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DAKTARO DISERTACIJA

THE ROLE OF DISCLOSURE, SOCIAL
SUPPORT AND SOCIAL CONSTRAINTS FOR
POSTTRAUMATIC GROWTH IN WOMEN
SURVIVORS OF INTIMATE PARTNER VIOLENCE

SOCIALINIAI MOKSLAI,
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VILNIUS, 2023



Mykolas Romeris
universitetas

MYKOLAS ROMERIS UNIVERSITY

Zuzana Vasiliauskaitė

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AND SOCIAL CONSTRAINTS FOR
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MYKOLO ROMERIO UNIVERSITETAS

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SMURTINĖS PATIRTIES ATSKLEIDIMO,
SOCIALINĖS PARAMOS IR SOCIALINIŲ
APRIBOJIMŲ VAIDMUO INTYMAUS PARTNERIO
SMURTAŲ PATYRUSIŲ MOTERŲ
POTRAUMINIAM AUGIMUI

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TO THE INCREDIBLE WOMEN OF MY FAMILY, ESPECIALLY TO MY MOTHER LILJA HENRIKA VASILIAUSKĖ AND GRANDMOTHER BRONĖ KAUNELIENĖ, WHO LIFTED ME ON THEIR SHOULDERS AND ENCOURAGED MY ASPIRATIONS THROUGH THEIR EXAMPLE

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1. INTRODUCTION

1.1 Relevance of the Study

Both women and men can experience interpersonal violence. However, intimate partner violence (IPV) is a global phenomenon predominantly affecting women (World Health Organization [WHO], 2021). Men tend to experience violence outside the home perpetrated by other men who are mostly unknown to them, while women are most unsafe at home with their intimate partners (Flatley, 2017; Office for National Statistics [ONS], 2018). IPV encompasses threats and or all acts of physical, sexual, emotional, and economic violence directed toward an adult romantic partner, regardless of marital status, and includes both ongoing and terminated relationships (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, 2011).

Global and regional studies show that every third woman in the world has experienced physical and or sexual violence at least once perpetrated by their male intimate partners - boyfriends, husbands - or other males known to them in their immediate environment (European Union Agency for Fundamental Rights [FRA], 2014; WHO, 2021). Alarming rates of male violence against women have not changed much throughout the decades (WHO, 2005; 2013; 2021), revealing that up to 852 million *women on the globe have experienced severe forms of violence (i.e., physical and or sexual) (WHO, 2021)*. Moreover, the recent global COVID-19 virus pandemic exacerbated the problem even further. Abusers used lockdowns and quarantine to further isolate and control the women (Gupta & Stahl, 2020). Due to lockdowns and strict quarantine measurements, women who were experiencing or were at risk of experiencing male-perpetrated IPV became even more vulnerable. Also, more women's lives were lost during this time, as femicides, killings of women, in domestic violence cases doubled or even tripled in several countries (Grierson, 2020; Masionyte-Liubiniene, 2021).

The phenomena of male intimate partner violence has many negative

effects on women survivors of such violence, their children and society at large (EIGE, 2021; Hisasue et al., 2020; Walker et al., 2017). More women survivors of IPV develop posttraumatic stress disorder (PTSD) than war veterans (Golding, 1999; U.S. Department of Veterans Affairs, 2018; Walker et al., 2017). Diagnosis of PTSD signifies that the experience of trauma has disrupted a person's bio-psycho-social well-being (Flasch et al., 2015; Hisasue et al., 2020; Salcioglu et al., 2017; Spencer et al., 2019; Vasiliauskaitė, 2015). That is, the person experiences flashbacks and nightmares, inability to concentrate, loss of interest in day-to-day activities, relationship difficulties, isolation, avoidance, negative thoughts and feelings towards self, others and the world itself, disregard for own safety, and self-harm (WHO, 2022a, 2022b). The effect on children who had witnessed IPV is well documented. Witnessing or living in a home where domestic violence occurs affects children's bio-psycho-social well-being, too (Peterson et al., 2019). Moreover, without proper victim protection and support, IPV has a strong tendency for intergenerational transmission, where girls are at a greater risk of becoming IPV victims in their own relationships and boys are at a greater risk of becoming abusers of their partners (Smith-Marek et al., 2015). Furthermore, the economic cost of violence against women is overwhelming. European Institute for Gender Equality (EIGE) has estimated that the cost of violence against women amounts to €289 billion (EIGE, 2021).

It is evident that IPV can result in many negative effects. However, positive changes and personal growth have been reported in the aftermath of trauma (Tedeschi et al., 2018). Thus, focusing only on the adverse effects of trauma does not accurately represent the experiences of IPV survivors and presents bias or an incomplete picture of the aftermath of IPV (Linley & Joseph, 2004). This, in turn, leads to lacking policies and practices that do not address all the needs of women survivors of IPV.

The leitmotiv of growth is present in many philosophies and cultures (Tedeschi et al., 2018). However, scientific interest in it is relatively recent. The term describing these positive changes accepted the widest is post-traumatic growth (PTG). The theory of PTG emerged in the mid-1990s bringing

attention to the multifaceted experiences of survivors of different traumatic experiences (Calhoun & Tedeschi, 2013; Tedeschi & Calhoun, 1995). Growth after trauma can lead to greater awareness of personal strength, preeminent recognition of new possibilities, stronger relationships, deeper appreciation for life, and spiritual enhancement (Tedeschi et al., 2018). Moreover, buffering effect of PTG was found against depression (Kuswanto et al., 2020), stress (Silva et al., 2012) and suicidal thinking (Bush et al., 2011). Furthermore, evidence suggests that PTG is associated with mental quality of life, happiness (Lelorain, 2010), and life satisfaction (Mostarac & Brajković, 2022).

Exploring paths to growth for women survivors of IPV could help create better policies addressing the needs of and facilitating growth for most women survivors of IPV and provide more guidance to informal and formal help providers. Moreover, investigations of the potential growth following this traumatic experience are paramount as it can give hope and encourage the women to consider taking the necessary steps to seek life without violence, gaining meaning in their suffering, forming new meaningful relationships and rebuilding old ones, discovering inner strength, strengthen their spiritual experiences and developing a new appreciation for their own lives.

1.2 Scientific Problem and Novelty of the Study

There is a lack of understanding of what factors facilitate or inhibit PTG, especially in women survivors of male IPV. IPV is different to other traumatic experiences for its causes, dynamics and consequences (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, 2011; Walker, 2017). IPV is rooted in gender inequality (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, 2011), is systemically and intentionally perpetrated by a person that was supposed to love the one they abuse, which leads to a complex traumatic experience with severe effects on persons bio-psycho-social well-being (Walker, 2017). Thus, it is likely that knowledge gained from analysing other types of trauma will not necessarily be applicable when trying

to understand the dynamics that lead to PTG in women survivors of IPV. Only a handful of studies explored positive changes in women survivors of male intimate partner violence. A systematic analysis done by Ulloa and colleagues (2015) revealed that only 17 articles were found by that time in academic and grey literature analysing psychological growth (not exclusively PTG) in not exclusively female samples of IPV survivors. Thus, this study contributes to scientific literature and informed decision-making by providing a deeper and more complex analysis of the factors contributing to posttraumatic growth in women survivors of IPV.

