



Doctorate in Clinical Psychology

Journeys of Recovery and Growth Following Intimate Partner Abuse

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Introductory Chapter: Thesis Overview

Orientation to the area of study

Intimate Partner Abuse (IPA) is defined as an incident, or pattern of incidents, which can include psychological, physical, sexual, financial, emotional, violent, threatening, controlling or coercive behaviours to gain or maintain power by a partner or ex-partner (UK Public General Acts, 2021; Women's Aid, 2022). Though it affects all types of people, occurring in all settings and among all economic, religious, and cultural groups (World Health Organisation [WHO], 2012), the burden of IPA is said to be overwhelmingly borne by women and it is one of the most common forms of abuse against women (WHO, 2012; 2021).

The complexity of IPA creates its own set of challenging circumstances, as well as involving complex and complicated social relationships (Crowe & Murray, 2015). Being subjected to IPA has been found to increase the risk of suffering significant, long-lasting physical and mental health difficulties (Dillon et al., 2013), as well as negatively impacting many areas of life (Crowe & Murray, 2015). However, it is suggested that a trauma survivor's life is not in fact determined by the trauma but instead by the individual's response to it (Huxley, 2013). Therefore, researchers have started to explore adaptation, resurgence, recovery, and growth, looking at how some individuals not only survive their abuse but thrive, experiencing purposeful, positive psychological transformation, termed Post-Traumatic Growth (PTG; Tedeschi & Calhoun, 2004).

PTG has been explored and found to occur in several trauma survivor groups: childhood abuse (Woodward & Joseph, 2003), sexual abuse (Frazier et al., 2004), crime (Brooks et al., 2021) and interpersonal violence (Elderton et al., 2017). Despite some research into recovery and growth following IPA, understanding of the processes of meaning-making by which this occurs, and the systemic and interpersonal facilitative and inhibitory factors, remain unclear (Brosi et al., 2020; Elderton et al., 2017). Therefore, this thesis explores the

systemic and interpersonal facilitative and inhibitory factors of recovery in female IPA survivors, and the lived experiences of survivors' PTG process and meaning-making.

Overview of thesis chapters

Chapter 1 outlines the systematic review which intended to identify, screen, and synthesise the current qualitative literature regarding the systemic and interpersonal factors which contributed to positive recovery in female IPA survivors. Narrative synthesis identified that societal structures, systems, and services, as well as social support and spiritual relationships have the potential to both aid and inhibit recovery. Some studies provided evidence to suggest that safety, security, and stability were meaningful to recovery, as well as understanding, compassion, and shared experiences. However, little more was known about the specific ways these factors promote recovery and if they can facilitate PTG. This led the research team to conclude that further exploration of female IPA survivors' experiences and meaning-making of growth was warranted.

Chapter 2 outlines the empirical paper which explores the experiences, and meaning-making of PTG in female IPA survivors, as well as the factors contributing to and inhibiting their PTG. Interpretative phenomenological analysis was used to explore and make sense of survivors' experiences of PTG. The findings demonstrated that IPA survivors can experience profound, meaningful, positive psychological transformation in the aftermath of their trauma. Particularly, participants shared a journey in which they oscillated between growth, distress, and recovery to find liberation and empowerment to live their life. Survivors identified intrapersonal, interpersonal, and systemic facilitators in their journey of growth and saw this as a journey they took with others.

The target journal for chapter 1 is the Journal of Trauma, Violence and Abuse, and for chapter 2, the Journal of Traumatology. The chapters follow the journal's author guidelines

(Appendices 1 and 2), except for the inclusion of tables and figures in the main body of text, according to thesis guidelines.

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Chapter 1: Systematic Review

**Systemic and Interpersonal Factors Promoting and Inhibiting Positive
Recovery in Female Survivors of Intimate Partner Abuse: A Narrative Synthesis**

Abstract

Background: Intimate Partner Abuse (IPA) is highly prevalent in society. Research has documented the wide-ranging physical, emotional, and psychological impact of IPA; however, the barriers and enablers of positive recovery in IPA survivors are understudied.

Aim: This qualitative review aimed to synthesise the qualitative literature regarding the systemic and interpersonal factors that IPA survivors used in their positive recovery.

Method: Electronic searches were completed on six databases (PsycInfo, PsycArticles, CINAHL, Medline, PubMed, and Scopus), supplemented by Google Scholar and manual searches. Searches were limited to English-language peer reviewed articles, and PhD and Doctoral level theses published between January 2000-December 2022.

Results: Seventeen papers were eligible and included in the review. Relevant data were extracted and synthesised narratively, and quality appraisal was completed using the Critical Appraisal Skills Programme (CASP, 2018). Five themes were identified: “shelter and housing services”, “public services”, “access to resources”, “social and family relationships” and “spirituality”. Key findings were that systemic and interpersonal relationships can enable positive recovery. However, service structures, blaming and unempathetic responses, and rules, policies, and regulations could prevent recovery and be harmful rather than helpful.

Conclusions: Clinicians should be aware of the ways they can enable positive recovery in IPA survivors and how they can utilise interpersonal relationships to add value to the interventions offered. A review of service structures, provision, laws, policies, and regulations may be required to enable IPA survivors to feel safe and experience positive recovery.

Keywords: ‘systemic’, ‘interpersonal’, ‘intimate partner abuse’, ‘positive recovery’
‘healing’, ‘growth’

Introduction

Globally almost one third of women aged 15-49 years report being subjected to intimate partner abuse (IPA; World Health Organisation [WHO], 2021). Lifetime rates are said to vary across the globe from: 16-23% across Europe, 30% in Northern Africa, 18-25% across Asia, 23%-51% across Oceania and 25% in America, Latin America, and the Caribbean (WHO, 2021). Additionally, a recent report indicated that almost one in two women in the United States report IPA in their lifetime (Leemis et al., 2022). The reporting rates of IPA in the United Kingdom (UK) continue to increase yearly (Office for National Statistics, 2022), and it is suggested that these numbers may be higher due to underreporting (Voce & Boxhall, 2018). Although both men and women are affected by IPA, women are said to be disproportionately affected (Fahmy et al., 2016), and these numbers highlight the prevalence of IPA in women's lives.

IPA brings its own complicated circumstances being distinct from single incident trauma. IPA is an ongoing event occurring over an extended period (Lawrence & Bradbury, 2007), which can include many forms of abuse intended to gain or maintain power (UK Public General Acts, 2021; Women's Aid, 2022). Additionally, the abuse is by an individual the survivor is in a close, intimate relationship with, which may involve love, marriage, financial dependency, and children (Smith, 2003). Complex social relationships span beyond the relationship; societal and social structures and systems can influence the impact and longevity of IPA, with complicated relationships with the police force (Johnson, 2007) known to create challenges and risks for those leaving the relationship (Griffing et al., 2002).

IPA can result in many negative outcomes including post-traumatic stress disorder (PTSD), anxiety, depression (Lagdon et al., 2015), substance abuse (Fowler, 2007; Martin et al., 2008), suicidality (Golding, 1999) and social stigma from friends, family, and professionals (Black et al., 2011; Crowe & Murray, 2015). Furthermore, IPA can negatively

impact parenting (Austin et al., 2019; Chiesa et al., 2018), employment stability (Crowne et al., 2011), self-esteem (Scheffer-Lindgren & Renck, 2008) and physical health (Campbell et al., 2002; Dillon et al., 2013).

The introduction of positive psychology (Seligman & Csikszentmihalyi, 2000), and concepts like post-traumatic growth (PTG; Tedeschi & Calhoun, 1995; 2004), created a shift in the understanding of trauma. Positive psychology focuses on strengths rather than weaknesses and building good in life, as opposed to repairing bad (Compton, 2005). Similarly, PTG recognises the capacity for profound, purposeful psychological transformation despite highly challenging life circumstances (Tedeschi & Calhoun, 2004). Consequently, there was a move from deficit-based models of trauma, focused on symptom management, to adaptive-based recovery models, focused on enabling wellbeing and recovery, acknowledging it is possible for people to not only survive trauma, but to grow positively following it (Huxley, 2013). Furthermore, it is indicated that the path of a trauma survivor's life is not determined by the event/s itself but how they respond to it (Huxley, 2013). This altered focus enabled shifts in mental healthcare towards trauma-informed approaches (Sweeney & Taggart, 2018), focused on attaining wellness, fulfilment and meaning (Flasch et al., 2020; Smith et al., 2016). Although it is critical clinicians recognise and understand the negative outcomes of IPA, to aid recovery it is also important to understand individuals' recovery journeys from IPA (Flasch, 2020).

There is a small but growing body of research indicating that positive recovery from IPA is possible; that survivors can go on not only to survive, but to thrive, developing higher levels of functioning (Brosi et al., 2020; D'Amore et al., 2018; Flasch et al., 2015; Flasch, 2020; Senter & Caldwell, 2002). Although the evidence base is lacking (D'Amore et al., 2018; Flasch, 2020), research found that survivors can experience more meaningful interpersonal relationships, changes in awareness and insight, meaning-making, new

perspectives of self, others, and life, increased coping skills, and an increased ability to support others and to accept support (D'Amore et al., 2018; Flasch et al., 2015; Flasch, 2020). Through this, an understanding of some factors contributing to positive recovery was developed. However, the focus has been on individual-level factors, such as deliberateness of action, coping skills, cognitive appraisals, self-efficacy and changed perspectives on life (Brosi et al., 2020; Elderton et al., 2017; Henson et al., 2021).

Despite the focus on individual-level factors, positive relationships can facilitate PTG through providing alternative outlooks in the cognitive processing of trauma (Tedeschi & Calhoun, 2004). Research has found that children, family, and social relationships can be key to survivors' decisions to leave the relationship and the leaving process (Brosi et al., 2020; Elderton et al., 2017; Flasch, 2020). Furthermore, mental health professionals, law enforcement, medical personnel, domestic violence shelters and advocates, are indicated to be largely present in survivors' recovery (Abrahams, 2010; Flasch, 2020), highlighting the potential significance of systemic and interpersonal factors in recovery. However, little is known about their role in promoting positive recovery, and whether they enable growth beyond survival in IPA survivors.

In line with trauma-informed approaches and the shift in mental healthcare, it is fundamental we understand more about whether professionals and survivors' interpersonal relationships can facilitate the potential for recovery and growth. The author is not aware of a systematic review exploring the interpersonal and systemic factors that facilitate positive recovery in IPA survivors. Therefore, the review aimed to identify, appraise, and integrate the current global qualitative literature to answer the question: What are the interpersonal and systemic factors which promote or inhibit positive recovery in female IPA survivors? The research intended to better understand the specific needs of these women and offer insight

into what facilitates their healing and growth processes, to inform support services and interventions.

Method

The systematic review was registered on PROSPERO (Haythornthwaite et al., 2023).

Search Strategy

Six electronic databases (PsycInfo, PsycArticles, CINAHL, Medline, PubMed, and Scopus) were searched for relevant literature from January 2000-December 2022. This timeframe was set with the introduction of PTG (Tedeschi & Calhoun, 1995), and drive to understand positive human experience occurring in the late 1990s (Seligman & Csikszentmihalyi, 2000), and the concept of IPA evolving vastly with marital rape only formally prosecutable by law in the UK in 2003 (UK Public General Acts, 2003). A specialist librarian was consulted to assist with developing a search strategy including the terms associated with “intimate partner violence” (precise terms: “domestic abus*” OR “domestic violen*” OR “intimate partner violen*” OR “intimate partner abus*” OR “inter-partner violen*” OR “inter-partner abus*”), “recovery” (precise terms: Recover* OR overcom* OR resilience OR “meaning making” OR growth OR “positive change” OR “post trauma* growth” OR “positive psychological change” OR healing OR heal OR resource* OR wellbeing OR “positive adjustment” OR adjustment OR function*) and “facilitate” (precise terms: Promot* OR enhanc* OR support* OR improv* OR enabl* OR facilitat* OR inhibit* OR prevent* OR barrier* OR interpersonal OR individual OR systemic OR contextual OR “socio-ecolog*” OR structural). Additionally, a search was conducted on Google Scholar using the search terms “barriers”, “facilitators”, “positive recovery” and “intimate partner violence”, as well as hand searches of included and relevant articles. Searches were limited to English language peer-reviewed articles and PhD, or Doctoral level theses.

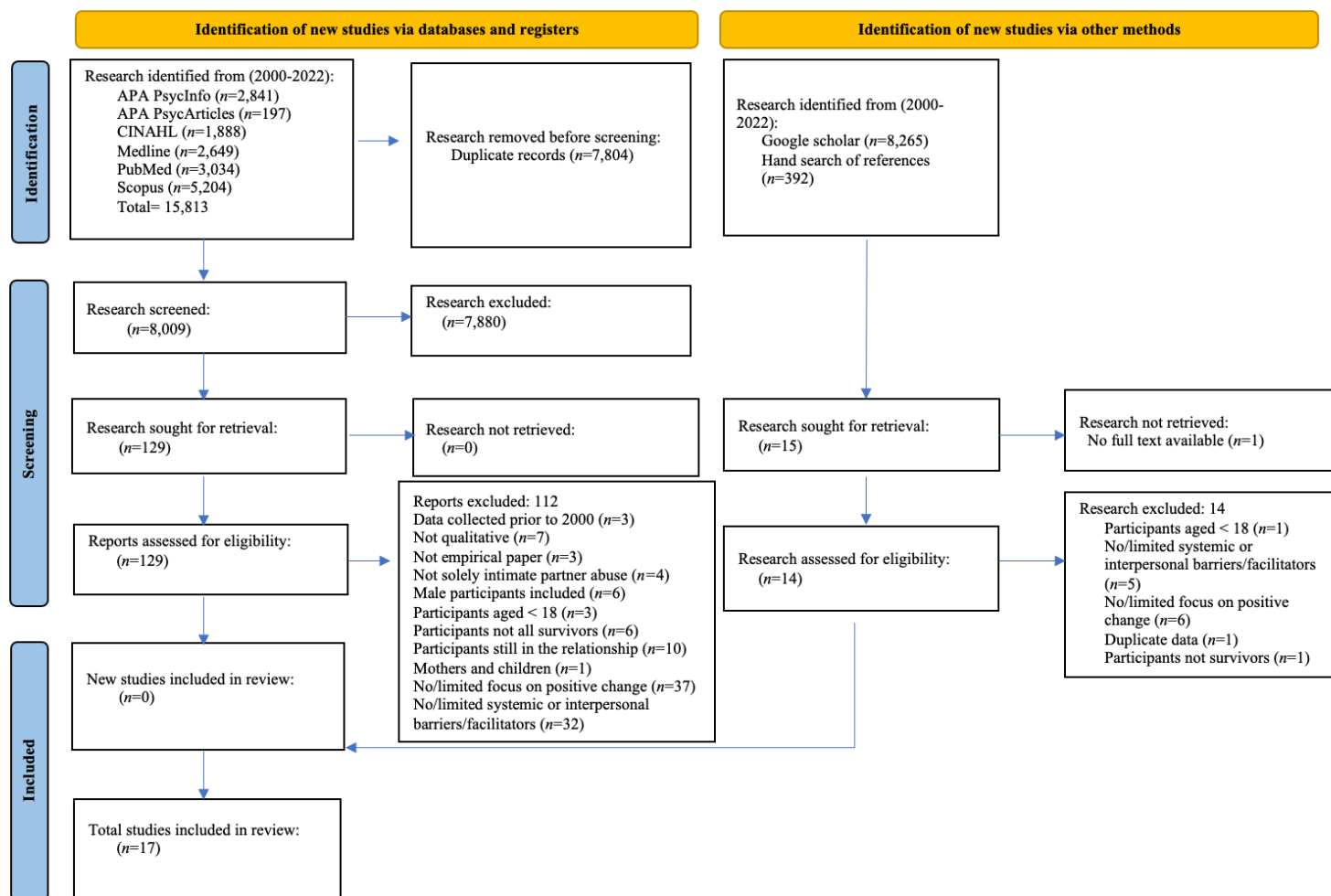
Screening and Eligibility

Screening and selection occurred in two phases, with searches conducted in March 2023. Eligibility was determined using the SPIDER (Sample, Phenomenon of Interest, Design, Evaluation and Research type) tool for qualitative evidence synthesis (Cooke et al., 2012). In phase one, titles and abstracts were screened using the inclusion criteria: (i) empirical research articles and PhD or Doctoral level theses, (ii) a sample including adult (≥ 18) female IPA survivors who experienced positive recovery (e.g., increased self-worth, improved relationships), which (iii) reported systemic or interpersonal factors that contributed to recovery, and (iv) was qualitative or mixed-methods. Systemic factors were defined as professional and/or societal systems and structures (e.g., healthcare professionals, housing), and interpersonal factors as social connections between two or more beings (e.g., family, friends, religion/spirituality). Studies excluded were (i) studies not meeting the inclusion criteria, (ii) mixed sample studies with indistinguishable data, (iii) studies exploring recovery in traumatic experiences other than IPA, (iv) non-empirical papers. Records considered relevant were obtained for a full-text review in phase two.

In phase two, full-text articles were screened by the lead author and a 10% sample by two independent reviewers (Boland et al., 2017). An agreement of 95% was reached between the reviewers and disagreements discussed with the research team, as well as papers coded maybe before eligibility was concluded. Full-texts were screened against phase one criteria, plus the criteria of whether they provided “enough” experiential data describing female survivors’ lived experience, perspective or views of systemic and interpersonal factors contributing to recovery. This was deemed qualitative or mixed-method studies with sufficient and clearly distinguishable qualitative data, which described experiences of positive recovery following an abusive relationship, and whether systemic or interpersonal factors contributed to recovery. Sufficient data were considered papers with at least one theme that

discussed interpersonal or systemic factors and whether they facilitated change. This excluded studies that referred to systemic or interpersonal factors but offered no or little exploration of whether these facilitated positive recovery. Figure 1 provides further details.

Figure 1. PRISMA flow diagram (Page et al., 2021)



Data Extraction

Study characteristics were extracted from the 17 studies included, guided by a researcher-developed data extraction table (Appendix 4; see Table 1) to ensure consistency and reliability (Boland et al., 2017). Data extracted were bibliographic information, setting, design/methodology, sample characteristics, data collection and analysis, and outcomes related to systemic and interpersonal factors. First-order constructs (i.e., participant quotes used to illustrate themes) and second-order constructs (i.e., author's interpretation of the data), were extracted due to the variation in data.

Table 1. Study Characteristics and Summary of Findings

Authors, Date	Recruitment setting	Sample Characteristics <i>Age, ethnicity, and relationship status</i>	Study Aim	Method	Analysis	Summary of Key Findings Related to Interpersonal Factors	Summary of Key Findings Related to Systemic Factors
Anderson et al. (2012)	United States of America (USA); County Health Department and Listserv of Coalition Against Domestic and Sexual violence	<i>n</i> =37, 22-64. African American (<i>n</i> =4), Asian American (<i>n</i> =1), Caucasian (<i>n</i> =28), Hispanic (<i>n</i> =2), Native American (<i>n</i> =2). Divorced (<i>n</i> =19), Married (<i>n</i> =3), Remarried (<i>n</i> =10), Separated (<i>n</i> =3), Single (<i>n</i> =2)	To further identify women's perceptions of their recovery process and adaptation in the aftermath of domestic violence.	(Mixed-methods) Semi-structured interviews	Grounded theory	Women reported spiritual relationships and family/social relationships were important to their recovery.	Formal support systems were used less often than spiritual and social support systems. Domestic abuse shelters were identified as helpful to most, though some found these unhelpful.
Brosi & Rolling, (2010)	USA; NA	<i>n</i> =8, 21-52. Caucasian (<i>n</i> =7), American Indian (<i>n</i> =1). Married, (<i>n</i> =6)	To explore if elements of narrative therapy emerge in the stories of women who have left an abusive relationship.	Semi-structured interviews	Content Analysis	Social, practical, and religious support were most dominant in the development of new narratives.	Resources provided within domestic abuse shelters enabled the development of new narratives.
Brosi et al. (2020)	USA; Domestic abuse shelter	<i>n</i> =32, 24-59, Native American (<i>n</i> =3), African American (<i>n</i> =3), Hispanic (<i>n</i> =1). Married (<i>n</i> =12), Divorced (<i>n</i> =17), Separated (<i>n</i> =5), Filed for divorce (<i>n</i> =2), Never married (<i>n</i> =2), Widowed (<i>n</i> =1)	To identify the narratives supporting PTG as women living in shelters have initiated leaving an abusive relationship.	Interviews	Inductive constant comparative methodology	Support from family, friends, and the church community, were key to promoting new perspectives on self, life, and the future.	NA
Bryngeirsdottir & Halldorsdottir, (2022a)	Iceland; NA	<i>n</i> =22, 23-56	To explore the facilitative factors of PTG in female Intimate Partner Violence (IPV) survivors and learn about perceptions of PTG.	Semi-structured interviews	Vancouver school of phenomenology	Participants sought informal support through neighbours, new spouses, family, friends, and colleagues to enable PTG.	Public resources were deemed helpful and specialist support was considered particularly helpful to enable PTG.
Bryngeirsdottir & Halldorsdottir, (2022b)	Iceland; Women's associations, social media, webpages, and	<i>n</i> =22, 23-56	To explore the obstacles on the journey to PTG as experienced by female IPV survivors.	Semi-structured interviews	Vancouver school of phenomenology	Women identified the perpetrator as a factor which inhibited or delayed their PTG after leaving the relationship.	The law and institutional social systems were barriers to PTG. Fears were reported around social service input.

