

AMI AROKACH

ALIENATION AND DOMESTIC ABUSE: HOW ABUSED WOMEN COPE WITH LONELINESS

(Accepted 2 August 2005)

ABSTRACT. This study explored the manner in which abused women cope with loneliness. Eighty women, victims of domestic abuse, were compared to 84 women from the general population who have had no history of abusive relationships. A 34-item yes/no loneliness questionnaire was utilized in order to compare the *beneficial* ways of coping with loneliness in the two samples. The questionnaire is comprised of six factors, namely Reflection and acceptance, Self-development and understanding, Social support network, Distancing and denial, Religion and faith and Increased activity. Results confirmed that abused women, indeed, cope with loneliness differently than the general population does. The abused women scored significantly higher on the Self-development and understanding, Distancing and denial and the Religion and faith subscales.

KEY WORDS: abuse, domestic, loneliness, women

INTRODUCTION

Statistics Canada (2003) reported that one-quarter of all violent crimes involved family violence. The situation is similar in the US. Mazur Abel (2000) asserted that 4–6 million women per year, in the US, are victims of domestic violence. Onyskiw (2001) observed that only recently does the public realize how frequently adults and children are the targets of domestic violence. She noted “the risk of experiencing violence from a family member far outweighs the risk of experiencing violence from a stranger” (p. 117). The latest [2004] and well publicized, example in Toronto of the possible consequences of domestic abuse were provided when a man, with a lengthy history of spousal abuse, armed with a gun attempted to kill his wife and not succeeding, took a hostage in the middle of downtown Toronto in

midday to the horror of bystanders (Black, 2004). Campbell (2002) points to U.S and Canadian surveys which were conducted during 1985–1998 and revealed that between 8 and 14% of women of all ages were physically assaulted by a husband, boyfriend or ex-partner in the previous year, however when asked about ever having been assaulted by a partner, up to 30% responded in the affirmative. Black (2004) noted that during the period 1998–2002 there has been, in Canada, a 26% increase in criminal harassment, stalking and threatening of women. Nabi & Horner (2001) observed “wife or partner abuse is increasingly recognized as a pressing public health concern with the lives and well-being of millions of American women at risk every year” (p. 237). They added that such domestic abuse has far reaching health consequences. Various terms have been applied to designate the abuse of women; amongst them are wife abuse, battered women, family violence, domestic violence, and spousal abuse (Mockler, 2000). The present research will adopt the definition of abused women as suggested by Health Canada (1990) namely that abuse is any “physical, sexual assault, emotional and psychological intimidation, degradation, deprivation and/or exploitation of women by their intimate partners” (p. 1). Women abuse has been linked to physical injuries (Cascardi et al., 1992) to poor mental health including depression and anxiety, and to a wide range of adverse physical outcomes (Bergman et al., 1992; Plichta and Abraham, 1996). Coker et al. (2002) pointed out that aside from physical violence, victims are also subjected to psychological battering and emotional abuse, which have physical and mental health implications. Abused women reported head, face, neck and abdominal injuries (Campbell, 2002), and chronic health problems such as chronic pain and central nervous system symptoms (Ratner, 1993). Abused women have indicated that as a consequence of their abuse, they suffered increased anxiety and depression (Dutton-Douglas and Dionne, 1991), stress (Houskamp and Foy, 1991), and a sense of helplessness, fear and social withdrawal (Walker, 1999). Black (2004) observed that fear, insecurity, social isolation and alienation are all aspects of domestic abuse. Heightened social recognition to domestic abuse, an understanding of its devastating effects on the abused, and the dire need to provide essential services and support for those women who are able to exit those destructive relationships, gave rise to shelters for abused women.

Shelters

Shelters are often the place where abused women arrive at during a crisis or as a way of avoiding an oncoming abuse (Dzieglewski et al., 1996). Shelters are temporary residences, which are provided by the community for abused women and their children (Mockler, 2000). These are secure, temporary accommodations, which provide protection, support and assistance for up to 6 weeks (Mockler, 2000). It should be noted that “shelter” is used broadly here and includes all short-term residential facilities for abused women and their children.

