then oral consent had been obtained for interview. Inclusion criteria is

all adult women inmates age more than 18 years held in Etot Reform Center either on remained or carrying out a sentence for more than 6 months. While, exclusion criteria were any women under the age of 18 years, inmates stay of less than 6 months and mentally disordered inmates admitted to hospital.

Data were analyzed using SPSS version 27. Categorical data were described by their frequency and frequency percentages. Fisher-Freeman-Halton Exact test was used to test the association between COPE items and socio-demographic variables. A p value less than 0.05 was considered statistically significant.

### RESULTS:

The age of the participants ranged from 19 to 65 years old (mean 34.5; standard deviation 10.2). Seventy percent of the participants aged (19-39) years old. Eighty five percent of them were housewives. About half of them were illiterate. About 60% were married. Only six of them were alcoholic and 60% of them were current smokers (Table: 01).

**Table 01: Characteristics of Women in Etot Reform Center**

	Characteristic	No.	%
Age (years)	19 - 29	19	35.8
	30 - 39	18	34.0
	40 - 49	11	20.8
	50 - 65	5	9.4
Work	Employed	8	15.1
	Housewife	45	84.9
	Illiterate	25	47.2
Education Level	Primary-intermediate school	13	24.5
	Preparatory school	9	17.0
	Higher education	6	11.3
Marital Status	Single	5	9.4
	Married	31	58.5
Alcohol Consumption	Divorced	17	32.1
	Yes	6	11.3
Cigarette Smoking	No	47	88.7
	Yes	32	60.4
	No	21	39.6
<b>Total</b>		<b>53</b>	<b>100.0</b>

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**Table 02: Distribution of coping items (from the most to the least frequently used)**

Coping item	Not used		A little bit used		Medium used		A lot used		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Religion	4	7.5	3	5.7	5	9.4	41	77.4	53	100
Self-blame	4	7.5	8	15.1	14	26.4	27	50.9	53	100
Use of informational support	2	3.8	6	11.3	18	34.0	27	50.9	53	100
Planning	3	5.7	5	9.4	19	35.8	26	49.1	53	100
Active coping	4	7.5	6	11.3	20	37.7	23	43.4	53	100
Acceptance	2	3.8	6	11.3	24	45.3	21	39.6	53	100
Venting	4	7.5	9	17.0	22	41.5	18	34.0	53	100
Positive reframing	2	3.8	11	20.8	23	43.4	17	32.1	53	100
Denial	5	9.4	11	20.8	20	37.7	17	32.1	53	100
Self-distraction	7	13.2	13	24.5	20	37.7	13	24.5	53	100
Emotional Support	8	15.1	6	11.3	27	50.9	12	22.6	53	100
Behavioral disengagement	14	26.4	10	18.9	17	32.1	12	22.6	53	100
Humor	36	67.9	2	3.8	10	18.9	5	9.4	53	100
Substance Use	41	77.4	6	11.3	2	3.8	4	7.5	53	100

The most frequently used coping items was religion (77.4%), followed by self-blame and use of informational support (50.9%), while the least frequently used were humor (3.8%) and substance use (11.3%) (Table: 02).

The only coping item mean score that was statistically different according to level of education was emotional support with the highest score by women with higher education (Table: 03).

**Table 3: Coping items by mean education level of 53 women in Etot Reform Center**

Coping item	Education Level				P value*
	Primary n = 25	Intermediate n = 13	Preparatory n = 9	Higher education n = 6	
	Mean score	Mean score	Mean score	Mean score	
Active Coping	6.3	4.9	6.2	6.1	0.305
Use of Informational Support	6.8	5.3	5.8	6.3	0.274
Positive Reframing	5.4	5.7	6.0	5.8	0.866
Planning	6.1	6.0	6.5	6.3	0.948
Emotional Support	4.5	4.3	4.5	6.0	<b>0.026</b>
Venting	6.1	5.4	6.2	5.2	0.480
Humor	2.8	2.8	2.5	3.7	0.345
Acceptance	6.5	5.6	6.0	5.8	0.570
Religion	7.7	6.2	5.8	6.9	0.139
Self-Blame	6.1	5.7	6.3	6.4	0.830
Self-Distraction	4.6	5.1	5.2	5.1	0.881
Denial	5.7	5.6	5.2	5.4	0.935
Substance Use	2.3	2.2	2.3	3.2	0.286
Behavioral Disengagement	4.1	5.0	2.7	5.1	<b>0.061</b>

\* Based on one-way analysis of variance (ANOVA).