Authors, Date	Recruitment setting	Sample Characteristics <i>Age, ethnicity, and relationship status</i>	Study Aim	Method	Analysis	Summary of Key Findings Related to Interpersonal Factors	Summary of Key Findings Related to Systemic Factors
Clough et al. (2014)	USA; Partner community-based housing and/or domestic violence advocacy program promotions from researchers	<i>n</i> =11, 22-45. White (<i>n</i> =2), White, Native American (<i>n</i> =1), African American (<i>n</i> =2), Latina (<i>n</i> =4), White Latina (<i>n</i> =1), White, African American (<i>n</i> =1) <i>6 participants reported ongoing IPV, though this was described as harassment beyond the relationship.</i>	To explore abused women's range of experiences in accessing affordable, safe, and stable housing.	In-depth interviews	Thematic analysis	Participants reported staying with family and friends to create and maintain a safer environment to enable recovery.	Housing was identified as critical to increasing the safety and enabling the recovery of survivors. Many barriers to housing were reported.
de Piñar-Prats et al. (2022)	Spain; Women's association against gender violence and snowball sampling	<i>n</i> =53, >18, mean 47.72, SD 10.47. Spanish (<i>n</i> =47), Bolivian (<i>n</i> =2), Argentinian (<i>n</i> =1), Colombian (<i>n</i> =1), Hungarian (<i>n</i> =1), Moroccan (<i>n</i> =1). Current Partner (<i>n</i> =21) <i>25 participants (47%) reported positive recovery.</i>	To determine the impact of IPV on female survivors' identity, their needs, and difficulties, and explore their coping strategies.	Semi-structured interviews	Thematic analysis	Most women considered the support of family, friends and/or work colleagues important to their recovery. Contact with other IPV survivors was also beneficial.	Professional help contributed to recovery, particularly specialist support from psychological professionals.
Flasch et al. (2019)	USA; Community based organisations, social media, and community associates	<i>n</i> =10, 30-55. Caucasian/White/American (<i>n</i> =2), Hispanic/mixed-Hispanic (<i>n</i> =2), White/Israeli (<i>n</i> =1), Pakistani/American (<i>n</i> =1). Single/casually dating (<i>n</i> =4), In a relationship (<i>n</i> =2), Married/engaged/long-term committed relationship (<i>n</i> =4)	To recognise the unique perspectives of IPV survivors dating experiences.	Semi-structured interviews	Descriptive phenomenological	Participants reported using safe partner relationships to learn more about themselves and heal. Children were also identified as a facilitator to recovery.	NA

Authors, Date	Recruitment setting	Sample Characteristics <i>Age, ethnicity, and relationship status</i>	Study Aim	Method	Analysis	Summary of Key Findings Related to Interpersonal Factors	Summary of Key Findings Related to Systemic Factors
Gregory et al. (2021)	USA; Domestic abuse shelter	<i>n</i> =73, 19-60. Black (<i>n</i> =32), White (<i>n</i> =23), Multiracial (<i>n</i> =13), Hispanic (<i>n</i> =3), Asian Pacific Islander or Native American (<i>n</i> =2)	To examine the frustrations survivors had with shelters' rules, and whether these enhanced or inhibited autonomy in setting and meeting goals.	Interviews	Phenomenological	NA	Rules in domestic abuse shelters restricted choice and engagement in activities, and inhibited autonomy. Rules were enforced inconsistently, impacting empowerment, restricting recovery, and creating fears of losing safe housing.
Hetling et al. (2018)	USA; Affordable permanent housing	<i>n</i> =8, early 20's-50's. Caucasian, African American, Latina, South Asian	To understand how IPV survivors view and value a possible connection between housing and recovery from trauma	Focus groups and semi-structured interviews	Feminist/constructivist grounded theory	NA	Housing was seen as the "foundation" to healing, enabling women to build independent lives. Formal support in housing services was beneficial when individually tailored, and needs were understood as changing.
Humbert et al. (2013)	USA; Short-term residential program	<i>n</i> =6, 24-59. Divorced (<i>n</i> =5), Single (<i>n</i> =1)	To explore the phenomenon of women overcoming IPV within the <i>Kawa</i> model	Semi-structured interviews	Thematic constant comparative analysis	Family and friendships facilitated recovery, as well as other IPV survivors. Spirituality and children provided hope, faith, and inspiration to move forwards.	Staff in domestic abuse shelters enabled recovery and facilitated positive change for the women.
Lewis et al. (2015)	USA; Emails to colleagues and peers of first author snowball sampling	<i>n</i> =6, 32-34. Caucasian (<i>n</i> =1), Black/White multiple heritage (<i>n</i> =1), African American/Black (<i>n</i> =4)	To describe the experience of recovery for women IPV survivors.	Semi-structured interviews	Transcendental phenomenological approach	Participants identified relationships with God as meaningful in recovery. Support through family and friends was also crucial. Other survivors were identified as the most important in recovery.	Interactions with formal support through services were considered either helpful and effective or hurtful and ineffective.
López-Fuentes &	Spain; two centres supporting	"Unrecovered group" <i>n</i> =10, 32-63. Spanish (<i>n</i> =8), Latin American (<i>n</i> =2). "Recovered	To examine the resilience process of IPV survivors, identifying protective	Semi-structured interviews	Grounded theory	Family and friends promoted resilience. Social support was found to help promote other	Housing and formal social support promoted resilience.

Authors, Date	Recruitment setting	Sample Characteristics <i>Age, ethnicity, and relationship status</i>	Study Aim	Method	Analysis	Summary of Key Findings Related to Interpersonal Factors	Summary of Key Findings Related to Systemic Factors
Calvete, (2015)	women IPV survivors	group” $n=12$, 25-60. Spanish ($n=11$), Latin American ($n=1$)	factors enabling resilience, and comparing those “recovered” and “unrecovered”			factors in the resilience process.	
Oke, (2008)	Australia and Mongolia; Support agencies and personal recommendations	Australian $n=11$, 30-47. Anglo Celtic ($n=5$), Indigenous Australian ($n=1$), Italian ($n=1$), Dutch ($n=1$), Maltese ($n=1$), Indian ($n=1$), African ($n=1$) Mongolian $n=11$, 23-47. Ethnic Mongolian ($n=11$)	To share the experiences of Mongolian and Australian women among the women involved in the research, as well as wider communities.	Multiple semi-structured interviews	Narrative	Spirituality enabled the development of new identities. Close family units better enabled recovery, and families enabled physical and economic recovery.	An empathetic connection was considered important in counselling. Group support was particularly helpful. Work and education facilitated empowerment, purpose, agency, and independence.
Rollero & Speranza, (2020)	Italy; Mother-child assisted living centre	$n=8$, 19-42. Italian ($n=3$), Nigerian ($n=2$), Romanian ($n=1$), Moroccan ($n=1$), Peruvian ($n=1$)	To investigate experiences of abused mothers in an educative path in a mother-child assisted living centre, focusing on indicators of resilience.	In-depth interviews	Thematic analysis	NA	An educative path in a mother-child assisted living centre enabled improvements in the mother-child relationship and exploration of self, leading to personal growth and the (re)building of relationships.
Wettersten et al. (2004)	USA; Domestic abuse shelter	$n=10$, 20-47. Native American ($n=5$), European American ($n=4$), Latina ($n=1$). Married ($n=2$), Divorced ($n=2$), Single ($n=2$), Separated from spouse ($n=4$)	To gain a broader understanding of how abusive intimate relationships impact the work and work opportunities of women currently in shelter.	Semi-structured interviews	Consensual qualitative research	NA	Work enabled a positive recovery and sense of self, though barriers were identified. Services e.g., shelters and job services were important in promoting new self-concepts, stability, and work.
Wood et al. (2022)	USA; Domestic Violence Transitional Housing (DVTH)	$n=27$, 25-34 ($n=11$), 35-44 ($n=10$), 45+ ($n=6$). Black ($n=6$), Latinx ($n=13$), Other ($n=8$)	To explore survivor parent experiences and perception of program benefits related to parenting and child wellness in domestic violence transitional housing (DVTH).	Repeated structured mixed methods interviews	Thematic analysis	For participants who were co-parenting, the perpetrator inhibited recovery and growth.	DVTH strengthened the parent-child relationship, enabled recovery and was preferable to emergency shelter. Social services were a source of stress and waiting lists, limited resources and policies/rules inhibited recovery.

Quality Appraisal

The Critical Appraisal Skills Programme (CASP, 2018; Appendix 5) checklist for qualitative literature was used to determine the rigour, methodological issues, and bias of the articles. This offers a structure for critical evaluation of qualitative studies, following a ten-question protocol. Quality ratings were calculated using Butler et al's. (2016) classifications, totalling the CASP item scores (1=item met, 0.5=item partially met/unsure, 0=item not met). Scores of 9-10 constitute a "high quality paper", 7.5-8.5 "moderate quality" and less than 7.5 "low quality". Two independent reviewers appraised 8 of the 17 articles (approximately 50%) and returned a 100% agreement. Studies were not excluded based on the quality assessment to reduce the risk of discounting important findings (Siddaway et al., 2019); instead, the quality of the papers is considered within the Results and Discussion sections.

Data Synthesis

Qualitative synthesis intends to summarise the collective findings to represent the phenomena whilst capturing the original participants' experiences (Butler et al., 2016). Consequently, first-order and second-order constructs were extracted, it was therefore important to develop a summary of the results without adding additional interpretation. Narrative synthesis, following Popay et al's. (2006) guidelines, was used as it is indicated when diverse methodologies have been utilised, or when examining different theoretical constructs and/or relationships (Baumeister, 2013). This offers a summary of findings in a condensed format that brings together the study's findings (Popay et al., 2006; Ryan, 2013).

In the first stage of data synthesis, key themes were recorded for each study. These were then grouped according to similarities and differences related to the interpersonal and systemic factors promoting or inhibiting recovery in IPA survivors. This involved identifying recurring resources (e.g., "mental health services") and mapping these to similar resources (e.g., "police") to develop themes with an overarching description (e.g., "public services").

The data were tabulated according to themes and convergence and divergence re-confirmed. The data were then colour-coded and grouped by hand to identify commonalities within the themes. Five themes were identified describing the collective findings of the systemic and interpersonal factors contributing to recovery from IPA (Table 2 provides the distribution of themes).

Table 2. Distribution of Themes

Authors	Shelter and housing services	Public services	Access to resources	Social and Family Relationships	Spirituality
Anderson et al. (2012)	✓	✓	✓	✓	✓
Brosi & Rolling, (2010)	✓	✓	✓	✓	✓
Brosi et al. (2020)				✓	✓
Bryngersdottir & Halldorsdottir, (2022a)	✓	✓		✓	✓
Bryngersdottir & Halldorsdottir, (2022b)		✓		✓	
Clough et al. (2014)	✓	✓	✓	✓	
de Piñar-Prats et al. (2022)		✓		✓	
Flasch et al. (2019)		✓		✓	
Gregory et al. (2021)	✓				
Hetling et al. (2018)	✓				
Humbert et al. (2013)	✓		✓	✓	✓
Lewis et al. (2015)	✓	✓		✓	✓
López-Fuentes & Calvete, (2015)		✓	✓	✓	
Oke, (2008)		✓	✓	✓	✓
Rollero & Speranza, (2020)	✓				
Wettersten et al. (2004)	✓	✓	✓		
Wood et al. (2022)	✓	✓		✓	

Results

Database searches returned 15,813 records, after removing duplicates 8,009 articles remained, with a further 8,265 identified on Google Scholar and 392 through hand-searching. The titles, and abstracts of 16,666 articles were screened, and 16,537 records excluded for not meeting phase one criteria. Full text copies of 129 articles were examined for eligibility in phase two and 112 articles excluded (for further details see figure 1). In total 17 articles published between 2000-2022, with a total sample size of 355 female IPA survivors, were included in the review. Two studies were published using the same dataset in one case; both were included as each provided novel and varied findings (Bryngeirsdottir & Halldorsdottir, 2022a; 2022b).

Study Characteristics

Of the 17 studies included, just three examined female IPA survivors' experiences of barriers or facilitators of PTG (Brosi et al., 2020; Bryngeirsdottir & Halldorsdottir, 2022a; 2022b), with one exploring narratives supporting PTG (Brosi et al., 2020). One study examined the resilience process and its enabling factors (López-Fuentes & Calvete, 2015), and another survivors' views of a connection between housing and recovery (Hetling et al., 2018). Five studies explored survivors' experiences of recovery (Anderson et al., 2012; Brosi & Rolling, 2010; Humbert et al., 2013; Lewis et al., 2015; Oke, 2008) and four survivors' experiences with systemic factors, specifically housing (Clough et al., 2014), shelters (Gregory et al., 2021), a mother-child assisted living centre (Rollero & Speranza, 2020) and DVTH (Wood et al., 2022). Two explored the experiences and impacts of IPA (de Piñar-Prats et al., 2022; Wettersten et al., 2004), with one exploring its impact on work/work opportunities (Wettersten et al., 2004), and one survivors' dating experiences (Flasch et al., 2019). Six studies used data from larger datasets (Brosi et al., 2020; Bryngeirsdottir & Halldorsdottir, 2022a; 2022b; Clough et al., 2014; Gregory et al., 2021; Wood et al., 2022).

Most studies were conducted in the USA (Anderson et al., 2012; Brosi et al., 2020; Brosi & Rolling, 2010; Clough et al., 2014; Flasch et al., 2019; Gregory et al., 2021; Hetling et al., 2018; Humbert et al., 2013; Lewis et al., 2015; Wettersten et al., 2004; Wood et al., 2022). Two were conducted in Spain (de Piñar-Prats et al., 2022; López-Fuentes & Calvete, 2015) and Iceland (Bryngeirsdottir & Halldorsdottir, 2022a; 2022b), one in Italy (Rollero & Speranza, 2020), and one in Australia and Mongolia (Oke, 2008). Recruitment occurred primarily from housing and shelter settings (Brosi et al., 2020; Clough et al., 2014; Gregory et al., 2021; Hetling et al., 2018; Humbert et al., 2013; Rollero & Speranza, 2020; Wettersten et al., 2004; Wood et al., 2022), with one study recruiting from a clinical setting (López-Fuentes & Calvete, 2015). Seven studies used multiple methods of recruitment, including professional networks, stakeholder groups, support agencies, clinical settings, community groups, social media, and snowball sampling (Anderson et al., 2012; Bryngeirsdottir & Halldorsdottir, 2022a; de Piñar-Prats et al., 2022; Flasch et al., 2019; Lewis et al., 2015; Oke, 2008); two did not state the recruitment setting (Brosi & Rolling, 2010; Bryngeirsdottir & Halldorsdottir, 2022b).

Sample characteristics varied considerably; sample size ranged from six (Humbert et al., 2013; Lewis et al., 2015) to 73 (Gregory et al., 2021). One study did not provide participants' age range (de Piñar-Prats et al., 2022); excluding this, participants were aged between 19-64 years. Participants' ethnicity was provided in 14 studies (Anderson et al., 2012; Brosi & Rolling 2010; Clough et al., 2014; de Piñar-Prats et al., 2022; Flasch et al., 2019; Gregory et al., 2021; Hetling et al., 2018; Lewis et al., 2015; López-Fuentes & Calvete, 2015; Oke, 2008; Rollero & Speranza, 2020; Wettersten et al., 2004; Wood et al., 2022), and these varied considerably (see Appendix 6), though one study did not provide the number of participants per ethnicity (Hetling et al., 2018). Seven studies provided participants' relationship status (Anderson et al., 2012; Brosi & Rolling, 2010; Brosi et al., 2020; de Piñar-

Prats et al., 2022; Flasch et al., 2019; Humbert et al., 2013; Wettersten et al., 2004); however, two only partially reported this (Brosi & Rolling, 2010; de Piñar-Prats et al., 2022) and for one, the data were unclear (Brosi et al., 2020). Excluding these, women identified as divorced ($n=26$), in a relationship ($n=2$), married ($n=5$), married/engaged/long-term committed relationship ($n=4$), remarried ($n=10$), separated ($n=7$), single ($n=5$) and single/casually dating ($n=4$).

Data were collected using semi-structured interviews in 10 studies (Anderson et al., 2012; Brosi & Rolling, 2010; Bryngeirsdottir & Halldorsdottir, 2022a; 2022b; de Piñar-Prats et al., 2022; Flasch et al., 2019; Humbert et al., 2013; Lewis et al., 2015; López-Fuentes & Calvete, 2015; Wettersten et al., 2004). For the other studies, two conducted in-depth interviews (Clough et al., 2014; Rollero & Speranza, 2020), two one-to-one interviews (Brosi et al., 2020; Gregory et al., 2021), one multiple semi-structured interviews (Oke, 2008), one repeated structured mixed-methods interviews (Wood et al., 2022), and one focus groups and semi-structured interviews (Hetling et al., 2018). All authors used qualitative designs, excluding one which used mixed-methods (Anderson et al., 2012). Varied methods were used for data analysis, five studies used phenomenological approaches, specifically: the Vancouver school of phenomenology (Bryngeirsdottir & Halldorsdottir, 2022a; 2022b), descriptive phenomenology (Flasch et al., 2019), and transcendental phenomenology (Gregory et al., 2021; Lewis et al., 2015). Four used thematic analysis (Clough et al., 2014; de Piñar-Prats et al., 2022; Rollero & Speranza, 2020; Wood et al 2022) and three used grounded theory (Anderson et al., 2012; Hetling et al., 2018; López-Fuentes & Calvete, 2015), with one taking a feminist/constructivist approach (Hetling et al., 2018). Two studies used constant comparative methodology, with one taking an inductive approach (Brosi et al., 2020) and one a thematic approach (Humbert et al., 2013), one study used content analysis (Brosi and

Rolling, 2010), one narrative analysis (Oke, 2008), and one consensual qualitative research (Wettersten et al., 2004).

Quality Appraisal

Studies ranged from high-low quality with all but one (Oke, 2008) rated as high or moderate quality. Overall strengths were that all authors clearly justified their choice of methodology; most had a recruitment strategy in accordance with the research aims, all provided detailed discussion of their findings and the credibility of these, and all but one (Oke, 2008) discussed their value to the research area and clinical practice. All the studies appeared to have a clearly appropriate design for their research aim, but nine papers provided little to no justification to clearly determine how they decided which method to use and its appropriateness (Anderson et al., 2012; Clough et al., 2014; de Piñar-Prats et al., 2022; Gregory et al., 2021; Humbert et al., 2013; Oke, 2008; Rollero & Speranza, 2020; Wood et al., 2022). Most studies provided a detailed description of their data collection process, excluding three (Brosi & Rolling, 2010; Brosi et al., 2020; Clough et al., 2014), and all but one (Oke, 2008) clearly detailed their data analysis process.

The most notable methodological weakness was the lack of sufficient consideration given to researcher bias, omitted from 10 papers (Anderson et al., 2012; Brosi & Rolling, 2010; Brosi et al., 2020; Clough et al., 2014; Gregory et al., 2021; López-Fuentes & Calvete, 2015; Oke, 2008; Rollero & Speranza, 2020; Wettersten et al., 2004; Wood et al., 2022). Six papers provided insufficient detail to clearly determine if sufficient ethical consideration had been given, though two were conducted within university settings and it is anticipated ethical approval was therefore granted (Brosi & Rolling, 2010; Brosi et al., 2020). Additionally, two of the studies used data from larger datasets; it is anticipated that these would have received ethical approval (Clough et al., 2014; Gregory et al., 2021). The remaining two studies referred to some ethical considerations with limited discussion (Oke, 2008; Wettersten et al.,

2004). Absence of such detail does not necessarily imply poor quality; Long et al. (2020) suggest that publication requirements may limit discussion of certain topics due to content limitations placed on qualitative authors. Therefore, these papers were included in the review.

Finally, consideration should be given to the inclusion of one ‘low quality’ paper (Oke, 2008) and its contribution to the findings, particularly as the justification for their design, recruitment strategy, consideration of the researcher’s role, and analytic process were unclear, indicating possibility for bias. Overall, the paper did not add anomalous findings, and the results were in-keeping with the other papers included. Full results of the quality appraisal are in Table 3.

Data Synthesis

Narrative synthesis identified five themes: “shelter and housing services”, “public services”, “access to resources”, “social and family relationships” and “spirituality”. The first three themes focus on the systemic factors contributing to recovery, and the latter two on interpersonal factors.

Authors	Aims	Method	Design	Recruitment	Data Collection	Bias Considered	Ethics Considered	Data Analysis	Finding	Value	Quality
Lewis et al. (2015)	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes	Yes	Yes	High
López-Fuentes & Calvete, (2015)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes	High
Oke, (2008)	Yes	Yes	Can't tell	Can't tell	Yes	Can't tell	Can't tell	Can't tell	Yes	Can't tell	Low
Rollero & Speranza, (2020)	Yes	Yes	Can't tell	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes	High
Wettersten et al. (2004)	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Yes	High
Wood et al. (2022)	Yes	Yes	Can't tell	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes	High

Note. CASP (2018) questions in full: (1) Aims: Was there a clear statement of the aims of the research? (2) Method: Is a qualitative methodology appropriate? (3) Design: Was the research design appropriate to address the aims of the research? (4) Recruitment: Was the recruitment strategy appropriate to the aims of the research? (5) Data collection: Was the data collected in a way that addressed the research issue? (6) Bias considered: Has the relationship between researcher and participants been adequately considered? (7) Ethics considered: Have ethical issues been taken into consideration? (8) Data analysis: Was the data analysis sufficiently rigorous? (9) Findings: Is there a clear statement of findings? (10) Value: How valuable is the research? Scoring system: "Yes" 1 point; "can't Tell" 0.5 points; "no" 0 points; total scores: 9–10 high quality; 7.5–8.5 moderate quality; 7 and under low quality.

Shelter and Housing Services.

Nine studies found that housing services were important in the recovery and healing of IPA survivors (Anderson et al., 2012; Brosi & Rolling, 2010; Bryngersdottir & Halldorsdottir, 2022a; Clough et al., 2014; Hetling et al., 2018; Humbert et al., 2013; Lewis et al., 2015; Rollero & Speranza 2020; Wettersten et al., 2004; Wood et al., 2022). Housing services were commonly reported to enable recovery by offering “resources”, particularly a “safe” and “stable” environment, with safety deemed “integral” to recovery (Anderson et al., 2012; Hetling et al., 2018; Humbert et al., 2013; Wood et al., 2022). Resources were also provided through practical support with food, clothing, obtaining work, and financial assistance (Hetling et al., 2018; Humbert et al., 2013; Wettersten et al., 2004), as well as offering “space” and “time” (Hetling et al., 2018; Wood et al., 2022).

Shelter and housing services also enabled positive recovery through creating “connection” to community resources (Anderson et al., 2012; Hetling et al., 2018; Humbert et al., 2013; Wettersten et al., 2004; Wood et al., 2022), noted as most beneficial when done in a “tailored” way (Clough et al., 2014; Hetling et al., 2018). They also created community connections with the survivors in the residences through “group sessions” (Brosi & Rolling, 2010), and “informal supports” intended to “build a sense of community and friendship” (Hetling et al., 2018). Additionally, shelter and housing services enabled recovery through interactions with adequately “trained” staff who were caring, “compassionate”, “persistent” and offered structured support (Anderson et al., 2012; Clough et al., 2014; Hetling et al., 2018; Humbert et al., 2013; Wettersten et al., 2004; Wood et al., 2022). The support offered varied, including advocacy (Clough et al., 2014; Wood et al., 2022), yoga and meditation (Hetling et al., 2018), therapy groups (Humbert et al., 2013), and educational groups (Anderson et al., 2012; Wood et al., 2022), with the timing considered important (Wettersten et al., 2004).

Housing and shelter services were reported to facilitate individual-level change for survivors, specifically regaining confidence, relief from stress, time to consider the future, encouragement of self-care (Hetling et al., 2018), developing new perspectives (Humbert et al., 2013), and exploration of personal characteristics (Rollero & Speranza, 2020). They were also found to improve mother-child relationships (Rollero & Speranza, 2020; Wood et al., 2022) and social relationships (Rollero & Speranza, 2020).

