



## City Research Online

### City, University of London Institutional Repository

---

**Citation:** Khan, S. (2020). Growth after intimate partner violence. (Unpublished Doctoral thesis, City, University of London)

This is the accepted version of the paper.

This version of the publication may differ from the final published version.

---

**Permanent repository link:** <https://openaccess.city.ac.uk/id/eprint/25701/>

**Link to published version:**

**Copyright:** City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

**Reuse:** Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

# Growth After Intimate Partner Violence



*City University of London  
Department of Psychology*

**Saira Khan**

*Portfolio submitted in fulfilment of the Doctorate in Counselling  
Psychology*

*May 2020*

# Contents

List of Tables .....	7
List of Figures .....	8
Acknowledgements .....	9
City University Declaration of Powers of Discretion .....	10
Glossary of Psychological Terms Used in the Portfolio .....	11
<b><i>PREFACE: Recognizing Hidden Violence</i></b> .....	<b>13</b>
<b>Abstract to the Portfolio</b> .....	<b>14</b>
<b>Chapter 1. Introduction: How the Medical Model Fails Victims of Intimate Partner Violence</b> .....	<b>15</b>
1.1. Gendered Violence .....	16
1.2. Intimate Partner Violence and Mental Health Services .....	16
1.3. The Limitations of the Medical Model .....	17
1.4. Focus of the Portfolio .....	17
1.5. Content of the Portfolio .....	18
Part A: Doctoral Research .....	18
Part B: Professional Practice .....	18
Part C: Publishable Paper .....	19
<b><i>SECTION A: Main Doctoral Research</i></b> .....	<b>20</b>
<b>Research Abstract</b> .....	<b>21</b>
<b>Chapter 2. Growth After Intimate Partner Violence: An Introduction</b> .....	<b>22</b>
2.1. Chapter Outline .....	22
2.2. Providing A Backdrop to the Research .....	22
2.2.1. Explanation of Terms .....	22
2.2.2. Intimate Partner Violence Definition .....	23
2.2.3. Intimate Partner Violence Prevalence .....	23
2.2.4. Violence Against Women and Girls .....	24
2.2.5. Broadening the Definition of Abuse .....	25
2.2.6. Current Social Provisions for IPV Survivors .....	26
2.3. Psychological Theory and Domestic Violence .....	27
2.3.1. Recognising Intimate Partner Violence .....	27
2.3.2. Feminist Therapy .....	28
2.3.3. Intimate Partner Violence Understood as a Trauma .....	29

2.3.4. Intimate Partner Violence and The Turning Point .....	31
2.4. The Development of the Concept of Growth After Trauma .....	31
2.4.1. A Multidimensional View of Trauma.....	31
2.4.2. Trauma Outcomes.....	32
2.4.3. Posttraumatic Growth.....	33
2.4.4. Is Posttraumatic Growth Real? .....	34
2.4.5. Evidence of Posttraumatic Growth After IPV.....	35
2.5. What May be Related to Growth for Trauma Survivors .....	37
2.5.1. Rumination.....	37
2.5.2. Beliefs.....	38
2.5.3. Self-Compassion.....	39
2.5.4. Conclusions .....	40
<b>Chapter 3. Study Rationale and Research Questions: Development of a Mixed Methods</b>	
<b>Approach .....</b>	<b>41</b>
3.1. Chapter Outline .....	41
3.2. Implications of Growth After IPV for Counselling Psychology .....	41
3.3. Rationale for a Mixed Methods Study .....	42
3.4. Positioning the Researcher .....	43
3.5. Gap Analysis of Growth for IPV Survivors .....	45
3.6. Purpose Statement .....	46
3.7. Research Questions .....	47
<b>Chapter 4. Methodology.....</b>	<b>48</b>
4.1. Chapter Outline .....	48
4.2. Project Design .....	48
4.2.1. Mixed Methods Design .....	48
4.2.2. Philosophical Underpinnings.....	48
4.2.2.1. Quantitative Epistemological Considerations .....	51
4.2.2.2. Qualitative Epistemological Considerations.....	51
4.2.3. Thematic Analysis Approach .....	53
4.3. Recruitment .....	55
4.3.1. Participants .....	55
4.3.2. Ethical Considerations.....	55
4.3.3. Exclusion Criteria.....	57
4.3.4. Inclusion Criteria .....	57
4.3.5. Impact of Events Scale – Revised (IES-R).....	57
4.3.6. Recruitment Procedures .....	58
4.3.7. Summary of Participant Characteristics .....	58
4.4. Procedures .....	59
4.4.1. Pilot Participant.....	61

4.4.2. Data Collection .....	61
4.4.3. Phase 1: Quantitative.....	62
4.4.4. Phase 2: Qualitative .....	65
4.5. Data Analysis.....	66
4.5.1. Mixed Methods Data Integration & Analysis .....	66
4.5.2. Quantitative Data Statistical Analysis .....	66
4.5.3. Qualitative Data: Interview Approach .....	67
4.5.4. Interview Data Preparation for Analysis .....	68
4.5.5. Process of Theme Development .....	69
4.6. Ensuring Rigor .....	74
4.6.1. Quantitative Data Quality .....	74
4.6.2. Qualitative Data Quality.....	74
<b>Chapter 5. Quantitative Findings.....</b>	<b>76</b>
5.1. Chapter Outline .....	76
5.2. Descriptive Statistics .....	76
5.3. Posttraumatic Growth Inventory (PTGI) .....	79
5.4. Rumination Response Scale (RRS) .....	80
5.5. Shortened General Attitude and Belief Scale (SGABS) .....	82
5.6. The Self-Compassion Scale – Short Form (SCS-SF).....	83
5.7. Sample Characteristics of Variables.....	85
5.8. Relationships Between Variables.....	87
5.9. Relationships Between Measure Subscales.....	89
5.10. Quantitative Conclusions: Importance of the Quality of Rumination.....	91
5.11. Participant Comments on the Measures .....	93
5.11.1. PTGI Feedback.....	93
5.11.2. RRS Feedback .....	94
5.11.3. SGABS Feedback.....	94
5.11.4. SCS-SF Feedback.....	95
<b>Chapter 6. Qualitative Findings.....</b>	<b>96</b>
6.1. Chapter Outline .....	96
6.2. Theme: Shattered Connections .....	98
6.2.1. Subtheme: Loss of trust .....	99
6.2.2. Subtheme: Difficulties in Connecting.....	102
6.2.3. Subtheme: Recognition of Own Needs .....	103
6.3. Theme: Integrating a Paradigm Shift .....	105
6.3.1. Subtheme: A Third Perspective.....	105
6.3.2. Subtheme: Space .....	107
6.3.3. Subtheme: Roadblocks in Recovery .....	108
6.4. Battling a Multi-Headed Hydra .....	111

6.4.1. Subtheme: Early Transition Period.....	111
6.4.2. Subtheme: Late Transition .....	114
6.4. Theme: Restoration of Values .....	117
6.4.1. Subtheme: Religious and Cultural Framework.....	117
6.5. Theme: Reawakening.....	120
6.5.1. Subtheme: Forward Facing .....	120
6.5.2. Subtheme: Thriving.....	122
6.6. Qualitative Conclusions: Growth & Distress Coexist .....	123
<b>Chapter 7. Analysis &amp; Discussion: Answering the Research Questions.....</b>	<b>125</b>
7.1. Chapter Outline .....	125
7.2. Understanding IPV Survivor Growth.....	125
A. The amount of growth reported by the survivors.....	125
B. Comparing domains of the PTGI with existing literature on trauma survivors .....	127
C. Contributors to thriving & growth.....	132
7.3. The Role of Rumination in Growth for IPV Survivors.....	135
7.4. How Beliefs and Self-compassion Related to Rumination & Growth .....	138
A. How beliefs and attitudes were related to rumination & growth.....	139
B. How self-compassion was related to rumination & growth.....	141
7.5. How Quantitative and Qualitative Findings Converged.....	144
<b>Chapter 8. IPV Recovery: Herman’s Three Stage Model .....</b>	<b>146</b>
8.1. Chapter Outline .....	146
8.2. Summary of Findings: IPV Survivor Recovery .....	146
8.3.1. Compassionate Mindfulness.....	149
8.3.2. Systemic Work: Attending to Discrimination/Oppression .....	151
8.3.3. Making the Case for Griefwork .....	152
8.4. Potential Relevance to Counselling Psychology Practice.....	153
8.5. Considerations When Working With IPV Survivors in Recovery.....	155
<b>Chapter 9. Final Conclusion &amp; Implications.....</b>	<b>157</b>
9.1. Chapter Outline .....	157
9.2. Implications of the Research .....	157
9.3. Strengths & Limitations of the Study.....	159
9.4. Possibilities for Future Research.....	161
9.5. Final Reflections.....	162
9.6. Personal Conclusions .....	163
<b>Appendices .....</b>	<b>165</b>
Appendix A1. Ethics Application & Approval .....	166
Appendix A2. Ethics Amendment Application & Approval .....	182
Appendix A3. Impact of Events Scale (IES-R) .....	186

Appendix A4. Recruitment Flyer .....	188
Appendix A5. Invitation to Participate.....	189
Appendix A6. Participant Consent Form.....	192
Appendix A7. Quantitative Measures.....	193
Demographic Form .....	193
Post Traumatic Growth Inventory (PTGI).....	194
Ruminative Response Scale (RRS-SF).....	195
Shortened General Attitude and Belief Scale (SGABS) .....	196
Self-Compassion Scale – Short Form (SCS-SF).....	200
Appendix A8. Interview Guide .....	201
Appendix A9. Participant Debrief .....	202
Appendix A10. Extract of Interview from Jasmine.....	204
Appendix A11. Participant Feedback Note Example .....	208

**SECTION B: Professional Practice .....** *Error! Bookmark not defined.*

**Section 1. Introduction .....** *Error! Bookmark not defined.*

- 1.1. Tension between NHS and the Women’s Sector ..... **Error! Bookmark not defined.**
- 1.2. The Women’s Sector: Feminist Therapies: Restoring Connections ..... **Error! Bookmark not defined.**
- 1.3. Best Practice for Interpersonal Violence: The Complex Trauma Model..... **Error! Bookmark not defined.**

**Section 2. Client Study: [REDACTED] .....** *Error! Bookmark not defined.*

- 2.1. Referral .....
- 2.2. Assessment .....
- 2.3. Formulation .....
- 2.4. Therapeutic Components .....

**Section 3. Process Report .....** *Error! Bookmark not defined.*

**Section 4. Summary of the Work: An Integrative Approach....** *Error! Bookmark not defined.*

**Appendices .....** *Error! Bookmark not defined.*

- Appendix B1. Complex Trauma Model of Recovery .....
- Appendix B2. Diagram of the Concept of Empowerment .....
- Appendix B3. Application of Complex Trauma Model to Joan .....
- Appendix B4. Power & Control Wheel.....

**SECTION C: Publishable Paper .....** *Error! Bookmark not defined.*

**Recovery After Coercive Control: A Mixed Methods Study .....** *Error! Bookmark not defined.*

**Appendices .....** *Error! Bookmark not defined.*

- Appendix C1. Guidelines for *Violence Against Women* Publication ... **Error! Bookmark not defined.**

**References.....209**



City, University of London  
Northampton Square  
London  
EC1V 0HB  
United Kingdom

T +44 (0)20 7040 5060

**THE FOLLOWING PARTS OF THIS THESIS HAS BEEN  
REDACTED FOR COPYRIGHT AND DATA PROTECTION  
REASONS:**

Section B: Professional practice.....	229
Section C: Publishable paper.....	

## List of Tables

### SECTION A

<b>Table A1.</b>	Arranging Initial Codes Into Themes and Subthemes .....	71, 96
<b>Table A2.</b>	Examples of Complete Quotes and Initial Codes Given.....	73
<b>Table A3.</b>	Participant Pseudonym and Demographic Information.....	77
<b>Table A4.</b>	Posttraumatic Growth Inventory Subscale (PTGI) Mean Scores.....	80
<b>Table A5.</b>	Overall Ruminative Response Scale (RRS) Scores.....	81
<b>Table A6.</b>	Ruminative Response Scale (RSS) Subfactor Mean Scores .....	82
<b>Table A7.</b>	Overall Shortened General Attitude and Belief Scale (SGABS) Irrationality Scores.....	83
<b>Table A8.</b>	Total Self-Compassion Scale Short-Form (SCS-SF) Scores.....	84
<b>Table A9.</b>	Self-compassion Short-Form (SCS-SF) Subscale Totals.....	85
<b>Table A10.</b>	Pearson's Correlation Matrix Between Variables.....	87

### SECTION C

<b>Table C1.</b>	Participant Demographics.....	249
<b>Table C2.</b>	Participant Example Quotes from Each Theme.....	254

## List of Figures

### SECTION A

<b>Figure A1.</b>	Visual Chart Depicting Potential Responses to Trauma.....	33
<b>Figure A2.</b>	Pragmatism Explained in the Mixed Methods Approach.....	50
<b>Figure A3.</b>	Hybrid Model of Qualitative Data Interpretation.....	54
<b>Figure A4.</b>	Triangulation Design: Concurrent Model in Analysis .....	60
<b>Figure A5.</b>	Chart Indicating the Length of Time Spent in Abusive Relationship in Years .....	78
<b>Figure A6.</b>	Chart Showing the Length of Time Since Relationship has Ended in Years.....	78
<b>Figure A7.</b>	Total Growth Reported by Participants as Indicated by the Posttraumatic Growth Inventory (PTGI).....	79
<b>Figure A8.</b>	Scatter Matrix between PTGI, RRS, SCS and SGABS Scores .....	86
<b>Figure A9.</b>	Determining Potential Correlational Relationships Between Variables.....	88
<b>Figure A10.</b>	Comparing subscales: The association between RSS brooding responses with SCS isolation and overidentification subscales.....	90
<b>Figure A11.</b>	Comparing subscales: The association between depressive RSS domain with PTGI domains of <i>new possibilities</i> , <i>personal strength</i> and <i>appreciation of life</i> .....	91
<b>Figure A12.</b>	IPV: Complex Trauma Model of Recovery.....	147

### SECTION B

<b>Figure B1.</b>	Joan: Genogram.....	217
-------------------	---------------------	-----

### SECTION C

<b>Figure C1.</b>	Total Growth Reported by Participants.....	250
-------------------	--	-----

## **Acknowledgements**

I am very grateful for the opportunity I have been given to undertake a personal and professional journey to pursue knowledge on a subject I am incredibly passionate about. A very large thank you is due to my supervisor, Dr Trudi Edginton. She was a huge support when challenges presented in recruitment and her guidance was invaluable both when designing the study and when bringing the multiple components in this portfolio together. I am also grateful for each of the brave women who entrusted me with their words and experiences. I truly hope I have honoured what they expressed. They are more than survivors and this cannot be fully conveyed in a study that focuses on recovery from abuse. Without the management and staff at the charity that helped me with recruitment this research would not have been possible. Words alone cannot express my appreciation for their support. I would also like to acknowledge my external supervisor, Dr Alison Stuart, who guided me through my clinical placements and has become an inspirational role model on how I hope to practice as a counselling psychologist. And finally, thank you to my loving and beautiful family who have been infinitely patient with me through the process of completing my doctorate. This includes my life partner, Dr Cédric John and our four children - Aliya, Hamza, Aloïs and Clémentine. Together we are a force for growth.

## **City University Declaration of Powers of Discretion**

I grant the powers of discretion to the City University Librarian to allow this thesis to be copied in whole or in part without further reference to the author. This permission covers only single hard copies made for study purposes, subject to normal conditions of acknowledgement.

## **Glossary of Psychological Terms Used in the Portfolio**

**Coercive Control:** The definition provided by Women's Aid (2017) places coercive and controlling behaviour at the heart domestic abuse. Coercive control has been criminal offence in the United Kingdom since the end of 2015 and is defined as a purposeful pattern of behaviour which takes place over time in order for one individual to exert power, control or coercion over another. The abusive actions are designed to limit a person's freedom and autonomy and to dictate most aspects of a survivor's everyday life.

**Feminism:** bell hooks (2000) defined feminism as "a movement to end sexism, sexist exploitation and oppression." She goes on to define feminist consciousness as "a commitment to ending all forms of domination, oppression and privilege that intersect with sexism and gender bias including (but not limited to): racism, classism, colonialism, heterosexism, ethnocentrism, ableism and ageism". Furthermore, it seeks to empower people (including men) to build a world where equity is experienced at an individual, interpersonal, institutional, national and global level.

**Hardiness:** A personality trait believed to buffer against extreme stress. It has three dimensions: being committed to finding meaningful purpose in life, the belief that one can influence one's surroundings and outcomes, and the belief that one can learn and grow from positive and negative experiences. Hardy people often use active coping and social support strategies and approach challenge as opportunities for personal development (Bonanno, 2004).

**Optimism:** An attitude or psychological trait believed to be heritable and influenced by environment that reflects the belief that that the outcome of a specific endeavour, or of outcomes in general, will be positive, favourable and desirable. It is seen as a trait that fosters resilience in the face of stress (Carver, 1998).

**Post-traumatic Growth (PTG):** Involves movement beyond pre-trauma levels of adaptation that results from struggling with a crisis (Tedeschi & Calhoun, 2004) and may encompass decreased reactivity and faster recovery from subsequent stressors. Psychological thriving may reflect gains in skill, knowledge, confidence or sense of security in personal relationships. It does not depend on the occurrence of a discrete traumatic event. The individual surpasses previous level of functioning and the experience of adversity promotes the emergence of a quality that makes the person better off after the crisis when compared with beforehand (Carver, 1998; Tedeschi &

Calhoun, 1995). The terms thriving, positive gains, positive aspects, perceived benefits, benefit finding, stress-related growth, growth and positive psychological changes will be considered synonymous with post-traumatic growth in this portfolio.

**Recovery:** Normal functioning gives way to temporarily to some psychopathology (for example, symptoms of depression or posttraumatic stress disorder) usually for a period of at least several months and then gradually returns to pre-event levels (Bonanno, 2004).

**Resilience:** The ability of adults who are exposed to an isolated disruptive event to maintain a stable trajectory of functioning. The person may experience transient problems in normal functioning, but across time have capacity for positive emotions and generativity. It is considered homeostatic return to prior conditions after difficulty (Bonanno, Papa, & O'Neill, 2001) where an individual continues living a purposeful life after adversity.

**Social Justice:** In this portfolio, the definition of social justice proposed by Cutts (2013) for the counselling psychology profession in the UK has been adopted. It includes the following components: the ability of individuals in a society to have equal access to a range of resources and opportunities, the right to ones' autonomy and self-determination and freedom from oppression.

**Trauma:** Trauma can be understood to be a highly stressful event where fundamental assumptions and capacity of the individual in understanding their world and their place in it and adaptive resources of an individual are both severely challenged. Trauma, crisis and highly stressful event will be used interchangeably in this study (Tedeschi & Calhoun, 2004).

## **PREFACE: Recognizing Hidden Violence**

Introduction to the Portfolio

## **Abstract to the Portfolio**

This portfolio represents a significant culmination of professional work completed during my doctoral training that focused on evidence-based work with female survivors of domestic violence, where sexual inequality is positioned at the centre of the abuse. The portfolio seeks to expand knowledge of psychological recovery after IPV and is an attempt to integrate the knowledge between women's services and current mental health provisions in the United Kingdom. Research on how psychological practitioners achieve best practice when working with intimate partner violence (IPV) remains very limited to date. Currently there exists very little understanding on long-term psychological recovery after IPV. Mental health research has emphasized minimising risk and achieving emotional stability after separation for survivors, while minimizing or ignoring their capacity and resilience. After a preface that provides a background to the intersection of domestic violence and mental health, the research in this portfolio aims to better understand IPV survivor experiences of recovery through the lens of posttraumatic growth. Survivors shared what helped them move forward and their experiences of growth in an exploratory mixed methods study. Despite sharing high levels of growth and areas of thriving, all participants reported ongoing challenges and continued distress even decades later. Survivor experiences endorsed a phase-based model of trauma recovery (Herman, 2015). Suggestions for practitioners include incorporating compassionate mindfulness, systemic and feminist understandings along with griefwork to support psychological recovery with this population. The second part of the portfolio is an example of clinical work based on the current evidence base. Finally, a condensed version of the research written under the guidelines for journal publication concludes the portfolio.

## **Chapter 1. Introduction: How the Medical Model Fails Victims of Intimate Partner Violence**

Professionally, I had come into contact with intimate partner violence (IPV) survivors and was dismayed to find very few studies on long term healing for this population. The National Institute for Health and Care Excellence (NICE, 2014) has flagged domestic violence as a significant public health concern and their guidelines stipulate the need of improved mental health services for IPV survivors. Moreover, studies have suggested that this population is just beginning to be understood from a standpoint of trauma (Wilson, Fauci, & Goodman, 2015). Based on the limited academic attention to the mental health needs of this population given that this is a large-scale issue (Rose, Trevillion, Woodall, Morgan, Feder, & Howard, 2011), I would argue that while the status and valuing of women has progressed socially and in western psychology (Herman, 2015), concerns around gender equality are not routinely addressed in the mainstream discourse of psychological health. It has been well established by academics that perceptions of psychological health and distress reflect our cultural biases and prejudices (Comas-Díaz & Greene, 1994; Crenshaw, 1990). Arguably, the current therapeutic frameworks based on the medical model reflect the lack of public awareness on the dynamics of intimate partner abuse.

Counselling psychology is positioned to bridge the gap in the therapeutic work with this population by acknowledging the social concerns that the medical model has failed to address (Goodman, Liang, Helms, Latta, Sparks, & Weintraub, 2004). The profession embraces a value base that can encompass the complicated reality of human sciences where the subjective experience holds a place of value (Cooper, 2009). From a humanistic standpoint, rather than continuing a discourse on illness, growth and development can be facilitated in recovery. A holistic view affirms client humanity and can reduce the stigma and shame associated with victimisation. The belief that survivors are thwarted from their potential due to controlling and conditional socialisation processes acknowledges discrimination and power (Rogers, 1951). These ideas can sit alongside applied psychological knowledge thanks to the underlying pluralistic philosophy of the counselling psychology scientist-practitioner framework (Blair, 2010). Plurality provides the flexibility to adapt to the needs of the survivor, where systemic and feminist understanding can be brought alongside evidence-based trauma-informed strategies in an integrated way to address the multiple layers of support IPV survivors require.

## **1.1. Gendered Violence**

Only when aspects of reality are named can they be verbalised and considered (Crawford & Unger, 2004; Goldner, 1988). It is telling that before 1970, academia was silent about domestic violence (Stark, 2009). While familial abuse can impact both genders, a disproportionate number of victims are female (ONS, 2018). Persistent economic and social inequalities continue to make women vulnerable to male control in personal life (Women's Aid, 2018). Experiences of discrimination and oppression are at the root of much psychological suffering and symptoms that lead individuals into seeking support (Goodman et al., 2004). As counselling psychologists, bringing social justice into practice on a micro level may open dialogues on potentially oppressive systemic patterns in the home (Cutts, 2013). Coercive and controlling tactics can sit alongside other types of societal oppression like racism, ableism and ageism. These experiences intersect to present a unique set of challenges for each individual survivor (Crenshaw, 1990).

Recognising abuse from the outside is not always straightforward and most abuse goes unreported (Women's Aid, 2018). Surveys conducted by Women's Aid confirm that domestic violence continues to be perceived as an acceptable outgrowth of gender relations. These beliefs reflect a political and social climate where women continue to be subordinated on a larger scale. Thankfully, public understanding of domestic abuse has grown considerably in the past thirty years. Physical violence and aggression is largely deemed unacceptable by the general public and in public policy. While this understanding has been a beneficial leap forward, I would maintain that the understanding of the heart of IPV, coercive control, continues to be sanctioned through the passive neutrality maintained by the general public and the medical model (Women's Aid, 2018). This silence invalidates the reality of the victim and normalizes perpetrator behaviours.

## **1.2. Intimate Partner Violence and Mental Health Services**

Estimated costs in terms of human and emotional suffering in the United Kingdom as a result of IPV amounts to billions of pounds annually (NICE, 2014). Despite the prevalence of domestic abuse, there is yet to be a coordinated response to domestic violence in the mental health care system despite the knowledge that the chances of contact with survivors is highest in these services (Trevillion, Hughes, Feder, Borschmann, Oram, & Howard, 2014). Moreover, the National Health Service (NHS) response towards recognising and managing domestic abuse has been documented to be inadequate (Matczak, Hatzidimitriadou, & Lindsay, 2011; Rose et al., 2018). Trevillion and colleagues (2014) found that mental health services often failed to identify domestic violence. Furthermore, IPV survivors reported negative experiences with the NHS and

confirmed they were invalidated and/or inappropriately responded to (Humphreys & Thiara, 2003a; Matczak et al., 2011). Professionals have confided having difficulty assessing and managing domestic violence disclosures and this contributed to the lack of direct inquiry about abuse (Nyame, Howard, Feder, & Trevillion, 2013). They cited both a lack of knowledge and confidence in navigating domestic abuse disclosures (Rose et al., 2013). Researchers have suggested that adhering to the medical model has contributed to the lack of acknowledgement of partner abuse (Trevillion et al., 2014). Arguably, the inadequacy of NHS response contributes to discriminatory practice where the subjugation of women remains unquestioned and therefore tacitly supported.

### **1.3. The Limitations of the Medical Model**

Survivors reported their abuse as a hidden problem - behaviours and practices were not labelled as abusive, isolation maintained by the perpetrator towards the survivor contributed to their difficulty in accessing services and professionals focused on diagnosis and symptoms rather than exploring larger dynamics or directly inquiring about abuse. The reticence to naming the problem contributes to maintaining the invisibility of both the abuser and the trauma. If people are not aware or resist oppressive norms, they persist (Jemal, 2017). The internalised oppression between genders contributes to the dysfunction of the home and underpins most of what we consider domestic violence (UNDP, 2020). Rather than addressing the internalised beliefs and conditions that contribute continued gender social inequities we label their extremes as cruelty solely related to individual and family dysfunction, when in reality this dysfunction exists within a socio-political climate that helps perpetuate these same violent outcomes (Crenshaw, 1990).

### **1.4. Focus of the Portfolio**

It remains highly probable that counselling psychologists will be in contact with survivors of this form of relational abuse. Evidence-based practice with IPV survivors is an area where counselling psychology research can be extended in consideration to social concerns (Kasket & Gil-Rodriguez, 2011). Along with tremendous pain, I believed I witnessed remarkable growth in some of my client sessions. My interest in post-traumatic growth (PTG) began with my interest on how the survivors I encountered had moved forward despite experiencing overwhelming suffering. I wondered what happened to survivors in their recovery over the longer term and how female IPV survivors' experiences of growth compared with the documented PTG of trauma survivors generally. I also questioned whether it would be possible for growth to be facilitated for survivors in recovery. After an extensive literature search I was surprised to discover how little trauma research and mental health research in psychology included IPV

survivors. This was especially worrying as it has been reported by that the impact of psychological abuse has devastating effects on emotional well-being (Matheson, Daoud, Hamilton-Wright, Borenstein, Pedersen & O'Campo, 2015; Ramsay, Rutterford, Gregory, Dunne, Eldridge, Sharp, & Feder, 2012). Strands of research on growth took me in different directions. Even fewer studies focused on trauma recovery and growth specific to domestic violence (Flasch, Murray, & Crowe, 2017). I was dismayed with the tendency to view IPV survivors only through the lens of vulnerability and risk without simultaneously acknowledging their healthy capacities of coping with challenge. The women were survivors opposing systemic oppression in their families, communities and within themselves (Young, 2013). They struggled with repressive environments and leaving abusive relationships to enable healthy changes (Enns, 2004). This three-part portfolio is a culmination of my professional journey that germinated from my curiosity on the empirical knowledge base of best therapeutic practice when working with survivors of IPV.

## **1.5. Content of the Portfolio**

### ***Part A: Doctoral Research***

Although growth has been documented across trauma populations, few qualitative research studies exist on experiences of growth for IPV survivors to date. As testament to survivor resilience, this study explored recovery after separating from long-term relationship violence with a particular focus on growth. Adding the dimension of growth after experiencing crisis resonates with the humanistic value base that underpins counselling psychology and acknowledged that individuals are capable of holding capacity and distress simultaneously (Cooper, 2009).

I embraced the counselling psychology duality of the scientist-practitioner role and therefore chose to combine a relational understanding with quantitative measures in a mixed methods approach. In this exploratory study, I attempted to combine different elements from the research base with trauma survivors generally to gain deeper insight into any growth experiences of the participants recovering from this form of relational abuse. My intention with pursuing this research is to share and empower IPV survivors with any knowledge gained on recovery in my therapeutic approaches and purposely work towards improving practitioner evidence-based practice with this under-researched population.

### ***Part B: Professional Practice***

I chose trauma-based placements as a trainee counselling psychologist while completing the doctorate. Within the NHS placements, third wave cognitive-behavioural modalities

were endorsed with abuse survivors. Recovery was focused on symptom management rather than fostering resiliency (Elderton, Berry, Chan, 2017; Humphreys, 2003). Survivors gained relief from their distress but achieving a broader understanding of their position remained limited. Feminist scholars would argue these approaches are too passive and non-political (Crowder, 2016). In contrast, the goal of therapeutic approaches for IPV survivors in women's organisations was the acknowledgement of the abuse within a social context and a space to reflect and emotionally recover. Problems were understandably viewed outside of the individual, strengths were acknowledged and a person-centred practice was advocated. Efficacy of these approaches has been difficult to gather because of the idiosyncratic personal approach to feminist therapies (Israeli & Santor, 2000) although survivors report specialist women's services as beneficial (Humphreys & Thiara, 2003a; Trevillion et al., 2014). Internally, I was conflicted. While tools from both therapies were valuable for the survivor, I felt survivors in each modality were short-changed by the adherence to one therapeutic modality.

In this clinical case study, I worked with an IPV survivor who had recently ended an abusive relationship. In a collaborative approach, the client and I drew from person-centred, cognitive-behavioural, feminist and systemic strategies. Based on the research required for this piece of work, I advocated an integrated approach based on the complex trauma model (Cloitre, Courtois, Charuvastra, Carapezza, Stolbach, & Green, 2011). This approach aligns with trauma-informed interventions that have been recommended by the research community in an attempt to bridge the gap in meeting the needs of this population (Howard, Trevillion, & Agnew-Davies, 2010; Humphreys & Thiara, 2003a; Trevillion et al., 2014).

### ***Part C: Publishable Paper***

This article is a synopsis of the research adapted to the requirements for publication for the research journal *Violence Against Women*. Main sections of each chapter were summarized with a focus on growth and recovery for the participants. The mixed method approach enabled multiple viewpoints on growth and recovery to be collected from this group of IPV survivors and concludes with practice recommendations from the current evidence base.

## **SECTION A: Main Doctoral Research**

Growth After Intimate Partner Violence:  
A Mixed Methods Study

## Research Abstract

Post-traumatic growth (PTG) has been documented extensively for trauma survivors; yet research on growth after intimate partner violence (IPV) remains very limited. Survivor experiences of growth post separation and in longer term recovery are unclear. Components linked to well-being after trauma have included retaining rational beliefs, increased levels of self-compassion and engagement with the reflecting aspect of rumination. In a convergent mixed methods design, female IPV survivors (N=11) answered measures on these constructs including the post-traumatic growth inventory (PTGI) and then participated in semi-structured interviews to consider how rumination, beliefs and self-compassion may have related to any reported PTG. Measure outcomes and thematic analysis were analysed separately and then combined to better understand participant growth experiences. Moderate to high levels of growth were reported by the women across both methodologies. Post-trauma changes were paradoxical in PTGI domains of *relating to others* and with experiences of *spirituality*. There was a significant negative correlation between growth and rumination where those that reported ruminating less reported more growth. Participants described facing high levels of rumination and distress after separation where their values were altered, abandoned or strengthened. Exposure and to other survivors and new environments proved crucial in PTG development where new scripts and beliefs could be accessed. For these women in later recovery, higher levels of growth was strongly related to lower levels of continued rumination and somewhat related to higher levels of self-compassion. Rumination that continued was distressing and self-compassion was reported to be instrumental in recovery. Approaching IPV survivors in Herman's phase-based trauma recovery model that is open to the possibility of growth, and includes both systemic and feminist understandings, compassionate mindfulness and griefwork has been advocated as supporting recovery.

## **Chapter 2. Growth After Intimate Partner Violence: An Introduction**

### **2.1. Chapter Outline**

The aim of this chapter was to frame the background of intimate partner violence (IPV) within a broader societal context. First, domestic abuse was defined and an estimate of the prevalence and extent of this type of abuse in the United Kingdom was presented. This was followed by an understanding of relational violence as explained within the context of feminist psychotherapy and how the evolution of domestic abuse framed as an experience of trauma developed from this discourse. Following this was an explanation of how an understanding of psychological trauma recovery has expanded to include potential for growth. A background of the theory behind growth development and suggested potential pathways to growth facilitation endorsed by research was then explained. Finally, the studies applicable specifically to intimate partner abuse survivors and their documented growth were reviewed. Based on the topics raised by this chapter, the purpose and research questions of this project were outlined.

### **2.2. Providing A Backdrop to the Research**

#### **2.2.1. Explanation of Terms**

Before the context behind the research project can be provided a clarification of some of the terms used in the study is necessary. Domestic violence, domestic abuse, intimate partner abuse and relational abuse were applied interchangeably in the subsequent chapters along with the term 'intimate partner violence'. The predominate term that was used to refer to domestic abuse in this study has been 'intimate partner violence' or IPV. Some women who have experienced the emotional and psychological aspects of abuse and not physical violence have expressed that the term 'intimate partner abuse' felt more appropriate to their situation rather than categorizing their experience under the umbrella of 'violence'. Other survivors would argue that this type of harm is indeed also a form of violence. This distinction was important to note and reflects the dilemma of categorizing and generalising across human experience. I chose to adopt the term 'violence' rather than 'abuse' because of my personal belief that psychological and emotional harm is also a form of violence. Difficulty with understanding the nuances of these terms has plagued survivors and professionals in recognising and labelling abusive behaviours when physical abuse is not present (SafeLives, 2019).

The use of IPV also recognises the abuse that can occur within unmarried heterosexual and same sex couples and can also be applied to violence perpetrated by family

members (honour-based violence). Intimate partner violence also acknowledges that men are represented in this population and are also victims of this type of relational abuse. While issues of power and control that result in abuse can occur in any relationship, this study focuses on how the added dimension of identifying as female led survivors to increased potential for vulnerability and exploitation as a disenfranchised group. In addition, male survivors have needs and circumstances unique to their gender (Roddy, 2016). For these reasons, only female survivors were the focus of this portfolio and research. Both the terms 'victim' and 'survivor' were utilised to describe the women who have experienced domestic abuse in this study. However, the term survivor predominated because of its emphasis on capacity and resilience, originating from the feminist perspective around the nature of this type of violence (Nicolson, 2010). Moreover, the focus in this study was on growth post separation and the term 'survivor' was believed to be a more accurate representation of those in recovery. A glossary of terms has been provided before the preface for further clarification of some concepts discussed within the study.

### ***2.2.2. Intimate Partner Violence Definition***

The World Health Organisation (WHO) definition of intimate partner violence (IPV) has been embraced (Butchart, Mikton, Dahlberg, & Krug, 2015). This definition includes any behaviour in a relationship where by one spouse or partner engages in coercive control that results in physical, psychological or sexual harm to the other spouse or partner. It also includes 'honour'-based violence and forced marriage. This harm can incorporate acts of physical aggression, sexual coercion, psychologically controlling behaviours, threats, humiliation and/or intimidation. Controlling behaviour is purposely designed to ensure isolation to facilitate exploitation, ensure dependence and regulate behaviours. Abusive behaviour can be interspersed with periods of kindness or warmth, further confusing the reality of the victim. These tactics have been compared to those experienced by prisoners of war, where violence and intimidation is used to maintain an unequal power relationship (Romero, 1985; SafeLives, 2019).

### ***2.2.3. Intimate Partner Violence Prevalence***

Intimate partner violence (IPV) remains an enduring worldwide problem and a major public health concern (NICE, 2014; WHO, 2012). This kind of relational violence is found across social, economic, ethnic and cultural groups. The vast majority of victims are women and perpetrators are men. According to the Office of National Statistics (ONS), 7.7% of women identified as domestic violence survivors in 2018 to the police in the United Kingdom – an estimated 1.3 million women. According to the ONS, this figure is likely to be substantially higher due to unrecorded and unreported cases of domestic

abuse (SafeLives, 2019). In the UK, Women's Aid maintains that this type of abuse is very common, but difficult to quantify. Over 100 calls per hour regarding domestic abuse have been in England and Wales by the police (HMIC, 2015). The Crime Survey of England and Wales (CSEW) stated that according to their data in 2018, only 18% of women who experienced partner abuse that year reported the abuse to the police.

#### **2.2.4. Violence Against Women and Girls**

Differences between the numbers of male and female intimate partner violence survivors continues to be substantial. Women experience higher rates of repeated victimisation and are significantly more likely to be seriously injured or murdered (SafeLives, 2019; Walby & Towers, 2017). The Femicide Census of 2018 reported that out of 149 women killed that year, 94% of the victims were murdered by men they knew. Women are also very likely to be subjected to coercive or controlling behaviours (Myhill, 2017). Historically, IPV has been heavily associated with physical violence. It is now increasingly recognized that the vast majority of victims are subjugated to emotional and psychological assaults that are not necessarily physical in nature and this helps to mask the true extent of the problem (Myhill, 2017; SafeLives, 2019). It is a widely acknowledged reality that intimate partner violence remains a hidden crime. Assaults are only one tactic used by perpetrators to maintain power over their victims and survivors consistently report that it is the emotional and psychological element of the abuse that has far reaching negative consequences (Women's Aid, 2018). The main driver behind the abusive tactics has been labelled coercive control. While the physical injuries heal, the erosion of self and identity is believed to be highly damaging to survivor mental health (Matheson, Daoud, Hamilton-Wright, Borenstein, Pedersen & O'Campo, 2015) and can lead to further problems with substance misuse and/or serious implications on physical health. Perpetrators can also cause or exacerbate mental health problems including anxiety, depression, eating disorders and post-traumatic stress disorder (Women's Aid, 2018). It is not surprising that survivors make up a large number of psychiatric patients and those who attempt suicide (SafeLives, 2019). Ongoing and long-term impact of the abuse includes issues with confidence, finances, employment and intimacy and trust in relationships.

These relational problems for women are believed to reflect a political and social climate where women are subordinated on a global scale. Women's Aid (2018) maintains that women continue to be vulnerable due to deeply rooted economic and social inequity, and enduring beliefs about masculinity. For practitioners in the domestic violence community, opportunities and liberties of women continue to be constrained due to their devalued status and persistent inequalities continue to make women vulnerable to male

control in personal, professional and public life (Stark, 2009). In the wider social and public context, coercive control is often perceived as interpersonal conflict rather than victimization which can be exacerbated by a lack of resources and power (Women's Aid, 2018). The women's position may be condoned within communities and institutions. Socialization to sex roles may also result in an internalization of sexist values and beliefs which can also serve as useful tools in psychological manipulation (Bancroft, 2003). The sexual inequality at the heart of this violence is believed to intersect with other forms of discrimination creating the potential of the existence of multiple barriers to survivors receiving support, with each survivor carrying their own unique abuse history (Crenshaw, 1990). It is beyond the scope of this study to explore the underreporting of IPV in depth; however, the role of multiple forms of discrimination acting as barriers to involving outside support with domestic violence is acknowledged. Women occupy multiple identities with diverse social locations and are connected with multiple interpersonal and social systems (Enns, 2004). Ethnicity and culture can place additional challenges that combine to compound disempowerment. Some communities are reluctant to contact the police and carry the extra burden of coping with racist stereotypes. Age can also pose a barrier to reporting. Survivors over the age of 60 rarely reach out for support (Women's Aid, 2018). Immigrant women are at high risk for abuse due to their vulnerable economic status and uncertainty over their national residency (Women's Aid, 2018). These are just a few examples.

#### ***2.2.5. Broadening the Definition of Abuse***

Domestic violence includes any behaviour in an intimate relationship where by one spouse or partner engages in coercive control that results in physical, psychological or sexual harm to the other spouse or partner. Stark (2009) makes a compelling argument that while physical violence by men towards women has been accepted in the mainstream as violent and abusive, tactics used by male abusers to maintain their privilege have become more sophisticated and psychological in nature. This makes the abuse not only difficult to detect, but also challenging to comprehend or explain. While domestic violence specialists are knowledgeable of the varied and often creative tactics that have been adopted by perpetrators, the general public remains largely unaware of how these dynamics translate into a larger complex picture of abuse (Myhill, 2017). Perpetrators often behave differently in public than they do in private, and recruit allies in their abuse campaign. This can be particularly effective when they hold social status or standing in the community (SafeLives, 2019). Controlling behaviours on their own may seem relatively harmless or inconsequential; it is not until a larger picture is explored where an insidious and pervasive abuse of power may then be uncovered.

Recognising abuse is also difficult terrain to navigate professionally. The type of dialogue that can lead to insight of abuse can only be held within the safety of a trusted relationship. Family and friends or even professionals may not identify the victim as abused. Sadly, it is also possible and not unusual that the victims are reluctant to face the issues of control and power playing out in their lives and may come to mental health services seeking relief from psychological or physical symptoms and not label themselves as victims of abuse. Emotional confusion and blame survivors carry also makes identifying abuse challenging, especially when the experiences of abuse are highly normalised (SafeLives, 2019). Socialization of sex roles may also result in an internalization of oppressive values and beliefs which can serve as useful tools in psychological manipulation (Bancroft, 2003; UNDP, 2020). Some practices or cultural views adopted by the abuser border on what is considered acceptable mainstream or community gender role expectations on how a 'good mother' or 'good woman' behaves, adding to the confusion for outsiders or professionals. If abuse is recognised, shame, stigma and loyalty to the abuser, among other multiple factors, leads to only a small glimpse of the distress being shared. Only as recently as the *Serious Crime Act 2015* (UK) has the concept of coercive control, the heart of abuse, become recognised as a crime. This legislation mirrors the recent development of a broader public discourse on issues of relational abuse.

#### **2.2.6. Current Social Provisions for IPV Survivors**

In the United Kingdom, victims who involve social agencies such as the police or child protective services are typically referred to specialist services and placed with advocates who connect victims to refuges and other protective services to ensure safety. Specialist services are driven by feminist understandings of violence and privilege. When therapy is provided by these services a feminist value base is embraced. Counselling, or referrals to specialist counselling services, has not been universally available to IPV survivors across the United Kingdom. There are charities that attempt to fulfil this gap but they have considerable wait lists. In the current political climate funding for specialist services for domestic violence survivors has dropped markedly (Women's Aid, 2018). The resources that are available through government funding are designated towards ensuring safety for survivors. Therefore, refuge space and providing advocates that help women during the risky separation period are prioritised. Due to financial cuts the limited counselling provision in the specialist services that was available has dropped by nearly fifty percent in 2017 compared to prior years (Women's Aid, 2018). Not only is there a shortage of counselling for domestic violence victims in crisis, there exists a significant gap in nationally provisioned mental health support towards short-term and longer-term recovery from this form of abuse. Moreover, without the funding and availability of

specialist services that appreciates domestic violence survivor needs, it can be inferred that survivors will continue to fend for themselves or increasingly rely on the mental health services sector of the NHS. This is significant when studies have demonstrated that overall the NHS is ill prepared to provide support for this form of abuse (Matczak, Hatzidimitriadou, & Lindsay, 2011; Trevillion et al., 2014). Moreover, the NHS has been reported by those who have experienced domestic violence as invalidating and unhelpful (Trevillion et al., 2014). Adding to the lack of awareness of the nature of coercive control is a very limited research on evidence-based work based psychological work for recovery from this form of abuse.

## **2.3. Psychological Theory and Domestic Violence**

### ***2.3.1. Recognising Intimate Partner Violence***

Recognition of violence towards women in the home has been a relatively modern development in our collective psyche. The experiences of women has a conflicted past with psychological theory, where the reality of women has been historically ignored or denied (Harwin, 2006; Herman, 2015). It was only after the second world war when psychological difficulties experienced by survivors of rape, domestic abuse and incest were recognised after the psychological traumas of the war were recognised by men. The feminist movement that developed in the same time period challenged the accepted standards and facilitated a public discourse on the invalidation of women's experiences. While familial abuse can impact both genders, a disproportionate number of abuse victims are female (Women's Aid, 2018). The silence on women's issues prior to this social advancement had invalidated the reality of women and perpetuated abuse by normalising abusive behaviours as acceptable. Many of the underlying beliefs regarding the treatment and status of women and children in the home went unchallenged and arguably accepted by family members. Trauma in sexual and domestic life became legitimate only when a dialogue regarding the subordination of women and children in domestic life was permitted (Stark, 2009). From these new developments also emerged the foundations of feminist therapy in the 1970s and 1980s (Enns, 2004). Feminists argue that domestic violence is perpetuated in part by patriarchal social structures and most researchers agree that there is a connection between gender roles and violence (Brown & James, 2014). The perpetrator adopts tactics, including those maintained by institutionalised gender-biased norms, to maintain power and control over their partner. The agencies that work with survivors therefore view the appropriate response to these behaviours is social and communal change. The focus is therefore on improving social conditions that facilitate gender inequity rather than trying to identify a deviant group of men.

### **2.3.2. Feminist Therapy**

The feminist view has been adopted in the understanding of domestic violence in this study and is the foundation from which specialist services operate. Therefore it was considered important to clarify how feminist orientation translates into therapeutic practice with IPV survivors. Determining what constitutes a 'feminist' technique is a difficult task. Enns (2004) has consolidated the current views on feminist practice in *Feminist Theories and Feminist Psychotherapies*. She explains that feminist psychotherapy grew from valuing the experiences of women and this is considered the underlying foundation of feminism. From this understanding she maintains that feminist practitioners would agree that mental health issues can stem as a means of coping with oppressive conditions. They would further assert that the medical model promotes victim-blaming and an undue focus on internal deficiencies, so the aim for feminist practitioners is to improve gender-sensitivity in mental health services. From this orientation, internal and social aspects of client issues are identified as part of recovery. It is also considered essential that practitioners strive for egalitarian relationships where power is shared and client resistance is viewed as a healthy means to empowerment.

Enns asserts that value free counselling does not exist – and therefore it is necessary to clarify and understand ones' own values as a practitioner. To accomplish this, feminist practitioners must reflect considerably on their own values and have an appreciation of intersectionality where experiences of oppression are attended to. This process is a necessary component to be able to reflect on larger stressors and experiences that may be impacting the client and also the dynamic in the counselling room. Although there is no consensus on what feminist practice specifically entails, the value of social justice is argued to underpin feminist therapeutic practice. Social justice orienting values can be summed by three guiding principles according to Enns (2004): (a) valuing and affirming diversity (b) therapy towards change not adjustment and (c) equality. Thus feminist practice is believed to be personally meaningful and transformative.

These values align with those of counselling psychologists where social justice is an important part of client work (BPS, 2017). The same tenet of reflexivity is also the basis of quality psychological research. Evidence from survivors who access specialist services systemically report they find the approach beneficial and this orientation is at the heart of survivor-focused therapies (Herman, 2015). Moreover, feminist therapy often is often an adjunct to another therapy (Israeli & Santor, 2000). Therefore, as a counselling psychologist, the commitment to feminist values of equality are in line with what is considered good work and there is little tension in embracing a feminist orientation in counselling psychology practice (Gardner, Csikszentmihalyi, & Damon,

2001). However, since social justice provides an umbrella framework that leaves room for individual interpretation, there is not necessarily a reliable and consistent method of practice among practitioners who identify as feminist therapists. This lack of specificity of the feminist approach does make gathering and determining the efficacy of these values in practice challenging (Israeli & Santor, 2000).

### ***2.3.3. Intimate Partner Violence Understood as a Trauma***

Historically, victims of domestic violence have been viewed from a victim-blaming lens and as contributors to the violence in the relationship (Brown & James, 2014). However, as psychological and social understanding of domestic violence has grown, research has more recently concluded that domestic abuse is closer to a form of terrorism (Pain & Aid, 2012). Chronic fear experienced by the victim leads to significant trauma and detrimental effects to well-being. The nature of the distress of the victim has therefore shifted from one of relational deficiency to an experience of relational trauma. This modern understanding of IPV grew context of an increased evidence-based understanding of trauma as part of a reform movement to provide person-centred care in psychological research (Wilson, Fauci, & Goodman, 2015). The trauma-informed approach is driven by social justice and linked to advocacy. It is about “understanding the effects of trauma and what can be done to help mitigate those effects while at the same time working to transform the conditions that allow for violence in our world” (Warshaw, 2014, p.15). The domestic violence community endorses this integrated approach with survivors. Approaching domestic violence as a trauma is believed to be more empowering for the victim and facilitate dialogues for social change (Wilson et al., 2015). The values that underpin the trauma-informed approach also support feminist views on IPV. Based on this view of the nature of the violence, partner abuse is regarded as an ongoing trauma that impacts an individual's psychological well-being and their relational world.

Increasingly, domestic violence has been considered a trauma in therapeutic and mental health services (Wilson et al., 2015). The severity of posttraumatic symptomology can range from mild to severely life-threatening depending on the length and nature of the relationship. The International Society for Traumatic Stress Studies (2016) maintains that IPV produces intense fear, horror and helplessness - symptoms that are synonymous with those resulting from traumatic experiences. A substantial percentage of survivors exhibit posttraumatic stress disorder (PTSD) symptomology (Jones, Hughes, & Unterstaller, 2001; Hebenstreit, Maguen, Koo, & DePrince, 2015) and suffer a variety of negative psychological outcomes (Mechanic, Weaver, & Resick, 2008; Cerulli, Poleshuck, Raimondi, Veale, & Chin, 2012). When an individual self-identifies as a

survivor and seeks mental health support, NHS services provide trauma-focused therapies based on NICE (2018) guidelines. These include trauma-focused cognitive-behavioural therapy, compassion-focused therapy and EMDR (Eye Movement Desensitization & Reprocessing). The aim of these therapies is to identify and process highly charged traumatic memories. When trauma extends over a longer period of time rather than occurring as a single event crisis, the resulting symptoms are believed to be captured by clinical understanding of Complex PTSD. Clinical experts endorse a phase-based approach (Herman, 2015) with this type of distress presentation that maintains that before trauma can be processed, the client must have physical and emotional safety. There are yet to be studies on the effectiveness of this approach with IPV survivors although it is endorsed by trauma specialists (Cloitre, Courtois, Charuvastra, Carapezza, Stolbach, & Green, 2011; Herman, 2015). These psychologically informed approaches typically do not include any feminist understandings of abuse dynamics or systemic exploration of client difficulties.

Domestic violence falls into the category of Complex PTSD because it extends over a long period of time within an intimate relationship. Unlike other traumas, leaving the abusive relationship is complicated, making trauma resolution challenging (Smith, 2003; Ulloa, Hammett, Guzman, & Hokoda, 2015). It is not uncommon for survivors to continue to live with their abusers long after they wish to leave for a variety of pragmatic reasons. Marriage, children and finances often complicate the nature and ending of relational abuse. Trauma can also be prolonged both by multiple escape attempts and by contact with the abuser after the relationship has ended (Chang, Dado, Ashton, Hawker, Cluss, Buranosky, & Scholle, 2010). The abusive partner typically continues the emotional abuse, stalking, monitoring and abuse through third parties well after physical separation (Humphreys & Thiara, 2003b). These same manipulations are heightened when children are involved (Holt, 2015; Katz, Nikupeteri & Laitinen, 2019). Since current UK government policy emphasizes promoting contact between children and separated parents (Harrison, 2008), perpetrators often use child contact and litigation to harass and threaten their ex-partners post-separation (Thiara & Gill, 2012). Moreover, when there are children, potential power and control strategies expand. This may include undermining the parenting of the mother and/or the mother-child relationship, threatening to harm them, or using them as proxies for control of the survivor (Hayes, 2017). The continued harassment and threat understandably further extends the trauma and any posttraumatic stress symptomology for the survivor and their children (Humphreys, Diemer, Bornemisza, Spiteri-Staines, Kaspiew, & Horsfall, 2019). Therefore, understanding that the ending of the abuse is complicated and can persist post physical

separation is essential when considering research or therapeutic trauma work with this population.

#### **2.3.4. *Intimate Partner Violence and The Turning Point***

It would be difficult to identify a single unilateral external event that could be considered as trauma resolution due to the complicated nature of IPV endings. Rather than considering divorce or physical separation as the end point, survivors refer to specific incident(s) that changed how they viewed their relationships as the *turning point*. After the turning point, survivors reported their subsequent behaviours were modified (Ahmad et. al, 2013; Chang, Dado, Hawker, Cluss, Buranosky, & Slagel, 2010). Turning points for each survivor were idiosyncratic and occurred when the survivor's prior beliefs about the violence, their relationship, their partner or ability to change the situation were altered by an external event or internal realisation. It was possible turning points were influenced by multiple events and there may also be a gradual shift over time. The turning point is arguably a good indicator for IPV survivors as an ending. This point may not entail leaving the relationship per say but represents when a shift occurs towards leaving the relationship. Some researchers discuss this stage in the literature as “disengaging from the abuse emotionally” (Senter & Caldwell, 2002; Cobb, Tedeschi, Calhoun, & Cann, 2006) or finding a life goal that motivates change (Song & Shih, 2010). It is not clear how this disengagement is linked (if at all) to ‘turning points’ discussed in other studies but it is arguably the same shift is being described by research with this population. For the purposes of this study, their movement towards recovery was assumed to begin from the turning point(s) for the participants in this study.