None of the coping item means score were statistically different by marital status (Table: 04).

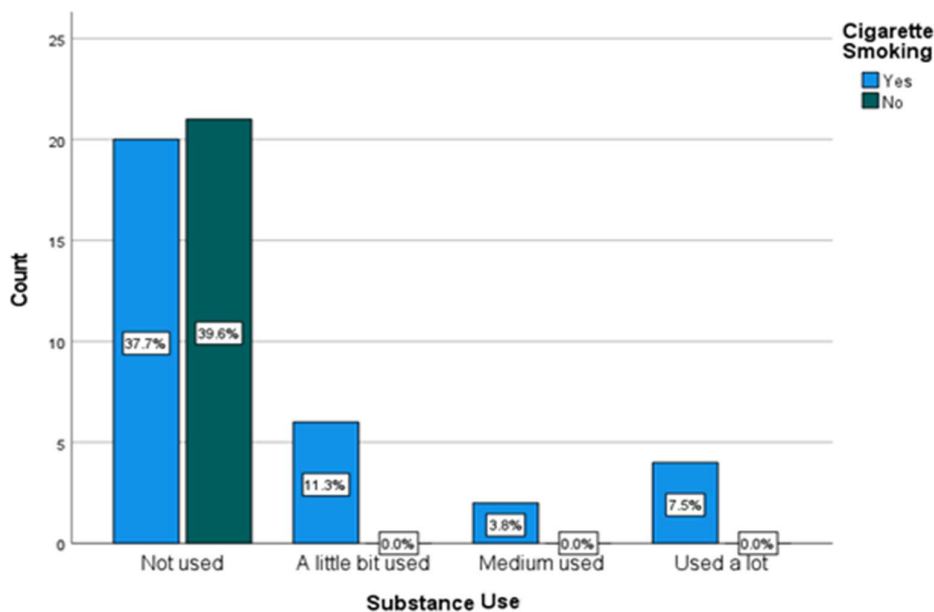
**Table 4: Coping items by marital status of 53 women in Etot Reform Center**

Coping item	Marital Status			P value*
	Single n = 5	Married n = 31	Divorced n = 17	
	Mean score	Mean score	Mean score	
Active Coping	5.0	5.9	6.4	0.340
Use of Informational Support	5.4	6.4	6.1	0.523
Positive Reframing	5.8	5.5	6.0	0.629
Planning	6.2	5.9	6.7	0.382
Emotional Support	4.2	5.3	5.2	0.487
Venting	5.2	5.9	5.1	0.321
Humor	3.8	2.8	3.6	0.335
Acceptance	6.4	6.0	5.9	0.844
Religion	6.6	6.8	7.0	0.901
Self-Blame	6.4	6.0	6.5	0.734
Self-Distraction	4.4	5.2	4.8	0.632
Denial	5.0	5.4	5.6	0.790
Substance Use	1.8	3.1	2.4	0.173
Behavioral Disengagement	4.4	4.8	4.2	0.711

\* Based on one-way analysis of variance (ANOVA).

The only coping items mean score which was statistically different by smoking status was substance use with mean score for smokers of 3.2, compared with 2 for non-smokers. Furthermore, two coping items mean score were statistically different by alcohol consumption; these

were emotional support and substance use with a mean score for alcohol drinkers of 4.8 compared to 2.4 non-drinkers ( $p < 0.001$ ) (Table: 05). About 7.5% of smoker used substance as a coping method (Figure: 01).



**Figure 01: Smokers and non-smokers status by substance use**

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**Table 05: Coping items by cigarette smoking and alcohol consumption**