Six studies found shelter and housing services were unhelpful to survivors' recovery (Anderson et al., 2012; Clough et al., 2014; Gregory et al., 2021; Hetling et al., 2018; Rollero & Speranza, 2020; Wood et al., 2022). The use of rules was described as "restrictive", preventing access to informal support networks and day-to-day activities, and creating fears of losing safe housing (Anderson et al., 2012; Gregory et al., 2021; Wood et al., 2022). Survivors found the "inconsistent" and in some cases "punitive" use of the rules were barriers to their recovery; though, if rules were applied considerately and flexibly to all residents, this was considered helpful (Gregory et al., 2021). They were also considered unhelpful through staff availability, attitude, and demeanour. Services were described as "under-resourced" with restrictive periods of stay (Clough et al., 2014; Hetling et al., 2018), and staff were described as "uninformed"/lacking training, unable to respond and support effectively, and perceived as placing "expectation" and "pressure" on residents (Anderson et al., 2012; Clough et al., 2014; Gregory et al., 2021). In some cases the environment was considered unhelpful, with residents finding these "chaotic" (Anderson et al., 2012) or living with survivors at different stages of recovery "challenging" (Rollero & Speranza, 2020; Wood et al., 2022).

Public Services.

In nine studies it was reported that public services were helpful to recovery; participants accessed many public services including support groups, crisis lines, job support, police, lawyers, specialist services (e.g., counselling or psychological therapy), social

services, and healthcare professionals (Anderson et al., 2012; Brosi & Rolling, 2010; Bryngeirsdottir & Halldorsdottir, 2022a; de Piñar-Prats et al., 2022; Lewis et al., 2015; López-Fuentes & Calvete, 2015; Oke, 2008; Wettersten et al., 2004; Wood et al., 2022). The most consistently reported way public services were helpful was through relationships, notably compassionate, encouraging, “empathic” relationships which created good “connection” and “rapport” (Brosi & Rolling, 2010; Bryngeirsdottir & Halldorsdottir, 2022a; de Piñar-Prats et al., 2022; Lewis et al., 2015; López-Fuentes & Calvete, 2015; Oke, 2008; Wood et al., 2022).

Support commonly indicated as helpful from public services were specialist services with specific training in the area, particularly “psychological” (Bryngeirsdottir & Halldorsdottir, 2022a; de Piñar-Prats et al., 2022) and “group support” (López-Fuentes & Calvete, 2015; Oke, 2008). However, one study indicated this is not always present and for some remains an unmet need (de Piñar-Prats et al., 2022). Studies indicated that this support enabled the “processing” of trauma and PTSD symptoms, offered practical support, family support, understanding, enabled community connections and friendships, and promoted PTG (Anderson et al., 2012; Bryngeirsdottir & Halldorsdottir, 2022a; López-Fuentes & Calvete, 2015; Oke, 2008; Wood et al., 2022). Public service support enabled individual-level recovery, namely increased “self-esteem”, self-awareness, “introspection”, and the “strength and ability to cope and seek support,” (de Piñar-Prats et al., 2022; Oke, 2008; Wettersten et al., 2004), and interpersonal change through supporting survivors to find employment, and development of meaningful connections and friendships (Oke, 2008; Wettersten et al., 2004; Wood et al., 2022).

In contrast, seven studies reported public services were unhelpful to recovery (Anderson et al., 2012; Bryngeirsdottir & Halldorsdottir, 2022b; Clough et al., 2014; Flasch et al., 2019; Lewis et al., 2015; Wettersten et al., 2004; Wood et al., 2022). The most common

way services were deemed unhelpful was through the interactions with staff and the service structure. Survivors reported that interactions with staff who lacked expertise in the area left them feeling blamed and disempowered (Anderson et al., 2012; Bryngeirsdottir & Halldorsdottir, 2022b), that there was a lack of sympathy and helpful responses when seeking help or that the help available was not visible (Lewis et al., 2015; Wettersten et al., 2004). Survivors suggested services need to be restructured and indicated the significance of adequate training in enabling recovery (Anderson et al., 2012; Wettersten et al., 2004).

Social services and child protection services (CPS) were reported to cause “stress” to survivors. CPS were described as unsupportive, created fears of “losing their children”, and left survivors feeling unbelievably frustrated with the system structure (Bryngeirsdottir & Halldorsdottir, 2022b; Clough et al., 2014; Wood et al., 2022). Additionally, regulations and laws, particularly around child custody, continued contact with the perpetrator and dissolution of the marriage or partnership delayed healing and PTG (Bryngeirsdottir & Halldorsdottir, 2022b; Flasch et al., 2019). These created increased fear for the safety of survivors’ children, “challenging circumstances” and prevented access to survivors’ assets, delaying PTG (Bryngeirsdottir & Halldorsdottir, 2022b; Flasch et al., 2019).

Access to Resources.

Access to wider systemic resources (e.g., housing, employment, and education) were reported as helpful to recovery in six studies (Brosi & Rolling, 2010; Humbert et al., 2013; López-Fuentes & Calvete, 2015; Oke, 2008; Wettersten et al., 2004). Survivors having their own home was considered imperative to recovery through creating a sense of “safety” and “control” over their life (Humbert et al., 2013; López-Fuentes & Calvete, 2015). Work and education were indicated to reduce revictimisation, create “purpose”, enable connection, provide financial and physical/practical security, and offer a “new life course”, “knowledge”, “self-sufficiency”, “agency”, “independence”, accomplishment, enjoyment, and achievement,

enabling participants to identify with stronger empowered identities and achieve their goals (Brosi & Rolling, 2010; Oke, 2008; Wettersten et al., 2004).

Despite access to resources being identified as helpful in recovery, barriers were identified in three studies (Anderson et al., 2012; Clough et al., 2014; Wettersten et al., 2004). Limited resources meant survivors had to move to “sub-optimal housing” or neighbourhoods which reduced safety, and in some cases, survivors had to return to the relationship due to a lack of financial and physical security (Anderson et al., 2012; Brosi & Rolling, 2010; Clough et al., 2014; Wettersten et al., 2004). Additionally, limited access to childcare prevented survivors from gaining employment, and challenging landlords increased the difficulty for survivors to find their own housing (Clough et al., 2014; Wettersten et al., 2004).

Social and Family Relationships.

Social and family relationships were identified as helpful to recovery in 11 studies (Anderson et al., 2012; Brosi & Rolling, 2010; Brosi et al., 2020; Bryngeirsdottir & Halldorsdottir, 2022a; Clough et al., 2014; de Piñar-Prats et al., 2022; Flasch et al., 2019; Humbert et al., 2013; Lewis et al., 2015; López-Fuentes & Calvete, 2015; Oke, 2008). Most of these studies had consistent findings about the role of these relationships in healing. However, Flasch et al. (2019) focused on partner relationships, providing additional details and the individual findings will be discussed.

Many relationships were used in the healing process, with family and friends reported helpful in 10 studies (Anderson et al., 2012; Boris & Rolling, 2010; Brosi et al., 2020; Bryngeirsdottir & Halldorsdottir, 2022a; Clough et al., 2014; de Piñar-Prats et al., 2022; Humbert et al., 2013; Lewis et al., 2015; López-Fuentes & Calvete, 2015; Oke, 2008), children in four (de Piñar-Prats et al., 2022; Flasch et al., 2019; López-Fuentes & Calvete, 2015; Humbert et al., 2013), partner relationships in three (Bryngeirsdottir & Halldorsdottir, 2022a; Flasch et al., 2019; Humbert et al., 2013), work colleagues in three (Anderson et al.,

2012; Bryngeirsdottir & Halldorsdottir, 2022a; de Piñar-Prats et al., 2022), and neighbours and pets in one (Bryngeirsdottir & Halldorsdottir, 2022a). It was identified that these relationships provided “emotional”, physical, and “practical” assistance, that non-blaming, compassionate, understanding, and empathetic responses enabled healing, provided “bonding”, “encouragement” and a drive to work towards or achieve goals (Brosi et al., 2020; Bryngeirsdottir & Halldorsdottir, 2022a; Clough et al., 2014; de Piñar-Prats et al., 2022; Humbert et al., 2013). Relationships also offered advocacy, “a unit” “resource”, “stability”, and “safety” enabling survivors to remain out of the relationship (Anderson et al., 2012; Brosi & Rolling, 2010; Brosi et al., 2020; Bryngeirsdottir & Halldorsdottir, 2022a; Clough et al., 2014; Humbert et al., 2013; Lewis et al., 2015; López-Fuentes & Calvete, 2015; Oke, 2008). Those with children reported they provided empowerment, “inspiration”, and “incentive” to move forward and better their lives (de Piñar-Prats et al., 2022; Flasch et al., 2019; Humbert et al., 2013; López-Fuentes & Calvete, 2015).

Through these relationships, survivors found increased “confidence”, “resilience”, self-love, and “purpose”, they identified with stronger identities and felt their burdens were eased (Anderson et al., 2012; Brosi & Rolling, 2010; Bryngeirsdottir & Halldorsdottir, 2022a; Humbert et al., 2013; López-Fuentes & Calvete, 2015; Oke, 2008). Overall, these relationships were identified as positive; however, one paper identified that this support was not available to all survivors (de Piñar-Prats et al., 2022), two indicated that families in some cases perpetuated the violence (Anderson et al., 2012; Oke, 2008), and one found “tumultuous” social relationships increased the risk of revictimisation (Brosi & Rolling, 2010). Flasch et al. (2019) explored partner relationships and found these promoted growth through self-exploration, exploration of “boundaries” and “control”, improved communication and expression of survivors’ needs, increased support from partners and the learning of healthy relationship behaviours through “modelling” by a new partner.

Another social relationship reported as helpful to healing in three studies was relationships with other survivors (de Piñar-Prats et al., 2022; Humbert et al., 2013; Lewis et al., 2015). These were reported as more helpful, and to offer increased “understanding” and connection, the opportunity to hear “shared experiences”, and reduce self-blame and guilt (de Piñar-Prats et al., 2022; Humbert et al., 2013; Lewis et al., 2015). Additionally, three studies indicated that the relationship with the perpetrator prevented healing (Flasch et al., 2019; Wood et al., 2022) and PTG (Bryngeirsdottir & Halldorsdottir, 2022b). Survivors experienced continued abuse, “harassment”, and “threats” beyond the relationship, which reduced their sense of safety, and increased mental health symptoms (Bryngeirsdottir & Halldorsdottir, 2022b). Survivors enforced contact with the perpetrator impacted on other relationships in their life, such as the mother-child relationship (Wood et al., 2022), and children’s ongoing parental contact with the abuser created fear for survivors of their children’s and their own safety (Flasch et al., 2019).

Spirituality.

Spirituality and spiritual connection were identified as important to recovery in seven studies (Anderson et al., 2012; Brosi & Rolling, 2010; Brosi et al., 2020; Bryngeirsdottir & Halldorsdottir, 2022a; Humbert et al., 2013; Lewis et al., 2015; Oke, 2008). The most reported way that spirituality enabled healing was through the interpersonal connection survivors created with God or a spiritual being (Anderson et al., 2012; Brosi & Rolling, 2010; Humbert et al., 2013; Lewis et al., 2015). Survivors reported that depending on a spiritual being enabled them to “rise above their suffering”, offering “guidance” to “help them prevail” (Anderson et al., 2012; Brosi & Rolling, 2010; Humbert et al., 2013). Connection to spirituality was reported to be “integral” to survivors’ recovery and enabled “personal and social transformation”, offered “strength”, “compassion” and wisdom, “meaning”, “purpose”

and “value” in life, as well as “protection”, “love” and “hope” for a “brighter future” (Anderson et al., 2012; Brosi & Rolling, 2010; Humbert et al., 2013; Lewis et al., 2015).

Additionally, spirituality was helpful through providing community support (Anderson et al., 2012; Brosi et al., 2020; Bryngeirsdottir & Halldorsdottir, 2022a; Oke, 2008). Survivors received emotional and practical support from church communities (Anderson et al., 2012; Brosi et al., 2020; Bryngeirsdottir & Halldorsdottir, 2022a), as well as guidance (Brosi et al., 2020; Oke, 2008); and this support offered “comfort”, “belonging” and “security”, promoting positive change (Anderson et al., 2012; Brosi et al., 2020). In one study (Anderson et al., 2012), women-to-women ministry was deemed particularly important in offering “guidance, mentoring and companionship”. Finally, the importance of forgiveness from their faith and faith community, and an understanding and compassionate response were indicated as helpful in recovery (Anderson et al., 2012; Brosi et al., 2020); though, in some cases responses from the church were not helpful, particularly when survivors were encouraged to remain in the relationship (Anderson et al., 2012).

Discussion

To the authors’ knowledge, this is the first systematic review to qualitatively summarise the systemic and interpersonal factors contributing to the positive recovery of IPA survivors. The studies included varied in their focus of factors and experiences explored; however, relatively consistent themes were identified. This review offers insight into the systemic and interpersonal factors IPA survivors used in their recovery, and how these enabled and shaped recovery.

Common systemic factors used in recovery were shelters, housing, and public services, consistent with literature which indicates these as present in survivors’ recovery (Abrahams, 2010; Flasch, 2020). Beyond this, the review highlights these are not only present but can facilitate positive change when the support offered is appropriate to survivors’

individual needs, and survivors are met with understanding. Furthermore, access to resources (e.g., education, employment, housing, finances) were important to survivors' recovery; these created safety, stability, and resource (financial, emotional, and physical), in turn enabling recovery. It is understood that physiological, and safety and security needs must be in place for individuals to experience love and belonging, esteem and self-actualisation (Maslow, 1943; 1970). Enabling survivors to re-experience their safety and security needs is therefore critical to enabling positive recovery, consistent with trauma-informed literature and practices (Golding, 2015; Golding & Hughes, 2012; Neuner, 2012), and can be facilitated by support services.

IPA survivors encounter several professional systems during their recovery, and it is well-documented that interactions with professionals can be blaming, stigmatising and negative (Black et al., 2011; Crowe & Murray, 2015; Reisenhofer & Seibold, 2013). Furthermore, interactions with the police particularly can impact the reporting rates of IPA and survivors' safety (Johnson, 2007; Voce & Boxhall, 2018). These factors are known to hinder survivors' recovery, corroborated by this review. However, this review also suggests that when survivors are met by appropriately trained professionals, who respond empathetically, compassionately, and with understanding, they feel empowered and can begin a positive recovery journey. This is also consistent with trauma-informed approaches, which indicate emotional, physical, and relational safety are crucial to recovery (Golding, 2015; Golding & Hughes, 2012; Neuner, 2012).

This review indicates that specialist services, particularly psychological services, were sought among survivors, and crucial to recovery for those who accessed them. Additionally, group support was indicated as significantly beneficial to positive recovery. Both were indicated to enable second-order change (e.g., new perspectives; Brosi et al., 2020), and allow higher level needs to be met (Maslow, 1944; 1970). Despite systemic factors indicated

as enabling positive recovery, they also inhibited it. Restrictive practices, laws, and regulations limited recovery and CPS were identified as increasing stress and fears (Bryngeirsdottir & Halldorsdottir, 2022b; Gregory et al., 2021; Hetling et al., 2018). Survivors reported feeling disempowered, unsafe, and unable to move forward, without security, and resource. Additionally, lack of resources left some with limited options other than returning to the abusive relationship, despite wanting and trying to move away from the abuse and forward in life (Clough et al., 2014).

Family and friends were the most reported interpersonal factors helpful to recovery, through their capacity to offer resource (physical, practical, and emotional), compassion, care, love, encouragement and facilitate achievement (Anderson et al., 2012; Brosi et al., 2020; Clough et al., 2014). This is consistent with literature which illustrates that close relationships can facilitate PTG through providing alternative outlooks (Tedeschi & Calhoun, 2004). The review also highlighted that children provided inspiration to better survivors' lives, and that interpersonal support could extend beyond close relationships to neighbours and colleagues (Bryngeirsdottir & Halldorsdottir, 2022a; de Piñar-Prats et al., 2022; Humbert et al., 2013). These findings align with the resilience portfolio model which recognises the wider contextual, systemic, and interpersonal influences on individual resilience (Grych et al., 2015), and may provide evidence that interpersonal relationships on multiple levels can be meaningful to recovery and resilience.

Furthermore, peer relationships with survivors were reported as meaningful to recovery in providing understanding, exploration of shared experiences, reducing self-blame and feelings of guilt (Humbert et al., 2013; Lewis et al., 2015). It was indicated that IPA survivors provided something other interpersonal relationships could not, that understanding, connection, and safe exploration of their abuse were better facilitated by survivors due to their shared personal experiences, and unique understanding of survivors' positions (Lewis et

al., 2015). This may provide further evidence of the concept of collective healing (Hübl & Avritt, 2020; Saul, 2022), in essence suggesting that the coming together and community experienced following collective trauma can aid healing (Wlodarczyk et al., 2016).

Finally, spiritual connections and communities were identified as interpersonal factors enabling recovery. Close and meaningful relationships with a spiritual being brought meaning and hope to survivors to enable recovery, strengthened by empathetic, compassionate, supportive, and understanding responses from the church community and the provision of safety, resource, companionship, guidance, and mentoring (Anderson et al., 2012; Humbert et al., 2013; Lewis et al., 2015). This is consistent with the literature, indicating spirituality as a factor in growth (Tedeschi & Calhoun, 1995; 2004). Despite spirituality appearing largely beneficial for recovery, this is not always the case; if used negatively towards individuals, it can hinder growth (Brooks et al., 2021), and these nuances were present within the review.

Strengths & Limitations

A limitation of the evidence included is that the factors contributing to positive recovery were the focus of just three of the included studies; it is therefore likely the data collected is not as detailed or rich as it may be. Additionally, many papers did not consider the inclusion of survivors who self-identified experiencing positive recovery. It is likely that those who actively embrace and identify with this may have more to add to the evidence base and could provide more extensive and rich detail on this topic. Despite this limitation, a broad search strategy was developed to acquire the relevant articles, and it is therefore more likely indicative of the limited evidence base than a methodological flaw.

Additionally, most of the research included was conducted in Western cultures, though this may partly be explained by the exclusion of non-English language papers. Although differences in recovery experiences are present in Western cultures (Calhoun et al., 2010), it is likely the understanding of positive recovery is largely shaped by Western

ideologies, values, and perspectives (Splevins et al., 2010). Despite the ethnicities within the samples varying, the lack of inclusion of Eastern countries is pertinent as interpersonal and systemic relationships can be experienced differently in non-Western and/or collectivist cultures (Midlarsky et al., 2006). Additionally, the paper which compared two cultures (Oke, 2008) found that Eastern cultures better came together as a “unit”, and that Mongolian women’s identities moved “further away” from the aftermath of the abuse due to their family support. This indicates there are likely differences in how interpersonal support is experienced and influences recovery within cultures, and that there may be other facilitators or barriers which have not yet been captured. Therefore the review may not be applicable to other cultures.

Further to the above, much of the research was conducted in the USA, which has a private healthcare system, where healthcare inequalities are prevalent (Dickman & Himmelstein, 2017), and survivors are likely to struggle to access sufficient healthcare due to financial and societal constraints. It is possible that access to healthcare for survivors in countries with a publicly-funded healthcare system may vary, and that experiences of healthcare may be different in countries with more equitable healthcare. As systemic support was found to facilitate positive recovery, it is possible that survivors in countries with public healthcare may be better able to utilise services in their recovery. However, results from the studies from European countries with public healthcare were consistent with the overall findings.

A final limitation is that although most included studies were deemed high quality, a common methodological limitation was that researcher bias was not stated. To minimise bias from the researcher, first and second-order data were synthesised to remain true to the survivors’ own words, though researcher bias may have influenced the theoretical framework used to explore the findings and the inclusion of participants own words.

Despite these limitations, this review offers a detailed understanding of survivors' experiences of the systemic and interpersonal factors contributing to recovery, providing insight into an area not previously synthesised. The articles included varied in the topics, experiences and systemic or interpersonal factors explored, enabling a thorough review of several factors. It is hoped this review can guide future research in the area, as well as service provision and structure for IPA survivors. Although this review is not intended to generalise or suggest that survivors' experiences are the same, the findings demonstrate that systems and relationships can enable positive recovery in IPA survivors. It is hoped this review may strengthen the message that for some trauma survivors, positive recovery is possible.

Implications

This review has several potential implications for clinical practice and policy. It indicates that increased funding and a review of service structures (e.g., CPS, police, and healthcare services) is warranted. Specifically, the review highlights the importance of safety and relational support to survivors, as such staff would benefit from increased training to work in trauma-informed ways (Sweeney & Taggart, 2018), as well as training for specialist support (e.g., psychological support), or increased provision of psychological professionals within services. This suggests that moving away from the medical model and using formulation-based approaches to understand trauma and survivors' response to trauma may better enable recovery (Macneil et al., 2012; Rainforth & Laurenson, 2014).

Additionally, working in systemic ways, which include family and close support networks, or encouragement to connect with faith for those this aligns with, within recovery may be advantageous as this can facilitate second-order and higher-level change (Brosi et al., 2020). Additionally, interpersonal relationships have been indicated to be salient in promoting resilience in trauma survivors (Grych et al., 2015). It is possible that support networks and

spirituality may be valuable resources to services, which could be used in CPS, healthcare, and mental health services to offer added value to the interventions provided.

Finally, this review highlights a need for review of current laws, policies, and regulations (Hulley et al., 2022). Despite these being in place to protect IPA survivors, they often did not feel safeguarded by them and reported they were a barrier to their recovery (Hulley et al., 2022). To better meet survivors' needs, consultation with survivors on policies, laws, and safeguarding practices may be valuable to ensure they are adequately protected and have the opportunity to thrive.

Future Research

This review provides evidence to highlight the contribution of systemic and interpersonal factors to positive recovery following IPA. However, there is much to be learnt about how these factors facilitate change and more research looking at "how" they contribute to recovery would be beneficial. Additionally, further exploration into the role of the different systems (e.g., social services, police, mental health services) and broader social support networks (e.g., children, peer support) in promoting positive recovery would be beneficial.

Furthermore, this review highlights that much of the literature comes from Western countries. It would be beneficial to explore the role of systems and interpersonal relationships in non-Western cultures, to understand how this may be experienced, and used differently, and if this facilitates and shapes recovery differently. Additionally, it is important to review access to and experience of resources within the UK and other countries with publicly-funded healthcare to better inform these services, as much of the extant literature stems from the USA.

Conclusion

This narrative synthesis found that female IPA survivors used shelters, housing, public resources, social and family relationships and spirituality to enable their recovery, and that

access to systemic resources aided positive recovery. These were more often reported to be helpful than unhelpful to recovery; however, they were not always accessible to survivors and in some cases were harmful, and re-traumatising. Social support networks and professionals must be aware of the powerful opportunity and potential they have to facilitate positive recovery in IPA survivors through enabling new outlooks of self, others, and the world.