Mockler (2000) pointed out that “shelters are used by a large number of Canadian women on an annual basis and often provide shelter, support, and services to those women with the fewest resources” (p. 26). In Ontario, Canada where this research was carried out, shelters are funded by the government and in addition to providing the women with essentials such as food, shelter and some spending money, they also provide some group [and if needed, individual] short term counseling. Statistics Canada (2003) found that 6% of abused women stayed at transition houses or shelters and of these women who left the abuser, 13% stayed at a transition house. Shelters were found to be particularly critical for those women who have few alternatives and resources for safety, security and support (Mockler, 2000). As Goodman et al. (1999) noted, the social support that women can get in such shelters “is a unique external resource, that a person may draw upon” (p. 429). Members of such a support network may, according to Goodman et al. (1999) directly replace lost resources, may reaffirm positive personal qualities which the women may have ‘forgotten’ that they have, or may provide a sense of belonging when no one else is available to offer support.

Being terrorized by domestic abuse and finding herself on the doorstep of a shelter for other abused women without support and resources, it stands to reason that loneliness is a salient feature of the abused woman’s experience. Loneliness is a painful experience that is commonly not embraced and which has consequences that are detrimental to one’s emotional, physical and spiritual well-being (McWhirter, 1990; Ernst and Cacioppo, 1999). Lonely individuals tend to score high on negative intrapersonal traits like pessimism (Davis et al., 1992; Ernst and Cacioppo, 1999), and are also strongly negatively correlated with happiness (Booth et al., 1992) and life

satisfaction (Riggio et al., 1993). Loneliness has been linked to such maladies as depression, hostility, alcoholism, poor self-concept, and psychosomatic illnesses (McWhirter, 1990). Recent studies suggest that a large proportion of the population feel lonely frequently (Rokach and Brock, 1997). Loneliness has been linked to depression, anxiety, and interpersonal hostility (Hansson et al., 1986), to an increased vulnerability to health problems (Jones et al., 1990), and even to suicide (Cutrona, 1982; Medora and Woodward, 1986). Rook (1988) observed that loneliness results from the interaction of personal factors and situational constraints. That interaction is closely associated with the changing circumstances which one encounters.

Since domestic violence is such a growing problem in the North American society, and since the abused are suffering but are shunned by most of us, loneliness is no doubt their loyal companion. In light of Rook's (1988) observation on loneliness, it stands to reason that the abused would experience, and cope with, loneliness in different ways than the rest of society. The present study aimed at examining how abused women experience loneliness in comparison to women in the general population without a history of abusive relationships.

METHOD

Participants

One hundred and sixty four women volunteered to answer the loneliness questionnaire. Eighty women were identified by shelters as abused, and 84 were from the general population without any incidence of abuse in their past or present relationships. Table I provides a more detailed breakdown of age, education and marital status within each group. The study was carried out only on women since, as Walker (1999) so aptly observed that "the single most powerful risk marker for becoming a victim of violence is to be a woman" (p. 23).

Procedure

Participants were asked to reflect on their past loneliness experiences and to endorse those items which described how they coped with it. They took approximately 15 mins to answer the questionnaire. In an

TABLE I
Demographics

Population	N ^a	Marital status			Education		Age	
		Single	Married	Divorced	M	SD	M	SD
GP	84	59 (70%)	14 (17%)	11 (13%)	13.06 (4–16) ^b	1.94	29.51 (17–76)	16.42
Abused	80	30 (38%)	11 (14%)	38 (48%)	12.41 (6–17)	2.39	31.48 (14–57)	9.90
Total	164	89 (54%)	25 (15%)	49 (30%)	12.78 (4–17)	2.16	30.45 (14–76)	13.69
					$\chi^2_{(1,2)} = 24.56^{***}$			$F_{(1,145)} = 3.28$
								$F_{(1,159)} = 0.83$

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

^aN's and percentages may not add up due to missing data.

^bIn parenthesis = range.

attempt to overcome the methodological difficulty of other studies which relied solely on college students (see Vincenzi and Grabosky, 1987; McWhirter, 1990), the general population participants were recruited in urban Canadian centers from all walks of life. They were recruited in high schools, universities and shopping malls. The abused women were recruited in a number of shelters in the same city from which the general population sample was recruited. The shelters, from where the participants were recruited, were randomly chosen from all the shelters that were approached by the research team and which agreed to allow us to conduct the study in their institution. The participants included all those women who volunteered to partake in the study. They were asked to volunteer and were assured that no negative consequences would be suffered if they refused to participate.