Coping items	Cigarette Smoking		P value*	Alcohol Consumption		P value*
	Yes (n=32)	No (n=21)		Yes (n=6)	No (n=47)	
	Mean score	Mean score		Mean score	Mean score	
Active Coping	6.2	5.6	0.304	5.8	6.0	0.878
Use of Informational Support	6.4	5.9	0.294	6.0	6.2	0.781
Positive Reframing	5.7	5.8	0.823	5.3	5.7	0.572
Planning	6.2	6.2	0.922	5.3	6.3	0.215
Emotional Support	5.4	4.9	0.341	6.2	5.0	<b>0.002</b>
Venting	5.4	5.9	0.381	5.7	5.6	0.908
Humor	3.0	3.4	0.526	3.3	3.1	0.829
Acceptance	5.9	6.0	0.823	6.3	5.9	0.601
Religion	6.6	7.2	0.222	5.8	7.0	0.158
Self-Blame	6.4	5.8	0.311	5.8	6.2	0.656
Self-Distraction	5.1	4.8	0.564	6.3	4.8	0.071
Denial	5.6	5.2	0.503	5.5	5.4	0.948
Substance Use	3.2	2.0	<b>0.001</b>	4.8	2.4	<b>&lt; 0.001</b>
Behavioral Disengagement	4.8	4.2	0.380	5.7	4.4	0.192

\* Based on unpaired (independent) t-test.

In reference to Problem Focused Coping, the results the mean score of positive reframing was 5.7, most frequently medium used. The mean score of planning score was 6.2 most frequently used a lot.

The mean score of emotional support 5.2 most frequently medium used (Table: 06).

**Table 06: Mean of Problem Focused Coping**

	Mean	No.	%
Positive Reframing		<b>5.7</b>	
	Not used	2	3.8%
Positive reframing categories	A little bit used	11	20.8%
	A medium used	23	43.4%
	A lot used	17	32.1%
Planning		<b>6.2</b>	
	Not used	3	5.7%
Planning categories	A little bit used	5	9.4%
	Medium used	19	35.8%
	Used a lot	26	49.1%
Emotional Support		<b>5.2</b>	
	Not used	8	15.1%
Emotional Support categories	A little bit used	6	11.3%
	Medium used	27	50.9%
	Used a lot	12	22.6%
<b>Total</b>		<b>53</b>	<b>100.0%</b>

In reference to Emotion Focused Coping, the results show mean score of venting was 5.6, most frequently medium used. The mean score of use of informational support score was 6.2 most frequently used

a lot. The mean score of humor 3.2 most frequently medium used. The mean score of active coping score was 5.9 most frequently used medium used. The mean score of acceptance 6 most frequently not

used. The mean score of self-blame 6.2 most frequently used a lot of used. The

mean score of religion 6.8 most frequently used a lot of used (Table: 07).

**Table 07: Mean of Emotion focused coping**

		Mean	No.	%
Venting		5.6		
	Not used		4	7.5%
Venting categories	A little bit used		9	17.0%
	Medium used		22	41.5%
	Used a lot		18	34.0%
Use of Informational Support		6.2		
	Not used		2	3.8%
Use Inform Supp. categories	A little bit used		6	11.3%
	A medium used		18	34.0%
	A lot used		27	50.9%
Humor		3.2		
	Not used		36	67.9%
Humor categories	A little bit used		2	3.8%
	Medium used		10	18.9%
	Used a lot		5	9.4%
Active Coping		5.9		
	Not used		4	7.5%
Active Coping categories	A little bit used		6	11.3%
	A medium used		20	37.7%
	A lot used		23	43.4%
Acceptance		6.0		
	Not used		2	3.8%
Acceptance categories	A little bit used		6	11.3%
	Medium used		24	45.3%
	Used a lot		21	39.6%
Self-Blame		6.2		
	Not used		4	7.5%
Self-Blame categories	A little bit used		8	15.1%
	Medium used		14	26.4%
	Used a lot		27	50.9%
Religion		6.8		
	Not used		4	7.5%
Religion categories	A little bit used		3	5.7%
	Medium used		5	9.4%
	Used a lot		41	77.4%

In reference to Avoidant Coping, the results show mean score of self-distraction was 5.0, most frequently medium used. The mean score of denial score was 5.5

most frequently used medium used. The mean score of substance use 2.7 most frequently not used (Table: 08).