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Doctorate in Clinical Psychology

Chapter 2: Empirical Paper

**“I call us heroes or warrior women”: Survivor Narratives of
Post-Traumatic Growth Following Intimate Partner Abuse**

Target Journal: Journal of Traumatology

Abstract

Background: The negative impacts of Intimate Partner Abuse (IPA) are well understood.

More recently though, there has been a drive to understand survivors' experiences of positive adaptation, recovery, and growth in the aftermath of abuse. It has been found that IPA survivors can display resilience and experience positive change following such abuse.

However, this area remains under-researched, and there is limited understanding of the experiences of post-traumatic growth (PTG) and meaning-making in IPA survivors.

Objective: To explore, describe, and make sense of the lived experiences and processes in which PTG occurs in female IPA survivors.

Method: In-depth semi-structured interviews were completed with seven participants from the UK and the data were analysed using interpretative phenomenological analysis.

Results: Four group experiential themes emerged: "Moving towards Empowerment: A journey of safety, power, choice and control", "Discovering our true self", "Embracing life through a new way of living" and "The journey is not ours alone". Participants experienced profound and meaningful changes in their sense of self, others, and the world. PTG appeared to be an evolving and continual process which was enabled or inhibited by the individual and those around them.

Conclusions: IPA survivors can experience profound, purposeful, and meaningful transformation which constitutes PTG. Participants' growth was a journey in which they experienced empowerment and liberation. Services supporting IPA survivors may benefit from taking trauma-informed, formulation-based approaches to uncover and empower growth within those survivors who experience it.

Keywords: 'post-traumatic growth', 'intimate partner abuse', 'recovery', 'meaning-making', 'interpretative phenomenological analysis'

Introduction

Intimate Partner Abuse (IPA) remains highly prevalent across the United Kingdom (UK) with reporting rates increasing yearly (Office for National Statistics [ONS], 2022). IPA affects all types of people (Leemis et al., 2022), however, women are disproportionately affected (Fahmy et al., 2016). In the UK, 1.7 million women were subjected to IPA in the year ending March 2022 (ONS, 2022), and a recent report found that 99.7% reported experiences of violence in their lifetime (Taylor & Shrive, 2021). Due to underreporting, the prevalence is believed to be higher (Voce & Boxhall, 2018). However, this highlights the prevalence of IPA and violence against women within the UK.

It is well understood that IPA survivors can experience many negative outcomes, including difficulties with their physical and mental health (Dillon et al., 2013; Lagdon et al., 2014), social stigma (Crowe & Murray, 2015), employment and financial instability (Crowne et al., 2011), and parenting ability (Austin et al., 2019). Although it is important that clinicians recognise, understand and are aware of the negative outcomes of IPA, it is also critical to understand survivors' journeys towards recovery, and experiences of recovery from IPA (Flasch, 2020). Furthermore, it is recommended that research move beyond deficit-based models to explore adaptation, development, and resurgence (Ai & Park, 2005). This is particularly salient as it is indicated that the path of a trauma survivor's life is not shaped by the trauma, but by their response to it, and that it is possible not only to survive but to experience positive growth (Huxley, 2013).

Post-Traumatic Growth

It is suggested that the impact of trauma on a survivor's world view can lead them to seek meaning in the event (Courtois, 2015) and that this meaning-making can result in profound and purposeful positive psychological transformation, termed post-traumatic growth (PTG; Tedeschi & Calhoun, 2004). Traumatic events are said to shatter pre-existing

world assumptions and schemas (Tedeschi & Calhoun, 2004); consequently, rumination can occur. In this, individuals attempt to reconcile their world views, accommodating the trauma-related information into their pre-existing knowledge (Brooks et al., 2016). This is believed to occur alongside the negative consequences of trauma, which are also believed to be an aspect of the emotional struggle in which growth occurs (Lancaster et al., 2015). Through this process of rumination and meaning-making, individuals are believed to be able to transform and develop higher levels of functioning (Tedeschi & Calhoun, 2004).

Unlike similar concepts such as resilience, described as an individual's ability to withstand challenging circumstances and 'bounce back' (Vella & Nai, 2019), PTG implies transformation takes place following trauma (Tedeschi & Calhoun, 1995) and that individuals move beyond the version of themselves that existed prior to the trauma, developing higher levels of functioning (Brooks et al., 2021; Tedeschi & Calhoun, 1995). PTG has been classified into five domains of altered experiences and schemas: increased appreciation for life, more meaningful interpersonal relationships, increased personal strength, changed priorities and a richer existential and spiritual life (Tedeschi & Calhoun, 2004). Despite such adversity, PTG has been experienced in survivors of childhood abuse (Woodward & Joseph, 2003), childhood and post-age 16 sexual abuse (Frazier et al., 2004; Lahav et al., 2020), crime (Brooks et al., 2019; Brooks et al., 2021), and interpersonal violence (Elderton et al., 2017). However, growth following IPA remains under researched.

Recovery and Growth Following IPA

IPA brings its own challenging circumstances and may be considered distinct from some other trauma experiences due to its ongoing nature and the complex social relationships it involves. IPA is an ongoing event occurring over a prolonged period (Lawrence & Bradbury, 2007), which can involve multiple forms of abuse to assert or maintain dominance (UK Public General Act, 2021; Women's Aid, 2022), creating a cumulative burden to the

individual. Additionally, IPA occurs within complex social relationships, where the survivor is in a close, personal relationship with the abuser (Smith, 2003), and strained relationships with the police (Johnson, 2007) can result in increased risk for individuals ending the relationship (Griffing et al., 2002). Therefore recovery and PTG may be experienced differently by IPA survivors (Elderton et al., 2017).

There is a small but growing body of literature exploring recovery from IPA (D'Amore et al., 2018; Flasch, 2020). This suggests that survivors oscillate on a continuum of recovery (Flasch et al., 2015), and that resilience and impairment may not occur in isolation of each other (Anderson et al., 2012). It is therefore indicated that resilience and wellness can occur prior to a 'full recovery' (Flasch, 2020). Throughout the recovery process, individuals are believed to work through a developmental process whereby they detach from or let go of the abusive past, work on managing in the present, and move to focus on the future (Flasch, 2020).

Recovery is not linear, but it is believed that IPA survivors have the potential to experience PTG in the later developmental stage (Flasch, 2020); whereby survivors have integrated the abuse experience into their lives and worked through the meaning-making process to experience cognitive restructuring of the self, others, and the world (Flasch, 2020; Smith, 2003; Wuest & Merritt-Gray, 2001). IPA survivor research has found that through recovery individuals rediscover the self, let go of their past, reconnect with spirituality, and find forgiveness of themselves and, in some cases, the abuser (Drumm et al., 2014; Flasch et al., 2015; Humbert et al., 2013; Senter & Caldwell, 2002; Smith, 2003). This indicates that for some women recovery and resilience is possible.

Beyond the literature exploring recovery, there is a smaller body of research which has explored PTG following IPA; however, this focused on understanding the relationship between PTG and distress or how PTG is achieved (Cobb et al., 2006; Valdez & Lily, 2015).

It has been found that survivors experience more meaningful interpersonal relationships, changes in awareness and insight, meaning-making, and perspectives of the self, others, and life, as well as increased participation in advocacy, coping skills, and ability to accept support (D'Amore et al., 2018; Flasch et al., 2015; Flasch, 2020). Much of the research exploring enablers of PTG focused on individual-level psychological factors, indicating deliberateness of action, coping skills, cognitive appraisals, self-efficacy and changed perspective on life as enablers (Brosi et al., 2020; Elderton et al., 2017; Henson et al., 2021; Valdez & Lily, 2015). This research indicates that it is not only possible for individuals to survive, but to thrive and find increased meaning and fulfilment in life following IPA, constituting PTG.

Although it is indicated that growth is possible following IPA (Cobb et al., 2006; Song, 2012), understanding of this remains unclear (Elderton et al., 2017). Additionally, research exploring individuals' meaning-making of PTG is lacking, and the facilitative factors are unclear and largely individual-focused (Brosi et al., 2020; D'Amore et al., 2018; Lim et al., 2015). Therefore, researchers have indicated a need for better understanding in this area (Brosi et al., 2020; D'Amore et al., 2018, Lim et al., 2015).

Rationale and Aims

The reviewed literature highlights the diverse and disproportionate impacts of IPA on women but also highlights the possibility of healing and PTG. To date, there is limited research on individuals' meaning-making and experiences of PTG following IPA, particularly within the UK (Brosi et al., 2020; D'Amore et al., 2018; Lim et al., 2015). Furthermore, there is increasing demand to raise awareness and understanding of what trauma is, the links between trauma and distress, how trauma may present, and how trauma-informed approaches, focusing on attainment and wellness rather than symptom management, may better meet the needs of individuals subjected to trauma (Flasch, 2020; Smith et al., 2006; Sweeney & Taggart, 2018). Therefore, it becomes crucial to understand more about the process of

adaptation, resurgence, and PTG following IPA to implement trauma-informed approaches and enable the potential for survivors' growth.

The study aims to explore, describe, and make sense of the lived experiences and processes in which PTG occurs in female IPA survivors from the UK, to better understand how they have developed and grown beyond their pre-trauma self.

Method

Two experts-by-experience (EbE) offered consultation and guidance throughout the study duration, to increase study viability, accessibility, and reduce the risk of researcher bias. The EbEs involved in this study have experience supporting research in this area and working with individuals who may be eligible for the research. One took a supervisory role within the research team and assisted with contacting relevant organisations to enable the research to be conducted. The other supported with recruitment and provided support to participants if required.

Ethical Issues

The Doctorate in Clinical Psychology Research Review Committee reviewed the research proposal and ethical approval was granted by the University of Liverpool Research Ethics Committee (Appendices 7 and 8) prior to study commencement. Informed consent was obtained from participants, and a signed copy of their consent received via email before study participation. Participants were advised that participation was voluntary, and they could request withdrawal of their data up to two weeks after their interview. Anonymity was ensured through the option to be referred to by a pseudonym or their first name, with only the lead researcher and participant aware of the participants' choices. Identifiable information was omitted from the transcripts, and identifying participant information kept confidential, accessible to the lead researcher only, stored electronically on a secure server using encrypted passwords.

Participants were provided a Participant Information Sheet (PIS; Appendix 9), and information regarding relevant support services, on expressing interest in taking part.

Participants were advised of the support available from the organisation supporting the research and that they could contact the lead researcher (trainee clinical psychologist), or primary supervisor (clinical psychologist), should they experience distress due to participation. On completion of the interview, participants were provided a debrief sheet (Appendix 10) outlining the relevant support.

Design

The study used a qualitative design and data were obtained using semi-structured interviews exploring positive growth and change. The study used interpretative phenomenological analysis (Smith et al., 2009), which has three theoretical foundations: phenomenology, hermeneutics and idiography (Smith et al., 2022). Therefore, the study design and analysis were grounded in those. Consistent with these frameworks, interpretative phenomenological analysis intends to explore in detail how individuals make sense of life experiences and derive meaning from this, to offer a detailed interpretation of the account to understand experience (Smith et al., 2022; Smith & Nizza, 2021).

Participant Sample

Due to its idiographic approach and concern with understanding a particular phenomenon in particular contexts, interpretative phenomenological analysis studies use small, homogenous samples, focused on finding participants for whom the research question will be meaningful (Smith et al., 2022; Smith & Nizza, 2021). Between six and 10 interviews are considered sufficient and meaningful for a professional doctorate (Smith et al., 2022).

Seven participants were recruited from a community-based support organisation and via social media (see Table 4 for demographic data). To be eligible, participants had to be (1) adult females (≥ 18) who have (2) experienced IPA in a previous relationship and (3) self-

identified growth following IPA. Participants were excluded if they (1) did not meet the inclusion criteria, (2) left the abusive relationship <18 months ago, (3) received trauma-focused interventions within the last 6 months and (4) could not understand or communicate in English.

Table 4

Participant demographics

Participant	Age	Ethnicity	Sexual Orientation	Relationship Status	Number of Children	Education level	Time since relationship ended (years)
1	45-54	White-British	Heterosexual	Single	3	Undergraduate	5-10
2	25-34	White-British	Heterosexual	Cohabiting	0	College Level	5-10
3	35-44	White-Irish	Heterosexual	Single	2	High school or equivalent	2-3
4	35-44	White-British	Heterosexual	In a relationship	1	Diploma	2-3
5	25-34	White-British	Heterosexual	Cohabiting	0	Postgraduate	10-15
6	55-64	White-British	Heterosexual	Single	2	Undergraduate	15+
7	18-24	White-British	Heterosexual	In a relationship	2	High school or equivalent	2-3

Recruitment and Procedure

Recruitment occurred through a UK-based third-sector organisation supporting female IPA survivors and via Twitter. Posters providing information about the research and contact details (Appendix 11) were shared by the organisation and on Twitter. Interested participants were invited to contact the researcher who sent an email with additional details about the research, including a PIS (Appendix 9) and consent form (Appendix 12). The researcher completed a brief screening process with those interested via phone or videocall to confirm eligibility, and discuss their consent, queries, and concerns. All those who contacted the researcher and agreed to meet took part in the research.

Participants were advised of the support available throughout their participation. Seven interviews lasting between 60-105 minutes were conducted between May-October 2022 via videocall, to facilitate national sampling and for convenience to the participants due to ongoing Covid-19 disruptions and restrictions. The interviews were recorded via the recording function on the videocall system and notes were taken by the researcher during the interviews. Participants were debriefed on completion of the interview and provided with information outlining relevant support services (Appendix 10). Participants were thanked for their time with a £20 voucher on completion of their interview. Interviews were transcribed verbatim, two by the researcher and five by a transcription company.

Data Collection

An interview schedule was created with input from both EbE and used as a topic guide throughout the interviews (Appendix 13); language and framing of the questions were considered to maximise insight and exploration of survivors' lived experiences. Consideration was given to the concept of PTG (Tedeschi & Calhoun, 2004) and how this can present to increase the potential to capture participants' PTG and meaning-making. Additionally, emerging themes in the evidence base of recovery from IPA were reviewed and incorporated into the topic guide (Brosi et al., 2020; D'Amore et al., 2018; Elderton et al., 2017). The schedule included four topic areas with questions and prompts, including: the context around participants' abuse, ending/leaving the relationship, experiences of positive change, meaning-making, and growth, and determinants of growth. The interview schedule intended to focus on growth journeys and asked for limited information regarding the abuse, and participants were advised they could refrain from answering questions.

A semi-structured, open, and flexible approach was used to provide space and time for participants to expand on their responses; this offers participants the chance to share their lived experiences based on their view of those experiences (Smith et al., 2022). The interview

schedule was used as a guide and did not dictate the interview direction, with additional questions/prompts asked to uncover participants' experiences. A non-judgemental style of questioning was used to facilitate a safe space for participants to share their stories and, where necessary, empathic support and breaks were offered.

The researcher's field notes, and reflexive journal provided secondary data sources (Appendix 14). A reflexive journal offers the opportunity to note thoughts, observations, interpretations, and opinions throughout the research (Smith et al., 2022). This also provides the chance to explore the researcher's own position to the topic and participants, to reduce researcher bias and remain grounded in the interpretation and meaning of the participants own experiences. The researcher is a white-British female, trainee clinical psychologist with personal experience of some of the concepts explored in the research. Using a reflexive journal and supervision allowed them to identify their thoughts, beliefs, and position to those concepts prior to starting and throughout the study.

Data Analysis

Data were analysed using interpretative phenomenological analysis where convergence and divergence within the data are interpreted and made sense of by the researcher (Smith et al., 2022), to create a detailed interpretation of the accounts to understand the phenomenon being investigated. A social constructionist epistemology was used to consider how interactions with society and the participants' world gave meaning to their experiences, and their subjective interpretation of that experience (Willig, 1999). Foucauldian theory (1982) also informed the analysis; this identifies power relationships as existing in all interactions and societies, identifying discourses as an effect or instrument of power and power, as displayed through language and behaviours. This was used to consider how participants positioned themselves and others through their use of language, and how they expressed and experienced power in societal relationships.

As interpretative phenomenological analysis is interpretative, it intends to ascribe meaning to what is being said; therefore, analysis moves beyond description and away from the initial text, taking inspiration from the participants' words (Smith et al., 2022). Consistent with the hermeneutic principle, the data was analysed to emphasise interpretation and meaning-making, holding awareness of the double hermeneutic that both researcher and participant are interpreting (Smith et al., 2022).

Following each interview, the researcher recorded initial thoughts, feelings, and reflections in a reflexive journal (Appendix 14). Transcripts were reviewed and compared with the audio-recording for accuracy and non-verbal communication (e.g., intonation, body positioning) noted (Smith et al., 2022). The transcripts were then read by the lead researcher to familiarise themselves with the data and using a free coding stage initial thoughts and interpretations noted. This enabled the researcher to explore what they brought to the research and what the participants were bringing, to remain as neutral as is achievable. The analysis followed the stages of Smith et al. (2022): (1) reading and re-reading, (2) exploratory noting, (3) constructing personal experiential statements (PES), (4) searching for connections across PES to develop personal experiential themes (PETS), (5) naming the PETS, (6) continuing the individual analysis of other cases, and (7) developing group experiential themes (GETS) across cases (see Appendix 15 for further detail). Noting and coding of the transcripts was completed by hand (Smith et al., 2022; Smith & Nizza, 2021).

Quality

Four criteria are considered when assessing the quality of qualitative research: credibility, dependability, confirmability, and transferability (Guba & Lincoln, 1994), with reflexivity suggested as a fifth (Stenfors et al., 2020). Credibility was met by keeping a thorough audit trail of the analytic process. Additionally, the research team offered research, clinical and lived-experience expertise to ensure credibility of the data collection and

analysis. Dependability was established by providing detailed information relating to the methodology and sample to allow replication in similar conditions. Analysis was completed by the first author with agreement and refinement of the PETS and GETS considered with the research team, for dependability of consistent findings. For confirmability, the researcher has ensured the data is ultimately grounded in the participants' words and lived experience and tried to maintain a level of neutrality. Though, using interpretative phenomenological analysis, the double hermeneutic acknowledges through interpretation some of the researcher will be brought to the research by making sense of the participants' interpretation through their own understanding of the world (Smith et al., 2022).

Transferability is more complex, as meanings and behaviours are context-bound (Spencer et al., 2003). However, the researcher attempted to recruit a sample with some heterogeneity of experience, within the context of a shared phenomenon, to increase transferability. Reflexivity was considered by reflecting on possible researcher biases and influences throughout the study, as well as the personal, social, political, and contextual factors influencing the researcher's and participants' views of the topic.

Results

Through the analysis of participants' stories, four GETS were developed (Table 5), each representing an aspect of participants' growth journeys (for distribution of themes, see Appendix 16). Although these are presented sequentially, growth did not occur in sequence, and the research does not intend to indicate that growth is linear. These processes and experiences occurred alongside each other, and participants oscillated between distress, recovery, and growth throughout their journey.

(1) Moving towards empowerment: A journey of safety, power, choice, and control

In sharing their stories, participants reflected on where the journey began, the challenges they faced, and (re)gaining and (re)exploring safety, power, choice, and control.

Exploration of these concepts enabled participants to (re)find their voice and take back their stories, finding power within themselves and their stories.

Table 5

Group Experiential Themes and Subthemes

GETS	Subthemes
1. Moving towards empowerment: A journey of safety, power, choice, and control	1a. Challenges come as part of the journey: Facing the barriers to move forward 1b. Finding empowerment in the decisions we made 1c. Getting back what was taken from us: Exploring safety, choice, and control 1d. Taking our lives back through finding connections in our experiences 1e. Our stories are powerful: Re-defining our narratives
2. Discovering our true self	2a. Growing beyond self-assurance into self-worth: Identifying as more 2b. Exploring the self, our wants and needs, and sharing ourselves in relationships 2c. Knowing how to care for ourselves: Experiences of self-love and self-compassion
3. Embracing life through a new way of living	3a. A newfound outlook on life: Purpose and appreciation in every moment 3b. Embracing opportunity: Living life our way 3c. Wanting better for others: Using their experiences to help other survivors 3d. Finding your tribe: Welcoming meaningful relationships into our lives
4. The journey is not ours alone	4a. Taking the journey with our children: Healing and growing together 4b. We are a community: Growing together with other survivors 4c. Being guided to growth: How anyone we meet can contribute 4d. Services have the power to contribute to your growth: Getting the support right

Challenges come as part of the journey: Facing the barriers to move forwards

Participants expressed many challenges which inhibited their growth, leaving them trapped, distressed, or re-traumatised. Challenges presented in many areas of their lives; during and after the relationship, and leaving the relationship itself, brought challenges “*he did stalk me for a bit*” (Suzannah). Tee reflected that “*it does at first feel like it’s worse*” as she found herself without “*structure*” or “*purpose*”. Participants expressed intrapersonal challenges, left feeling “*broken*”, “*lost*”, and unsure of themselves or how to move forwards in an adaptive way. Challenges arose interpersonally through lost connections to meaningful, supportive relationships, “*I lost my support*” (Tee), and through responses of judgment and blame when seeking help.

Participants described how societal expectations and pressures placed on women negatively shaped their interactions in professional and personal relationships, leaving them with limited support to move forwards. When professional support was received, this often felt unhelpful; participants experienced abuse to be mis-conceptualised as “*only physical*” (Michelle) in the criminal justice system (CJS), and felt unsupported, unheard, and re-traumatised:

“I had a chat with a police officer up in [country] and it was just no, like that one conversation with, enough for me to never want to go back ever again.” (Rae)

They faced challenges within mental health and social support services; Lucy shared how she “*really had to prove myself*”, and Suzannah shared experiences of an “*outdated narrative*” that felt more harmful than helpful. Participants felt services lacked presence and accessibility: “*the number of hoops you have to jump through to get to them*” (Michelle). They felt misdiagnosed or mislabelled, and that they “*had no choice*” (Lucy) or decision in their support.

Finding empowerment in the decisions we made

Reflecting on their journeys, participants identified that their growth began during the relationship. Participants recognised that power was taken from them and through taking action to protect themselves and their children during the relationship, they felt empowered. Michelle reported (re)finding herself, her strength, and power, enabled her to conceptualise the relationship “*a little bit different*”. Through finding inner strength, Lucy described how she felt empowered to leave the relationship and a desire to (re)connect with life:

“it gave me a sense of power, and it gave me, I felt like I should have done it like so long ago, but it were just, I felt like a woman again. And it was, I just felt free and I was just like I’m not worth this, I’m worth so much more and I can’t even describe the, I felt passion for life again and I wanted to live”

Though participants experienced their strength and growth starting in the relationship enabling them to leave, this period remained traumatic and presented significant risk to them.