The Loneliness Questionnaire

All items for the questionnaire were written by the author and were based on Rokach's previous research on loneliness (Rokach, 1990; Rokach and Brock, 1998). The questionnaire is composed of six factors, each being a subscale. Factor 1, Reflection and acceptance (accounted for 14% of the variance) described being by one's self to

become acquainted with one's fears, wishes and needs; and consequently, accepting one's loneliness and its resultant pain; Factor 2, Self-development and understanding (5%) – the increased self-intimacy, renewal, and growth which are often the results of active participation in organized focused groups or of receiving professional help and support; Factor 3, Social support network (4%) – the re-establishing of social support network which can help one feel connected to and valued by others; Factor 4, Distancing and denial (3%) – denial of the experience and pain of loneliness by alcoholism, drug abuse, and other deviant behaviors; Factor 5, Religion and faith (3%) – the need to connect to and worship a divine entity. Through affiliation with a religious group and practicing its faith one can gain strength, inner peace, and a sense of community and belonging; and Factor 6, Increased activity (3%) – active pursuit of daily responsibilities as well as fun-filled solitary or group activities, thus maximizing one's social contacts (see Appendix A for sample items). Each of the six factors comprised a subscale and participants' scores are the sum of items which they endorsed in each subscale. Although the original questionnaire (Rokach and Brock, 1998) included 86 items, due to participants' past feedback about its length, it was shortened and only the six highest loading items in each subscale were included; hence, the questionnaire included a total of 34 items (factor 3 includes only 4 items). Each factor was a subscale in the questionnaire and participants' scores are the sum of items they endorsed in each subscale (see Appendix A for sample items). Kuder–Richardson internal consistency reliabilities were calculated and yielded the following alpha values: $F_1=0.71$; $F_2=0.62$; $F_3=0.46$; $F_4=0.63$; $F_5=0.57$; $F_6=0.59$. K-R alpha for the 34 item questionnaire was .81.

RESULTS

Table I illustrates the breakdown of age, marital status, and educational level within each group. The average age of all participants was 30 years with ages ranging between 14 and 78. The mean level of education (i.e. last grade completed) was 12 with a range of 4 to 17. Of the participants, 54% were single, 15% married, 30% have had a relationship but were no longer in it due to separation, divorce or

TABLE II
Comparing mean subscale scores of loneliness coping strategies

Population	N ^a	Reflection and acceptance		Self-Development and understanding		Social support network		Distancing and denial		Religion and faith		Increased activity	
		M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Gp	84	2.45	1.66	0.45	0.86	1.77	1.80	0.50	0.78	1.05	1.80	1.31	1.35
Abused	79	2.97	1.78	1.10	1.35	1.95	1.60	1.08	1.41	1.61	1.33	1.16	1.40
Total	163	2.71	1.74	0.77	1.17	1.86	1.70	0.78	1.17	1.32	1.61	1.24	1.37
MANCOVA ¹	F _(6,155) = 3.94**	F _(1,162) = 3.22	F _(1,162) = 13.65***	F _(1,162) = 0.44	F _(1,162) = 10.11**	F _(1,162) = 5.18*	F _(1,162) = 0.55						

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

¹Marital status was covaried.

death of a spouse. No significant difference was found between the two samples on age and education, though marital status was significant and was, thus, covaried in further analyses.

A MANCOVA yielded significant differences in the experience of loneliness between the two groups [$F(6,155) = 3.94; p < 0.01$]. ANCOVA's were then calculated. Significant differences were found on the Self-development and understanding ($F(1,162) = 13.65; p < 0.001$), Distancing and denial ($F(1,162) = 10.11; p < .01$), and Religion and faith ($F(1,162) = 5.18; p < 0.05$) subscales. The abused sample had consistently higher mean subscale scores than the general population (Tabel II).

DISCUSSION

Being alone does not necessarily mean being lonely. Loneliness may entail geographical aloneness or social isolation, but more than that it reflects the aversive and painful experience of not belonging, not feeling connected to others, or valued by them (Russell et al., 1984; West et al., 1986). Aloneness, if it is planned, wanted, or welcomed could result in solitude which may enhance one's knowledge of one's self, and be a path to greater meaning (Andre, 1991). Loneliness, in contrast, is a painful experience that is commonly not embraced and which has consequences that are detrimental to one's emotional, physical, and spiritual well being (Ernst and Cacioppo, 1999; McWhirter, 1990).