The most recent PTG model (Tedeschi et al., 2018) identified challenged core beliefs, emotional distress, rumination, self-analysis and disclosure, social support, sociocultural influences, acceptance and distress as the main factors leading to PTG. Even though the model is informative and provides a better understanding of the growth process, for some trauma survivors path to growth can be more complex. For example, due to historical, cultural and political factors, the experience of IPV is largely stigmatised (FRA, 2014; Maseno & Kilonzo, 2011; Overstreet & Quinn, 2013), poorly addressed, and perpetration of the abuse is weakly sanctioned (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, 2011; Vasiliauskiene et al., 2018). Thus, women survivors of IPV try to avoid stigmatisation, perpetrator's retaliation or face other barriers to their disclosure and often do not disclose their experiences (FRA, 2014; Vasiliauskaitė & Geffner, 2020b). Those that do, usually open up to just a few people (FRA, 2014). However, not all that are trusted with such information react properly and are ready or equipped to provide the support the women need (Arpink, 2020). Thus, the disclosure may or may not lead to support, needed self-reflection or trauma processing.

This study has several novelties. First, this study analysed the experience of PTG in survivors of IPV, taking into account various forms of IPV such as severe combined abuse, sexual, physical, emotional abuse, harassment, economic control, economic exploitation and employment sabotage. No previous studies on PTG looked at these more common experiences of women in intimate re-

relationships and mostly focused on analysing the most extreme forms of IPV, such as physical and or sexual IPV. It is likely that the experience of PTG and other social factors varies between the survivors of different forms of IPV as it varies between the survivors of different types of traumatic experiences. For example, Lowe et al. (2020) found that survivors of physical assault, i.e. physical violence, and rape, i.e. sexual violence, were experiencing the lowest degree of PTG compared to survivors of other traumatic events.

Secondly, this study explores the paths that lead women to growth after IPV when analysing the role of several social factors in a model that were not considered before. Such factors potentially facilitating or inhibiting PTG are various aspects of disclosure: *the number of barriers to disclosure* that consist of the number of reasons that keep women from disclosing their experience of IPV, *the number of sources of disclosure* that reflects different people and professionals, the women chose to disclose their experience of IPV to; different forms of social support, like *emotional*, *informational* and *tangible support* as well as a negative social reaction to disclosure such as *social constraints*. Thirdly, this study significantly adds to the scientific literature on interpersonal trauma and the Posttraumatic growth theory as it suggests improvements to the latest Model of PTG (Tedeschi et al., 2018). No less important are the practical recommendations and implications for decision-makers, various specialists, and women survivors of IPV that this dissertation provides.

1.3 The Aim, Research Questions, and Hypotheses of the Study

1.3.1 Research Aim

The main aim of this dissertation was to explore direct and indirect links between intimate partner violence and posttraumatic growth through social factors that potentially inhibit (the number of barriers to disclosure the women face, the negative reaction to disclosure such as social constraints) or promote posttraumatic growth (the number of different sources the women disclose the abuse to, positive reactions to disclosure such as tangible, emotional, informa-

tional support). The following research questions and hypotheses were formed based on the literature review.

1.3.2 Research Questions

What are the indirect links between intimate partner violence (severe combined abuse, sexual abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, economic exploitation) and posttraumatic growth through disclosure (the number of barriers to disclosure, the number of sources of disclosure), social support (tangible, emotional, informational support) and social constraints?

What are the direct links between disclosure (the number of barriers to disclosure, the number of sources of disclosure), social support (tangible, emotional, informational support) and social constraints in women survivors of different forms of intimate partner violence?

1.3.3 Hypotheses

H1 Disclosure (the number of barriers to disclosure, the number of sources of disclosure), social constraints, and social support (emotional support, informational support, and tangible support) mediate the link between intimate partner violence (severe combined abuse, sexual abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, economic exploitation) and posttraumatic growth.

H2 Disclosure (the number of barriers to disclosure, the number of sources of disclosure), social constraints, and social support (emotional support, informational support, and tangible support) are interlinked:

H2.1 The number of barriers to disclosure is negatively linked to the number of sources of disclosure and positively linked to social constraints.

H2.2 The number of sources of disclosure is positively linked to emotional support, tangible support, informational support, and social constraints.

1.4 Approbation of Study Results

The research findings were approbated through participation in scientific and community conferences and articles in scholarly journals.

1.4.1 List of Scientific Publications Related to Dissertation

1. **Vasiliauskaitė, Z.**, & Geffner, R. (2020). Eight Forms of Abuse: The Validation of Two Multidimensional Instruments of Intimate Partner Violence. *Psichologija*, (62), pp 56–68. DOI: <https://doi.org/10.15388/Psichol.2020.21>
2. **Vasiliauskaitė, Z.**, & Geffner, R. (2020). Reasons That Keep Women from Disclosing Intimate Partner Violence. *Social Work*, 18(2), 65–80. DOI: 10.13165/SD-20-18-2-05.

1.4.2 Other Relevant Publications over the Period of Doctoral Studies

1. Vasiliauskiene, L., Dirmotaite, E. & **Vasiliauskaitė, Z.** (2018). *Methodical Recommendations for Specialised Help Centres, Volunteers and Employees of the Institutions Implementing the Law on Protection from Violence in Immediate Surroundings. Second Edition, Vilnius, Lithuania.* ISBN: 978-9955-402-17-9
2. Vasiliauskiene, L., Dirmotaite, E. & **Vasiliauskaitė, Z.** (2017). *Methodical Recommendations for Specialised Help Centres, Volunteers and Employees of the Institutions Implementing the Law on Protection from Violence in Immediate Surroundings. Vilnius, Lithuania.*

1.4.3 Presentations at Conferences on the Dissertation Topic

1. Michailovič, I. & **Vasiliauskaitė, Z.** (2022, April). *Smurtas prieš moteris artimoje aplinkoje: problemos konceptualizavimo ir komunikavimo iššūkiai* [Intimate partner violence against women: challenges in problem conceptualization and communication]. [Conference session]. International Scientific Conference Expressions of Information and Communication Theory and Prac-

tice 2022. Vilnius, Lithuania.

2. **Vasiliauskaitė, Z.** (2021, November). *Lietuvos pagalbos nuo smurto artimoje aplinkoje nukentėjusiems asmenims teikimo modelis Europos istoriniame ir politiniame kontekstuose. Aktualios tendencijos, iššūkiai ir pasiekimai* [The Lithuanian model of providing help and assistance to victims of domestic violence in European historical and political contexts: Current trends, challenges and achievements]. [Conference session]. Moterų žmogaus teisės Lietuvoje 2021. Lithuanian Parliament, Vilnius, Lithuania.