### **2.4. The Development of the Concept of Growth After Trauma**

#### **2.4.1. *A Multidimensional View of Trauma***

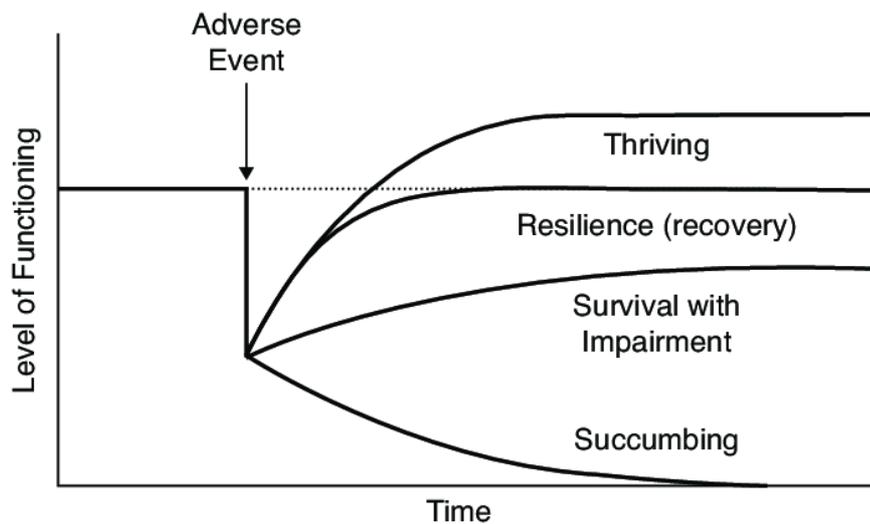
The potentially transformative power of suffering is an ancient concept (Tedeschi & Calhoun, 2004). In the beginning of the mid-twentieth century, psychologists inspired by the humanistic movement (Joseph, 2013; Frankl, 1985; Yalom, 1980) began dialogues and research on human resilience and thriving (Peterson, Park, Seligman, 2005; Seligman, 2002). The possibility of any positive gain after trauma emerged from this new understanding of suffering. Several theories emerged regarding how trauma may facilitate growth after adversity. Growth is believed to follow from the challenge component of the crisis, where an individual's basic assumption of the world is destroyed (Janoff-Bulman, 2004). In support of this supposition, growth has been reported by people who have experienced a range of traumatizing events - with up to seventy percent reporting some positive changes (Carver, 1998; Joseph & Linley, 2006). However, researchers cautiously note that although survivors reported gains, significant distress

was not to be minimized (Brewin & Holmes, 2003). Positive changes were unintended consequences that resulted from struggling with the trauma. In this multidimensional understanding of trauma, growth and suffering coexisted. The idea that psychologist practitioners could apply therapeutic interventions that facilitated well-being was a major shift (Joseph & Linley, 2006). Resiliency and longer-term healing were now also promoted (Allen & Wozniak, 2017).

Growth models described survivors experiencing a purposeful movement of self towards living in the present, an increased ability for intimacy and compassion and higher levels of authenticity (Christopher, 2004; Joseph & Linley, 2006). Gains explained by survivors included improved self-perceptions, an increased sense of capacity and an increased emotional depth and compassion in relationships. Moreover, survivors explained an integrated acceptance of themselves (Calhoun & Tedeschi, 2014; Joseph & Linley, 2006). This reported growth predicted better emotional adjustment in the longer term and correlated with lower distress and better physical health over time (Frazier, Conlon, & Glaser, 2001; Linley & Joseph, 2004). This new appreciation of the complex experience of crisis expanded the psychological understanding of traumatic outcomes.

#### **2.4.2. Trauma Outcomes**

A range of psychological outcomes and the nature of idiosyncratic trauma recovery has been depicted in Figure A1 (Shakespeare-Finch, Martinek, Tedeschi, & Calhoun, 2013). Possible trauma outcomes include (1) resilience, or a maintenance of functioning with some difficulties but overall continued typical functioning; (2) gradual recovery, an upset followed by a return to levels of prior functioning and some continued impairment; (3) chronic dysfunction, or succumbing, due to underlying PTSD symptoms that worsen over time or finally; (4) thriving - a higher level of functioning after a crisis event (Bonanno & Mancini, 2012). Psychology researchers have taken interest in *thrivers* who reported gains despite experiencing very tangible losses. Thriving involves movement beyond pre-trauma levels of adaptation and is not a coping mechanism – and is what is referred to as growth. In thriving, people that report going beyond their previous quality or understanding of life. Resilience, hardiness and optimism are not the type of growth described by trauma survivors.



Note. Graph representing trauma outcomes depicting possible changes in functioning of an individual over time has been taken from O'Leary & Ickovics, 1995.

**Figure A1.** Potential Responses to Trauma

### 2.4.3. Posttraumatic Growth

Tedeschi & Calhoun (1995, 2004) established the term *posttraumatic growth* (PTG) to encapsulate the gains survivors reported after severe crisis and the resulting psychological transformation. The crux of potential growth is believed to lie in the cognitive processing of the event. Tedeschi & Calhoun (2004) explained that individuals rely on a set of assumptions to derive meaning and purpose. These assumptions provide paradigms within which the person operates. These paradigms are the “assumptive world” of an individual and includes everything the person knows or think they know (Parkes, 1971). A highly negative event shakes the foundation of this world and instigates significant distress. The potential for growth is born once the individual is required to process a new understanding of reality. The fundamental components of the prior assumptions are challenged or destroyed, including beliefs about identity, safety and controllability and benevolence of the world (Janoff-Bulman, 2010). The discrepancy between the new trauma-related information and pre-existing beliefs also produces significant distress (Tedeschi & Calhoun, 2015). The complexity of this transition engages thinking that has been attributed to the development of wisdom (Baltes, Staudinger, Maercker, & Smith, 1995; Webster & Deng, 2015) and involves a high degree of integrative intricacy (Porter & Suefeld, 1981). To move beyond pre-trauma level of functioning, the survivor cognitively rebuilds schemas that incorporate the trauma and are therefore more resistant to being shattered. There is also affective engagement with the change that accompanies this shift. This powerful combination has been argued to be separate from a normal developmental process of maturation. Trauma survivors have reported differences in quantitative and qualitative studies when compared to those

who do not report trauma (Tedeschi & Calhoun, 1996). This has been conceptualised as growth.

Tedeschi & Calhoun (1996) developed the post-traumatic growth inventory (PTGI) in an attempt to empirically capture this growth phenomenon after trauma. Five major domains of growth were identified through their research: an increased appreciation of life, more meaningful interpersonal relationships, an increase of feelings of personal strength, changed priorities and a richer spiritual life. The PTGI has been demonstrated as reliable and valid (Shakespeare-Finch et al., 2013) and effective cross-culturally (Mystakidou, Tsilika, Parpa, Galanos, & Vlahos, 2008; Morris, Finch, Rieck, & Newbery, 2005). Posttraumatic growth has been documented across multiple traumas and populations (Uloa, Hammett, Guzman, & Hokoda, 2015). Higher growth scores have been documented in research studies among females (Vishnevsky, Cann, Calhoun, Tedeschi, & Demakis, 2010), ethnic minorities (Bonanno & Mancini, 2012) and with younger adults (Prati & Pietantoni, 2009).

#### ***2.4.4. Is Posttraumatic Growth Real?***

There is debate about the existence of growth. Researchers have asserted that all elements of growth may not be captured in reality (Aldwin & Levenson, 2004) and some researchers believe participants have complex experiences that are not easily measured (Janoff-Bulman, 2004). Moreover, negative changes are not included in the PTGI measure, arguably leaving the totality of the trauma experience uncaptured (Morris, Finch, Rieck, & Newbery, 2005; Shakespeare-Finch et. al, 2013). Moreover, some researchers propose that growth may actually instead be the result of natural developmental processes (Frazier, Conlon, & Glaser, 2001; Frazier, & Kaler, 2006; Hobfall, Hall, Nisim, Galea, Johnson, & Palmieri, 2007). Tedeschi & Calhoun (1996) found that in population of young adults that had not experienced trauma some PTG was reported. Frazier and colleagues (2001, 2006) argued that PTG may also occur with experience over time rather than only during a single crisis event. Young adults who experienced breakups have also reported PTG and researchers proposed maturational progression may be accelerated during a pivotal developmental time (Herbert & Popadiuk, 2008). These studies suggested that certain time periods in individual development may be sensitive to growth - in this case, emerging adulthood.

The validity of any documented growth is further questioned with the retrospective aspect of the PTGI measure. Many have questioned how to measure objective and observable changes in those who do report growth. Moreover, the self-report nature of the measure does little to allay these concerns (Cho & Park, 2013). The researchers that question

growth argue that the growth is perceived and not indicative of transformative life changes. In support of this theory, some survivors report growth decreasing over time, suggesting 'real' growth was not present (Frazier et al., 2001). The perception of growth has also been argued to be helpful to survivors adopted as a means to alleviate their distress. Zoellner and Maercker (2004) proposed a Janus-face model of PTG that included two components – one side representing constructive change and the other illusory. They believe that perceived growth could be self-deceptive, serving as an adaptive coping mechanism in a time of intense stress. Illusory growth might be linked to denial, avoidance or wishful thinking. Taylor (1983) has called these positive illusions – positively distorted beliefs that help people cope with life threatening information.

It also remains unclear how much positive reappraisal (PR) is involved or the need for survivors to present themselves well (Frazier & Kaler, 2006). Reappraisal, or positive reframing, is believed to improve coping and resiliency and is a common coping strategy that has been correlated with PTG (Prati & Pietrantonio, 2009). Positive reappraisal has been linked to perceived growth in a study by Owenz and Fowers (2019) who documented that optimism influenced retrospective reports of growth in a population of students after relationship breakups. The authors argued it is impossible to surmise if PTG was a consequence of PR or actual changes in the individual's approach to life.

Documenting measurable change continues to haunt PTG advocates. Growth researchers responded to these criticisms by confirming that other people gave trauma survivors similar ratings on growth that survivors gave themselves, affirming some kind of actual change must have existed (Shakespeare-Finch & Enders, 2008). Documenting actual changes that are sustained over time remains an important component in posttraumatic growth research.

#### **2.4.5. Evidence of Posttraumatic Growth After IPV**

Domestic violence is a complex phenomenon that is distinct from other types of traumas, making documenting growth for this population problematic (Uloa, Hammett, Guzman, & Hokoda, 2015). The complicated nature and ending of IPV makes determining when to explore PTG with IPV survivors a challenge and the vulnerability of the population makes safely accessing survivors difficult. As a consequence of these hurdles evidence of PTG for survivors of IPV remains limited to date. Two literature reviews have recognised the dearth of academic literature in this area and have attempted to consolidate the research findings on growth for this population.

The first and most recent review by Elderton and colleagues (2017) evaluated the occurrence of PTG for survivors of interpersonal violence generally. Their conclusions were based on studies with both male and female adult survivors of IPV, family violence, sexual and physical assaults, elder abuse and workplace violence. An average of 71% of these survivors reported a very small to a moderate degree of growth. With the studies that utilized the PTGI, these survivors reported the most growth in the domain of *appreciation for life* followed by *personal strength*. They concluded that most but not all interpersonal violence survivors reported some growth. Survivors with self-efficacy, and acceptance and approach coping strategies were more likely to report growth.

The second review focused specifically on IPV survivors. Because of the scarcity of research particular to IPV and growth, Uloa and colleagues (2015) included resilience and positive adjustment when evaluating evidence of growth among studies. They determined that although preliminary research with IPV survivors suggested growth (Anderson, Renner, & Davis, 2012), the extent of growth varied widely. Some researchers found IPV survivors reported higher levels of growth than breast cancer survivors and victims of violent crime (Anderson et al., 2012; Cobb et al., 2006); however, some documented low levels of growth (Cabral, 2010). Interestingly, although growth is typically believed to occur after trauma resolution, IPV survivors reported positive gains prior to the relationship ending (Smith, 2003; Young, 2007). This was unique to the population as it indicates any growth processes began before trauma resolution. This confirms with domestic violence advocate understanding that leaving the abuse must be considered carefully and choices that lead to changes need to be made to minimise personal damage and maximise safety well before leaving the relationship.

Those survivors who reported personality attributes of confidence and optimism, were engaged in spiritual practices and had access to informal and formal social support reported higher reports of growth and resilience in the studies they reviewed (Uloa et al., 2015). There was also an increase of growth evidenced when survivors were able to disengage from the past and when they found inspiration and hope for the future (Song & Shih, 2010). Finally, survivors of IPV reported more growth when they engaged with helping others and confided that after separating they held more compassion for themselves (Valdez & Lilly, 2015). The authors concluded that there was some evidence of PTG as determined by the Tedeschi & Calhoun construct in the domains of *personal strength*, *relating to others* and *spirituality*.

To summarize, there is evidence of PTG for IPV survivors; however, the extent to which growth exists and how it may present remains unclear. Growth has not been consistently

reported by survivors across studies. Also, because of the lack of research in this area, growth constructs in study reviews were grouped together with other concepts such as resilience and at times loosely defined (Song, 2012). Therefore it arguably cannot be concluded in most of the studies that growth specifically had been documented. Sample sizes were small and lacked diversity (Elderton et al., 2017). Moreover, while social support was consistently documented as crucial for IPV survivors, other influences that may have contributed to reported growth had not been explored. Existing qualitative studies did not include any established standardized measures of growth and it remains ambiguous how growth for IPV survivors unfolds over the process of separation and in the long-term (Ahmad et al., 2013; Shanthakumari, Chandra, Riazantseva, & Stewart, 2014; Song, 2012). Only one quantitative study systematically investigated PTG with IPV survivors using a psychometrically sound measure (Cobb et al., 2006) and a majority of survivors in that study had reported a high amount of PTG.

## **2.5. What May be Related to Growth for Trauma Survivors**

While research with IPV survivors and their recovery and growth is in its infancy, growth with trauma survivors generally has explored potential processes that may contribute to PTG. Rumination is believed to be the mechanism for traumatic processing and it has been suggested that trauma impacts both the cognitive and affective processing of the event by the individual survivor. Some of the research around growth after trauma generally was explored to gain a better understanding of which areas to explore with IPV survivors to better understand any growth phenomenon they may experience.

### **2.5.1. Rumination**

After trauma resolution research suggests that the degree to which a person is engaged cognitively by the crisis is believed to be a central element to growth (Jenewein, Moergeli, Fauchere, Bucher, Kraemer, Wittmann, 2008; Prati & Pietrantonio, 2009; Valdez & Lilly, 2015). Cognitive engagement has been documented by the amount of rumination over the event. Rumination is believed to be the vehicle for the facilitation of posttraumatic growth while the crisis is psychologically processed. Furthermore, it is believed to play a key role in both growth and distress (Prati & Pietrantonio, 2009). Rumination has been deconstructed into features of reflecting and brooding with each having a different impact on well-being (Treyner, Gonzalez, & Nolen-Hoeksama, 2003). Gender differences in rumination have been documented where women report rumination more than men (Nolen-Hoeksama, 2000). Rumination that is 'brooding' can be maladaptive and contribute to posttraumatic stress symptomology (Dunmore et al., 2001). The 'reflecting' aspect of brooding is believed to be the tool that transitions survivors to more robust schemas. Meta-analysis studies on growth have suggested that high levels of cognitive

engagement and processing leads to higher levels of growth (Helgeson et al., 2006). This processing is not the same rumination associated with the negative qualities of depression (Robinson & Fleming, 1992).

Initially, the ruminative activity is believed to be automatic and frequent thinking about the trauma and trauma-related issues is believed to take place. Distress is theorized to lead to disengagement from pre-trauma assumptions. Over time rumination is believed to transform into deliberate thinking. It is hypothesised that distress keeps the cognitive processing active (Tedeschi & Calhoun, 2004). As the survivor recognises that old cognitive schemas are no longer appropriate, rumination around their experience is deliberate and active – this thinking is described as “making sense, problem-solving, reminiscence, and anticipation” around the event (Martin & Tesser, 1996a, p. 192). While survivors are forced to give up pre-trauma assumptions they must at the same time build new schemas, goals and meaning. They lose their former assumptive world and what could have been attained in that world. Growth is believed to be created out of this grieving and persistence in new meaning-making and attainment of modified life goals centring around their trauma narrative. Constructive cognitive processing is believed to take place over time and considered a lengthy process. Research with trauma survivors confirms that PTG is not evident immediately (Powell, Gilson, & Collin, 2012).

### **2.5.2. Beliefs**

The cognitive component underlying the rumination is thought to be the assumptive world of the survivor. Posttraumatic growth theories are based on the assumption that the fundamental cognitive schemas of the survivor are destroyed after trauma. These schemas consist of beliefs that may have been maladaptive or adaptive and the crisis has forced a reconstitution. Research confirms that interpersonal forms of violence are more destructive to cognitive assumptions and Valdez & Lilly (2015) demonstrated that change in assumptions was related to PTG for IPV survivors. In this study with minority university women who were IPV survivors, they found that deliberate rumination and disruption in core beliefs predicted PTG. Core beliefs has been demonstrated to be linked with reported PTG across trauma populations (Cann, Calhoun, Tedeschi, Kilmer, Gil-Rivas, Vishnevsky, & Danhauer, 2010).

Theories about distress as the consequence of maladaptive cognitions have long been established by cognitive-behavioural practitioners (Ehlers & Clark, 2000). Both Beck and Ellis hypothesized that faulty cognitive schemas have a central causal role in distress. They concluded that events activate implicit cognitive structures and appraisals of this

event influence functioning. Ellis maintained that beliefs that are 'irrational' produce intense emotional consequences and self-defeating behaviours while 'rational' beliefs create a more stable and adaptive emotional experience. Beliefs labelled as irrational have been demonstrated to contributing to numerous disorders including anxiety and depression (Beck, Rush, Shaw, & Emery, 1979) and found in the emergence of psychopathology (Browne, Dowd, & Freeman, 2010). Irrational beliefs have been found to be predictors of posttraumatic stress symptoms (Hyland, Shevlin, Adamson, & Boduszek, 2014). Preliminary evidence suggests that rational beliefs are negatively associated with posttraumatic stress responses and are potentially a protective factor (Hyland et al., 2014). Responding to adversity with a rational belief is hypothesized to protect the survivor from maladaptive psychological responses. Hyland and colleagues (2014) have demonstrated that among international emergency service personnel, the more that the individual had beliefs of self-acceptance, or internalised an accepting view of oneself, and the higher their belief in their resilience, the less likely they were to react negatively to trauma. It is unclear what role rational beliefs play in potential growth promoting ruminations after trauma. The relationship with beliefs and the cognitive shift, or turning point when survivors precipitate change, has not been documented.

### **2.5.3. Self-Compassion**

Addressing emotional content is important in trauma recovery. Interpersonal trauma results in feelings of shame and self-blame, including negative evaluations of the self and avoidance of the internal experience. Self-compassion is considered one potential balm to these wounds. Two studies that specifically address IPV survivor recovery both mentioned the importance of compassion in moving forward. Smith (2003) and Crowder (2016) both maintained that self-compassion was a facilitator of healing for the participants in their research. Moreover, self-compassion has been associated with positive mental health outcomes for trauma survivors generally (Scoglio, Rudat, Garvert, Jarmolowski, Jackson, & Herman, 2018) and has been demonstrated to have a positive impact on posttraumatic processing (Valdez & Lilly, 2016) and resilience (Meredith & Mark, 2011).

Self-compassion is believed to be a self-reflective process where understanding and warmth is extended to oneself rather than criticism or judgement (Scoglio et al., 2016). Neff (2003a, 2003b) defines self-compassion as kindness towards the self, feeling connected to others and having a mindful awareness of distress that is balanced. It is "the ability to hold ones feeling of suffering with a sense of warmth, connection and concern". It is not based on evaluations of self-worth and is more relational in nature. It is associated with greater psychological health, curiosity and optimism and believed to

be a stable foundation of self-worth (Neff & Vonk, 2009). Higher levels of self-compassion have also been linked to better outcomes for trauma survivors (Thompson & Waltz, 2008). The one study to date with self-compassion and IPV survivors determined that there was evidence that self-compassion was beneficial to survivors and helped ameliorate their affective distress (Crowder, 2016).

#### **2.5.4. Conclusions**

It remains unclear how IPV survivors recover over the longer term and if they experience what has been conceptualised as growth as reported by other trauma survivors. Best practice in psychological recovery for this population is uncharted territory and although a phase-based trauma-informed approach has been advocated a large evidence base does not exist on its appropriateness for this type of relational trauma. Rumination has been demonstrated to be important both in posttraumatic recovery and posttraumatic growth. The extent and nature of rumination in recovery after IPV has yet to be explored. Research has suggested that cognitive changes and affective distress are both present in posttraumatic rumination. Exploring IPV survivor beliefs may capture some cognitive changes since beliefs held prior to separation are believed to be discarded or modified in trauma recovery. Preliminary evidence suggests self-compassion plays a key role in sustaining and maintaining resilience and facilitating positive mental health outcomes. Understanding how kindness and compassion towards the self may unfold in survivor recovery is also unclear. Any understanding of how rumination, belief changes and self-compassion are experienced by survivors in recovery and in the development of growth after ending abusive relationships remains very limited to date. Exploring these experiences with survivors in recovery may add valuable insight into how women move forward after IPV and can help guide psychological practitioner practice.

## **Chapter 3. Study Rationale and Research Questions: Development of a Mixed Methods Approach**

### **3.1. Chapter Outline**

This chapter began with an explanation of how understanding possible outcomes from trauma can be useful for practitioner psychologists. It also further explains the rationale behind the decision to implement a mixed methods approach. It then outlines the researcher background, intentions and values to increase transparency in my role in the process of data collection and interpretation (Clarke & Braun, 2018). The conclusion of this section then focused on positioning the study and research questions behind this exploratory study.

### **3.2. Implications of Growth After IPV for Counselling Psychology**

Not all trauma survivors experience clinically significant difficulty and recovery is idiosyncratic (Shakespeare-Finch, Martinek, Tedeschi, & Calhoun, 2013). A broad range of psychological outcomes for trauma survivors exists (Bonanno & Mancini, 2012). The term *post-traumatic growth* (PTG) was created to encapsulate positive benefits that some survivors reported after confronting crisis (Calhoun & Tedeschi, 2014). Understanding factors that potentially facilitate growth could translate into benefits across populations, increase individual resilience, provide a buffer against future stressors and potentially promote longer-term healing (Joseph & Linley, 2006). The medical model does not serve the population of IPV survivors and the current mental health system is woefully inadequate (Trevillion et al., 2014). Despite its prevalence, survivors of this form of abuse continue to be misunderstood and blamed, and professionals lack the knowledge and resources to help them adequately. Only recently has this population been understood clinically as trauma survivors.

With a post-modern philosophy that remains open to possibilities, counselling psychologists are well suited to working with the complex needs of this population. The pluralism that the profession embraces does not have an established set of rules that clinicians must ascribe to (Rizq, 2006). Viewing clients holistically and acknowledging their strengths as well as their suffering is a more compassionate approach to therapy (Zoellner & Maercker, 2014). While the medical model is focused on symptom reduction, counselling psychologists have the philosophical and practical tools to acknowledge both distress and growth when working with clients. By acknowledging growth, the therapeutic paradigm shifts from only focusing on pathology towards a broader understanding of nurturing survivor psychological well-being. By exploring growth, we are acknowledging

human resilience and creativity in problem-solving and reaffirming client ability to adapt and thrive despite suffering through adversity. Understanding growth facilitating processes can also foster resilience and promote longer-term healing. With such a high population of survivors recovering from this form of relational violence, understanding how growth could be a possibility can foster hope in recovery. For all these reasons, more research in this area is needed.

### **3.3. Rationale for a Mixed Methods Study**

My psychology training had been in the positivist tradition of quantitative methodologies; however, my unarticulated feelings of the limitations of this approach and discomfort with the power differential in the research process left me feeling cautious when approaching theories on possible mechanisms underpinning mental well-being, especially as I found my own experiences often not reflected back in the psychological knowledge base. As a feminist and humanistic practitioner, I grew to view psychological problems and symptoms as a means of coping with oppressive circumstances (Enns, 2004) and this ultimately led me to my clinical social work training in New York City, where environment and oppression was deemed crucial in understanding the subjective experience of distress. Social work research openly acknowledges inequalities, the challenges of quantifying abstract constructs such as emotions and the power differential inherent in the research process. Moreover, it acknowledges intersectionality and that stigmatized populations often fall between the gaps in mainstream quantitative data collection.

The qualitative approaches appealed to me; however, while the methodologies made intuitive sense, the inability to generalize concepts across populations and questions on how to ensure rigor when analysing qualitative data left me feeling inadequately prepared to present and defend the data collected. By focusing on a subset of individuals, it is challenging to validate societal challenges that translate across to the broader population. My education left me with an underlying appreciation for scientific method and simultaneously viewing human experience as complicated, not easily falling into tick box measures that could be quantified with numbers. My background and personal philosophy was well suited to counselling psychology practice and research which can hold these tensions.

From both a counselling psychology and feminist value base, including the subjective experience is also ethically advisable as survivors are co-creators in our academic understanding of their experiences (Olsen, 2010). It is important to acknowledge the inherent power imbalance underlying the experience of being a participant in the research process. This is an especially important consideration as survivors have been

repeatedly subjected to abuses of power having faced being unheard and invalidated by their partners and by society. Not including their views would be further marginalizing them instead of including them as experts by experience and their perspectives add significant value (Hague & Mullender, 2006; Willig & Rogers, 2017). Moreover, interviews can capture the participant framework of meaning and the complexity in survivor attitude and perspective (Marks & Yardley, 2004). For this reason, including their subjective experiences was integral to any understanding of the experience of growth for this group of women.

My knowledge of both quantitative and qualitative methods led me to adopt a mixed method design to draw from the strengths of both branches of data collection and balance the weaknesses between the methods. Mixed methods research allows a more holistic, in-depth analysis when answering research questions (Shaw & Frost, 2015). The benefits of this pluralistic methodology are reflected in the values of counselling psychology, a field of psychology that acknowledges and embraces the tension between the 'scientific' (quantitative) and 'subjective' (qualitative) elements of the profession. Rather than adopting a dualistic stance the profession promotes multidimensional perspectives even when they contradict themselves (Kasket & Gil-Rodriguez, 2011; Rafalin, 2010). By incorporating standardized measures available and adding the subjective experience, multiple perspectives were arguably better presented. Corroborating results obtained from different methods also enhanced the breadth and depth and confidence in any understanding of growth for participants (Creswell & Poth, 2016; Creswell & Plano, 2017; Teddlie & Tashakkori, 2003).

### **3.4. Positioning the Researcher**

As outlined by Palaganas and colleagues (2017), reflexivity is demonstrated by deconstructing the epistemological approach underlying the methodology and examining the researcher's political and social lens on the data construction. The inclusion of myself in the research supports my belief in the inter-subjectivity of the research process. I have been an active participant in constructing meaning of the phenomena being investigated and believe that removing bias in research is a near impossible ideal. I aimed to identify my views in order for the reader to come to their own conclusions about my role in the process. My intention was also to increase the awareness of my predispositions so that I could make an effort towards bracketing them during the research process (Fischer, 2009; Gough & Madill, 2012).

I have good knowledge of the domestic violence sector and have worked as both a volunteer and a trainee counselling psychologist for five years in domestic violence

agencies. I have worked with survivors of this form of violence and have personal relationships with survivors. In some of those relationships, I witnessed remarkable changes for some survivors and wondered how these individuals overcame their challenges while others struggled. I believe some of these survivors embodied what has described as PTG in trauma research. Due to my personal experiences in the sector, I consider myself an insider and my intimate knowledge of the IPV survivor population afforded some benefits and presented some concerns in the research process (Dwyer & Buckle, 2009; Fischer, 2009; Moore, 2012). I attempted to grapple with these potential challenges throughout the completion of the study. As someone who embraces a postmodern understanding of self as multiple and unknowable I found this process of internal questioning challenging (Corlett & Mavin, 2017).

My identity as a woman of colour impacted both the nature of the research interactions and interpretation of the data. I have a South Asian ethnic background and grew up in both Canada and the United States. Being an immigrant, I have occupied multiple social identities and believe as a result of this I am sensitive to different perspectives and power inherent in occupying different social positions. I have been exposed to competing cultural values and due to experiencing these tensions have reflected at length on my cultural and national identities. I became mindful through this process that the focus of the research on growth after trauma largely complied with my North American quality of optimism that became more noticeable after my twelve years in the United Kingdom. In this study, I operated under the assumption that growth is a possibility as a consequence from relational abuse when in reality this may not be the case. The devastation caused by partner abuse may in fact overshadow any positive gains.

As a counselling psychologist who strongly identifies with social justice-oriented values I view the source of much suffering rooted in social conditions (Goodman, Liang, Helms, Latta, Sparks & Weintraub, 2004). Therefore, survivors experiences of partner abuse would be understood within the context of their relationship, their family environment and in society. I aimed to explore the additional societal and cultural burdens on women in recovery from a feminist perspective including but not limited to societal and cultural gender discrimination, the normalization of abuse in private spheres and inherent institutional and societal bias.

My value base is driven from a critical feminist ideological axiology (Finlay & Gough, 2008); therefore, to reduce the power differential inherent in the research process, an attempt was made to (1) maintain transparency in the research process and (2) acknowledge of my position, ideology and contribution to the study (Willig & Rogers,

2017) when meeting with participants. With transparency and underlying humanistic values in my participant encounters I hoped to bring sensitivity to power dynamics in the research process. The quality of my relationship with the participants was highly valued in data collection. By focusing on growth and recovery, I strove to remain mindful not to neglect or negate the pain and loss they experienced from the abuse during the interviews. During the debrief I hoped our conversations would acknowledge their resilience and their intimate knowledge of the recovery process (Goodman et al., 2004). The intention was to provide a supportive, non-judgmental space to both reflect on their internal responses that may have facilitated growth in their journey and validate their capacity. I attempted to be transparent during the process and documented each stage faithfully, noting my reflections in a personal journal to increase awareness of my thoughts, feelings and opinions since this had an impact on data collection and interpretation (Ortlipp, 2008). I was anxious about representing their views when trying to capture the totality of their experiences and uncomfortable both with my expert position as the researcher and what I would uncover about my own biases.

The women's experiences during the transition away from their abusive partners held significance in data analysis. The aim of this study is that their experiences will expand the meaning of how growth may present for IPV survivors (Hesse-Biber & Griffin, 2015). Therefore, qualitative results will not have a secondary role in analysis and participant experiences shaped the results garnered. I met with them as experts and viewed the analysis of data as a shared construction of knowledge regarding their growth (Corlett, 2018). I began the process with caution that my postpositivist training may interfere in data collection and not enough depth would be possible when including the subjective experience of eleven women. However, these concerns were quickly put to the side once the interviews began. I realized that the measures on their own would have been profoundly inadequate and I did my best to balance between breadth of information and depth of understanding. My intention was to expand the understanding of growth by combining a deductive and inductive approach to data interpretation.

### **3.5. Gap Analysis of Growth for IPV Survivors**

While evidence of what has been labelled as growth for some groups of trauma survivors is strong, gains for IPV survivors has just begun to be documented. The complicated and prolonged nature of IPV makes exploring growth with survivors of this kind of abuse challenging. Studies have documented that an internal shift, disengagement or 'turning point' leads IPV survivors to initiate changes. For IPV survivors, referring to the turning point as the beginning of the shift necessary for change helps make sense of when to consider the beginning of possible changes and growth (Chang et al., 2010). Rumination

over dysfunctional appraisals are theorised to be related to distress and growth. Research confirms that interpersonal forms of violence are more destructive to cognitive assumptions (Valdez & Lilly, 2015). Survivors of IPV should be likely to experience growth according to this model as previous operating schemas would be under threat, and studies have indicated this is indeed the case (Cobb et al., 2006).

Research on growth after relational trauma is limited to date (Ulloa et al., 2015) and gains have been noted in qualitative studies for IPV survivors; however these studies were focused on recovery and not specific to growth. In addition, the qualitative studies incorporated resilience alongside growth and the definitions of growth were unclear. These studies with survivors did not use standardised measures or explore with participants on processes that may have facilitated thriving. From a quantitative perspective, reliable, valid measures have documented growth across trauma experiences (Tedeschi & Calhoun, 1996). Cobb and colleagues (2006) documented high levels of reported growth for survivors of IPV in their quantitative study; however it remains unclear whether growth measures such as the PTGI adequately capture the complexity of how growth may present in the traumatic recovery after IPV and the subjective experiences of the survivors were not included.

It remains ambiguous how growth presents and unfolds during recovery for this population and what may facilitate growth during their significant psychological transition. Both quantitative and qualitative studies with this population explored social influences with regards to recovery (Cobb, Tedeschi, Calhoun & Cann, 2006; Anderson, Renner, & Danis, 2012). Higher levels of social support, and the availability of role models have been linked to higher levels of functioning and life satisfaction for IPV survivors. Otherwise research on what may facilitate growth for IPV survivors is limited to date. Survivor input is essential to developing any sound understanding of this phenomenon (Kulkarni, Bell, & Rhodes, 2012). Based on current research and what is believed to be adaptive to trauma survivor recovery generally, it was useful to explore with IPV survivors and gain their perspectives on growth and how processes such as rumination, their levels of self-compassion and how their underlying beliefs may have influenced their recovery and potential growth.

### **3.6. Purpose Statement**

This mixed methods study explored post-traumatic growth for IPV survivors. It was unclear how (1) levels and quality of rumination and cognitive (2) changes in beliefs and affective components impacted by (3) levels of self-compassion contributed to either greater distress, recovery or higher than previous levels of functioning (thriving) after

ending the relationship. Levels of rumination were explored with participants along with both (a) beliefs and (b) levels of self-compassion during and after the turning point. The over-arching aim was to explore participant experiences of growth, their belief system, levels of self-compassion and rumination and how these components related to PTG after domestic violence.

A concurrent mixed methods design was used where different but complementary data with equal weight was collected on the same topics. Bringing in two methodologies was chosen to approach the growth phenomenon from two vantage points. Quantitative measures were used to gauge rational beliefs, levels of self-compassion, levels of rumination and self-reported levels of growth for female IPV survivors. Concurrent with this data collection, qualitative interviews explored these same themes with participants using a semi-structured interview format. Both data points were analysed separately and brought together in the discussion chapter to build a more comprehensive picture of the growth phenomenon for IPV survivors.

### **3.7. Research Questions**

This mixed methods exploratory study looked at post-traumatic growth for female adult survivors of intimate partner violence who have ended an abusive relationship, with the following objectives:

- (1) To better understand post-traumatic growth for IPV survivors*
- (2) To understand how rumination is related to reported levels of growth for survivors*
- (3) To explore how (a) beliefs and attitudes and (b) self-compassion are related to rumination and growth*
- (4) To explore how the quantitative results and qualitative findings converge on any reported experiences of growth*

## **Chapter 4. Methodology**

### **4.1. Chapter Outline**

This chapter clarifies the epistemological framework underpinning the mixed methods design of the research project. Challenges with deciding on number of participants and recruitment are outlined alongside ethical considerations and procedural components. The section further delineates the strategies implemented to increase study rigour. This section concludes with how the analysis will be carried out with both sets of quantitative and qualitative data and with particular attention to how the thematic analysis was undertaken.

### **4.2. Project Design**

#### ***4.2.1. Mixed Methods Design***

After choosing the mixed methods design when gathering the data needed to answer the research questions, a careful and well considered decision needed to be made on the participant experience including how the data would be gathered and integrated. Since the research aim was one of triangulation, both quantitative and qualitative data were collected concurrently and held equal weight (Onwuegbuzie & Collins, 2007). Since each phase explored the same constructs it made intuitive and practical sense to collect each type of data together. It was also deemed less taxing for participants to collect the data at one point in time. The phases were 'identical' such that all the participants took part in an identical format where the quantitative phase was followed by the qualitative phase. Data from each phase was to be analysed independently. This meant that the findings from the first phase were not known and did not influence the answers on the other; however, participants did provide some feedback on areas of difficulty they encountered on the measures in the quantitative phase before the qualitative interviews began. Although each phase was independent, the answers to some of the questions on the measures were referred to and elaborated on by participants without prompting during the interviews. The findings from each phase were then compared for congruence - the themes from the qualitative results were compared to the scores and feedback from the measures. The underlying philosophical assumptions that guided the collection and analysis of the data (Creswell & Clark, 2017) will now be outlined.

#### ***4.2.2. Philosophical Underpinnings***

There are epistemological tensions intrinsic to combining quantitative (postpositivist, objective) and qualitative (constructionist, subjective) approaches that needs to be

addressed when combining methods. I agree with researchers who argue that mixing methodologies is not incompatible philosophically and Figure A2 outlines how mixed methods applications have approached combining underlying philosophical tensions. An eclectic approach was embraced where methods that were adopted in this study were believed to reflect the best research strategies (quantitative, qualitative, or both) to expand understanding of growth for IPV survivors. Both of the quantitative and qualitative methods were connected through the overarching pragmatic worldview. Pragmatism focuses on the object of inquiry rather than how knowledge is acquired, a broader perspective is obtained, and more varied tools can be applied to accessing knowledge in real life situations (Rafalin, 2010). Therefore, epistemology has been linked to the research methods of the study rather than choosing a method based on a metaphysical philosophy of world reality (Morgan, 2007). The method that has been adopted was believed to reflect the best strategy to explore the research questions (Teddlie & Tashakkori, 2003, 2012). Abduction, based on the assumption of incomplete knowledge and best predictions, was the tenet used to connect analysis from both data sets (Teddlie & Tashakkori, 2012). Abduction balances between induction and deduction, and the results from one data set informed the other when the research questions were answered. Moreover, complete objectivity (quantitative) or subjectivity (qualitative) was rejected. Instead, inter-subjectivity was embraced which emphasized communication and shared meaning. An eclectic foundation has been described by some as simplistic and these researchers would argue that it lacks the consistency of a single epistemological approach. However, the stance taken by this study is that the pluralism inherent in the approach allowed the introduction of multiple components. Moreover, I adopted the position that combining methods was more complex in that it requires conscientious thought into the philosophical theory underpinning and connecting the methods employed by the study.

The pragmatism of the mixed methods approach aligns well with the counselling psychology stance of pluralism, where a multitude of perspectives are possible (Kasket & Gil-Rodriguez, 2011). While the acknowledgment of a variety of valid viewpoints can be liberating, it also further requires a clarification of the epistemological position of the study. Determining the researcher stance when collecting and interpreting the data is also believed to increase the trustworthiness of the research conclusions. Rather than striving for objectivity, subjectivity is thus celebrated as part of the research.

	<b>Qualitative Approach</b>	<b>Quantitative Approach</b>	<b>Pragmatic Approach (Mixed Methods)</b>
<b>Connection of theory and data</b>	Induction	Deduction	Abduction
<b>Relationship to Research Process</b>	Subjectivity	Objectivity	Intersubjectivity
<b>Inference from data</b>	Context	Generality	Transferability

*Note.* Adapted from “Paradigms lost and pragmatism regained: Methodological implications of combining qualitative and quantitative methods” by D.L. Morgan. 2007, *Journal of mixed methods research*, 1(1), p. 71. Copyright 2007 by Sage Publications.

**Figure A2.** Pragmatism Explained: Key Issues in Research Methodology

While some may find thinking about the myriad of possibilities overwhelming, the process of grappling with this ambivalence can also be considered as enriching and creative (Kasket & Gil-Rodriguez, 2011). Coming from a postpositivist background, delving into the nuanced complexities of the qualitative methodologies was a thought expanding endeavour. It was an especially challenging undertaking to move beyond my prior positivist psychological training that strove for the much sought after ‘objective’ understanding of reality albeit with relief at the acknowledgement of my dissatisfaction with the possibility of objectivity. Now my ambivalence towards the medical model was validated but the need to tolerate anxiety was higher. I struggled with the friction between valuing the subjective experience on one hand while also maintaining a commitment to evidence-based practice on the other. My research methodology coincided and mirrored the same tensions I was negotiating with my increased acceptance of the value of plurality in therapeutic practice (Rizq, 2006). With a nod to the scientific and embracing subjectivity, the mixed methods approach acknowledged both aspects of this tension. This process of reflecting on my philosophical worldviews helped shape both my identity as a counselling psychologist practitioner and as a researcher (Rafalin, 2010).

Consideration towards my underlying thought processes helped evolve my understandings and I moved towards a more nuanced and flexible perspective. Rather than trying to deny any tensions they were permitted to be acknowledged and voiced.

#### *4.2.2.1. Quantitative Epistemological Considerations*

While standardised measures come from a traditionally positivist background, data gathered deductively from quantitative measures was understood from a postpositivist paradigm. This approach was one that assumes an external reality that can be known albeit imperfectly. Generalisations for this group can then be made on relationships between variables (Ponterotto, 2005). Theory driven research is advocated in counselling psychology because of the ability to better understand the dynamics that underlie a phenomenon and help construct a conceptual framework that allows for hypothesis testing and discovery (Neville, Carter, Spengler, & Hoffman, 2006).

The intent with the quantitative data was to ask questions to gather understanding (Clark-Carter, 1997) through the questionnaire format and not for the purpose of experimentation or observation. It also enabled some comparison between participants and provided structure when approaching a vast area of potential data when asking about growth and recovery. The constructs in the questionnaires provided a coherent foundation to the study and the interview schedule. This strategy saved time and provided a standardized format. However, drawbacks included the potential of the measures to ask questions that were too abstract or not applicable to their situation.

#### *4.2.2.2. Qualitative Epistemological Considerations*

Interviews were included to give participants the chance to expand on questionnaire items from the quantitative measures and to gain their views on the concept and experiences of growth in their recoveries. Two areas of reflection were considered in my approach towards the qualitative data. The first is that I identify as a feminist researcher and I needed to consider how this would pertain to data collection and interpretation. My internal appeal towards advocacy and including participants in study processes was strong; however, translating this in research practice proved daunting and beyond my practical level of experience. Moreover, feminist researchers have cautioned against the difficulty with blurring boundaries between personal and research relationships that creates uncertainty in the research process (Willig & Rogers, 2017). Already my clinical professional training added potential confusion in my researcher role and I needed to keep the boundaries between researcher and participant clear. Clinical and researcher roles were already precariously balanced so potential pitfalls were possible. I has to

consider carefully how to include my feminist values while keeping research boundaries clearly defined.

I also associate closely with the counselling psychology profession's principles of advocating social justice and the commitment to multicultural competence. I believe it is crucial I gained insight from women to help us understand what happened for them during their turning point and how in reality their beliefs and attitudes were shaped and contributed to any development of growth. Personal experiences and values of each participant shaped their experiences in the world and how they operated within it. Therefore, qualitative data analysis was employed from a critical realist perspective. This paradigm acknowledges the possibility of multiple, valid perspectives from participants where women may hold differing positions on their experiences of growth (Ponterotto, 2005). I looked at the available qualitative analysis possibilities that would enable me to put this perspective into practice.

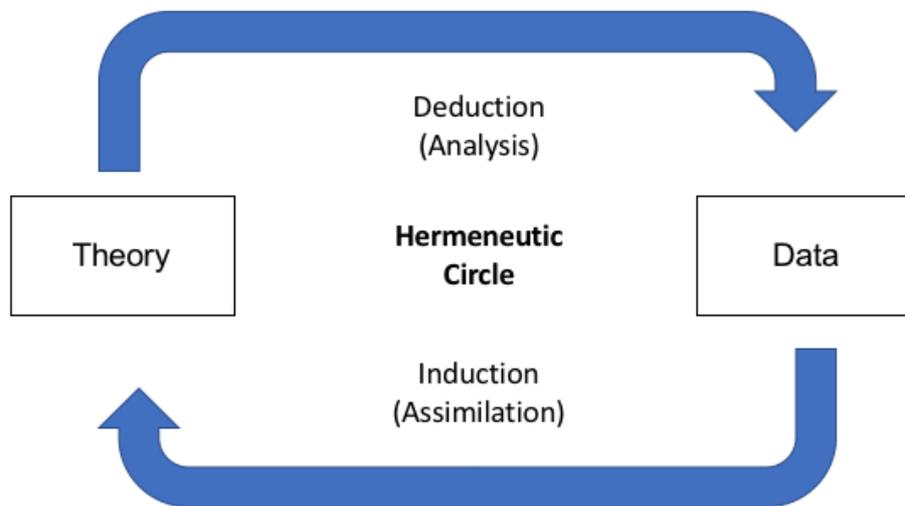
Initially, grounded theory, interpretative phenomenological analysis (IPA) and thematic analysis were considered as options for qualitative data interpretation (Braun & Clarke, 2006; Charmaz, 2006; Smith & Shinebourne, 2012). The final decision for analysis was based on the compatibility and appropriateness of the method with research aims of the study. This study was an exploratory endeavour that sought understanding of the growth phenomenon for IPV survivors and did not aim to generate theory. Moreover, participants and the researcher would likely be impacted by pre-existing concepts already raised by the quantitative measures. Therefore a deductive influence would hold a presence in the research process. This would make grounded theory less suitable because of its focus on inductive theory generation. I wanted to gain insight and understanding from the growth experiences of the women, not to generate theories about how their growth developed. Interpretative phenomenological analysis also did not fit the research aims because it did not provide the theoretical space for the quantitative measure constructs. In the end thematic analysis was chosen as the method of analysis for qualitative interviews because of its adaptability epistemologically (Guest, MacQueen, & Namey, 2012), flexibility with regards to sample size (this will be discussed later in sampling subsection) and its ability to identify patterns both within and across the data set inductively and deductively (Braun & Clarke, 2013).

Thematic analysis employed in this study was different from content analysis which has been described as systematic and mechanical (Trochim & Donnelly, 2006). The fluidity of the thematic analysis approach allowed significance to be determined across an interview or a set of interviews rather than measuring the frequency topics and themes

that a content analysis would require. Thematic analysis is a popular choice with psychotherapy researchers perhaps for this reason (Clark & Braun, 2018). While thematic analysis seemed to be a good fit, there were some potential tensions to be considered. First, there is ambiguity on how it should be conducted and secondly, it may not provide the depth of detail that an interpretative phenomenological analysis would engender. Thematic analysis is further considered a method of analysis; therefore, it is open to the interpretation of the researcher. This is one of the benefits of thematic analysis as the epistemology underlying the analysis can be tailored to work within the mixed method paradigm. However, because of this same flexibility, outlining the guiding philosophy and analytic procedures became crucial to ensuring rigor in process and interpretation. I hoped that by focusing on the research questions rather than the entire data set, a deeper understanding of any growth phenomenon experienced by the participants was achieved. While the pragmatic mixed methods paradigm encapsulated the philosophy towards integrating the two study data sets, the research approach with the qualitative data needed to be further delineated.

#### ***4.2.3. Thematic Analysis Approach***

With coding and theme development, rather than adhere strictly to the deductive approach I aimed to be flexible in my interpretations. I was inspired by the method outlined by Selvam & Collicutt (2013), who employed a hybrid approach influenced by the hermeneutic circle advocated by Gadamer (1979). This is shown in Figure A3, where there remained room in the analysis to inductively influence deductive theme development (Fereday & Muir-Cochrane, 2006). Both deductive (theory driven) and inductive (bottom up) influences were acknowledged in this process. Unlike the method employed by Selvam & Collicutt (2013), no coding template was used in this study. However, participants were questioned on growth, rumination, beliefs and self-compassion in a semi-structured interview guide and this provided the framework for the interview responses.



*Note.* Adapted from “The ubiquity of the character strengths in African traditional religion: A thematic analysis” by S.G. Selvam, & J. Collicutt, J. 2013, *Well-being and cultures*, p.89. 2013 by Springer, Dordrecht.

**Figure A3.** Hybrid Model of Qualitative Data Interpretation

My aim was to gather a rich description of the entire data set rather than one aspect of the phenomenon to facilitate a better understanding of growth for survivors (Braun & Clarke, 2006). I actively identified and coded participant quotes that were related to experiences of growth and then condensed these codes into themes that represented some patterned response to the research questions. To achieve a more inductive influence and in homage to my feminist lens on the process, observations and analysis from interviews were taken using empathic interpretations to enable better understanding of what participants expressed (Braun & Clarke, 2006). Themes were considered at both the semantic and latent level. I reported experiences as told to me and then added an additional layer, compared and contrasted between participants, added my observations to theirs, and identified them as my interpretations across participants (Willig, 2012). Participants shared their experiences and my views and hypothesis were identified as such for the reader to come to their own conclusions about my role with my intention of increasing reader awareness of personal bias. Hopefully, I honoured their subjective experience in this process while also adding a critical analysis to social and systemic issues that may underlie their experiences. Moreover, I aimed to present any conclusions participants may present that differ from my own.

### **4.3. Recruitment**

#### **4.3.1. Participants**

A significant challenge in mixed method designs is sample size (Creswell & Clark, 2017; Onwuegbuzie & Collins, 2007). Using quantitative measures, larger participant numbers come at the expense of richer subjective data - while smaller participant numbers render quantitative data insubstantial in drawing comparisons between participants. In addition, quantitative measures require probabilistic sampling of a population in order for data to be generalizable. In contrast, participant recruitment in qualitative studies is typically purposeful to be able to make analytic generalizations. Initially, adult women were approached at a women's centre in London using convenience sampling and then recruitment was expanded to include snowball sampling (Braun & Clarke, 2013). This type of sampling was thought best suited to the study because of ethical considerations in participant selection and difficulty accessing survivors. This study does not aim to make any statistical generalizations, but enough participants were needed to compare participant responses in a meaningful way and gain insights for this group of women into the phenomenon of growth. Smaller samples are appropriate for quantitative studies in exploratory research (Onwuegbuzie & Collins, 2007). With gathering rich and varied data from both approaches in mind, I aimed to recruit ten to twenty participants. The staff and community around the centre represented various ethnicities and spoke multiple languages but the questionnaires and interviews were only conducted in English.

#### **4.3.2. Ethical Considerations**

All principles outlined by the BPS Code of Human Research Ethics (2014) were adhered to. An ethics application was submitted to City University London Psychology Department in May 2018. Due to the potential vulnerability of the population (Appendix A1) a full review was approved with amendments in June 2018. Amendments were specific to recruitment which needed to be sensitively and thoughtfully considered. It was decided that the participants would be screened for any posttraumatic stress symptoms, and they would need to have had no contact with their former abuser in the past five years.

Affiliation with an organization was important to both facilitate participant trust in the research and to position myself as a feminist practitioner sensitive to their circumstances. Approval also had to be sought from an organization where participants would be recruited. I obtained a trainee counselling psychology placement through a Black/Minority/Ethnic (BME) charity that supported female survivors of violence. I obtained the placement with the understanding that I would also be able to recruit research participants. No participants were my clients or prospective clients for

counselling sessions. My counselling clients were women needing support early in their separation process and were not aware of the research project. Organizing recruitment through the charity included meeting with the Director and supervising psychologist and providing a summary of the research. I applied for an amendment to the ethics application to extend recruitment to a satellite branch in a women's centre of the charity I was affiliated with and this was approved in November 2018 (Appendix A2).

Dual roles in the research process are an important ethical consideration. Conducting qualitative interviews as a counselling psychologist incurred complex ethical and practical considerations. I strove to remain mindful that as a counselling psychology researcher my role was to gain information and not to facilitate therapeutic change (Thompson & Russo, 2011). I was aware of the confusion that could have arisen between the role of researcher and clinician during the interviews both for myself internally and for the participants. To minimize the potential for misunderstandings, my role as a psychologist researcher was included in the explanation at the beginning along with the research goals and process. Participant autonomy to withdraw at any point or refuse to answer any question without need for justification was emphasized. My counselling skills that included maintaining core humanistic principles in our interactions were used to put the participant at ease, facilitate trust and communicate my non-judgement and acceptance of their recovery journey during the process.

I was keenly sensitive to the fact that talking about prior trauma could be distressing. A pilot study was conducted with both measures and a semi-structured interview to garner survivor input on the sensitivity and practicality of the data collection process. Particular attention was given to potential concerns or difficulties that may arise for participants to ensure their maximum comfort in the process and minimize potential for harm. Women who were considered appropriate for the study were screened to determine any potential clinically significant symptoms before proceeding to minimize risk of distress. Informed consent was obtained verbally and in written form before data collection began (Willig, 2017). Participants were informed of the purpose of the project, the research procedures and what would happen to their data. The information sheet had details of my research supervisor contact details, my details and explained the complaints procedure with the university. During the interviews, I tried to be attuned to tone of voice and body language that indicated discomfort. I also emphasized that I would redirect conversations to focus on the topic of growth and recovery and steer away from discussions of abuse to maximise their comfort. With each participant, it was clarified that if at any point they became upset or uncomfortable we would end the interview and the researcher's supervisor would be contacted. All information was gathered with sensitivity and

discretion and maintained with complete confidentiality using anonymized numbers and pseudonyms instead of participant names. Data was stored on secured, password protected audio recorder and laptop. Transcribed interview material did not include any personally identifiable information. All measure responses were confidential and anonymously entered on an online Qualtrics survey that did not link their actual names to their responses. It was emphasized that questions could be left unanswered. The computer and files relevant to the study were password protected. The raw data was destroyed after final submission of the study to the university.

#### **4.3.3. Exclusion Criteria**

Participants were to be excluded if they disclosed the possibility of heightened posttraumatic stress symptoms, determined by their scores on the Impact of Events Scale – Revised (IES-R) (Weiss, 2007). Participants were excluded if they scored above 24 on the IES-R or stated they had any contact with their identified former abusive partner. They would also have been excluded if they had disclosed they were currently in a relationship they reported was abusive. Men, although also survivors of domestic violence, were not included in this study as the study explored the additional societal and cultural burdens on women in recovery.

#### **4.3.4. Inclusion Criteria**

Adult women who self-identified as intimate partner violence survivors needed to be English speakers, separated from the abusive ex-partner for at least five years and over the age of 25.

#### **4.3.5. Impact of Events Scale – Revised (IES-R)**

The *IES-R* is a self-report measure that assesses subjective distress caused by traumatic events over the past week. The 22-item scale has a 5-point Likert-type response set from 0 (*not at all*) to 4 (*extremely*). Items correspond directly to 14 of the 17 DSM-IV symptoms of PTSD. Subscales measure intrusion, avoidance and hyperarousal symptoms. High levels of internal consistency have been previously reported (Intrusion: Cronbach's alpha = .87 – .94, Avoidance: Cronbach's alpha = .84 – .87, Hyperarousal: Cronbach's alpha = .79 – .91, Creamer et al., 2003). Test-retest reliability, collected across a 6-month interval, ranged from .89 to .94 (Weiss & Marmar, 1997). On this test, scores that exceed 24 can be quite meaningful and may indicate some symptoms of PTSD (Creamer, Bell, & Falilla, 2002). Therefore, if women scored above 24 they were not able to take part with the understanding being communicated that talking about their recovery in the research process may prove too distressing (Appendix A3).