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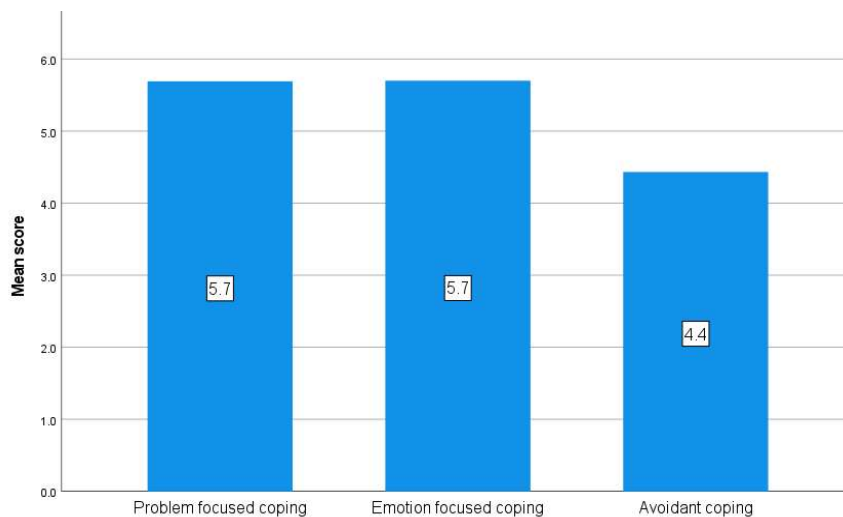
**Table 08: Mean of Avoidant coping**

		Mean	No.	%
Self-Distract Gr		5.0		
	Not used		7	13.2%
	A little bit used		13	24.5%
	Medium used		20	37.7%
	Used a lot		13	24.5%
Denial Gr		5.5		
	Not used		5	9.4%
	A little bit used		11	20.8%
	Medium used		20	37.7%
	Used a lot		17	32.1%
Substance Use Gr		2.7		
	Not used		41	77.4%
	A little bit used		6	11.3%
	Medium used		2	3.8%
	Used a lot		4	7.5%
Behavioral Disengage Gr		4.6		
	Not used		14	26.4%
	A little bit used		10	18.9%
	Medium used		17	32.1%
	Used a lot		12	22.6%

The overall scores of the three coping methods with avoidant mean coping score being the least was 4.4 (Table: 09) (Figure: 02).

**Table 09: Description of three coping methods**

Coping methods	No. of respondents	Minimum	Maximum	Mean	Standard Deviation
Problem Focused Coping	53	2.0	8.0	5.7	1.4
Emotion Focused Coping	53	2.0	7.6	5.7	1.2
Avoidant Coping	53	2.0	7.0	4.4	1.1



**Figure 02: Overall scores of coping methods**

## DISCUSSION:

The global rise in the number of women inmates has led to significant advances in research on this important aspect. Though, it needs further exploration. The present study aimed to identify the patterns of coping among women inmates. Being inmates, especially woman, exert a huge stress that needs an adjustment in the life and use coping strategies to cope with the new environment.

In the present study, we reported on the relationship between coping methods measured by the Brief COPE and demographic characteristics among 53 women inmates and to identify the patterns of coping and the most prevalent coping strategies used. Demographically, 70% of participants aged 19 to 39 years old (range from 19 to 65 years old). Among them, 85% were housewives (unemployed), about half of them were illiterate, about 60% were married and 60% of them were current smokers. Although, women inmates responded to Brief COPE assessment tool, they used a range of interesting mechanisms to cope with the new environment despite the fact that the living conditions were undoubtedly poor, lack of psychosocial support and privacy, limited modes of communications such as receiving and writing letters, visits and phone calls that could help in engaging in positive adaptive coping, and the fears from uncertain future and stigmatization and/or reintegration after release were noted.

The result shows that religious activities is the most frequently used strategy for coping with the challenges in reform center. This finding is probably similar to has been obtained by Allen et al. (2013) and Agbakwuru (2013) where religious activities reduced the level of mental health problems. The sense of security and experiences of inner peace and hope relies behind choosing this strategy (Agbakwuru & Awujo, 2016).

Self-blame and use of informational support had been used positively among around half of women inmates as a coping strategy. Though, the correlation between self-blame to somatization was arbitrated to shame and guilt with negative impacts of venting on emotion (Kovács et al., 2019). The use of informational support in a positive way is conclusive to the findings by Solbakken & Wynn (2022) that informational support facilitates understanding and support as an effective coping strategy in stressful situations.

Substance use among inmates had been found among 11.3% as a least coping strategy. This refers to the importance of primary prevention and the need for screening of people at high risk for substance use (Khalooei et al., 2016).