3. **Vasiliauskaitė, Z.** (2021, August). *The European help provision model for women survivors of male IPV. Current trends, challenges and achievements* [Keynote session]. The 26th International Virtual Summit. Empowering individuals, families, and communities to overcome collective trauma, San Diego, CA, United States.

4. **Vasiliauskaitė, Z.** (2021, May). *Priežastys, sulaikančios intymaus partnerio smurtą išgyvenusias moteris nuo smurtinių patirčių atskleidimo.* [Reasons preventing survivors of intimate partner violence from disclosing experiences of violence]. [Poster presentation]. The XVIII Young Psychology Researchers Conference, Vilnius, Lithuania.

5. **Vasiliauskaitė, Z.** (2021, May). *Smurto prieš moteris šeimoje vertinimo metodikos. Kaip išsirinkti geriausia? [Assessment of domestic violence against women. How to choose the best inventory?].* [Conference session]. XVIII Young Psychology Researchers Conference, Vilnius, Lithuania.

6. **Vasiliauskaitė, Z.** & Geffner, R. (2020, August). *Reasons that keep women from disclosing intimate partner violence* [Poster presentation]. The 25th International Virtual Summit on Violence, Abuse and Trauma across the Lifespan, San Diego, CA, United States.

7. **Vasiliauskaitė, Z.,** Naudi, M., Camilleri, L., & Geffner, R. (2020, August). *The link between help seeking and different types of intimate partner violence* [Poster presentation]. The 25th International Virtual Summit on Violence, Abuse and Trauma across the Lifespan. San Diego, CA, United States.

8. **Vasiliauskaitė, Z.,** & Geffner, R. (2020, August). *Eight types of abuse:*

The validation of two multidimensional instruments of intimate partner violence [Poster presentation]. The 25th International Virtual Summit on Violence, Abuse and Trauma across the Lifespan. San Diego, CA, United States.

9. Vasiliauske, L., H. & **Vasiliauskaitė, Z.** (2019, October). *Strengths-based, needs-led approach application in Lithuania: Achievements and challenges* [Conference session]. The 21st Wave Conference: 25 Years of Defending Women's Human Rights: Milestones and Visions for the Future, Tallinn, Estonia.

10. **Vasiliauskaitė, Z.** (2019, October). *Posttraumatic growth in women survivors of intimate partner violence. The importance of specialized complex help* [Conference session]. The International Conference Domestic Violence Cause, Consequences and Management, Vilnius, Lithuania.

11. Balunde, A. & **Vasiliauskaitė, Z.** (2019, October). *Theoretical considerations regarding the relationship between climate change-related disasters and violence against women* [Poster presentation]. The International Conference Domestic Violence Cause, Consequences and Management, Vilnius, Lithuania.

12. **Vasiliauskaitė, Z.** (2019, September). *Posttraumatic growth in women survivors of intimate partner violence. specialized complex help as a catalyst for growth* [Poster presentation]. The 24th International Summit on Violence, Abuse & Trauma across the Lifespan. San Diego, CA, United States.

13. **Vasiliauskaitė, Z.** (2019, July). *Posttraumatic growth in women victims of intimate partner violence. The importance of specialized complex help provision* [Conference session]. The XVI European Congress of Psychology. Moscow, Russia.

14. Vasiliauske, L., H., Dirmotaite, E. & **Vasiliauskaitė, Z.** (2019, May). *Ką kiekvienas psichikos sveikatos specialistas turi žinoti, kai savo darbe susiduria su smurtą artimoje aplinkoje patyrusia moterimi. Ką daryti ir ko ne.* [What every mental health professional needs to know when coming in contact with a woman who has experienced domestic violence. What to do and what not to do.] [Conference session]. The 2019 Lithuanian Psychologists Congress Dialogs, Vilnius, Lithuania.

15. **Vasiliauskaitė, Z.** (2018, December). *Specializuotos pagalbos svarba*

smurtą ir prievartą patyrusių moterų potrauminiam augimui [The importance of specialized help and support for the post-traumatic growth of women who have experienced violence and abuse]. [Conference session]. The Moterų Žmogaus Teisės Lietuvoje 2018, Lithuanian Parliament, Vilnius, Lithuania.

16. **Vasiliauskaitė, Z.** (2018, October). *Overcoming an interpersonal trauma: The importance of specialized complex help for female victims of DV/IPV* [Conference session]. The 20th Women Against Violence Europe (WAVE) Conference the Importance of Women's Specialist Services In Tackling Violence Against Women, Valletta, Malta.

17. **Vasiliauskaitė, Z.** (2018, June). *The relationship between help-seeking and posttraumatic growth in the sample of women survivors of intimate partner violence* [Conference session]. The 6th International Conference on Social Transformations in Contemporary Society, Vilnius, Lithuania.

18. **Vasiliauskaitė, Z.** (2018, May). *Smurtines patirties atskleidimas, suvokta aplinkinių reakcija ir jų sąsajos su potrauminiu augimu intymaus partnerio smurtą patyrusių moterų imtyje* [Disclosure of experiences of violence, perceived reaction from others, and their relationships with posttraumatic growth in a sample of women experiencing intimate partner violence]. [Conference session]. The Lithuanian Psychologist Congress 2018, Klaipėda, Lithuania.

19. **Vasiliauskaitė, Z.** (2018, April). *Traumos psichologija paremtas ir klientui draugiškas pagalbos teikimas smurtą ir prievartą artimoje aplinkoje patyrusiems asmenims* [Trauma psychology-based and client-friendly assistance to survivors of domestic violence] [Conference session]. Elgesys, Kurio Negalime Pateisinti. Atsakingi Esame Visi, Šalčininkai, Lithuania.

20. **Vasiliauskaitė, Z.** (2018, March). *Mitai apie smurtą prieš moteris šeimoje. Kodėl svarbu apie tai kalbėti* [Myths about domestic violence against women. Why it's important to talk about it] [Conference session]. Po 100 Metų: Moters Dalis ir Dalia Lietuvoje, Lithuanian Parliament, Vilnius, Lithuania.

21. **Vasiliauskaitė, Z.** (2017, April). *Teisės psichologija. Karjeros galimybes žmogaus teisių gynimo srityje* [Psychology of law. Career opportunities in the field of human rights protection] [Conference session]. The XIVth Young

Psychology Researchers Conference, Vilnius, Lithuania.

22. **Vasiliauskaitė, Z.** (2015, November). *Geroji pasaulio praktika kovojant prieš smurtą prieš moteris* [Best world's practice of combating violence against women] [Conference session]. Lietuva Pasaulyje: Apsaugos Nuo Smurto Artimoje Aplinkoje Įstatymui Ketveri Metai – Pasiiekta Pažanga, Iššūkiai, Ateities Perspektyvos. Lithuanian Parliament, Vilnius, Lithuania.

23. **Vasiliauskaitė, Z.** (2015, November). *The Best Practices of Combating Violence Against Women: Specialized Help Centres in Lithuania* [Conference session]. The 3rd World Conference of Women's Shelters, The Hague, The Netherlands.