#### **4.3.6. Recruitment Procedures**

Participants were recruited through a women's centre in London and lived in the surrounding diverse urban community. Sampling was non-random. Women who were deemed potentially suitable for the study were approached by staff or the researcher at the agency and shown a flyer for the research project (Appendix A4). During the initial encounter women were asked if they were interested in taking part in study about recovery, after it was confirmed that they met the criteria for involvement. If they expressed interest they were given the IES-R. None of the twelve women approached scored meaningful scores on the measure. With one participant it was decided best not to proceed as she expressed discomfort with the audiotaping of the interview after the research process was explained. With the remaining participants, together we arranged a mutually convenient time to meet. Eleven adult women including one pilot participant who self-identified as survivors of domestic violence took part. All twelve women were provided with the opportunity to enter into a prize draw for a voucher for £50 in appreciation of their time. Interviews took place during the morning or afternoon hours in a small, private room at the women's centre. The women's centre has frequent visitors but is not overly crowded and is located on a busy road in a residential area. Women could drop-in, attend workshops or make one-to-one appointments with volunteers or staff for advice on employment, legal matters or domestic abuse. The pastel coloured room with wooden floors and a soft rug was furnished sparsely but comfortably - with natural light from a big window and soft lighting from a floor lamp. Two chairs faced each other with a small painted floral table in between and pictures of flowers decorated the walls.

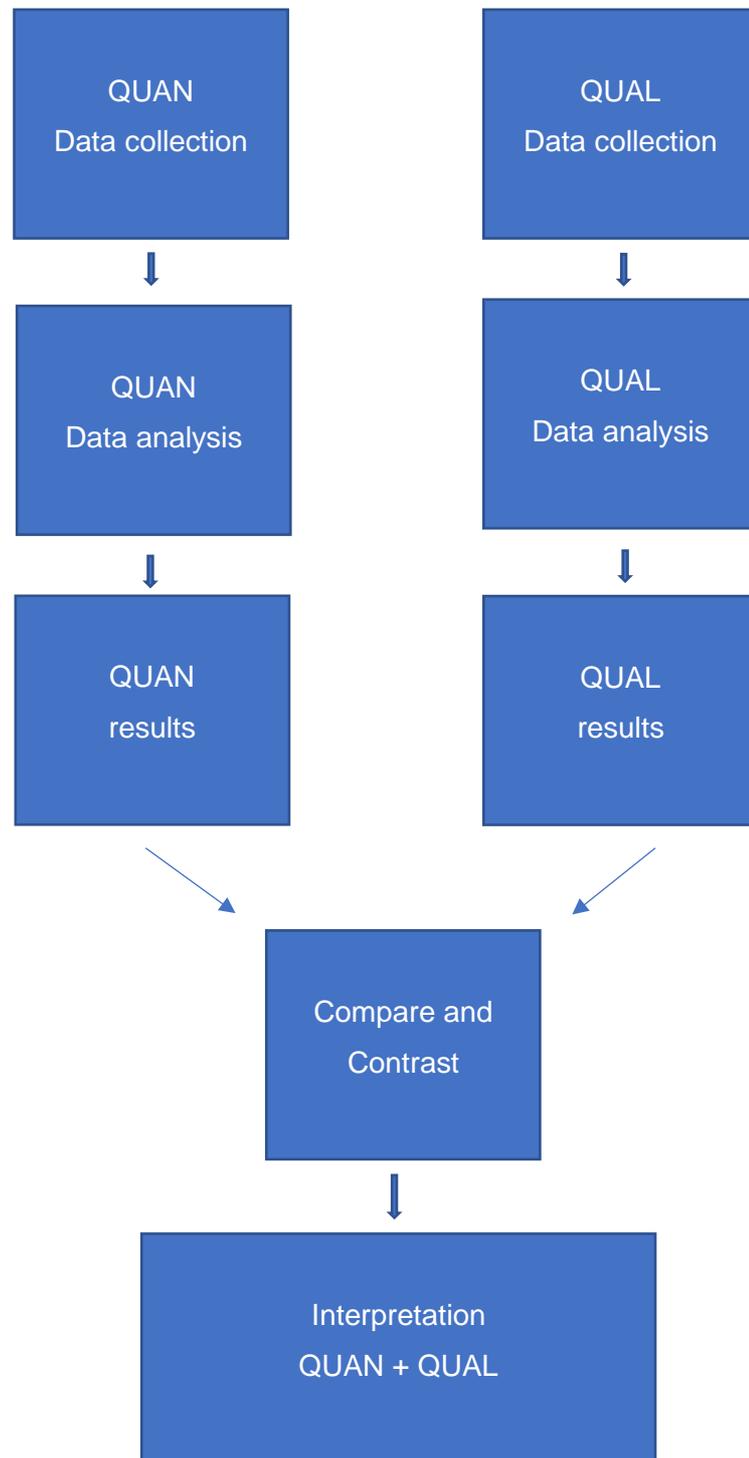
#### **4.3.7. Summary of Participant Characteristics**

A small but diverse group of women in this mixed methods study have provided their invaluable and insightful views both on their longer-term recovery processes and on their perspectives of any growth they experienced during and after their turning points in their separation away from an abusive partner. Most of the eleven women in this study were in the middle of their lives, were members of a diverse urban community and all had ended long-term partnerships or marriages. These participants were not coming to the centre for therapeutic support but they were connected to the centre by employment with an affiliate organization or through word of mouth. Participant characteristics played a role in the type of information that was gathered. The data from this group has been impacted by long-term abuse where the relationship typically spanned over the period from young adulthood through middle age. Participants were resourceful. They were part of the women's centre community and sensitive to the difficulties women face socially and politically. Moreover, they were motivated – interested in gaining more information

on understanding their own recoveries and to share their experiences, hoping others may learn and benefit from this knowledge. They all emphasized the necessity and importance of social support for IPV survivors and appreciation for the women's centre and its services. All of the IPV survivors in this study also expressed encountering a lack of available psychological information specific to their longer-term emotional recovery. Some directly expressed that this was one of the reasons in partaking in this study - to help themselves and other survivors understand how to move forward psychologically and emotionally.

#### **4.4. Procedures**

At one point in time, each participant went through two phases of data collection, a quantitative phase followed by a qualitative (Creswell, Clark, Gutmann, & Hanson, 2003). Quantitative data was first collected through four quantitative measures and then qualitative data was gathered through a semi-structured interview. Data was analysed separately with equal emphasis, and then converged in the analysis and discussion chapters. A visual representation of the process is depicted in Figure A4. The total estimated completion time was one hour. Actual completion time varied between forty minutes to one hour and fifteen minutes.



**Figure A4.** Triangulation Design: Concurrent Model

#### **4.4.1. Pilot Participant**

Before recruitment began, one woman was interviewed to determine whether the study procedure would be sensitive and clearly understood by future participants, and to decrease likelihood of difficulties (Breakwell, 2012). I approached a colleague in the women's organisation who I knew was a survivor and I felt would be open to taking part in the study. Because of our personal relationship, I felt she would be genuine with any feedback and I also felt she would be able to decline if she did not want to take part; however, thought and care went into approaching her because we had a 'comfortable' relationship as described by Moore (2012) and therefore may have experienced pressure to participate. She was informed that she was a pilot participant and that her feedback on the process would be appreciated and integral to the study and the option to decline was emphasized. While completing the questionnaires, questions arose for her while she was in process of completing them on the iPad. We decided that we would make a note of her questions and reviewed them at the end before the semi-structured interview. Based on her feedback, we also decided a hard copy of the physical questionnaire be available to refer to when needed and the statements on the measures would be numbered for participants to link them easily to a paper copy to refer to. In subsequent interviews, I provided a copy of the measures and informed participants in advance that they would have a chance to ask any questions about the measures and provide feedback on the measures before the audio-taped interview portion of the study. I noted their comments in a journal kept as part of data collection and research process.

#### **4.4.2. Data Collection**

Before the meeting between participant and researcher was arranged, I met with the participants briefly in person and explained the purpose of the research. Participants were asked to confirm they had ended the abusive relationship at least five years ago and that they were not in contact with their former partner. If they confirmed they wanted to participate and after I obtained their verbal consent, I provided an overview of the research process and my research goal of understanding growth and recovery from the experiences of survivors who had ended ending abusive relationships. They completed an Impact of Events Scale (*IES-R*) with the understanding that if they scored higher than 24 on the measure they would not be eligible to participate because of concern for their well-being. If the participant was happy to proceed a face-to-face meeting was then arranged and they were given a copy of research details (Appendix A5).

At the research interview, details of the process were further explained along with clarification of my role as a researcher. Written consent was obtained in paper form (Appendix A6). I emphasized again that they could withdraw at any point without any

explanation needed and without penalty. I also stated that they were free to choose not to answer any questions without explanation. Moreover I clarified that the study was on growth and recovery and what helped them move forward. I explained that I would discourage and move away from talking too much about the abuse they sustained in order to ensure their emotional comfort and minimize any potential for distress.

#### **4.4.3. Phase 1: Quantitative**

Participants were given a demographics questionnaire and four standardized questionnaires (Appendix A7) to complete via Qualtrics anonymously on an iPad. They were not told anything specifically about the measures except that when they completed the PTGI that the “crisis” on the questionnaire referred to them leaving their abusive relationship. There are no clear rules regarding length of questionnaires although it is recommended that completion time be kept to below 45 minutes. Length is argued to depend on the topic and the enthusiasm of the respondents (Breakwell, 2012). Because there were four measures, shortened versions for two questionnaires were chosen to make the process less taxing. The pilot participant completed the online measures in 25 minutes and confirmed they were manageable. Participants completed the questionnaires in a randomized order determined by an algorithm on Qualtrics. Estimated completion time for the quantitative measures was thirty minutes; however, actual response time varied between sixteen minutes to up to forty-five minutes. Average completion time for the questionnaires was approximately thirty minutes. Care was taken to minimize clutter on screen and that participants could leave items blank. The researcher was present while participants completed the surveys and noted questions participants wished to discuss upon completion of the measures.

##### *A. Demographic Information*

Participant were asked to identify their gender, age, sexual orientation, ethnic origin, educational background, nature of employment and nationality. They were also asked of their relationship status and how many years (approximately) had passed since what they considered the end of the abusive relationship they would be referring to in the study. This was collected before for all participants before they completed any questionnaires and after they gave their written consent.

##### *B. Post Traumatic Growth Inventory (PTGI)*

The 21-item Post-Traumatic Growth Inventory (PTGI) (Tedeschi & Calhoun, 1996) is a self-report measure intended to capture positive psychological changes after the experiencing a traumatic event. Each questionnaire item is rated on a six-point Likert scale from 0 (*I did not experience this change as a result of my crisis*) to 5 (*I experienced this change to a great degree as a result of my crisis*). The measure is comprised of five subscales that are believed to

represent domains of potential change after trauma: *relating to others, new possibilities, personal strength, spiritual change and appreciation of life*. Each subscale consists of two to seven questions that have been demonstrated by prior research to be valid and reliable indicators of domains of growth. The sum of all responses is designated as the overall score of growth. Overall sum of scores would range from 0 (no growth) to 105 (the highest possible reported growth). Cobb, Tedeschi, Calhoun & Cann (2006) suggested the following growth thresholds: 0 to <21 = no growth; 21 to <42 = very small degree of growth; 42 to <63 a small degree of growth; 63 to <84= a moderate degree of growth; 84 to <105 = a great deal of growth, and 105= a very great deal of growth. The questionnaire was chosen as it has shown high internal consistency for the total sum and for subscales, with Cronbach's alpha coefficients ranging from 0.66 to 0.85, and test-retest reliability across cultures (Cheng, Ho, & Rochelle, 2018; Silva, Ramos, Donat, Oliveira, Gauer, & Kristensen, 2018). It is also the most common self-report measurement of growth at present.

### C. *Ruminative Responses Scale (RRS)*

The Ruminative Response Scale (RRS) is a 22-item measure designed to assess responses to self-focused consequences of low mood (Treynor, Gonzalez, Nolen-Hoeksema, 2003). Items are rated on a four-point Likert scale from 1 (*never or almost never*) to 4 (*always or almost always*). The lowest possible score is 22, indicating less of a tendency to ruminate, with the highest score being 88. The RRS has two subscales, reflection and brooding, each determined by five questions on the measure. Remaining questions are related to depression. The reflection components on the measure are believed to be describing an active form of contemplation and problem-solving; in contrast, brooding is described as 'moody pondering' and is described as more judgemental and passive. Higher scores on brooding items have been linked to depression and the RRS is considered to be reliable and robust (Treynor et al., 2003). Reflection is defined as being neutral - akin to engaging in contemplation or pondering. It is believed to be a coping strategy used to overcome problems and difficulties. In contrast, brooding is linked with moodiness - thinking anxiously or gloomily and captures a self-critical element that questions the actions of the self. These two features are argued to have a different impact on depression. The RRS was chosen for its ability to capture the brooding and reflection elements and due to its strong internal consistency with Cronbach's alpha coefficient equal to 0.927 and internal reliability (0.362 – 0.864) across gender and age (Liang & Lee, 2019). It is also a widely used instrument to assess rumination.

D. *Shortened General Attitude and Belief Scale (SGABS)*

The Shortened General Attitude and Belief Scale (SGABS) (Lindner, Kirkby, Wertheim, & Birch, 1999) is a 26-item measure constructed to assess participant 'irrational' beliefs, which are believed to increase depressive tendencies and distress (Bridges, & Harnish, 2010; Lindner, Kirkby, Wertheim, & Birch, 1999; MacInnes, 2003). Participants rated each item on a five-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). The measure is comprised of one subscale for rationality and six subscales that are believed to represent dimensions of irrationality: self-downing, other downing, need for achievement, need for approval, need for comfort and demand for fairness. A total irrationality score is calculated by the sum of the six subscales. Scores would range from 26 to 110 and higher scores are believed to indicate a tendency toward beliefs that are detrimental to well-being. It was chosen because it has demonstrated substantial test-retest reliability and construct validity, with a Cronbach's alpha coefficient equal to 0.86 (Nolan & Jenkins, 2019).

E. *The Self-Compassion Scale – Short Form (SCS – SF)*

The SCS-SF has been adapted as a shortened, valid and reliable variation of the 26-item Self-Compassion Scale (SCS) (Neff, 2003a; Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D, 2011) designed to assess levels of self-compassion. Three components of self-compassion are assessed: self-kindness, common humanity and a balanced perspective. Each item is rated on a Likert five-point response scale ranging from 1 (*almost never*) to 5 (*almost always*). Items belonging to negative subscales of isolation, self-judgment, and overidentification are also included. Total self-compassion scores can be interpreted by two different methods - either by totalling answers of all responses to obtain an overall total sum or by averaging the total sum to obtain a mean score. To obtain a total sum self-compassion score, the negative subscale items are reversed (1=5, 2=4, 3=3, 4=2, 5=1) and these totals are combined with remaining subscale sums. A total self-compassion score can also be computed by averaging the total sum for each participant by dividing the total score by the number of questions on the measure. A mean final self-compassion score of 1 would indicate low levels of self-compassion and 5 high levels of self-compassion. It has demonstrated good internal consistency with a Cronbach's alpha coefficient equal to 0.86 (López, Sanderman, Smink, Zhang, van Sonderen, Ranchor, & Schroevers, 2015) and captures different aspects of self-compassion in its subscales. It is also the most common measure for self-compassion.

#### *F. Feedback*

After the questionnaires were completed, the women provided feedback on the items and comments were noted in a journal. This lasted approximately five to ten minutes per participant. I acknowledged their concerns and the limitations of the questions they commented on. Their observations generally fell into two categories - either the item was inadequate in capturing their experience or they found an item confusing and/or contradictory and they told me that they did not know how to respond. In addition, they explained why they chose to leave an item blank or when they felt conflicted about how to respond.

#### **4.4.4. Phase 2: Qualitative**

An audiotaped semi-structured interview immediately followed (Appendix A8). Interview length varied from eleven to forty-three minutes in total. A semi-structured interview guide included prompts that referred to constructs in the quantitative measures and provided an opportunity for the participants to speak freely about their experiences. Questions and probes, while flexibly tailored to individual participant interviews, reflected topics from the measures and helped provide structure and consistency across interviews (Breakwell, 2012). Therefore, questions prompted participants for further elaboration on their experiences of growth, rumination, self-compassion and belief change post separation. A theory driven method was adopted rather than the open-ended style interview because interviews would be analysed deductively with concepts from the quantitative measures (growth, self-compassion, beliefs and rumination) in mind. These topics were already present in my mind due to my understanding of the literature and the positioning of the interviews and also for the participants who had just completed the measures. Moreover, adopting this framework kept the research process transparent with strong face validity and clear reasoning behind the interview guide and links to the research goal for participants. Participant experiences of growth and constructs introduced by the measures and how they were relevant (or not) to the survivors development of PTG were explored. The measure results (PTGI, RRS, SGABS, SCS – SF) were not known at this stage and were compiled separately by the researcher at a later time. However, measure domains and answers were discussed by some participants during the interview. Adopting this approach allowed me to follow up the constructs on a much deeper level. I strove to keep questions open-ended, although there were times I felt my questions were directive.

At the conclusion of the meeting and when participants confirmed that they had nothing further to add, they were debriefed. Participants were given an opportunity to express any doubts or queries. I confirmed the purpose of the study and thanked them for their

participation. I highlighted the value of hearing about their experiences. I checked in if anything made them uncomfortable or if the process brought up any difficult memories. They were also reminded of the inclusion in a draw for an Amazon voucher to thank them for their time. Participants were also given information on support services local to them and a 24-hour domestic violence hotline. Finally, they were asked if they wanted to review the study findings before final submission. Four survivors asked to be notified by email to be able to review the conclusions of the study. Finally, also they were provided with information on how to reach the researcher if any concerns or further questions arose (Appendix A9).

## **4.5. Data Analysis**

### ***4.5.1. Mixed Methods Data Integration & Analysis***

The benefit to the mixed methods approach was the possibility of gaining access to participant experience in two formats to create an expanded understanding of the growth phenomenon. However, there are inherent challenges with the mixed methods model when thinking about how to conduct the analysis with two very different types of data that needed to be tackled (Onwuegbuzie and Collins, 2007). The first component that was considered was how to marry the data sets epistemologically. For this reason a thorough explanation of the epistemological foundation of the study was outlined at the outset of this chapter. Another important decision was how and when to integrate the two data sets. This project adopted a convergent parallel design where results from both data sets were analysed separately and then compared (Bazeley, 2009). Findings from both phases were then used to comprehensively answer the research questions in the discussion chapter (Shaw & Frost, 2015).

It was also important to present the limitations of this project that may be exacerbated by the mixed methods design. One challenge often present in these designs has been labelled 'a crisis of representation'. Specifically this refers to the limited ability to make conclusions about the survivor population from the findings of this study due to the small sample size and lack of random sampling. Yet another challenge was the multiple considerations with regards to the legitimacy of the findings – essentially the validity of the data. For these reasons considerations to increasing study rigor are outlined in the next section as well as a description of how the analysis procedures were applied to each data set.

### ***4.5.2. Quantitative Data Statistical Analysis***

Besides noting participant feedback on specific questionnaire items and the measures generally, descriptive statistics were included to observe any trends in the responses

across this group of participants. Another aim of the quantitative analysis was to note any relationships between the variables of growth, rumination, beliefs and self-compassion. This is a small pool of participants and minimum recommendations for statistical power in correlational designs would require at least 30 respondents (Onwuegbuzie & Collins, 2007). Therefore, trends were noted specific to this group of participants and were not generalisable to broader populations. The data from all four measures were based on Likert scales and there has been debate in psychological research whether Likert data should be considered ordinal or scaled. This, combined with the small sample size, suggested some ambiguity on the choice between parametric and non-parametric correlational tests. The measure total scores were used rather than the ratings of individual questions and therefore these were determined to represent scaled data. The total questionnaire scores were transferred from Qualtrics into SPSS 25 (IBM, Corp., 2017) and descriptive statistics were explored to determine the nature of score distribution. Normal distribution patterns were noted for growth (PTGI), rumination (RRS) and self-compassion (SCS-SF). Based on this observation, potential correlational relationships between variables of rumination, growth and self-compassion was analysed using the parametric test Pearson's  $r$  correlations rather than Spearman's  $\rho$ . Measure subscales were then compared using Spearman's correlational tests because individual measure items were comprised of Likert ordinal scales.

#### ***4.5.3. Qualitative Data: Interview Approach***

During the interview process, attempts were made to reduce the inherent power dynamic - awareness of power and reflexivity are crucial in feminist research (Doucet & Mauthner, 2006; Miller, 2017). My goal was to unearth knowledge from a vulnerable and silenced population (Hesse-Biber & Griffin, 2015). Developing rapport and interviewing on sensitive topics was a delicate balance between maintaining professional distance and providing an atmosphere of understanding and support. Richness of interview data understandably depended on the honesty and willingness of participants to share their feelings and worldviews. This was difficult terrain to navigate as all interviews involve emotional risk (Miller, 2017). I was aware of not stepping into my clinical role and reminded interviewees again before the interview that I would steer conversations away from abuse and focus on aspects of recovery to decrease any potential for distress. This was challenging because I was asking for their feelings and thoughts regarding upsetting events. Although no participant asked directly about my personal history, by working within and for a women's organization I was positioned as more understanding and empathic towards their plight.

As discussed by Miller (2017), how rapport is established before and during interviews is integral to the quality of the content. According to Keats (2000), rapport is likely to be high when the content and purpose of the interview is well understood by participants and this was considered from my initial point of contact with the women. Historically, interviewing styles can be viewed as extensions of patriarchal and western values of distance and objectivity (Burma, 1990; Oakley, 2013). In contrast, while interviewing I took a stand that the abuse they endured was not acceptable. I made supportive and reassuring comments in response to their shared experiences in an attempt to build an atmosphere that facilitated disclosure. I purposely chose not to take a neutral or silent stance as many of these women had been silenced and continuing a distanced objective stance felt akin to continuing the abuse they had endured. Moreover, neutrality felt dehumanizing (Rubin & Rubin, 2005). I tried to be genuine and authentic and my comments during the process were meant to be validating and supportive, clarifying or reflective – by checking with the participants I hoped to gain a better understand the explanations I was hearing (Rubin & Rubin, 2005). I was prepared to answer any questions and share my knowledge and experiences on the topics and was transparent about my objective and goals of the study.

I am aware that my objective in this research process is to gain information. As a result of this, I am also aware of the possibility that my comments could be interpreted as a coercive method of extracting information. Moreover, my position as an insider has potential to exploit relationships in the organisation. For this reason, although some of the participants knew me from working in the organisation, with the exception of the pilot participant, I held no personal or meaningful professional relationship with them. In addition, audio recording can also be intrusive to the interview process and having a recorder in the room may have been intimidating to participants and influenced what was shared. Responses were analysed across participants; however, individual responses were also highlighted when considered meaningful to interpretation. Quotes were taken across participants and potentially identifying information was changed during transcription. Each participant was given a proxy name to preserve anonymity and to provide some context for individual participant experience and reflect their ethnicity. Demographic information regarding participant quotes provided was limited to ensure anonymity to participants. The quotes taken represent the exact wording given by participants so any grammatical errors remain unaltered.

#### ***4.5.4. Interview Data Preparation for Analysis***

Interviews had been audio-recorded with a password protected Olympus DS - 3500 digital voice recorder. Files on the device were saved with numbers and no identifying

information was linked to the recordings. The recordings were transcribed orthographically and included all spoken words and sounds, including long pauses indicated by [ ] and strong emphasis indicated by *italics*. Three full stops in a row (...) signalled editing of the transcript in quotes shared in this study. Edits were made to take out identifying information and for the purposes of brevity, words and clauses were removed if not essential for understanding of the meaning of the quote. The full transcript was used in analysis.

#### **4.5.5. Process of Theme Development**

Qualitative data based on the interview questions were analysed using thematic analysis using the phases outlined by Braun & Clarke (2006, 2013). Trustworthiness of the process was considered with the recommendations in mind outlined by Nowell and colleagues (2017). These included: (1) Familiarization with the data: To immerse myself in the data, I listened to the full recording once and then transcribed the interviews verbatim. I then listened to the interview again with the transcription and marked changes in tone of voice, added in emotional content and commented on the interaction between us. Theme creation was an active process taken in conjunction with consideration of the research questions. While coding participant quotes, I highlighted meaningful text that related to growth, rumination, beliefs and self-compassion by making notes of my impressions in the margins. Each interview was reviewed independently in this manner, (2) Generating codes: After all the individual interview transcriptions were completed, the raw data was reviewed completely and each complete participant quote was listed on a Word document (Microsoft v16.33, 2019). A complete quote was determined by the beginning and ending of a participant thought or explanation. Then, each participant quote was given initial code names (Nowell, Norris, White & Moules, 2017). Quotes were coded for both semantic and latent content. After all data extracts were labelled with codes, areas of overlap between codes were identified and clustered together to be able to generate themes and subthemes. A quote was designated with multiple codes where relevant. (3) Constructing themes: It was impossible to adequately summarize the entire data set. Codes were reviewed in each category and clustered into themes. During the process of placing together what appeared to be codes with similar elements, I determined that the code clustering overlapped considerably into the domains of growth conceptualized by the post-traumatic growth inventory. This provided a useful organizing construct and captured what I perceived to be participant experiences of growth. This reflected and validated the high amounts of growth documented by survivors in the PTGI measure. However, the growth described in each construct was much more nuanced and multifaceted than the PTGI scores suggested. There was debate over what was considered growth and in some domains although growth was documented, additional

distress due to these same changes was disclosed. Therefore, categories that composed the growth construct, determined by the PTGI measure, became the superordinate themes. In other words, the themes were created from the quotes clustered into the categories represented by post-traumatic growth inventory (PTGI). The categories were renamed based on survivor experience and description: shattered connections (*relating to others*), integrating a paradigm shift (*new possibilities*), battling a multi-headed hydra (*personal strength*), restoration of values (*spiritual connection*), and reawakening (*appreciation of life*). Employing the deductive approach, I then pulled relevant codes and put them into one of the five overarching categories of the PTGI construct: relating to others, new possibilities, personal strength, spiritual change and appreciation of life. I put each coded participant quote into one or more of the five categories, where relevant. The number of times an issue was mentioned by participants did not necessarily hold significance. Instead, something may have only been mentioned once and deemed significant. (4) Reviewing potential themes: Potential themes were reviewed in an iterative process where themes were checked against codes and the entire data set. I was satisfied that the PTGI subscales captured the experiences of participants and all of the significant participant data broadly fit into these themes. (5) Defining and naming themes: The final theme names were decided on the basis of participant feedback and subtheme content. (6) Producing the report: A summary of the main themes was produced and discussed in depth based on subthemes developed from participant quotes. Examples of how quotes have been clustered into themes and subthemes is further illustrated in Table A1 and Table A2.

Braun and colleagues (2014) provide a 15-point checklist which identifies aspects of the analysis that the researcher should be aware of and compare against at different points of the process. This was used to ensure that the thematic analysis provided a good quality and robust examination of the data. All records were kept in order to keep an audit trail of theme development (Nowell et al., 2017). In the discussion section, the quantitative analysis was then compared (Creswell & Plano-Clark, 2011) with the qualitative analysis to answer the research questions. This section was presented in an integrated way without a clear demarcation between the quantitative and qualitative analysis.

**Table A1.**

Arranging Initial Codes Into Themes and Subthemes

<b>Initial Code List: Theme Development</b>			
<b>PTGI Domains</b>	<b>Themes</b>	<b>Initial Codes</b>	<b>Subthemes</b>
<b>I. Relating to Others</b>	<p><u><i>Shattered Connections</i></u></p> <p><i>“the fear of getting burnt shackles you”</i></p>	<ul style="list-style-type: none"> <li>• Loss of trust</li> <li>• Recognition of negative intent</li> <li>• Positive changes in relating</li> <li>• New difficulties in connection/relating</li> <li>• Intimacy difficulties</li> <li>• Recognition of own needs</li> <li>• Reciprocity &amp; Support</li> <li>• Self-care</li> <li>• Children &amp; Marriage</li> <li>• Compassion &amp; Validation</li> <li>•</li> </ul>	<p><i>Loss of Trust</i></p> <p><i>Difficulties in connection</i></p> <p><i>Recognition of own needs</i></p>
<b>II. New Possibilities</b>	<p><u><i>Integrating a Paradigm Shift</i></u></p> <p><i>“cutting out my shadow”</i></p>	<ul style="list-style-type: none"> <li>• A third perspective</li> <li>• Confusion of reality</li> <li>• Unsustainability of the status quo</li> <li>• Cognitive insight/awareness</li> <li>• Learning from others</li> <li>• Social isolation</li> <li>• Social support</li> <li>• Therapy/Professional Help</li> <li>• Changes in Perspectives</li> <li>• Emotional stress fear/pain/loss</li> <li>• Disbelief</li> <li>• Empathy towards abuser</li> <li>• Practical/financial stress</li> </ul>	<p><i>A third perspective</i></p> <p><i>Space</i></p> <p><i>Roadblocks in recovery</i></p>
<b>III. Personal Strength</b>	<p><u><i>Battling a Multi-Headed Hydra</i></u></p> <p><i>“you need to support yourself to stand up or nobody else will”</i></p>	<ul style="list-style-type: none"> <li>• Shame</li> <li>• Self-doubt</li> <li>• Self-judgement</li> <li>• Self-neglect</li> <li>• Resilience</li> <li>• On-going challenges</li> <li>• Anger/anger at self</li> <li>• Justice</li> <li>• Personal shame</li> <li>• Guilt</li> </ul>	<p><i>Pre-transition period</i></p> <p><i>Post-transition period</i></p>

<p><b>IV. Spiritual Change</b></p>	<p><u>Restoration of Values</u></p> <p><i>“if I you cut me, I'd have God's name in Arabic writing all the way through me”</i></p>	<ul style="list-style-type: none"> <li>• Questioning beliefs</li> <li>• Patriarchal underpinnings</li> <li>• Reaffirming beliefs</li> <li>• Family reactions</li> <li>• Family support</li> <li>• Increased desire to help</li> <li>• Healing connection with spirituality</li> <li>• Spiritual leaders</li> <li>• Spiritual practice</li> <li>• Community norms</li> </ul>	<p><i>Questioning the religious and cultural framework</i></p>
<p><b>V. Appreciation of Life</b></p>	<p><u>Reconnection</u></p> <p><i>“There are aspects that are thriving and there are aspects that are still recovering”</i></p>	<ul style="list-style-type: none"> <li>• Acceptance</li> <li>• Appreciation of others</li> <li>• Importance of validation from others</li> <li>• Importance of social connection</li> <li>• Financial stability</li> <li>• Emotional stability</li> <li>• Helping Others</li> <li>• Forward Facing</li> <li>• Nature</li> <li>• Positive mindset</li> <li>• Liberation</li> <li>• Fun</li> <li>• Recognising personal abilities</li> <li>• Faith</li> <li>• Appreciation of the self</li> <li>• Self-determination</li> <li>• Being a part of the interview</li> </ul>	<p><i>Thriving</i></p> <p><i>Forward-facing</i></p>

**Table A2.**

Examples of Complete Quotes and Codes Given

Coding Examples		
I. Shattered Connections <i>Quotes</i>	Codes Given	Subtheme
<p>"I've neglected myself so much when I was dealing into everything that he wanted and now the priorities are different. My mental health, my happiness, my needs are important to you now and I must have them met. And I know when I'm not feeling too great, I say... I've been little bit neglectful of my well-being and this is what I need to do..."</p>	<p>Recognition/awareness of own needs</p> <p>Reciprocity and support</p> <p>Self-care</p>	<p>Recognition of own needs</p>
<p>"I thought I'd be able to just naturally go back to being personal or intimate with people, and have a relationship, and perhaps even have children by now. But the most shocking thing about all of this, is how it has so badly and severely damaged that part of my life. The aftereffects. I didn't think they'd be so long-lasting. I didn't think that would happen to me, because some other people who had been abused, they do... I read about them, for example, or I might see films about them – they still manage to, for example, get married again and have children."</p>	<p>Children and marriage</p> <p>Intimacy difficulties</p> <p>Loss of trust</p> <p>Recognition of negative intent</p> <p>Difficulties in connection/relating</p>	<p>New difficulties in connection/relating</p>
<p>"I wouldn't describe leaving my ex-partner as growth, growth implies that you are mentally becoming more positive and in actual fact you are becoming more cynical about people around you, realities of life and realities of people's behaviour..."</p>	<p>Loss of trust</p> <p>Intimacy difficulties</p> <p>New difficulties in connecting/relating</p>	<p>Loss of trust</p>
<p>"People who have an understanding of you and so you genuinely, I'm not saying an understanding of the abuse that you've been through, because that's not generally necessary, but they need to have an understanding of humanity. They need to have an understanding of people who have ups and downs."</p>	<p>New difficulties in connecting</p> <p>Reciprocity and support</p> <p>Compassion and validation</p>	<p>New difficulties in relating</p>

## **4.6. Ensuring Rigor**

Guidelines for validity in mixed method research are debatable. Due to the complexity of mixing methodologies there is no consensus on best practice of understanding validity across methodologies (Fàbregues & Molina-Azorin, 2016). Therefore, my strategy to increase study rigor was to analyse each type of data separately (quantitative and qualitative) and then analysis was combined in the final discussion. Techniques traditionally associated with each type of data collection (quantitative or qualitative) were employed to be able to consider issues of reliability and validity that was specific to each method. The triangulation inherent in the mixed methods approach also enabled validating the data from multiple viewpoints, and this was believed to enhance understanding of the growth process for IPV survivors. Challenges were presented when the data contradicted each other and or result in unexpected or contradictory findings. These issues are presented as opportunities for discovery rather than left unreported; for example, when one participant answered very differently to the others or disagreed with a concept. Also, when measures recorded numerical responses that presented differently to interview responses. Strategies that were taken to improve study quality will now be explored for each data set.

### ***4.6.1. Quantitative Data Quality***

The questionnaires used in quantitative data collection have been demonstrated as both reliable and valid. They demonstrate high construct validity and have proven to replicable in the areas they aim to assess; although, sample size of this study would be small so generalization from the data to larger populations is not possible. Due to the sensitivity of subject matter, recruitment had to be carefully considered. The aim was to note trends across participants rather than make causal claims. The addition of a qualitative element is argued to enhance the understanding of the validity of the measure and the analysis (Kelle, 2006).

### ***4.6.2. Qualitative Data Quality***

The practices of trustworthiness and reflexivity are believed to be crucial when examining quality of conclusions drawn from interviews. The principles outlined by Elliott and colleagues (1999) of establishing trustworthiness of qualitative data was applied as follows: (1) The acknowledgment of researcher preconceptions, values and orientation to the participants and the data both from the outset and as the research process evolves was integral to the integrity of the data collected. The use of a personal research journal aided in this process; and (2) I aimed to provide concrete examples given in interviews that support conclusions made. In addition, transparency of the process, verbatim quotes and triangulation of data obtained from quantitative measures added validity to the

analysis (Guest et al., 2012). Also important is the clarity around the epistemological position of the researcher to ensure understanding of the researcher contribution to the interpretation of the results.

Reflexivity was considered in both understanding my impact on the interview process and my role in choosing the data that was interpreted (Finlay, 2002). The dynamics between the participants and myself shaped the data that was collected. I sought to work with transparency with participants in my actions and in the decisions made. I tried to adopt a “reflexive scientific attitude” towards subjectivity while collecting qualitative data (Gough & Madill, 2012). In doing so, I gained the freedom to own and report my views of the data collection and analysis process rather than trying to make the process objective. The personal journal facilitated the recognition of my feelings and thoughts to data acquisition and interpretation.

How to include the participant lens in a sensitive manner was thought about (Creswell & Miller, 2000). Draft chapters of the results and discussion sections were sent by email to four participants who expressed interest in reading final study conclusions during the interviews. These respondents were given the opportunity to review and comment on chapters before submission if they chose to do so. Women were also advised that the chapters may evoke difficult feelings and therefore were under no obligation to read them or respond and reminded of support options. One participant responded by email and remarked that the final reflections and inclusion of griefwork resonated deeply and she very much connected with study conclusions with nothing further to add. Another responded and commented she preferred the term ‘intimate partner abuse’ to ‘intimate partner violence’ and this clarification was included in the introduction under the explanation of terms. The two other participants did not answer immediately. A follow up email confirmed they reported that they were too busy to read the chapters but they both stated were happy to have copies and would get back to me in future if they had questions. I am grateful for their contributions which added incredible richness to the data where more nuance was needed.

## **Chapter 5. Quantitative Findings**

### **5.1. Chapter Outline**

This section will include data gathered from the four quantitative measures beginning with participant background and demographic information. Relationships that were suggested between the variables of growth, rumination and self-compassion have been included along with an exploration of associations between PTGI, RRS, SCS-SF and SGABS measure subscales. The feedback provided by the women both on the measures generally and on questionnaire items specifically concluded the chapter. An example of participant feedback from the quantitative phase of the research process has been included in Appendix 11A. These notes were written in a personal journal during the meeting and personal researcher reflections were then also added after each participant interview ending.

### **5.2. Descriptive Statistics**

Including the pilot participant, respondents included a diverse participant group of eleven adult females (N=11) who all self-identified as fluent English speakers and British nationals as outlined in Table A3. The women were given pseudonyms for anonymity and names were chosen to be generally representative of their ethnicity. Ages of the participants varied from between 37 to 71 years old, M=48.6 years, range=34 years. Nine of the eleven participants were between the ages of 41 and 55 years old. Participants were asked to identify the ethnicity they felt best represented them. Four women self-identified as South Asian, three as Caucasian, one as Black African, one as East Asian, one as South American/Latina and one as Mixed Other. All participants had a minimum of a secondary school education. One was retired, one was on maternity leave from employment, two were unemployed and seven were in active employment. The group included a teacher, a lawyer, two managers and a business owner. Six had studied at an undergraduate or postgraduate level. Three of the women were currently in significant relationships while eight described themselves as single or divorced. Four of the women migrated to London from another country and became citizens in the last decade. All of the women had lived with their ex-partners in the United Kingdom. While recruitment was open to women from all sexual orientations, all participants identified as heterosexual. Although participants had no contact with their abusive partner, five of the women had adult children from that relationship.

As shown in Figure A5, participants referred to relationships where a significant length of time was spent with their former abusive partner. Their prior relationships had lasted

from between five months to over twenty-six years. All participants reported their former relationships to be significant long-term partnerships or marriages,  $M=12$  years,  $range=25$  years. Ten of the relationships had lasted for a minimum of five years. The one participant (Reema) whose relationship had lasted for five months commented that the length of time in the relationship was not indicative of seriousness of the abuse as the five months was spent in a forced marriage and thus understandably highly traumatic.

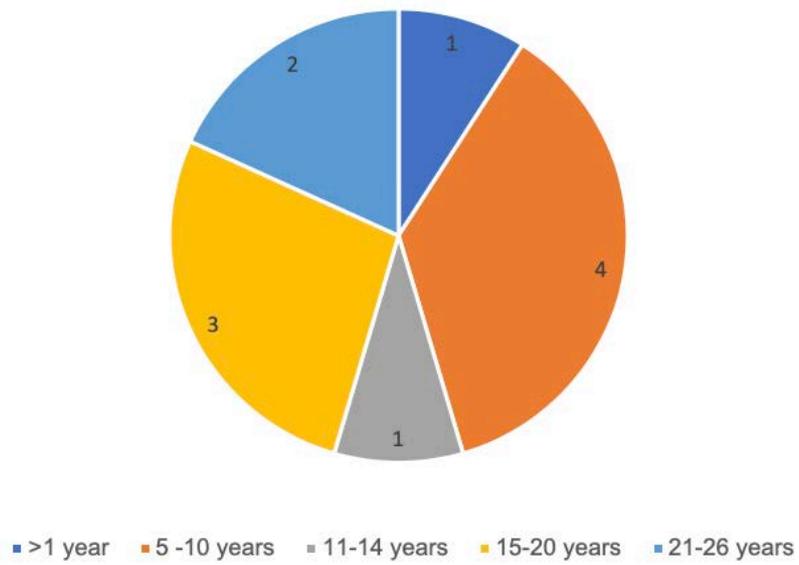
**Table A3.**

*Participant Demographics*

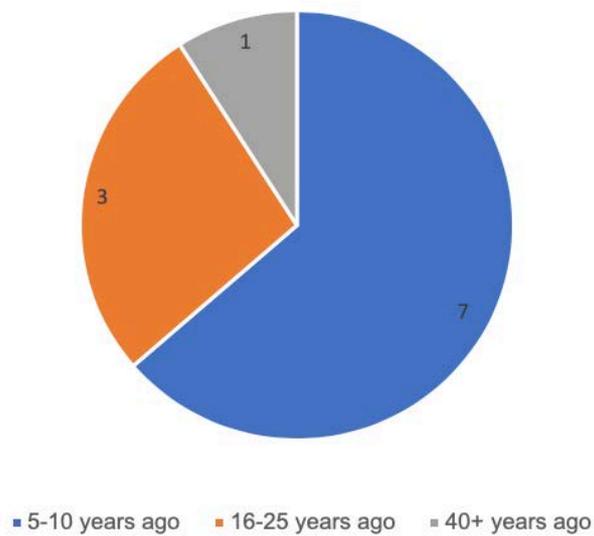
Participant*	Ages	Ethnicity	Education Level	Relationship Length	Years Ended
Pam	71	Caucasian	HND	8	43
Fatima	55	South Asian	Secondary	18	16
Sita	54	South Asian	Secondary	5	25
Mary	52	Caucasian	postgraduate	22	7
Jasmine	37	Mixed Other	postgraduate	5	6
Zara	41	South Asian	postgraduate	15	7
Claudia	44	South American	postgraduate	15	8
Janet	48	Black African	undergraduate	6	10
Reema	43	South Asian	postgraduate	5 months	23
Julia	41	Caucasian	Secondary	11	8
Yu Yan	49	East Asian	Secondary	26	5

*Note.* Participants have been given pseudonyms generally representative of their ethnicity

Relationships ended as recently as five years ago to more than forty-three years ago,  $M=14$  years,  $range=37$  years. Figure A6 is a graphic showing that six women had ended the relationships five to ten years ago and five women interviewed had ended the relationship more than ten years ago. All participants expressed difficulty with pinpointing the exact ending of the relationship. They explained that there were several turning points of movement away. Many commented that the period of separating was prolonged and messy and each one expressed some uncertainty over exactly how much time had elapsed. One participant (Mary) remarked, “it was an unfolding process” and elaborated that the beginning of the estrangement from her ex-partner could have been marked by the physical separation, the divorce finalisation or when she received the final court order. It was left for the participant to decide which event signified that the relationship had ended for the purposes of this study. Our discussions highlighted the challenging process of removal from an abusive relationship and the constraints of quantified measures that otherwise would not have permitted this clarification.



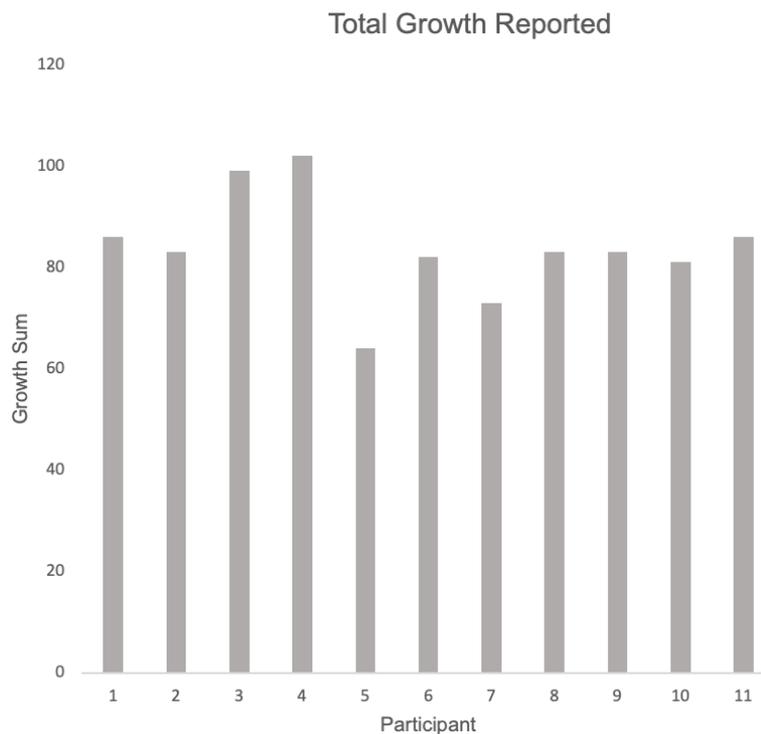
**Figure A5.** Chart indicating the length of time spent in abusive relationship by participants in years (N = 11)



**Figure A6.** Chart showing the length of time since relationship has ended for the participant in years (N = 11)

### 5.3. Posttraumatic Growth Inventory (PTGI)

The mean scores obtained from a compilation of six studies that used the PTGI with interpersonal abuse survivors and not IPV survivors specifically was 32.76 to 68.08 (Elderton et al., 2017). The measure asked for participants to “indicate the degree to which this change occurred in your life as a result of your crisis” and the crisis was explained by the researcher to indicate in this instance leaving the abusive relationship. According to this standard, Figure A7 shows that participants reported a moderate to a great deal of growth as a consequence of leaving abusive relationships (M=83.8, SD=10.5) with the lowest total reported growth level at 64 and the highest reported level at 102. The responses that were left blank were counted as zeros scores. It is meaningful to note that participants explained that the post trauma changes they experienced made some questions difficult to answer and these were left unanswered. One participant (Mary) further elaborated that she felt more growth presented over time after separation and not immediately after leaving.



**Figure A7.** Total Growth Reported by Participants as indicated by the PTGI measure (N=11)

Participant's growth varied on different subscale sections of the measure, as indicated in Table A4. The lowest reported growth across participants was in response to the statements comprising the *relating to others* and *spirituality* domains. On average, the women reported their highest growth levels in response to the *personal strength* (M = 4.5) questions, followed by *appreciation of life* (M = 4.3) and *new possibilities* (M = 4.3) domains. The lowest level of reported growth across participants was in response to *spirituality* questions (M = 3).

**Table A4.**

*PTGI Subscale Mean Scores*

Posttraumatic Growth Inventory Subscales	Mean Subscale Scores
Relating to Others	3.6
New Possibilities	4.3
Personal Strength	4.5
Spiritual Change	2.5
Appreciation of Life	4.3

*Note.* Mean scores represent averaged participant responses in each domain based on a Likert scale from 0 to 5.

Four questions were left blank by participants in the *relating to others* category. A score of zero was entered in response to 'I have a stronger religious faith' for three women and two zeros were left for having 'a better understanding of spiritual matters'. The lower growth reported in the responses to statements in these areas was further explored and confirmed by the feedback given by participants in the interviews portion of the study. The measure item that received the lowest score of growth across participants, due to the amount of zero scores given, was 'I have a stronger religious faith', M=2.6. This was followed by 'a sense of closeness with others', M=3.1, and then 'I developed new interests', M=3.5. The individual items that the women reported the most growth in response to was 'I established a new path for my life', M=4.8, and 'I'm more likely to change things which need changing', M=4.7, followed by 'I discovered I am stronger than I thought I was', M=4.6. Items left blank on the PTGI were considered zero scores and all participant measure totals and subscale mean totals across participants were included in the correlational analysis.

#### **5.4. Rumination Response Scale (RRS)**

As demonstrated by Table A5, the average rumination score for the participants in this study (M=39.09) was lower than the average scores generally found for women in prior studies (M=42.01). Although the rumination scores for these participants varied between

a range of 24 and 61, seven of the eleven women scored near or below the average rumination score established by prior studies with women (Treyner et al., 2003).

**Table A5.**  
*Overall RSS Scores*

Participant No.	Total Sum
1	44
2	36
3	24
4	33
5	56
6	35
7	43
8	37
9	27
10	34
11	61
<i>M=39.09</i>	

When participants ruminated, answers to questions that were designed to apply to *brooding* were given higher scores with a higher group average ( $M=1.98$ ) when compared with the *reflection* questions ( $M=1.74$ ) and remaining questions in the scale that are believed to be associated with *depression* ( $M=1.66$ ). The questions most likely elicit higher self-reported rumination among participants included one *reflection* item – ‘analyse recent events and try to understand why you are depressed’ ( $M=2.2$ ), and two *brooding* items ‘what am I doing to deserve this’ ( $M=2.1$ ) and think ‘why do I always react this way’ ( $M=2.1$ ). The statement, ‘think about all your shortcomings, failings, faults, mistakes’, in the *depression* item category also received higher rumination ratings, ( $M=2.0$ ).

**Table A6.***RSS Subfactor Mean Scores*

Participant	Reflection	Brooding	Other
1	3.2	2.2	1.4
2	1.6	2	1.5
3	1	1.2	1
4	1	2.2	1.3
5	2.8	3	2.3
6	1.6	1.6	1.5
7	2	1.8	2
8	1	2	1.8
9	1	1	1.4
10	1.4	1.6	1.5
11	2.6	3.2	2.6
	M=1.75	M=1.98	M=1.66

*Note.* Scores were averaged from responses taken from Likert scales 1 to 4

### 5.5. Shortened General Attitude and Belief Scale (SGABS)

No studies were found that had reported scores that may be comparable to this population. The only study found that had used this measure was one where the average score for 124 students in community college to be 59.44 and 51 schoolteachers to be 51.65 (Warren, Zgourides, & Jones, 1989). The average participant score was higher (M=56.8) than the indicated norms for schoolteachers for seven of ten participants, with the lowest sum 42 and the highest 76.

Looking across participant answers to statements, participants reported that they were neutral to agree with the statements: 'I can't stand a lack of consideration from other people' and 'I can't bear the possibility of their unfairness', M=3.5, and 'I think it's terribly bad when people treat me with disrespect', M=3.9. Both are items included on the *demand for fairness* subscale. All participants strongly disagreed or disagreed with two items from the *self-downing* subscale: 'when people I like reject me or dislike me, it is because I am a bad or worthless person', M=1.9, and 'if important people dislike me, it goes to show what a worthless person I am', M=1.8.

**Table A7.***Overall SGABS Irrationality scores*

Participants No	Total Sum of Irrationality Subscales
1	61
2	45
3	56*
4	110**
5	54
6	42
7	49
8	76
9	57
10	57
11	71
N = 9	
M = 56.8, SD = 10.62	

*Note.* \*one item left blank/\*\*answered 5 across all items.

Two participants could not be included in calculating the mean score for this measure. One participant (Jasmine) left an item blank, having a total sum of 56 without including that question. This item was given a zero score. Another respondent scored the same rating (scoring five) across all questions, indicating possible fatigue or difficulty understanding the measure. No other measures completed by participants had the same answer for all questions. Jasmine's data was included but the respondent who provided the same rating across questions was not included in the correlational analysis.

### **5.6. The Self-Compassion Scale – Short Form (SCS-SF)**

As shown in Table A8, the lowest participant self-compassion score was a 28 and the highest reported score was a 52, (M=39.73, SD=6.92). These scores fall within similar range reported by university students (Raes et al., 2011) where ninety-five percent of the respondents scored between 21 to 51 on total self-compassion scores and seventy percent of the students reported scores between a 29 and a 43. Nine of eleven participants reported total scores of 34 to 48 (over eighty percent). The overall mean self-compassion score across participants was 3.31 indicating a generally moderate to strong level of self-compassion across participants. The minimum participant reported mean self-compassion score was a 2.33 and the highest mean reported was a 4.33.

**Table A8.***Self-Compassion Scores*

Participant Number	Total SSC-SF Scores (sum)
1	45
2	36
3	44
4	37
5	37
6	36
7	40
8	34
9	48
10	52
11	28
M = 39.73	

Table A9 lists total subscale scores that are created either by adding the total sums of subscale item responses, or calculating a mean score for each subscale. Researchers have advised that subscale scores to be regarded with caution as they are considered less reliable on the short version of the self-compassion scale (Raes et al., 2011). The items that prompted the lowest self-compassion were in the negative subscales – ‘when I fail at something important to me, I tend to feel alone in my failure’, (M=2.5) and ‘when I fail at something important to me, I become consumed with feelings of inadequacy’, (M=2.8). The highest amount of self-compassion was elicited by the statements, ‘when something painful happens, I try to take a balanced view of the situation’ (M=4.2), and ‘when something upsets me I try to keep my emotions in balance’ (M=4.0). Less self-compassion generally was elicited by the negative subscales and *isolation* items received the lowest levels of self-compassion. These questions included ‘when I’m feeling down, I tend to feel like most other people are happier than I am’ and ‘when I fail at something that’s important to me, I tend to feel alone in my failure’. The most self-compassion was reported in response to *mindfulness* subscale items.