The educational level of women inmates reflected as a strategy for coping. This is also concluded by Rangel Torrijo (2020) who underlined that educational background can be used as a way to cope with the more negative aspects of being inmate.

Finally, Emotion Focused Coping was the main strategy to cope, conclusive to the findings by Agbakwuru and Awujo (2016) while Problem-Focused Coping strategy had been used frequently (medium used to used a lot) as a main tool of coping. This is conclusive to findings by Reed et al. (2009) whereas Avoidant Coping was the least used strategy to cope.

The study has some limitations and the example of such limitations are: the sample size, the ultimate composition of women, the study method was cross-sectional and most importantly, the study is the first of its kind in Kurdistan Region. Nonetheless, the findings presented contribute significantly to our current knowledge of coping methods. Further in-depth research is needed on how inmates especially women cope and to help reform centers to set up policies that can help to improve the mental and physical health of inmates.

In conclusion, being inmate, particularly women, places an enormous mental stress which consequently lead to psychological changes and affect the thinking and behavior of an individual. Inmate with existing mental health problems often deteriorate and those without existing mental health problems will likely develop them while being inmate.

For majority, the environment can be a frightening and will result in evolving variety of coping strategies such as in our study that determined that the most frequently used coping items was religion, followed by self-blame and use of informational support and the least frequently used were humor and substance use. As such, the Emotion Focused Coping was the main strategy to cope while Problem-Focused Coping strategy had been used frequently, and the Avoidant Coping was the least used strategy to cope. Based on these findings, there should be appropriate interventions to allow inmates to cope with new experience and more in-depth research in the future and the following recommendations can be introduced for the relevant authorities:

Counselling with psychiatrists, psychologists and other psychosocial care providers should be activated in Reform Centers in Kurdistan Region based on the fact that such centers are established to reform and assist the inmates to achieve reformatory goals and not to expose them to further stress or mental health problems, and to support inmates to learn coping strategies and apply them appropriately with the stress they face.

Relevant religious, cultural, vocational and educational programs and trainings should be promoted and facilities to be provided in Reform Centers in Kurdistan Region to help inmates cope with stress and be prepared for a productive work after they are released.

Programs to support and promote social contact such phone calls, visits and letter exchange to assist inmates to cope in a

positive way, this is needed for reform policies to focus on allowing inmates to meet their children, families and friends.

Further research should be carried out in the context of Kurdistan Region of Iraq to understand the effective strategies used by inmates to cope with the negative effects of detention and to set treatment protocol for inmates suffering from mental health problems.

#### CONFLICT OF INTEREST:

The authors declare that there is no conflict of interest.

#### REFERENCES:

1. Agbakwuru, C. (2013). *Psychology and health*, Revised ed. Owerri: Career Publishers.
2. Andersen HS. (2004). Mental health in prison populations. A review--with special emphasis on a study of Danish prisoners on remand. *Acta Psychiatr Scand Suppl.* 2004;(424):5-59. doi: 10.1111/j.1600-0447.2004.00436\_2.x. PMID: 15447785.
3. Allen RS, Harris GM, Crowther MR, Oliver JS, Cavanaugh R, Phillips L. (2013). Does religiousness and spirituality moderate the relations between physical and mental health among aging prisoners? *International Journal of Geriatric Psychiatry.* 2013;28(7):710–717. doi: 10.1002/gps.3874.
4. Carr, M. (2013). *The process of adjustment and coping for women in secure forensic environments* [Doctoral dissertation, University of Nottingham].
5. Celinska, K., & Fanarraga, I. (2022). Female Prisoners, Mental Health, and Contact with Family and Friends. *The Prison Journal*, 102(3), 259–