24. **Vasiliauskaitė, Z.** (2015, September). *Traumos psichologija: kodėl smurtą ir prievartą šeimoje patiriančios moterys nepalieka smurtautojų?* [The psychology of trauma: Why do women survivors of domestic violence not leave their abusers?] [Conference session]. Smurtas prieš Moteris Lyčių (Ne)Lygybes Aspektu: Priežastys, Pasekmės ir Įveikimo Strategijos, Kaunas, Lithuania.

2. DEFINITION OF TERMS

Barriers to disclosure are mostly understood as obstacles or reasons that keep a person from disclosing her experience of intimate partner violence to others (Naudi et al., 2018; Vasiliauskaitė & Geffner, 2020b). These barriers can be categorised into external and internalised (Naudi et al., 2018).

Disclosure is a voluntary verbal revelation of a traumatic experience (Bedard-Gilligan et al., 2012).

Emotional support encompasses behaviours such as empathic listening and validation of the experience and feelings (Trotter & Allen, 2009).

Help-seeking is an active, complex and multifaceted decision-making process oriented to solving a specific problem (Cornally & McCarthy, 2011).

Informational support manifests as the provision of information about places that can give help and support the person needs (Bosch & Schumm, 2007).

Intimate partner violence (IPV) - IPV encompasses threats and or all acts of physical, sexual, emotional, economic violence directed toward an adult romantic partner, regardless of marital status, and including both ongoing and terminated relationships (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, 2011; Worden, 2001).

Posttraumatic growth (PTG) signifies advanced psychological functioning, cognitive and behavioural growth that was uncharacteristic of the person pre-trauma and is a result of the struggle with and efforts to overcome the traumatic event (Calhoun & Tedeschi, 2013; Tedeschi & Blevins, 2017).

Social constraints are “any social condition that causes trauma survivors to feel unsupported, misunderstood, or otherwise alienated from their social network when they are seeking social support or attempting to discuss their trauma” (Lepore & Ituarte, 1999, p. 168).

Social factors (e.g., social support) affect a person’s thoughts or behaviour in social contexts or affect self-concept through other individuals or groups

(APA, 2020). Social factors can be positive, in that they affect a person positively, or negative. An example of a positive social factor is social support, and a negative social factor is social constraints.

Social support is a positive social reaction to disclosure that could manifest through emotional, instrumental, informational and other support (Cohen et al., 2000).

Tangible support is a provision of more practical assistance, such as accommodation or place to stay, financial support, or childcare (Trotter & Allen, 2009).

Trauma is an emotional response to a grave event like interpersonal violence, automobile accident, or natural disaster, usually followed by shock, denial and later strong negative emotions, flashbacks, behavioural changes, and even physical symptoms (APA, 2022).

3. LITERATURE REVIEW

3.1 The Concept of Intimate Partner Violence

The violence directed against a woman because she is a woman or affects women disproportionately is known as gender-based violence (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, 2011). Intimate partner violence (IPV) is one of the forms of violence against women. IPV encompasses threats and or all acts of physical, sexual, emotional, economic violence directed toward an adult romantic partner, regardless of marital status, and including both ongoing and terminated relationships (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, 2011; Worden, 2001). Police reports indicate that in Lithuania, women are disproportionately affected by IPV. More than 80% of victims of IPV are women, and 90% of perpetrators are men (Official Statistics Portal, 2020). The perspective guiding this dissertation corresponds with the notion that violence against women is embedded in social and cultural conditions rather than depends on individual attributes (Alvarez & Bachman, 2008; Dobash & Dobash, 1992). Throughout this dissertation, intimate partner violence (IPV), domestic violence (DV) and violence against women (VAW) will be used interchangeably. However, the main focus here is on male violence against women in intimate relationships, i.e., male intimate partner violence (IPV) against women.

3.1.1 Intimate Partner Violence as a Traumatic Experience

American Psychological Association (APA, 2022) describes trauma as an emotional response to a grave event like interpersonal violence, automobile accident, or natural disaster, usually followed by shock, denial and later strong negative emotions, flashbacks, behavioural changes, and even physical symptoms. However, the understanding of a traumatic event has been changing throughout the years. Traumatic experiences gained proper recognition after PTSD was added to the Diagnostic and Statistical Manual of Mental Disor-

ders (DSM-III) in 1980 (American Psychiatric Association, 1980). Since then, with every DSM revision, the definition of trauma has been changing (North et al., 2016). In the latest edition of DSM (DSM-5), the traumatic events are understood only through objective exposure to “actual or threatened death, serious injury or sexual violence” (American Psychiatric Association, 2013, p. 271), removing subjective responses described in DSM-IV, such as intense fear, helplessness, or horror. Regardless, some theories, like the Posttraumatic growth theory, refer to traumatic events as something that shakes a person’s core beliefs and is not necessarily explained through objective exposure to traumatic events described in DSM-5 (Tedeschi et al., 2018).

IPV is a traumatic event that usually has a threat of death and causes serious injury to the survivor’s physical, psychological and social well-being. Some effects of traumatic experiences for a while were researched through the androcentric lens. Nevertheless, through the efforts of feminist researchers, we now have a better understanding of trauma and its effect on women. For example, the theoretical basis of what later became known as PTSD was already explored by Lenore Walker (Walker, 2017). Since the late 1970s, she has been researching trauma effects on women survivors of IPV. Walker coined the phenomenon of Battered Women Syndrome (BWS), a type of PTSD with the same symptoms of PTSD and a few symptoms specific to survivors of IPV. According to Walker, it takes two to three complete cycles of abuse for BWS to develop. Her hypothesis could explain the high prevalence of posttraumatic symptoms characteristic of both BWS and PTSD found in women survivors of IPV.

At the dawn of trauma psychology, PTSD and later traumatic brain injury (TBI) were believed to be more characteristic of men. However, now we know that women are two to three times more likely to develop PTSD than men (Christiansen & Hansen, 2015). Moreover, it seems that the experience of IPV is more traumatic than a war combat experience. The highest prevalence of PTSD in veterans was reported to be 30 % in Vietnam War veterans (U.S. Department of Veterans Affairs, 2018) and 13.5 % in Iraq war veterans (Walker et al., 2017). In contrast, Golding’s (1999) meta-analysis shows that PTSD in

women survivors of IPV is several times more prevalent. On average, 64% of domestic violence victims develop PTSD (Golding, 1999), while in the general population, studies show that the likelihood of developing PTSD for other women ranges between 10–12% (Olf, 2017). Similarly, TBI prevalence in the IPV context is estimated to be 11 to 12 times greater than TBI in athletes or survivors of various accidents (Lifshitz et al., 2019). It ranges up to 94 % (Ayton et al., 2021).