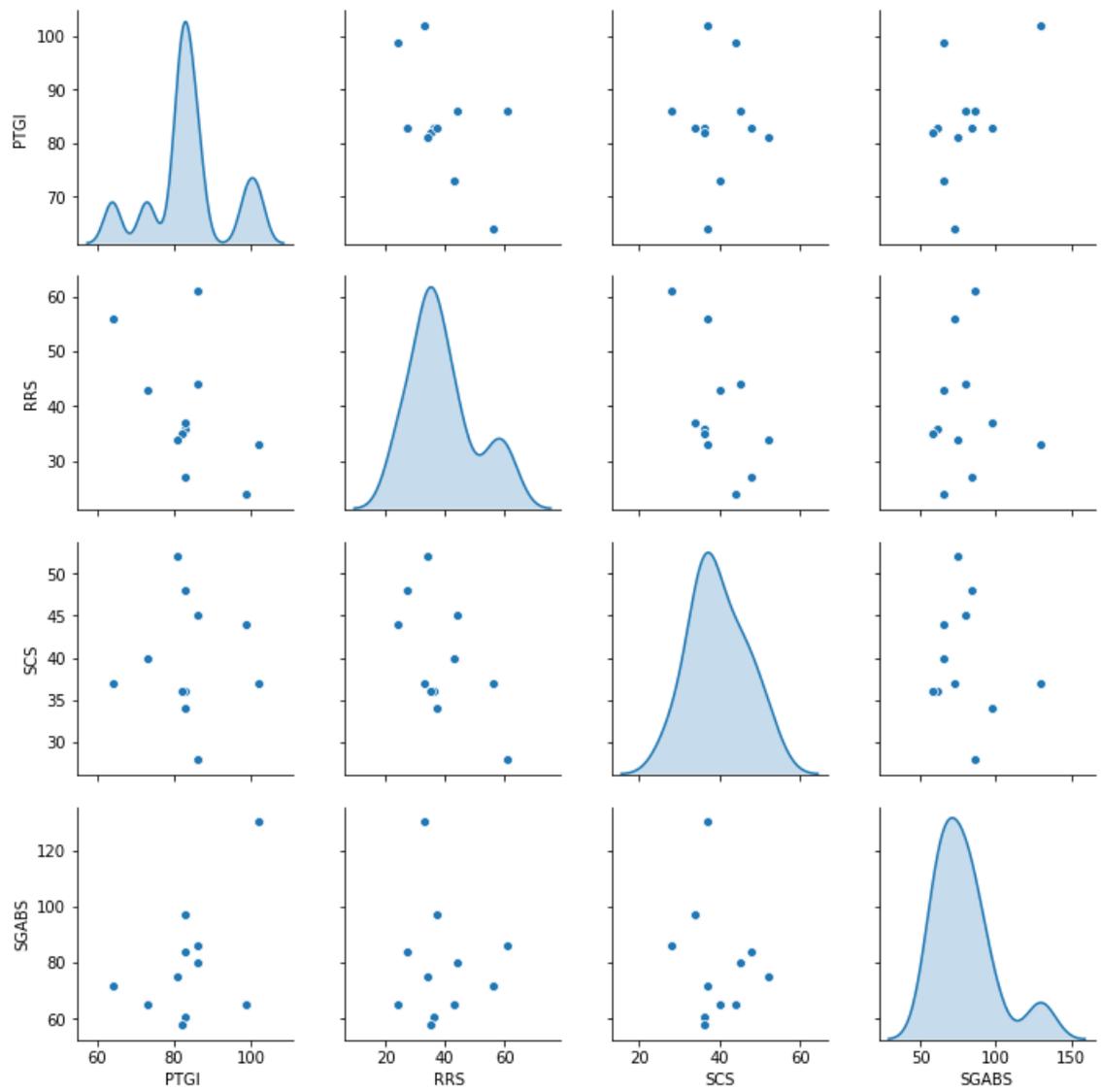
**Table A9.***SCS-SF Subscale Totals*

Subscale Domain	Total Average Sum of Subscales	Total Mean of Subscales
self-kindness	6.55	3.27
common humanity	6.44	3.32
Mindfulness	8.18	3.96
self-judgement	6.36	3.18
Isolation	5.64	2.82
Overidentified	6.04	3.05

*Note.* Table lists both methods of tabulating subscale responses for comparison

**5.7. Sample Characteristics of Variables**

The variables labelled as growth (PTGI), rumination (RRS), self-compassion (SCS-SF) and beliefs (SGABS) were represented by the summed total of participant responses to questionnaire items on the measure. Using SPSS exploratory data procedures recommended by Field (2013), distribution was explored by investigating the spread of total measure scores and this has been visually illustrated in Figure A8. All variables had Shapiro-Wilk test  $p > .05$  values that confirmed the null hypothesis of normal distribution. Visual inspection of histograms also suggested that growth and self-compassion were approximately normally distributed. Growth had two potential outliers with the lowest score of 64 and the highest at 102. However skewness and kurtosis numbers values for growth were within normal limits with a skewness of .726 (SE = .661) and kurtosis of .702 (SE = 1.279). Self-compassion had no visible outliers and a skewness of .389 (SE = .661) and kurtosis of -.188 (SE = 1.279). Rumination and belief scores appeared to be skewed to the right. Belief had a skewness of .635 (SE = .661) and kurtosis -.473 (SE = 1.279) with no visible outliers indicating a normal distribution. Rumination scores had a skewness of 1.269 (SE = .661) and a kurtosis of .181 (SE = 1.279), indicating positive skewness to the right. The ruminative score of 61 was demonstrated to be an outlier. Therefore, this score was removed and now skewness was within acceptable limits with a skewness of 1.17 (SE = .687) and kurtosis .918 (SE = 1.334).



**Figure A8.** Scatter Matrix Between PTGI, RRS, SCS and SGABS Scores

*Note.* The diagonal line of the matrix represents the distribution of each dataset.

## 5.8. Relationships Between Variables

The small dataset size (N=11) implied that the data distribution may not be well characterized. This is typical for exploratory studies but limits the statistical significance of the findings. Spearman correlational tests were also considered because of the small data size and measures consisted of ordinal data in the form of Likert scales. However, the ranked ordinal scales data from the measures was summed making determination of whether data is ordinal or scaled subject to debate (Howell, 2009). Normality tests indicated that Pearson's  $r$  correlation tests were appropriate and total measure scores can be considered scaled data. Thus, relationships were analysed in SPSS to determine the Pearson correlation coefficient  $r$  between each variable and these have been included in Table A10 below.

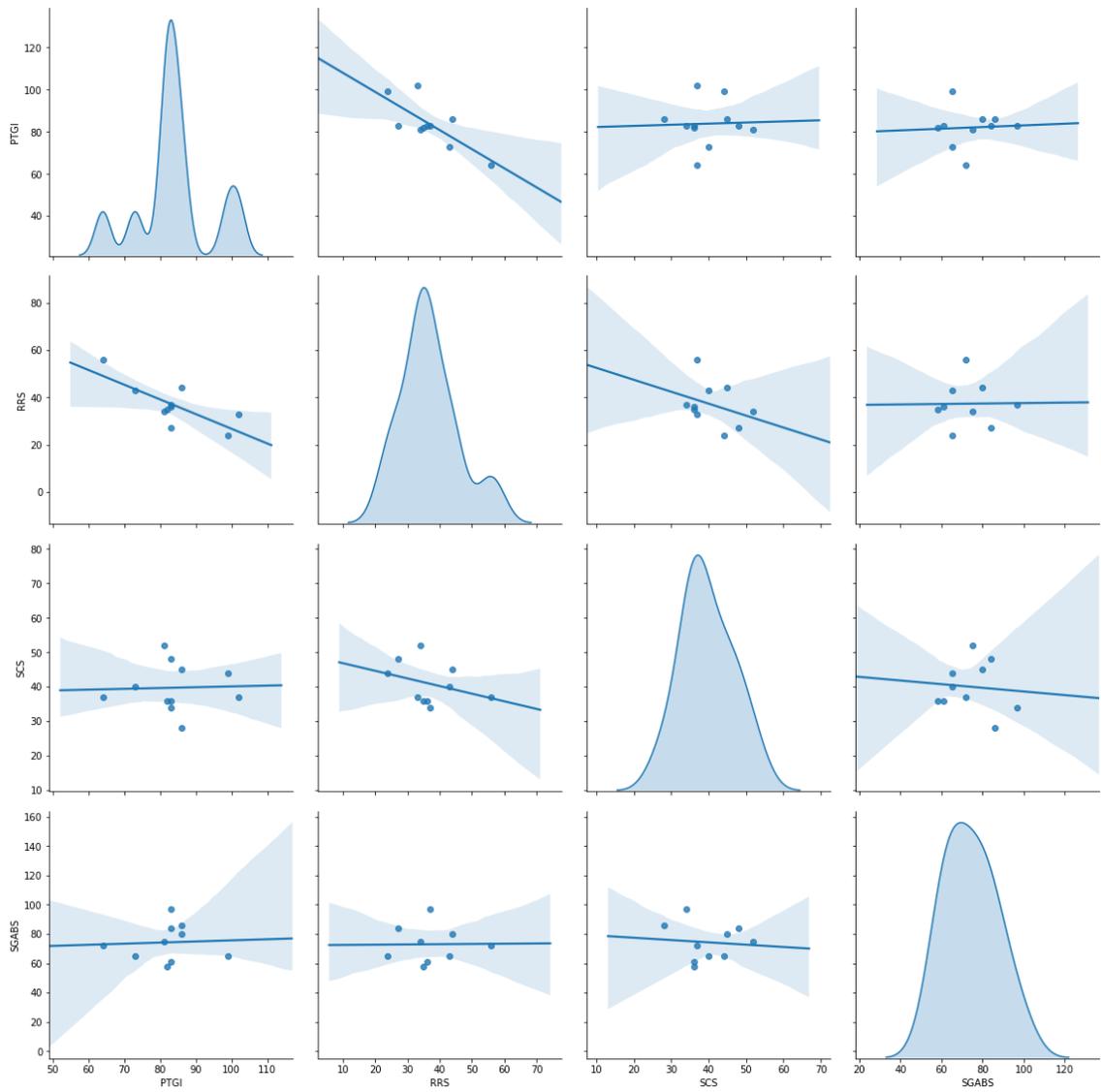
**Table A10.**

*Pearson's Correlations Matrix between Variables*

Variables	PTGI	RRS	SCS-SF	SGABS
PTGI	1			
RRS	-.75*	1		
SCS-SF	.035	-.335	1	
SGABS	.054	.013	-.091	1

*Note. significance at the .01 level (two-tailed)*

Within this study, there was a significant negative correlation between growth and rumination ( $r = -0.75$ ,  $N = 10$ ,  $p < .01$ , two-tailed) with a coefficient of determination at 56.3%. The results suggested that lower rumination levels were significantly related to higher levels of growth. There was also a weak relationship between rumination and self-compassion which were negatively correlated ( $r = -0.335$ ,  $N = 10$ ,  $p < .35$ , two-tailed) with a coefficient of determination of 11.2%. Higher rumination levels were weakly related to less reported self-compassion. In other words, participants who reported ruminating less tended to report higher levels of self-compassion and were much more likely to report higher levels of growth.



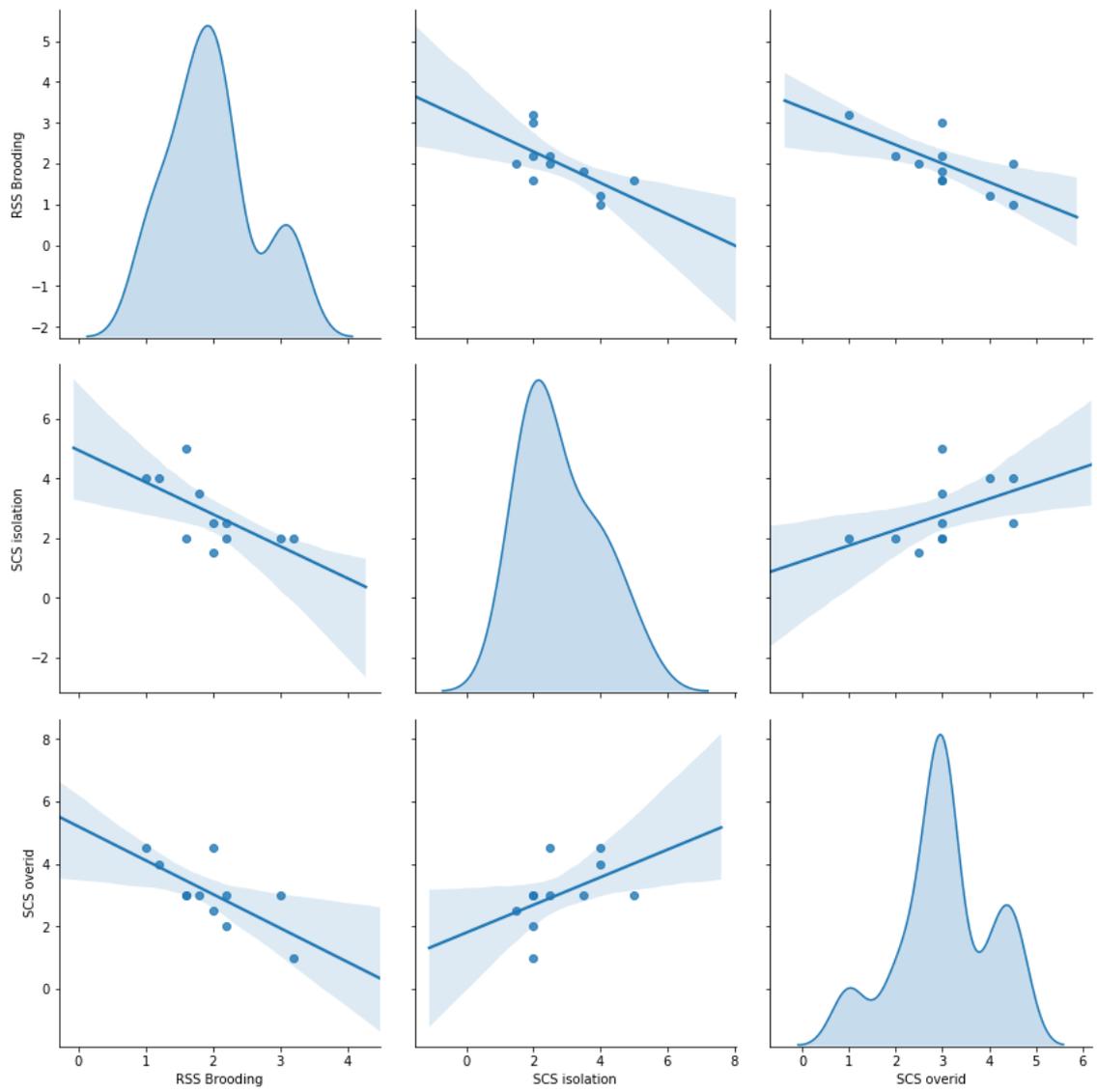
**Figure A9.** Determining Potential Correlational Relationships Between Variables

## 5.9. Relationships Between Measure Subscales

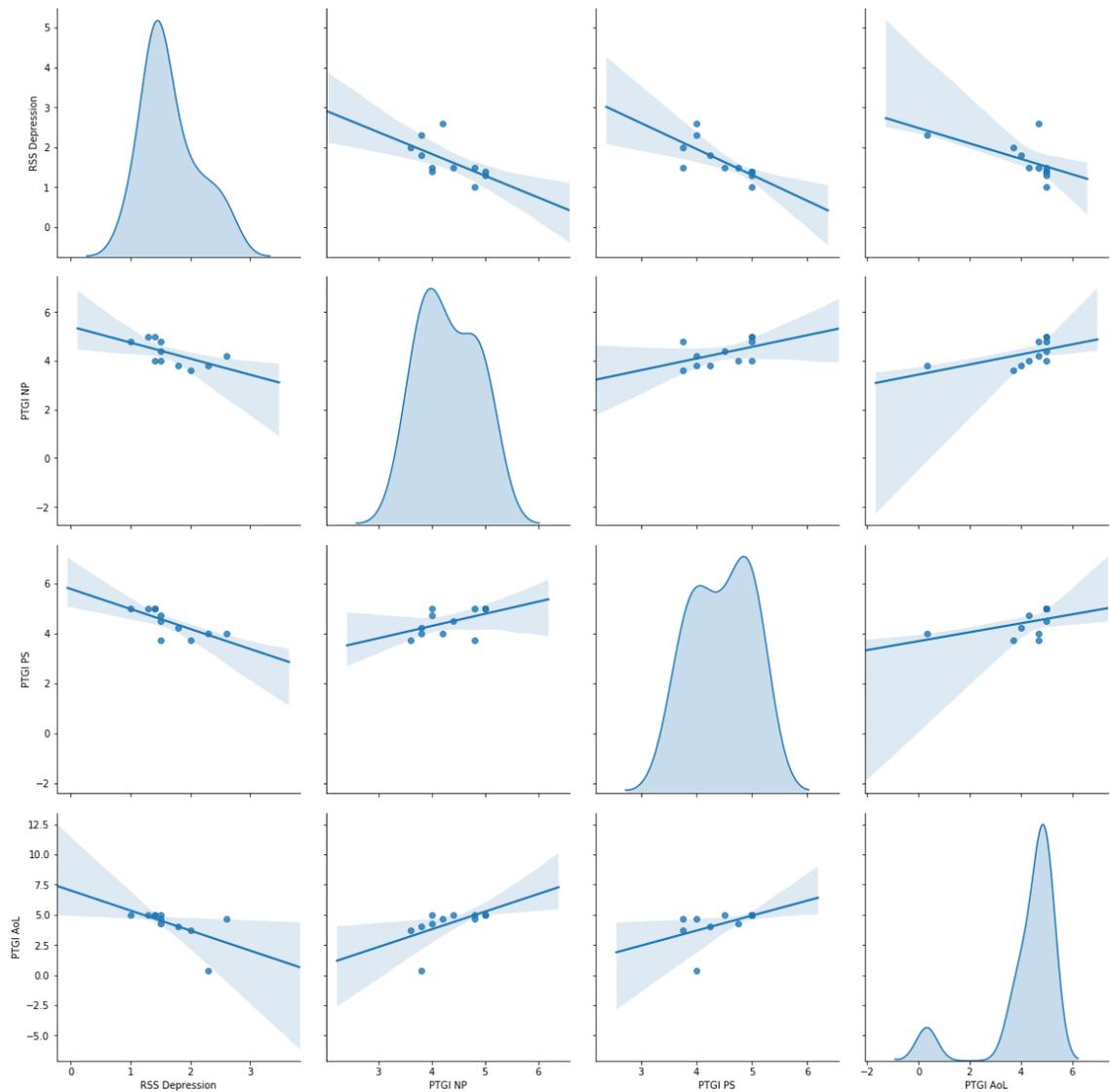
After looking at the associations between variables, the measure subscales were compared to determine any associations between participant responses. Within each measure subscale, participant answers were averaged to obtain a mean score for that subsection of the questionnaire. For example, the *relating to others* domain of the PTGI consisted of seven questionnaire items. The answers to these questions (in this case, on a scale from 0 to 5) were then averaged to represent the participant response in this subscale. So for example if a participant responded with a 4, 5, 5, 3, 3, 5, 5, the average would be 4.3 would be given to this domain. Any blank responses were assigned a zero score. Spearman's correlational tests were chosen because data met two conditions needed to run this non-parametric analysis. First, individual measure items were comprised of Likert ordinal scales. Secondly, monotonic relationships were indicated on scatterplots through SPSS in two areas where subscale responses between measures suggested strong associations.

First, there was a strong relationship between responses on the *brooding* questions on the RRS and the participant responses to the questions in the domains of *isolation* and *overidentification* on the SCS-SF, as illustrated in Figure A10. Results of the Spearman's rho correlation coefficient indicated a significant negative relationship between *brooding* item responses on the RSS and both *isolation*,  $r_s = -.65$ ,  $p < .05$ ,  $N = 11$ , and *overidentification* responses on the SCS,  $r_s = -.66$ ,  $p < .05$ ,  $N = 11$ . The less likely they were to report brooding, the more likely they reported feeling isolated in their experience of distress and overidentified with their emotional states. Secondly, as shown in Figure A11, the questions that are believed to reflect the *depressive* aspect of rumination on the RSS were strongly related to the PTGI participant averaged responses in the domains of *personal strength*, *new possibilities*, and *appreciation of life*. A significant negative association was found between the *depressive* subscale of the RSS and *personal strength*,  $r_s = -.82$ ,  $p < .01$ ,  $N = 11$ ; *new possibilities*,  $r_s = -.69$ ,  $p < .05$ ,  $N = 11$ ; and *appreciation of life*,  $r_s = -.80$ ,  $p < .01$ ,  $N = 11$ . The lower their reported depressive aspect of rumination, the higher the amount of growth they reported in these three domains of the PTGI.

Finally, there was a strong association between how respondents answered on the PTGI domains of *personal strength*, *new possibilities* and *appreciation of life*. Growth reported in *appreciation of life* domain had a significant positive relationship to growth reported in *personal strength* domain,  $r_s = .76$ ,  $p < .01$ ,  $N = 11$ , and the new possibilities domain,  $r_s = .80$ ,  $p < .01$ ,  $N = 11$ . High amounts of growth in the appreciation of life domain related to high levels of growth reported on both the *personal strength* and *new possibilities* questionnaire items.



**Figure A10.** Comparing subscales: the association between RSS brooding responses with SCS isolation and overidentification subscales.



**Figure A11.** Comparing subscales: The association between depressive RSS domain with PTGI domains of *new possibilities*, *personal strength* and *appreciation of life*.

### 5.10. Quantitative Conclusions: Importance of the Quality of Rumination

A moderate to high amount of growth was documented by the women on the PTGI and highest growth levels were reported in the PTGI domain of *personal strength*. With beliefs, participants responded strongly to items on the SGABS that comprised the *demand for fairness* subscale and their answers on the *self-downing* items suggested their views of themselves were not significantly influenced by negative evaluations of others. A moderate to strong level of compassion was generally indicated by respondent SCS-SF scores and the strongest self-compassion was elicited by the *mindfulness* subscale items which suggested the women gave importance to maintaining emotional balance. When these women were ruminating at present, the questions that elicited

higher amounts of rumination on the RRS leaned towards the *brooding* rather than the *reflecting* aspect of the experience.

When comparing variables, rumination was strongly related to growth and somewhat related to self-compassion for this group of female survivors. The women who stated they ruminated less had scores significantly associated with higher levels of growth and somewhat related to the higher levels of self-compassion. Conversely, the women who documented ruminating more were significantly associated with less reported growth and somewhat related to less reported self-compassion. Looking at subscales further hinted at the quality of the continued rumination for survivors. Those who reported *brooding* more on the RRS also were associated with significantly lower levels of self-compassion towards themselves in negative subscales of *isolation* and *overidentification*. Also, those who reported less rumination on the *depression* questionnaire items of the RRS were associated with reporting significantly more growth in the domains of *personal strength*, *new possibilities* and *appreciation of life* on the PTGI. Finally, the growth in the *appreciation of life* domain of the PTGI was significantly positively related to the growth reported in *personal strength* and *new possibilities* domain, suggesting that growth in these three areas is connected for IPV survivors.

## **5.11. Participant Comments on the Measures**

The following sections consist of the verbal feedback received by the women when they completed the measures with myself in the room and before the audiotaped interview began. I noted their comments in my journal and acknowledged their concerns. These comments were not included in the thematic analysis but taken into consideration with both the quantitative and qualitative data in answering the research questions and when completing the final discussion chapter. The questions prompted by the measures were often expounded upon by the participants without researcher prompting during the interview.

### **5.11.1. PTGI Feedback**

The women explained that some of the items did not reflect the reality of their experience and explained their answer was more complicated than the response choices permitted. Across this group, questions in the domains that referred to their relationships and to religion evoked the most emotional responses from participants. The *relating to others* subscale was remarked upon most often and evoked a range of emotions and responses from participants. I noted frustration and anger at the questionnaire item wording. Five women reported finding questions within this domain difficult to answer. The questions in this subscale that were left blank included 'putting effort into relationships' and 'I learned a great deal how wonderful people are'. They expressed that compassion and effort in relationships for them now depended on the recipient in question and the value they held for the relationship and was not applicable unilaterally across their relationships. One participant (Jasmine) elaborated that she felt she had growth in this domain but this was only demonstrated in relationships where the balance of give and take was equal. Moreover, two women shared they had significantly less compassion and put less effort into relationships they found unsatisfying or diminishing. Three participants commented that yes they learned how wonderful people are as the statement on the measure read; however, as Jasmine remarked, they also learned "how horrible people are." What was implied was that some aspects of their relationships were better while other changes now interfered with their relationships. Another participant (Janet) commented on the question of 'accepting needing others'. She felt now she put herself first and then others; therefore, she was unsure of how to answer the question.

Five participants in their feedback also thought that answering growth to the statement 'I have a stronger religious faith' posed challenging for them. Four women expressed that they had indeed changed their views on religion as a result of their trauma but reported feeling constrained by the question and by the response choices given. These same four women reported that the statements in these categories inadequately

captured their experience of change. Two women expressed they connected more to the word 'spirituality' but not to the word 'religion', which now to them held a negative connotation and one participant (Zara) stated that her faith had been "obliterated."

Two women reported that they did not relate to the statement 'I developed new interests'. They explained that they had returned to interests and hobbies that were abandoned during the abuse. One woman (Claudia) felt this was still growth yet expressed dissatisfaction with the wording of the question and another participant (Jasmine) felt unsure whether this was indeed growth left this item blank. Claudia further clarified that she was not sure if she indeed had grown as a result of leaving. Instead, she felt being in the abusive relationship had stunted her development – and questioned whether this was growth or the freedom to recontinue the path that began prior to the abusive relationship. We agreed to speak more about this in the interview. Another participant (Janet) commented that she was not certain what was meant by the definition of strength in the questionnaire statement 'I discovered I'm stronger than I thought I was'.

Finally, in the appreciation of life category, Zara, who answered very differently to the other respondents and who reported the lowest growth level at sixty-four, stated that she did not necessarily appreciate either her daily life more or the value of her own life as suggested by the questions on the measure. Instead, she felt her day to day was more of a struggle due in large part to her experiences.

#### **5.11.2. RRS Feedback**

Four participants explained they were confused about whether the rumination measure was meant to refer to the time immediately after the ending of the relationship or to the present time. They explained that during the period immediately after the ending of the relationship they experienced very high levels of rumination. Our discussions suggested that during this period of turbulence in the transition to independence, rumination was likely to have been substantially higher. The women shared that they would have answered very differently on the RRS after separation and they believed their rumination levels would have been much higher at that time.

#### **5.11.3. SGABS Feedback**

There were some concerns with the difficulty in completing this questionnaire. Two of the participants told me they found the measure unclear in wording and understanding what it was trying to assess. Three participants informed me that this measure was time consuming and they found it tedious to complete. Two participants, Fatima and Yu Yan, shared that they often answered 'neutral' to the statement because she agreed with one part of the statement and not the other. Janet and Pam commented that they struggled

with this questionnaire as their answers would depend on the situation for some of the questions.

#### **5.11.4. SCS-SF Feedback**

Little to no comments were made regarding this measure although one participant reported she found the measure difficult to complete due to a lack of descriptors in some of the statements.

## Chapter 6. Qualitative Findings

### 6.1. Chapter Outline

The main themes created from participant interview responses to the semi-structured interview guide have been explained in this chapter. Renaming the PTGI domains based on interview material shaped five superordinate themes: shattered connections (*relating to others*), integrating a paradigm shift (*new possibilities*), battling a multi-headed hydra (*personal strength*), restoration of values (*spirituality*) and reawakening (*appreciation of life*). Each superordinate theme was described based on my understanding of what was related to me by the women who shared their experiences with my added reflections and interpretations based on participant responses across the study. Table A1 has been included before theme descriptions to help explain and clarify theme construction.

**Table A1.**

Arranging Initial Codes Into Themes and Subthemes

<b>Initial Code List: Theme Development</b>			
<b>PTGI Domains</b>	<b>Themes</b>	<b>Initial Codes</b>	<b>Subthemes</b>
<b>I. Relating to Others</b>	<p><u><i>Shattered Connections</i></u></p> <p><i>“the fear of getting burnt shackles you”</i></p>	<ul style="list-style-type: none"> <li>• Loss of trust</li> <li>• Recognition of negative intent</li> <li>• Positive changes in relating</li> <li>• New difficulties in connection/relating</li> <li>• Intimacy difficulties</li> <li>• Recognition of own needs</li> <li>• Reciprocity &amp; Support</li> <li>• Self-care</li> <li>• Children &amp; Marriage</li> <li>• Compassion &amp; Validation</li> <li>•</li> </ul>	<p><i>Loss of Trust</i></p> <p><i>Difficulties in connection</i></p> <p><i>Recognition of own needs</i></p>

<p><b>II. New Possibilities</b></p>	<p><u>Integrating a Paradigm Shift</u></p> <p><i>“cutting out my shadow”</i></p>	<ul style="list-style-type: none"> <li>• A third perspective</li> <li>• Confusion of reality</li> <li>• Unsustainability of the status quo</li> <li>• Cognitive insight/awareness</li> <li>• Learning from others</li> <li>• Social isolation</li> <li>• Social support</li> <li>• Therapy/Professional Help</li> <li>• Changes in Perspectives</li> <li>• Emotional stress fear/pain/loss</li> <li>• Disbelief</li> <li>• Empathy towards abuser</li> <li>• Practical/financial stress</li> </ul>	<p><i>A third perspective</i></p> <p><i>Space</i></p> <p><i>Roadblocks in recovery</i></p>
<p><b>III. Personal Strength</b></p>	<p><u>Battling a Multi-Headed Hydra</u></p> <p><i>“you need to support yourself to stand up or nobody else will”</i></p>	<ul style="list-style-type: none"> <li>• Shame</li> <li>• Self-doubt</li> <li>• Self-judgement</li> <li>• Self-neglect</li> <li>• Resilience</li> <li>• On-going challenges</li> <li>• Anger/anger at self</li> <li>• Justice</li> <li>• Personal shame</li> <li>• Guilt</li> </ul>	<p><i>Pre-transition period</i></p> <p><i>Post-transition period</i></p>
<p><b>IV. Spiritual Change</b></p>	<p><u>Restoration of Values</u></p> <p><i>“if I you cut me, I'd have God's name in Arabic writing all the way through me”</i></p>	<ul style="list-style-type: none"> <li>• Questioning beliefs</li> <li>• Patriarchal underpinnings</li> <li>• Reaffirming beliefs</li> <li>• Family reactions</li> <li>• Family support</li> <li>• Increased desire to help</li> <li>• Healing connection with spirituality</li> <li>• Spiritual leaders</li> <li>• Spiritual practice</li> <li>• Community norms</li> </ul>	<p><i>Questioning the religious and cultural framework</i></p>

<p style="text-align: center;"><b>V. Appreciation of Life</b></p>	<p style="text-align: center;"><u><i>Reconnection</i></u></p> <p style="text-align: center;"><i>“There are aspects that are thriving and there are aspects that are still recovering”</i></p>	<ul style="list-style-type: none"> <li>• Acceptance</li> <li>• Appreciation of others</li> <li>• Importance of validation from others</li> <li>• Importance of social connection</li> <li>• Financial stability</li> <li>• Emotional stability</li> <li>• Helping Others</li> <li>• Forward Facing</li> <li>• Nature</li> <li>• Positive mindset</li> <li>• Liberation</li> <li>• Fun</li> <li>• Recognising personal abilities</li> <li>• Faith</li> <li>• Appreciation of the self</li> <li>• Self-determination</li> <li>• Being a part of the interview</li> </ul>	<p style="text-align: center;"><i>Thriving</i></p> <p style="text-align: center;"><i>Forward-facing</i></p>
---	---	--	---

## 6.2. Theme: Shattered Connections

*“The fear of getting burnt shackles you”*

All participants confided that they struggled with the items on the PTGI regarding relationships. Understandably, participants described profound changes when interacting as a result of their abusive experiences. The women agreed that they would not classify the changes they experienced in the PTGI *relating to others* domain entirely under the umbrella of what they would consider growth. Not only were some areas of growth in this area debated by participants in our discussions, it was also difficult for them to capture and explain the changes they felt they had undergone. I concluded from our discussions that a significant number of the relational shifts they described were designated and experienced as negative for the survivors relationships post separation. Participants confided in experiencing a **loss of trust** towards others and **difficulties in connecting** to people. The requirements of who they related to in social settings had changed, and they also described internal shifts in the way they operated in relationships. Furthermore, they learned that the intent people operated on could be potentially harmful and this understandably was devastating.

The women across interviews agreed that some parts of their relating post separation would be labelled as growth. They described a newfound gratitude for the people who did support them and trust was deepened in the relationships that survived the post separation period. Participants reported they now held stronger connections with other survivors and with people in their immediate support network. The women stated that

the compassion for those individuals that supported, validated and provided practical help to the survivors on their recovery journeys was more deeply valued. They also told me of an increased awareness and **recognition of their own needs**. Awareness of their needs and assertiveness in having those needs met socially was designated as growth by survivors. If they were met reciprocally in post-separation relationships they told me they experienced a large degree of satisfaction from those relationships.

Women described having healthier communication with people in their present lives while simultaneously experiencing reticence to meeting new people to avoid potential pain and disappointment. Herein was a paradox - while their current relationships and those with other survivors was more deeply appreciated and was deepened they also reported increased suspicion when forming new relationships. Because of this tension, they expressed were unable to determine if growth was the applicable term that encapsulated their post-separation relating experiences. This was indicated by a number of the women as one of the main dilemmas when completing the PTGI. They found that the measure failed to capture these nuances on the questionnaire items.

#### **6.2.1. Subtheme: Loss of trust**

Many women expressed a loss of innocence in their understanding of people and in the institution of marriage. There was a sense of having to accept a difficult reality on the truth of human behaviour. This went hand in hand with the idea of not knowing how people behaved in different social spheres and having two faces - a social façade and another private version kept hidden from the public sphere. Almost all referenced this inability to have confidence in what was being presented at face value. They told me they were now acutely aware that things could be very different out of the public eye. Pam explained her lack of confidence in what is initially presented even though more than forty years have lapsed since the ending of her abusive relationship,

‘The belief that what you see is what goes on behind closed doors changed for me. Anybody seeing me would have thought I had an ordinary marriage and it wasn’t.... realising that there’s more and much deeper to people, but then again, I was still growing up...’(L27-129).

Zara described having been “hardened” as a result of her experience and a few participants (Reema, Jasmine) talked of a newfound awareness of “a dark side to humanity”. Most stated that they now understood that not only could the private behaviour of individuals be very different but the intent people operated on in social exchanges was not necessarily transparent. They spoke of the horror and pain when

they developed insight into the motives behind their ex-partner's behaviours, a process of understanding that was explained as a process that took many years for a majority of the participants to come to terms with. Jasmine described her present awareness of her ex-partner as "evil" and her ex-partner's behaviours as "malicious". Participants shared that understandably the awareness of the possibility of this kind and level of harm in human relationships was completely unknown to them prior to the abuse.

Accepting the reality of malicious intent was akin to reaching adulthood for some of the survivors, as Pam mentioned, she was "still growing up." Participants described themselves prior to the relationship with words such as "innocent" or "young." They felt others who had not suffered this kind of betrayal were inexperienced – suggesting that trusting others is akin to naivety. Reema shared research she read on Holocaust survivors and felt her experiences connected with her views on human nature as fundamentally self-serving and the potential of mankind to behave deplorably depending on the environment. She expressed that only other survivors understood and accepted this difficult but valid reality; therefore, I understood that for many of these women it was easier to relate to others who shared this mutual understanding of the complexity and potential dark side of the human psyche.

Most of the women explained that due to their increased contact with the full spectrum of human behaviour, they had gained wisdom about the realities of social dynamics and were more pragmatic regarding relationships. There was understandable conflict and doubt in viewing their new wisdom in their social exchanges as a form of growth – despite reporting it could be useful in some situations. Fatima confided that her cautious approach was useful in a work context:

'I would say I was recovering. I would say there was some growth in that my worldview changed however there is a lot of negativity attached to the new worldview, for example, being more cynical less trusting and this generates more negativity...from this negativity you can be pushed to a new level. For me... I was able to be more functional and it gave me more benefits on how to handle difficult situations at work. I don't know if this would be considered growth' (L18-23).

The women appreciated that their self-reported guarded interactional style was not always helpful. Women reported that in work and in their social lives they felt they were recovered or thriving as time went on; however, for some, an important component - intimacy, had undergone considerable damage and it was this area that they reported

significant challenges. Reema, Janet and Zara described choosing to remain single and decided to steer clear of any potential romantic contact, explaining that this was a conscious effort to avoid further pain. Reema shared that she believed that her current reality of remaining single was a consequence of this sexual part of her being shut down completely and that the marriage she endured was an outgrowth of a harmful systemic attitude towards women and men in relationships generally, where women were subjected to cultural and religious practices to suppress women's sexuality and desires. She explained,

'...these harmful and abusive practises – be it forced marriage, female genital mutilation – they are all designed to do exactly what they did to me, anyway, you know. It's to control a woman's sexuality so that she doesn't sleep around with lots of men, she doesn't enjoy having sex, it's all... they succeeded in that aim, in that goal, in shutting that part of me down' (L124-129).

Reema previously described her experience of abuse as having a devastating effect on her romantic life – an impact she could only fully comprehend years later.

'I did not know how much damage was done to that intimate, personal part of my life, at the time. In fact, it has been many decades later that I have seen the full extent of the damage that was done to that part of my life...Even though at the time I had no idea. I did not realize. I was just so emotionally numb and flat-lined for quite a long time – I would say for a good seven or eight years afterwards.' (L97-109).

These feelings of resignation to solitude and ambivalence towards partnership were not limited to the women who remained single. Pam confided that she had accepted she would never find solace in her partners and concluded that she had resigned herself to unhappiness, despite being remarried. It is important to note that while many participants reported difficulty with intimacy, others did not. Two of the participants, Claudia and Yu Yan, felt cared for and happy in their new relationships. These two survivors felt they had learned from their experiences and explained they had actively looked for something different in their new partners. They expressed they did not share experience distrust when forming their new partnerships or in new social relationships and instead felt more "free" to be themselves. Other participants (Julia and Mary) felt although they had been betrayed they held hope for something different and consistently tried to remain positive in their interactions.

### **6.2.2. Subtheme: Difficulties in Connecting**

With the loss of trust understandably came a new difficulty in relating to others. The knowledge of the dark side of humanity within others and within the women themselves, tainted their social reality and for some, restricted their potential circle of social support. The understanding of the potential for malicious intent generated general suspicion in subsequent relationships for a majority of the women. This resulted in a range of reported responses from cautious evaluation in everyday social encounters to overly negative appraisals when forming new relationships. Zara felt cynicism now permeated to everyone in her social world and she explained that these suspicions led to her keeping others at a distance. Zara struggled with portraying these relational changes as growth and explained, “I wouldn’t describe leaving my ex-partner as growth, growth implies that you are mentally becoming more positive and in actual fact you are becoming more cynical about people around you, realities of life and realities of people’s behaviour...” (L18-23).

While not every respondent expressed high levels of distrust, some also described a loss of confidence generally when interacting with others and within themselves, when previously they would have described themselves as outgoing. Others stated they were hesitant or preferred not to meet new people for fear of pain and disappointment. Janet confided that hesitation and anxiety applied to all her new social encounters,

‘I don’t want to out and meet new people because I don’t want to invest in them. I don’t have the energy to invest in people...failed relationships can cause a lot of pain, and the deeper the connection, the deeper the pain – and this can be with anybody male or female...’ (L95-99).

Besides feeling more reserved, some claimed they had changed in a way they were surprised by – for example, they shared they now had the ability to act in a more unsympathetic way with other people. Janet explained that she now had the ability to act callously – for example, she reported that she ended relationships abruptly or displayed controlling or aggressive behaviours in relationships with potential partners. Zara expressed being able to end social relationships with an increased ease. They told me these were consciously adopted strategies to protect themselves from getting closer to others and generated from fear to avoid further abuse. They recognised this strategy was not always helpful but felt this was an emotional response as a consequence of the abuse. As Jasmine remarked, “the fear of getting burnt shackles you” (L155).

Not only did most women report suspicion and fear, they also expressed a need for the people in their social circle to express an empathic understanding of their situation and an ability to tolerate profound loss and difficulty. Jasmine and Zara noted that while the other person did not have to experience relational abuse to have this understanding, the ability to understand loss and difficulty (whether by experience or awareness) was crucial in their requirements of who they could relate to. Jasmine stated here what she needed in her friendships,

‘People who have an understanding of you and so you genuinely, I’m not saying an understanding of the abuse that you’ve been through, because that’s not generally necessary, but they need to have an understanding of humanity. They need to have an understanding of people who have ups and downs’ (L368-372).

Women noted an increased awareness of social reciprocity and a greater appreciation for more meaningful social connection. Some women described feeling isolated and somehow ‘different’ from those around them due to their new criteria for what I understood as a need for deeper social engagement and commitment in relationships. Out of their trauma came an increased sense of compassion and desire to help others - especially those that were vulnerable. This compassionate understanding was now a requirement for the people they engaged in more meaningful relationships with. These new requirements served as an obstacle in some social settings and when combined with distrust posed a significant barrier to broadening social contact for some of the women.

### **6.2.3. Subtheme: Recognition of Own Needs**

Not only did their views and expectations of others change, the women also reported an internal shift in the way they related - including new insights into their needs in relation to others and reciprocity in relationships. Participants felt this change in perspective had a positive impact on their interactions. Survivors described feeling strengthened in the ability to recognise their needs and have them met in a relational context. Most women also reported less of a desire to please others. Jasmine discussed her new expectations socially,

‘My priorities have shifted. I don’t need to be loved by everyone now. I don’t need to be pleasing everyone and their dog now... I’m just concentrating on these people who really stood by me and I feel very lucky to have people who are generally... emotionally stable around me...to be honest with you, I

think before leaving my ex-husband, I used to put people, in general, on this higher pedestal. So, everybody was good and even if they were bad to me, I would feel a little bit like maybe it's something that I did...' (L134-148).

Even in her language, prior to leaving Jasmine had placed herself below others – they were on a 'pedestal'. The connotation behind this word bestows authority and superiority inherent to the other. From a societal perspective, many women grow in traditional patriarchal families where the male is the head of the household and makes all the decisions. In a heteronormative marriage the woman would naturally look to her husband to 'lead' and place trust in the husband to take the best interests of the family into consideration when making decisions with the implicit understanding that this will include concern for her. In this arrangement, women are asked to hand over their power to another (in this case, the husband) in good faith based on familial and cultural norms. When this covenant is abused, the realization that people who they love can intentionally harm them was difficult to accept. Furthermore, in families, it has been generally more acceptable and even idealised for the women to place her needs below the employment needs of the husband and the needs of the children. Growth from leaving this relationship would entail the survivor to put her needs on par with everyone else – a major relational shift. Yu Yan described a constant internal monologue on these unvoiced expectations,

'I guess looking back, when I was with my ex, I would go along with whatever it was he suggested, just to make him happy...but now I am starting to think more about myself, rather than not at all... I have to think about myself – so, can I do that? Do I want to do that? These are the questions I ask myself now, and I say - no. I can't... so now I won't, and I try to meet the person half-way more, rather than a self-sacrificial thing...so, I have started to think about, myself a little more....and I used to beat myself up over certain things, things I should have... things that I thought I am second questioning myself on, is this the right thing?' (L121-141).

The women had struggled to not only recognise and express their needs, but also felt selfish by desiring to have their needs met. Yu Yan shared she had constantly questioned herself on her behaviours and thoughts and described an internalised critical voice where constant evaluations took place on whether she was acting as a good spouse or a good mother. In the relationships post ending, many participants told me that they now valued and respected their needs and included themselves in their decisions. Reciprocity in their relationships was now expected as a baseline and it

appeared during recovery for some survivors (Yu Yan, Claudia, Julia, Fatima, Mary) a more compassionate view was taken of themselves over time.

### **6.3. Theme: Integrating a Paradigm Shift**

#### *“Cutting out my shadow”*

Participants described a period of turmoil and confusion in a time period prior to separation that was unsustainable for them, a process of an inward questioning and reflection that eventually led to their decision to leave the abuse. This was described as prolonged and complex. The difficulty in determining the ending was reflected in the interviews, where the women struggled to pinpoint the end date of their relationships. This lack of clarity may also be indicative of the high level of trauma that leaving this type of relationship entailed. They confided that there were multiple points of choosing to move away from the ex-partner that needed to be considered for their safety and survival. They shared that the psychological isolation they endured prevented them from recognising the extent of the psychological abuse exerted by the perpetrator. The women explained it was often social contact that provided an alternate viewpoint to the internalised view of the abuser. They explained this contact led to a period of inward confusion and eventual insight into the nature of the abuse that often continued well after separating. The perspective of the abuser was described as loosening and a **third perspective** and **space** was vital to their new understanding that opened up possibilities for a different future and different potential relationships and interactions. These possibilities depended on questioning and reconstituting a belief system that often had developed from their family of origin. They described multiple **roadblocks to recovery** during this transition process.

#### **6.3.1. Subtheme: A Third Perspective**

All of the women spoke about the importance of having someone they could confide in and share their concerns with as their ability to tolerate the abuse diminished. Some participants confided that the lack of physical violence meant understanding their experience as abuse proved challenging. Participants described a fog of general confusion, a pervasive unhappiness and a perpetual inward search for solutions and reasons for their discontent. Some women voiced feeling ‘crazy’ due to the fluctuation of their responses and moods. They expressed having a sense of not knowing what was real. Contact with other people who helped them recognise the nature of the abuse was integral to their leaving and recovering. The importance of obtaining validation from another person to confirm their emotional experience was crucial. For these women, it was not until they had a third eye into the relationship that they were able to gain insight and understanding of themselves and separate themselves emotionally from their ex-

partners. Conversations with a co-worker, good friendships, family relationships or in therapy proved pivotal. As one example, Sita explained how a close relationship with a respected spiritual elder in the community helped move her away from her abusive ex-husband. Janet was able to receive the support of a sister who lived nearby. Claudia recognised her needs were not being considered while in therapy and eventually ended her relationship. She confided that it was not until years after separation that she realised she was a survivor – when she was in contact with other survivors and they compared their stories. Claudia was not the only survivor who did not recognise abuse even after separation. For Mary, her mental health was significantly strained. The experience of long-term partner emotional abuse led to what she described as ‘clinical burnout’ (L85). It was after this when she began group therapy and gradually recognised over the course of a few years and with support that her relationship was abusive.

‘...when you think you're crazy, you bounce it off again somebody else and realise... I had so many fundamental ways my life was set up, there were not normal and I didn't realise they were normal... my ex-husband had access to my email and used to send emails from my account.... (my co-worker) she was just talking with me... I'd never really told that anybody because I figured it was normal and she was in total shock’ (L180-198).

Insight was pivotal when they adopted a new approach to their ex-partner and life choices. Not only did others help them label the abuse, other relationships provided scaffolding for personal growth. Social contact outside of the abusive relationship provided opportunities for participants to learn more about and gain confidence in themselves. Women described socialising through parenting groups, coffee mornings, work and travelling - all important learning experiences for them on how they related to others away from their former abusive partner. A few participants (Julia, Claudia, Mary) grasped the nature of their abuse from contact with other women in support groups. They described this as helping them reach another level of awareness. Here Claudia described revisiting her experiences in a supportive environment and developing new appreciation for what she had been through,

‘The thing is I didn't see myself as a survivor of an abusive relationship on that moment. I thought I was leaving because it was a bad relationship and there were certain things that didn't work and then the year passed... is when I realised that I was a survivor of an abusive relationship. So, that was the second part of the recovery if you want, because accepting that I was in an abusive relationship and saying that out loud without ... and

before I wouldn't, I didn't see it like that. I wasn't really aware of what domestic abuse is' (L273-312).

Mary described purposely putting herself in different situations to receive feedback on herself and how people related to her – in this case, a parenting group. She confided that contact with other cultures and class differences in the group broadened her horizons and perspective on life. A few women described dating after separating to discover more about themselves and how they behaved in relationships and to learn about other people and how they operated. Reema shared that in her experiences travelling and seeing how other communities and families lived, she recognised the extent of her abusive childhood. In sum, relational contact seemed to help the women understand others and know themselves, all while gaining experience in relating that often had been denied for many years.

### **6.3.2. Subtheme: Space**

Participants reflected that the space from their ex-partner helped them view the abuse with more psychological and emotional distance and process what had happened. Zara stated that while texting with her ex-husband she was able to see the inconsistency in her ex-partner's answers and this was how she realized something was wrong. It was the space in the dialogue between them that allowed her to reflect on the communication. She could choose her responses carefully and this translated into insight on her feelings of confusion. Most participants talked about separating themselves, both cognitively and physically, as an important part of recovery. Mary explained how separation was the key to recovery, "I had to completely remove myself from my day-to-day life, really, to allow myself the space - to figure out what wasn't part of my life" (L113-116).

Most of the women discussed the difficulty of the depth of confusion when they were in the day to day interactions and time alone for some provided distance from the emotional chaos that resulted from the abuse. Yu Yan and Mary talked about walking and hiking as integral to providing time for them to reflect and process what had happened. Quiet separation that permitted reflection helped the women connect to their internal needs and think back on the relationship. They both reported that in these activities they could also think about their personal goals and needs, as well as process difficult emotions such as anger. Many described initially having no idea on what her ideas, desires or needs were, let alone work towards meeting them.

A few women also discussed the difficulty post separation in asking for and keeping space from others who had hurt them. Reema experienced this tension when

recognising the abuse from her family and needing to move away. Janet mentioned struggling with having empathy for the abuser – holding an understanding of where her ex-partner came from while at the same time needing to protect herself and her young son. Obtaining space was understandably very difficult for survivors when they had to come to terms with losing potentially more than one intimate relationship. Zara confided that leaving her ex-partner was akin to “cutting out my shadow” (L113). A compelling picture was presented of a silent doppelganger that never left her side, trailing her publicly and privately and often hidden from view. The image of a shadow captured the pervasiveness of an abuser who inhabited both her physical and psychic space. This boundary blurring depicted of the abusive partner was a source of strain and anxiety. Without the abuser’s presence survivors described initially feeling lost. They described growing accustomed to the framework the abuser had implanted and asking for and creating space also meant sometimes giving up familiarity and the safety of the only understanding of the world they inhabited. It was only by confronting and overcoming these fears and anxieties that they reported they could free themselves. Reema eloquently explained why it was important to get space, and the profound pain and difficulty with coming to terms with the reality of the abusive nature of the people they cared about,

‘They (women in abusive relationships) have to set a clear goal for themselves. They *have* to clear the deck, and get *away* from the abusive people. Because they must understand that the abusive people are never going to change. They are never going to change. They are never going to become really good, loving, caring people. They have to accept that fact. And I think that what is so difficult for most abuse victims – they keep going back, because they still love those people, they still care about them. They have to live separately to try and become independent’ (L618-628).

### **6.3.3. Subtheme: Roadblocks in Recovery**

Once independence was achieved the women underwent many difficulties when building their new lives. What they described was an emotional upheaval in order to create a life with new possibilities. Women shared their fear over how the ex-partner would continue to react post separation. Overwhelming emotions tainted the years after the ending of the abuse. They explained that they now struggled with multiple losses and experienced multiple layers of grief. More than one participant shared that it was not only the loss of the relationship but the additional losses of her youth and the amount of her energy and time spent she felt was “wasted” while in that relationship. Janet attempted to verbalize the extent of her grief,

'The lesson I take away as, I accept I made a mistake. I do have regrets that I don't dwell on them. I regret the decision deeply but I don't dwell on it. The life you thought you were going to have his first and it is gone, those years in youth have gone and knowing you don't get those years back and you can become cynical, that's why I'm recovering and I'm not full of hope' (L57-61).

Early in the transition, most (but not all) of the women described being critical of themselves and on decisions they made in the past. A few participants expressed some continued disappointment and blame directed at themselves in the interviews. Jasmine shared the anger she felt towards her family for failing to come to her aid, and anger with herself for what she described as allowing herself to be manipulated. Anger was not the only emotion shared that interfered with well-being. Guilt played a significant role for them as well. Julia confided she still struggled with guilt over responsibility for leaving the marriage,

'The guilt of leaving a marriage with children never stops – I know that for sure. I always felt guilty for leaving a marriage that was intact with children, and the kids had to live with it... and I still feel guilty that I left, as opposed to try and make it work. But it felt like it was impossible - because he would never see that he was ever in the wrong, so, but I still feel guilty for leaving because I ... sacrificed my children's ability to have a complete family growing up in their childhood...it's not as much as it used to be, but it still lingers there... it's just there, you know? I don't let myself, you know, get hurt over it, I don't give myself too much of a hard time over it, but it's always there' (L71-84).

Along with the emotional struggles that were carried forward in the years post separation were the very real practical concerns for their financial situation. This was especially pronounced when there were kids involved. Many of the women focused on the practical day to day realities of meeting the children's' needs and building financial stability as a matter of necessity. Fatima explained the difficulty of balancing the practical and pragmatic needs of the present with enormous grief over lost opportunities and time,

'This didn't lessen the pain. The pain was not with him - the pain was due to my age and where I was, pity about my situation and fear of the future. I don't think I coped. I was overwhelmed with emotions and there were too many things to process - fear, betrayal, loss, sadness, anxiety, depression... it was

about putting one foot in front of the other and focusing on the practical...you don't have the energy or the enthusiasm you had at twenty, and you don't have the naivety, the naivety can get you through difficult times – there is hope at that age. With less energy at this stage, you have to find the energy to keep putting one foot in front of the other. I started from scratch – I left with only the clothes on my back, not even the children toys or furniture - he took even that...' (L48-51, 54-55, 68-73).

Some of the women explained how they developed pragmatic strategies to achieve economic stability based on their circumstances. Janet described waiting for hours outside her ex-partner's place of employment to get money owed for their son. Reema had parents and siblings who supported her abuser. After she came to the painful conclusion that her family did not have her best interests at heart, she then decided to dispassionately maintain contact with her parents to be able to access family funds with the intention of being closer to her goal of moving away and achieving independence. She explained how the anger towards her family and her ex-partner propelled her to be able to move forward and succeed,

'I fought to go to university, I fought - it wasn't an easy... And I just took and took and took what I needed because they took so much away from me, so therefore I am going to take all of this from you. And I never felt guilty about it and I never will...as much as I despise and hate what my family have done to me, and as much as I hate their actual attitude and behaviour towards me most of the time, I could not live the lifestyle that I have lived without their financial help... there is an element of ruthlessness, you could argue – fair enough – but you do have to be ruthless and said, 'Well, there is nothing else, that they can give me, apart from... the only good thing that these people can give to me is money, so I might as well just take that' (L603-604, 611-613, 682-685, 701-704).

Managing and directing warranted anger was an important component post separation for many of the women. Anger was discussed by many participants and many voiced struggling with the lack of consequences to their abusers and the injustice of their situation. This left some feelings of justifiable anger, with no clear course of action to dispel it. Some expressed that the bitterness and hatred held them back and they actively worked to process this with the goal of letting it go over time. Others felt that the anger had helped them achieve goals and move forward, fuelling their survival and movement forward.