282. <https://doi.org/10.1177/00328855221095518>
6. Dirkzwager AJE, Nieuwbeerta P. (2018). Mental health symptoms during imprisonment: a longitudinal study. *Acta Psychiatr Scand.* 2018 Oct;138(4):300-311. doi: 10.1111/acps.12940. Epub 2018 Jul 12. PMID: 30003548.
  7. Folkman S, Moskowitz JT. (2004). Coping: pitfalls and promise. *Annu Rev Psychol.* 2004; 55: 745-74.
  8. Fraser A, Gatherer A, Hayton P. (2009). Mental health in prisons: great difficulties but are there opportunities? *Public Health.* 2009 Jun; 123(6): 410-4. doi: 10.1016/j.puhe.2009.04.005. Epub 2009 Jun 5. PMID: 19501377.
  9. Tan SY, Yip A. Hans Selye (1907-1982): Founder of the stress theory (2018). *Singapore Med J.* 2018 Apr; 59(4): 170-171. doi: 10.11622/smedj.2018043. PMID: 29748693; PMCID: PMC5915631.
  10. Smith MM, Saklofske DH, Keefer KV, Tremblay PF. (2016). Coping Strategies and Psychological Outcomes: The Moderating Effects of Personal Resiliency. *J Psychol.* 2016;150(3):318-32. doi: 10.1080/00223980.2015.1036828. Epub 2015 May 7. PMID: 25951375.
  11. Khalooei A, Mashayekhi-Dowlatabad M, Rajabalipour MR, Iranpour A. Pattern of Substance Use and Related Factors in Male Prisoners. *Addict Health.* 2016 Fall;8(4):227-234. PMID: 28819553; PMCID: PMC5554802.
  12. Kovács Z, Kun B, Griffiths MD, Demetrovics Z. (2019). A longitudinal study of adaption to prison after initial incarceration. *Psychiatry Res.* 2019 Mar;273:240-246. doi: 10.1016/j.psychres.2019.01.023. Epub 2019 Jan 7. PMID: 30658208.
  13. Power J., Smith H., Brown Sh. (2021). The brief COPE: a factorial structure for incarcerated adults, *Criminal Justice Studies*, 34:2, 215-234, DOI: 10.1080/1478601X.2020.1827589.
  14. Rangel Torrijo H. (2020). Education in prison: Studying through distance learning: Emma Hughes. Routledge, New York, 2016, 206 pp. ISBN 9781138246966 (pbk), ISBN 9781315578859 (eBook). *Int Rev Educ.* 2020;66(5-6):881-3. doi: 10.1007/s11159-020-09868-5. Epub 2021 Jan 2. PMCID: PMC7776281.
  15. Reed P, Alenazi Y, Potterton F. Effect of time in prison on prisoners' use of coping strategies. *Int J Prison Health.* 2009; 5(1): 16-24. doi: 10.1080/17449200802692060. PMID: 25758926.
  16. Solbakken, L.E., Wynn, R. (2022). Barriers and opportunities to accessing social support in the transition from community to prison: a qualitative interview study with incarcerated individuals in Northern Norway. *BMC Psychol* 10, 185 (2022). <https://doi.org/10.1186/s40359-022-00895-5>
  17. Luke, R. J., Daffern, M., Skues, J. L., Trounson, J. S., Pfeifer, J. E., & Ogloff, J. R. P. (2021). The Effect of Time Spent in Prison and Coping Styles on Psychological Distress in Inmates. *The Prison Journal*, 101(1), 60-

79. <https://doi.org/10.1177/0032885520978475>.
18. NovoPsych (2023). Coping Orientation to Problems Experienced Inventory (Brief-COPE). Retrieved on 23rd September, 2023. <https://novopsych.com.au/assessments/formulation/brief-cope/>.
19. World Health Organization (2004). Promoting mental health: concepts, emerging evidence, practice (Summary Report) Geneva: World Health Organization; 2004.

## پوخته

## رینیشاندان بو بهرهنگار بوونا ناریشین دناف نافرهتین گرتی ل نافهندا چاکسازیا نیتیتی ل پاریزگهها دهوک/ههریما کوردستانی – عیراق

**پیشهکی و نارمانج:** رۆبهروبوونا دوخا ستریس پیدفی ب ستراتیجین جورا و جور ههیه دهمهکی دا هندهک گفاشتنا ستریس کیچ دکهن بعلی هندمکین دی خراپتر دکهن. زیندانیکن هر کهسهکی بهرف ستریسهکا مهزن دبهت و پیدفی ب چهندن هولین مهزن ههیه بو دهربازکرنا وی بارودوخی و خو گونچاندن دناف ژینگهههکا نوی دا. نهف قهکولینه شیوازین رۆبهروبوونا دناف زیندانیکن رهگمز می ل سهنتهری چاکسازیا نیتیتی ل پاریزگهها دهوک/ ههریما کوردستان - عیراق دهستنیشاندهکمت و بهربهلاقتیرین ستراتیجین رۆبهروبوونی کو هاتینه بکارئینان دیاردکهت.