Both IPV-related PTSD and TBI are associated with gruesome outcomes. PTSD and its symptoms are associated with greater bio-psycho-social adversities (Pacella et al., 2013; Vasiliauskaitė, 2015). While TBI results from a blow or force to the head (Helps et al., 2008), strangulation (Gagnon & DePrince, 2017) is associated with severe consequences. These include decreased physical functioning (Corrigan et al., 2003), reduced cognitive functioning (Marsh & Martinovich, 2006), and even death (Hinds et al., 2015). The overwhelming difference between the effects of IPV on women and trauma on veterans and athletes (mainly men) is clearly evident. However, the former adversity does not receive proper attention and efforts to be eradicated or prevented.

3.1.2 Multidimensionality of Intimate Partner Violence

IPV is a multidimensional phenomenon, and there are many different forms of IPV, such as physical, sexual, psychological and emotional violence and abuse, controlling behaviour, such as economic abuse and coercive control, harassment and stalking (FRA, 2014; Senkans et al., 2021; WHO, 2012; 2021). Research reports that many forms of violence and abuse often co-exist (FRA, 2014). However, a lack of consistent definitions impedes how IPV is researched, recorded and measured (FRA, 2014; Howarth & Feder, 2013; WHO, 2021). Most research data reflect the prevalence of physical and sexual violence against women, leaving other forms of IPV, such as psychological, economic violence, harassment and stalking, coercive control and social isolation, less presented and explored (WHO, 2021).

Two wide-reaching representative studies of WHO (2012) and FRA

(2014) focusing on more than just physical and sexual violence aspects of IPV were conducted in the early 2010s. WHO (2012) refers to 4 types of IPV: (1) acts of physical violence, (2) sexual violence, (3) emotional (psychological) abuse and (4) controlling behaviour that includes isolation, stalking, economic control and restriction of employment, education and medical care (WHO, 2005; 2012). The FRA (2014) study similarly divided IPV into four categories – (1) physical violence, (2) sexual violence, (3) stalking, and (4) psychological violence, consisting of controlling behaviour, economic violence, abusive behaviour, and blackmail with/abuse of children. However, WHO conducted its latest two global studies on violence against women (WHO, 2013; 2021), focusing solely on physical and sexual violence. In the reports, WHO stressed the importance of the other types of IPV, but due to ‘a lack of agreement on standardised measures of emotional/psychological partner violence’ (2013, p.10), only data related to physical and sexual violence were collected. In the latest WHO global study, similar limitations were identified: a need for standardisation in measures, a need to address more forms of IPV and the need to present disaggregated data by different forms of IPV (WHO, 2021).

IPV is recognised as a multidimensional phenomenon. However, it is not very common to have data collection and results’ disaggregation based on the different forms of IPV. Data collection on and analysis of various forms of violence against women is not an easy task as we are still lacking harmonized definitions and standardized measures of intimate partner violence.

3.1.3 The Prevalence of Intimate Partner Violence

Global Estimates. Multi-country studies show that up to 90 % of women have experienced some form of male-perpetrated IPV (WHO, 2005; 2013). Data from 24, 000 women from 10 countries representing diverse cultural, geographical, and urban/rural settings indicated that about 20 % to 75 % of women had experienced at least one emotionally abusive act, and even more women experienced controlling partner behaviour (21 – 90 %) (WHO, 2005). The prevalence of extreme forms of violence, such as physical and sexual violence, was

reported by several WHO studies. The study of 2005 found that between 13% and 61% of women had experienced physical violence and between 6% and 59% sexual violence, both perpetrated by an intimate partner (WHO, 2005). Data from a later study of 2013 estimated that the global lifetime prevalence of physical and or sexual IPV was 30%. That was the first global systematic review and synthesis of scientific data on the prevalence of physical and sexual violence against women. This study was based on representative population data from 155 studies in 81 countries. A most recent WHO global study (2021) incorporated results from 307 studies from 154 countries. Results indicated that not much has changed since the last study. On average, 26 % of women globally experienced physical and or sexual IPV, and 30 % of women experienced physical and or sexual male violence in their lifetime (WHO, 2021). This study revealed that the estimates are even higher for women aged 15-49 (27 % and 31 %, respectively).

European Estimates. Regarding estimates in Europe, the most recent representative study was carried out in the European Union by the European Union Agency for Fundamental Rights (FRA). The findings are based on interviews with 42,000 women across the 28 Member States of the European Union (EU). This is the first study to investigate the magnitude of violence against women in all 28 EU Member States using the same methodology. FRA found that 33 % of women in the EU had experienced physical and or sexual violence, 22 % of whom experienced it by an intimate partner. Previous studies reported a higher prevalence – 25.4 % in 2013 (WHO, 2013) and 23 % in 2021 (WHO, 2021).

The FRA study also attempted to measure psychological violence comprising of controlling behaviour, economic violence, abusive behaviour, and blackmail and threats of child abuse. Almost half (43%) of the European women reported experiencing some form of the above-mentioned psychological violence—more than a third experienced controlling (35%) and psychologically abusive (32%) behaviours. Stalking was experienced by 18% of European women, for more than 20 % of whom stalking got so severe that they had to

change their phone numbers or email addresses(FRA, 2014). For almost a quarter, and it lasted for several years (FRA, 2014).

According to the power and control wheel (Pence & McMahon, 2008) and supported by practitioners, economic abuse is one of the forms of violence abusers engage in at the earliest. Economic abuse is instrumental in isolating the woman and making her more dependent on the abuser. However, FRA found a very low endorsement of economic abuse. Only 12% of the women reported it. Thus, although it was the first of its kind study, it has been criticised for its findings that did not coincide with practitioners' or previous research. Low estimates could be related to a small number of questions that may not be adequate to describe the complexity of such abuse.

Lithuanian estimates. In Lithuania, the first representative study done in 1999 revealed that 63.3% of Lithuanian women at some point in their lives had experienced physical or sexual IPV (Purvanekiene, 1999). FRA's (2014) representative study showed that 31% of Lithuanian women had experienced physical and or sexual male violence, of which previous or current intimate partners perpetrated 24%. Emotional violence was experienced by 51% of ever-partnered women. Furthermore, 8% of Lithuanian women have experienced stalking. However, no overall number of women experiencing any form of IPV was reported. The latest representative study (Žukauskienė, Kaniušonytė, Bakaitytė, et al., 2021) reported similar results to FRA. It was found that 51.2% of Lithuanian women had experienced IPV at some point in their lives. Most women (50.1%) had experienced psychological abuse, almost 30% economic, 21.5 % physical, and 16.9 % experienced sexual abuse.

Regardless of the region or country, the estimates of violence against women are very high and persistent. Some positive but small change was observed in European estimates of sexual and physical violence against women. However, there is a clear need for more studies analysing women's experiences beyond sexual and physical violence. Those studies that did look at economic and psychological violence experienced by women revealed high prevalence. Moreover, it seems that the estimates rates depend also on the measures used.