## 6.4. Battling a Multi-Headed Hydra

*“If you're not understanding that you need to support yourself to stand up, nobody else will.”*

Women disclosed the difficulty in overcoming hardships after separating from their ex-partners. They spoke of their challenges in two phases – the **early transition** time period in the time period just after separation and then the **late transition** period that occurred when the emotional distress became more manageable and they felt they had stabilized. Participants expressed that ability to build a life independently greatly increased their sense of self-efficacy. Rebuilding was depicted as requiring a herculean strength in managing emotional chaos in order to maintain practical life tasks. This was an intense time period described by the women as characterised by complicated grief, a critical voice that contributed to shame and guilt, questioning and confusion about the belief system that anchored them and a re-evaluation of the relationships they engaged in.

### 6.4.1. Subtheme: Early Transition Period

While they still were in contact with the abuser and in early separation the participants discussed how the abuse had taken an enormous toll on their personal agency and strength. They spoke of how much shame they carried in this time worsened by feelings of self-judgement. They told me they had to recover from an extended period of time during which to a large extent they had neglected their needs. The intense feelings of shame made this period of time challenging. For some participants, shame centred around the recognition of the position they found themselves in. Some felt responsible not only for themselves but also for their families. They mentioned a strong internal critical voice – one that they told themselves that they should have known better and that they should have seen the signs. Moreover, they discussed a heightened awareness of the stigma around domestic abuse victims. The stigma and shame complicated their family relationships. Some families supported the abuser by supporting the abuser outright while others failed to grasp the severity of the women’s situation and encouraged reconciliation. Cultural and religious stereotypes sometimes further contributed to the shame and humiliation. Jasmine explained how she struggled to reconcile her views of herself as being educated with what she had experienced,

*‘...and *that* woman was somebody that I never was, and I never dreamt I'd, I'd ever become. It was actually, to my shame, the unfortunate stereotype of a, of a Muslim woman that I always, always pitied and prided myself that that's never going to be me...unfortunately, that turned out to be me... and I was being hardest on myself, and I realised, again, that it came down to my self-esteem and the fact that it was basically shattered...I felt as though I'd*

let everyone and everything down, but I hadn't, I'd let myself down...I realised that this anger I harboured towards myself... I was so ashamed and angry about having been duped...' (L249-263).

The shame contributed to a prolonged period of self-doubt. Participants who experienced mental and emotional abuse without the physical violence expressed heightened feelings of confusion and disorientation after the separation. Mary portrayed the difficulty in mentally moving forward,

'... because he gas lighted me so much that I really thought that maybe I could have done this better, maybe I could have done that better... there were mind games, there was a lot of self-blame, there was a lot of self-questioning... I like to think I wouldn't have tolerated physical abuse... And so would have been, I think, easier to leave physical abuse because I would have just said that's not acceptable. The emotional abuse... I was questioning myself, every step of the way...' (L224-235).

For most participants as they moved further away from the abuser their internal dialogue changed and over time they explained that they viewed themselves less harshly. However, some of the women reported that this voice did not disappear completely. Fatima here shared how her internal dialogue changed over time,

'I talked it over with friends and go out to lunch, I would think, why did it end? And, all the signs were there why didn't I see it? So some (of my thoughts) were a bit blaming, like why didn't I do something earlier? Now it's more clear, that it wasn't all my fault. At the time, you're a bit more blaming or critical about yourself' (L194-205).

The internalised anger and blaming was compounded by the grief over the lost opportunities and years of their lives as indicated by this quote from Janet,

'I'm not where I *should be*, you know, in terms of like, my life, what I have achieved, my achievements... because I think ... I'm supposed to be, you know, doing something more than what I'm doing at the moment. I do do that... with myself mostly, because, I'm just thinking, 'Probably I wasted time, the time ... ' but then I do look, and what could I have done? So, I do weigh everything, because I'm thinking - so what could I really have done? Then I'm thinking - but that was a wasted time!' (L796-811).

They described an intense period of inward-focus, self-blame and frustration. In this period they reported they also re-evaluated their belief system including their role in family relationships. Some felt responsible for not only themselves but the impact of their leaving the ex-partner on the entire extended family unit. Shame was not only felt by the participants, in some instances family members experienced the shame as well, compounding the guilt already felt by the women. Yu Yan shared how she carried the guilt of feeling responsible for harming her parents and the burden of carrying secrecy around the abuse,

‘...you do everything you can, regardless of the situation you are in, that you try to make that work as a family. ...I kind of, threw those things out the window. So – do I feel it’s better for the kids to stay with someone like that? No. Because if I am unhappy, I notice that it does, it does affect the whole household....it doesn’t help when was my mum also is pushing me to get back together with him... without even thinking about it, without even looking at the facts, without even thinking what he has done and what his behaviour was like, she was all about just go back to him...there is a lot of guilt, and shame...it doesn’t just involve us – the two of us – I feel like it, it effects everybody and that adds more guilt. To this day, my mum has not told any of this to our family’ (L228-260).

Early in the transition period, when their significant relationships began to shift, they described how the years of self-neglect had taken a toll. And now that they were including themselves in the picture this contributed to further changes to their expectations in relationships and from others. Sita spoke about how she now included herself in decisions that need to be made,

‘I treat myself with a lot more respect now, before I used to put myself – me was the last place. It was all about everyone else. I mean, I wasn’t even a thing to consider in the past for myself’ (L443-445).

Women described a genuine internal shift that took place, where concern and care for themselves was now included in their decisions. Jasmine stated, “...my priorities have shifted...” (L134). A major shift takes place where others were expected to exhibit this care for them as well. This changed the nature of their relationships post separation as they now could identify support and they now began to withdraw from unhealthy

relationships. They spoke of processing difficult emotions from these multiple losses and surrounding themselves with a supportive and validating relationships where possible.

#### **6.4.2. Subtheme: Late Transition**

Participants mentioned a sense of determination and a new self-reliance that propelled them into their new lives. Many spoke of the absolute necessity of moving forward alone when necessary, especially they were isolated or when they received little support from those who did not understand. They explained they developed a strong resolve towards independence and therefore built a solid sense of self-reliance. Julia explained, "...the only thing that you need in life is support, from yourself, it's got to start with you, because if you're not understanding that you need to support yourself to stand up, nobody else will" (L153-155).

As they moved further away from the abuse, participants shared that continued management of difficult emotions of shame and loss, anger and guilt. This was a monumental undertaking. Some of the emotions proved useful. Reema confided that it was both anger and hatred that helped propel her to independence. More than one participant shared the importance in making short-term and long-term goals to help keep focus on their future. Looking backwards at this time was described as painful and shaming. Anger and determination combined with making goals helped move many of the women move forward in their recovery. Reaching these goals helped women appear high functioning and successful to the outside world. This increased their confidence in themselves. However, they confided that this appearance of being 'together' did not accurately always reflect their internal emotional struggle. Claudia confided how she struggled at times with managing her anger,

'Yes, I mean I was of course angry - and I am still sometimes and I'm saying that I'm recovering ...When we are angry at the end of the day we are only angry with ourselves. It's our ... all the energy I spent with this man, that is the thing that kind of makes me more angry than anything...all the years because of course I was in many years, 25 to 35, 36, so they were very important years of my life' (L182-198).

Many confided that despite appearing outwardly that they were coping well they continued to experience considerable internal emotional strain. Participants felt in the early years they purposely kept busy to avoid painful feelings. In this statement, Mary spoke of keeping busy as a mechanism to cope with enormous pain,

'I didn't have the depression where I couldn't get out of bed and couldn't do anything and was exhausted, I had the depression where couldn't stop doing... I was very much a 'human doing' and not a 'human being' as they say...I was in constant motion... it used to be, you know, just things constantly spinning in my head' (L679-689).

Some of the women talk about keeping themselves busy by choice – but others were distracted because of practical necessity. For most of the participants they did not have the time or energy to cope with their emotions because they had to face important practical realities such as housing, food, and maintaining normalcy for the children, such as described by Fatima,

'I did shift work as well so... It was a distraction... Being busy cooking, cleaning, shopping - everything so it was life... (no time to) sit and think. I'm not going to lie. It still does (bother me). But then I brush it aside. I have to distract myself and do things' (L130-148).

The participants with children described being completely consumed post separation by the children's needs and their new financial reality, putting their emotional needs completely to the side as a matter of pragmatic necessity. Women further confessed they would describe some parts of themselves as still recovering. They explained later in recovery as not being as overwhelmed by their emotions and not reflecting on the past as much as they had before. Still, the emotions were not described as subsiding completely and it was apparent in the interviews - feelings of anger and sadness were still raw. For some, they confided they had been never fully explored with another person or even discussed before this study. They spoke of the period after separation as a time of intense and a constant revisiting of their past – what happened, what contributed to the chaos, how they arrived in this position. As the years passed, the reported rumination lessened but also never fully disappeared. Mary explains how she progressed with coping more successfully over the years,

'...maybe over this journey I have been on for the past years, I have *done* the rumination. I have *done* the grieving... it is still going to come at various points...maybe the grieving as a smaller part then the 'I just want to move on'. Well, it's, sort of, like the... you know, what is it? Kubler-Ross's five stages of grief. You *have* to go through that....And I think, even [pause]...even now, I wouldn't say it's over. It's just a smaller portion of how I spend my time' (L783-807).

I sensed the necessity of shutting down a part of themselves to function in the early years that was described by most of the women. They discussed having to cope with an overwhelming amount of grief in their recovery over the years. A better option for some was to place their focus on other parts of their lives and effectively keep the trauma untouched as described by Reema,

‘After the nature of that trauma, I *shut* that part of my life down and shut it off and closed it down. I did not look at it for a very long time, actually – for many years afterwards. But the *other* areas of my life became my goal. It was what my focus... what I focused and concentrated on, and I have done *very well* and developed *very well* in those areas...’ (L88-93).

A solution for some in recovery was the importance of perspective. A few of the women stated they felt the anger was destructive to them and they had decided to let it go. They expressed empathy and understanding towards the abuser in light of their family background and history (Janet, Julia). They expressed for them letting go of the anger was the only way forward and for these women (Mary, Yu Yan and Claudia) it was a question of their outlook. Claudia shared,

‘When you go through this abusive relationship for five, ten, twenty years, whatever the time, if you look at the relationship you can look at that angry, you know, thinking, oh, ‘I lost all of those years’ or you can look at it as a growth process’ (L434-437).

Interestingly, Claudia’s comment reflected some aspects of positive reappraisal that critics believe is reflective of perceived growth rather than actual observable changes growth advocates have proposed take place. Claudia herself is unsure of how to define her changes. However she expressed feeling stronger internally and demanding more from relationships in the present – a behavioural change. Descriptions of how new outlooks impacted decisions indicated actual behavioural changes for Yu Yan and Mary women as well. Claudia expressed she now knew her needs and requirements in a partner – she felt confident in barring those relationships from very early on, “I know that a man like him couldn’t come near me now, because he wouldn’t have any chance to be with me. After five minutes of conversation, I will realise - no” (L477-479). Her description validates actual change in behaviour and this appears to have coexisted alongside a growth mindset towards her past.

Emotions were linked to beliefs that had been challenged and had to be reconstituted. They had to contend with adjusting their values to their new circumstances post separation. Julia explained how guilt continued to impact her,

‘...but I still feel guilty for leaving because I sacrificed my children’s ability to have a complete family growing up in their childhood...it’s not as much as it used to be, but it still lingers there... it’s just there, you know? I don’t let myself, you know, get hurt over it, I don’t give myself too much of a hard time over it, but it’s always there’ (L79-94).

In sum, painful emotional components lingered and the amount of interference of painful thoughts and emotions in the daily life of the participants varied considerably. Some women expressed struggling with anger, grieving, or guilt or a combination of these. How often and the nature of the thoughts were individually determined. When enough time passed in their journey, the women confided that at times their new realities presented the discrepancy between what they hoped and aspired their life to be. They expressed the need to accept the reality of their situation to facilitate recovery. This acceptance was discussed as one of the key features in moving forward.

#### **6.4. Theme: Restoration of Values**

*“if you cut me I’d have God’s name in Arabic writing all the way through it”*

Religion proved a polarising domain for most of the women interviewed. When considering spirituality, some women questioned their value system and realigned what was important to them in this aspect of their life. The familial **religious and cultural framework** was completely set aside for a few women; conversely, for others, this framework considerably strengthened their resolve and these women confided it was a contributing factor to their recovery.

##### **6.4.1. Subtheme: Religious and Cultural Framework**

Three participants (Sita, Reema and Fatima) shared that their beliefs provided them with an inner strength that emboldened them to face their challenges during separating and beyond. For Sita, her relationship with God was strengthened and prayer rituals provided structure and peace in her daily life. She expressed her religious beliefs provided a value system that she referred to for guidance and as a source of hope and protection when she was raising her children. Reema confided that the knowledge that her God was more powerful than her abusive family members gave her satisfaction in knowing someone had borne witness to her suffering. The presence of God made her feel less alone and validated her experiences. She felt strongly that God was an active participant in her

journey to independence. Although she confided that she did not adhere to the practice of her religion, she revealed, “inside of my head, if you cut me...I’d have God’s name in Arabic writing all the way through it” (L334-336) - passionately and powerfully conveying the importance of religion to her sense of self.

Some of the participants, however, struggled with their connection with religion. After the separation, questioning meant religion was put aside entirely and for others, the questioning had still not yet led them to any satisfactory answers. Jasmine felt religion as a construct was inherently decisive and since now she refused to engage in conflict generally, she avoided religion all together. She stated she choose instead to connect with more to what she labelled as spirituality -

‘...anything which um, makes me feel as though it causes, um, separation or it causes an us and them, or conflict, I really shy away from so um, I mean the word conflict is really the big word to take from what I'm saying at the moment. This includes everything to do with, you know, the religious aspect of it. I consider myself currently, genuinely, very much drawn to spirituality. So my spiritual sense has increased tremendously, but my religious understanding, and my religious belief, and my religious wanting and participating have *very much* decreased because of the word conflict which is attached to this’ (L176-185).

A new value system was adopted that had shifted away from the religion of her cultural background to what she portrayed as a more profound connection to the suffering endured by humanity. Zara also described a period of conflict after separation - one so fundamental that it led to the questioning many aspects of her identity. She shared that she had passively adopted her family’s belief system and after joining with her ex-partner they together had developed a joint belief system - one she was an active contributor to. When this system failed her, she described feeling lost and hesitant of whether she would choose to let go or modify existing beliefs. The challenges of having to construct a new value system meant ultimately leading to a new foundation of self, and this meant enduring a process that was uncomfortable and distressing. This belief system held prized and meaningful values from her cultural background and this part of her identity was now be in question. Losing or accommodating these beliefs meant yet another loss – changing her values meant potentially not belonging to the community that ascribed to this system. She explained how the loss of her conviction had impacted her,

'Once I cut off such an important person in my life it caused me to evaluate every other belief I hold – all the things that were instilled growing up – the fundamental values, religiously or morally, I questioned whether that was the value system I wanted to continue operating on, because it was their value system (the family's) that got me into this situation. I have had to re-evaluate my entire value system. This left me with a lot of confusion and I was questioning everything – there is a lot of inner conflict because you felt you've been living a lie for so long, and around that lie you've built your whole sense of self, in a very important growth phase in your life – all that building was done together (with the ex-husband), but it was a lie – so I am left with the question - who am I? We had a shared belief system – who am I and what do I believe was entwined with him, I was now completely alone. Whatever value system I had prior doesn't hold anymore. Inner conflict, re-evaluating friendships, what you stand for, what matters to you, redefining your sense of purpose because for so long you were a wife... you're suddenly left exposed and vulnerable...' (L124-136).

Seven years later she confided that she continued to feel anxiety with the ambivalence over her religious beliefs. Not every participant felt the same source of strain with religion after separation. Claudia felt that she returned to her family's belief system, one that she also valued. Unlike Zara who co-created a belief system with her husband, Claudia believed that she ignored her own desires and needs when joining in her ex-partner's household. She felt the obligation to adopt the values of the new family system and explained that she accepted doing certain things, rather than expressing her desires, to maintain the peace. Being a good wife and a good mother meant not being difficult and accommodating to the needs of others – she felt she now recognised that a degree of compliance to her new family was expected of her culturally. She now solely expressed relief at being able to return to and act on a belief system that she had suppressed.

Whether the women felt they contributed to the beliefs that sustained the relationships or not, some women voiced their realisation and discontent with a patriarchal set of values that they felt underpinned the religious practice. Reema expressed feeling that many of the cultural practices were designed in shutting down women's sexuality in particular. The women who set their religious practice aside explained that when they realised this, they turned their backs to a set of values that often were still being practiced by their family and community members. This often resulted in additional painful losses of important filial relationships. Due to these multiple losses and changes in values, many

of the women expressed gratitude of the social validation and support of their friends which became even more essential to their recovery, as explained by Yu Yan,

'I have a very good network of friends to be with and talk to, and not necessarily about them giving me advice on what to do – nobody can do that. With friends, it's just that they're there for moral support, so I think that was so important and I didn't have that from my family because.... I think that was another thing that I was missing a lot - I didn't have that family support because my mum wouldn't tell anyone in our family, and I had to keep that a secret. And... I couldn't talk to anybody else, and I don't have that support from my mum because she thought I should do everything to stay in the marriage' (L284-295).

## **6.5. Theme: Reawakening**

*"There are aspects that are thriving and there are aspects that are still recovering"*

All of the women shared the importance and appreciation of the supportive contacts through their social networks. These relationships helped anchor the woman in remaining **forward facing** and enabled parts of them to be labelled as **thriving**. The women noted that new relationships did not have to be centred around the abuse experiences, although having people they knew who they could share their stories with was incredibly important. What the women expressed repeatedly was the importance and necessity of having people and the space to receive social validation – having their experiences heard and valued. Jasmine found being in the presence of stable, grounded people "stabilizing and healing" and confided, " emotional stability is something I really, really need and that helped me from the support I had" (L137-140). Claudia, Mary, Julia, Reema, Sita and Jasmine mentioned therapy and outreach from women's charities as crucial to grounding them during the separation and pivotal in the recognition of the abuse. Gaining strength from other survivors was also highly valued. Validation was important for the survivors who experienced multiple intersecting layers of discrimination on more than one level. Having their individual struggles named and voiced was incredibly healing. As Reema stated, "...having my identity, my ethnicity, my cultural background and everything valued...properly valued – because in (town) where I grew up, I was practically the only Asian girl in my year group if not the whole school" (L431-436).

### **6.5.1. Subtheme: Forward Facing**

Participants expressed how they worked towards building a happier, healthier life for themselves. Women described comfort and joy with present and future oriented

activities. Looking backward often remained a painful experience and this proved challenging for those who described themselves as still emotionally recovering. In this quote, Julia eloquently spoke about the struggle of developing a positive mindset and lifestyle despite coping with overwhelmingly damaging experiences and challenging emotions,

‘I really had a hard time attracting a partner, but, you know, when I started thinking positive and having a positive mindset, and just diving into my kids positivity and do everything I can to be healthy, and have the kids do fun, healthy things, then that allowed me to attract a positive partner. And yeah, I don't know, I feel like that is the dilemma for any women who is leaving an abusive relationship, you know, they've got all those negative feelings going on? And any woman, needs support...’ (L213-221).

For some of the participants, the emotional component of healing was pushed aside and perhaps kept compartmentalised. Many expressed that they were able to reflect on their experiences over time. Time spent alone was sometimes cited as therapeutic and as crucial to facilitating recovery. Mary explained that getting a dog enabled her to spend time with herself because of the need to walk the dog, time was spent with herself and not focused on the needs of her children and enabled her the time to process and reflect. She expressed this was in retrospect was a massive benefit to her. Mary also mentioned she believed growth continued the more time passed after separation. Yu Yan mentioned hiking and how she often experienced difficult and painful thoughts and emotions about her past and her ex-partner during exercise. While outside in nature, both these women mentioned how they consciously turned their attention from thinking about the past to focusing on themselves – in particular they mentioned what they considered their goals and what would bring them happiness. They both emphasized how much this helped them move forward. These same two women discussed feeling less critical of themselves as time went on through both exercise and nature and both indicated the highest levels of self-compassion in the interviews.

The women also shared that the benefits of leaving became more tangible when they experienced the rewards of their decisions. Understandably they explained that the fruits of their labour would often not be experienced until years later. Feelings of contentment were especially pronounced when their children did well as experienced by Fatima,

‘As time went on, I could see my life was for the better. There is light at the end of the tunnel. It might take a long time, but you do get there. You've just

got to have that belief in yourself. It is a long road, it's not easy... You've just got to be less critical of yourself and if you can see that, you know, the children prosper as well, that is, a bonus in itself' (L258-265).

Values that participants held were translated and had to be reconciled with their new realities. Adopting new beliefs entirely or modifying beliefs was not inevitable for every participant. Claudia reported she went back to her original internalised value system that was devalued when in the abusive relationship and she was free to live close to her values rather than act on the ex-partner's. Mary explained how she has experienced growth in the recovery process including examining long held childhood and family beliefs,

'I'd probably say somewhere between recovered and thriving... There are aspects that are thriving and there are aspects that are still recovering... yes enormous growth... I not only looked at my relationship, but I looked at the values I had drummed into me since I was a child... from family and history... um, so was the growth? Yes. Have I changed? Yes... even just separating from him is growth. I don't think I could have done that without having grown and changed even before that point' (L47-71).

### **6.5.2. Subtheme: Thriving**

All participants revealed that they considered themselves in between recovering and thriving. The parts of their journey that the women described as thriving centred around professional life, greater ease with day to day living and child-rearing, greater satisfaction in meaningful relationships and goal achievement. Most of the women described alongside the grief was liberation - a satisfaction with their new independence and the joy of having the ability to make decisions on their own. They felt confident in their present life choices and explained they were thriving in meeting their goals. They also expressed feeling more confident in the future direction of their lives. Thriving translated for some into strengths in their professional life, as described by Zara,

'I would describe myself as an overachiever and a successful. My internal driving force helps me professionally, but not personally. I've learned to have more grit and my survival drives my success because of what I've been through... If it is about self-awareness, then yes it's growth, understanding other people's behaviours then yes... it's knowledge that help you cope better and process everything better' (L75-79).

They were grateful not only for friendships and support they received but also for personal qualities and circumstances that facilitated their independence. Participants found pleasure in activities and relationships they were previously denied and described a new sense of appreciation to what they described as a deeper compassion towards suffering of others. Out of their awareness and suffering came a desire to reach out and support others who experienced hardship. As Fatima stated, "I've become incredibly passionate about helping other women, drawing on my own experience..." (L273-274).

They also described experiencing a new depth in their encounters and reported holding less tolerance for what they felt was shallow and superficial. Contributing to the community was healing and the desire to help other survivors move forward was frequently expressed. Many participants spoke of the importance of having services and support groups available for survivors and the necessity of a safe space. They expressed disappointment in the lack of knowledge and support for women post separation and achieving true healing and recovery. A few women stated that it was the appreciation of the difficulty of recovering from relational abuse that drew them to joining in this study.

## **6.6. Qualitative Conclusions: Growth & Distress Coexist**

Rich and nuanced data was gathered from participant interviews on their experiences of recovery and views on the phenomenon of growth after separation from an abusive ex-partner. Whether the participant had ended the relationship 5 years ago or more than 40 years ago, each participant confirmed that the ending the relationship was a crisis that took a huge toll on their psychological and practical well-being. Moreover, each one maintained that some repercussions of the relational abuse were still felt to the present day. None of the participants described themselves solely as thriving and described parts of themselves as still recovering despite many years having passed post separation. Mary powerfully captures the complexity of recovery with her statement that echoed through the interviews, "there are aspects that are thriving, and there are aspects that are still recovering" (L49-50). Affect during the interviews varied – underlying emotions that resonated in our discussions included anger, shame and sadness over the painful shifts necessary.

Despite overwhelming suffering encountered by the participants, aspects of growth were reported by the women. Participants overall agreed that growth was an unplanned consequence of their experience - as Mary commented – "just leaving them was growth." The process of separation itself could arguably be viewed as a significant behavioural change. They also all agreed that growth coexisted with distress, and the changes they that they experienced as enriching and beneficial were an unintended consequence.

Nine of the eleven survivors labelled their changes as growth and two respondents felt the term 'growth' inadequately captured the changes they experienced. One respondent, Claudia, felt her internal movement was a result of a reconnection to her pre-relationship trajectory and therefore not necessarily growth but instead the ability to return to her authentic self. The second participant, Zara, expressed ambivalence around the term 'growth' as the best description of her transformations.

Thriving appeared to be impacted by the ability to increasingly tolerate some distress over time and build enough emotional distance and balance despite the internal turbulence to be able to reflect on their situation. What was identified as helpful was time alone to recognise and respect their needs and goal setting and planning for the future. Some of the reported changes held a paradoxical effect such that positive gains in one area also presented some discomfort and distress for them in these same parts of their lives. This was particularly apparent in their experiences relationally and with religion. They also confirmed they underwent significant changes that included reevaluating many of their underlying beliefs while simultaneously grappling with significant emotional upheaval. Finally, a multitude of relational, practical and psychological losses were portrayed by the women.

## **Chapter 7. Analysis & Discussion: Answering the Research Questions**

### **7.1. Chapter Outline**

The main aim of this study was to explore experiences of growth for survivors of domestic violence after separation, an area relatively neglected to date. This exploratory study attempted to establish whether female intimate partner abuse survivors reported experiencing PTG and how this growth presented for them. Asking survivors about self-compassion, rumination and their beliefs along with growth through both questionnaire measures and through interviews was an attempt to understand their experiences with these constructs and compare them to the research on PTG for trauma survivors generally. The findings and implications from both quantitative and qualitative data sets have been combined in this chapter to answer the research questions.

### **7.2. Understanding IPV Survivor Growth**

First (A) the amount of growth reported by the survivors was reviewed and then (B) the responses of the women from both methodologies in four domains of the PTGI (*personal strength, relating to others, new possibilities and spirituality*) was compared to existing research on growth that has been documented with other trauma survivors. This section concluded with (C) what the women described as beneficial to their recovery and development of growth, represented by the fifth PTGI domain *appreciation of life*.

#### **A. The amount of growth reported by the survivors**

All participants described undergoing profound changes as a result of their decision to leave abusive relationships. Nine of the eleven participants agreed that the term 'growth' adequately captured these changes. For these women, scores on the PTGI were high – averaging 95 out of a 105 possible total score, signifying very high levels of growth. This strongly suggested that these women had experienced growth similar to what has been documented and described by other trauma survivors. Moreover, these survivors agreed that while high amounts of PTG presented, growth did not negate the distress of the abuse and some negative consequences still impacted them to date. The changes for the survivors appeared to be emotionally neutral in their impact or the distress of the trauma was equally valanced and/or overshadowed any positive gains. Their experiences confirmed findings by Zięba and colleagues (2019) who documented the coexistence of growth and distress in trauma survivors generally.

Two survivors expressed ambiguity with the term 'growth'. Claudia viewed her changes as the ability to return to her authentic self and Zara expressed her changes were not necessarily positive. The lowest PTGI scores, a 64 and a 73, belonged to these women. Their scores represented a moderate degree of what the PTGI defined as growth (Tedeschi & Calhoun, 1996) and yet these survivors expressed dissatisfaction with this term. Claudia did not discount growth entirely. She thought that most of the changes was the ability to revert to the self that was developing prior to meeting her abusive ex-partner. She explained,

'I don't think there is a change. I think it's more going back to who you really are more than you really change. I think on the contrary you change during that you change during that relationship...when you are out of that relationship you go back to who you really are and I always think about me as a teenager and I think that was who I was, I really was, and how sometimes getting into some relationships you forget that part of you and you start trying to please the other person so you start changing within the relationship' (L118-132).

In other words, her ex-partner had thwarted the naturally unfolding developmental processes that she believed were underlying that state of becoming her adult self. She was now free to develop into her authentic self after separation. Although Claudia hesitated to express these changes as growth, she was unsure of how to describe the phenomenon of "going back" to who she was. She also frequently expressed that she was not sure if her changes were a result of growth or maturity. These views aligned with those who believe growth is a maturational construct (Frazier et al., 2001; Hobfall et al., 2007). The views of Claudia raised an interesting question of whether movement framed as growth contains some processes that are developmental. It remains entirely plausible that remaining in an abusive relationship stunts normal maturational processes as she suggested. Possibly some changes are maturational while other changes are similar to what other trauma survivors describe - or both could exist concurrently.

Zara maintained that she would not classify the changes she underwent post separation as 'growth'. Instead, she thought changes were the repercussions of undergoing trauma. Growth held a positive implication of an emerging beneficial movement that she objected to when the impact of the changes also contained components of distress.

'I view personal growth as the ability to form healthier relationships, and while you are able to have better communication with people, you are in

reality less likely to form new relationships, because you are more cynical. Yes, you can have healthier communication and interaction with those around you; however, less likely to socialise and make new connections, because now you are aware that people are all not like you, and people can have their dark side' (L101-106).

Claudia and Zara demonstrated the importance of survivor outlook and the variability in how survivors framed their experiences. The difference in survivor interpretation of changes may explain the variation in growth reported with IPV survivors in prior studies (Ulloa et al., 2015) and demonstrated the idiosyncratic nature of recovery. Their views confirmed that not all survivors would label their recovery experiences as including growth even if reported as such on the PTGI. Zara's response may also allude to optimism that could have contributed to perceived rather than actual growth in some of the other survivors growth responses (Owenz & Fowers, 2019).

### ***B. Comparing domains of the PTGI with existing literature on trauma survivors***

Highest amounts of growth were reported in the domains of personal strength, new possibilities and appreciation of life. Survivor recognition of their inner capacity and resilience grew stronger with time. Survivors agreed they felt more confident due to their ability in managing and overcoming their traumatic experiences and this aligned with what has been expressed by other trauma survivors - if they had survived the worst, they have the potential to survive whatever comes next (Linley & Joseph, 2004). Jasmine explained, "the harder I hit the floor - I compared myself to the inertia of a bouncing ball - the further I went up..." (L413-415). Sita expressed how difficult it was to assert herself in the past compared to the present,

'It's extremely changed me very well. I feel so much better, I feel so much stronger, that I can do so much, I can fight for myself. I know what is around me, what can help me. Like, before I was kind of blank...because of my weakness, I couldn't do anything' (L442-451).

The women realized their strength in their ability to leave their abusers despite overwhelming obstacles and took pride in shaping their new lives. They described managing multiple responsibilities and tasks often with little support often due in part to the isolation as a result of the abuse. Here, Janet appreciated how far she has come, "After being through this, I'm more reliant on myself. I do have a bit of inner pride...I

would be really stuck with him, but now I do have pride that... *I did it*, yes, that's how I feel" (L655-669).

Survivors also balanced overwhelming and complex emotions to make important decisions going forward. They grappled with high levels of doubt and low self-confidence and they developed confidence over time and with experiences. In the most recent study review that focused on growth after IPV, positive changes in self perceptions for survivors based on what they had overcome had also been documented (Uloa et al., 2015). Here Zara described how her self-confidence had developed post separation,

'You're suddenly making decisions alone. It does give you self-confidence in your decision-making ability, as you find the outcomes based on decisions you make are beneficial to your life. You do develop a self-confidence – there has been growth in my self-confidence, and my ability to make decisions has gone through the roof. I have grown in my ability to speak to people I don't know – this comes from exposure and experience' (L139-143).

Opportunities were presented due to the changes they instigated in leaving, corroborated by the PTGI *new possibilities* domain scores. Five women (Jasmine, Mary, Zara, Reema and Claudia) experienced high levels of motivation for new experiences and joy was expressed with their freedom. Mary proclaimed, "...liberation that follows the separation, it's almost automatic, it's infectious' (L71-72). Jasmine expressed similar sentiments, "I knew I wanted something different. I was oppressed for such a long time... this is the first time you're able to breathe - enjoy it" (L131-132). After years of constraint and imposed limitations, these women expanded their exposure in relationships and through available experiences. Yu Yan shared experiencing relief socially and in relationships. Mary embarked on dating to learn more about herself in romantic relationships. It is important to note that enthusiasm for new experiences was also hampered by consequences of the abuse. For example, Janet stated that prior to meeting her abuser, she would have described herself as outgoing and this was no longer the case.

Both openness to new experience and extraversion have been linked to higher PTG (Tedeschi & Calhoun, 2004). It is possible that this group of women was already high in the quality of openness. However, it was uncertain if this was indeed a personality attribute or as an outcome of the experience of this form of trauma. This openness appeared to be a key feature in research with PTG. Significant correlations have been demonstrated between the personality attribute of openness and PTG occurrence (Zoellner & Maercker, 2006). Some researchers proposed that the increase of relational

possibilities facilitates growth (Roepke & Seligman, 2015). Nearly all of the women learned about themselves through social contact and reported that the encounters facilitated their self-awareness and ability to discern the abuse. Possibly women who attended a centre were more open and IPV survivors who were less open may not have been inclined to take part in this study. However, it is interesting that a number of participants reported in the interviews feeling motivated to seek new experiences after their relationship ended and explained that this was a result of experiencing restriction.

The remaining two domains *relating to others* and *spiritual change* proved multifaceted. Questions on the measure were difficult to answer for participants and individual items in these domains received the most zero scores. The changes that brought new meaning and depth also contributed to additional strain. The dual impact of changes was also documented by Zięba and colleagues (2019), where trauma survivors experienced both positive and negative changes in the same areas of their lives. Participants in this study corroborated these findings. Nearly all the women identified experiencing conflict in these same two domains. Although Yu Yan felt she was now relating overall more positively and Claudia felt she had returned to her former self, the other nine women stated the relational changes had a paradoxical influence.

On the one hand, they had more meaningful encounters with loved ones and in friendships and reported experiencing higher levels of compassion, particularly towards the vulnerable. On the other hand, they reported a high level of fear that coloured their new social encounters. They stated that they had sustained so many losses in prior relationships that some told me that they avoided new relationships. These anxieties were understandably heightened in romantic relationships and for two women (Reema and Zara) resulted in them shutting down the expectation of intimacy completely. For those that forged new relationships, this meant battling an inner dialogue of suspicion.

A major internal shift in their relating and in their views and expectations of relationships was described. Close relationships were now expected to include reciprocity and the ability to tolerate high levels of distress as a baseline. This led to a re-evaluation of their relationships and contributed to major relational changes in recovery. This purposeful modification of the social network by IPV survivors after separating has also been documented in a study by Ahmad and colleagues (2013).

Conclusions about spirituality varied considerably. This was quite a religiously diverse group with participants from Sikh, Christian, Catholic, Buddhist and Muslim backgrounds. The PTGI *spirituality* domain score received the lowest average ratings of growth across

participants. The two women who reported the highest growth in this domain (Pam and Mary) did not mention spirituality in their interviews. For the others, they were impacted in two significant ways. First, the framework of their beliefs was questioned and this led to it being strengthened, altered or discarded. Second to this was the participant's emotional response to the process of religious belief re-evaluation.

For the nine women who spoke of religion, spiritual beliefs were either strengthened or strained by their trauma. A religious framework provided a source of stability for some (Fatima, Sita and Reema) and their faith helped them when separating and in their recovery. These experiences of support aligned with findings from Znoj (2006) and de la Rosa and colleagues (2016) who documented that spiritual coping facilitated PTG after trauma and strengthened the resolve of IPV survivors in their decision to separate (Senter & Caldwell, 2002).

This study also indicated that survivors can significantly alter their spiritual beliefs in recovery. Spiritual matters were left unresolved (Zara, Julia), changed (Janet, Claudia) or broken (Jasmine). Changes to participant spirituality varied considerably. Claudia returned to the belief system of her family and described experiencing liberation. For Jasmine, religious beliefs were broken and her faith now radically altered with broader view towards humanity generally. She explained a new consciousness to what she considered her spirituality entailed and her prior religious beliefs were reported to have been "obliterated." Zara mourned that the traditional community norm was not her outcome. She disclosed that she held an ongoing dialogue internally on her religious views and was painfully managing her resulting ambivalence.

A recent meta-analysis by Leo and colleagues (2019) suggested that most people maintain their religious beliefs after trauma and only a small minority of people experience an increase or decrease of spirituality in recovery. This group of women reflected all three outcomes – no religious belief change, as well as belief increase and decrease. It raised interesting questions about whether this form of relational abuse instigated more radical changes to religious or cultural frameworks. The women in this study came from ethnically diverse backgrounds unlike the ones included in the meta-analysis. Also, survivors who distanced themselves from religion confided that their ex-partner had drawn upon aspects of their religion or culture to support the abuse. Spiritual abuse may have contributed to the changed views of these survivors regarding their religion. Either way, the variability of responses in this study suggested that changes to religious beliefs in this population may not be as small as the Leo et al. study (2019) indicated.

Understandably, participants had varying emotional responses to these resulting belief modifications. Jasmine felt she was more connected to humanity through her suffering. She felt overall her spiritual changes were a wholly positive development and proved more emotionally satisfying. Her beliefs now contributed to less conflict and more joy; however, she also expressed pain and disappointment at the demise of her old belief system. Zara spoke of her grief and confusion over her spiritual losses. Cultural and the religious beliefs were understandably difficult to separate as the religion provided a framework to the family unit. Cultural strands had a significant influence on the spirituality domain. Along with the re-evaluation of beliefs, Jasmine, Yu Yan and Fatima also referred to cultural shame that impacted the extended family. Family shame was shared as another important barrier to leaving. Although Fatima and Zara came from the same religion, their emotional reaction to the response of their cultural community differed. It is possible that Fatima over time (25 years since ending) had come to terms with this over time and her emotional response has softened. Here Fatima voiced the challenges of dealing with abuse within their communities,

‘...because in our culture...it's a failure isn't it, if your marriage doesn't work, you're looked down on by the community. So there's a lot of external pressure...I was critical of myself in the beginning, then I was less critical of myself, I'd known what I had done was best for my children, and they prospered’ (L214-212).

For Zara, there was now no room for prolonged periods of dating without a public community endorsement. Shame and stigma typically follow women if commitments are broken from her community. Although a prolonged period of courtship was preferable before making any public commitments, choosing this route was difficult as it fell outside of prescribed social relationship norms. She did not view her change in view as positive; instead, the traditional community role was yet another loss due to the abuse. The loss of membership of the community and shame impacted the women and also their extended families. Yu Yan chose to remain quiet about the divorce for the sake of her mother. She explained,

‘...it's like on Facebook... it's there that I'm still married, and I am not married, my divorce is finalised already. Yeah, it's an *ongoing* thing about telling them, the shame isn't just for me – I'm done with that – but *for her* it's a constant – I don't know, I don't even know how to describe it, she just won't do it. I am giving her the respect to let *her* share that information with our family, I

haven't done anything about that, so [pause] that's why I am stuck, and it's making me crazy' (L270-274).

Due to this complexity of family and community stressors, reliance on friends proved a vital component to recovery for validation and support for all the women in this study.

### ***C. Contributors to thriving & growth***

Much of what the woman shared that helped them move forward and where they considered themselves to be thriving was captured by the PTGI domain *appreciation of life*. High levels of growth reported on the questionnaire in this domain was significantly positively associated with high levels of growth in *personal strength* and *new possibilities*. The women's traumatic experiences significantly altered the nature of their relationships post separation. They described experiencing increased depth and insight into human motivation and behaviour. Their important relationships were now reciprocal and supportive. These relationships provided a foundation of stability and grounding for the women that they could retreat to when they encountered difficulty or served as a sounding board used to talk through difficult decisions and emotions. Receiving strong and validating support was healing and profoundly facilitating. The research base strongly suggested that social support plays a pivotal role in development of PTG over time after trauma (Belsher, Bongar, Ruzek, Cordova, 2011). Tedeschi & Calhoun (2004) believe that social support increases survivor ability to tolerate distress and this promotes PTG. Support is also theorized to provide exposure to new schemas and that aids survivors in accepting and tolerating their distress. The survivors in this study suggested this to be the case. They reported contact with other survivors and exposing themselves to new experiences was vital as scaffolding for inner growth. Furthermore, they stated that exposure to other ideas, systems and values in survivor support groups, with friends and in therapy provided them with new perspectives on their situation. One could view exposure as an implicit questioning and loosening of the belief system they had operated on with the abuser.

Emotions were evident in most of the interviews and managing emotions played an important part in their recovery. After separation there was an immediate need to contain and cope with significant distress. Avoiding emotion in the early transition was not described or believed to be a maladaptive strategy by the women. Containing emotion was described as a deliberate action taken to distract oneself or it was a practical necessity borne out of need. They needed to find ways to manage this distress to function. Here Julia described how she initially coped by pushing away the emotion and how as a result some emotion is left untouched,

'My job, the people around me and my children. Friends, good friends (all helped) And working. I think I was so busy working it got my mind off it. I did shift work as well so (sigh)... it was a distraction...I have to distract myself to do things...life does get better. You only have one life' (L110-153).

Reema focused on other parts of her life that helped her to cope with the pain,

'In *some* respects, I've split my life into, sort of, three thirds. If there's a pie chart, one third is, like, working life and career; a second third would be friends, a bit of family, and social life, travel; and then the last third would be my personal, intimate life... A smaller section. So - most of my life, I would say, is fully recovered and I am thriving. But I can't say that I'm *fully* recovered until I have addressed that last section of my life' (L60-70).

As time passed they described having to find time and space to open this emotional box to allow their pain, anger, grief and shame to surface. For some these emotions remained undiscussed. Others described going back and reflecting over time. Janet explained,

'Looking back in that time period and looking back at certain bits which I would have liked, but there are other bits probably I don't want to remember - I quickly moved out of it and sort of blanked it out... *now* I go back... so I'm probably aware now and now I feel, you know, comfortable to look back but there was a time when I didn't – I didn't even remember' (L762-771).

Mary and Yu Yan, who reported less rumination, explained how their emotions surfaced while walking or hiking. Yu Yan stated, "The more I walk, I think - a little bit goes at a time" (L177). Unwittingly, the time was used to process difficult emotions and reflect on their needs and desires. Mary explained, "Through various ways, intentional or accidental, I took the time to get to know myself. I don't think I knew myself at all when I started the process" (L141-145). Fatima, Mary and Yu Yan stated the importance of remaining positive for themselves and their children. The participants who described the active engagement with emotions spoke with less anger and described feeling more at peace with their past. Moreover, the survivors who reported lower levels of rumination and less distress had discussed some involvement with therapeutic services post separation; however, the extent of this was unclear.

What became apparent in the interviews was that some of the survivors (Pat and Reema) held painful emotions that had remained largely avoided. They shared having few opportunities to have these feelings acknowledged. Pam, who had ended her abusive

relationship over forty years ago, expressed sadness and resignation in our discussion and stated, “You’re going to think I will say I’m recovered but I’m not, I’m gliding.... I cope every day. Nobody knows. I keep it inside. Nobody knows, nobody guesses. I cope and I just carry on with it...” (L25, 38-39). Although she told me she was remarried and described an active work life, I was struck and saddened by the depth of her hidden despair. Most women shared the difficulty of having the opportunity to recover from their experiences – partly due to stigma and victim blaming in the family, their communities and in society. Pat, Janet and Fatima confided they had little time to devote to recovery as they had juggled multiple tasks to sustain their families. Due to the limited ability and opportunity to dedicate time to their emotional needs, distressing emotions and cognitions lingered.

Anger presented differently for participants. It was described as a force that helped the women to prove to themselves and to others that they were capable and had value. Reema and Jasmine mentioned how anger helped them turn away from abusers and the people who supported the abuse and focus on long term goals. Zara and Reema directed their anger towards success in the workplace and felt they were thriving in this area of their life. Anger was also expressed as a reaction of injustice towards the lack of consequences for their abuser. While some channelled their anger as action, others felt it held them back. Yu Yan and Janet shared how forgiveness and understanding had helped them move on. Yet for Reema and Julia, they shared how anger also interfered with them getting closer to others.

The same openness expressed in the *new possibilities* domain was also expressed in the *appreciation of life* category. Many of the women shared the need and the joy in pursuing hobbies and interests - especially ones that were previously denied. Many of these experiences gave them increased purpose in life, another factor documented to be related to increased PTG (Uloa et al., 2015). The women also shared the importance of focusing on the present and the future. Many stated the value of making and achieving short and long-term goals. What was apparent in the interviews was the distress that was experienced when the women looked backwards. Life in the present and working towards the future help them contain their distress and motivated them in pursuing and building their lives. This is consistent with reports from other trauma survivors. A ‘past’ orientation and focusing on what was lost is related to poorer outcomes. Survivors acknowledged that revisiting the past remains an issue even when growth presented (Holman & Silver, 1998).

### 7.3. The Role of Rumination in Growth for IPV Survivors

Rumination for these women after separating was both distressing and served as a mechanism for making sense of their experiences in recovery. Survivors confirmed they experienced a lot of inward thinking during and immediately following the separation from their abusive ex-partner and this continued for some time. Two participants specifically mentioned in the measure feedback that they would have answered very differently on the rumination measure post separation compared with the present. In the early post-separation phase, the women described a period of intense inward reflection and high emotional volatility. Participants confirmed that this period consisted of continued attempts to process their experiences and understandably this was also considerably distressing. They reported currently not thinking as often about the past; however, they also disclosed that some thinking around the events of the past continued around issues that remained unresolved. Moreover, they felt that often this continued rumination on the past was not useful to them and experienced as intrusive. Their reports were further validated by the significance of the relationship between continued rumination and reported growth levels. Higher levels of rumination reported on the RRS in the present by these survivors was significantly associated with lower levels of reported growth on the PTGI. The lower the amount of rumination reported, the more likely they were to report higher levels of growth. Furthermore, the *brooding* aspect of rumination was significantly negatively associated with reported self-compassion on the negative subscales of *isolation* and *overidentification*. The data from both methodologies suggested that survivors when ruminating it was centred on difficult and distressing emotional content. This was also validated by the findings that the lower scores on the depressive items on the RRS were significantly related to higher levels of growth reported on the PTGI. The data implies that some processing has taken place and the survivors who reported higher levels of growth had less distressing thoughts and held more self-compassion for themselves.

In the period immediately following separation, the women portrayed themselves as being in a more vulnerable state. This aligned with what has been described by trauma survivors generally. Participants disclosed that this time included thinking about what they had been through and how they ended up this position. This included revisiting upsetting events and planning on how to move forward. This time period was described as confusing and internally chaotic. Respondents described a questioning of their own reality, emotional states, reactions and interpretations of events. They questioned themselves repeatedly as a result of prolonged abuse and gaslighting. They were contending with the perceptions of the abuser internally and were actively engaged in making sense of reality for themselves. Thoughts were reported to be both intrusive and

intentional. Many women found this period intense and distressing emotions difficult to contain. They independently learned strategies to manage their distress to cope with pragmatic daily concerns. Based on these reports, it can be understood as a period that included high amounts of rumination.

The survivors hinted that this early transition period lasted from approximately several months to a few years. Although not discussed in the interviews, the variation of the time period was likely linked to many factors including the amount and quality of support received, the women's financial and housing circumstances and the nature of the separation from their abuser. Tedeschi, Park & Calhoun (1998) have established that the quality of the post-crisis environment has a potent effect on recovery outcomes. Although it was beyond the scope of this study to discuss the phase immediately after separation in depth, it was apparent that this time period was lengthy when they were at their most vulnerable. Interestingly, the women confided in the interviews that a significant difference was felt internally four to seven years after separation. They reported that after this time they could reflect on the past with markedly less distress.

The findings from the quantitative and qualitative methods suggested that the rumination that continued for the women at present was not helpful and lowered their feelings of well-being. The measure did capture some of the 'brooding' quality of rumination occurring for some of the survivors and this was captured in the interviews. A few participants confided they struggled with continued thoughts of responsibility and guilt that were "always there" and continually put to the side. Continued rumination appeared to be activated by thoughts of blame, shame and guilt that continued to be carried. Continued rumination was also depicted as a result of grieving - over the loss of life or opportunities, and continued anger over the injustices experienced. Thoughts and emotions about the abuse occurred for the participants even many years after the separation. When emotions and cognitions regarding the trauma surfaced, ruminating was both active and brooding – it is possible some aspects of the trauma were still being processed over time.

It is possible that the continued rumination is activated by the cognitions and events that were unresolved for the participants and active processing was still occurring. Tedeschi & Calhoun (2004) have demonstrated that different domains of PTGI were differentially related to cognitive processing. Type of cognitive processing and when processing occurs is crucial to understanding of growth. Different aspects of trauma may be sensitive at different points of time after trauma. Therefore, it is possible that aspects of IPV can only be resolved many years afterward. It is also possible that this type of long-term,

sustained trauma can never be completely integrated and some degree of rumination will always be present. This may be especially true when faced with grief and after the experience of injustice – some amount of distress arguably may always be carried over the harm that was sustained.

The rumination that was described by the participants occurring in the present did not appear beneficial to their well-being. This corroborates research that continued rumination long after the trauma is not linked to growth (Calhoun, Tedeschi, Fulmer, & Harlan, 2000; Zoellner & Maercker, 2006). The women reported that continued cognitions and emotions that came up for them were often detrimental to their emotional states. Tedeschi & Calhoun (2004) established that for trauma survivors, regret and repeated consideration of how the trauma could have been avoided were both associated with negative outcomes. Rumination described by the women was either focused on a negative aspect or loss as a result of the trauma or an emotional component linked to a cognition or emotion that was distressing to them. Some of the women confided in the interviews that they still grappled with feelings of blame and anger directed towards themselves for choosing and/or staying with their abuser for as long as they did.

Although early rumination has been linked to PTG, positive interpretation and benefit finding too early has been found to be unhelpful (Calhoun, Tedeschi, Fulmer, & Harlan, 2000). Growth that is reported after trauma is thought to evolve over time (Helgeson et al., 2006). This resonates with the experiences described by the survivors. Early in separating, participants confided that their focus was on stability and safety. My understanding from our discussions was that any exploration of gains during this time period would seem unhelpful and insensitive. However, early and deliberate and non-intrusive rumination has been documented to be related to growth. The interviews suggested that once the crisis was over and the survivor had the space to engage internally to tolerate some of the emotional distress, ruminative activity was conducive to growth facilitation. Most of the women in this study described experiencing period of profound inward thinking and they also reported very high levels of growth. Although we cannot be certain if the rumination was necessary for growth to follow, it seems unlikely that without this reflection that the significant changes that the participants reported to have undergone would have occurred.

Some of the survivors discussed the importance of acceptance as a key component in the ability to move forward. This validates the assumption that the ability to accept situations that cannot be changed may be crucial for adaptation after the experience of

uncontrollable life events (Tedeschi, Park, Calhoun, 1998). It is possible that one important aspect of reducing negative ruminative activity is the acceptance of the current reality, losses and historical abuse. The link between acceptance coping and PTG has been suggested in several studies (Zoellner & Maercker, 2006). As the survivor accepts the painful realities of the past, theories would therefore suggest that the rumination subsides and the survivor is more engaged in the present. Mary, who shared her experiences of therapy and active engagement with her emotions, also spoke of her belief that acceptance was a key component in being able to move forward. Keng and colleagues (2016) have found that mindful acceptance leads to less maladaptive cognitions and better outcomes. Kübler-Ross (1973) also believes it is the last stage of grief. It is possible that as acceptance of the past increases, rumination begins to dissipate.

#### **7.4. How Beliefs and Self-compassion Related to Rumination & Growth**

Survivors confirmed that they experienced changes in their beliefs and in their levels of self-compassion post separation. Survivors scores on the SBGAS did not capture the phenomenon of belief change reported in the interviews. Belief measure scores did not relate significantly to rumination or growth scores and participants did not have SGABS scores that were broadly different than found in other populations. In retrospect, measuring the 'rationality' of their thinking was not going to capture belief changes. Based on participant feedback, the SGABS measure did not seem well suited to this population and there is potential to develop questionnaires specific to the IPV experience of recovery. Self-compassion scores were broadly similar to other populations, with most survivors reporting a moderate level of compassion towards themselves. The self-compassion subscales captured some of the nuances of their experiences. Interviews revealed that most survivors considered self-compassion was a vital component to their separation and recovery. Most importantly, for these women, higher levels of self-compassion were related to higher levels of reported growth.

Participant reports in interviews confirmed the explanatory model endorsed by growth researchers. They confirmed a period immediately after separation where they grappled with pre-trauma beliefs and attitudes that no longer explained or justified their situation. For some women, these beliefs were altered or discarded. For others, beliefs were strengthened. The intensity of this transition period gradually subsided or levelled off. Rumination continued in the ensuing years; however, it is unclear if continuing ruminations were helpful. This section will first explore how participants experienced a shift in their beliefs as they disclosed, and then how they experienced a shift in compassion. This section ends with IPV survivor views on self-compassion.

### ***A. How beliefs and attitudes were related to rumination & growth***

The explanatory model underpinning the proposed vehicle of PTG will be summarized so that findings in this study can be explored within the framework of the model (Calhoun, Tedeschi, Cann, & Hanks, 2010). An individual operates in their world under a set of guidelines. After trauma, assumptions and beliefs underlying how the world is understood to operate for that individual are severely challenged (Janoff-Bulman, 1989, 2004; Tedeschi & Calhoun, 1995). Researchers hypothesize that the level of disruption to core beliefs is ultimately what predicts growth. After trauma, survivors engage in high levels of rumination to process what they experienced. This rumination can either be constructive, as a process of meaning-making or problem-solving, or continue to activate distress by continuing negative thoughts and emotions. Constructive rumination leads to alterations of beliefs framework that are more flexible and adaptive. Survivors give up their old assumptions or schemas and at the same time build new schemas, goals and meaning (Tedeschi & Calhoun, 2004). These changes can lead to more distress; however, reconstructing the framework also carries the potential for growth. Persistence in finding new explanations and the formulation of a new framework is believed to increase growth. These new goals create a sense of movement that is argued to be crucial to life satisfaction (Tedeschi & Calhoun, 2004).

Intimate partner violence survivor experiences in this study aligned with the assumptive world model. Many of the women reported deeply held beliefs and values prior to separation that were ultimately described as harmful to them. For example, participants shared prior beliefs such as “marriage is for life and when you have kids, you do everything you can, regardless of the situation you are in to make it work” (Yu Yan), “you do whatever it takes to make the marriage work because if it doesn’t work you are a failure” (Fatima), “it is better for the children to have two parents in the same home no matter what” (Julia), “good women don’t get divorced” (Janet), “good mothers put their children first and if they do not they are selfish” (Mary), “it takes two people to break a marriage” (Zara). The nine women who reported higher levels of growth described re-evaluating and mindfully putting aside family and cultural scripts and practices that they felt played a part in helping to maintain their emotional investment in the abusive relationship.