Getting back what was taken from us: Exploring safety, choice, and control

Part of participants’ journeys involved (re)experiencing safety, choice, and control, particularly as these had not been present for much of their lives. Tee described the unfamiliarity of these concepts and adjusting to their presence: “*it felt strange not being controlled and not being told what to do*”. Participants (re)conceptualised and experienced safety, in their environment, in others, and in themselves, Suzannah described exploring safety through and with others: “*someone can save them*”. Through finding safety, participants developed new outlooks on life and others, took control of their life through making their own choices, and found contentment and appreciation in those decisions:

“I can wear what the hell I like. I can come in my flat that I live in and [...] if I decide I want to leave my washing up till the morning I can do” (Janine)

Rae described that taking control of her life meant she was no longer living for others, but for herself: *“I’m not scared to hurt people’s feelings if it means taking care of myself.”*

Taking our lives back through finding connections in our experiences

Participants expressed that a deeper understanding of their life story was key to their growth, giving them voice, power, and purpose. This included the role society and others had in shaping their views, traditions, values, and decisions. Participants reflected that narratives held within society and their families shaped them, as well as experiences prior to their abusive relationships, namely past and intergenerational trauma. Janine shared how the patriarchal views of society shaped her views of family life:

“I believed that’s the path I had to go down you know you had to find someone and get married and have kids.”

Participants developed an understanding of their situations and how this impacted them: *“The choices that I made were because of what happened”* (Rae). Through understanding these connections, participants looked back on their stories, with new perspectives to find their identity outside of those experiences. They took back their lives, moved beyond survival and felt liberated from societal constraints, no longer defined by their prior experiences.

Our stories are powerful: Re-defining our narratives

Through their journey, participants (re)found their voice, sharing their stories without fear of judgement, blame or responsibility. Despite their growth, participants brought their story of trauma. They understood that their journey of growth began with pain and suffering, and it was important that this be heard, to truly illuminate their growth: *“I was unemotional, I was just broken.”* (Tee). Participants reported lingering *“scars”* which were still healing, and some felt a need to protect themselves from others for fear of being hurt. Participants hoped to provide an honest, transparent picture, highlighting the relationship between distress and growth, and saw growth as continually evolving.

In sharing what happened to them, participants reconceptualised their experiences, and found power. Carol found power and liberation in sharing her story and being in control of her narrative: *“this makes me visible.”* Rae shared how she no longer felt shame, guilt, and responsibility, instead finding empowerment and growth:

“So, people know my background. I’m not ashamed of my background anymore whereas I was for a long time. And I understand that it wasn’t my fault.”

Participants took back control of their narrative and overcame the barriers of IPA as *“hidden”*. Through this, participants found purpose, power and inspiration in their stories and hoped sharing them may enable others to know they are not taking this journey alone:

“in speaking up whether it’s you know to people like you or to you know to each other, counsellors whatever, when we do that’s like you’re not just sharing your story you know you are giving other people strength. You’re giving other people inspiration.”

(Michelle)

(2) Discovering our true self

Participants described journeys of self-discovery, experiencing growth in self-awareness and self-relating. Participants identified a newfound sense of self, and self-worth, identified as more, and developed self-love and an openness to share and explore themselves with others.

Growing beyond self-assurance into self-worth: Identifying as more

For participants, self-knowledge was key to their growth; choices and decisions had been taken from them for so long that they felt disconnected from themselves. Participants shared journeys of self-exploration, truly connecting with and knowing themselves. Through this, they found new levels of self-confidence, self-awareness, and self-assurance:

“Mama boss knows who she is now [...] I have recognised my intelligence and other people have described me as being highly intelligent both cognitively and emotionally.”

This is something I believed I never was but now it's something I not only recognise but fully embrace. It makes me want to explore the world more and myself.” (Carol)

Participants identified a newer, stronger connection to their self, valuing continual self-growth, and finding self-worth and self-acceptance: *“I know I’m worthy”* (Tee). Rae shared her goals and dreams *“I’ve got dreams, I want to be a firefighter”* and felt worthy to achieve these. Through self-exploration, Lucy (re)connected with herself, identifying as enough, finding self-worth and increased inner strength: *“I’m so powerful”*. Participants identified as more through their strength, pride, self-development, and achievement of goals:

“I’ve grown in self-confidence, self-worth, self-knowledge, self-time, academically, I’ve done things that I, like I never thought, when I got my first certificate like I was ringing [name] like, oh my God, I’ve got a certificate. And now I have thirteen” (Tee)

Exploring the self, our wants and needs, and sharing ourselves in relationships

Participants also expressed (re)exploring and (re)finding themselves within relationships, using these to better understand themselves. They reported having lost their identities within relationships, only sharing small parts of themselves, or cutting off completely, and used this journey to explore sharing all of themselves:

“I just feel like I can be myself and I’ve never felt like that, in that relationship I’ve never felt like I could be myself. But now I can do crazy dance moves and yeah they’ll laugh but they’ll join in as well” (Lucy)

Participants explored what relationships meant to them, their wants, needs and desires within relationships and connection, and what this brings to their life. Through this exploration, Michelle developed inner strength and an openness to share herself in new ways:

“I had to find an extra confidence to sort of you know sit down with this chap and sort of bare all and be fully prepared you know for him to not accept or to not like.”

Knowing how to care for ourselves: Experiences of self-love and self-compassion

Participants identified that through self-discovery they understood how to care for themselves, and saw the value in this:

“I have enough care for myself now that I take time for self-care, whether it’s just putting my fluffy pyjamas on and making myself a hot chocolate and you know, watching some bloody Kardashians. I give myself that time now” (Tee)

Participants used varied self-care strategies, such as reading, art/creative practices, and nature. Creativity was particularly profound; Suzannah connected with this strongly and shared some poetry with the researcher seeing this as a significant part of her healing and growth:

Rewrite a fairytale

Rewrite a fairytale,
Sign off the sonnets,
The love songs,
The false promises and
Let the flash backs fade.

Let the mothers have access and floods of support.
Don’t try to trip them, you will fall down in court,
Let them walk unafraid, through the cities and towns,
Acknowledge the past,
But sing for the now.

We need rhinestones and fabrics,
Eyeliner and sleep,
We need bubblebath and nail vanish
And clean cotton sheets,
Hot meals, days out, music and peace.

Participants found new ways to relate to and understand their emotions, no longer feeling their emotions were in control of them. Participants (re)conceptualised emotions as safe, functional, and meaningful, seeing them as a part of life which enables recovery and growth, and brings value and meaning:

“Yes, I’m great, like I’m so happy most of the time. And I think one of the biggest differences is that when I have my down points, I’m not terrified of it anymore and I know that’s normal.” (Rae)

Participants increased empathy and understanding of themselves brought self-love and self-compassion. They expressed kindness, compassion, care, and love towards themselves moving away from self-blame and self-loathing.

(3) Embracing life through a new way of living

Another GET which emerged was participants’ growth through living life a new way, which brought increased meaning, purpose, opportunity, and appreciation. Embracing and truly connecting with life appeared a significant aspect of participants growth.

A newfound outlook on life: Purpose and appreciation in every moment

A strong theme which emerged for participants was seeing life a new way; they developed gratitude for all aspects of their lives. Coming through their abuse experiences and growing beyond them, they found new levels of appreciation for life:

“I’m literally living the best life, I’m living a luxury life which I, it’s like a dream, I always say this, I feel like I’m living a dream because my life is so perfect, it sounds really cliché but it, I just, it’s so perfect” (Lucy)

Participants saw meaning and value in, and felt appreciation for, the everyday aspects of life, looking for and finding joy in simple moments. They saw value in presence and found joy in fully immersing themselves in the moment:

“I have this like thing where I’m just like trying to capture all these wonderful, sparkly moments in life you know that they’re the important things and I get so excited even just doing the little you know 10-minute train journey to work” (Michelle)

Participants looked back on their journeys and identified significance and power in each small moment which contributed to their growth and recovery. Rae shared the value she saw

in each way she considered herself thriving: *“But it’s the smaller things as well, of going you know, week to week and thriving”* seeing each as adding meaning and purpose to enable her to move forwards and find new levels of purpose.

Embracing opportunity: Living life our way

A key aspect of participants growth came through identifying with and embracing their wanted way of living. Carol reported finding new levels of confidence to put herself forward for and embrace opportunities:

“if anything is presented to me, I’ll be like, I’ll do that. You know, don’t really think it through first, you know, but I’ve got that level of skill at the minute.”

Participants spoke of connecting with spirituality, starting new hobbies such as aerial hoop, jujitsu, travelling and hiking, and seeing the joy and value in living a life meaningful to them.

Participants reported heightened joy and love for their interests and desires and (re)connecting with these. Janine shared re-connecting with creativity:

“I didn’t realise that I loved it so much because I was being forced out of it all the time, I had to fit in with all these society norms until I got it back again in later life. I went, ah a little light bulb moment went on and it was like, so you know it’s precious.”

Janine illustrates that through re-engaging in meaningful activities she was liberated from the constraints of societal norms, developing an increased connection to and appreciation for life.

Wanting better for others: Using their experiences to help other survivors

Being subjected to IPA led participants to want more for others. Michelle shared her unique position as a survivor, seeing herself as a voice to enable and empower other survivors: *“they need to be able to know that they can speak up, they have a way out”*.

Participants felt it was important they gave something back, and offered support personally or professionally, working and volunteering in support services or working towards this.

Suzannah wanted to share her growth and enable growth in others through her companies:

“I set up a company for people with lived experience of mental health issues and that was our main focus. And then we set up [company name] and that’s a women’s empowerment organisation that I work for now”

Janine shared this sentiment and hoped from her survivor perspective to offer different support to survivors:

“I like to try and get onto more personal things with them though I mean there’s a lot of practical things but those practical things are everywhere. So like about a month or two ago I got them doing some creative art stuff I brought in my own materials that I had and got them making these I had these wooden heart things and got them doing things on them and reflecting.”

Participants held strong views on the societal challenges they faced and the lack of awareness of IPA. Lucy shared how she uses her voice to raise awareness and challenge ignorance or prejudice, *“I am a voice. I spread awareness.”*

Finding your tribe: Welcoming meaningful relationships into our lives

Participants’ new way of living extended into their social relationships, and their role in these. Participants found new levels of connection and meaning in relationships, and identified relating to and interacting with others in more meaningful and profound ways:

“I have far more time and patience for other people and I have compassion that I didn’t have before. [...] Why is my favourite question you know because when you ask a person, you can ask a person you know what is your favourite thing in the world to do and they’ll tell you and that’s just like the tip of the iceberg, it’s when you ask why?” (Michelle)

Carol identified experiencing relationships anew, finding relationships which brought love, care, appreciation, and adoration into her life: *“he really likes me. So, and he loves my odd*

bod.” Participants (re)conceptualised relationships as powerful, and meaningfully contributing to their lives:

“they’re like true friends, they’re the friends like that I can call if I’m having a bad day and do you know, vent a little bit and they do the same, you know? And I think, I’ve never been part of a like, even a two-way friendship” (Tee)

Though participants identified relationships as more meaningful and profound, Suzannah spoke of a *“cleanse of your life”*, having to (re)evaluate who was present in her life, and not accepting harmful relationships. She expressed trepidation and hesitation to let others in: *“you don’t let them too close so they can’t hurt you”*, and Janine expressed taking *“time”* to get to know people and being mindful of who she let in. Despite these being considered potentially maladaptive safety strategies, both Janine and Suzannah considered this part of their growth journey as it maintained and enabled safety.

(4) The journey is not ours alone

The final GET was the significance of others in participants’ journeys; this was not a journey participants took alone but with others. They found value and meaning in having shared the journey and found others meaningfully contributed to their growth.

Taking the journey with our children: Healing and growing together

Participants with children, found them to be a significant part of their story and journey of growth. Participants understood that the trauma affected not only them, but their children also and that they shared the journey. Lucy saw growth in her children *“to watch them grow into the people they are”* which in turn enabled her growth. Participants expressed remorse and upset for the impact the abuse had on their children and wanted better for them. Michelle shared how she *“focused on being mum”* creating an environment her daughter could thrive in, as well as feel safe and content: *“I needed to make this beautiful calm space*

for her.” Participants created more meaningful and supportive relationships with their children, and strived to be someone they would look up to:

“They should have them things towards their parents and someone they can look up to and trust that’s going to be there and you know, I cannot just physically be there now but emotionally be there.” (Tee)

Children were also prominent in enabling and maintaining safety during and beyond the relationship; Janine shared how her children were her *“will to survive”* at times.

We are a community: Growing together with other survivors

Participants found other survivors and peer support impactful in their growth; survivors shared their journey and strength and grew together as a *“community”*. Participants expressed heightened understanding, connection, and acceptance from survivors, experiencing a *“sisterhood”* and *“family”*. They no longer felt isolated hearing others share similar stories and saw this as a significant step in their healing and growth. Rae shared her experience of the peer support group she volunteers at:

“everyone’s got so much to give which is just so heart-warming to see and it just sort of restores your faith in you know, in people, I suppose. And again, helps you feel less alone. So, there’s always someone there to listen and help you that actually understands.”

Participants saw increased power and strength in other survivors and in turn within themselves; they found inspiration in other women’s recovery and growth, enabling their own. Carol shared how other survivors supported and encouraged her to push towards and achieve her goals, having found the people who enable betterment within her:

“there’s just a connection and it’s providing me with all this, and I think I really was meant to meet [name] and these other women.”

Although participants reported other survivors aided their growth, Lucy expressed feeling “*triggered*” when reaching out for help from survivors and feeling “*ignored*”. This added to her sense of self-blame “*I felt like I was doing sommet wrong*” and stopped her from seeking support through them again.

Being guided to growth: How anyone we meet can contribute

Participants expressed the profound and meaningful impact the people they encountered had in enabling their growth. This was present through family support, and support from friends. Participants reported having family members take their children in for them or knowing that they have someone to turn to; Suzannah identified her mum as someone who “*has been there for me.*” This sentiment was shared by Lucy, who felt she received a level of support beyond that which she could comprehend and would not have achieved her growth otherwise: “*I would never have done it without my family.*”

Though participants found responses from family and friends helpful, Michelle shared how intergenerational trauma negatively influenced responses to IPA within her family: “*that is you know what’s kind of like what is expected, what is accepted.*” Michelle identified these responses as limiting her growth but also as fuel to aid her growth, in particular sharing her story and views with her mum and re-building a stronger supportive relationship together.

Participants perceived their growth as guided not only by close relationships but also through the everyday interactions and contact they had. Carol shared the profound impact a trainer’s words had in enabling her growth:

“I told him what other people said about me being confident and all these other things and I’m like, nah, I must be masking, and he said no, he says I see what everybody else sees. So at that point I can’t right okay, well, if he’s saying that, then it must be true.”

Janine expressed this, also acknowledging her growth was facilitated by the “*little acts of kindness*” people showed her through their understanding, care, and compassion: “*she used to own the local shop and she understood.*”

Services have the power to contribute to your growth: Getting the support right

Participants found meaning in their interactions with services and systems. Though participants had mixed feelings in relation to services, support was felt to be profound and meaningful to their growth when it was “*the right support at the right time*” (Suzannah). Participants reported services enabled “*turning points*” (Janine) in their life through showing understanding, providing safety, speaking up for and believing in them “*They [social workers] did believe in me*” (Lucy), as well as through practical support such as financial assistance. Participants were able to relate to and appraise their situation in a new way through this and saw the potential for change and growth within themselves:

“When they [doctors] said that to me it was like, oh my god you’re right, it’s not me I can’t control what he’s doing to me do you know what I mean and what’s happening to me.” (Janine)

This support not only came from formal healthcare structures, but through the everyday systems they encountered, and participants saw the potential for all systems to enable growth:

“thank God for [university], they paid my bond and my rent, my first month's rent for me while I got my Universal Credit sorted out and they were amazing and their welfare team was well, were brilliant.” (Carol)

Discussion

This study intended to explore, describe, and make sense of the experiences, processes, and meaning-making of PTG in female IPA survivors, providing an interpretative account to expand the current literature. More specifically, the study aimed to develop an understanding of how survivors grew and developed positively and made sense of this.

Participants' narratives highlighted their strengths, potential for growth, and journeys of empowerment. Survivors developed heightened insight into how their past experiences, and patriarchal society, shaped their values and life experiences. They were liberated from narratives placed on them not only as IPA survivors, but as women, and developed new perspectives of what it means to be a survivor, and to be them. They saw power in themselves and other survivors, developed stronger connections to themselves, others, and life, and moved from feeling invisible to mattering (Elliott et al., 2004; Prilleltensky, 2014), seeing themselves as making a difference to the world (Elliot et al., 2004). Mattering is ultimately broken down into two essential moments: recognition and impact (Prilleltensky, 2014). Participants recognised the signals from the world that they matter and saw their own impact and agency in what they do. These findings align with previous research highlighting the significance of changed perspectives in enabling recovery (Burse et al., 2022), development of a stronger self and greater connection to life and others (D'Amore et al., 2018; Elderton et al., 2017; Flasch et al., 2015; Flasch, 2020). Though the narratives were largely positive, these must be understood in the participants' contexts. The research focused on understanding PTG, therefore the sample included women who identified experiencing PTG. Participants may have been more likely to relate to PTG positively; given PTG is not universal (Calhoun et al., 2010), those who do not perceive growth may relate to the concept differently.

Despite positive experiences of PTG, stories of trauma and the challenges, variability, complexities, and nuances of growth were evident; suggesting the process of growth is complex, ongoing, and interconnected, occurring alongside the negative consequences of trauma. Research indicates that people fluctuate between struggle, distress, and growth (Flasch et al., 2015; Flasch, 2020; Lewis, 2018). However, in attempting to better understand the process, it has been outlined in phases or stages of recovery (Abrahams, 2010; Flasch, 2020; Wuest & Merriitt-Gray, 2001). Although, this research may suggest that growth is not a

linear process; that it is better understood as an ongoing journey or exploration which is continually evolving, as opposed to a destination with stages.

Individuals' unique and subjective experience of growth also adds a layer of complexity and nuance. Growth presents in varied ways, and for some, strategies considered maladaptive, (e.g., keeping people at arms-length), feel protective, and are deemed PTG, signifying a step forward. This is consistent with previous research, which found that aspects of recovery typically considered maladaptive can be adaptive (Brooks et al., 2021; London et al., 2020), and offers some explanation of how these processes are conceptualised as growth.

Literature looking to understand the process of growth, particularly after IPA, has focused on individual-level factors promoting growth (Brosi et al., 2020; Elderton et al., 2017; Henson et al., 2021). Factors, such as changed perspectives, insight, understanding, and coping skills, were contributors to growth, echoing previous literature (Brosi et al., 2020). Additionally, creativity and creative expression appeared particularly meaningful factors contributing to participants' growth, not previously found in a sample of abused women, expanding the literature in this area.

Whilst this research concurs that PTG is facilitated by individual-level factors, other people also appeared to contribute significantly. Establishing secure relationships is understood to promote PTG (Tedeschi & Calhoun, 2004), and research looking at PTG following childhood sexual abuse has found parenthood and supporting others to meaningfully contribute to growth (Lewis, 2018; Weetman, 2020). Additionally, research on IPA has found that children, family, and social relationships can be key to decisions to leave and the leaving process (Brosi et al., 2020; Elderton et al., 2017; Flasch, 2020). Furthermore, this research found parenthood, family, social relationships, and advocacy to meaningfully contribute to growth. It appeared that a drive to break cycles of abuse and provide love, care, and compassion to others powerfully aided growth, as well as safety, reliability, containment,

kindness, and practical support. Conversely, a lack of understanding, care, compassion, feeling unheard and experiences of blame and judgement inhibited growth.

Furthermore, growth does not appear to be a lone venture, and has been found to be aided by the experiences of community and coming together in collective trauma (Poulin et al., 2009; Rime et al., 2010; Wlodarczyk et al., 2016). This research similarly found collectivism to aid growth. It is well known that IPA affects not only the survivor but also the children in those relationships (Holt et al., 2008; McTavish et al., 2016). What became evident was, for those who had children, this was a journey taken together; hence growth occurred both for, with, and because of their children. The role of children and a shared growth experience has not previously been found within the PTG literature, providing a novel contribution to the existing knowledge base. Further to this, other IPA survivors appeared to significantly contribute to growth; through a shared understanding and belonging, survivors grew together as a “community”. There is little research on the role of peer support in enabling growth in IPA survivors and this research provides evidence of the significant role survivors can have.

Additionally, services have the potential to play a key role in the recovery from trauma (Abrahams, 2010; Anderson et al., 2012; Flasch, 2020), and as indicated in the previous chapter, there is much to be learnt about their role in contributing to growth. This research offers some evidence, as challenges of visibility, accessibility, misunderstanding, lack of trauma-informed approaches, misdiagnosis, blame, stigma, and prejudice within services were experienced as inhibiting growth. Alternatively, understanding, compassion, reactivity, trauma-informed approaches, safety, offering practical support, and advocacy were experienced as facilitating growth.

Spirituality is also indicated as an enabler and aspect of growth within the literature on trauma (Brooks et al., 2016) and IPA (Burse et al., 2022; Drumm et al., 2014; Taylor,

2004). Though one participant reported reconnecting with spirituality more meaningfully, this was not more widely reported within this research. There may be several reasons for this. One may be that this was something the participants did not report, particularly as the sample consisted of UK participants, and research suggests that within the UK individuals are less likely to affiliate with or report their religiosity (Lee, 2014). It may also have been due to a lack of diversity within the sample; spirituality and spiritual connection have been found to be present in research with some African American IPA survivors (Burse et al., 2022; Taylor, 2004). It is possible that the role of spirituality in PTG may differ across ethnicities, however, it is not suggested that a link would be found, were Black or other ethnic minorities interviewed. Additionally, it may be that as there were no specific questions on spirituality the opportunity to explore this was not provided. However, the questions were phrased in an open style so as not to restrict discussion to particular topics or influence participants' view of growth.

Clinical Implications

The findings have potential implications for support services and practitioners, in supporting and best meeting the distinctive needs of female IPA survivors. Throughout this research, it appeared that participants' views and experiences were unique to them, and that despite overall themes of agreement, individuals' needs differ. Considered formulation would likely help highlight the varying needs of individuals. However, it is imperative that individuals working with survivors establish a trusting relationship, which promotes empowerment, creates safety, choice, understanding, care, and compassion, as well as being non-confrontational, open, honest, non-judgemental, and non-blaming.

More widely, knowledge about trauma-informed approaches (Sweeney & Taggart, 2018) and the potential for PTG following IPA would be helpful for the services and systems supporting survivors. It is important to dismiss myths that individuals subject to trauma

“can’t succeed”, as research has consistently found individuals can grow “stronger”, whilst balancing this with the knowledge that growth is not an inevitability or expectation and does not occur for all (Calhoun et al., 2010; Joseph & Linley, 2006). This research found that when services got the support “right”, they had a profound impact on recovery and growth, and it is indicated that more client-centred, experiential, and existential therapies may be valuable to facilitate growth (Joseph & Linley, 2006). It is crucial services work in trauma-informed ways which encourage adaptation and enable growth (Sweeney & Taggart, 2018), reduce the use of the medical model approach to understand survivors needs, and instead use psychological models to develop greater understanding of individuals and their needs (Macneil et al., 2012; Rainforth & Laurensen, 2014).