3.1.4 Intimate Partner Violence Effects on Bio-Psycho-Social Wellbeing

Due to pandemic rates and major effects on a person's health, violence against women was declared a human rights issue and a violation of women's human rights by The United Nations Conference on Human Rights, held in Vienna 1993 (United Nations, 1993). Moreover, in 1996 the Assembly of the World Health Organization in Geneva (Switzerland) announced that violence against women is a major and growing worldwide public health issue reaching pandemic proportions. Twenty-five years later, it is yet unrevoked.

Research shows that IPV is a risk factor for mental health issues such as PTSD, anxiety, depression (Salcioglu et al., 2017; Spencer et al., 2019); various self-destructive actions (Tsirigotis & Łuczak, 2018; Machisa et al., 2017). Physical outcomes include increased incidence of somatic symptoms, like headache, back pain, fainting, numbness, diarrhoea, excessive bleeding, and fatigue (Iloson et al., 2012). Neurological consequences include loss of consciousness, traumatic brain injury (TBI; Ayton et al., 2021), seizures, motor and speech disorders, and paralysis (Bichard et al., 2021). Social issues include decreased workforce participation, social activities (Moulding et al., 2020) and homelessness (Chan et al., 2021). Adverse effects on women's sense of self (Moulding et al., 2020), their overall well-being (Hisasue et al., 2020) and life itself. Moreover, if no one interferes, IPV can result in death. It has been reported that 35% of all murders of women (femicides) globally are committed by an intimate male partner (WHO, 2012). Thus, violence against women should also be understood as a public health issue as it has a grave negative effect on women's survivors of violence health and bio-psycho-social well-being.

3.1.5 Measurements of Intimate Partner Violence

The lack of validated multidimensional IPV measures is evident not only in the prevalence studies. In the studies addressing male violence against women, the most used scales are the Conflict Tactics Scale (Straus, 1979, 1990), Measure of Wife Abuse (Rodenberg & Fantuzzo, 1993), Index of Spousal Abuse

(Hudson & McIntosh, 1981), and the Psychological Maltreatment of Women Inventory (Tolman, 1989). The focus of these scales is usually on episodic male violence, usually encompassing just one or two forms of IPV. WHO (2013; 2021) highlights the issue of focusing on just a few types of IPV as it limits our understanding of and misrepresents the complex experiences of IPV survivors (Hegarty & Valpied, 2007).

Some of the scales mentioned above (e.g., the Conflict Tactic Scale) are receiving increasing criticism regarding their validity and reliability (Ackerman, 2018; Hegarty & Valpied, 2007). For example, among many flaws, Ackerman (2018) found that out of the 1,174 events endorsed in the Conflict Tactic Scale, 22.1 % were over-reports. Over-reporting was associated with gender. That means that men were grossly mislabelling acts of their partners that were not abusive as abusive. At the same time, women were grossly mislabelling their own actions as abusive when they were not abusive. This and other significant issues are responsible for the flawed assumption of symmetry in violence perpetration by both sexes (Ackerman, 2018; Hegarty & Valpied, 2007).

Keeping in mind the shortcomings and best qualities of the already existing instruments, new ones are being created, such as VITA Scale: Intimate Violence and Traumatic Affects Scale intended to detect post-traumatic affectivity (Troisi, 2018), The Scale of Economic Abuse (SEA, Adams et al., 2008; 2015) expanding the understanding of economic abuse, The Composite Abuse Scale (CAS; Hegarty et al., 2005) the multidimensional instrument that allows for a more comprehensive data and knowledge collection of women's experiences in abusive relationships. The CAS has become widely used as it is a psychometrically strong multidimensional instrument (Ford-Gilboe et al., 2016; Lokhmatkina et al., 2010; Loxton et al., 2013; Rietveld et al., 2010) that allows collecting data on experiences of many different forms of IPV against women. The last two scales are just being introduced into Lithuanian research. The first study analysing the scales' validity and reliability for use in Lithuania was published recently by Vasiliauskaitė and Geffner (2020). Thus, recognizing the importance of using methodologically strong, valid and reliable instruments

that reflect the complexity of women's experiences in intimate relationships, this dissertation employed both The Scale of Economic Abuse and the Composite Abuse Scale.

As evident from many studies reviewed above, IPV can result in many adversities on women's bio-psycho-social well-being. This great focus on the adverse effects of IPV can serve several purposes – informing policymakers on the urgency to stop violence against women, informing help providers of the needs of survivors, and helping survivors themselves to understand the effect the abuse they suffered had on them. However, focusing only on the adverse effects of trauma does not accurately represent the experiences of IPV survivors and presents bias or an incomplete picture of the aftermath of IPV (Linley & Joseph, 2004). Positive changes and personal growth have also been reported in the aftermath of trauma (Tedeschi et al., 2018).

3.2 Posttraumatic Growth

3.2.1 Posttraumatic Growth Concept

Suffering, loss and trauma are part of human experiences that barely anyone can escape. According to WHO survey data from 26 countries (Kessler et al., 2018), over 70 % of study participants had experienced at least one traumatic event in their lifetime. For many years mental health disciplines such as psychology and psychiatry focused on the negative effects of trauma and ways to address them. The growth after trauma is not a new concept. It has been investigated in various disciplines, such as philosophy, religion, arts, sociology, biology, and psychology (Tedeschi et al., 2018). However, only recently, a shift in paradigm has been observed that takes a more holistic approach to trauma with attention to positive changes, perceived benefits and growth following trauma (Tedeschi et al., 2018; Tedeschi & Calhoun, 1995).

The most widely used term describing growth after trauma is post-traumatic growth (PTG). The term PTG was coined in the mid-1990s by Tedeschi and Calhoun (Calhoun & Tedeschi, 2013; Tedeschi & Calhoun, 1995), who had

been noticing positive changes in their trauma patients and wanted to analyse it empirically. PTG theory aims to help people move through and forward from challenging experiences (Tedeschi et al., 2018).

PTG can be defined as a process and an outcome (Tedeschi et al., 2018). The process of PTG starts with the experience of a traumatic event and the disruption of a person's inner narrative that, in its own right, triggers excessive cognitive processing. The process ends with the realisation that the person has experienced growth. The realisation of positive changes after trauma that came through a combination of complex cognitive, social and emotional processes is an outcome of PTG (Tedeschi & Blevins, 2015).

Besides PTG, several terms in academic literature describe positive changes, such as thriving, benefit finding, the discovery of meaning, stress-related growth, and flourishing (Berger, 2015). However, resilience is not one of them. PTG signifies advanced psychological functioning, cognitive and behavioural growth that was uncharacteristic of the person pre-trauma and is a result of the effort to overcome the traumatic event (Calhoun & Tedeschi, 2013; Tedeschi & Blevins, 2017). While resilience (Latin *resilire* – “to spring back”) reflects a person's ability to withstand the trauma and bounce back from it to the pre-trauma baseline (Berger, 2015; Tedeschi & Blevins, 2017). Thus, PTG and resilience are not the same and, in some studies, were even poorly correlated (Ogińska-Bulik, & Kobylarczyk, 2016).