During the reconstruction of post-separation beliefs, socio-cultural influences had a significant impact. Inner circle support to the survivor had immediate influence. Prior to separating, the people around the survivor interacted with them on a regular basis and were described as sharing similar attitudes and assumptions of the survivor. Often, interactions with the inner circle were upsetting and not always helpful. The value base

often reinforced the blame and guilt the survivors felt and perpetuated the beliefs that worked to the abuser's advantage. Survivors reported then purposely modifying their social network and choosing to lose previously important relationships based on their new insights post separation. They described seeking out and forging new relationships based on their need for validation and support. The new relationships also often demonstrated a very different value system that the survivor could draw on for alternate and more adaptive and forgiving constructions of their circumstances.

It is understood that the mutually influential processes of rumination, self-disclosure and the qualities and responses of the cultural world are key to the journey of the survivor (Tedeschi, Park, Calhoun, 1998). New experiences then exposed the participants to alternate viewpoints and ideas that helped facilitate the creation of a new framework that shaped their lives going forward. Reema discussed how travelling broadened her perspectives:

'It (travelling) has helped me to recover, because first of all, I meet like-minded people... Who have actually been through all kinds of bereavement or trauma themselves and are doing the same thing – in order to heal, by travelling. And also, it was - looking at different people – families, societies and communities - in different countries and how they live together, how they treat each other – that made me reflect back on my *own* family and community. And then the more I saw that, the more abnormal my family became...' (L385-394).

Mary described how these experiences helped her learn about herself and what she brought to relationships. It was in these new environments that helped bring in alternate viewpoints. She goes to explain how she placed herself in novel environments to learn about herself,

'I took a course, another opportunity, talking and working through things in a completely different setting with people I didn't know...It was a *very mixed background*, you know from different cultures, different economic backgrounds, different social backgrounds, and I was able to see the phenomenal value that each one brought to the group. It was really eye-opening to do that - " (L481-490).

The women in their friendships, in contact with other survivors, or who participated in therapeutic activities spoke of their newly gained perspectives and understanding of their

past. Some of these new beliefs that were shared by the women included, “that’s not selfish, it’s healthy, and at the end of the day it’s good for my son as well and it’s good for everybody if I’m happy” (Janet), “while better in an ideal world to have two parents, it is still better to be single than in an unhappy marriage” (Mary), “religious figures are also human and can have their own agendas” (Zara), “if one partner refuses to listen or work with the other it is not possible to work together” (Yu Yan), “I am not being selfish by including myself” (Fatima) and “a marriage is not the only way to have a loving family life” (Julia).

The significance of exposure to other survivor narratives cannot be underestimated. This is may be applicable to the period when the IPV survivor is most receptive – in the years post separation when the distress can be contained. This impact is especially powerful when exposed to someone who had a similar experience and experienced growth. It has been demonstrated that the credibility of those who have “been there” can be crucial in determine the willingness of the trauma survivor to incorporate new perspectives or schemas (Tedeschi & Calhoun, 1993). Zara explained that the core of her entire identity was shaken when she was outside of roles prescribed by her community that centred on her religion. Understandably, this added significantly to her distress. She also found it difficult to adopt a new framework given this was not a decision she made by choice,

‘Yes, my religious beliefs have changed. I have unanswered questions and religion cannot answer them. I also have more fundamental questions such as my identity, my status, my parents, my religion, my social status, groups I belong to... The conflict inside yourself with religious beliefs is so deep-rooted that when you question it you feel guilty. You don't want to lose it - you want to have hope. It still matters to me. I still believe any gives my life meaning and hope. There is still a period of conflict going on’ (L32-38).

According to the PTG explanatory model, it may be possible that her distress was more pronounced because she was in the difficult position of grieving the loss of her old assumptive world and had not yet accessed a different framework. Growth is also not always reported after IPV, so perhaps Zara experience represents the IPV survivors who fall in this category.

### ***B. How self-compassion was related to rumination & growth***

Trauma impacts beliefs about the world and beliefs about the self. Interpersonal trauma can result in feelings of shame and blame which appear through negative evaluations directed at the self. Self-compassion has been demonstrated to be positively associated

to resilience after trauma (Scoglio, Rudat, Garvert, Jarmolowski, Jackson, & Herman, 2018) and can be understood as a potential balm to these wounds. Moreover, self-compassion can also be seen as engagement with difficult emotions (Scogio et al., 2018). This idea is strengthened by the measure outcomes that demonstrated that high self-compassion scores were related to high growth scores for participants. Although scores of the self-compassion measure from IPV survivors did not deviate from averaged norms, a few trends were noted that were also inferred from the interviews. The first trend was that SCS-SF items on mindfulness elicited the most self-compassion across participants. A certain distance had to be created by the participants from their distress to manage it – a key feature of mindfulness. These scores may reflect the acknowledgement of the survivors towards the development of this skill to be able to cope with their daily realities. The women in this study built meaningful lives post-separation, demonstrating their ability to effectively manage this distress in coping with daily life. The second trend noted was that the isolation subscale in the measure received the lowest level of self-compassion across participants. These scores may be a reflection of these sentiments shared by participants that others are unable to comprehend their difficulties and they did experience loneliness.

The SCS-SF could not capture the complexity of the experiences of survivors. Nearly all the women reported putting emotions “to the side” and adopting active coping strategies to “take their mind off” feelings. During the interviews, there was a significant amount of blame, shame and anger directed at the self that surfaced directly and indirectly for some participants during our discussions. Feelings of anger and blame were suggested by some of the participant SCS-SF answers. The items on failing and feeling inadequate eliciting the lowest levels of self-compassion from participants and corroborated the anger and blame towards the self that was shared in some of the interviews. Janet stated,

‘I can be harsh with myself definitely I can... I do blame myself because I’m thinking, I should have known better and, you know, to get involved with a person like that who I should have seen the signs, but then, I didn’t know much about drinking, and, you know, controlling behaviour. I didn’t know that people can be like that’ (L180-184).

Interestingly, the two women with the highest reported levels of self-compassion had different views on anger. Mary viewed her circumstances as a painful by-product of her upbringing and reported she was able to let go of the majority of her anger. Reema shared she did not feel responsible for the abuse – understanding as a child she had no

control in obtaining a forced marriage. She expressed continued anger towards her family and felt this anger worked to her benefit. They both reported the highest levels of self-compassion and growth.

All the women, with the exception of Pam and Zara, agreed that self-compassion was instrumental in their separation and recovery. Pam and Zara also reported lower growth levels. Pam stated, "...with self-compassion, I don't think I changed. I am now even harder on myself because of the rebuilding. I need to get on with it and there's not much compassion." Her reason for leaving the relationship was fear for her son's life. The severity of the event triggered the changes she made rather than concern for herself. Zara confided that she felt being harsh with herself pushed her towards continued professional success. She also felt she had no choice in the ending of her relationship. The other survivors described taking themselves into consideration when deciding to end the relationship, a very different process. Claudia explained, "I think the only way to move forward is to look after yourself and to put yourself first" (L459-460). She went on to state,

'So, in that sense, not to take the responsibility of the men that behave badly, because they have to pay for what they do. I say that the only way is to focus on what we want; to focus on ourselves, to get to know us; to let them know who we are, what we want, what's sort of relationship we want, what sort of partner we want' (L487-492).

Jasmine and Yu Yan described grappling with feelings of selfishness prior to separation, and now recognised this was unhelpful. Yu-Yan previously held little thought of herself in decisions she made, and she said,

'I have to think about myself – so, can I do that? Do I want to do that? These are the questions I ask myself now, and I say - no. I can't... so now I won't, and I try to meet the person half-way more, rather than a self-sacrificial thing' (L138-141).

These women emphatically told me that placing themselves in the picture – thinking of their needs and desires - was a significant and important factor in separation. Possibly their levels of self-compassion were low prior to separation and they moved higher post separation – a level closer to what may be found in the general population. Or, it could be that for some survivors, anger and blame directed towards themselves carried forward and this lessened the compassion they held for themselves, moderating their levels to the average mark.

## **7.5. How Quantitative and Qualitative Findings Converged**

The findings from both components of the study confirmed that IPV survivors reported experiencing gains similar to those documented in other trauma populations. The highest amounts of PTG were in three domains: personal strength, new possibilities, and appreciation of life. The interviews validated that the majority of the women felt the presence of growth but also presented a more nuanced view of the changes that surfaced for the women during recovery. The paradoxical nature of changes when relating to others and with their spirituality was more fully explored. This is a feature that the PTGI questionnaire alone would not have been able to capture. Moreover, the interviews highlighted how the individual nature of interpretation needs to be considered as the changes were not always labelled as growth or as positive by survivors, despite being marked as growth by the PTGI. The addition of the quantitative measures validated the importance of rumination and the quality of rumination in growth processes for these survivors.

The interviews facilitated access to richer data on the concepts mentioned in this study. The ruminative measure indicated that the survivors continued to engage in some degree of rumination. Although the amount of rumination reported may not have been significantly different to the general population of women, the quality of the continued rumination appeared to be distressing. In the interview survivors then disclosed that they had engaged in a high degree of rumination in the past, describing what can be thought of as their most vulnerable period. The ruminative response scale (RRS) was unable to retrospectively capture the amount of rumination from that time. This suggests that the measure may prove useful in ascertaining where IPV survivors are in recovery and which aspects of rumination were salient. Early, reflective rumination may be linked to the higher growth scores reported by the women. The data from this study suggests that rumination five years after separation from an abuser is associated with less self-compassion and less reported growth, and more likely to be unhelpful.

The self-compassion scale (SCS-SF) measure alone would have provided a limited understanding of the women's experiences. Self-compassion scores prior to separation remain unknown making any comparisons based solely on retrospective self-report. The scores alone would not have highlighted the importance of self-compassion that was evident in the interviews. The mindfulness subscale may reflect the survivor reports of possessing an increased ability to tolerate and contain distress. Surprisingly, most of the women reported how important self-compassion was to their recovery, yet nine scored moderately on the measure and only two scored marked their self-compassion levels as high. It is unclear why this discrepancy existed. It is possible that their scores prior or

during separation were incredibly low – and this represents a significant shift for them when compared to other populations. Or, the continued isolating, shaming thoughts that continued to plague some of the survivors may have impacted their view of themselves and what they deserved. Mary and Reema had higher levels of self-compassion and they also reported carrying less blame and guilt regarding their situation in the interviews.

Although SBAS scores did not determine any meaningful relations to growth, participants remarked on belief and value changes in the interviews that were life defining. The demand for fairness subscale aligned with the participant reported lower tolerance for injustice and conflict. The self-downing subscale, where questions suggest that worth is dependent on the perception of others, also matched participant explanation in the interviews of their decreased need for social approval and validated the social ‘outsider’ experiences they shared.

In sum, these two very different data sets facilitated a multifaceted understanding of the growth phenomenon for these IPV survivors. Growth had presented as part of a complex picture of long-term recovery. The smaller sample presented the opportunity to explore meaningful dialogues on the individual items and domains of the questionnaires in the interviews. Adding these participant understandings to the comparisons of overall scores allowed a broader bandwidth of investigation into longer term recovery processes for IPV survivors.

## Chapter 8. IPV Recovery: Herman's Three Stage Model

### 8.1. Chapter Outline

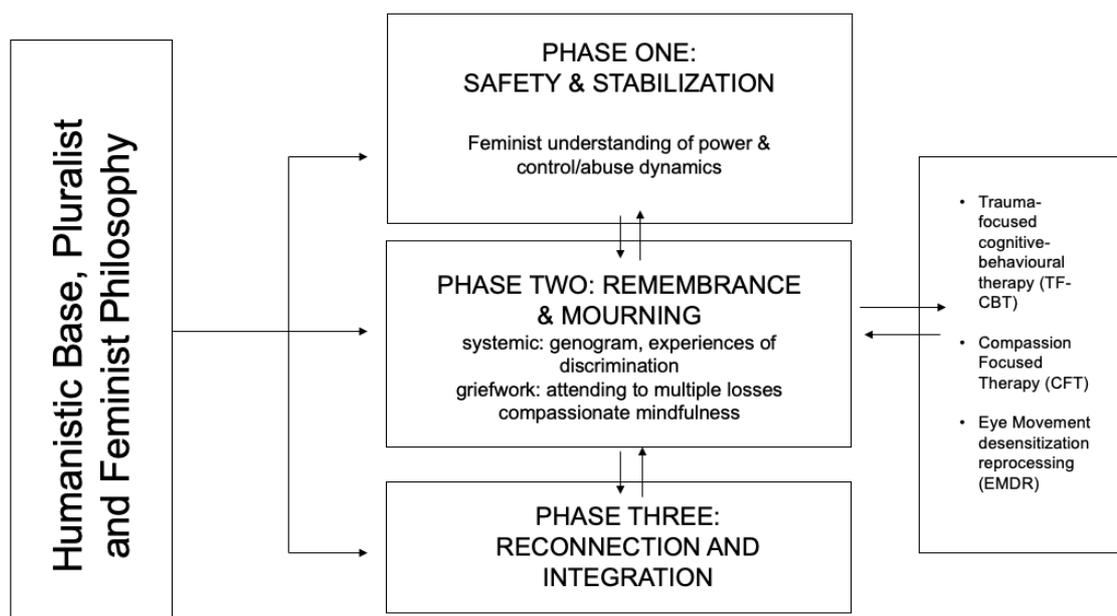
This chapter aims to marry the constructs of growth, rumination, self-compassion and beliefs in a coherent narrative consistent with the current academic understanding of recovery processes after complex trauma. Survivor experiences strongly suggested that Judith Herman's phase-based model of trauma recovery (2015) applied therapeutically would potentially have been beneficial to their psychological and emotional recovery. These findings are aligned with current NICE practice guidelines for complex trauma work (Cloitre et al., 2011). Specific to this population, it is argued that *phase one* considerations of safety and stabilization include feminist understandings of abuse dynamics to help the survivor gain perspective on their experience and reduce feelings of blame. Recommendations are that *phase two* incorporates compassionate mindfulness and systemic work that attends to familial patterns and experiences of oppression, along with griefwork. These components are argued to reduce emotional distress and encourage an adaptive cognitive framework that encourages kindness to self in recovery. The chapter concludes with how to best support the well-being of IPV survivor mental health from the perspectives gained from the women who participated in this study.

### 8.2. Summary of Findings: IPV Survivor Recovery

Despite leading what they described as meaningful and fulfilling lives, participants expressed a part of themselves had not healed despite their best efforts to move forward. The women confirmed that distress continued even many years later. They suggested that current therapies and support services were not geared towards long-term healing for IPV survivors and shared they struggled emotionally and psychologically long after the crisis of separation was over. I would argue that the current therapeutic options available are not well suited to adequately support women in recovery after the initial separation stage and that the women's organisations lack the funding and resources to help survivors in later stages of healing and recovery. Their experiences and continued difficulties suggest Judith Herman's phase-based recovery model would be beneficial. This model is advocated in addressing Complex PTSD in NHS Traumatic Stress Services. The participants suggested additional components specific to therapy with IPV survivors are arguably integral to their needs in psychological and emotional recovery.

If intimate partner violence is understood to be complex trauma, current NICE (2018) recommendations for intervention would follow the Complex PTSD treatment guidelines.

The women's experiences strongly suggested the suitability of the complex trauma model for their long-term recovery (Cloitre et al., 2011; Herman, 2015) and this has been confirmed by preliminary research (Seeley & Plunkett, 2002). The model advocates an integrative, phase-based approach that is individually tailored and built on a strong therapeutic relationship (Cloitre et al., 2011). Herman (2015) maintains that recovery unfolds in three stages as indicated by Figure A12. Recovery is not a linear process - progression through the stages of recovery is a spiral where issues are continually revisited and integrated on a higher level. Stage one is comprised of creating safety, the second stage is remembrance and mourning, and the third stage is the reconnection with ordinary life. The importance of the second stage is ability to reflect on, make sense of and process the traumatic past. Psychological therapy in the second stage is the mechanism that alleviates emotional and psychological distress, and stops the past from interfering in the present. The second stage consists of the evidence-based therapies applicable to single event PTSD (trauma-focused cognitive behavioural therapy, compassion-focused therapy, eye movement and desensitization therapy). The psychological practitioner works with the survivor to recognise and broaden their ability to make sense of the past and incorporate highly charged emotional memories through managing distress (Corrigan, Fisher & Nutt, 2011). Over the course of successful trauma recovery, survivors shift feelings of unpredictable danger to reliable safety, from traumatic to acknowledged memory, and from stigmatised isolation to restored social connection.



CLOITRE ET AL., 2011; HERMAN, 2015

**Figure A12.** IPV Psychological Model for Recovery

The period immediately after separation for IPV survivors is psychologically intense and would be considered *phase one* in trauma recovery. Both safety and stabilization are the priority and psychoeducation in this phase. This aligns with what the women described they needed – space to focus on the immediate physical and practical needs, distress management skills and validation and support. This approach is embedded in women’s organizations – feminist and person-centred oriented therapy for the survivor to gain the space and validation to move away from the abuser and a recognition of their needs. For the women who have are in this phase, feminist-based counselling would be well suited to these goals and survivor feedback strongly endorses this intervention. They all expressed the understanding of gender, power and dynamics of abuse explained by the women’s organizations as validating and incredibly helpful in making sense of their circumstances. This feminist conceptualization is a crucial component that can be lost in typical NHS services that are based on cognitive-behavioural foundations.

When these women eventually lost access to the crisis-based services (if any support was provided at all), here it remained unclear for these women where to access support. The women described the healing of their deeper relational wounds was missing and having no indication of how to access support in this area. I believe argue that what was needed for these IPV survivors were *phase two* interventions. They were immediately reintegrating socially, *phase three*, at work, and with relationships, with limited to no access to *phase two* trauma processing. I would maintain that trauma-informed psychological interventions would have served as a potential healing balm to the parts of the women they felt were permanently compromised and facilitated both long-term emotional and psychological healing.

Ruminative activity after separation was distressing and carried both reflective and brooding aspects. During the reflective rumination, beliefs and relationships, life goals, and re-connection to the self was in process, and this was suggested to be linked to participant growth. However, this important life re-evaluation coexisted with blame, guilt and shame and it was suggested that these processes were linked to brooding aspects that continued to surface. It also appeared that the rumination had to be continually managed (where possible) by the women because this process was also linked to high levels of distressing emotional content. Many spoke of keeping busy and distracting themselves to navigate this tumultuous transition. Others left these areas psychologically closed because navigating these areas on their own proved too challenging. Their descriptions aligned with the complex trauma model *phase two* window of tolerance, where the survivor must contend with high levels of trauma and must manage their distress levels before cognitive of the processing can take place (Cloitre et al., 2011).

Without specialist support it would be unlikely some survivors could contend with past distress. Finally, participant experiences also alluded to the potential benefit of compassionate mindfulness interventions, systemic work and attending to grief during the *phase two* of recovery. These understandings expand and confirm current NHS complex trauma-informed psychological interventions and will now be explained in conjunction with the limited research in this area.

### **8.3.1. Compassionate Mindfulness**

The women spoke of contending cognitively with a distorted view of reality and high amounts of support and validation were needed for the survivor to recognise and voice their emotions and recognise their needs as deserving. They described needing outsider views of the situation to loosen the distortions created by the abuser. At the same time, self-compassion was described as an antidote to the guilt and shame that resulted from their trauma. They had to accept they were worthy of love and kindness – no small task for women in this position.

When thinking about how to support survivors manage the rumination after stabilization, the beneficial aspects of mindfulness were noted. Although none of the women specifically mentioned mindfulness as a strategy in recovery, high scores were reported on the mindfulness items on the self-compassion measure. The women suggested in interviews employing mindful strategies to manage their distress and gain emotional balance and reported these to be helpful. A majority of the women spoke of regaining emotional balance as helping them contain the rumination and facilitate processing of events and their responses. Jasmine suggested that balance in her social relationships supported her internal feelings of stability. Yu-Yan and Mary, high scorers in self-compassion, spoke of the benefits of reflection while walking in nature – arguably mindful activities. The women with the highest reported levels of self-compassion also ruminated in later recovery the least.

As time passed for the women, the levels of rumination dropped as the reflection that led to belief strengthening or altering eventually was eventually (but not always) reconciled. The rumination that continued for the women appeared to be linked to shame, guilt and anger – difficult emotions to process. Possibly the rumination was also continued grieving for what had been lost. The survivors who reported the highest growth were also now ruminating the least. This suggested that the rumination ceased to be helpful when the survivor moved towards acceptance of their new reality and that the lingering rumination was potentially linked with distressing and unhelpful thoughts. Jasmine stated here what she ruminated on, “Guilt, guilt I used to get stuck on. Self-blame I use to get

stuck on. Shame, there was a lot of shame, and that was mainly associated with cultural shame, the shame I brought upon my family..." (L220-222). Her comments suggested the potential benefit of bringing in compassion to these distressing emotions.

Based on my understanding of the women's experiences, mindfulness appears to have the potential to provide cognitive space for the survivor to bear witness to their own suffering and reauthor their own narratives. Bringing in Buddhist ethics in contemporary mindfulness practice is also congruent with feminist and social justice philosophy underpinning the survivor experience (Crowder, 2016). Mindfulness practice may foster the cognitive flexibility to provide survivors the opportunity to view their thoughts independently and decrease overidentification with distressing thoughts and emotions. The mindfulness component of a *common humanity* may further facilitate connection to others through the universal experience of suffering and contribute to less feelings of isolation. As survivor manage their distress and period of ruminative activity, and begin to disengage from their distressing thoughts, they may gain the mental space needed to be able to reflect and bring in self-compassion. The women reported that self-compassion was an essential component in recovery. This aligns with psychological understanding of self-compassion that has been theorized to provide an internally "emotional available other" to replace the abusive internalized working model. Self-compassion is also integral to many mindfulness interventions (Crowder, 2016) including Compassionate Mind Training that teaches self-compassion and self-regulation skills for people with high levels of shame and self-criticism (Gilbert & Procter, 2006) and is a therapeutic model found to alleviate post traumatic distress. Survivors in this study reported strong feelings of self-blame and guilt regarding their past decisions. Compassion based mindfulness approaches seem to be a potential palliative balm to the wounds described by the survivors of this study. Moreover, the compassionate mindful approach has had positive outcomes with other IPV survivors (Crowder, 2016).

Currently, therapies with IPV survivors do not typically include forms of mindfulness. I agree with Crowder (2016) and Brown (2018) who both proposed that feminist therapy can integrate features of mindfulness (Kabat-Zinn, 2015). I strongly suspect that the women had learned through necessity how to maintain emotional balance independently to successfully move forward and continue daily life. One of the components in trauma informed work is the processing of the experiences of the survivor within the window of tolerance. Learning to engage with arousal levels through mindfulness practice has the potential to facilitate healing for survivors. Feminist and social justice approaches can provide the context of the experience where suffering is not viewed as a personal deficit but as an outcome of systemic exclusion, and compassionate mindfulness approaches

can provide the tools to enlarge survivor tolerance of distress and facilitate post separation personal transformations.

### **8.3.2. Systemic Work: Attending to Oppression and Familial Patterns**

Domestic abuse needs to be placed within a socio-ecological context (Ahmad et al., 2013). Feminist therapy and counselling psychology systemic work embraces discussions of intersecting social identities, oppressions and privileges that both genders experience (Enns, 2004). Domestic violence is prevalent where women are victimised due to their continued social vulnerability. Cultural scripts reinforcing ideals of motherhood and partnership exist in every cultural background (UNDP, 2020). Many of the scripts are detrimental to the women based on historical subjugation due to their gender. Social and family scripts regarding womanhood, parenting and motherhood and female sexuality can be picked up as tools to psychologically entrap women. Exposure to alternate views of gender, womanhood, motherhood and female sexuality help broaden historical narratives that contribute to creating invisible bars for women. Changing and challenging gender roles, where boys are encouraged to nurture and express emotions in a non-abusive way and share in management of the home and children are also crucial to the emotional health of the family unit. As experiences of IPV survivors are better understood, narratives of trauma and growth can transcend individuals and can challenge whole societies to initiate beneficial changes (Bloom, 1998). These narratives need to be shared in the general population and familiar to those in practice. Counselling psychology acknowledges this multimodal understanding of well-being and it needs to be promoted to lessen the stigma and shame of the victims.

The United Nations Development Programme (2020) documented the continuing gender disparity due to social norms and unaccounted burdens faced by women globally. These are at play for women faced with abuse in their relationships and in a broader social context that uphold underlying existing structures of power. The solution is to foster insight and active engagement in solutions to challenge this inequity, a process termed by Paulo Freire as critical consciousness. As a counselling psychologist, I see my role as engaging with clients to help facilitate consciousness of underlying beliefs and identifying and evaluating family dynamics as potential contributing factors to maintaining abusive relationships. Oppressed people suffer some inhibition of their ability to develop and exercise their capacities, and express their needs, thoughts and feelings (Young, 2013). Under this definition, the women experiencing intimate partner violence are experiencing oppression. If these remain undiscussed, discriminatory structural practices can continue to be operated on and perpetuate distress. Many of these women carried beliefs, practices and values that facilitated their vulnerability in the home and

their ex-partners held the ability to use these ingrained scripts as tools to further subjugate them. Unless these unconscious practices and beliefs are identified, made conscious and explored, women may continue to place their needs below others in their families and in relationships and perpetuate patterns that harm themselves and in so doing their families. It is imperative to provide women with alternative scripts and expose them to varied practices to provide new tools for the women to pick up if and when they choose to do so. This is arguably why exposure to other survivors and social support is key to recovery and increases potential for growth. I would argue that many of these beliefs that contribute to the women's distress are a reflection of the norms we are still exposed to and often operate on without questioning. It is only by unearthing of these norms that one can examine and make choices on what can be changed or adopted moving forward. These social experiences need to be acknowledged and voiced in psychological therapy to oppose sources of internalised oppression and external sources of discrimination that have a detrimental impact on mental health.

### **8.3.3. Making the Case for Griefwork**

Grief was discussed as a significant component in recovery as many losses had been sustained. For these women in the aftermath of the trauma of IPV, there existed multiple and complex grief components. Janet shared the sentiment of loss that resonated in many of the interviews,

'The life you thought you were going to have his first and it is gone, those years in youth have gone, and knowing you don't get those years back. I'm not where I should be, you know, my life, what I have achieved, because I think (pause) I'm supposed to be, you know, doing something *more* than what I'm doing at the moment...I'm just thinking, 'Probably I wasted time, the time ... ' but then I do look, and what could I have done? So, I do weigh everything, because I'm thinking - so what could I really have done? Then I'm thinking - but *that was a wasted time!*'

Griefwork validates the complicated nature of the IPV trauma and the necessity of acceptance that life will no longer be the same. Zoellner & Maercker (2006) asserted that as with most trauma survivors, realistic change seems to be the recovery process, when a return to the old pre-trauma state is often not possible. Janet and Mary both believed that acceptance of a new reality was imperative to moving forward. Although it is beyond the scope of this study to explain more about the links to grief orientated therapy, many of the features and stages described by Worden (2018) in his book *Grief Counselling and Grief Therapy* seemed to apply. The tasks of mourning described (accepting the

reality of the loss, working through the pain of grief, adjusting to the new environment, emotionally relocating the deceased and moving on with life) appeared to be particularly relevant. The last task could be for the IPV survivor to find an appropriate place for the 'deceased' in their lives for them to be able to move on. The benchmark of a completed grieving is the ability to reflect on the death without pain. I would think that the participants in this study would agree that is when they felt they were moving on – as they disclosed – five to seven years post separation it was when the distress had begun to abate. Moreover, Worden differentiates complicated from uncomplicated grief – the latter occurring when the relationship was ambivalent and/or hostile. The abusive relationship would then be located on the complicated grief end of this spectrum. Anger and guilt are relevant to this type of mourning and contribute to the mourning remaining uncompleted and contribute to continued difficulty in daily life for survivors who have separated.

A grief-oriented existential approach would by nature include an exploration of beliefs that may contribute to continued distress (Tedeschi, Calhoun, & Groleau, 2015). Calhoun and colleagues (2010) included in their humanistic-existential model of grief therapy a reconstruction of beliefs, including a sense of meaning and adopting new life narratives. They argued for clinicians working with this population to adopt an *expert companionship* role. This form of therapy appears to overlap with the needs described by the survivors of IPV. As with the bereaved, early stages of transition is about coping and managing through distress. The researchers advocate for the need for clinicians to explore beliefs, embody tolerance for the long-term nature of trauma, have the courage to hear and tolerate distress and appreciate the paradox whereby from vulnerability is the emergence of strength.

#### **8.4. Potential Relevance to Counselling Psychology Practice**

I would argue that the prevalence of domestic violence is a reflection of the status of women globally where violence towards women has historically been condoned. The limitations of the current mental health system to identify abusive relationships maintains the status quo and perpetuates the systemic inequality of women. Mental health professionals have reported feeling inadequately prepared and lacking confidence in identifying and providing assistance to those experiencing IPV (Trevillion et al., 2014) and these same feelings could be applicable across psychological practitioners. This may be a contributing factor to low attendance and high drop-out rates of IPV survivors in traditional counselling services. Many symptoms of distress may be the consequence of harmful social influences and focusing solely on the individual and symptom alleviation perpetuates the abuse and fails to address the root cause of the distress. Considering the large reaching impact and prevalence of this form of abuse, training for all mental

health practitioners in identifying and signposting for survivors seems crucial to good practice. Most importantly, it has been documented that the best method for assessing domestic violence is direct inquiry (Howard, Trevillion, & Agnew-Davies, 2010). It follows that sound clinical practice entails routinely assessing for this kind of abuse. It is highly likely to encounter this form of abuse in service users as domestic violence contributes to both chronic and severe long-term mental health problems (Howard et al., 2010).

Traditional interventions with this population have been focused on safety and stabilization, are short-term, and have with no adequately operationalised construct for 'successful' recovery (Allen & Wozniak, 2010). It arguably remains neglected in most therapeutic conceptualisations and clinicians are short-changing trauma survivors by setting goals for reducing symptoms rather than supporting clients to reflect on their situation in a broader context. Allen & Wozniak (2010) argues that a shift is necessary from viewing women in recovery from 'surviving' to 'thriving'. This study confirmed the need to include an open mind and awareness of growth in a therapeutic context to facilitate a more holistic view of the survivor as resilient and capable. Including growth as a possibility aligns with the pluralistic counselling psychology value base where it remains feasible for distress and growth to sit side by side.

Several considerations surfaced in the undertaking of this study that are relevant to counselling psychologists. With the IPV population, engagement with the therapist is a pertinent issue. Based upon the survivor reports of general guardedness when relating to others, it seems reasonable to assume that the survivor may be more reluctant to engage in therapeutic encounters which require a high degree of trust and vulnerability. The guardedness may be heightened with fears of stigma or shame that are carried. It is reasonable to assume that survivors may require more time to build trust and rapport when building a therapeutic relationship. Based on their reports, it may also be surmised that once the survivor is engaged, they would find the deeper level in therapeutic encounters satisfying.

A clinician can remain open to possibility of growth and be mindful of timing of any discussions of growth for the client. The research base validates the need to keep the experience of growth as independent from the experience of trauma (Tedeschi et al., 2015). Moreover, not all survivors report or experience growth and the presence of growth does not negate or alleviate distress. Therefore, it remains vital for clinicians to attend to negative states including sitting with profound loss. The importance of survivor narrative and openness to the perspectives and experiences of others who have recovered from trauma has been demonstrated to be helpful to IPV survivors (Cobb et

al., 2006). Linking survivors to others who have grappled with the same issues through access to support groups and availability of role models can be crucial to recovery and growth. The beliefs and values that were held prior to the abuse were a tool used by the abuser and these tools are still present in the survivor cognitions and emotions. Exposure to alternate perspectives can be liberating as previously held assumptions can loosen and potentially altered towards more flexible and adaptive beliefs. This study and the research base with trauma survivors validates the importance of support groups, contact with survivor stories that are shared and this includes narratives for people to read to recognise they are not alone to provide hope for a better future.

### **8.5. Considerations When Working With IPV Survivors in Recovery**

The four participants who reviewed the results and conclusion section of this study agreed with the grief paradigm and endorsed the following points that were highlighted by survivors and noted in the process of completing this study:

1. Trust needs to be built with transparency and clarity over counselling goals and purpose. It is likely that high levels of distrust from this population will surface and these are understandable given the nature of their abuse history. They would be particularly sensitive towards any sense of judgement on the part of the therapist. This work may not be suitable for those practitioners who are not confident in working with domestic abuse.
2. Feminist understanding of power dynamics and gender have been reported to be useful and reduce feelings of self-blame. Survivors suggested that some self-disclosure and transparency on the part of the therapist facilitates trust.
3. Timing of their situation is critical to determining their therapeutic needs. Early after separating, safety and stabilization remain a priority and practical needs take precedence. Distress levels are likely very high, so techniques of trauma-informed distress management skills would be helpful.
4. Once the survivor feels they are stable, an integrated approach, drawing on components from cognitive-behavioural, systemic and existential models would help facilitate understanding and cognitive reappraisal of their circumstances and recognition of positive social support. During this time, beliefs and values can be explored and considered in how they worked for the survivor.
5. As more distress can be tolerated, a complex trauma model may prove beneficial as well as other trauma-informed models to alleviate posttraumatic stress symptoms.
6. An existential or complicated grief model component may help the survivor to make movements towards accepting their new reality and aid in their mourning of multiple losses.

7. Systemic understandings of privilege and historical family context can help contextualise experiences of abuse, reduce shame and provide context of their experiences. Voicing these experiences and patterns may be validating and helpful.
8. Survivors describe experiencing high levels of doubt about their past experiences and needed high levels of validation.
9. Growth may be a feature of recovery and may be attended to *if the survivor* refers to these changes and very likely this would not be in the initial stages of separation.
10. Due to lack of confidence and high levels of guilt and shame, it makes sense to acknowledge strengths and survivor resilience. This helps to counter the abuse narrative.
11. Survivors struggle to both recognise and also voice their needs. Assertiveness skills were described as beneficial.
12. Self-compassion alleviated their emotional distress, and when their feelings of low self-worth and neglect were shared, compassion directed inwards would likely be difficult for some survivors but was reported to be helpful.
13. The women spoke of focusing on themselves in the present and making small and large goals for the future to move forward. This helped them to cope until they were ready to reflect on the past at a pace suitable for them.
14. Physical activity survivors engaged in on their own such as walking, swimming, running or hiking helped survivors bring to the surface painful emotions that were then able to be processed.
15. Stepping into new and varied experiences helped the survivors gain confidence and learn about themselves in social relationships and provided new perspectives on their experiences. This facilitated their healing.
16. Hearing about and from other survivors of this type of abuse provided validation and possible hopeful pathways for future. Support groups and therapy were cited as highly valued in recovery for both insight and validation.

## **Chapter 9. Final Conclusion & Implications**

### **9.1. Chapter Outline**

This is the final chapter that includes implications of the study, thoughts on strengths and limitations of the project and considerations for future research in this area. Final thoughts and reflections on my work as a counselling psychologist and domestic violence survivor advocate concluded this section.

### **9.2. Implications of the Research**

The intention of this research project was to encourage a holistic understanding of the survivor and better understand recovery in the longer-term. Historically there has been little research on both recovery and growth for this population due in part to their vulnerability, high levels of distress and the difficulty in determining trauma resolution (or endpoint) after IPV. In the most recent and only review of studies concerning growth and IPV, Uloa and colleagues (2015) concluded from 17 studies in their meta-review that it remains unclear how growth and IPV are related. Hopefully this study provided some insight into healing processes and the possibility of thriving in some aspects of recovery from the survivor viewpoint.

The majority of female IPV survivors interviewed confirmed that they believed that positive gains accompanied their distress. These findings support the quantitative study that documented high levels of growth for this population with the PTGI (Cobb et al., 2006). Growth was apparent when recognizing their personal strength, in their engagement and approach to new possibilities, and in their expression of gratitude for what remained. The IPV survivors describe experiences similar to parents who have lost children, captured by the phrase 'vulnerable, yet stronger' (Calhoun, Tedeschi, Fulmer, & Harlan, 2000). Through their struggle with distress, they reported that some growth had emerged.

It is unclear how maturational processes and perceived growth from positive reappraisal both have influenced how much growth had been reported. Claudia and Zara highlighted how some of these processes may have been at play - at least for some of the women. It was noted that many survivors relayed stories of behavioural and cognitive changes, including survivors who stated they chose very different partners. This hints at transformative changes. However some participants also alluded to the benefits of remaining positive and reframing their experiences as growth, indicating that along with the transformative changes there was likely positive reframing that was part of recovery.

The women met their partners during their emerging adulthood, a formative period. This may indicate that maturation was also partly at work and the abuse may have also restricted some normative developmental processes for some of the survivors.

Studies have found positive gains in relationships for IPV survivors post separation. This study suggested gains emerged before separation and contributed to the relationship breakdown. In addition, while a favourable impact on romantic relationships had been documented in prior studies, some of these survivors reported sometimes very challenging problems with intimacy. Religious beliefs were documented to strengthened after IPV (Dickerson, 2011), and participants in this study demonstrated the complexity of the cultural impact on recovery (Pargament, Desai, & McConnell, 2014) and potentially life-altering changes to religious beliefs and practice. Finding these contradictions was not surprising considering the samples that the conclusions drawn from prior studies were small (Dickerson, 2011) and lacked ethnic diversity (Uloa et al., 2015).

The multifaceted nature of some of the changes the women explained when relating to others and in their religious beliefs was highlighted. Distressing changes overshadowed the gains for Zara to such a degree that she felt the term growth was not applicable. Claudia raised important questions on whether growth was the consequence of a maturational process –supporting some of the views of the researchers who remain sceptical of the growth construct. These researchers argued that the ‘positives’ were illusory and served to alleviate distress by looking at the past through a distorted lens. It remains debatable whether this is indeed the case; however, it was remarkable that nine of eleven women, after a period of time apart from abuse, described similar qualities that they viewed as ‘positive’. It also is important to note that these qualities in no way negated the losses for the women, confirming the assertion of Tedeschi & Calhoun (1998) that the best way of understanding growth was viewing it as one component in recovery and this acknowledged their ability to thrive, be resilient, and recognise their own strength in recovery.

The women provided rich descriptions of the changes in beliefs ascribed to their cultural and religious identities. These women’s experiences validated the model proposed by Tedeschi & Calhoun (1996). After trauma processing, values and beliefs changed as did the nature of the survivor relationships and their engagement in the world. Furthermore, the majority of women who reported growth confirmed that self-compassion was imperative to their being able to take the decision to leave and instrumental in their recovery. At the same time, they described truly struggling to fully embrace kindness directed inwards. The findings also suggested that for the women that did not get support

or the opportunity to access support services, such as Pam, the emotional distress may never fully wane, demonstrating that time alone did not heal all wounds.

### **9.3. Strengths & Limitations of the Study**

This study was a unique opportunity to access survivors from this highly prevalent and damaging form of abuse and enquire about the nature of their long-term recovery. It provided insight into the experiences of eleven survivors who had left long-term partnerships. Understanding of growth has been limited for this group and the mixed method design helped to validate the existence of reported growth. Findings corroborated that growth, similar to other trauma populations, existed separately from resilience and positive coping in recovery (Cobb et al., 2006). The inclusion of a validated and reliable measure (PTGI) added value in providing context to the existing research base on growth for IPV survivors. The use of an ethnically diverse sample, as a reflection of the surrounding urban community, provided insight from varied individual experiences. The ability to glean some understanding of their experiences has proven insightful and validated the incredible resilience in the participants. Study procedures made sense to participants and the goals were clear because quantitative constructs and the interview guide were linked. This added to the transparency of the project and facilitated trust with participants. This was important considering they reported themselves to be generally guarded and suspicious of others. While it is hard to know how trust impacted the nature of the findings and what was disclosed, the atmosphere in the interview room was warm and genuine. I do believe my insider status contributed to a higher level of trust that resulted in greater depth and honesty typically possible in a short space of time in qualitative research with this population (Dwyer & Buckle, 2009). The benefit of adding the interview portion to the study with a small number of women was the ability to gain more information on the individual items of the measure. This task is not feasible with large quantitative studies that typically only examine overall measure scores. Probing on responses to individual items proved fruitful in the amount of information that could be expanded on by participants during the interviews.

When reflecting on this research, there were several issues with this project. Because of my historical close work with this population, it was possible I was projecting some of my own needs or perspectives in my analysis of the data or my personal views on domestic abuse that kept me from considering some aspects of the participant experience. I tried to keep notes of my emotional and internal dialogue through the research however I believe it remains impossible to note the totality of one's own personal bias. I therefore made efforts to share alternate viewpoints in the analysis including the perspectives that I did not agree with. Furthermore, the uniformity of the long-lasting impact of the trauma

could be the result of recruiting through a women's centre – experiences of women in the general population likely differ. These findings are a reflection of a small pool of participants who were in contact with an urban women-centred community. As a sole researcher with timing and recruitment constraints, unfortunately more participants could not be included. Therefore, generalisations can only be made to the women in this study and conclusions cannot be drawn regarding the IPV population generally. The measures were retrospective and based on self-report, so it was unclear how much of these changes were internally experienced and it is unknown whether they produced actualized and observable behavioural changes. It is also unknown how these participants would have scored these measures at various points during recovery. A longitudinal study would have added significantly to any understandings. The participants were aware that this study was on growth after recovery and this may have led to a self-selection process whereby survivors who have experienced growth elected to participate and other survivors did not respond. The knowledge of the goals of this study may have also impacted the manner in which the women responded to the questions. The purpose of the study was framed from the start and it was possible that because of this growth was unrealistically magnified.

Growth has been argued to be related to core belief disruption. In retrospect, another measure besides the SBAS may have been more useful in capturing belief change for this group of survivors - it did not prove effective and failed to capture any of the belief changes described by the women. Also, more growth has been documented to be reported by women and by minorities generally (Helgeson et al., 2006). There were only women in this study and two-thirds of them were minorities. It is possible that higher amounts of growth were reported in this study were partly attributed to the make-up of the sample. Comparisons between genders and ethnicities were not possible in such a small group.

My social identity impacted both the nature of the interactions with the participants and the interpretation of the data (Hankivsky & Grace, 2015). Most of the women in this study were of a similar age to mine. Aspects of myself that were not salient in one interview prompted a different discussion in another encounter (Breakwell, 2012). In two interviews, participants identified with my South Asian background, apparent both in my name and by physical features. One participant used the phrase 'our' when sharing her views on her family values and their influence on her experiences. This same participant expressed her ability to share more openly due to her understanding of our shared cultural experience. She confided feeling I was likely to be less judgmental. Others may have experienced this sense of similarity and these feelings were not voiced; or

conversely, some women may have felt less able to share due to the fear of judgement due to perceived overlapping cultural belief systems. Regardless, it is not known truly if any of our experiences intersected – these were unspoken understandings of the participants. This was not a guarantee of ‘knowing’ even when I was acknowledged to be an insider (Doucet & Mauthner, 2006; Dwyer & Buckle, 2009). I believe my identification with differing cultural backgrounds facilitated my ability to hear and connect with the tension and pain between competing cultural values with the participants from minority backgrounds and perhaps prompted different discussions. My identity as a woman may have provided unstated comfort and safety as someone who implicitly understood in the experiences of some forms of oppression and knowledge of experience in relation to our gender, and this may have also been true with my minority identity. My level of education and middle-class status was felt by myself in some interviews with working class participants. I strove to explain questions without the use of jargon and tried to connect with the practical reality that financial losses understandably took precedence over psychological concepts I questioned them on.

#### **9.4. Possibilities for Future Research**

Further research with IPV survivors who are healing is needed, particularly longitudinal studies that can track survivors through recovery trajectories; however, challenges with accessing and proceeding ethically while researching this population proved daunting. Many of the organisations approached for this study to gain access to survivor perspectives remained understandably protective of their service users. The survivors who had accessed therapeutic services appeared more constructive in their approach to healing and described less emotional turmoil. Unfortunately, the participants confirmed that information and services for survivors on longer term recovery remained unavailable or difficult to access. All of these women described persisting challenges with their emotional recovery. Arguably this was due to the lack of research and accessibility of information on healing, and possibly a continued perception of shame and stigma with the population even within mental health services.

The findings from this exploratory study imply that complex trauma models would benefit IPV survivors in long-term recovery. Moreover, potential interventions of mindfulness and self-compassion for this population is advocated based on the experiences of these women. There was a link between rumination and both growth and self-compassion within this group. More than five years after separation, the women who reported ruminating less also reported more self-compassion and more growth. More research is needed to determine how rumination can be conducive to growth and how self-compassion plays a role. It is possible that self-compassion fosters growth within this

population and this is another exciting area of future study. Generally, the role of emotions has been underestimated in studying growth. Studies have usually concentrated on cognitive factors, coping strategies, or personality differences, and the role of emotions might play a greater role than previously assumed. Recognising, containing, and expressing distress was a key component described in recovery. The distress is also believed to be linked to rumination levels and it remains unclear how emotions led to the continued rumination for the women. Finally, it is not known if therapeutic services are related to growth generally or with IPV survivors and this would be a fruitful area of potential research. Researching growth within psychotherapy with trauma survivors or with IPV survivors both individually and in groups can offer exciting perspectives on whether growth can emerge from therapy and how it may be related with other processes fostered in a therapeutic context such as adaptive coping strategies.

### **9.5. Final Reflections**

Prior to this research, I naively hoped I would discover that at some point in recovery, healing and thriving would overshadow the pain and grief that the women had undergone. Despite how successful these women were in their professional and daily lives; a part of these women continues to bear the burden of their painful experiences. Smith (2003) in her interviews on recovery for survivors of IPV found herself questioning of whether healing from this form of abuse was even possible. This sentiment was incredibly sad and a distressing message to those who have overcome incredible hurdles to separate from abusers and sometimes their families and communities. Through this research process, I have come to another more realistic and more hopeful conclusion. No amount of growth or positive present or future could completely erase the painful past. As with any profound bereavement, painful losses are never forgotten and distressing reminders will continue to exist. These interviews revealed that recovery is not about erasing the losses or eliminating the distress; instead, it can be about making the present and the future more fulfilling and meaningful. In this process, the past embodies a smaller and potentially less painful component of existence. As the present and future become more meaningful and enjoyable, the past may become more bearable. And while the losses continue to be carried, the negative experiences would no longer define the survivor in their lives. This is what I believe is integration and healing and I would argue that it is possible. My experiences with the participants and working with survivors have strengthened my views on recovery.

## 9.6. Personal Conclusions

Part of reflexivity is acknowledging how I have been shaped through the research journey (Palaganas et al., 2017). Completing this research has coincided with my appreciation and understanding of the depth of grief and loss that accompanies the profound life changes that separation from domestic abuse involves. After listening to these survivors, I continue to believe in growth emerging from the distress but hold this belief with considerably more caution and care than when I began this project. The women described a new more profound depth in their encounters that sat alongside their fears and suspicions. They independently described similar growth experiences to me such that it is not possible for me to conclude that the construct of growth is illusory or mainly the result of maturational processes, although this may be the case for some portion of the growth described. What was also clear was that damage to the soul was immense. My appreciation and understanding of the emotional and the spiritual healing that recovery entails has been heightened. I believe my own comfort level with sitting with profound pain has increased over the course of the doctorate and this has facilitated my own growth and views on recovery. I also believe that perhaps these women have seen a glimpse of a side of human nature we prefer to avoid. Once this form of abuse has been experienced, it may be unfair and unrealistic to ask these women to expect their views on human nature to change, but perhaps they can be softened. While not excusing abusive behaviour, I also hold the tension between seeing the devastation the abuse creates while appreciating perpetrators have their own journeys of distress and multitude of reasons of contextual and personal reasons that drive their behaviour. This leads to my personal belief that oppression benefits no one and impairs our ability to connect, a fundamental human need. I would like to conclude with quotes from two of the women who took part in the study and I sincerely hope that I have honoured the contributions of all the women who contributed to this research.

‘It has given me an opportunity to really think back and reflect back on my life, really. You don’t often just stop your life, step back and think about the last 25 years or so of your life... It was both happy and sad. I really do hope that what I have said today *does* actually help the lives of other women out there. I really hope it does make them recover and thrive the way I did. That would make me very happy.’

‘So, as a young woman - I wanted to know: what is the long-term outcome for people like me? Because I met a few other people in the refuge – what happens to us ten, fifteen or twenty years down the line? What is the outcome for people like us? I wanted to know that myself, at that time. And so that’s

why, of course, when I found out that this is the title of this research study, I had to participate.'

## Appendices



## Appendix A1. Ethics Application & Approval

Supervisor:



### Psychology Department Standard Ethics Application Form: Undergraduate, Taught Masters and Professional Doctorate Students

This form should be completed in full. Please ensure you include the accompanying documentation listed in question 19.

Does your research involve any of the following? <i>For each item, please place a 'x' in the appropriate column</i>	Yes	No
Persons under the age of 18 <i>(If yes, please refer to the Working with Children guidelines and include a copy of your DBS)</i>		X
Vulnerable adults (e.g. with psychological difficulties) <i>(If yes, please include a copy of your DBS where applicable)</i>	X	
Use of deception <i>(If yes, please refer to the Use of Deception guidelines)</i>		X
Questions about topics that are potentially very sensitive <i>(Such as participants' sexual behaviour, their legal or political behaviour; their experience of violence)</i>		X
Potential for 'labelling' by the researcher or participant (e.g. 'I am stupid')		X
Potential for psychological stress, anxiety, humiliation or pain		X
Questions about illegal activities		X
Invasive interventions that would not normally be encountered in everyday life (e.g. vigorous exercise, administration of drugs)		X
Potential for adverse impact on employment or social standing		X
The collection of human tissue, blood or other biological samples		X
Access to potentially sensitive data via a third party (e.g. employee data)		X
Access to personal records or confidential information		X
Anything else that means it has more than a minimal risk of physical or psychological harm, discomfort or stress to participants.		X

**If you answered 'no' to all the above questions your application may be eligible for light touch review.** You should send your application to your supervisor who will approve it and send it to a second reviewer. Once the second reviewer has approved your application they will submit it to [psychology.ethics@city.ac.uk](mailto:psychology.ethics@city.ac.uk) and you will be issued with an ethics approval code. You cannot start your research until you have received this code.

**If you answered 'yes' to any of the questions, your application is NOT eligible for light touch review** and will need to be reviewed at the next Psychology Department Research Ethics Committee meeting. You should send your application to your supervisor who will approve it and send it to [psychology.ethics@city.ac.uk](mailto:psychology.ethics@city.ac.uk). The committee meetings take place on the first Wednesday of every month (with the exception of January and August). Your application should be submitted at least 2 weeks in advance of the meeting you would like it considered at. We aim to send you a response within 7 days. Note that you may be asked to revise and resubmit your application so should ensure you allow for sufficient time when scheduling your research. Once your

application has been approved you will be issued with an ethics approval code.  
You cannot start your research until you have received this code.

<b>Which of the following describes the main applicant?</b> <i>Please place a 'x' in the appropriate space</i>	
Undergraduate student	
Taught postgraduate student	
Professional doctorate student	X
Research student	
Staff (applying for own research)	
Staff (applying for research conducted as part of a lab class)	

<b>1. Name of applicant(s).</b> (All supervisors should also be named as applicants.)
Saira Khan
<b>2. Email(s).</b>

<b>3. Project title.</b>
Growth After Intimate Partner Violence (IPV): A Mixed Methods Study
<b>4. Provide a lay summary of the background and aims of the research.</b> (No more than 400 words.)
<p>Intimate partner violence (IPV) is a worldwide problem (World Health Organisation (WHO), 2012). As with survivors of other forms of trauma, IPV exposure can result in a range of idiosyncratic outcomes (Bonanno &amp; Diminich, 2013; Shakespeare-Finch et al., 2013). People who have experienced difficulty have reported experiencing post-traumatic “growth” (PTG) as an unintended consequence (Calhoun &amp; Tedeschi, 2001). Survivors report that the growth did not diminish their distress. Post-traumatic growth has been documented in qualitative studies by women who have left abusive relationships (Anderson et al., 2012; Cobb et al., 2006). Although abuse affects both men and women, the focus of this study will be on women, as they are the majority of victims, facing additional burdens of institutionalised sexism and discrimination, potentially impacting one in three adult women in the United Kingdom (Mirlees-Black, 1999).</p> <p>Research has documented a turning point when women move away from abusive partners (Ahmad et al., 2013; Chang et. al, 2006). This study wishes to explore what may be related to growth for women from the turning point and when they are rebuilding their lives.</p> <p>Research is limited on the experience of growth for IPV survivors. Rumination has been shown to play a key role in both growth and distress for survivors of trauma (Prati &amp; Pietrantonio, 2009). It remains unclear how rumination is related to reported positive gains.</p> <p>Beliefs have been found to impact post-traumatic stress symptoms. Rational beliefs are negatively associated with post-traumatic stress responses and are potentially a protective factor (Hyland et al., 2014). Higher levels of self-compassion have also been linked to better outcomes for trauma survivors (Thompson &amp; Waltz, 2008). The nature of rational beliefs and self-compassion, and their relationship to growth, have not been investigated to date.</p>

Levels of rumination will be explored with participants along with both (a) beliefs and (b) levels of self-compassion after women have left their partner and in their transition to independence. The over-arching aim is to explore growth experiences, and explore how beliefs, self-compassion and rumination is related to post-traumatic growth for survivors of intimate partner violence.

### **Objective**

This study will attempt to explore experiences of reported growth, for female survivors of intimate partner violence, after their turning points, with the following aims:

- (5) To better understand growth for IPV survivors
- (6) To understand how level and quality of rumination impacts reported levels of resilience and growth for survivors
- (7) To explore how (a) beliefs and attitudes and (b) self-compassion are related to both rumination and growth

## **5. Provide a summary of the design and methodology.**

A two-tiered concurrent mixed-methods approach would be used with both quantitative and qualitative measures.

### *Data collection*

Data would be collected and analysed separately, with equal emphasis, and converged in the interpretation and discussion sections.