Further to the above, higher-level intervention at a political level is needed. Despite a number of policies, regulations and laws in place to safeguard and protect IPA survivors, they continue to face increased risk and feel unsafe (Hulley et al., 2022) Therefore review of these becomes imperative (Hulley et al., 2022), firstly, to reduce the high levels of IPA victimisation (ONS, 2022), secondly to ensure adequate safeguarding and support of survivors is available, and thirdly to ensure the distinct needs of this survivor group are best met. Services may benefit from further standards related to the quality and level of training for staff working with survivors, and around safeguarding practices to reduce the risks when leaving an abusive relationship.

Future Research

Despite increasing research around growth following IPA, there remains a lack of diversity within samples. Studies should aim to recruit survivors from a greater diversity of backgrounds, in particular collectivist communities, males, and same-sex partners.

Alternative recruitment strategies (e.g., snowball sampling, bigger advertisement campaigns)

may increase the engagement of individuals for whom services are not accessible, or those who are less likely to seek help through formal services.

More research is required to explore PTG following IPA, as there is still much to learn about the complexities and evolution of growth. A focus on better understanding of strategies considered maladaptive, and how these are conceptualised as growth, may be relevant. Additionally, it may be helpful to explore creativity and expression, and how this contributes to growth for specific individuals. Finally, better understanding of socio-ecological and systemic factors, (e.g., mental health and social support services, the CJS, housing, refuge shelters) in contributing to growth would be beneficial.

Strengths & Limitations

These findings provide further evidence of the growth journeys of female IPA survivors and an understanding of their meaning-making of this. The research offers detailed insight into the interconnecting, multi-faceted process of PTG and managing distress in the aftermath of IPA. It offers new insights into the power of growing together, particularly with children and survivors. This evidence may provide a framework to better understand the complexities of recovery from IPA and how growth experiences are understood. It is hoped the findings can inform future research in this area and be used to support organisational provision and clinical practices for IPA survivors.

Despite the above, the research has several methodological limitations. Firstly, the sample consisted of Western females, all of whom were white and may have different views and experiences of growth than survivors from other ethnicities. Though the researcher attempted to recruit a more diverse sample, the attempts were unsuccessful and may suggest that alternative approaches are required to reach other groups. As already discussed, research with African American communities found spirituality to be prominent in growth (Burse et

al., 2022; Taylor, 2004). This may indicate that growth is experienced differently in different cultures and may mean these results do not represent other cultures.

Additionally, experiences of IPA can vary across cultures; participants in this research came from an individualistic culture. Individuals from collectivist cultures and countries where women have less authority and autonomy may experience IPA and the possibility of growth differently. It is understood that for some individuals in those cultures, IPA can be deemed societally acceptable and considered justifiable (Midlarsky et al., 2006; Sardinha & Catalán, 2018); therefore, leaving an abusive relationship can be particularly challenging due to the patriarchy and perceived gender roles (Garg, 2021). Within these cultures, it is suggested that characteristics such as putting the family before the self, stigmas of divorce, lack of support systems, invalidation, and joint family set-up may increase the occurrence and tolerance of IPA (Midlarsky et al., 2006). Conversely, this is not the experience for all and cultural factors such as collaboration to build a better societal or family unit, less privacy, the shame of being an abuser, and individuals' needs being sought and fulfilled through the group rather than the individual are indicated to prevent the occurrence of IPA (Midlarsky et al., 2006). This indicates that abuse and growth experiences may vary across cultures, and those differing perspectives were unlikely to have been captured in this sample.

A further limitation of the research is that most participants were recruited through the same organisation. This organisation connects strongly with the concept of PTG and aims to explore and encourage this in its service users. It is therefore possible that participants overall experience of growth may have been influenced by the views and concepts shared within the organisation and may not reflect the views of other individuals. However, the individual recruited through social media shared similar views and experiences. Additionally, as the interviews progressed, it appeared participants brought their own stories and though the organisation was a part of this, it was not the focus of their overall story and journey to

growth. This recruitment method may explain the consensus and limited disparities in the dataset; much of the data gave a view of PTG as a positive, adaptive, and welcomed process. However, this does not take away from the wider debate around the veracity of growth and that growth is not inevitable, it does not occur for all, and for some the concept may feel unhelpful (Infurna & Jayawickreme, 2021)

A final limitation is that many individuals identified experiencing multiple traumas. As is understood, trauma responses can inadvertently lead to further trauma (van der Kolk, 2014), and given the interconnectedness of trauma it is not possible to separate them. Although this study focused on IPA survivors and growth beyond this, it is possible that the experiences of growth are not solely born out of their IPA experience but may come through their trauma experiences more broadly (Brooks et al., 2021).

Conclusion

Despite the challenges of IPA and the trauma and difficulties this can bring, participants experienced profound, meaningful, and purposeful positive transformation resulting out of those struggles. Growth was reported not to be a destination but a continually evolving process. Participants identified growth in: (re)exploring safety and power, (re)finding their voice, feeling liberated, connecting with a stronger sense of self, developing more meaningful inter and intrapersonal relationships, and greater appreciation for and purpose in life. It appeared that growth was a journey of liberation whereby survivors were free to experience, and open to the possibilities of life without the limitations of abusers or systems. Growth appeared to be aided by the individual and those around them and this research offers some understanding of the role of social systems and structures in contributing to PTG. Additionally, the study highlights the importance of increased training for services in trauma-informed approaches, and the potential for positive, adaptive recovery.

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Appendix 1: Author Guidelines: Journal of Trauma, Violence and Abuse

The full guidelines can be retrieved from: <https://journals.sagepub.com/author-instructions/TVA>

Manuscript Preparation

Manuscripts should be prepared using APA style, and be no longer than 40 double-spaced pages, including references, tables, and figures. Text must be 12-point Times New Roman font. Manuscripts must include margins of 1 inch on all sides and pages must be numbered sequentially.

Abstract. Include an abstract of up to 250 words describing the topic of review, method of review, number of research studies meeting the review criteria, criteria for inclusion, how studies were identified, and major findings.

Keywords. 5-7 keywords must be included.

Tables. Should be structured properly and have a clear and concise title.

Figures. Should be numbered consecutively in the order they appear in the text and must include figure captions.

References. References and citations should follow APA guidance. Reference lists should be arranged alphabetically according to the author's last name. If there is more than one work by the same author, order them according to publication date. Capitalise only the first word of the title and subtitle, if there is one, and any proper names (i.e., words that are normally capitalised).

Appendix 2: Author Guidelines: Journal of Traumatology

The full guidelines can be retrieved from: <https://www.apa.org/pubs/journals/trm>

Manuscript Preparation

Prepare manuscripts according to the Publication Manual of the American Psychological Association using the 7th edition. Double-space copy. Manuscripts should be 30 pages and under (excluding references and tables/figures). Use 1-inch margins on every side of the page. Permitted fonts include: sans serif fonts (e.g., 11-point Calibri), serif fonts (e.g., 12-point Times New Roman). Number all pages, inserting the page number in the top right corner.

Additional guidance on APA Style is available here: [APA Style website](#).

Abstract. Manuscripts must include an abstract containing a maximum of 250 words on a separate page.

Keywords. After the abstract, supply up to five keywords or brief phrases.

Tables. Embed within the text after they are first mentioned. If on the same page as text, place at the top or the bottom of the page and insert a blank double-spaced line to separate from the text.

References. References and citations should follow the APA 7th style guide. List references in alphabetical order.

Appendix 3: Journal Summary Tables

Critical Findings

Shelters, housing, and public services were commonly used in IPA survivors' recovery and have the potential to facilitate positive change.

Access to systemic resources, (e.g., housing, employment, and education) were meaningful in recovery.

Survivors' experiences of developing safety, stability, and resource within services and through access to resources are critical to enable them to remain out of the relationship.

Empathic, compassionate, and understanding responses within services appeared important in facilitating positive recovery, conversely the lack of this inhibited recovery.

Specialist services were particularly profound in recovery through promoting second-order change.

Restrictive practices, as well as current laws and regulations resulted in survivors feeling disempowered and unsafe, and inhibited their potential for recovery.

Supportive networks such as family and friends enabled recovery through providing safety, security, resource, understanding, and compassion.

Children and other survivors were particularly meaningful contributors to survivors' positive recovery.

Spirituality encouraged recovery both through the interpersonal relationship survivors created with their faith, as well as the wider church community.

Implication for Policy, Practice and Research

A review of funding and service structure is warranted, particularly in relation to specialist provision (e.g., psychological professionals), to ensure survivors needs are met.

Use of trauma-informed models and formulation-based approaches may better enable services to meet the complex and multi-faceted needs of IPA survivors (Macneil et al., 2012; Rainforth & Laurenson, 2014).

Working in systemically-informed ways, incorporating family and wider support networks into therapy, may be valuable to services and survivors, enabling higher-level change, resilience, and growth (Brosi et al., 2020; Grych et al., 2015).

A review of current, laws, policies, and regulations to better protect IPA survivors is needed to reduce victimisation, and increase survivorship and thriving (Hulley et al., 2022).

Further research to understand more about “how” services contribute to recovery is warranted, as well as the role of different systems/services (e.g., housing, police, social services) in survivors’ recovery.

Further research exploring the role of children and peer support in recovery would be beneficial.

Much of the current literature is based in Western cultures and ideologies, therefore conducting this research in other cultures would be beneficial to learn more about positive recovery in other cultures.

It may be beneficial to review how service provision and equitability influences IPA survivors’ recovery, as much of research has been conducted in the USA where health inequalities are prevalent (Dickman & Himmelstein, 2017), with survivors likely to be affected by these health inequities.

Appendix 4: Data Extraction Table

Headings	Guidance	
Full reference		
Year		
Country		
Setting	e.g., Domestic abuse shelter	
Aims/ Objectives		
Design	e.g., Qualitative	
Type of data collection	e.g., semi-structured interviews	
Sample Characteristics	Age Ethnicity Relationship Status	
N =		
Type of analysis	e.g., IPA	
Findings related to interpersonal factors	e.g., supportive family networks	
Findings related to systemic factors	e.g., strained relationships with police	
Main conclusions	e.g., positive service experience promotes positive recovery	

Appendix 5: Critical Appraisal Skills Programme (2018)



CASP Checklist: 10 questions to help you make sense of a **Qualitative** research

How to use this appraisal tool: Three broad issues need to be considered when appraising a qualitative study:

- ▶ Are the results of the study valid? (Section A)
- ▶ What are the results? (Section B)
- ▶ Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is “yes”, it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a “yes”, “no” or “can’t tell” to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

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Paper for appraisal and reference:

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes	
Can't Tell	
No	

- HINT: Consider
- what was the goal of the research
 - why it was thought important
 - its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes	
Can't Tell	
No	

- HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
 - Is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes	
Can't Tell	
No	

- HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

4. Was the recruitment strategy appropriate to the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
 - If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
 - If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
 - If methods were modified during the study. If so, has the researcher explained how and why
 - If the form of data is clear (e.g. tape recordings, video material, notes etc.)
 - If the researcher has discussed saturation of data

Comments:

6. Has the relationship between researcher and participants been adequately considered?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:

8. Was the data analysis sufficiently rigorous?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
 - To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider whether

- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
 - If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments:

Appendix 6: Sample Characteristics: Ethnicities

Ethnicity	<i>n</i>
African American	13
African	1
American Indian	1
Anglo Celtic	5
Argentinian	1
Asian American	1
Asian Pacific Islander or Native American	2
Black	38
Black/White/multiple heritage	1
Bolivian	26
Caucasian/White/American	92
Colombian	1
Dutch	1
European American	4
Hispanic	6
Hispanic/mixed-Hispanic	2
Hungarian	1
Indian	1
Indigenous Australian	1
Italian	4
Latina/Latinx	18
Latin American	3
Maltese	1

Mongolian	11
Moroccan	2
Multiracial	13
Native American	10
Nigerian	2
Other	8
Pakistani/American	1
Peruvian	1
Romanian	1
Spanish	66
White African-American	1
White/Israeli	1
White Latina	1
White Native American	1

Appendix 7: Research Review Committee Approval



Lauren Haythornthwaite
Clinical Psychology Trainee
Doctorate in Clinical Psychology Programme
University of Liverpool
L69 3GB

D.Clin.Psychology Programme
Division of Clinical Psychology
Whelan Building, Quadrangle
Brownlow Hill
LIVERPOOL
L69 3GB

Tel: 0151 794 5530/5534/5877
Fax: 0151 794 5537
www.liv.ac.uk/dclinpsychol

24 September 2021

RE: Experiences of Post-Traumatic Growth Following Intimate Partner Violence: Survivors' Narratives

Trainee: Lauren Haythornthwaite

Supervisors: Gundi Kiemle, Michelle Lowe and Robert Balfour

Dear Lauren,

Thank you for the submission of your amended proposal to the Chair of the D.Clin.Psychol. Research Review Committee.

I can now confirm that your amended proposal and budget meet the requirements of the committee and have been approved by the Committee Chair.

Please take this Chairs Action decision as **final** approval from the committee.

You may now progress to the next stages of your research.

I wish you well with your research project.

Dr Steven Gillespie
Vice Chair D.Clin.Psychol. Research Review Committee

A member of the
Russell Group

Dr Laura Golding
Programme Director
l.golding@liv.ac.uk

Dr Gundi Kiemle
Academic Director
gkiemle@liv.ac.uk

Dr Jim Williams
Joint Clinical Director
j.r.williams@liv.ac.uk

Dr Beth Greenhill
Joint Clinical Director
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Dr Ross White
Research Director
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Mrs Sue Knight
Programme Co-ordinator
sknight@liv.ac.uk

Appendix 8: Ethical Approval



Central University Research Ethics Committee A

15 March 2022

Dear Dr Kiemle

I am pleased to inform you that your application for research ethics approval has been approved. Application details and conditions of approval can be found below. Appendix A contains a list of documents approved by the Committee.

Application Details

Reference: 10580
Project Title: Positive Growth and Change in Female Survivors of Domestic Abuse
Principal Investigator/Supervisor: Dr Gundi Kiemle
Co-Investigator(s): Mrs Lauren Haythornthwaite
Lead Student Investigator: -
Department: Primary Care & Mental Health
Approval Date: 15/03/2022
Approval Expiry Date: Five years from the approval date listed above

The application was **APPROVED** subject to the following conditions:

Conditions of approval

Please note: Any research ethics approval granted will be subject to the University's Policies on research during the pandemic.

Please ensure you are familiar with the latest guidance on conducting research during the pandemic. The guidance is available on the [research ethics webpages](#).

- All serious adverse events must be reported to the Committee (ethics@liverpool.ac.uk) in accordance with the procedure for reporting adverse events.
- If you wish to extend the duration of the study beyond the research ethics approval expiry date listed above, a new application should be submitted.
- If you wish to make an amendment to the study, please create and submit an amendment form using the research ethics system.
- If the named Principal Investigator or Supervisor changes, or leaves the employment of the University during the course of this approval, the approval will lapse. Therefore it will be necessary to create and submit an amendment form within the research ethics system.
- It is the responsibility of the Principal Investigator/Supervisor to inform all the investigators of the terms of the approval.

Kind regards,

Central University Research Ethics Committee A

ethics@liverpool.ac.uk

CUREC-A

Appendix 9: Participant Information Sheet

The terminology used in participant facing materials differs to the terminology used throughout the thesis. IPA refers to the abuse which occurs within intimate relationships and is used throughout the thesis. However, on discussion with the EbE it was identified that the recognised terminology by survivors was domestic abuse, which refers to familial and partner relationship abuse. To recognise survivors' voices and increase study viability and suitability, the term domestic abuse was used in participant facing materials.



Participant Information Sheet

Study Title: Positive Growth and Change in Female Survivors of Domestic Abuse

My name is Lauren Haythornthwaite, I am a trainee Clinical Psychologist studying at the University of Liverpool. I am part of a research team running a study that aims to explore the experiences of positive change and growth in female survivors of domestic abuse. We hope to learn more about what supports people to make these positive changes, and how they make sense of their experience of positive change and growth.

You are being invited to participate in a research study. Before you decide whether to participate, it is important for you to understand why the research is being carried out and what it will involve.

Please take time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand.

Please feel free to discuss this with your friends and family if you wish. We would like to stress that you do not have to accept this invitation and you should only agree to take part if you want to.

Thank you for reading this.

1. What is the purpose of the study?

1.1 Past research

Previous research has found that female survivors of domestic abuse can experience a range of difficulties in relation to their mental health, parenting, physical health, and employment following their abuse. This is not surprising due to the many challenges people face in such a relationship.

There are also studies however which show that some female survivors of past traumas, such as sexual abuse, have experienced positive changes following their abuse. This research has found that it is not the abuse itself which results in positive change, but the survivor's response to this and how they manage the difficulties they face, which in turn enables them to grow and change, and it is through this that positive change is believed to occur.

Additionally, there is previous research that has found that through this same process some female survivors of domestic abuse have experienced positive change following their abuse; however, there is limited research exploring females' experiences of positive change following domestic abuse.

1.2 Current Study

The aim of this study therefore is to explore and make sense of any positive changes experienced by female survivors of domestic abuse. These changes may include female survivors having been able to offer support to others or rediscover their sense of self. Therefore, this study aims to explore how these positive changes may have occurred, how survivors themselves understand this positive change and growth, and what factors may have helped female survivors to grow positively following their abuse.

2. Why have I been chosen to take part?

This study is looking specifically at (1) adult (aged 18 or over) females (2) who have experienced domestic abuse as an adult (aged 18 or over), and who (3) self-identify as having experienced positive change and growth following their experience of abuse.



A number of services that provide support to female survivors of domestic abuse were approached to take part in this study. You are receiving this information as the service has identified you as someone that may wish to take part in the study. If you meet the inclusion criteria stated above, you may be invited to take part in this study, if you wish.

3. Do I have to take part?

No, taking part is completely voluntary. You can refuse to take part and you do not have to provide a reason without incurring any disadvantage or penalty.

4. What will happen if I take part?

You will initially be asked to complete a demographic form, this is a short questionnaire collecting demographic data such as your age, gender and sexuality. You will also be invited to attend a single interview with Lauren Haythornthwaite (lead researcher) which will be conducted using the online platform Zoom, the interview will last between 60 and 90 minutes. You can choose to take part in the interview where you like i.e., your home, however it is important that this be a confidential and quiet space, as well as this being a space where you feel safe. It is important you are in a space where you feel you will not be interrupted or overheard; it may also be useful to have arranged to have someone you can contact after the interview should you wish to talk with someone following the interview. It is also possible for you to speak with Lindsay Oliver (CEO of New Beginnings) for a debrief following the interview if you wish to do so.

4.1 What will the interview cover

The interview will not ask for specific details around your experience of the abusive relationship but will more broadly cover topics such as how you felt at the time, your identity at the time, the general context around your abuse experience, and most importantly how you have experienced positive change and growth, what helped you achieve this and how you have understood or made sense of this process. The focus of the interview will be to explore more about your experience of positive change following the abuse, and the questions will focus on how you grew positively, what supported you to grow and how you made sense of your positive changes. You will not be asked questions about any specific incidents which occurred throughout the relationship.

4.2 What happens with my information after the interview

The interview will be video and audio recorded on Zoom so that the researcher can consider your responses in detail at another time and use the videos to recall the non-verbal communication in the room. The audio data will be transcribed two weeks later by a university approved transcriber who will treat this information in confidence, upload it to computer software, and then the Zoom recording will be deleted. All personal information and identities will be kept anonymous and referred to using a pseudonym and reference number, excluding participants' first names for those who opt to have their first name included in the research publications. Once the study has finished, a brief lay summary of the findings will be made available which will be shared with participants at their request.

4.3 Sharing of information

If you were to share any information which indicated to the researcher that you or someone you know may currently be in a situation which could cause you or them harm, the researcher would be required to share this information.

If this were to occur the interview would be stopped and you would be informed by the researcher that they are required to share the information. This would initially be shared with the supervisory team and if necessary, referrals to the relevant services i.e., social care, mental health services would be completed. You would be supported throughout this process by the research team. The domestic abuse charity New Beginnings would also be able to offer further support if you felt this was needed.



5. How will my data be used?

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of 'public task', and in accordance with the University's purpose of 'advancing education' learning and research for the public benefit.

Under UK data protection legislation, the University acts as the data controller for personal data collected as part of the University's research. The principal investigator, Dr. Gundi Kiemle, and lead researcher, Lauren Haythornthwaite, act as the data processors for this study and any queries relating to the handling of your personal data can be sent to: gkiemle@liverpool.ac.uk and/or lauren.haythornthwaite@liverpool.ac.uk.

Further information on how your data will be used can be found in the table below.

How will my data be collected?	The data will be collected using an online demographic form/questionnaire, this is a short questionnaire collecting information about yourself, such as your age, gender and sexuality. Data will also be collected via video/audio recording and in consent forms.
How will my data be stored?	All data produced during this study will be stored in a password-protected file on the University of Liverpool's secure server (M drive).
How long will my data be stored for?	<p>Your personal information, i.e., your name and email address will be stored on the University of Liverpool's secure M drive. This data will be permanently deleted 4 weeks following overall data collection for the study. Any emails you send to the researcher will also be deleted by the researcher 4 weeks following completion of your interview.</p> <p>The recordings of the interview will be stored on the University of Liverpool's secure M drive. The recordings will be permanently deleted following transcription which will occur approximately 2 weeks following your interview.</p> <p>Your anonymised demographic forms and transcripts will be stored in the University of Liverpool's secure M drive for a minimum of 10 years.</p> <p>Data will be stored, managed, and disposed of in accordance with the Data Management Policy at the University of Liverpool.</p>
What measures are in place to protect the security and confidentiality of my data?	All of the data will be stored in password-protected files on the University of Liverpool's secure server (M drive), the password of which will only be known by the researcher and their supervisors.