It is important to note that PTG theory does not suggest in any way that trauma is desirable or needed for positive changes to happen in a person's life. However, many people (Kessler et al., 2018), especially women (Christiansen & Hansen, 2015), are subjected to traumatic experiences. Thus, PTG theory, emphasising on the post, focuses on the positive changes that happen due to the person's efforts to overcome their trauma.

Thus, PTG is not a novel concept discussed in various disciplines. Moreover, there are various ways to describe positive changes after trauma, but the most common one is PTG. PTG is also a unique experience not similar to resilience as it reflects new, before trauma uncharacteristic increased psychological

functioning, but not the ability to bounce back to the previous oneself. Furthermore, trauma is not desirable as it has many negative effects on a person's well-being. However, for those who have experienced it, there is an incentive to try to overcome it, as it can lead to increased psychological functioning and growth in various areas of life.

3.2.2 Dimensions of Posttraumatic Growth

At an early stage of PTG research, it was assumed that positive changes, PTG outcomes, can occur in three areas of a person's life: changes in well-being (e.g., increased strength and maturity), changes in relationships (e.g., a sense of closeness to others), and changes in spirituality or life philosophy (e.g., review of life priorities) (Tedeschi & Calhoun, 1995). Later, with more research and development of the Posttraumatic Growth Inventory (PTGI), five domains of PTG outcomes were identified - personal strength, relating with others, new possibilities, appreciation of life, and spiritual change (Taku, Cann, Calhoun et al., 2008).

Personal strength is usually described as recognising one's vulnerability to life adversities, followed by a discovery of inner strength. That inner strength helped the person to overcome adversity but was unknown to the person beforehand. Most survivors express it in a narrative: "if I handled this, then I can handle just about anything" (Tedeschi & Calhoun, 2004, p. 6). This newfound sense of self-reliance and confidence can also reflect in a person's self-perception as an active agent (a survivor) rather than a passive (a victim) (Tedeschi et al., 2018). This growth reflects not only in the context of the trauma but also in the broader perspective as the person can become more willing to tackle other challenges in their lives and learn new things with greater confidence (Shakespeare-Finch & Barrington, 2012).

Close and more meaningful relationships with others is another PTG domain that reflects a person's changed perspective towards others. On the one hand, in their journey to recovery from trauma, survivors realise that there are good-meaning people with whom they become close. For some, positive

change can be in that they are more open with their emotions, seek to spend more quality time with the people they care about, and be better at accepting help from others (Shakespeare-Finch & Barrington, 2012). On the other hand, the experience crystallises the relationships – with some people discovering a deeper relationship. However, with some, the relationship breaks off. As survivors would say, “you find out who your real friends are in a situation like this” (Tedeschi & Calhoun, 2004, p. 6). Thus it might be a conscious decision to break off relationships that are not positive or beneficial. A greater connection to others can also manifest through an increased sense of compassion and empathy for others in general, but more specifically for people in similar situations.

Another domain in which people can experience growth is *discovering or identifying new possibilities* or new paths in their lives (Tedeschi & Calhoun, 2004). For example, people can develop new habits and new interests, engage in new activities or change their careers that before a traumatic experience was not even contemplated. Usually, these changes are related to the adversity the person has survived. The person changes career path, gets involved in community work or establishes their own civic society organisation to help others overcome adversity. For example, it is estimated that half or even more of today’s social and political activists advocating for victims of male violence are survivors of IPV or other forms of violence themselves (Burt & Katz, 1987; Draucker et al., 2009; Slattery & Goodman, 2009; Wood, 2017).

Following traumatic events, many people report a greater appreciation of life itself and appreciation of the things they took for granted pre-trauma (Tedeschi et al., 2018). On the one hand, people appreciate the things they still have in their life despite the trauma. On the other hand, they adhere to an enhanced meaning to everyday life that was not considered before or was deemed as less significant (Tedeschi & Calhoun, 2004). It could be a realisation of the importance of paying more attention to their relationships with children, partners, and other loved ones, being aware of the surroundings and appreciating every day its most minor details such as sunrise, a smile, or a nice gesture.

Finally, changes in spirituality are common following traumatic events.

Confrontation with trauma, especially if that reminds a person of her mortality, can lead to a revision of religious beliefs and raise fundamental existential questions (Calhoun & Tedeschi, 2013). Calhoun and Tedeschi suggest that changes in spirituality do not mean that a person becomes more religious in an orthodox way. However, rather adversity leads to the reevaluation of previous beliefs that can lead to less traditional but more meaningful ways of believing. This growth is possible not only for religious people but also for atheists or agnostics (Tedeschi et al., 2018). Trauma may shatter their assumptions of the world and its order. Thus, examining existential questions can result in a better understanding of the existential realm that can have its own significance. However, only recently, the Posttraumatic Growth Inventory was improved to explore this change after trauma in both spiritual or religious people and atheists or agnostics (PTGI-X; Tedeschi et al., 2017).

There are five areas that a person can experience growth and positive change that was not characteristic to them before the trauma. A person can experience growth in personal strength, new possibilities, relating to others, appreciation of life and spiritual change. Moreover, these changes are measurable by an instrument called the Posttraumatic Growth Inventory, which is being updated to reflect the current dynamics of our lives best.