The present study investigated the manner in which women who have undergone domestic abuse successfully cope with loneliness. Results indicated that these women cope significantly differently with loneliness than their counterparts in the general population, who have not undergone abuse. In particular, victims of domestic abuse had significantly higher mean subscale scores on the Self-development and understanding, the Distancing and denial and on the Religion and faith subscales.

These results are intuitively expected. The data for the present study was collected while the abused women were housed in shelters, where they were encouraged to participate in groups of victims of violence, have been instructed on how to attend to their needs and look after themselves and have been offered professional counseling

services. Those very same activities are included in the Self-development and understanding, and it stands to reason then, that the abuse victims would score higher than women in the general population on that subscale.

It is similar with the Distancing and denial subscale. Although denial is often used, for a limited time, by those who cannot face and deal with their loneliness, it has been repeatedly demonstrated that victims of domestic abuse distance themselves from even those closest to them and for a long time deny that they are abused out of fear of the abuser, shame, a feeling of helplessness or hope that life for them will improve (Finamore, 2000; Campbell, 2002; Verma, 2004). Similarly, abused women appear to use distancing and denial to a much larger extent than the general population, and find it useful, to a limited degree and for some time, in dealing with their life circumstances in general, and their loneliness in particular.

Victims of domestic abuse had a significantly higher mean subscale score on the Religion and faith subscale than did women of the general population. Although the literature does not indicate higher religiosity or spirituality among this group, it does stand to reason that prayer, either individually (or if they are allowed by the abuser) in a place of worship, could help them cope not only with feeling helpless, dominated, depressed and alienated from others (Mockler 2000; Campbell, 2002), but it may also offer them one way of coping with the searing pain of loneliness, at the time when they are so isolated from, but need, others.

The present results indicated that abused women did not differ significantly in their mean subscale scores from the general population on the Reflection and acceptance, Social support network and the Increased activities subscales. As Rokach (1998) noted, the first two subscales mentioned above, are universally used to cope with loneliness and their usefulness in dealing with the pain of loneliness transcends gender, age and in some instances even cultural backgrounds. Consequently, it stands to reason that neither spousal abuse nor a checkered background would interfere with the abuse victims' use of reflection and reliance on social support. The Increased activity subscale captured the active pursuit of daily responsibilities, be it solitary or group activities. It appears that the abused women had utilized it to a degree similar to the general population in order to

address their loneliness. As Rokach and Sharma (1996) noted – it is a common feature of the North American culture, and “fitting in” commonly, means being busy.

To summarize, results of the present investigation demonstrated that women who were victims of domestic abuse, cope with loneliness significantly differently than women who have not been in such relationships. This may assist shelters’ workers when attending to abused women. For instance, having learned that those women benefit [and can successfully cope with loneliness] by engaging in self-development and understanding, they may be encouraged to engage in counseling [while in shelters and afterwards], make new friends and revive old [and sagging] friendships, and enroll in self-development courses. They may be encouraged, and shown how to develop their spiritual side, to pray, or engage in religious practices. Seeing that Distancing and denial may be helpful to those women in coping with loneliness, they may be helped to understand it, and urged to employ it only on a short term basis, while they reorganize their lives, though later they must face their situation, and the loneliness that is its corollary and cope with it in a more appropriate manner. The present study is a preliminary investigation into the qualitative aspects of loneliness of abused women, and as such has some shortcomings that should be noted. Firstly, sample size was relatively small and future research could replicate the present study with not only larger samples, but also differentiate between women who were physically, emotionally and sexually abused, rather than examining this population as if it were a homogeneous one as the present study has done. Future research needs to explore whether the age of the abused women, having children stay with her once she leaves the abusive situation, family support, and having sources of income once she left the abuser, effect the manner in which she copes with loneliness.

ACKNOWLEDGEMENTS

I thank Tricia Orzeck, Artem Safarov and Raan Matalon for their invaluable contribution to the analyses of the data. Dorina Balter’s assistance with data collection was greatly appreciated.