	<p>Identifiable information, video/audio recordings and demographic information will be held in separate folders and protected by different passwords.</p> <p>Your personally identifiable information and video/audio recordings will be held no longer than necessary for their purpose.</p>
Will my data be anonymised?	<p>Yes. You will be asked to choose a pseudonym of your choice by which you will be known in the research, unless you opt to have your first name used in the research paper. You will also be provided with a code which corresponds to your interview.</p>
How will my data be used?	<p>The information you provide will contribute to our understanding of how people experience and make sense of positive change which can occur following experiences of domestic abuse. This project will be written up as a doctoral dissertation and submitted to the University of Liverpool. In addition, the findings of this research will be published in a journal article and presented at research/ clinical conferences. Additionally, a brief summary document will be made and shared with the relevant NHS, charitable and 3rd sector organisations. The confidentiality and anonymity of your data will be maintained, and it will not be possible to identify you in any publications. Direct quotes may be taken from your interview and included in the doctoral dissertation, journal article and research/clinical conferences. You would not be personally identifiable from these quotes, any identifiable information would be taken out and replaced with a generic descriptor i.e., if you said the name of your workplace this would be replaced with the word 'workplace'; however, your real first name (if chosen by you to be used) or pseudonym of your choice would be used next to the quote.</p>
Who will have access to my data?	<p>The data produced in the course of this study will be owned and accessed by the research team, the data will not be made available to other researchers or shared with anyone outside of the research team. Identifiable information, video/audio recordings and demographic information will be held in the university of Liverpool's secure drive and will be password protected. The primary supervisor and student researcher will have access to this data and the passwords. All research</p>



	supervisors will have access to anonymised interview transcripts.
Will my data be archived for use in other research projects in the future?	No, your data will not be made available for use in future research projects.
How will my data be destroyed?	The management of your data will remain the responsibility of Lauren Haythornthwaite until the completion of the doctoral program. The present research intends to conclude in June 2023 with the submission of the doctoral dissertation. At that point, the data will be transferred to Dr Gundi Kiemle, who will act as the Data Custodian. Dr Kiemle will ensure secure storage and disposal of your data in line with the University of Liverpool's Data Storage/Destruction guidelines.

6. Expenses and / or payments

If you decide to take part in the study, you will receive a £20 shopping voucher as an expression of thanks and to compensate you for your time.

7. Are there any risks in taking part?

It is possible that the interview will bring up topics you may find distressing to talk about. As part of this it may be that the interview brings up some distressing thoughts, feelings, sensations, images, or memories. You do not have to answer all of the questions and you can ask for the interview to be paused or stopped altogether at any time without giving any explanation. If possible, it is important that you make the researcher aware of any discomfort you experience so this can be best managed at the time. To best support you throughout the interview, please indicate any distress to Lauren Haythornthwaite (who will be conducting the interview). Lauren is currently completing her Clinical Psychology training. She has a clinical background and experience of working with individuals who were subjected to domestic abuse.

Following the interview, you will be able to contact Lauren Haythornthwaite (lead researcher) at lauren.haythornthwaite@liverpool.ac.uk or Dr. Gundi Kiemle (primary supervisor) at gkiemle@liverpool.ac.uk should you have any questions, concerns or wish to discuss the support you might need following the interview, you can also discuss these with Lauren Haythornthwaite at any time prior to, during or immediately after the interview. If you experience any distress, discomfort, or disadvantage as part of this research please contact Lauren or Gundi without delay. You will also be provided with a debrief sheet on completion of the interview with the details of services which you may find helpful. Additionally, the domestic abuse charity New Beginnings has offered support to individuals who participate in the study should they wish to access this. Individuals are able to access the charity for post-interview support with the offer of one-off support from a psychotherapist should you wish to access this.

8. Are there any benefits in taking part?

There are no direct benefits for participants to taking part in this study, although some participants may find that participation supports further growth. The findings, however, should help professionals' understanding of the positive changes experienced by female survivors of domestic abuse, specifically in relation to the processes in how this may have occurred and what factors have helped female survivors' growth.

9. What will happen to the results of the study?



When the research concludes, all the information provided will be analysed, reported, and submitted to the University of Liverpool. In addition, the study will be published in a psychological journal and may be presented at clinical or research conferences. Additionally, a poster and short briefing document will be made and shared with relevant NHS, charitable and 3rd sector organisations to hopefully promote and inform more trauma informed practices. You will not be identifiable in any written work from the information you provide, unless you consented to your first name being used in the research publication, however this would be identifiable only to yourself.

10. What will happen if I want to stop taking part?

You are free to withdraw from the interview at any time, for any reason, and you do not have to provide the reason for your withdrawal. The responses that you have given up to the point of withdrawal from the interview may still be used if you are happy with this. If you chose to take part but later decide that you do not wish for your information to be part of the study, you may withdraw by contacting the researchers via email on:

lauren.haythornthwaite@liverpool.ac.uk and/or gkiemle@liverpool.ac.uk for up to two weeks after your interview. Beyond this time, it is not possible to withdraw your data as transcription and analysis will be taking place and thereafter your anonymised data will be retained and used as part of the analysis. You will be provided with a code that corresponds with your interview with the researcher, in order for your information to be stored anonymously but identified if you wish to withdraw.

11. What if I am unhappy or if there is a problem?

If you are unhappy, or if there is a problem, please feel free to let us know by contacting Dr Gundi Kiemle via email on: gkiemle@liverpool.ac.uk or phone on: 0151 795 7542 and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Ethics and Integrity Office at ethics@liv.ac.uk. When contacting the Research Ethics and Integrity Office, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

12. Where can I access additional support/information?

Mental Health and wellbeing	
<p>Improving Access to Psychological Therapies (IAPT)</p> <p>IAPT offers talking therapies to support individuals who may be struggling with anxiety and/or depression. If you feel this may be helpful you can discuss referral to the service with your GP or you can self-refer.</p>	<p>W: https://www.nhs.uk/service-search/find-a-psychological-therapies-service/</p>
<p>Samaritans</p> <p>If you are having a difficult time or struggling to cope, or need someone to talk to, you can contact the Samaritans. The service is available 24 hours a day, 365 days a year.</p>	<p>T: 116 123</p> <p>W: https://www.samaritans.org</p> <p>E: jo@samaritans.org</p> <p>Text "SHOUT" to 85258 to contact the Shout Crisis Text Line</p>



<p style="text-align: center;">Find a local NHS urgent mental health helpline</p> <p>NHS urgent mental health helplines are for people of all ages.</p> <p>You can call for:</p> <ul style="list-style-type: none"> • 24-hour advice and support - for you, your child, your parent, or someone you care for • help to speak to a mental health professional • an assessment to help decide on the best course of care. 	<p>T (Wales): 0800 132 737</p> <p>W (England): https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline</p> <p>W (Wales): https://sbuhb.nhs.wales/urgent-care-out-of-hours/mental-health-crisis/</p> <p>W (Scotland): https://www.nhsinform.scot/self-help-guides/self-help-tool-get-help-with-your-mental-wellbeing</p>
<p style="text-align: center;">CALM</p> <p>CALM is the Campaign Against Living Miserably for people in the UK who are down or have hit a wall for any reason.</p>	<p>T: 0800 58 58 58 (daily, 5 pm to midnight)</p> <p>W: https://www.thecalmzone.net</p>
<p style="text-align: center;">Hub of Hope</p> <p>No matter what you're going through, you should not have to do it alone. The Hub of Hope is a national database that brings together local mental health services.</p>	<p>W: https://hubofhope.co.uk</p>
<p style="text-align: center;">MIND</p> <p>If you would like advice, guidance, information, or support concerning various mental health difficulties, visit MIND.</p>	<p>W: https://www.mind.org.uk</p>
Domestic Abuse services	
<p style="text-align: center;">Women's Aid</p> <p>Women's Aid is an organisation working to support those subjected to domestic abuse, who aim to build a future where domestic abuse is not tolerated. If you would like help or advice, you can contact Women's Aid.</p>	<p>W: https://www.womensaid.org.uk</p> <p>E: helpline@womensaid.org.uk</p> <p>Women's aid also offer a live chat service which is available Monday-Sunday 10am-6pm, this can be accessed here: https://chat.womensaid.org.uk</p>
<p style="text-align: center;">Refuge</p> <p>Refuge is a charitable organisation who can offer support and advice to individuals who were subjected to domestic abuse. They offer refuges,</p>	<p>T: 0808 2000 247</p> <p>W: http://www.nationaldahelpline.org.uk/</p>



<p>independent advocacy, community outreach, culturally specific services and a 24-hour national helpline. If you would like help or advice, you can contact Refuge.</p>	<p>Refuge also offers a live chat service which is available Monday-Friday 3pm-10pm, this can be accessed here: https://www.nationaldahelpline.org.uk/en/Chat-to-us-online</p>
<p>Halo Project</p> <p>The Halo Project is a national charity that will support victims of honour-based violence, forced marriages, FGM and other forms of abuse by providing advice and support.</p>	<p>T: 01642 683 045</p> <p>W: http://www.haloproject.org.uk/</p> <p>E: info@haloproject.org.uk</p> <p>The Halo Project also offer a live chat service which is available Monday-Friday 8am-10am and 6pm-9pm and Saturday and Sunday 10am-2pm, this can be accessed through their website: http://www.haloproject.org.uk/</p>
<p>New Beginnings</p> <p>New Beginnings is an after-crisis support service for women and their children who have survived domestic abuse based in the Harrogate District. They can provide both group based, peer support based and 1:1 advice or support.</p>	<p>T: 07852 786278</p> <p>W: https://www.newbeginningspeersupport.com</p> <p>E: enquiries@newbeginningspeersupport.com</p>

13. Who can I contact if I have further questions?

If you have any questions or wish to receive further information you can contact the lead researcher or principal investigator:

Lauren Haythornthwaite

Trainee Clinical Psychologist
 DClinPsy Programme
 University of Liverpool
 Eleanor Rathbone Building
 Liverpool
 L69 7ZA
lauren.haythornthwaite@liverpool.ac.uk
 Tel: 0151 795 7542

Dr Gundi Kiemle

Clinical Psychologist and Psychotherapist
 Academic Director & Admissions Tutor
 DClinPsy Programme
 University of Liverpool
 Eleanor Rathbone Building
 Liverpool
 L96 7ZA
gkiemle@liverpool.ac.uk
 Tel: 0151 795 7542

Thank you for taking the time to read this information sheet.

Appendix 10: Debrief Sheet



Study Title: Positive Growth and Change in Female Survivors of Domestic Abuse

Participant Debrief Sheet

Thank you for participating in this study regarding positive change following experiences of domestic abuse. Your contribution to this research is greatly appreciated as the data collected will be used towards a research dissertation for the doctorate in clinical psychology programme. It is hoped that the research will be published and therefore contribute to the gap in the research around survivors of domestic abuse. It is also hoped that the information will be shared with the relevant NHS, charitable and 3rd sector organisations to promote and inform more trauma informed approaches. The study aims to explore and understand how positive changes may have occurred, how survivors understand this positive change and growth and what factors may have helped female survivors to grow following their abuse.

It is possible that the interview may have raised topics or areas which you may have found distressing to talk about, if this is the case please contact your GP to ask for help, such as referral to a service that could offer appropriate psychological support. Additionally, Lindsay Oliver (CEO New Beginnings) will be available to offer post-interview support if you feel this would be helpful, she can be contacted via email on: enquiries@newbeginningspeersupport.com or phone on: 07852 786278. Please also find below a list of services which you may find helpful.

Mental Health and wellbeing	
<p>Improving Access to Psychological Therapies (IAPT)</p> <p>IAPT offers talking therapies to support individuals who may be struggling with anxiety and/or depression. If you feel this may be helpful you can discuss referral to the service with your GP or you can self-refer.</p>	<p>W: https://www.nhs.uk/service-search/find-a-psychological-therapies-service/</p>
<p style="text-align: center;">Samaritans</p> <p>If you are having a difficult time or struggling to cope, or need someone to talk to, you can contact the Samaritans. The service is available 24 hours a day, 365 days a year.</p>	<p>T: 116 123</p> <p>W: https://www.samaritans.org</p> <p>E: jo@samaritans.org</p> <p>Text "SHOUT" to 85258 to contact the Shout Crisis Text Line</p>
<p style="text-align: center;">Find a local NHS urgent mental health helpline</p> <p>NHS urgent mental health helplines are for people of all ages.</p> <p>You can call for:</p> <ul style="list-style-type: none"> • 24-hour advice and support - for you, your child, your parent, or someone you care for • help to speak to a mental health professional • an assessment to help decide on the best course of care. 	<p>T (Wales): 0800 132 737</p> <p>W (England): https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline</p> <p>W (Wales): https://sbuhb.nhs.wales/urgent-care-out-of-hours/mental-health-crisis/</p> <p>W (Scotland): https://www.nhsinform.scot/self-help-guides/self-help-tool-get-help-with-your-mental-wellbeing</p>



<p>CALM</p> <p>CALM is the Campaign Against Living Miserably for people in the UK who are down or have hit a wall for any reason.</p>	<p>T: 0800 58 58 58 (daily, 5 pm to midnight)</p> <p>W: https://www.thecalmzone.net</p>
<p>Hub of Hope</p> <p>No matter what you're going through, you should not have to do it alone. The Hub of Hope is a national database that brings together local mental health services.</p>	<p>W: https://hubofhope.co.uk</p>
<p>MIND</p> <p>If you would like advice, guidance, information, or support concerning various mental health difficulties, visit MIND.</p>	<p>W: https://www.mind.org.uk</p>
<p>Domestic Abuse services</p>	
<p>Women's Aid</p> <p>Women's Aid is an organisation working to support those subjected to domestic abuse, who aim to build a future where domestic abuse is not tolerated. If you would like help or advice, you can contact Women's Aid.</p>	<p>W: https://www.womensaid.org.uk</p> <p>E: helpline@womensaid.org.uk</p> <p>Women's aid also offer a live chat service which is available Monday-Sunday 10am-6pm, this can be accessed here: https://chat.womensaid.org.uk</p>
<p>Refuge</p> <p>Refuge is a charitable organisation who can offer support and advice to individuals who were subjected to domestic abuse. They offer refuges, independent advocacy, community outreach, culturally specific services and a 24-hour national helpline. If you would like help or advice, you can contact Refuge.</p>	<p>T: 0808 2000 247</p> <p>W: http://www.nationaldahelpline.org.uk/</p> <p>Refuge also offers a live chat service which is available Monday-Friday 3pm-10pm, this can be accessed here: https://www.nationaldahelpline.org.uk/en/Chat-to-us-online</p>
<p>Halo Project</p> <p>The Halo Project is a national charity that will support victims of honour-based violence, forced marriages, FGM and other forms of abuse by providing advice and support.</p>	<p>T: 01642 683 045</p> <p>W: http://www.haloproject.org.uk/</p> <p>E: info@haloproject.org.uk</p> <p>The Halo Project also offer a live chat service which is available Monday-Friday 8am-10am and 6pm-9pm and Saturday and Sunday 10am-2pm,</p>



	this can be accessed through their website: http://www.haloproject.org.uk/ .
<p>New Beginnings</p> <p>New Beginnings is an after-crisis support service for women and their children who have survived domestic abuse based in the Harrogate District. They can provide both group based, peer support based and 1:1 advice or support.</p>	<p>T: 07852 786278</p> <p>W: https://www.newbeginningspeersupport.com</p> <p>E: enquiries@newbeginningspeersupport.com</p>

If you are unhappy or there is a problem, please feel free to let us know by contacting Gundi Kiemle via email on: gkiemle@liverpool.ac.uk or telephone on: 0151 795 7542. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Ethics and Integrity Office at ethics@liv.ac.uk. When contacting the Research Ethics and Integrity Office, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

If you have any questions or concerns regarding this research or you are interested in the results of the study please contact:

Lauren Haythornthwaite (Lead Researcher) lauren.haythornthwaite@liverpool.ac.uk 0151 795 7542

Dr Gundi Kiemle (Principal Investigator) gkiemle@liverpool.ac.uk 0151 795 7542

Appendix 11: Study Poster

Have you been subjected to domestic abuse?



Are you a woman who has experienced domestic abuse, and who has grown and changed in positive ways as a result of responding to this?

You will be well aware that domestic abuse is traumatic. For some survivors, though, it is possible to experience positive change in the aftermath of a traumatic event. This positive change is believed to occur as a result of how an individual responds to the trauma, and how they move forward.

We are interested in how some female survivors of domestic abuse grow over time and the factors which support their growth.

If you are a female survivor aged 18 or over and can identify with this, we would like to invite you to take part in a confidential research interview. If you would like to share your story of positive growth or would like more information about the research, please contact Lauren Haythornthwaite.

All participants will have the opportunity to access additional support throughout the research process. It is hoped the research will support efforts to increase funding for survivor support services.

Email for more information:

lauren.haythornthwaite@liverpool.ac.uk

Appendix 12: Consent Form



Participant consent form

Research ethics approval number:

Title of the research project: Positive Growth and Change in Female Survivors of Domestic Abuse.

Name of researcher(s): Lauren Haythornthwaite, Dr Gundi Kiemle, Dr Michelle Lowe and Bob Balfour

Please initial box

1. I confirm that I have read and have understood the information sheet dated 4th May 2022 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time without giving any reason and without my rights being affected. In addition, I understand that I am free to decline to answer any particular question or questions.
3. I understand that taking part in the study involves taking part in one interview of between 60- and 90-minutes duration and completing a demographic form.
4. I understand and agree that my participation will be audio and video recorded on the online platform Zoom, and I am aware of and consent to the use of these recordings for transcription purposes.
5. I agree that my information can be quoted in research outputs such as journal articles, posters, and briefing documents.

Please initial either boxes 6 and 7 or box 8 dependent on whether you would prefer to be identifiable in the research, by being referred to in any reports by your real first name, or to remain anonymous, using a pseudonym of your choice. The choice is your own and you are not required to use your first name in the research. Your participation in this research will not be affected by your choice. Please feel free to ask any questions or discuss with the researcher if you are unsure or would like further information.

6. I would like my real first name used, and I understand and agree that what I have said as part of this study will be used in reports, publication, and other research outputs so that anything I have contributed to this project can be recognised.
7. I agree that my real first name can be used for quotes.
8. I do not agree that my real first name can be used in the research and would like to remain anonymous, by being referred to in all reports and study related materials as a pseudonym of my choice. I understand that should direct quotes be used from my interview, this pseudonym will be used as a reference next to that quote.



9. I understand that I can ask for access to the information I provide, and I can request the destruction of that information if I wish for a period of two weeks following completion of my interview. I understand that after that point I will no longer be able to request access to or withdrawal of the information I provide.
10. I understand and agree that once I submit my data it will be transcribed and anonymised however, first names will be retained for those who consented to use of their name within the research. After a period of two weeks following the interview, I will no longer be able to withdraw my data.
11. I understand that this consent form, a transcript of my interview, and demographic form will be retained on the University of Liverpool's secure server (M-drive) until the conclusion of the study. After the study finishes the data will be retained for a period of 10 years minimum. I am aware that my data will be stored managed and disposed of in accordance with the Data Management Policy at the University of Liverpool. I understand that only authorised researchers in the research team will have access to my data.
12. I understand that I must NOT take part if any of the following applies to me:
- I am below the age of 18 years
 - I have experienced an abusive relationship less than 18 months ago
 - My understanding of English and ability to speak English is not good enough to give informed consent, or take part in an interview
 - I am experiencing current or recent significant mental health difficulties that may impact on my ability to consent and/or engage in an interview, or might be negatively affected by my taking part in this interview
 - I am currently receiving or within the last 6 months have received a trauma-focused intervention
 - I have not experienced any positive change, growth or personal development related to my experiences of domestic abuse that I could speak about in the interview.
13. I agree to take part in the above study.

I would like to receive a summary of the results in the format of a poster and short briefing document. Yes / No

Participant name

Date

Signature

Name of person taking consent

Date

Signature

**Principal Investigator**

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Appendix 13: Topic Guide

Interview schedule

Study Title: Positive Change in Female Survivors of Domestic Abuse

Thank the participant for volunteering their time.

Reaffirm the participant consents to the interview and check if they have any further questions.

Check the participant is happy to proceed in the location they are in currently and they feel the space is safe and confidential.

Remind the participant the interview will be recorded and check they are happy to proceed.

Hearing from people who have experienced personal change following a traumatic event, such as domestic abuse, helps us to learn more about what can happen and how to best support those affected. We would like to hear about your experiences and any positive personal change and growth which may have happened in your life, since you were subjected to domestic abuse. We are hoping to speak with up to 8 women in total and to learn from their experiences.

1. Introduction

“Please tell me a little bit about why you decided to take part in this research? What were your initial thoughts on the topic? What about this topic connected with you?”

2. Context of abuse

“Could you please tell me a little bit about yourself at the time of the domestic abuse? You don’t have to tell me anything about what actually happened to you, but could you tell me a bit about you at the time? For example, how old were you at the time? What was happening in other parts of your life at the time i.e., with family and friends? “Were you working at the time and if so, what were you doing? Did you have any children?”

Prompts may include:

For these prompts reiterate that this is about them as they went through the process, and they do not need to disclose any specific events about the trauma they were subjected to.

“How did it affect you at the time? What changes did you experience?”

“How did this impact on you emotionally/ physically/ psychologically?”

“How did this impact other relationships in your life?”

3. Leaving the relationship

“It can be very challenging and can take a great deal of strength to end an abusive relationship, what encouraged you to leave the relationship? What happened when you disclosed the abuse?”

Prompts may include:

“Was this something you had been planning or thinking about for a while?”

“Who did you tell, and why them? How did they respond?”

“Had you shared the abuse with people before leaving the relationship?”

“Were you supported by someone to leave the relationship?”

“Was there anything which made leaving more or less tricky?”

“I wonder if you could say a little bit (more) about leaving the relationship and taking control of your own life? What did that mean to you then? What does it mean to you now?”

“Could you tell me about your feelings associated with leaving the relationship please?”

Prompts may include:

“How did this feel immediately after? How did this feel in the following weeks and months?”

“What sort of emotions did you experience? What thoughts were going through your mind at the time?”

4. Positive change/Post-Traumatic Growth

“Although what you were subjected to has been very difficult, how do you feel you have grown and developed since then?”

“What do you feel you have learnt from coming through this experience, in the way that you have?”

“Could you please tell me of any positive psychological/emotional change and growth you have experienced following the abuse you were subjected to? How do you see yourself now, and how does this compare to how you used to see yourself when you were still in the abusive relationship?”

Prompts may include:

“Are there any things you do now which perhaps you didn’t before?”

“Has this changed any aspects of your personality?”

“Have your relationships with others changed in a positive way?”

“Are there any other ways you feel you have experienced positive change or growth?”

“I wonder if there are any examples of positive change which come to mind?”

“Has this impacted on establishing or maintaining intimate relationships?”

“I wonder if we could talk about any positive changes in relation to your relationships with your children?”

“Have you felt able to support others following the abuse?”

5. Determinants of PTG

“What sort of things if any i.e., people, events experiences, have been helpful in bringing about the positive changes we have discussed today?”

Prompts may include:

“What did or do you do differently that helped you develop and experience positive change over time? Are there any examples which come to mind?”

“What helped or didn’t help? Is there anything you think may have helped more?”

“Was there any support you had or groups you attended that felt particularly helpful?”

“Are there any people who have been there throughout your journey who were particularly helpful? What about that person made a difference?”

“Are there any strategies you have used which have helped you process what you were subjected to?”

“Was there anything which was particularly unhelpful at any point in your journey when trying to overcome the abuse?”

“Has it felt helpful to hear from and share with others who have been subjected to similar abuse to yourself?”

6. Ending

“Is there anything else you would like to mention that you think is important that we haven’t discussed already in the interview?”

Thank the participant for their time and taking part, then highlight the debrief sheet and sources of support.