A. A flyer regarding the project would be shown to potential participants in person that meet criteria of the study. To those who agree to take part, researcher would arrange for a meeting with the potential participant at the agency. Before data collection, the researcher will confirm with the participant their consent, that they meet the criteria for the study, and the women would be given an IES-R (Weiss, 2007) to screen for possibility of PTSD or risk of distress. If scores are considered within the normative range, the participant will be given an information sheet about the study (sent to them by email, or a handout) and a date to meet would be arranged.

B. The face to face meeting with the researcher would be comprised of two phases.

#### Phase 1: Quantitative

The following will be given with an approximate completion time of 30 minutes, anonymised and completed on Qualtrics via an iPad.

#### Phase 2: Qualitative

After completing the measures, a semi-structured interview of approximately 30 to 40 minutes would follow (see Appendix 3) to incorporate the subjective experiences of the women internally during the turning point. Participant reactions and experience of growth and factors measured by the scales and how they were relevant (or not) to the survivors with regards to changing and or contributing to any positive benefits (if reported) would be explored. The measure results (RRS, SGABS, SCS – SF, PTGI) would not be known at this stage and would be analysed separately.

C. Participants will be debriefed, given information on local support services and on how to contact the researcher with further questions, and finally informed of the Amazon voucher draw.

*Data analysis and conclusions*

Quantitative data would be taken from Qualtrics and entered into SPSS to look at relationships between variables. Qualitative data from the interviews would be analysed using thematic analysis using techniques outlined by Braun & Clarke (2012, 2014).

**6. Provide details of all the methods of data collection you will employ (e.g., questionnaires, reaction times, skin conductance, audio-recorded interviews).**

With each participant:

Phase 1

- (1) Demographic Information
- (2) Four quantitative standardized measures
  - A. Ruminative Responses Scale (RRS)  
Treyner, W., Gonzalez, R., & Nolen-Hoeksema, S. (2003). Rumination reconsidered: A psychometric analysis. *Cognitive therapy and research*, 27(3), 247-259.
  - B. Shortened General Attitude and Belief measure (SGABS)  
Lindner, H., Kirkby, R., Wertheim, E., & Birch, P. (1999). A brief assessment of irrational thinking: The shortened general attitude and belief scale. *Cognitive Therapy and Research*, 23(6), 651-663.
  - C. Self-Compassion Scale – Short Form (SCS – SF)  
Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the self-compassion scale. *Clinical psychology & psychotherapy*, 18(3), 250-255.
  - D. Shortened Post-Traumatic Growth Inventory (PTGI)  
Cann, A., Calhoun, L. G., Tedeschi, R. G., Taku, K., Vishnevsky, T., Triplett, K. N., & Danhauer, S. C. (2010). A short form of the Posttraumatic Growth Inventory. *Anxiety, Stress, & Coping*, 23(2), 127-137.

Phase 2

One 30 to 40-minute audio-taped using semi-structured interview format

**7. Is there any possibility of a participant disclosing any issues of concern during the course of the research? (e.g. emotional, psychological, health or educational.) Is there any possibility of the researcher identifying such issues? If so, please describe the procedures that are in place for the appropriate referral of the participant.**

The participants will be adult women who have left abusive relationships five years or more years ago and will be excluded if they (1) score above 24 on the IES-R, or, (2) have any contact with their identified former abusive partner. Only women who meet these criteria will be approached, and this will be verified in person by the researcher before the meeting to collect data is arranged. If a woman does scores above 24 on the IES-R or discloses a PTSD diagnosis, they will be informed that in order to ensure the study does not cause any distress or discomfort to them it is best they do not participate at this time and they will be advised to contact their GP.

It will be emphasized they can withdraw at any point without any reason needed and are free to choose not to answer any questions. Participants will self-identify as having left abusive relationships.

In order to minimise any possibility of distress, the participants will be informed of the research aims prior to the study. Research topic is on growth, and this area will be the focus of the interview. This will be made clear on the information about the research sent to participants on the pamphlet and by email, and in person before study takes place.

If the researcher identifies any serious concerns or discomfort the interviews will be discontinued and the participant debriefed, and research supervisor will be notified to discuss. Revelations of historical abuse may occur; however, these incidents will not be explored, and this will be made clear at the outset. Participants will be given information on local mental health and counselling organisations and a domestic violence hotline during the debrief. Also, information on how to reach the researcher if any concerns or further questions arise. The researcher has good knowledge of domestic violence and is sensitive to participant distress as she has worked as both a volunteer and an honorary counsellor for two years in a domestic violence agency, as well as in secondary care trauma-focused therapy settings and will not encourage disclosures regarding relationship abuse.

**8. Details of participants (e.g. age, gender, exclusion/inclusion criteria). Please justify any exclusion criteria.**

Ten to twenty women (over the age of 21) who identify as survivors of domestic violence and who have ended an abusive relationship at least five years ago, are fluent in English, and have no contact with their abuser.

Women will be excluded if they score above 24 on the IES-R. Potential participants will be given the Impact of Events Scale - Revised (IES-R) (Weiss, 2007). The IES-R is a 22-item self-report measure that assesses subjective distress caused by traumatic events. Items correspond directly to 14 of the 17 DSM-IV symptoms of PTSD. On this test, scores that exceed 24 can be quite meaningful and may indicate some symptoms of PTSD (Creamer, Bell, & Falilla, 2002). Therefore, any scores above 24 the women would not be eligible for the study.

Men, although also survivors of domestic violence, will not be included in this study as the researcher will be exploring the additional societal and cultural burdens on women in recovery from a feminist perspective.

**9. How will participants be selected and recruited? Who will select and recruit participants?**

Potential participants will be approached by charity staff members. Agency staff will be made aware of criteria and a pamphlet with the research study information will be given to staff that can be shown to potential participants and the pamphlet will be kept at the agency. Potential

participants may be volunteers at the agency, agency staff, or women attending psychoeducational groups for women rebuilding their lives in “moving forward groups” facilitated by trained counsellors. Snowball referrals for potential participants known by the staff will also be considered. Eligible women who agree to take part would then be contacted by the researcher at the agency, in person, to verify their information, that it is safe to proceed, and they are willing to take part. Researcher will use the space at the charity counselling centre or at City University.

**10. Will participants receive any incentives for taking part?** (Please provide details of these and justify their type and amount.)

Participant names will be entered into a raffle after data collection has been completed and one participant will be chosen at random to receive an Amazon voucher for £50. All participants who meet with the researcher will be entered regardless if they complete all questions or choose to withdraw after meeting with the researcher.

**11. Will informed consent be obtained from all participants? If not, please provide a justification.** (Note that a copy of your consent form should be included with your application, see question 19.)

Yes

**12. How will you brief and debrief participants?** (Note that copies of your information sheet and debrief should be included with your application, see question 19.)

When the researcher meets to confirm participation at the agency, the purpose of the research on thriving and growth will be emphasised and information of the general overview of the research process will be outlined. If the women consent verbally and the requirements are met, a face to face meeting for the study would then be arranged and participant email and/or phone number will be taken. They will also be sent the study information sheet via email to read on their own time.

Before data gathering, they will be briefed again in person and written informed consent will be obtained.

After the questionnaires and interview process is completed, participants will be debriefed on the aims of the study and its objectives, and they will be given an option to be contacted with information on the final project. They will also be given information on local domestic violence agencies and counselling organisations, and how to contact the researcher for further queries.

**13. Location of data collection.** (Please describe exactly where data collection will take place.)

(1) Charity site (Women’s Centre) or (2) City University

**13a. Is any part of your research taking place outside England/Wales?**

No	<input checked="" type="checkbox"/>
----	-------------------------------------

Yes		If 'yes', please describe how you have identified and complied with all local requirements concerning ethical approval and research governance.
<b>13b. Is any part of your research taking place <u>outside</u> the University buildings?</b>		
No		
Yes	X	If 'yes', please submit a risk assessment with your application or explain how you have addressed risks.
<b>13c. Is any part of your research taking place <u>within</u> the University buildings?</b>		
No		
Yes	X	If 'yes', please ensure you have familiarised yourself with relevant risk assessments available on Moodle.
<b>14. What potential risks to the participants do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.</b>		
<p>If there is an accident or emergency, local emergency services will be called. Supervisor will be contacted if any concerns arise. When briefing possible participants on the phone initially, if they are upset or disclose any prior psychological difficulties or current concern of risk they will not be included. It will be stressed that they can withdraw at any point for any reason. If any distress/discomfort is noted the interview process would be ended by researcher in an empathic and sensitive manner. Participants will be meet with the researcher at the university. Numbers to local women's services, counselling organisations, and 24-hour hotline will be provided to all participants. Mobile telephone will be accessible and charged for any emergency.</p>		
<b>15. What potential risks to the researchers do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.</b>		
<p>Supervisor will be informed of my activities, location, meeting times and approximate hours needed. There is minimum risk of psychological distress to the researcher, and no physical risk is anticipated. The knowledge acquired so far and ongoing work with survivors proves the researcher's emotional robustness and ability to respond appropriately around issues of distress.</p>		
<b>16. What methods will you use to ensure participants' confidentiality and anonymity?</b> (Please note that consent forms should always be kept in a separate folder to data and should NOT include participant numbers.)		
<i>Please place an 'X' in all appropriate spaces</i>		
<b>Complete anonymity of participants</b> (i.e. researchers will not meet, or know the identity of participants, as participants are a part of a random sample and are required to return responses with no form of personal identification.)		
<b>Anonymised sample or data</b> (i.e. an <i>irreversible</i> process whereby identifiers are removed from data and replaced by a code, with no record retained of how the code relates to the identifiers. It is then impossible to identify the individual to whom the sample of information relates.)		
<b>De-identified samples or data</b> (i.e. a <i>reversible</i> process whereby identifiers are replaced by a code, to which the researcher retains the key, in a secure location.)		X

<b>Participants being referred to by pseudonym in any publication arising from the research</b>	X	
<b>Any other method of protecting the privacy of participants</b> (e.g. use of direct quotes with specific permission only; use of real name with specific, written permission only.) <i>Please provide further details below.</i>		
Password protected audio-recorder will be used. Any identifiable data including locations will be changed in transcripts and quotes.		
<b>17. Which of the following methods of data storage will you employ?</b>		
<i>Please place an 'X' in all appropriate spaces</i>		
<b>Data will be kept in a locked filing cabinet</b>	X	
<b>Data and identifiers will be kept in separate, locked filing cabinets</b>	X	
<b>Access to computer files will be available by password only</b>	X	
<b>Hard data storage at City University London</b>		
<b>Hard data storage at another site.</b> <i>Please provide further details below.</i>		
<b>18. Who will have access to the data?</b>		
<i>Please place an 'X' in the appropriate space</i>		
<b>Only researchers named in this application form</b>	X	
<b>People other than those named in this application form.</b> <i>Please provide further details below of who will have access and for what purpose.</i>		
<b>19. Attachments checklist.</b> *Please ensure you have referred to the Psychology Department templates when producing these items. These can be found in the Research Ethics page on Moodle.		
<i>Please place an 'X' in all appropriate spaces</i>		
	<b>Attached</b>	<b>Not applicable</b>
<b>*Text for study advertisement</b>	X	
<b>*Participant information sheet</b>	X	
<b>*Participant consent form</b>	X	
<b>Questionnaires to be employed</b>	X	
<b>Debrief</b>	X	
<b>Copy of DBS</b>	X	
<b>Risk assessment</b>	X	
<b>Others (please specify, e.g. topic guide for interview, confirmation letter from external organisation)</b>	X	

**20. Information for insurance purposes.**

**(a) Please provide a brief abstract describing the project**

Research has documented that survivors of intimate partner violence report growth after leaving abusive relationships. During a 'turning point' they disengage from the relationship and move towards independence. Rumination during this transitional phase impact self-reported levels of both distress and growth as previous cognitive schemas are challenged and must be reconstructed. Currently, it remains unclear how levels of rumination and changes in (1) beliefs and (2) levels of self-compassion contribute to either greater distress, recovery, or higher than previous levels of functioning (thriving) after ending the relationship. Some beliefs and higher levels of self-compassion are believed to be protective factors and are linked to higher levels of well-being. This study aims to document post-traumatic growth for IPV survivors and explore the role of these internal factors on the survivor's reported levels of growth in the years after their recovery.

*Please place an 'X' in all appropriate spaces*

<b>(b) Does the research involve any of the following:</b>	<b>Yes</b>	<b>No</b>
Children under the age of 5 years?		X
Clinical trials / intervention testing?		X
Over 500 participants?		X
<b>(c) Are you specifically recruiting pregnant women?</b>		X
<b>(d) Excluding information collected via questionnaires (either paper based or online), is any part of the research taking place outside the UK?</b>		X

If you have answered 'no' to all the above questions, please go to section 21.

If you have answered 'yes' to any of the above questions you will need to check that the university's insurance will cover your research. You should do this by submitting this application to [insurance@city.ac.uk](mailto:insurance@city.ac.uk), before applying for ethics approval. Please initial below to confirm that you have done this.

I have received confirmation that this research will be covered by the university's insurance.

Name .....N/A..... Date.....

**21. Information for reporting purposes.**

*Please place an 'X' in all appropriate spaces*

<b>(a) Does the research involve any of the following:</b>	<b>Yes</b>	<b>No</b>
Persons under the age of 18 years?		X
Vulnerable adults?	X	
Participant recruitment outside England and Wales?		X
<b>(b) Has the research received external funding?</b>		X

<b>23. Declarations by applicant(s)</b>		
<i>Please confirm each of the statements below by placing an 'X' in the appropriate space</i>		
I certify that to the best of my knowledge the information given above, together with accompanying information, is complete and correct.		X
I accept the responsibility for the conduct of the procedures set out in the attached application.		X
I have attempted to identify all risks related to the research that may arise in conducting the project.		X
I understand that <b>no</b> research work involving human participants or data can commence until ethical approval has been given.		X
	<b>Signature</b> (Please type name)	<b>Date</b>
<b>Student(s)</b>	Saira Khan	21/05/2018
<b>Supervisor</b>		21/05/2018

<b>22. Final checks.</b> Before submitting your application, please confirm the following, noting that <b>your application may be returned to you without review</b> if the committee feels these requirements have not been met.	
<i>Please confirm each of the statements below by placing an 'X' in the appropriate space</i>	
There are no discrepancies in the information contained in the different sections of the application form and in the materials for participants.	X
There is sufficient information regarding study procedures and materials to enable proper ethical review.	X
The application form and materials for participants have been checked for grammatical errors and clarity of expression.	X
The materials for participants have been checked for typos.	X

## Reviewer Feedback Form

<b>Name of reviewer(s).</b>		
[REDACTED] (on behalf of the psychology research ethics committee)		
<b>Email(s).</b>		
[REDACTED]		
<b>Does this application require any revisions or further information?</b>		
<i>Please place an 'X' the appropriate space</i>		
<b>No</b> Reviewer(s) should sign the application and return to <a href="mailto:psychology.ethics@city.ac.uk">psychology.ethics@city.ac.uk</a> , cc'ing to the supervisor.	<input type="checkbox"/>	<b>Yes</b> Reviewer(s) should provide further details below and email directly to the student and supervisor.
<input checked="" type="checkbox"/>		
<b>Revisions / further information required</b>		
To be completed by the reviewer(s). PLEASE DO NOT DELETE ANY PREVIOUS COMMENTS.		
Date: 18 <sup>th</sup> January 2018		
Comments:		
<p>&gt; The committee was very concerned about the proposed method of recruitment, which could put extremely vulnerable women at great risk. Inviting members of the public (who you cannot guarantee are currently safe from their abuser) to contact you by email or phone is very risky. It may expose them to retaliation, if their abuser monitors their email address or phone. You need to establish a much safer way for them to initiate first contact with you. The committee recommends that first contact should occur in person. This will allow you to establish their current situation and level of risk before deciding whether it is safe for them to participate, communicate by phone/email etc.</p> <p>&gt; Q7 and 12: Which pre-existing mental health conditions will be screened for, and how? Is it realistic (or desirable) to exclude very common ones such as depression or anxiety?</p> <p>Should PTSD be actively screened for? Using, for example, the Impact of Events Scale? If someone meets threshold, you would need to refer him or her to his or her GP.</p> <p>&gt; Q7: You say, "<i>Revelations of historical abuse may occur; however, these incidents will not be explored or encouraged.</i>" However, the interview question, "<i>Can you tell me about the relationship we will be talking about?</i>" is likely to elicit details of the abuse they experienced in their relationships. Either the question needs to be removed, or the ethics application needs to be revised to take into account the distress that may arise from talking about historical abuse. Some of the questions in the quantitative measures may also lead to distress and this may be under-emphasized in the application.</p> <p>&gt; Q8: Do participants need to be fluent in English? If so, please state this. Or will speakers of other languages be able to participate? Please justify the reason for minimum age of 25. Could this be reduced to 21?</p> <p>&gt; Q13: if data are to be collected at Women's organizations, these need to be specified and we need a copy of the relevant risk assessments</p> <p>&gt; Q16: If data is anonymized, how will it be withdrawn from study should a participant wish to? Is the ability to withdraw data more important (if so, use de-identified samples) or anonymity more important?</p>		

> Q23 – make sure you check all the boxes

> Advert, info sheet, consent form, debrief: make sure you correct the name of the ethics committee and include supervisor contact details (email and phone). Supervisor name and email also needs to be added to the application form at the top.

> De-brief: we recommend that you add examples of more general helping organizations such as BPS Find a Psychologist, BACP for counselling, Mind, relationship counselling services.

> Advert: make clear that one session is involved

> Advert: Missing word “to” in title, repetition of “better”.

> Titles and references needed for measures C & D in appendices.

Date: 4<sup>th</sup> June 2017

> Please clarify the rationale for using diagnosis of PTSD in the past 2 years as an exclusion criterion. From a clinically naïve perspective, two years seems arbitrary. Is the length of time since diagnosis relevant? I would imagine that people with older diagnoses could still have significant symptoms? Would it be better to rely on the screening questionnaire rather than this?

> Supervisor needs to sign below

#### **Applicant response to reviewer comments**

To be completed by the applicant. Please address the points raised above and explain how you have done this in the space below. You should then email the entire application (including attachments), **with changes highlighted** directly back to the reviewer(s), cc'ing to your supervisor.

Date: 21/05/18

Response:

I am a counsellor at XXX, a BME DV agency, and currently negotiating to be able to use their space and access participants through their network as described in this ethics form. I hope to use their psychoeducational support groups and staff/volunteer pool to access potential participants. These are all women who are no longer in abusive relationships and on their road to recovery in varying stages. I added a five year no contact clause and will screen for PTSD with an IES-R, both included in the process as an attempt to reduce potential participant vulnerability to distress. Participants will be recruited through an agency, and staff or the researcher will flag potential participants who will then be approached in the agency setting rather than open recruitment to the public. The pamphlet with study information (included) will stay at the agency and will be shown to participants agency staff feels meets the criteria. Further information will not be distributed without their authorisation in person. I have changed the pamphlet to reflect this and also clarified on the information sheet the intention of the study to focus on recovery and growth. Finally, I changed the question on the interview sheet to minimise chances of discussing abuse experiences. The quantitative measures are validated instruments and cannot be modified. I am open to considering not including any quantitative measure the committee feels may cause upset but it is hoped that a five-year period will reduce likelihood of distress by completing a questionnaire. All other changes have been highlighted as suggested by the committee. Thank you in advance for your time and consideration.

Date: 05/06/2018

Response:

The 2-year mark for PTSD diagnosis was included to be extra cautious to screen out for PTSD possibility. However, you make a good point that the measure would capture any clinically significant symptoms and using the measure as a screening tool would exclude anyone at risk of PTSD, regardless of diagnosis. Therefore, I changed the exclusion criteria (in question number 7) to: "The participants will be adult women who have left abusive relationships five years or more years ago and will be excluded if they (1) score above 24 on the IES-R, or, (2) have any contact with their identified former abusive partner." Anyone who has PTSD symptoms would therefore be identified by the IES-R score.

**Reviewer signature(s)**

To be completed upon FINAL approval of all materials.

	<b>Signature</b> (Please type name)	<b>Date</b>
<b>Supervisor</b>	██████████	<b>6/6/18</b>
<b>Second reviewer</b>	██████████	<b>12/06/18</b>

**Psychology Department Risk Assessment Form**

Please note that it is the responsibility of the PI or supervisor to ensure that risks have been assessed appropriately.

Date of assessment: July 9, 2017

Assessor(s):

Activity: Semi-Structured Interviews

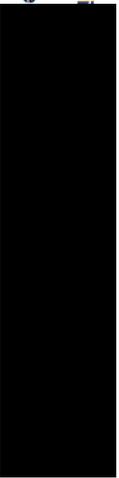
Date of next review (if applicable):

Hazard	Type of Injury or harm	People affected and any specific considerations	Current Control Measures already in place	Risk level High Med Low	Further Control Measures required	Implementation date & Person responsible	Completed
Injury to Researcher	Emergency /hazard	Interviewee	Supervisor will know time, date and location of interviews and will have my mobile number	Low			
Injury to participant	Emergency /Hazard	N/A	Call emergency services	Low			

**Contacts**

School Safety Liaison Officer

University Safety Manager





Psychology Research Ethics Committee  
School of Arts and Social Sciences  
City University London  
London EC1R 0JD

28 June 2018

Dear Saira and [REDACTED]

**Reference:** PSYETH (P/F) 17/18 175

**Project title:** *Growth After Intimate Partner Violence (IPV): A Mixed Methods Study*

I am writing to confirm that the research proposal detailed above has been granted approval by the City University London Psychology Department Research Ethics Committee.

Period of approval

Approval is valid for a period of three years from the date of this letter. If data collection runs beyond this period you will need to apply for an extension using the Amendments Form.

Project amendments

You will also need to submit an Amendments Form if you want to make any of the following changes to your research:

- (a) Recruit a new category of participants
- (b) Change, or add to, the research method employed
- (c) Collect additional types of data
- (d) Change the researchers involved in the project

Adverse events

You will need to submit an Adverse Events Form, copied to the Secretary of the Senate Research Ethics Committee [REDACTED] in the event of any of the following:

- (a) Adverse events
- (b) Breaches of confidentiality
- (c) Safeguarding issues relating to children and vulnerable adults
- (d) Incidents that affect the personal safety of a participant or researcher

Issues (a) and (b) should be reported as soon as possible and no later than 5 days after the event. Issues (c) and (d) should be reported immediately. Where appropriate the researcher should also report adverse events to other relevant institutions such as the police or social services.

Should you have any further queries then please do not hesitate to get in touch.

Kind regards

[REDACTED]

Ethics committee Secretary

Email: [psychology.ethics@city.ac.uk](mailto:psychology.ethics@city.ac.uk)

[REDACTED]

Chair

[REDACTED]

## Appendix A2. Ethics Amendment Application & Approval

08 Nov 2018  
Saira Khan  
Growth After IPV: A Mixed Methods Study School of Arts and Social Sciences Psychology

---

### Approved application

#### AO1) Principal Applicant

Saira Khan

#### AO2) Supervisor(s)

[REDACTED]

#### AO3) Title of study

Growth After IPV: A Mixed Methods Study

#### AO4) Risk level of the original application

Medium

#### AO5) Name of REC which approved the application

Psychology committee: medium risk

#### AO6) REC application reference

PSYETH (P/F) 17/18 175

#### AO7) Project start date

19 Sept 2018

#### AO8) Anticipated project end date

30 Jun 2019

### Project amendments SA1) Types of modification/s

Other

#### SA2) Details of modification

I would like to approach potential participants that are in contact with affiliate women's organisations that work alongside XXX - the XXX and XXX. Both are ASCENT funded charities and provide the same services as XXX.

#### SA3) Justify why the amendment is needed

To broaden the pool of women that may be approached to be included in the project.

I am a trainee counselling psychologist in the XXX Women's Centre two days a week - this is a satellite location of the charity. The manager and board of the centre would like to support me in recruitment.

XXX provides the same services and is accessible to women over 18 who identify as victims of gendered abuse.

**SA4) Other information**

I have approached XXX as potential agency to recruit, and the XXX Women's Centre has agreed to support me.



**From:** Research Ethics Online haplo@city.ac.uk  
**Subject:** Decision - Ethics ETH1819-0431: Saira Khan Pereira (Medium risk)

**Date:** 19 November 2018 at 19:22  
**To:** Khan Pereira, [REDACTED]

## City, University of London

Dear Saira

**Reference: ETH1819-0431**  
**Project title: Growth After IPV: A Mixed Methods Study Start date: 19 Sep 2018**  
**End date: 30 Jun 2019**

I am writing to you to confirm that the research proposal detailed above has been granted formal approval from the Psychology committee: medium risk. The Committee's response is based on the protocol described in the application form and supporting documentation. Approval has been given for the submitted application only and the research must be conducted accordingly. You are now free to start recruitment.

Please ensure that you are familiar with [City's Framework for Good Practice in Research](#) and any appropriate Departmental/School guidelines, as well as applicable external relevant policies.

Please note the following:

### **Project amendments/extension**

You will need to submit an amendment or request an extension if you wish to make any of the following changes to your research project:

- Change or add a new category of participants;
- Change or add researchers involved in the project, including PI and supervisor;
- Change to the sponsorship/collaboration;
- Add a new or change a territory for international projects;
- Change the procedures undertaken by participants, including any change relating to the safety or physical or mental integrity of research participants, or to the risk/benefit assessment for the project or collecting additional types of data from research participants; Change the design and/or methodology of the study, including changing or adding a new research method and/or research instrument;
- Change project documentation such as protocol, participant information sheets, consent forms, questionnaires, letters of invitation, information sheets for relatives or carers; Change to the insurance or indemnity arrangements for the project;
- Change the end date of the project.

### **Adverse events or untoward incidents**

You will need to submit an Adverse Events or Untoward Incidents report in the event of any of the following:

- a) Adverse events
- b) Breaches of confidentiality
- c) Safeguarding issues relating to children or vulnerable adults

- c) Safeguarding issues relating to children or vulnerable adults
- d) Incidents that affect the personal safety of a participant or researcher

Issues a) and b) should be reported as soon as possible and no later than five days after the event. Issues c) and d) should be reported immediately. Where appropriate, the researcher should also report adverse events to other relevant institutions, such as the police or social services.

Should you have any further queries relating to this matter, please do not hesitate to contact me. On behalf of the Psychology committee: medium risk, I do hope that the project meets with success.

Should you have any further queries relating to this matter please do not hesitate to contact me.  
Kind regards  
Katy Tapper  
Psychology committee: medium risk

City, University of London

**Ethics ETH1819-0431: Saira Khan Pereira (Medium risk)**

### Appendix A3. Impact of Events Scale (IES-R)

INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to \_\_\_\_\_ (event) that occurred on \_\_\_\_\_ (date).

How much have you been distressed or bothered by these difficulties?

	Not at all (0)	a little bit (1)	Moderately (2)	quite a bit (3)	extremely (4)
1. Any reminder brought back feelings					
2. I had trouble staying asleep					
3. Other things kept making me think of it					
4. I felt irritable and angry					
5. I avoided letting myself get upset when I thought about it or was reminded of it					
6. I thought about it when I didn't mean to					
7. I felt as if it hadn't happened or wasn't real.					
8. I stayed away from reminders of it					
9. Pictures about it popped into my mind.					
10. I was jumpy and easily startled.					
11. I tried not to think about it.					
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.					
13. My feelings about it were kind of numb.					
14. I found myself acting or feeling like I was back at that time.					
15. I had trouble falling asleep.					
16. I had waves of strong feelings about it.					
17. I tried to remove it from my memory.					
18. I had trouble concentrating.					

19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart					
20. I had dreams about it.					
21. I felt watchful and on-guard.					
22. I tried not to talk about it.					

*Weiss, D. S. (2007).*

## Appendix A4. Recruitment Flyer



### ***A STUDY ON GROWTH & RECOVERY***

What helped you recover and thrive after ending an abusive relationship?

I am looking to interview women with historic experience of an abusive relationship *have had no contact with their abusive ex-partner for at least 5 years*

Your participation will help raise awareness on how to help women thrive after experiencing abuse and provide an opportunity to explore your recovery process.

Taking part requires **one meeting** and **one hour of your time**

*All answers are anonymised and confidential*

*Saira Khan*

Psychology Department

at



Please get in touch if you would like to participate and a meeting can be arranged with me at your convenience

This study has been reviewed by and received ethics clearance through the Psychology Research Ethics Committee, City University London. If you would like to complain about any aspect of the study, please

contact: Research supervisor [REDACTED] or via email

[REDACTED] or the Secretary to the University's Senate Research Ethics Committee [REDACTED]

## **Appendix A5. Invitation to Participate**

### ***Growth After Intimate Partner Violence (IPV): A Mixed Methods Study***

You have been invited to take part in a research study. Before you decide whether you would like to take part, it is important that you understand why the research is being done and what it would involve for. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

#### ***What is the purpose of the study?***

I am a trainee counselling psychologist, and as part of my dissertation I am required to produce a research project on a topic that inspires me. I have been working with women who have left abusive relationships and am committed to helping women thrive after experiencing challenge. The purpose of the study is to explore growth after leaving an abusive partner.

#### ***Why have I been invited?***

I am looking for 10 to 20 adult women who have experienced and left an abusive relationship. These women will have ended the abusive relationship at least five years ago and have no contact with their abusive ex-partner.

#### ***Do I have to take part?***

No, it is up to you to decide to take part. If you do decide to take part, you will be asked to sign a consent form. You are still free to withdraw at any time and without giving any reason. This study is to focus on recovery and your process of being able to rebuild your life. It could be upsetting to talk about past abuse. For this reason, the focus of our interview will be on what helped you recover, not the abuse itself. You can also choose not to answer any question or stop answering at any point should you become even mildly distressed or uncomfortable without explanation needed. Your input on the process and the questions asked is encouraged and will be added to the data collected on the research topic.

#### ***What will happen if I take part?***

- *It will last approximately one hour*
- *You will be asked to complete four short questionnaires that would take less than 30 minutes to answer. Immediately after would be a 20 to 40-minute interview where you will be asked about your experiences in the years post separating*
- *Interview will be audio-taped by a password-protected device and solely used for this research project, with all identifying information anonymised*
- *This study will use the scores from the questionnaires and your interview responses to answer research questions*
- *We would meet at City University or the women's counselling centre*

- You can choose to be contacted at the end of the project with the further details of the study

***What do I have to do?***

If you agree, we will arrange a time to meet that is convenient for you.

***What are the possible disadvantages and risks of taking part?***

If talking becomes upsetting or uncomfortable, you can choose not to answer, or we can end the process. There will be no need to proceed and no further explanation needed. You would still be entered in the £50 Amazon voucher draw as a thank you for taking the time to meet with me.

***What are the possible benefits of taking part?***

The aim of this research is to help survivors thrive after by understanding what may help promote growth and recovery. Your answers will be combined with answers from other participants to help other survivors learning from your experiences. You may find talking about your journey helpful as a way to reflect and share what happened.

***Will my taking part in the study be kept confidential?***

- Only myself and my research supervisor will have access to any information you share. Your answers will be made anonymous and given a number identification and pseudonym. I would be the only one who has access to your name. Your written consent will be kept in a locked drawer.
- Audio recordings will be kept and transcribed by myself on a password protected device. These will be deleted once study is completed.
- If any disclosures of harm to a person becomes apparent we would have to discuss how to get help and I am obligated to contact an authority
- If the project is abandoned, you will be notified with regards to how your information will be used or destroyed

***What will happen to the results of the research study?***

I will be using the data to write my dissertation. All identifying information will be anonymised and confidentiality will be ensured – all personal details will be changed.

***What will happen if I don't want to carry on with the study?***

You are free to withdraw at any point without explanation or penalty and have your information and audiotapes deleted rather than used for the study. Data removal may not be possible after my dissertation is submitted to City University as part of the course requirement. This will likely mean that you can contact me and remove your data up to several months after the interviews take place. After that time it may not be possible.

***What if there is a problem?***

If you have any problems, concerns or questions about this study, you can speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is:

***Growth After Intimate Partner Violence (IPV): A Mixed Methods Study***

*You could also write to the Secretary at:*

██████████  
Secretary to Senate Research Ethics Committee  
Research Office, E214  
City University London  
Northampton Square  
London  
EC1V 0HB  
████████████████████

*Or my research supervisor:*

██████████ Clinical Psychologist  
Deputy Director, Professional Doctorate in Counselling Psychology  
Department of Psychology  
D434, Rhind Building  
City, University of London  
Northampton Square  
London EC1V 0HB  
██████████████████  
████████████████████

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

*This study has been approved by Psychology Research Ethics Committee, PSYETH (P/F) 17/18 175*

## Appendix A6. Participant Consent Form

### ***Growth After Intimate Partner Violence (IPV): A Mixed Methods Study***

Ethics approval code: PSYETH (P/F) 17/18 175

Please initial box

1.	<p>I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records.</p> <p>I understand this will involve:</p> <ul style="list-style-type: none"> <li>• being interviewed by the researcher</li> <li>• allowing the interview to be audiotaped</li> <li>• completing questionnaires asking me about my beliefs, levels of self-compassion and rumination, and any positive gains experienced after ending an abusive relationship</li> </ul>	
2.	<p>This information will be held and processed for the following purpose: To answer the research questions for final report</p> <p>I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.</p>	
3.	<p>I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.</p>	
4.	<p>I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.</p>	
5.	<p>I agree to take part in the above study.</p>	

\_\_\_\_\_  
*Name of Participant*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Researcher*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*When completed, 1 copy for participant; 1 copy for researcher file. Note to researcher: to ensure anonymity, consent forms should NOT include participant numbers and should be stored separately from data.*

## Appendix A7. Quantitative Measures

### *Demographic Form*

*Please complete in spaces below, please leave blank if you prefer not to say*

<i>Sexual Orientation</i>	
<i>Age</i>	
<i>Occupation/Profession</i>	
<i>Highest Level of Education Completed</i>	
<i>Ethnic Origin</i>	
<i>Nationality (Can be more than one)</i>	
<i>Current Relationship Status</i>	
<i>How long did abusive relationship last? (years/months)</i>	
<i>When did it end? How long ago? (years/months)</i>	

## **Post Traumatic Growth Inventory (PTGI)**

Indicate for each of the statements below the degree to which this change occurred in your life as a result of the crisis/disaster, using the following scale.

*0 = I did not experience this change as a result of my crisis.*

*1 = I experienced this change to a very small degree as a result of my crisis.*

*2 = I experienced this change to a small degree as a result of my crisis.*

*3 = I experienced this change to a moderate degree as a result of my crisis.*

*4 = I experienced this change to a great degree as a result of my crisis.*

1. I changed priorities about what is important in life.
2. I have a greater appreciation for the value of my own life
3. I developed new interests
4. I have a greater feeling of self-reliance
5. I have a better understanding of spiritual matters.
6. I more clearly see that I can count on people in times of trouble.
7. I established a new path for my life.
8. I have a greater sense of closeness with others.
9. I am more willing to express my emotions.
10. I know better that I can handle difficulties.
11. I am able to do better things with my life.
12. I am better able to accept the way things work out.
13. I can better appreciate each day.
14. New opportunities are available which wouldn't have been otherwise.
15. I have more compassion for others.
16. I put more effort into my relationships.
17. I am more likely to try to change things which need changing.
18. I have a stronger religious faith.
19. I discovered that I'm stronger than I thought I was.
20. I learned a great deal about how wonderful people are.
21. I better accept needing others.

*Cann, A., Calhoun, L. G., Tedeschi, R. G., Taku, K., Vishnevsky, T., Triplett, K. N., & Danhauer, S. C. (2010)*

### ***Ruminative Response Scale (RRS-SF)***

People think and do many different things when they feel depressed. Please read each of the items below and ***indicate whether you almost never, sometimes, often, or almost always think or do when you feel down, sad, or depressed.***

*Please indicate what you generally do, not what you think you should do.*

<b>1 Almost Never</b>	<b>2 Sometimes</b>	<b>3 Often</b>	<b>4 Almost Always</b>	
1. Think about how alone you feel	1	2	3	4
2. Think "I won't be able to do my job if I don't snap out of this"	1	2	3	4
3. Think about your feelings of fatigue and achiness	1	2	3	4
4. Think about how hard it is to concentrate	1	2	3	4
5. Think "What am I doing to deserve this?"	1	2	3	4
6. Think about how passive and unmotivated you feel.	1	2	3	4
7. Analyze recent events to try to understand why you are depressed	1	2	3	4
8. Think about how you don't seem to feel anything anymore	1	2	3	4
9. Think "Why can't I get going?"	1	2	3	4
10. Think "Why do I always react this way?"	1	2	3	4
11. Go away by yourself and think about why you feel this way	1	2	3	4
12. Write down what you are thinking about and analyze it	1	2	3	4
13. Think about a recent situation, wishing it had gone better	1	2	3	4
14. Think "I won't be able to concentrate if I keep feeling this way"	1	2	3	4
15. Think "Why do I have problems other people don't have?"	1	2	3	4
16. Think "Why can't I handle things better?"	1	2	3	4
17. Think about how sad you feel.	1	2	3	4
18. Think about all your shortcomings, failings, faults, mistakes	1	2	3	4
19. Think about how you don't feel up to doing anything	1	2	3	4
20. Analyze your personality to try to understand why you are depressed	1	2	3	4
21. Go someplace alone to think about your feelings	1	2	3	4
22. Think about how angry you are with yourself	1	2	3	4

*Treynor, W., Gonzalez, R., & Nolen-Hoeksema, S. (2003)*

**Shortened General Attitude and Belief Scale (SGABS)**

Here are a set of statements which describe what some people think and believe. Read each statement carefully and decide how much you agree or disagree with it.

- If you STRONGLY AGREE with the statement circle number . . . . . 5**
- If you AGREE . . . . . 4**
- If you are NEUTRAL . . . . . 3**
- If you DISAGREE . . . . . 2**
- If you STRONGLY DISAGREE . . . . . 1**

There are no right or wrong answers. Only you can tell what you really believe so please mark the way you really think. Circle the number which shows your agreement or disagreement with each statement. Please try to answer each question.

1. It's unbearable to fail at important things, and I can't stand not succeeding at them.  

1	2	3	4	5
Strongly	Disagree	Neutral	Agree	Strongly
Disagree				Agree
  
2. I can't stand a lack of consideration from other people, and I can't bear the possibility of their unfairness.  

1	2	3	4	5
Strongly	Disagree	Neutral	Agree	Strongly
Disagree				Agree
  
3. It's unbearable being uncomfortable, tense or nervous and I can't stand it when I am.  

1	2	3	4	5
Strongly	Disagree	Neutral	Agree	Strongly
Disagree				Agree
  
4. I have worth as a person even if I do not perform well at tasks that are important to me.  

1	2	3	4	5
Strongly	Disagree	Neutral	Agree	Strongly
Disagree				Agree
  
5. I can't stand being tense or nervous and I think tension is unbearable.  

1	2	3	4	5
Strongly	Disagree	Neutral	Agree	Strongly
Disagree				Agree
  
6. It's awful to be disliked by people who are important to me, and it is a catastrophe if they don't like me.  

1	2	3	4	5
Strongly	Disagree	Neutral	Agree	Strongly
Disagree				Agree

7. If important people dislike me, it is because I am an unlikable bad person.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
8. When I am treated inconsiderately, I think it shows what kind of bad and hopeless people there are in the world.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
9. If I am rejected by someone I like, I can accept myself and still recognize my worth as a human being.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
10. If I do not perform well at tasks that are so important to me, it is because I am a worthless bad person.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
11. It's awful to do poorly at some important things, and I think it is a catastrophe if I do poorly.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
12. I think it is terribly bad when people treat me with disrespect.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
13. When people I like reject me or dislike me, it is because I am a bad or worthless person.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
14. I cannot stand being treated unfairly, and I think unfairness is unbearable.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
15. I believe that if a person treats me very unfairly they are bad and worthless.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

16. I can't stand hassles in my life.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
17. It's awful to have hassles in one's life and it is a catastrophe to be hassled.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
18. I cannot tolerate not doing well at important tasks and it is unbearable to fail.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
19. It is important that people treat me fairly most of the time, however I realize I do not have to be treated fairly just because I want to be.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
20. If I do not perform well at things which are important, it will be a catastrophe.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
21. It is unbearable to not have respect from people, and I can't stand their disrespect.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
22. If important people dislike me, it goes to show what a worthless person I am.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
23. I must be liked and accepted by people I want to like me, and I will not accept their not liking me.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
24. I want to be liked and accepted by people whom I like, but I realize they don't have to like me just because I want them to.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
25. When people who I want to like me, disapprove of me or reject me, I can't bear their disliking me.
- |                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| 1                 | 2        | 3       | 4     | 5              |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

26. If people treat me without respect, it goes to show how bad they really are.

1  
Strongly  
Disagree

2  
Disagree

3  
Neutral

4  
Agree

5  
Strongly  
Agree

*Lindner, Kirkby, Wertheim, & Birch (1999).*

## **Self-Compassion Scale – Short Form (SCS-SF)**

### *How I Typically Act Towards Myself in Difficult Times*

Please read each statement carefully before answering. At the left of each item, indicate how often you behave in the stated manner using the following scale:

<b>Almost never</b>					<b>Almost always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	

- \_\_\_\_\_ 1. When I fail at something important to me I become consumed by feelings of inadequacy.
- \_\_\_\_\_ 2. I try to be understanding and patient towards those aspects of my personality I don't like.
- \_\_\_\_\_ 3. When something painful happens I try to take a balanced view of the situation.
- \_\_\_\_\_ 4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
- \_\_\_\_\_ 5. I try to see my failings as part of the human condition.
- \_\_\_\_\_ 6. When I'm going through a very hard time, I give myself the caring and tenderness I need.
- \_\_\_\_\_ 7. When something upsets me I try to keep my emotions in balance.
- \_\_\_\_\_ 8. When I fail at something that's important to me, I tend to feel alone in my failure
- \_\_\_\_\_ 9. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
- \_\_\_\_\_ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
- \_\_\_\_\_ 11. I'm disapproving and judgmental about my own flaws and inadequacies.
- \_\_\_\_\_ 12. I'm intolerant and impatient towards those aspects of my personality I don't like.

*Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011).*

## Appendix A8. Interview Guide

*Thank you so much for taking part and completing the surveys. Now that you have completed the written questionnaires, I would like to understand what helped you move forward when you decided to end the relationship. You can choose not to answer any questions or end at any time, without giving any reason. There are no right or wrong answers - I am interested in your experiences. . Remember also that we are not trying to discuss any abuse experiences as the focus is on how you recovered and what helped you. If any questions come up for you about the study I am happy to answer them at the end. If you are okay to proceed, I will audiotape this section.*

1. Can you tell me about what drew you to participate in this study?  
Can I confirm how long the relationship lasted, and about when you left?
2. Would any of these apply –
  - a. you are still recovering?
  - b. you are recovered?
  - c. you are thriving?
3. Do you feel you have changed since the ending of that relationship?  
In what ways?  
Did anything surprise you in retrospect?
4. Can you tell me more about what you believe helped you while separating?
  - a. After separating?
  - b. Can you tell me more about your thoughts during that time?
  - c. What helped you internally cope at that time?
  - d. Do you feel anything you thought or believed or did helped you in the transition?
5. Did anything you believed to be true change since your abusive relationship ended? Any thought on if anything you believed when with your ex-partner that helped keep you longer in that relationship?
6. How did you treat yourself now? Is this different than in the past?
7. Is there anything you would like to share with women that you found helpful to your being able to recover? (helpful to being able to thrive?)
8. Tell me about completing the questionnaires and this interview process – how has it been for you?

*Is there anything you would like to add or discuss?*

## **Appendix A9. Participant Debrief**

Thank you for taking part in this study. Now that it's finished I would like to tell you a bit more about it.

Researchers have found that after experiencing abuse, survivors report distress but also some positive changes or personal growth. This does not mean that any abuse is worth experiencing, but that some positive changes to our outlook may result unexpectedly from experiencing challenge.

Research has also looked at the period of time women begin to move away from abusive partners – how their thoughts and emotions may change. After experiencing abuse, some people say they recover, and some people may report feeling stronger than before. As we discussed, the reason for this study is to explore what may help women feel they have recovered and possibly helped them after ending relationships that were harmful.

This study is interested in the transition away from the ex-partner and if the (1) beliefs or you held had changed and if the (2) self-compassion you felt had changed when you moved away from your partner, and if these changes impacted your recovery and most importantly if you feel you experienced any growth.

Thank you so much for adding to the knowledge base of what helps women move forward.

If you would like to discuss your experiences further, or are experiencing any concerns, you can speak to your General Practitioner (GP), and I have also included information on how to access counselling. Did anything come up for you in our time together that brought up any discomfort?

If you have any other questions, or want to contact me about this research at a later date, please do not hesitate to contact by email.

Saira Khan



*Psychology Research Ethics Committee Approval Code PSYETH (P/F) 17/18 175*

*For more information on other Domestic Violence agencies in your area, please contact:*

Refuge  
24-hour hotline  
0808 2000 247

*For more information on counsellors in your area, please contact:*

British Psychological Society  
Find a Psychologist:  
<https://www.bps.org.uk/public/find-psychologist>

MIND  
<https://www.mind.org.uk>

BACP  
<https://www.bacp.co.uk/search/Therapists>

**You can also ask a staff member about options at this centre**

## Appendix A10. Extract of Interview from Jasmine

1  
2 R-Researcher  
3  
4 P-Participant (Jasmine)  
5  
6  
7 R: I'm going to start recording as well. If you ever want to stop recording, just let me  
8 know, no problem. Thank you so much for taking part and completing the surveys.  
9 Now that you have completed the written questionnaires, I would like to understand  
10 what helped you move forward when you decided to end the relationship. Again,  
11 remember, you can choose not to answer any questions or end at any time without  
12 any reason. There's no right or wrong answers, I'm just interested in your  
13 experiences. Remember also that we are not trying to discuss any abuse  
14 experiences as the focus is on how you recovered and what helped you. If any  
15 questions come up for you about the study, I am happy to answer them at the end. If  
16 you are okay to proceed, I will audio tape this section. (Reading from paper form)

17 P: **Lovely. Yes, please do.**

18 R: all right, so the first question I have is if you can tell me what drew you to participate  
19 in the study.

20 P: Ummm [silence] I've become incredibly passionate about helping other  
21 women, um, drawing on my own experience and ...uh, realising that there  
22 really isn't very much sort of, proper research into, the... I guess what I've  
23 heard being referred to as a rise after the fall and I thought obviously I'm also  
24 very passionate about academia and proper research and the more that can be  
25 done in this area the better, so if I can support it in any way, I will literally go  
26 out of my way.

27 R: So when you were going through the process, how did you know about what was  
28 happening or did you have access? What helped you, I mean in general? It sounds  
29 like you didn't have a lot of knowledge about what was happening

30 P: No, I didn't. I um, I knew that there was something wrong with him. It got to the  
31 point like this cannot be me. Um, and then it was only through having support  
32 from, in particular, at the time I was working for XXX and I um, I was speaking  
33 and I had a very good friendship with my manager at the time, who is actually a  
34 qualified psychologist and a qualified art therapist etc. and counsellor. I started  
35 speaking with her with regards to his different behaviours and also, throughout  
36 the marriage I was generally working there so she knew me and we'd speak in  
37 supervision and what not. It was her that pointed out, "Read this - read that,"  
38 and then I started putting things together and I realised, "I've married a  
39 narcissistic sociopath" [nervous laughter, with disbelief]

40 R: So it was someone you knew personally who was pointing things out, it wasn't  
41 general information?

42 P: Yeah. Yeah, I had no general information, and um, but she wasn't telling me --  
43 "this is that, that's that," she was just pointing me in the right direction. I

Commented [SK1]:  
Codes: Compassion & Validation; Increased Desire to Help; Insight & Awareness

Theme: Reawakening (Appreciation for Life)

Comment: Quote 1 L21-27

good rapport between us, an atmosphere of trust

Commented [SK2]:  
Codes: A Third Perspective, Therapy/Professional Help, Disbelief, Changes in Perspectives, Cognitive Insight/Awareness

Theme: Integrating a Paradigm Shift (New Possibilities)

Comment: Quote 2 L31-40

I was internally surprised with the use of her psychology terminology – had no idea she had knowledge in this area and obviously she had read a lot about this, this allowed for a different type of discussion

44 **couldn't figure out in my head and I was, um, to my shame, and I also, say that**  
 45 **because I'm well versed within the academic field of psychology...**

46 R: Well it is a very difficult experience and seeing it in people you know is not unusual  
 47 that it's difficult, so that...

48 P: **But I mean this was at a point in time where I actually needed to see something**  
 49 **in black and white. (Yes) I needed academic knowledge because I was**  
 50 **questioning myself because he'd gaslighted me so much that I really thought**  
 51 **that maybe I could have done this better, maybe I could have done that better.**  
 52 **And there was a lot of self-blame. (yes) There was a lot of uh self-questioning.**  
 53 **And also, he was accusing me of - of being a sociopath. At one point as well,**  
 54 **he was calling my psycho and writing me emails. And when you see it in black**  
 55 **and white, it's a lot more um, punchy than when somebody says it to you, and**  
 56 **then it's just like a verbal, you've heard it, it's gone. But it was in black and**  
 57 **white, "I'm willing to pay for you to go to the XXX - you're crazy. You're psycho.**  
 58 **You're this, you're that" and um... It really did make me question myself, well -**  
 59 **"am I this? am I that?" but seeing it in black and white and actually**  
 60 **recognising, "oh, hang on a second, these are your traits. These are things that**  
 61 **you are just projecting on to me, um that really helped me.**

62 R: So what you read really helped you move along psychologically?

63 P: **Yes, yeah, and to this day, I still read up, yeah.**

64 R: Can I confirm how long were you with your ex-husband? And how old were you when  
 65 you left?

66 P: **So all in all, the relationship itself lasted about six years and then the divorce**  
 67 **was two years. So it was eight years of my life. And, um I was just early 30s**  
 68 **when I decided enough is enough, and I actually started fearing for my life.**

69 R: Ok, would you say you are still recovering, recovered or thriving?

70 P: **Um, I think I sort of oscillate between thriving and recovering, if that's possible.**

71 R: It is definitely possible.

72 P: **Thriving and, and recovered, if that makes sense, because I get triggered and**  
 73 **I'm aware of that and I go right back to where I was. But I'm able to self-identify**  
 74 **and my self-awareness is at a point now that I know what's going on and I'm**  
 75 **able to take time, reflect and um, bring myself back to the here and now and**  
 76 **realise, "Right, that's a trigger, let's deal with this."**

77 R: Ok, now I'm going to move more into what helped you now move forward. Um, so it  
 78 sounds like you feel like you've changed since the ending of that relationship.

79 P: **Very much.**

80 R: So one of the questionnaires you did was on growth. Did you relate to that at all? And  
 81 what did you think about...?

82 P: **Incredibly. Could you just remind me of the questions again?**

Commented [SK3]:  
 Codes: Shame, Self-blame, Self-judgement,  
 Recognition of Negative Intent, Disbelief, Confusion of  
 Reality, Emotional stress/pain,  
 Theme: Integrating a Paradigm Shift (New Possibilities)  
 Comment: Quote 3 L43-62  
 A high level of openness and trust

Commented [SK4]: Length of relationship: 6 years + 2  
 years of divorce. 8 years total. Brings up questions of  
 how to determine length of relationship in these  
 situations?  
 Quote 3 L67-69

Commented [SK5]:  
 Codes: Growth & Recovery, thriving  
 Theme: Reawakening (Appreciation of Life)  
 Comment: Quote 4 L73-77  
 Parts are doing well and other parts are struggling,  
 continuing of recovery to date, some parts of recovery  
 still needing attention while other parts doing well/no  
 issues

83 R: Yes. So there was I have changed priorities about what is important in my life. I  
84 develop new interests.

85 P: So prioritising things in my life, I've realised that, uh, I guess I was in a  
86 situation where I was so desperate to make it work and so desperate to please  
87 him, not realising that actually the problem lay with him. Um, I uh, very much, I  
88 think, to some extent even sabotaged my own life and my own experiences. So  
89 I was utterly miserable living for somebody else, living for someone else's  
90 happiness, and totally self-neglecting. And that wasn't helping. I was in a state  
91 of delusion where I wasn't actually seeing that this wasn't helping me. I  
92 suddenly woke up one morning and realised that I'm so isolated and I have two  
93 friends left, in the shape of two horses – two horses. I've neglected myself so  
94 much. I'd given in to everything that he wanted - because it was about him,  
95 him, him. Now the priorities are different. My mental health, my happiness, my  
96 um needs are important to me now and I must have them met. And I know  
97 when I'm not feeling too great, I say, "Okay, I've been a little bit neglectful of  
98 my well-being. This is what I need to do," etc, etc.

99 R: Just to summarise, it sounds like knowing your limits, knowing your boundaries,  
100 taking care of your needs, these are all significant things that shifted once the  
101 relationship ended?

102 Uh, but the reason for that was because I always have prided myself about  
103 being an intelligent young woman. I've got a number of qualifications. I'm  
104 academic, etc., etc. and I *couldn't understand* how somebody like myself, and  
105 this is going to sound quite big headed, how it was possible for somebody like  
106 me, you know, I read books, I'm in psychology myself, *how did I, get sucked*  
107 *into this? And why did I allow myself, to even accept that, and live with it, and*  
108 *think it was okay, and become that woman? That woman was somebody that I*  
109 *never was, and I never dreamt I'd ever become. It was actually, to my shame,*  
110 *the unfortunate stereotype of a Muslim woman that I always, always, pitied and*  
111 *prided myself that, "that's never going to be me - and I was being hardest on*  
112 *myself, and I realised, again, that it came down to my self-esteem and the fact*  
113 *that it was basically shattered...I felt as though I'd let everyone and everything*  
114 *down, but I hadn't. I'd let myself down...I realised that this anger I harboured*  
115 *towards myself... I was so ashamed and angry about having been duped I'm*  
116 *educated. I've got x amount of degrees. I've got this, I've got that. I live in*  
117 *Europe. You know, I'm very civilised. I'm very cultured, I travel, I go to the*  
118 *opera," etc., etc. Unfortunately, that turned out to be me. It was only once my*  
119 *therapist turned round and said to me, "XXX, you didn't choose um, the lies*  
120 *that he told you. You didn't choose him. What you chose was the, um, man he*  
121 *was portraying."*

122 R: The image.

123 P: Yes, "You chose the persona. And unfortunately, this person acting this  
124 persona out was so good, that not only you fell for it but everybody else  
125 around you fell for it." So when she said that to me, it was like, I don't know,  
126 water over fire.