APPENDIX A

Coping with Loneliness – Sample Items*Factor 1: Reflection and acceptance*

- I turned loneliness into a time for reflection (0.61)^a
- I came to accept how I felt (0.59)
- I tried to focus on what really mattered to me in life (0.59)
- I came to view being alone as an opportunity to think things through and set new goals for myself (0.64)

Factor 2: Self-Development and understanding

- I actively sought to make new friends at social groups I attended (0.40)
- I went back to work after years of being at home (0.41)
- I sought professional help from a medical doctor (0.57)
- I enrolled in personal development seminars (0.51)

Factor 3: Social support network

- I went to more parties and social functions (0.63)
- I renewed old friendships (0.49)
- I spent time at places where I knew there would be a lot of people (0.45)
- I corresponded with friends/family more frequently (0.42)

Factor 4: Distancing and denial

- I purposely built walls around myself (0.55)
- I avoided social functions (0.40)
- I drank alcohol to excess (0.58)
- I denied to myself that anything was wrong (0.48)

Factor 5: Religion and faith

- I actively sought to make friends at my church (0.56)
- I sought answers to my problems in prayer (0.75)
- I felt strengthened and comforted by my faith in God (0.76)
- My attendance at religious services increased (0.68)

Factor 6: Increased activity

- I took up a new hobby (0.51)
- I took up a new sport (0.46)
- I got a part-time job (0.42)
- I immersed myself in work (0.53)

^aThe factor loading of the item.

REFERENCES

- Andre, R.: 1991, *Positive Solitude: A Practical Program for Mastering Loneliness and Self-fulfillment* (Harper Collins, New York).
- Black, D.: 2004, 'Brooks case follows tragic pattern'. *Toronto Star*, p. A22, Aug. 27.
- Bergman, B., B. Brismar and C. Nordin: 1992, 'Utilisation of medical care by abused women', *British Medical Journal* 305, pp. 27–34.
- Booth, R., D. Bartlett and J. Bohnsack: 1992, 'An examination of the relationship between happiness, loneliness, and shy men in college students', *Journal of College Student Development* 33, pp. 157–162.
- Campbell, J.C.: 2002, 'Health consequences of intimate partner violence', *Lancet* 359(9314), pp. 1331–1336.
- Cascardi, M., J. Langhinrichsen and D. Vivian: 1992, 'Marital aggression. Impact, injury, and health correlates for husbands and wives', *Archives of Internal Medicine* 152, pp. 1178.
- Coker, A.L., P.H. Smith, M.P. Thompson, R.E. McKeown, L. Bethea and K.E. Davis: 2002, 'Social support protects against the negative effects of partner violence on mental health', *Journal of Women's Health & Gender-Based Medicine* 11(5), pp. 465–476.
- Cutrona, C.E.: 1982, 'Transition to college: Loneliness and the process of social adjustment', in L.A. Peplau and D. Perlman (eds.), *Loneliness: A Sourcebook of Current Theory, Research and Therapy* (Wiley – Interscience, New York), pp. 291–309.
- Davis, S.F., H. Hanson, R. Edson and C. Ziegler: 1992, 'The relationship between optimism-pessimism, loneliness, and levels of self-esteem in college students', *College Student Journal* 26, pp. 244–247.
- Dutton-Douglas, M. and D. Dionne: 1991, 'Counseling and shelter services for battered women', in M. Steinman (ed.), *Women Battering: Policy Responses* (Anderson Pub, Cincinnati, Ohio).
- Dziegielewska, S.F., C. Resnick and N. Krause: 1996, 'Shelter-based crisis intervention with battered women', in A.R. Roberts (ed.), *Helping Battered Women: New Perspectives and Remedies* (Oxford University Press, New York), pp. 159–171.
- Ernst, J.M. and J.T. Cacioppo: 1999, 'Lonely hearts: Psychological perspectives on loneliness', *Applied and Preventative Psychology* 8, pp. 1–22.
- Finamore, D.C.: 2000, 'The relationship of learned helplessness, hardiness, and depression in married abused women', *Dissertation Abstract International*, Section B 60(11–B), pp. 5770.
- Goodman, L., L. Bennet and M.A. Dutton: 1999, 'Obstacles to victims' cooperation with the criminal prosecution of their abusers: The role of social support', *Violence and Victims* 14(4), pp. 427–444.
- Hansson, R.O. and Jones: 1986, 'Loneliness and adjustment to old age', *International Journal of Aging and Human Development* 24, pp. 41–53.
- Health Canada: 1990, 'Wife Abuse' (Health Canada, The National Clearinghouse on Family Violence).
- Houskamp, B. and D. Foy: 1991, 'The assessment of posttraumatic stress disorder in battered women', *Journal of Interpersonal Violence* 5(1), pp. 1–13.