Appendix 14: Reflective Diary Excerpts

Tuesday 17th May 2022

Today I completed my second interview, I feel honoured and humbled by these women sharing their stories with me. I find myself being pulled to go into my clinical mode and sometimes it can feel a little uncomfortable hearing their trauma and trying not to say too much. I feel I was better able to stop myself from interpreting, but still can't help but wonder if I am interviewing correctly. Hopefully looking at a transcript with Rob and Gundi will help.

Tuesday 25th October

I completed my final interview today, I hadn't done one for a while and noticed feeling more anxious. It was really nice to hear this individual's story of growth, I felt moved hearing her speak of herself as powerful and how much happiness she experienced at small and simple activities. I feel very lucky and privileged to hear people's stories and have hope I may be able to provide something to increase appropriate support for this group. I still feel some frustration at the lack of service support expressed but I'm noticing this may in some way be helping them with building their own support groups and re-finding meaning in those relationships.

Saturday 11th February

I developed the PES for transcript six today. It is starting to feel a little more cohesive but there still feels to be a lot of strong messages throughout the transcript. I'm hopeful I can share them all but continue to hold awareness I connect with some more strongly than others, and hope to share her messages equally.

Appendix 15: Example of the Analysis Process

Stages 2 and 3: Exploratory noting (right) and PES (left)

Rae

1 RES: I think it'd gotten so bad at that point, I'd
 2 had to stop work because of going in to
 3 work with you know, injuries and bruises
 4 and just- I just, I just realised that it was so
 5 not sustainable and at the time a family
 6 friend who lived on the farm next to my
 7 aunt's farm [laughing], everyone knows
 8 every one's related, she'd offered me- well
 9 she said, why don't you come out to
 10 [country] because they had a house in
 11 [country] and I think she obviously sort of
 12 knew that I was very happy and things
 13 weren't you know, quite right. So, she- and
 14 I'd done some nannying for her children
 15 you know years previous. So, I sort of knew
 16 her already and she said, oh why don't you
 17 come out to [country] and see if you like it?
 18 And I just sort of jumped at the
 19 opportunity. [It was a real sort of- I don't
 20 know if I could have left, at least at that
 21 point I wouldn't have if I hadn't had that
 22 invitation because it was a real sort of cut
 23 and run, as in actually just go and don't,
 24 don't tell anyone. Just leave [gesturing
 25 away], get on the plane and that's it. But
 26 yeah, I mean I'd realised maybe- to be
 27 honest like looking back a couple of
 28 months into the relationship, it wasn't
 29 right and I knew it wasn't right. But I didn't
 30 care [squinting face]- not that I didn't care,
 31 I didn't know how bad it was going to get
 32 and then I didn't know how wrong it was at
 33 the time as well. But yes, so, that was then
 34 a couple of months in and then yes, this-

Relationship became so bad she had to stop working, a family friend offered for her to come to one of their houses in another country
It was not sustainable, compromising, powerplay in the relationship
Realisation of how it was impacting her -> mention of just sustainability again, unable to continue to sustain what she was trying to show to others?
changing the specific -> that specific was significant to her
Feeling supported to leave the relationship
Stepping work + awareness from others, trying to hide the impact/what was occurring due to societal expectations. But people knowing facilitated her to leave
Took the opportunity to go to another country to get away
Reaching of conversation -> a significant conversation to her
Moved to a place now of taking opportunities -> start of growth?
Not sure would have left at that time without this offer, allowed her to cut + run
Starting over -> highlighting actually as important to state how much this facilitated her leaving the relationship
Figure of speech
Really feeling unsafe at the time?
 unsure if at the time she fully realised how the relationship was abusive + how bad it would get
 unsure of her own realisation of not at the time
Sense making + developing an understanding of her steps to realisation + drive + how important this was to rebuild safety
The women emailed her + last minute she decided she would go
A lot of starting over not sure what was a couple of months in? But clear desire to want to share and about this experience lots of significance to her

The abuse + keeping it hidden was taking everything from her
Other people can be as important as safety to I can't run an abusive relationship
Realisation of the importance of the situation, an opportunity

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Rae

1 sort of- she sent the email and said you
 2 know, do you fancy coming out? And I just
 3 thought, yes. Yes, I do. And I just did it last
 4 minute.

5 INT: Had you shared with anyone what was
 6 happening at that point? Or not?

7 RES: No. No, not a soul. People knew. You
 8 know, people would ask at work and that
 9 was part of the reason I ended up not going
 10 back because I couldn't deal with all the
 11 questions and I didn't- you know, how to- I
 12 didn't know what to say to people when
 13 they asked me what was happening and
 14 what was wrong. So, no, I just sort of- yes,
 15 just ran and hid, [tapered off]

16 INT: Wow. Yes.

17 RES: And I didn't- I was very lucky in that I didn't
 18 have children with him. I actually had a
 19 miscarriage in that relationship which you
 20 know, whilst it was a horrible experience,
 21 the alternative would have been even
 22 worse, I think in that scenario. So, yes, I'd
 23 just sort of- I say lucky [questioning tone],
 24 obviously it's you're never lucky to be in
 25 that situation but I know from some of the
 26 women in [company] how much longer
 27 lasting it is and they you know forced into
 28 this, still having this relationship with their
 29 abusers because they've got children and
 30 they have to co-parent. [And I don't have

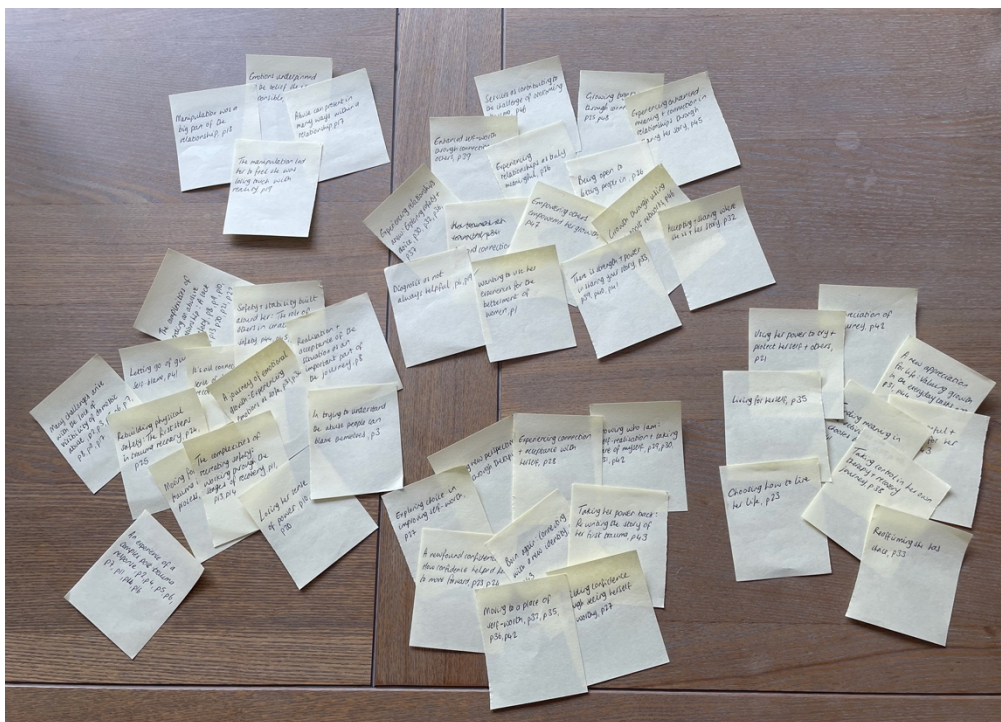
Another example of continuing to take the opportunity + having moved to a place of taking opportunities.
Not something she had shared with anyone + something she struggled to cope with when asked about
Role of societal expectations in not sharing?
Hiding from sharing -> what were the questions, feeling judged or shame?
Starting over -> how in fact back then being portrayed in interviews?
Feeling pressure from questions
Non-acknowledgement of her hiding from it -> evading picture
Lucky as she didn't have children with him, though had a miscarriage but feeling it would have been worse
Starting over -> warning to highlight awareness of how domestic abuse is contained? Feeling lucky not a child
Complex, competing emotions
Challenge, juggling opposing emotions of upset + feeling lucky in an a difficult situation
Questioning of lucky as the right term but knowing how much longer it can be when you have to maintain relationship with the abuser for your children
Feeling lucky in an unlucky situation?
Review of other's experiences applied to hers or a show of appreciation for her current place?
Strength in language -> power can still be taken from them
Empathy for others who have been through the abuse also -> this is not just about her

Shame + societal expectations can keep the abuse hidden
Leaving the relationship doesn't always mean the challenges end
Accepting of emotions + competing her own + others + creating the relationship

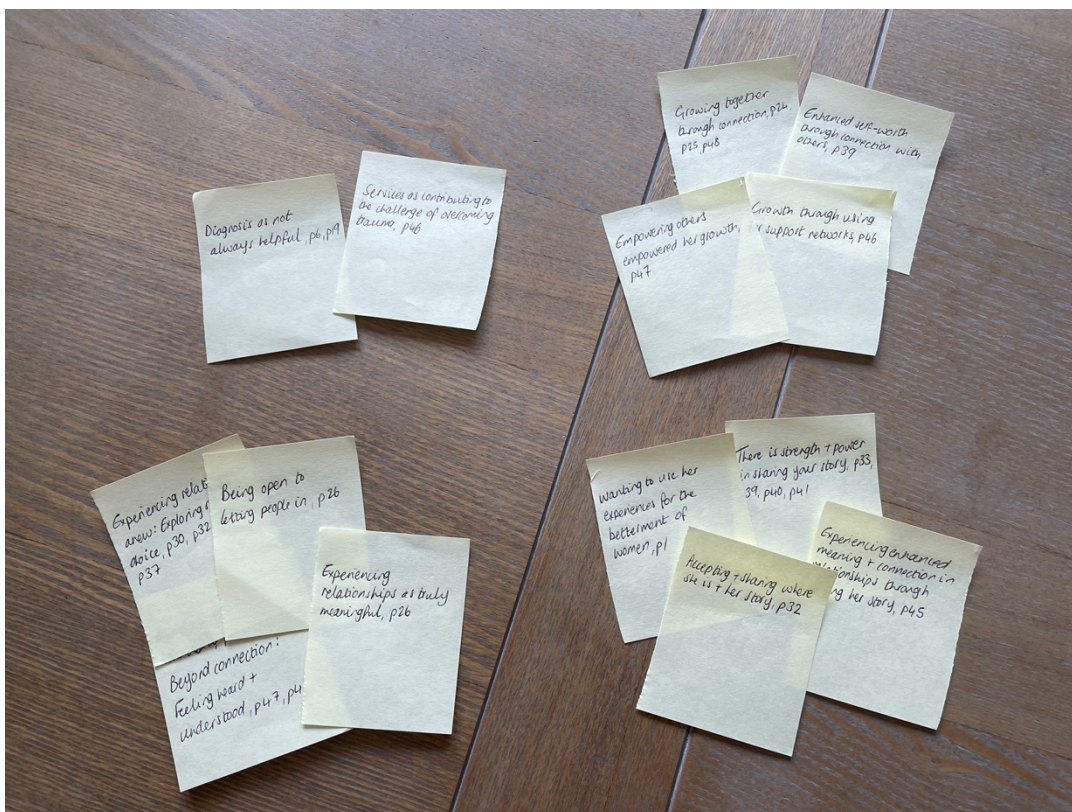
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Stages 4 and 5: Developing and naming the PETS

Example grouping: PETS



Example grouping: PET subthemes



Extract illustrating the analytic process:

Quote	Exploratory coding	Personal Experiential Statement	Personal Experiential Theme	Subtheme	Group Experiential Theme
Yes, like when you mentioned hope, I never had hope. Even just like something as simple as I went to my mother-in-law's and there was a tree in the garden and I was like, wow, that tree is gorgeous. Only like a little bush about four, five foot tall	<p>Descriptive: In relation to emotions hope is new and this has allowed her to see the world different even in small things.</p> <p>Conceptual: In a place where she can live life in the moment and be present to appreciate what is around even in those 'simple things'</p> <p>Linguistic: Hope repetitive, seen as key to her emotional growth.</p>	<p>Developing an appreciation for life:</p> <p>Being present</p>	An embracement of life	A newfound appreciation for life: Celebrating life	Embracing life through a new way of living

Example quotes: PET and sub-theme

Personal experiential theme	Subtheme	Quotes
An embracement of life	A newfound appreciation for life: Celebrating life	I never had a hair cut in my life at a hairdressers. I'd had a few breakdowns where I'd just chopped it all off [gestures cutting hair] but my hair was down to my bum, you know? I've got my little job now and I've had this job for a year, you know? And I'd never had a job in me life. So, yes, I'm just- lots to look forward to
		I have hope that my kids have peace and they don't take things for granted like filling a bath from the tap and not me filling it with pans, you know? And just Wi-Fi and things that other kids used to take for granted that my kids didn't have, you know? I'm excited, my daughter's doing her exams this year and do you know, picking a subject, she's excited for that so that makes me excited. And my son's going to high school this time. So, we have a lot going on.
		Now, I'm more in tune with me emotions and more aware of the good things that are around me and I see them more, you know? If it's a crap day for me I can look out my window and see four, five things that'll cheer me right up
		Where me, I'm obsessed now with making sure I don't shut the curtains. Every morning I'm like, hey
		I don't live no posh lifestyle. I don't have no big house, my house is tiny, my kids moan about the bedrooms but they're their bedrooms and they have everything they need in them bedrooms

Table of GETS, subthemes and example PES (by participant):

Carol

Rae

Tee

Michelle

Suzannah

Janine

Lucy

Group Experiential Theme	Subtheme	Personal Experiential Subtheme
1. Moving towards empowerment: A journey of safety, power, choice, and control	1a. Challenges come as part of the journey: Facing the barriers to move forward	<p>Re-building safety is complex: Overcoming the hurdles</p> <p>Support isn't always helpful</p> <p>Failures of the systems</p> <p>The people and services around you as promoting or preventing growth</p> <p>There is strength in the narratives people hold</p> <p>Wanting more from services</p> <p>Support as not always supportive</p>
	1b. Finding empowerment in the decisions we made	<p>Having to find yourself again</p> <p>Taking my power back: Leaving the relationship</p> <p>Using her strength to overcome the abuse</p>
	1c. Getting back what was taken from us: Exploring safety, choice, and control	<p>Working through the stages of trauma recovery: Experiencing safety through those around her</p> <p>A discovery of her ability to affect change in her life: Taking her power back</p> <p>Beginning to feel safe again</p> <p>Moving to a position of choice and power in my life: A part of the growth process</p>
	1d. Taking our lives back through finding connections in our experiences	<p>Developing an inner acceptance of my story</p> <p>An attempt to make sense of the experiences: Looking for connection</p> <p>Breaking a lifelong pattern</p> <p>Increasing awareness of harmful narratives</p> <p>Missing out on healthy relationships at home a contributing factor to the relationships she sought and developed (a miscellaneous PES)</p> <p>How societal beliefs influences my perspective on self and relationships</p>
	1e. Our stories are powerful: Re-defining our narratives	<p>There is power in my voice and story</p> <p>Opening myself up to others: Seeing power in my story</p> <p>Feeling powerless through the abuse (a miscellaneous PES)</p> <p>Domestic abuse takes so much from you</p> <p>The complexities of a relationship where someone is abused (a miscellaneous PES)</p>

		Finding power in using my story to spread new narratives
2. Discovering our true self	2a. Growing beyond self-assurance into self-worth: Identifying as more	<p>I am more</p> <p>Re-building her identity as her own</p> <p>Moving towards self-assurance: Knowing what is right for me</p> <p>Relating to herself a new way: knowing her worth</p> <p>Seeing herself as more</p> <p>A journey of self-discovery</p> <p>Connecting to a new level of inner strength</p>
	2b. Exploring the self, our wants and needs, and sharing ourselves in relationships	<p>Relating to people in a new way</p> <p>Experiencing true meaning in relationships:</p> <p>Being fully open to letting others in</p> <p>A re-experiencing of relationships</p> <p>Embracing relationships: Bringing all of herself to relationships</p>
	2c. Knowing how to care for ourselves: Experiences of self-love and self-compassion	<p>Re-developing physical and emotional safety:</p> <p>A first-step in trauma recovery</p> <p>Self-relating with kindness and compassion</p> <p>Having to find yourself again</p> <p>Creativity as a powerful tool in her healing</p> <p>Managing emotions my own way</p>
3. Embracing life through a new way of living	3a. A newfound outlook on life: Purpose and appreciation in every moment	<p>Accepting joy in life again</p> <p>Finding meaning in life</p> <p>Being open to life: Finding your purpose</p> <p>Being open to life: Fully experiencing every moment</p> <p>A celebration of life</p> <p>Finding meaning in every moment</p> <p>(Re)finding a love for life</p>
	3b. Embracing opportunity: Living life our way	<p>Feeling confident to take on life in a new way</p> <p>Living the life I want</p> <p>Knowing what matters to me: Celebrating my way of living</p>
	3c. Wanting better for others: Using their experiences to help other survivors	<p>We can all grow: Wanting more for others</p> <p>Facilitating and facilitation of growth with others</p> <p>Using her voice to create new narratives:</p> <p>Being a part of bringing about change</p> <p>Using her experience to support and enhance the lives of women</p> <p>Sharing her passion: Using creativity to help heal</p> <p>A hope to offer more to survivors: Working towards being a part of the support</p>
	3d. Finding your tribe: Welcoming meaningful relationships into our lives	<p>An exploration of connection: Finding meaning in relationships</p> <p>Finding more in relationships: Experiencing relationships as meaningful</p>

		<p>Connection with others as a powerful tool</p> <p>A re-experiencing of relationships</p> <p>Truly connecting with relationships which add meaning to her life</p> <p>Finding increasing meaning and connection in relationships</p>
4. The journey is not ours alone	4a. Taking the journey with our children: Healing and growing together	<p>Growth as more than an individual journey</p> <p>Experiencing trauma together: It doesn't feel the same to everyone (a miscellaneous PES)</p> <p>Creating new meaning with her daughter</p> <p>Using compassion to parent</p> <p>Sharing the journey with my children: This story is ours</p>
	4b. We are a community: Growing together with other survivors	<p>Growth as more than an individual journey</p> <p>Facilitating and facilitation of growth with others</p> <p>A new experience of connection: Others as adding to my life</p> <p>Women and their stories are powerful</p> <p>Developing meaning and connection through shared experiences and interests</p> <p>Finding power in using my story to spread new narratives</p>
	4c. Being guided to growth: How anyone we meet can contribute	<p>Empowerment as a powerful tool in her recovery</p> <p>The role of family and friends: Responses to your story as impactful but not always helpful</p> <p>The people and services around you as promoting or preventing growth</p> <p>Others as contributing to my journey of growth</p> <p>Beyond gratitude: Thankful for the support others have shown me</p>
	4d. Services have the power to contribute to your growth: Getting the support right	<p>Systems as more than systems</p> <p>Services help can be powerful when it goes right</p> <p>The people and services around you as promoting or preventing growth</p> <p>Feeling seen: A powerful way for services to support</p> <p>Recovering and growing with the help of others</p>

Example quotes: GET and subtheme

GET	Subtheme	Quote
Moving towards empowerment: A journey of safety choice, power, and control	Challenges come as part of the journey: Facing barriers to move forwards	Now it's not always easy for women because they might continue to be stalked. I was lucky because I lived with my parents and then I went to university [pointing away]. So I got out of this town. If I was living in a flat on my own I bet he wouldn't have stopped coming round and ringing the doorbell and stuff like that. So I'm not saying it's easy for people but you can get, it's, we call it early stage recovery
		he did stalk me for a bit. He would just show up [gesturing with hands to distance] wherever out of the bushes or anything when I was walking home. He'd just show up places. I had to change my number and he just wouldn't leave me alone and then even after I went off to uni like a few years later, he would ring my landline in the summer holidays at my parents house. Just completely like no respect for the fact that I didn't want to speak to him anymore.
		it was learning how to navigate new relationships. Not like new partners, as in new friendships, new-any different kind of relationship. It was all sort of quite intimidating and umm took a long time to be able to trust people's intentions. Even you know, with new friendships [looking down] I found it very difficult. I'd push people away and I wouldn't believe what they told me. Or you know, I'd always think, [pondering] what's your motive?
		so I'd say at the same time I was getting my confidence back and I was having a good time on one level and on the other level [gesturing higher and lower levels] I was just making it worse for myself. You know, but I think, I think that's, that's part of the self-harm thing as well.
		it definitely is about breaking it down and managing your expectations because you're not going to walk out of a relationship and just because the violence and the controlling stop, you feel worse for a little bit. You feel worse because at least when you had the violence and the controlling-ness, you had structure. You had purpose. You know, even if the purpose was wrong, you had it.

Appendix 16: Distribution of Themes

	Carol	Rae	Tee	Michelle	Suzannah	Janine	Lucy
GET 1: Moving towards empowerment: A journey of safety, power, choice, and control	✓	✓	✓	✓	✓	✓	✓
1a. Challenges come as part of the journey: Facing the barriers to move forwards		✓	✓	✓	✓	✓	✓
1b. Finding Empowerment in the decisions we made		✓		✓		✓	✓
1c. Getting back what was taken from us: Exploring safety, choice, and control		✓	✓		✓	✓	
1d. Taking our lives back through finding connections in our experiences	✓	✓	✓	✓	✓	✓	
1e. Our stories are powerful: Re-defining our narrative	✓	✓	✓	✓	✓		✓
GET 2: Discovering our true self	✓	✓	✓	✓	✓	✓	✓
2a. Growing beyond self-assurance into self-worth: Identifying as more	✓	✓	✓	✓	✓	✓	✓
2b. Exploring the self, our wants and needs and sharing ourselves in relationships		✓		✓	✓		✓
2c. Knowing how to care for ourselves		✓	✓	✓	✓	✓	
GET 3: Embracing life through a new way of living	✓	✓	✓	✓	✓	✓	✓
3a. A newfound outlook on life: Purpose and appreciation in every moment	✓	✓	✓	✓	✓	✓	✓
3b. Embracing opportunity: Living life our way	✓			✓		✓	
3c. Wanting better for others: Using our experiences to help other survivors	✓	✓		✓	✓	✓	✓
3d. Finding your tribe: Welcoming meaningful relationships into our lives	✓		✓	✓	✓	✓	✓
GET 4: The journey is not ours alone	✓	✓	✓	✓	✓	✓	✓
4a. Taking the journey with our children: Healing and growing together	✓		✓	✓		✓	✓
4b. We are a community: Growing together with other survivors	✓	✓		✓	✓		✓
4c. Being guided to growth: How anyone we meet can contribute	✓			✓	✓	✓	✓
4d. Services have the power to contribute to your growth: Getting the support right	✓			✓	✓	✓	✓