**رینکین قهکولینی:** ب ریکا کرووس- سیکشن دیزاین بابعتین Brief-COPE 28 راپرسی یا وهلامدانا کهسی دناف 53 ژنین زیندانگری هاتیه بکارئینان. زانیاری بکارئینانا SPSS قیرژنی 27 هاتینه شلوقهکرنا کرن و پولینکرنا ب ریکا فریکوینسی و فریکوینسیا ریژا سهدی هاتینه پیشاندان. تاقیکرنا فیشهر-فریمهن-هالتون بکار هاتیه بو تاقیکرنا پهیومندی دناقیهرا خوگونچاندن و گوراوین سوشیالی و کومهلاپیتی. بهایی p کیمتر ژ 0.05 ژ رویی ناماری قه ب گرنگ هاته دانان.

**نهجام:** زورترین بابعتین رۆبهروبوونی هاتینه بکارئینان نایین بووه ب ریژا (77.4%) ديفدا لومهکرنا خو وه بکارئینانا پشتگیریا زانیاریا بریژا (50.9%) دهمهکیدا کیمترین بابعتی بکارهاتی یاریپیکرنا بووه ب ریژا (3.8%) و بکارئینانا ماددین بیهوشهبر ب ریژا (11.3%) بو.

**دهرنهجام:** ب پشتیبهستن ب وان نهجامین هاتینه پیشکیشکرنا، پیدقیه دهستبهردانهکا گونجای ههبيت کو پشتگیری ل تهنروسنیا دهرونی فان گرتیین رهگمز می بکهت. بوو هندی ریکی بدهت رۆبهروبوونا ژینگهههکا نوی بکهن و قهکولینین زیدمتر و بهرفرهتر ل پاشهروژن بهینه نهجامدان.

## الخلاصة

## التعامل مع المشكلات التي تواجهها النساء نزلاء مركز إبتوت للإصلاح، محافظة دهوك، إقليم كردستان - العراق

**الخلفية والأهداف:** يحتاج التعامل مع المواقف المجهدة إلى استراتيجيات مختلفة، بينما يقلل البعض من التوتر، قد يتفاجم البعض الآخر. كون الشخص سجيناً، يعرض الفرد لضغوط هائلة ويتطلب جهوداً ضخمة للتغلب على الموقف والتكيف مع البيئة الجديدة. هذه الدراسة يعرض أنماط التأقلم بين الموقوفات النساء في مركز الإصلاح في مركز إبتوت للإصلاح في محافظة دهوك، إقليم كردستان العراق ويكشف استراتيجيات المواجهة الأكثر انتشاراً المستخدمة.

**طرق البحث:** من خلال استخدام دراسة مقطعية مستعرضة استبيان التقرير الذاتي Brief-COPE المكون من 28 بنداً بين 53 موقوفة. تم تحليل البيانات باستخدام SPSS الإصدار 27. تم وصف البيانات الفئوية من خلال تواترها ونسب التردد. فيشر-فريمان-هالتون تم استخدام الاختبار الدقيق لاختبار الارتباط بين عناصر COPE والمتغيرات الاجتماعية والديموغرافية. تم اعتبار قيمة p أقل من 0.05 ذات دلالة إحصائية.

**النتائج:** كانت عناصر المواجهة الأكثر استخداماً هي الدين بنسبة (77.4%)، يليها اللوم الذاتي واستخدام الدعم المعلوماتي بنسبة (50.9%) ، في حين أن الأقل استخداماً كانت الفكاهة بنسبة (3.8%) وتعاطي المخدرات بنسبة (11.3%). كانت المواجهة المركزة على العاطفة هي الاستراتيجية الرئيسية للتعامل مع المشاكل التي تواجهها النساء بينما تم استخدام استراتيجية المواجهة التي تركز على المشكلة بشكل متكرر، وكانت استراتيجية التأقلم التجنبي هي الإستراتيجية الأقل استخداماً للتكيف.

**الاستنتاجات:** بناء على النتائج المقدمة، ينبغي أن تكون هناك تدخلات مناسبة تدعم الصحة العقلية والأنشطة النفسية والاجتماعية للسماح للموقوفات النساء بالتعامل مع البيئة الجديدة و اجراء المزيد من البحوث المتعمقة في المستقبل.