- Jones, W.H., J. Rose and D. Russell: 1990, 'Loneliness and social anxiety', in H. Leitenberg (ed.), *Handbook of Social and Evaluation Anxiety* (Plenum, New York), pp. 247–266.
- Mazur Abel, E.: 2000, 'Psychosocial treatments for battered women: A review of empirical research', *Research on Social Work Practice* 10(1), pp. 55–77.
- McWhirter, B.T.: 1990, 'Loneliness: A review of current literature with implications for counselling and research', *Journal of Counselling and Development* 68, pp. 417–423.
- Medora, H. and J.C. Woodward: 1986, 'Loneliness among adolescent college students at a mid-western university', *Adolescence* 21, pp. 391–402.
- Mockler, S.E.: 2000, 'Shelters as an intervention strategy for abused women', *Dissertation Abstracts International* 60(8-B0), p. 4238.
- Nabi, R.L. and J.R. Horner: 2001, 'Victims with voices: How abused women conceptualise the problem of spousal abuse and implications for intervention and prevention', *Journal of Family Violence* 16(3), pp. 237–253.
- Onyskiw, J.E.: 2001, 'Research on violence and abuse in Canada: Challenges and opportunities', *Canadian Journal of Nursing Research* 32(4), pp. 117–124.
- Plichta, S.B. and C. Abraham: 1996, 'Violence and gynaecologic health in women 50 years old', *American Journal of Obstetric Gynaecology* 174, pp. 903–915.
- Ratner, P.A.: 1993, 'The incidence of wife abuse and mental health status in abused wives in Edmonton, Alberta', *Canadian Journal of Public Health* 84(4), pp. 246–249.
- Riggio, R.E., K.P. Watring and B. Throckmorton: 1993, 'Social skills, social support, and psychosocial adjustment', *Personality and Individual Differences* 15, pp. 275–308.
- Rokach, A.: 1990, 'Surviving and coping with loneliness', *Journal of Psychology* 124, pp. 39–54.
- Rokach, A. and H. Brock: 1998, 'Coping with loneliness', *The Journal of Psychology* 132(1), pp. 107–127.
- Rokach, A. and H. Brock: 1997, 'Loneliness: a multidimensional experience', *Psychology: A Journal of Human Behaviour* 34(1), pp. 1–9.
- Rokach, A. and M. Sharma: 1996, 'The loneliness experience in cultural context', *Journal of Social Behaviour and Personality* 11(4), pp. 827–839.
- Rook, K.S.: 1988, 'Toward a more differentiated view of loneliness', in S. Duck (ed.), *Handbook of Personal Relationships: Theory, Research and Intervention* (Wiley, Toronto), pp. 571–589.
- Russell, D., C.E. Cutrona, J. Rose and K. Yurko: 1984, 'Social and emotional loneliness: An examination of Weiss' typology of loneliness', *Journal of Personality and Social Psychology* 46(6), pp. 1313–1321.
- Statistic Canada: 2003, *Family Violence in Canada* (Statistics Canada, Canadian Centre for Justice Statistics).
- Verma, S.: 2004, 'Portrait of anger and abuse'. *Toronto Star*, p. 1, Aug 28.
- Vincenzi, H. and F. Grabosky: 1987, 'Measuring the emotional/social aspects of loneliness and isolation', *Journal of Social Behaviour and Personality* 2(2), pp. 257–270.
- Walker, L.E.: 1999, 'Psychology and domestic violence around the world', *American Psychologist* 54(1), pp. 21–29.

West, P.A., R. Kellner and M. Moore-West: 1986, 'The effect of loneliness: A review of the literature', *Comprehensive Psychiatry* 27, pp. 351–363.

*The Institute for the Study and Treatment of
Psychological Stress*

104 Comba Avenue

M3H 4J9

Toronto Ontario

Canada

E-mail: arokach@yorku.ca