127 R: Well, it sounds like some compassion, which was one of the other... so I mean how,  
128 what helped you then recover? It sounds like compassion was one of the  
129 components, would you agree with that?

Commented [SK6]:  
Codes: Cognitive Insight/Awareness; Self-Care,  
Recognition of Own Needs, Self-Neglect, Social  
Isolation, Social Support/Reciprocity

Theme: Shattered Connections (Relating to Others)

Comment: Quote 5 L86-99

There is understandable anger and pain that she shares  
that is palpable

Cultural component here to putting her needs below  
others?

Commented [SK7]:  
Codes: Disbelief, Shame, Cultural/Religious  
stereotypes, self-judgement, self-blame,  
Professional/Therapist Support, A Third Perspective

Theme: Battling a Multi-Headed Hydra (Personal  
Strength)

Comment: Quote 6 L103-127

Coming from a Muslim background, I can relate to her  
feelings of shame and disappointment. I find it hard to  
hear her self-criticism and blame and feel her  
disappointment in conforming to a stereotype

Incredibly healing and powerful to have someone else  
validate her experience and support her experience

130 P: Compassion definitely was one of...uh, but also people listening to me. I hadn't  
 131 had a voice for six years. (yeah) It got to the point that, again, that there was so  
 132 much gaslighting that I was questioning myself. I genuinely thought nobody  
 133 believed me and also, losing a lot of friends in a very short space of time -  
 134 people like blocking you, sorry, not you, me – uh, genuinely crossing the street  
 135 if they saw me, sending me nasty emails, nasty texts saying, "I don't know  
 136 what else you wanted," - just horrendous behaviour. And, these were people  
 137 who genuinely weren't my friends, but I thought they were, and I'd put so much  
 138 effort into hosting them, and sharing the salt from my table, and having them  
 139 stay over, and really building wonderful memories, well I thought they were  
 140 cherishable memories but they clearly didn't. Having, as I said, my small group  
 141 of people listen to me, and believe me, that was incredible. I went through a  
 142 stage of my life where, and I still do to some extent, um, because the story got  
 143 so crazy, sorry, the reality got so crazy that everything I said, I would, I either  
 144 wouldn't say unless I had proof on my phone. Whatever I did say regarding the  
 145 divorce and the marriage, I would pull up immediately and show proof on my  
 146 phone. Um, I even went to the police and I reported, well four videos that, um of  
 147 abuse. Again, I was shut down by the police. They didn't do anything uh they  
 148 didn't even bother looking at the videos. So again, that made me feel  
 149 horrendous, "I must be lying. This is in my head," self-blame, self-blame. But  
 150 my therapist, who was compassionate enough and kind enough to watch, um I  
 151 think, about maybe a minute, of one of the videos (okay) that made me feel  
 152 there's somebody in authority, somebody I respect, somebody who's academic  
 153 and has studied the subject and is an expert in PTSD, and she's looked at it  
 154 and she just said, "I'm validating you." And from that moment onwards, I mean  
 155 she refused to, and I could completely understand why to watch the other three  
 156 videos. This isn't anything that I've really shared with anyone, apart from I think  
 157 two, maybe three of my friends because again, there is still a little bit of shame  
 158 attached to it, um, from, for myself because I still struggle with having been  
 159 that woman. But having had that experience with her, it was so soothing to  
 160 myself "okay, do you know what? Somebody who's not a friend, who doesn't  
 161 have to believe you, is actually taking you seriously and this did happen."

162 R: This makes a lot of sense to me. I mean it makes a lot of sense to me. Basically it  
 163 was like someone you'd trusted that had no agenda to tell you something

164 P: None whatsoever. So she was fantastic, she really, really was, and again,  
 165 highlighting that he chose you, more than you choosing him, so I was that arm  
 166 candy, educated, from a good family etc., etc., um, girl who was also a very  
 167 good Muslim girl in every sense of the word. Um, he was like, "right, let's get  
 168 my teeth into this one." But it was only when I started discovering, in our  
 169 marriage, all the lies and the actual reality of his world, that he turned on me  
 170 because the, the dream that he was living, or sorry, the fantasy was no longer  
 171 real, when he came home. Again, this was something that she highlighted to  
 172 me. So I mean some of these things are just so blatantly obvious, but you don't  
 173 see it when you're in, in the depths of it.

174 R: It doesn't sound obvious to me at all. It does not sound obvious. It's very difficult to  
 175 see on the inside.

176 P: Totally. And then I was having epiphanies when I was seeing this woman. I was  
 177 like, "Oh my god, yes, that's amazing." Then I would leave that session feeling  
 178 so high, because I'd discovered something else which took away the  
 179 accountability from me.

Commented [SK9]:  
 Coding: Social Support & Validation, Confusion of Reality, self-blame, self-judgement, Professional Support/Help, A Third Perspective, Disbelief, Emotional Pain/Loss

Theme: Shattered Connections (Relating to Others)

Comment: Quote 7 L131-162

Gaslighting mentioned  
 Betrayal of people and support group  
 Community she was a part of? Shared beliefs she was moving away from?

Commented [SK9]:  
 Codes: A Third Perspective, Confusion of Reality, Therapy/Professional Help, Social Support & Validation, Recognising negative intent

Theme: Integrating a Paradigm Shift (New Possibilities)

Comment: Quote 8 L165-180

powerful shift from blaming oneself and looking inside oneself for the solution to seeing someone else as the cause of the problem and recognising the harm, needing outsider input

## Appendix A11. Participant Feedback Note Example

### Participant 2: Feedback Note

Approximately 40 minutes to answer quantitative survey and 40 minutes for interview.

#### *Quantitative Data Notes*

- Important to note that Wi-Fi access may be an issue and it was essential to bring the charger for iPad survey – battery was low.
- Mentioned that the demographics questions are open ended and there is no right or wrong.
- Clarified that the crisis in the post-traumatic growth questionnaire is since leaving the abusive partner.
- Often looked at the hard copy of the questionnaires to view when referred to questions.

PGTI (Post-traumatic growth questionnaire) issues:

1. "I developed new interests" was more accurate to say went back to old interests - "I went back to everything that I did before and let go of"
2. Personal sense of closeness with others - Yes did consolidate with a small group but not overall
3. Compassion with others is not so simple as a yes or no, for some it was yes and for other situations it was no
4. Effort into relationships - only the ones I valued
5. Religious faith - the change was that I had less faith and more spiritual beliefs
6. Learned about how wonderful people are was difficult to answer because I also learnt how horrible people are
7. That accept needing others I put it three because I put me first and then others

#### *Qualitative Data Collection Notes*

- Emotions that surfaced included anger and sense of injustice that her ex-partner held little consequences for his behaviours. There was often cursing and apologising and I tried to portray the appropriateness of her anger and her desire to express herself.
- Picking up an element of putting herself down/still critical of herself when reflecting back in our discussions and this was distressing to me to experience.
- She would like to be contacted with results and discussion of the study

## References

- Ahmad, F., Rai, N., Petrovic, B., Erickson, P. E., & Stewart, D. E. (2013). Resilience and resources among South Asian immigrant women as survivors of partner violence. *Journal of Immigrant and Minority Health, 15*(6), 1057–1064.
- Aldwin, C. M., & Levenson, M. R. (2004). Posttraumatic growth: A developmental perspective. *Psychological Inquiry, 15*(1), 19–22.
- Allen, K. N., & Wozniak, D. F. (2010). The language of healing: Women's voices in healing and recovering from domestic violence. *Social Work in Mental Health, 9*(1), 37–55.
- American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> edition). Washington, D.C. : Author.
- Anderson, K. M., Renner, L. M., & Danis, F. S. (2012). Recovery: Resilience and growth in the aftermath of domestic violence. *Violence Against Women, 18*(11), 1279–1299.
- Baltes, P. B., Staudinger, U. M., Maercker, A., & Smith, J. (1995). People nominated as wise: a comparative study of wisdom-related knowledge. *Psychology and Aging, 10*(2), 155.
- Bancroft, L. (2003). *Why does he do that?: Inside the minds of angry and controlling men*. Penguin.
- Bazeley, P. (2009). Integrating data analyses in mixed methods research.
- Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York.
- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. 1979. New York: Guilford Press Google Scholar.
- Belsher, B. E., Ruzek, J. I., Bongar, B., & Cordova, M. J. (2012). Social constraints, posttraumatic cognitions, and posttraumatic stress disorder in treatment-seeking trauma survivors: Evidence for a social-cognitive processing model. *Psychological Trauma: Theory, Research, Practice, and Policy, 4*(4), 386.
- Blair, L. (2010). A critical review of the scientist-practitioner model for counselling psychology. *Counselling Psychology Review, 25*(4), 19-30.
- Bisson, J. I., Ehlers, A., Matthews, R., Pilling, S., Richards, D., & Turner, S. (2007). Psychological treatments for chronic post-traumatic stress disorder. *The British Journal of Psychiatry, 190*(2), 97–104.
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American psychologist, 59*(1), 20.
- Bonanno, G. A., Papa, A., & O'Neill, K. (2001). Loss and human resilience. *Applied and preventive Psychology, 10*(3), 193-206.

- Bonanno, G. A., & Mancini, A. D. (2012). Beyond resilience and PTSD: Mapping the heterogeneity of responses to potential trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(1), 74.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. sage.
- Braun, V., Clarke, V., & Rance, N. (2014). How to use thematic analysis with interview data (process research).
- Breakwell, G. M. (2012). *Research methods in psychology* (4th ed.). London: SAGE.
- Breakwell, G. M., Hammond, S. E., & Fife-Schaw, C. E. (2000). *Research methods in psychology*. SAGE Publications Ltd.
- Brewin, C. R., & Holmes, E. A. (2003). Psychological theories of posttraumatic stress disorder. *Clinical Psychology Review*, 23(3), 339–376.
- Bridges, K. R., & Harnish, R. J. (2010). Role of irrational beliefs in depression and anxiety: a review. *Health*, 2(08), 862.
- Briere, J., & Jordan, C. E. (2004). Violence against women: Outcome complexity and implications for assessment and treatment. *Journal of interpersonal violence*, 19(11), 1252-1276.
- British Psychological Society (2014). *Code of human research ethics*, British Psychological Society, Leichester, UK  
<https://www.bps.org.uk/news-and-policy/bps-code-human-research-ethics-2nd-edition-2014>
- British Psychological Society (2017). *British Psychological Society Practice Guidelines*, British Psychological Society, Leichester, UK  
<https://www.bps.org.uk/news-and-policy/practice-guidelines>
- Brown, L. S. (2018). Feminist therapy. American Psychological Association.
- Brown, J., & James, K. (2014). Therapeutic responses to domestic violence in Australia: A history of controversies. *Australian and New Zealand Journal of family therapy*, 35(2), 169-184.
- Browne, C. M., Dowd, E. T., & Freeman, A. (2010). Rational and irrational beliefs and psychopathology. *Rational and Irrational Beliefs*, 149.
- Burman, E. (1990). *Feminists and psychological practice*. London: Sage.
- Burnham, J. (1992). Approach-method-technique: Making distinctions and creating connections. *Human Systems*, 3(1), 3-26.
- Butchart, A., Mikton, C., Dahlberg, L. L., & Krug, E. G. (2015). Global status report on violence prevention 2014.

- Cabral, C. M. (2010). *Psychological functioning following violence: An examination of posttraumatic growth, distress, and hope among interpersonal violence survivors* (Doctoral dissertation).
- Calhoun, L. G., & Tedeschi, R. G. (2014). *Handbook of post-traumatic growth: Research and practice*. Routledge.
- Calhoun, L., Tedeschi, R., Cann, A., & Hanks, E. (2010). Positive outcomes following bereavement: Paths to posttraumatic growth. *Psychologica Belgica*, *50*(1-2).
- Calhoun, L. G., Tedeschi, R. G., Fulmer, D., & Harlan, D. (2000). Parental bereavement, rumination, and posttraumatic growth. In *Poster session presented at the meeting of the American Psychological Association, Washington, DC*.
- Cann, A., Calhoun, L. G., Tedeschi, R. G., Kilmer, R. P., Gil-Rivas, V., Vishnevsky, T., & Danhauer, S. C. (2010). The Core Beliefs Inventory: A brief measure of disruption in the assumptive world. *Anxiety, Stress & Coping*, *23*(1), 19-34.
- Cann, A., Calhoun, L. G., Tedeschi, R. G., Taku, K., Vishnevsky, T., Triplett, K. N., & Danhauer, S. C. (2010). A short form of the Post-traumatic Growth Inventory. *Anxiety, Stress, & Coping*, *23*(2), 127-137.
- Carver, C. S. (1998). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues*, *54*(2), 245–266.
- Cash, T. F. (1984). The irrational beliefs test: Its relationship with cognitive-behavioral traits and depression. *Journal of Clinical Psychology*, *40*(6), 1399–1405.
- Cattaneo, L. B., & Goodman, L. A. (2015). What is empowerment anyway? A model for domestic violence practice, research, and evaluation. *Psychology of Violence*, *5*(1), 84.
- Cerulli, C., Poleshuck, E., Raimondi, C., Veale, S., & Chin, N. (2012). “What fresh hell is this?” Victims of intimate partner violence describe their experiences of abuse, pain, and depression. *Journal of Family Violence*, *27*(8), 773–781.
- Chavis, A. Z., & Hill, M. S. (2008). Integrating multiple intersecting identities: A multicultural conceptualization of the power and control wheel. *Women & Therapy*, *32*(1), 121-149.
- Chang, J. C., Dado, D., Ashton, S., Hawker, L., Cluss, P. A., Buranosky, R., & Scholle, S. H. (2006). Understanding behavior change for women experiencing intimate partner violence: Mapping the ups and downs using the stages of change. *Patient Education and Counseling*, *62*(3), 330–339.
- Chang, J. C., Dado, D., Hawker, L., Cluss, P. A., Buranosky, R., Slagel, L. (2010). Understanding turning points in intimate partner violence: factors and circumstances leading women victims toward change. *Journal of Women's Health (2002)*, *19*(2), 251–259.

- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Sage.
- Cheng, C. H. K., Ho, S. M. Y., & Rochelle, T. L. (2018). Psychometric properties of the Chinese Post-traumatic Growth Inventory in patients with chronic diseases. *Hong Kong Medical Journal*, 24(4 (Supplement 4)), 16-19.
- Chester, A., & Bretherton, D. (2001). What makes feminist counselling feminist?. *Feminism & Psychology*, 11(4), 527-545.
- Cho, D., & Park, C. L. (2013). Growth following trauma: Overview and current status. *Terapia psicológica*, 1(1), 69-79.
- Christopher, M. (2004). A broader view of trauma: A biopsychosocial-evolutionary view of the role of the traumatic stress response in the emergence of pathology and/or growth. *Clinical Psychology Review*, 24(1), 75–98.
- Clark-Carter, D. (1997). *Doing Quantitative Psychological Research: From Design to Report*. Hove: Psychology Press
- Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The psychologist*, 26(2), 120-123.
- Clarke, V., & Braun, V. (2018). Using thematic analysis in counselling and psychotherapy research: A critical reflection. *Counselling and Psychotherapy Research*, 18(2), 107-110.
- Cloitre, M., Courtois, C. A., Charuvastra, A., Carapezza, R., Stolbach, B. C., & Green, B. L. (2011). Treatment of complex PTSD: Results of the ISTSS expert clinician survey on best practices. *Journal of traumatic stress*, 24(6), 615-627.
- Cobb, A. R., Tedeschi, R. G., Calhoun, L. G., & Cann, A. (2006). Correlates of post-traumatic growth in survivors of intimate partner violence. *Journal of Traumatic Stress*, 19(6), 895–903.
- Comas-Díaz, L. E., & Greene, B. E. (1994). *Women of color: Integrating ethnic and gender identities in psychotherapy*. Guilford Press.
- Combs, G., & Freedman, J. (2012). Narrative, poststructuralism, and social justice: Current practices in narrative therapy. *The Counseling Psychologist*, 40(7), 1033-1060.
- Cooper, M. (2009). Welcoming the Other: Actualizing the humanistic ethic at the core of counselling psychology practice. *Counselling Psychology Review-British Psychological Society*, 24(3/4).
- Corlett, S., & Mavin, S. (2017). Reflexivity and researcher positionality. *The SAGE handbook of qualitative business and management research methods*, 377-399.

- Corrigan, F. M., Fisher, J. J., & Nutt, D. J. (2011). Autonomic dysregulation and the window of tolerance model of the effects of complex emotional trauma. *Journal of Psychopharmacology*, 25(1), 17-25.
- Cozolino, L., & Sprokay, S. (2006). Neuroscience and adult learning. *The Neuroscience of Adult Learning: New Directions for Adult and Continuing Education*, Number 110, 81, 11.
- Crawford, M., & Unger, R. (2004). *Women and gender: A feminist psychology*. McGraw-Hill.
- Creamer M, Bell R, Failla S. Psychometric properties of the impact of event scale – revised. *Behaviour Research and Therapy* 2003;41:1489–1496
- Crenshaw, K. (1990). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stan. L. Rev.*, 43, 1241.
- Creswell, J. W., & Clark, V. L. P. (2017). *Designing and conducting mixed methods research*. Sage publications.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into practice*, 39(3), 124-130.
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
- Creswell, J. W., Plano Clark, V. L., Gutmann, M. L., & Hanson, W. E. (2003). Advanced mixed methods research designs. *Handbook of mixed methods in social and behavioral research*, 209, 240.
- Crowder, R. (2016). Mindfulness based feminist therapy: The intermingling edges of self-compassion and social justice. *Journal of Religion & Spirituality in Social Work: Social Thought*, 35(1-2), 24-40.
- Cutts, L. A. (2013). Considering a social justice agenda for counselling psychology in the UK. *Counselling Psychology Review*, 28(2), 8-16.
- Dallos, R., & Draper, R. (2010). *An introduction to family therapy: Systemic theory and practice*. McGraw-Hill Education (UK).
- Dancey, C. P., & Reidy, J. (2007). *Statistics without maths for psychology*. Pearson Education.
- de la Rosa, I. A., Barnett-Queen, T., Messick, M., & Gurrola, M. (2016). Spirituality and resilience among Mexican American IPV survivors. *Journal of interpersonal violence*, 31(20), 3332-3351.
- Doucet, A., & Mauthner, N. S. (2006). Feminist methodologies and epistemology. *Handbook of 21<sup>st</sup> Century Sociology*. Thousand Oaks, CA: Sage, 36-45.

- Dunmore, E., Clark, D. M., & Ehlers, A. (2001). A prospective investigation of the role of cognitive factors in persistent posttraumatic stress disorder (PTSD) after physical or sexual assault. *Behaviour Research and Therapy*, 39(9), 1063–1084.
- Dwyer, S. C., & Buckle, J. L. (2009). The space between: On being an insider-outsider in qualitative research. *International journal of qualitative methods*, 8(1), 54-63.
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38(4), 319–345.
- Ehlers, A., Clark, D. M., Hackmann, A., McManus, F., & Fennell, M. (2005). Cognitive therapy for post-traumatic stress disorder: development and evaluation. *Behaviour research and therapy*, 43(4), 413-431.
- Elderton, A., Berry, A., & Chan, C. (2017). A systematic review of posttraumatic growth in survivors of interpersonal violence in adulthood. *Trauma, Violence, & Abuse*, 18(2), 223-236.
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British journal of clinical psychology*, 38(3), 215-229.
- Ellis, A. (1962). Reason and emotion in psychotherapy.
- Enns, C. Z. (1993). Twenty years of feminist counseling and therapy: From naming biases to implementing multifaceted practice. *The Counseling Psychologist*, 21(1), 3-87.
- Enns, C. Z. (2004). *Feminist theories and feminist psychotherapies: Origins, themes, and diversity*. Routledge.
- Evans, John Mellor-Clark, Frank Margison, Michael Barkham, Kerry Audin, Janice Connell, Graeme McGrath, C. (2000). CORE: Clinical Outcomes in Routine Evaluation. *Journal of Mental Health*, 9(3), 247-255.
- Fàbregues, S., & Molina-Azorín, J. F. (2017). Addressing quality in mixed methods research: a review and recommendations for a future agenda. *Quality & Quantity*, 51(6), 2847-2863.
- Femicide Census. (2018). *Annual report on UK femicides, women killed by men in the UK*. <https://femicidescensus.org/wp-content/uploads/2020/02/Femicide-Census-Report-on-2018-Femicides-.pdf>
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International journal of qualitative methods*, 5(1), 80-92.
- Field, A. (2013). *Discovering statistics using IBM SPSS statistics*. sage .
- Finlay, L. (2002). “Outing” the researcher: The provenance, process, and practice of reflexivity. *Qualitative health research*, 12(4), 531-545.

- Finlay, L., & Gough, B. (Eds.). (2008). *Reflexivity: A practical guide for researchers in health and social sciences*. John Wiley & Sons.
- Fischer, C. T. (2009). Bracketing in qualitative research: Conceptual and practical matters. *Psychotherapy Research, 19*(4-5), 583-590.
- Flasch, P., Murray, C. E., & Crowe, A. (2017). Overcoming abuse: A phenomenological investigation of the journey to recovery from past intimate partner violence. *Journal of interpersonal violence, 32*(22), 3373-3401.
- Follingstad, D. R., Brennan, A. F., Hause, E. S., Polek, D. S., & Rutledge, L. L. (1991). Factors moderating physical and psychological symptoms of battered women. *Journal of Family Violence, 6*(1), 81–95.
- Frankl, V. E. (1985). *Man's search for meaning*. Simon and Schuster.
- Frazier, P., Conlon, A., & Glaser, T. (2001). Positive and negative life changes following sexual assault. *Journal of Consulting and Clinical Psychology, 69*(6), 1048.
- Frazier, P. A., & Kaler, M. E. (2006). Assessing the validity of self-reported stress-related growth. *Journal of Consulting and Clinical Psychology, 74*(5), 859.
- Freire, P. (2000). *Historical Conditioning and Levels of Consciousness. The Politics of Education, Culture of Silence*. London: Bergi and Garvey.
- Gadamer, H. G. (1979). *Truth and Method* (English Translation).
- García-Moreno, C., Pallitto, C., Devries, K., Stöckl, H., Watts, C., & Abrahams, N. (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization.
- Gardner, H., Csikszentmihalyi, M., & Damon, W. (2001). *Good work: When excellence and ethics meet*. Basic Books (AZ).
- Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice, 13*(6), 353-379.
- Gill, A., Radford, L., Barter, C., Gilchrist, E., Hester, M., Phipps, A., & Rummery, K. (2012). *Violence against women: current theory and practice in domestic abuse, sexual violence and exploitation*. Jessica Kingsley Publishers.
- Goldner, V. (1988). Generation and gender: Normative and covert hierarchies. *Family process, 27*(1), 17-31.
- Goldner, V., Penn, P., Sheinberg, M., & Walker, G. (1990). Love and violence: Gender paradoxes in volatile attachments. *Family process, 29*(4), 343-364.

- Goodman, L. A., Liang, B., Helms, J. E., Latta, R. E., Sparks, E., & Weintraub, S. R. (2004). Training counseling psychologists as social justice agents: Feminist and multicultural principles in action. *The counseling psychologist, 32*(6), 793-836.
- Gough, B., & Madill, A. (2012). Subjectivity in psychological science: From problem to prospect. *Psychological methods, 17*(3), 374.
- Greene, B. (2005). Psychology, diversity and social justice: Beyond heterosexism and across the cultural divide. *Counselling Psychology Quarterly, 18*(4), 295-306.
- Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis*. Los Angeles: Sage Publications.
- Hague, G., & Mullender, A. (2006). Who listens? The voices of domestic violence survivors in service provision in the United Kingdom. *Violence Against Women, 12*(6), 568-587.
- Hardesty, J. L., Crossman, K. A., Haselschwerdt, M. L., Raffaelli, M., Ogolsky, B. G., & Johnson, M. P. (2015). Toward a standard approach to operationalizing coercive control and classifying violence types. *Journal of Marriage and Family, 77*(4), 833-843.
- Hankivsky, O., & Grace, D. (2015). Understanding and emphasizing difference and intersectionality in multimethod and mixed methods research. In *The Oxford handbook of multimethod and mixed methods research inquiry*.
- Harrison, C. (2008). Implacably hostile or appropriately protective? Women managing child contact in the context of domestic violence. *Violence against women, 14*(4), 381-405.
- Harwin, N. (2006). Putting a stop to domestic violence in the United Kingdom: Challenges and opportunities. *Violence Against Women, 12*(6), 556-567.
- Hayes, B. E. (2017). Indirect abuse involving children during the separation process. *Journal of interpersonal violence, 32*(19), 2975-2997.
- Hebenstreit, C. L., Maguen, S., Koo, K. H., & DePrince, A. P. (2015). Latent profiles of PTSD symptoms in women exposed to intimate partner violence. *Journal of affective disorders, 180*, 122-128.
- Hebert, S., & Popadiuk, N. (2008). University students' experiences of nonmarital breakups: A grounded theory. *Journal of College Student Development, 49*(1), 1-14.
- Helgeson, V. S., Reynolds, K. A., & Tomich, P. L. (2006). A meta-analytic review of benefit finding and growth. *Journal of Consulting and Clinical Psychology, 74*(5), 797.

- Her Majesty's Inspectorate of Constabulary (HMIC). (2015) *Increasingly everyone's business: A progress report on the police response to domestic abuse*. Retrieved from: <https://www.justiceinspectors.gov.uk/hmicfrs/wp-content/uploads/increasingly-everyones-business-domestic-abuse-progress-report.pdf>
- Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence--from domestic abuse to political terror*. Hachette UK.
- Hesse-Biber, S. N., & Griffin, A. J. (2015). Feminist Approaches to Multimethod and Mixed Methods Research. In *The Oxford Handbook of Multimethod and Mixed Methods Research Inquiry*.
- Hobfoll, S. E., Hall, B. J., Nisim, D. C., Galea, S., Johnson, R. J., & Palmieri, P. A. (2007). Refining our understanding of traumatic growth in the face of terrorism: Moving from meaning cognitions to doing what is meaningful. *Applied Psychology*, 56(3), 345–366.
- hooks, b. (2000). *Feminist theory: From margin to center*. Pluto Press.
- Holman, E. A., & Silver, R. C. (1998). Getting" stuck" in the past: temporal orientation and coping with trauma. *Journal of personality and social psychology*, 74(5), 1146.
- Holmes, E. A., Grey, N., & Young, K. A. (2005). Intrusive images and “hotspots” of trauma memories in posttraumatic stress disorder: An exploratory investigation of emotions and cognitive themes. *Journal of Behavior Therapy and Experimental Psychiatry*, 36(1), 3-17.
- Holt, S. (2015). Post-separation fathering and domestic abuse: Challenges and contradictions. *Child Abuse Review*, 24(3), 210-222.
- Howard, L. M., Trevillion, K., & Agnew-Davies, R. (2010). Domestic violence and mental health. *International Review of Psychiatry*, 22(5), 525-534.
- Howell, D. C. (2009). *Statistical methods for psychology*. Cengage Learning.
- Humphreys, C., Diemer, K., Bornemisza, A., Spiteri-Staines, A., Kaspiw, R., & Horsfall, B. (2019). More present than absent: Men who use domestic violence and their fathering. *Child & Family Social Work*, 24(2), 321-329.
- Humphreys, C., & Thiara, R. (2003a). Mental health and domestic violence: 'I call it symptoms of abuse'. *British journal of social work*, 33(2), 209-226.
- Humphreys, C., & Thiara, R. (2003b). Neither justice nor protection: women's experiences of post-separation violence. *Journal of Social Welfare and Family Law*, 25(3), 195-214.
- Hyland, P., Maguire, R., Shevlin, M., & Boduszek, D. (2014). Rational beliefs as cognitive protective factors against posttraumatic stress symptoms. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 32(4), 297-312.

- Hyland, P., Shevlin, M., Adamson, G., & Boduszek, D. (2014). The moderating role of rational beliefs in the relationship between irrational beliefs and posttraumatic stress symptomology. *Behavioural and Cognitive Psychotherapy*, *42*(3), 312-326.
- Hyland, P., Shevlin, M., Adamson, G., & Boduszek, D. (2014). The organization of irrational beliefs in posttraumatic stress symptomology: Testing the predictions of REBT theory using structural equation modelling. *Journal of Clinical Psychology*, *70*(1), 48–59.
- Israeli, A. L., & Santor, D. A. (2000). Reviewing effective components of feminist therapy. *Counselling Psychology Quarterly*, *13*(3), 233-247.
- Janoff-Bulman, R. (2010). *Shattered assumptions*. Simon and Schuster.
- Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition*, *7*(2), 113–136.
- Janoff-Bulman, R. (2004). Posttraumatic growth: Three explanatory models. *Psychological Inquiry*, *15*(1), 30–34.
- Janoff-Bulman, R., & Snyder, C. R. (1999). Rebuilding shattered assumptions after traumatic life events. *Coping: The Psychology of What Works*, 305–323.
- Jemal, A. (2017). Critical consciousness: A critique and critical analysis of the literature. *The Urban Review*, *49*(4), 602-626.
- Jenewein, J., Moergeli, H., Fauchere, J.-C., Bucher, H. U., Kraemer, B., Wittmann, L., et al. (2008). Parents' mental health after the birth of an extremely preterm child: a comparison between bereaved and non-bereaved parents. *Journal of Psychosomatic Obstetrics & Gynecology*, *29*(1), 53–60.
- Johnson, M. P. (2010). *A typology of domestic violence: Intimate terrorism, violent resistance, and situational couple violence*. Upne.
- Jones, L., Hughes, M., & Unterstaller, U. (2001). Post-Traumatic Stress Disorder (PTSD) in victims of domestic violence a review of the research. *Trauma, Violence, & Abuse*, *2*(2), 99–119.
- Jordan, J. V. (2000). The role of mutual empathy in relational/cultural therapy. *Journal of clinical psychology*, *56*(8), 1005-1016.
- Joseph, S., & Linley, P. A. (2006). Growth following adversity: Theoretical perspectives and implications for clinical practice. *Clinical Psychology Review*, *26*(8), 1041–1053.
- Joseph, S. (2013). *What doesn't kill us: The new psychology of posttraumatic growth*. Basic Books.
- Kabat-Zinn, J. (2015). Mindfulness. *Mindfulness*, *6*(6), 1481-1483.
- Kasket, E. (2012). The Counselling Psychologist researcher. *Counselling Psychology Review*, *27*(2), 64-73

- Kasket, E., & Gil-Rodriguez, E. (2011). The identity crisis in trainee counselling psychology research. *Counselling Psychology Review*, 26(4), 20-30.
- Katz, E., Nikupeteri, A., & Laitinen, M. (2019). When Coercive Control Continues to Harm Children: Post-Separation Fathering, Stalking and Domestic Violence. *Child Abuse Review*.
- Keats, D. M. (2000). *Interviewing: A practical guide for students and professionals*. Buckingham: Open University Press.
- Kelle, U. (2006). Combining qualitative and quantitative methods in research practice: Purposes and advantages. *Qualitative Research in Psychology*, 3(4), 293-311.
- Keller, S. M., Zoellner, L. A., & Feeny, N. C. (2010). Understanding factors associated with early therapeutic alliance in PTSD treatment: Adherence, childhood sexual abuse history, and social support. *Journal of consulting and clinical psychology*, 78(6), 974.
- Keng, S. L., Smoski, M. J., & Robins, C. J. (2016). Effects of mindful acceptance and reappraisal training on maladaptive beliefs about rumination. *Mindfulness*, 7(2), 493-503.
- Kershaw, C., Chivite-Matthews, N., Thomas, C., & Aust, R. (2001). British Crime Survey 2001. London, UK: Great Britain Home Office.
- Kleim, B., Grey, N., Wild, J., Nussbeck, F. W., Stott, R., Hackmann, A. (2013). Cognitive change predicts symptom reduction with cognitive therapy for posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 81(3), 383.
- Kubany, E. S., & Ralston, T. (2008). *Treating PTSD in battered women: A step-by-step manual for therapists and counselors*. New Harbinger Publications.
- Kübler-Ross, E. (1973). *On death and dying*. Routledge.
- Kulkarni, S. J., Bell, H., & Rhodes, D. M. (2012). Back to basics: Essential qualities of services for survivors of intimate partner violence. *Violence against women*, 18(1), 85-101.
- Leo, D., Izadikhah, Z., Fein, E. C., & Forooshani, S. A. (2019). The effect of trauma on religious beliefs: a structured literature review and meta-analysis. *Trauma, Violence, & Abuse*, 1524838019834076.
- Liang, L., & Lee, Y. H. (2019). Factor Structure of the Ruminative Response Scale and Measurement Invariance across Gender and Age among Chinese Adolescents. *Advances in Applied Sociology*, 9(06), 193.
- Lindner, H., Kirkby, R., Wertheim, E., & Birch, P. (1999). A brief assessment of irrational thinking: The shortened general attitude and belief scale. *Cognitive Therapy and Research*, 23(6), 651-663.

- Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress, 17*(1), 11–21.
- López, A., Sanderman, R., Smink, A., Zhang, Y., van Sonderen, E., Ranchor, A., & Schroevers, M. J. (2015). A reconsideration of the Self-Compassion Scale's total score: self-compassion versus self-criticism. *PLoS one, 10*(7), e0132940.
- Lyubomirsky, S., & Nolen-Hoeksema, S. (1993). Self-perpetuating properties of dysphoric rumination. *Journal of personality and social psychology, 65*(2), 339.
- MacInnes, D. (2003). Evaluating an assessment scale of irrational beliefs for people with mental health problems. *Nurse researcher, 10*(4).
- Maercker, A., & Zoellner, T. (2004). The Janus face of self-perceived growth: Toward a two-component model of posttraumatic growth. *Psychological Inquiry, 15*(1), 41–48.
- Marks, D. F., & Yardley, L. (Eds.). (2004). *Research methods for clinical and health psychology*. Sage.
- Martin, L. L., & Tesser, A. (1996a). Clarifying our thoughts. *Ruminative Thought: Advances in Social Cognition, 9*, 189–209.
- Matczak, A., Hatzidimitriadou, E., & Lindsay, J. (2011). *Review of domestic violence policies in England & Wales*. Kingston University and St George's, University of London.
- Matheson, F. I., Daoud, N., Hamilton-Wright, S., Borenstein, H., Pedersen, C., & O'Campo, P. (2015). Where did she go? The transformation of self-esteem, self-identity, and mental well-being among women who have experienced intimate partner violence. *Women's health issues, 25*(5), 561-569.
- McGoldrick, M., Gerson, R., & Petry, S. S. (2008). *Genograms: Assessment and intervention*. New York: W.W. Norton & Co.
- McMillen, C., Zuravin, S., & Rideout, G. (1995). Perceived benefit from child sexual abuse. *Journal of Consulting and Clinical Psychology, 63*(6), 1037.
- Mechanic, M. B., Weaver, T. L., & Resick, P. A. (2008). Mental health consequences of intimate partner abuse a multidimensional assessment of four different forms of abuse. *Violence Against Women, 14*(6), 634–654.
- Miller, T. (2017). Telling the difficult things: Creating spaces for disclosure, rapport and 'collusion' in qualitative interviews. In *Women's Studies International Forum* (Vol. 61, pp. 81-86). Pergamon.
- Miller, J. B., & Stiver, I. P. (1991). *A relational reframing of therapy*. Wellesley, MA: Stone Center, Wellesley College.
- Moore, J. (2012). A personal insight into researcher positionality. *Nurse researcher, 19*(4).

- Morgan, D. L. (2007). Paradigms lost and pragmatism regained: Methodological implications of combining qualitative and quantitative methods. *Journal of mixed methods research*, 1(1), 48-76.
- Morris, B. A., Finch, J. S., Rieck, M., & Newbery, J. (2005). Multidimensional nature of posttraumatic growth in an Australian population. *Journal of Traumatic Stress*, 18(5), 575–585.
- Murphy, D. (Ed.). (2017). *Counselling Psychology: A Textbook for Study and Practice* (Vol. 2380). John Wiley & Sons.
- Myhill, A. (2017). Measuring domestic violence: Context is everything. *Journal of gender-based violence*, 1(1), 33-44.
- Mystakidou, K., Tsilika, E., Parpa, E., Galanos, A., & Vlahos, L. (2008). Post-traumatic growth in advanced cancer patients receiving palliative care. *British Journal of Health Psychology*, 13(4), 633–646.
- National Institute for Health & Care Excellence. (2018). Post-Traumatic Stress Disorder (NICE guideline NG116). Retrieved from <https://www.nice.org.uk/guidance/ng116/chapter/recommendations#complex-ptsd>
- Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. *Self and identity*, 2(3), 223-250.
- Neff, K.D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity*, 2(2), 85-101.
- Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of personality*, 77(1), 23-50.
- Neville, H. A., Carter, R. T., Spengler, P. M., & Hoffman, M. A. (2006). Quantitative research designs and counseling psychology: Historical development, current application, and best practices. *The Counseling Psychologist*, 34(5), 597-600.
- NICE. (2014). PH50: *Domestic violence and abuse: How health services, social care, and the organisations they work with can respond effectively*. London” National Institute for Health and Care Excellence.
- Nicolson, P. (2010). *Domestic violence and psychology: A critical perspective (women and psychology)*. London and New York: Routledge Taylor Francis Group.
- Nolan, L. J., & Jenkins, S. M. (2019). Food Addiction Is Associated with Irrational Beliefs via Trait Anxiety and Emotional Eating. *Nutrients*, 11(8), 1711.
- Nolen-Hoeksama, S. (2000). The role of rumination in depressive disorders and mixed anxiety/depressive symptoms. *Journal of Abnormal Psychology*, 109(3), 504-511.
- Norcross, J. C., & Goldfried, M. R. (Eds.). (2005). *Handbook of psychotherapy integration*. Oxford University Press.

- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1), 1609406917733847.
- Nyame, S., Howard, L. M., Feder, G., & Trevillion, K. (2013). A survey of mental health professionals' knowledge, attitudes and preparedness to respond to domestic violence. *Journal of Mental Health*, 22(6), 536-543.
- Oakley, A. (2013). Interviewing women: A contradiction in terms. In *Doing feminist research* (pp. 52-83). Routledge.
- Office of National Statistics (2018). *Domestic abuse: findings from the crime survey in England and Wales: year ending March 2018*. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusefindingsfromthecrimesurveyforenglandandwales/yearendingmarch2018>
- O'Leary, V. E., & Ickovics, J. R. (1995). Resilience and thriving in response to challenge: an opportunity for a paradigm shift in women's health. *Women's Health* (Hillsdale, NJ), 1(2), 121.
- Olsen, C. (2010). Ethics: The fundamental dimension of counselling psychology. *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues*, 89-99.
- Onwuegbuzie, A. J., & Collins, K. M. (2007). A typology of mixed methods sampling designs in social science research. *The qualitative report*, 12(2), 281-316.
- Ortlipp, M. (2008). Keeping and using reflective journals in the qualitative research process. *The qualitative report*, 13(4), 695-705.
- Owenz, M., & Fowers, B. J. (2019). Perceived post-traumatic growth may not reflect actual positive change: A short-term prospective study of relationship dissolution. *Journal of Social and Personal Relationships*, 36(10), 3098-3116.
- Pain, R., & Aid, S. W. S. (2012). *Everyday terrorism: How fear works in domestic abuse*. Durham: Centre for Social Justice and Community Action.
- Palaganas, E. C., Sanchez, M. C., Molintas, V. P., & Caricativo, R. D. (2017). Reflexivity in qualitative research: A journey of learning. *Qualitative Report*, 22(2).
- Parkes, C. M. (1971). Psycho-social transitions: a field for study. *Social science & medicine*.
- Pargament, K. I., Desai, K. M., & McConnell, K. M. (2014). Spirituality: A pathway to posttraumatic growth or decline?. In *Handbook of posttraumatic growth* (pp. 135-151). Routledge.
- Peterson, C., Park, N., & Seligman, M. E. (2005). Orientations to happiness and life satisfaction: The full life versus the empty life. *Journal of Happiness Studies*, 6(1), 25-41.

- Ponterotto, J. G. (2005). Qualitative research in behavioural psychology: A primer on research paradigms and philosophy of science. *Journal of Behavioural Psychology, 52*(2), 126.
- Porter, C. A., & Suedfeld, P. (1981). Integrative complexity in the corresponding of literary figures: Effects of personal and societal stress. *Journal of Personality and Social Psychology, 40*(2), 321.
- Powell, T., Gilson, R., & Collin, C. (2012). TBI 13 years on: factors associated with post-traumatic growth. *Disability and Rehabilitation, 34*(17), 1461-1467.
- Prati, G., & Pietrantonio, L. (2009). Optimism, social support, and coping strategies as factors contributing to post-traumatic growth: A meta-analysis. *Journal of Loss and Trauma, 14*(5), 364–388.
- Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the self-compassion scale. *Clinical Psychology & Psychotherapy, 18*(3), 250-255.
- Rafalin, D. (2010). Counselling psychology and research: Revisiting the relationship in the light of our 'mission'. *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues, 41-55*.
- Ramsay, J., Rutterford, C., Gregory, A., Dunne, D., Eldridge, S., Sharp, D., & Feder, G. (2012). Domestic violence: knowledge, attitudes, and clinical practice of selected UK primary healthcare clinicians. *Br J Gen Pract, 62*(602), e647-e655.
- Resick, P. A., Galovski, T. E., Uhlmansiek, M. O. B., Scher, C. D., Clum, G. A., & Young-Xu, Y. (2008). A randomized clinical trial to dismantle components of cognitive processing therapy for posttraumatic stress disorder in female victims of interpersonal violence. *Journal of Consulting and Clinical Psychology, 76*(2), 243.
- Rizq, R. (2006). Training and disillusion in counselling psychology: A psychoanalytic perspective. *Psychology and Psychotherapy: Theory, Research and Practice, 79*(4), 613-627.
- Rivett, M., & Street, E. (2009). *Family therapy: 100 key points and techniques*. Routledge.
- Robinson, P. J., & Fleming, S. (1992). Depressotypic cognitive patterns in major depression and conjugal bereavement. *OMEGA-Journal of Death and Dying, 25*(4), 291–305.
- Roddy, J. (2016). *Counselling and psychotherapy after domestic violence: A client view of what helps recovery*. Springer.
- Roepke, A. M., & Seligman, M. E. (2015). Doors opening: A mechanism for growth after adversity. *The Journal of Positive Psychology, 10*(2), 107-115.

- Rogers, C. R. (1951). *Client-centred therapy: Its current practice, implications and theory*. Boston, MA: Houghton Mifflin.
- Romero, M. (1985). A comparison between strategies used on prisoners of war and battered wives. *Sex roles*, 13(9-10), 537-547.
- Rose, D., Trevillion, K., Woodall, A., Morgan, C., Feder, G., & Howard, L. (2011). Barriers and facilitators of disclosures of domestic violence by mental health service users: qualitative study. *The British Journal of Psychiatry*, 198(3), 189-194.
- Rothschild, B. (2010). *8 Keys to Safe Trauma Recovery: Take-Charge Strategies to Empower Your Healing (8 Keys to Mental Health)*. WW Norton & Company.
- Rubin, H. J., & Rubin, I. (2005). *Qualitative interviewing: The art of hearing data* (2nd ed.). London; Thousand Oakes, Calif.: SAGE.
- SafeLives. (2019). *Psychological violence*. The Oak Foundation.  
<https://www.safelivesresearch.org.uk/Comms/Psychological%20Violence%20-%20Full%20Report.pdf>
- Scoglio, A. A., Rudat, D. A., Garvert, D., Jarmolowski, M., Jackson, C., & Herman, J. L. (2018). Self-compassion and responses to trauma: The role of emotion regulation. *Journal of interpersonal violence*, 33(13), 2016-2036.
- Seeley, J., & Plunkett, C. (2002). *Women and domestic violence: Standards for counselling practice*. Salvation Army Crisis Services.
- Seligman, M. E. (2002). Positive psychology, positive prevention, and positive therapy. *Handbook of Positive Psychology*, 2, 3–12.
- Selvam, S. G., & Collicutt, J. (2013). The ubiquity of the character strengths in African traditional religion: A thematic analysis. In *Well-being and cultures* (pp. 83-102). Springer, Dordrecht.
- Senter, K. E., & Caldwell, K. (2002). Spirituality and the maintenance of change: A phenomenological study of women who leave abusive relationships. *Contemporary Family Therapy*, 24(4), 543–564.
- Shakespeare-Finch, J., & Enders, T. (2008). Corroborating evidence of posttraumatic growth. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, 21(4), 421-424.
- Shakespeare-Finch, J., Martinek, E., Tedeschi, R. G., & Calhoun, L. G. (2013). A qualitative approach to assessing the validity of the post-traumatic growth inventory. *Journal of Loss and Trauma*, 18(6), 572–591.

- Shanthakumari, R. S., Chandra, P. S., Riazantseva, E., & Stewart, D. E. (2014). "Difficulties come to humans and not trees and they need to be faced": A study on resilience among Indian women experiencing intimate partner violence. *International Journal of Social Psychiatry*, 60(7), 703–710.
- Shaw, R., & Frost, N. (2015). Breaking out of the silo mentality. *Psychologist*, 28(8), 638-641.
- Sheikh, A. I. (2008). Posttraumatic growth in trauma survivors: Implications for practice. *Counselling Psychology Quarterly*, 21(1), 85-97.
- Silva, T. L. G. D., Ramos, V. G., Donat, J. C., Oliveira, F. R. D., Gauer, G., & Kristensen, C. H. (2018). Psychometric properties of the Posttraumatic Growth Inventory in a sample of Brazilian university students. *Trends in psychiatry and psychotherapy*, 40(4), 292-299.
- Smith, J. A., & Shinebourne, P. (2012). *Interpretative phenomenological analysis*. American Psychological Association.
- Smith, M. E. (2003). Recovery from intimate partner violence: A difficult journey. *Issues in Mental Health Nursing*, 24(5), 543–573.
- Song, L.-Y. (2012). Service utilization, perceived changes of self, and life satisfaction among women who experienced intimate partner abuse: The mediation effect of empowerment. *Journal of Interpersonal Violence*, 27(6), 1112–1136.
- Song, L. Y., & Shih, C. Y. (2010). Recovery from partner abuse: the application of the strengths perspective. *International Journal of Social Welfare*, 19(1), 23–32.
- Stapleton, J. A., Taylor, S., & Asmundson, G. J. (2007). Efficacy of Various Treatments for PTSD in Battered Women: Case Studies.
- Stark, E. (2007). Interpersonal violence. Coercive control: How men entrap women in personal life.
- Stark, E. (2009). Rethinking coercive control. *Violence Against Women*, 15(12), 1509-1525.
- Swift, C. F. (1987). *Women and violence: Breaking the connection*. Stone Center for Developmental Services and Studies, Wellesley College.
- Taylor, S. E. (1983). Adjustment to threatening events: A theory of cognitive adaptation. *American psychologist*, 38(11), 1161.
- Teddlie, C., & Tashakkori, A. (2003). Major issues and controversies in the use of mixed methods in the social and behavioural sciences. *Handbook of mixed methods in social & behavioural research*, 3-50.
- Teddlie, C., & Tashakkori, A. (2012). Common "core" characteristics of mixed methods research: A review of critical issues and call for greater convergence. *American Behavioral Scientist*, 56(6), 774-788.

- Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma and transformation: Growing in the aftermath of suffering*. Sage Publications.
- Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of traumatic stress*, 9(3), 455-471.
- Tedeschi, R. G., & Calhoun, L. G. (2004). "Posttraumatic growth: Conceptual foundations and empirical evidence." *Psychological Inquiry*, 15(1), 1–18.
- Tedeschi, R. G., Calhoun, L. G., & Groleau, J. M. (2015). Clinical applications of posttraumatic growth. *Positive Psychology in Practice: Promoting Human Flourishing in Work, Health, Education, and Everyday Life*, 503–518.
- Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (Eds.). (1998). *Posttraumatic growth: Positive changes in the aftermath of crisis*. Routledge.
- Terry, M. L., & Leary, M. R. (2011). Self-compassion, self-regulation, and health. *Self and Identity*, 10(3), 352-362.
- Thiara, R. K., & Gill, A. K. (2012). DOMESTIC VIOLENCE, CHILD CONTACT AND POST-SEPARATION VIOLENCE. *Experiences of South Asian and African-Caribbean Women and Children*. The University of Warwick, NSPCC & University of Roehampton.
- Thompson, A. R., & Russo, K. (2012). Ethical dilemmas for clinical psychologists in conducting qualitative research. *Qualitative Research in Psychology*, 9(1), 32-46.
- Thompson, B. L., & Waltz, J. (2008). Self-compassion and PTSD symptom severity. *Journal of traumatic stress*, 21(6), 556-558.
- Trevillion, K., Hughes, B., Feder, G., Borschmann, R., Oram, S., & Howard, L. M. (2014). Disclosure of domestic violence in mental health settings: A qualitative meta-synthesis. *International Review of Psychiatry*, 26(4), 430-444.
- Treynor, W., Gonzalez, R., & Nolen-Hoeksema, S. (2003). Rumination reconsidered: A psychometric analysis. *Cognitive therapy and research*, 27(3), 247-259.
- Trochim, W., & Donnelly, J. P. (2006). *The research methods knowledge base*. Mason: Atomic Dog.
- Ulloa, E. C., Hammett, J. F., Guzman, M. L., & Hokoda, A. (2015). Psychological growth in relation to intimate partner violence: A review. *Aggression and Violent Behaviour*, 25, 88–94.
- United Nations Development Programme, Human Development Report Office, *Tackling Social Norms: a game changer for gender inequities* (New York, UNDP, 2020) available from <http://hdr.undp.org/en/GSNI>
- Valdez, C. E., & Lilly, M. M. (2015). Post-traumatic growth in survivors of intimate partner violence: An assumptive world process. *Journal of Interpersonal Violence*, 30(2), 215–231.

- Valdez, C. E., & Lilly, M. M. (2016). Self-compassion and trauma processing outcomes among victims of violence. *Mindfulness*, 7(2), 329-339.
- Vishnevsky, T., Cann, A., Calhoun, L. G., Tedeschi, R. G., & Demakis, G. J. (2010). Gender differences in self-reported posttraumatic growth: A meta-analysis. *Psychology of Women Quarterly*, 34(1), 110–120.
- Walby, S., & Towers, J. S. (2017). Measuring violence to end violence: mainstreaming gender. *Journal of Gender-Based Violence*, 1(1), 11-31.
- Warren, R., Zgourides, G., & Jones, A. (1989). Cognitive bias and irrational belief as predictors of avoidance. *Behaviour Research and Therapy*, 27(2), 181-188.
- Warshaw, C. (2014). Thinking about trauma in the context of domestic violence: An integrated framework. *Synergy: A newsletter of the resource center on domestic violence child protection and custody*. Reno, NV: National Council of Juvenile and Family Court Judges.
- Warshaw, C., Gugenheim, A. M., Moroney, G., & Barnes, H. (2003). Fragmented services, unmet needs: Building collaboration between the mental health and domestic violence communities. *Health Affairs*, 22(5), 230-234.
- Warshaw, C., Sullivan, C., & Rivera, E. (2013). A systematic review of trauma-focused interventions for domestic violence survivors.
- Webster, J. D., & Deng, X. C. (2015). Paths from trauma to intrapersonal strength: Worldview, posttraumatic growth, and wisdom. *Journal of Loss and Trauma*, 20(3), 253-266.
- Weiss, D. S. (2007). The impact of event scale: revised. In *Cross-cultural assessment of psychological trauma and PTSD*(pp. 219-238). Springer, Boston, MA.
- Weiss, DS.; Marmar, CR. The impact of event scale – revised. In: Wilson, JP.; Keane, TM., editors. *Assessing psychological trauma and PTSD*. New York: Guilford Press; 1997. p. 399-411.
- Weisz, A. N., Tolman, R. M., & Saunders, D. G. (2000). Assessing the risk of severe domestic violence: The importance of survivors' predictions. *Journal of interpersonal violence*, 15(1), 75-90.
- Willig, C. (2012). Perspectives on the epistemological bases for qualitative research.
- Willig, C. (2012). *Qualitative interpretation and analysis in psychology*. McGraw-Hill Education (UK).
- Willig, C., & Rogers, W. S. (Eds.). (2017). *The SAGE handbook of qualitative research in psychology*. Sage.
- Wilson, J. M., Fauci, J. E., & Goodman, L. A. (2015). Bringing trauma-informed practice to domestic violence programs: A qualitative analysis of current approaches. *American journal of orthopsychiatry*, 85(6), 586.

- Women's Aid (2018) *Survival and Beyond: The Domestic Abuse Report 2017*. Bristol: Women's Aid.
- Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner*. Springer Publishing Company.
- Yalom, I. D. (1980). *Existential psychotherapy*. Basic Books.
- Young, I. M. (2013). Five faces of oppression. In *The community development reader* (pp. 346-355). Routledge.
- Young, M. D. (2007). *Finding meaning in the aftermath of trauma: Resilience and post-traumatic growth in female survivors of intimate partner violence* (Doctoral dissertation, University of Montana).
- Zięba, M., Wiecheć, K., Biegańska-Banaś, J. M., & Mieleśczenko-Kowszewicz, W. (2019). Coexistence of post-traumatic growth and post-traumatic depreciation in the aftermath of trauma: Qualitative and quantitative narrative analysis. *Frontiers in psychology, 10*, 687.
- Znoj, H. (2006). Bereavement and posttraumatic growth. In L.G. Calhoun & R.G. Tedeschi (Eds.), *Handbook of Posttraumatic Growth: Research and Practice* (pp. 176-196). Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Zoellner, T., & Maercker, A. (2006). Posttraumatic growth in clinical psychology — A critical review and introduction of a two-component model. *Clinical Psychology Review, 26*(5), 626–653.
- Zoellner, T., & Maercker, A. (2014). Posttraumatic growth and psychotherapy. In *Handbook of posttraumatic growth* (pp. 348-368). Routledge.