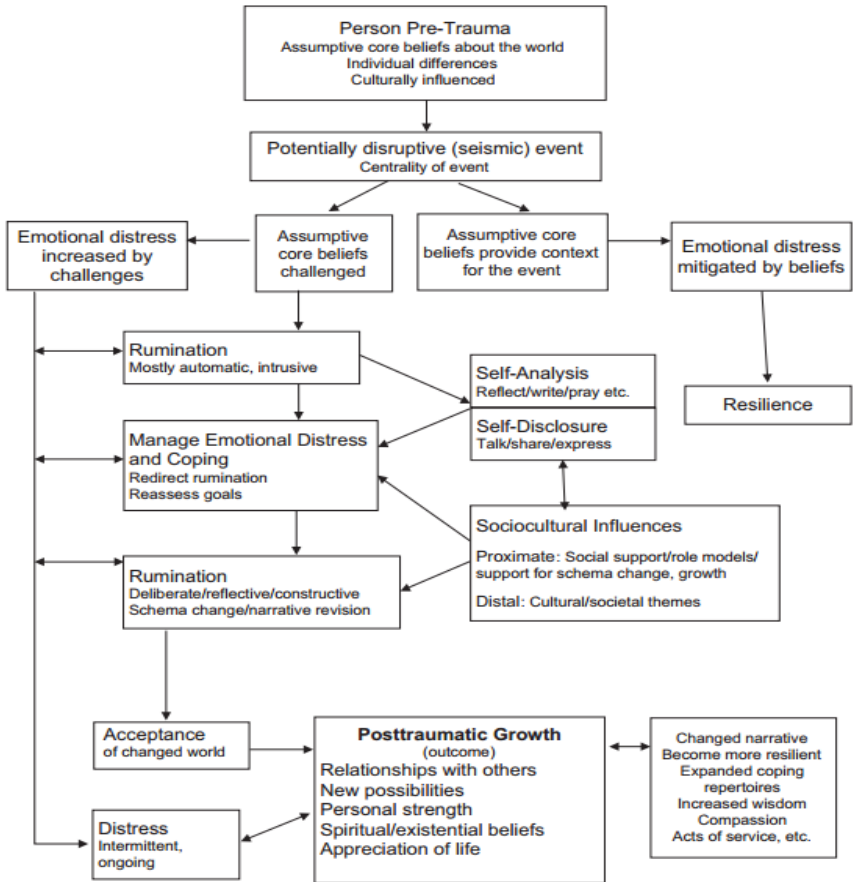
3.2.3 Posttraumatic Growth Model

According to the PTG model (See Figure 1, Tedeschi et al., 2018), one of the most important elements determining post-traumatic growth is rethinking pre-trauma beliefs and incorporating the new ones in existing schemata. Calhoun and Tedeschi (2013) equate a traumatic event to an earthquake. Thus, trauma is similar to a seismic event that shakes all the previous structures and beliefs about self, others and the world. The shock triggers emotional distress and cognitive processes that manifest through rumination, which can be intrusive or deliberate (Calhoun & Tedeschi, 2013). Intrusive thoughts occur immediately after a traumatic event when trauma resurfaces in a person's active thoughts, even when they are unwilling to do so. Intrusive rumination is related

to high psychological distress and is one of the strongest predictors of PTSD (Ogińska-Bulik, 2016).

Figure 1

Revised Model of Posttraumatic Growth



Note. Figure is from Tedeschi et al. (2018).

Social support was another important component of the PTG model in that supportive social relationships can promote PTG, and negative ones inhibit PTG. However, in the latest PTG model based on empirical eviden-

ce, social support was relabelled to self-disclosure (Tedeschi et al., 2018). The bare existence of social support is not enough to promote PTG after trauma. Processing the current life crisis by self-disclosing crisis-related emotions and thoughts through talk or writing and the response of others are the factors that are hypothesised to affect PTG.

Trauma survivors might seek support or help to deal with trauma and its aftermath. With time and assistance, intrusive thoughts reduce, and deliberate rumination takes over. The deliberate rumination manifests itself in a more remote period when a person actively seeks to find the meaning of an event, and reflections on trauma arise not by themselves but when the person chooses to take time to reflect on them (Calhoun & Tedeschi, 2013). Deliberate rumination leads to acceptance or emotional distress, leading to posttraumatic growth.

The cultural context is believed to have a significant effect on PTG, too, especially on coping and managing emotional distress, deliberate rumination and self-disclosure (Tedeschi et al., 2018). It is difficult to define what culture is as it is socially constructed, i.e. derived from social processes and human interactions and can differ depending on a group's history, values, beliefs, social practices, and what is deemed to be desirable and undesirable aspirations and conduct (Fiske, 2002; Stuart, 2004). Adherence to these norms is met with social acceptance, and deviation from them with social sanctions (Tedeschi et al., 2018).

An individual can be a part of several cultural groups. For example, in the context of this dissertation, the study participants could be part of a large cultural group, such as Lithuanian society or even wider such as women. Gender is also socially constructed, comes with its own rules, values, and practices, and is also tied to history (Lindsey, 2015). Thus, it becomes a culture on its own, explaining what a woman is and how womanhood is constructed, performed, praised and sanctioned (Dauphin, 1989; Lindsey, 2015). Violence against women has been a leitmotiv throughout thousands of years of history. It has a big influence on gender construction and performance and influences how relationships are formed and maintained and what place women have in

private and public spheres (Maseno, & Kilonzo, 2011). Thus, even if a woman had not experienced male violence herself, her life is informed by it regardless of her being aware of it (Convention on the Elimination of All Forms of Discrimination against Women, 1979). According to PTG theory, it is important to be culturally aware as elements of a culture or multi-culture can contribute to the challenges the trauma survivors are facing and affect a person's well-being (Tedeschi et al., 2018).

IPV is unlike other traumatic experiences in its causes, dynamics and consequences. As the investigations of PTG in domestic and IPV cases started just a decade ago (Cobb et al., 2006), there is a great gap in knowledge, specifically when it comes to the role of other social factors than social support in the development of PTG in women survivors of IPV. Sociocultural factors, such as barriers to disclosure or factors that can be largely influenced by culture, such as disclosure and both positive and negative social reactions to disclosure, are little to not all explored in this context. Thus, this dissertation aims to explore the role of those social factors that can potentially inhibit or promote PTG in women survivors of IPV and to determine the direct and indirect associations between these social factors and PTG in cases of different forms of IPV. Thus, these two elements, self-disclosure and sociocultural influences, of the Revised model of PTG (see Figure 1) will be explored deeper in this dissertation.

3.2.4 Posttraumatic Growth in Survivors of Different Types of Trauma

Positive changes were reported in survivors of many different traumatic or challenging experiences, such as health issues of stroke (Gangstad et al., 2009), cancer (Arpawong et al., 2013), war-related traumas (Hall et al., 2010), natural disasters (Lowe et al., 2013), and interpersonal violence such as rape and sexual assault (Kleim & Ehlers, 2009).

A meta-analysis of the predictors of moderate-to-high posttraumatic growth revealed the difference between traumatic events. The highest (60.33 %) prevalence of moderate-to-high posttraumatic growth (PTG) was in people who were exposed to traumatic events through their occupation (firefighters,

war veterans) and the lowest (46.67 %) in survivors of accidents (auto-crash and similar; Wu et al., 2019). Although Wu and colleagues grouped traumatic events into three groups (the third being patients affected by illnesses) and found differences between them, their findings did not reflect all types of trauma, especially interpersonal trauma.

Even though psychological growth with varying intensity was consistently found in IPV survivors (Ulloa et al., 2015), it was found to be the highest in domains of appreciation of life (Cobb et al., 2006; Kleim & Ehlers, 2009) and personal strength (Kleim & Ehlers, 2009). However, the growth of these domains is greater following other challenging experiences. For instance, it was found that bereaved individuals were experiencing higher levels of growth in domains of appreciation of life and relating to others than those who experienced relationship problems (Ickovics et al., 2006) and sexual assault (Shakespeare-Finch & Armstrong, 2010).

Moreover, the Kira et al. (2013) study found no associations between IPV and PTG. This study's sample was highly traumatised and reported cumulative traumatic experiences (e.g., war-related) that might not be characteristic to all. However, their findings are worth mentioning. In the study (Kira et al., 2013), while controlling for gender, age, marital status, and education, it was found that, unlike other different traumatic experiences, sexual or physical abuses were not significantly associated with PTG, and domestic violence was not associated with any of PTG domains either. However, other experiences that could be similar to those of women in abusive relationships have been associated with PTG. For example, failure in relationships was associated with the appreciation of the life domain; uprootedness that can happen to shelter-fleeing women was associated with greater PTG in appreciation of life and new possibilities domains. Also, being attacked and hit by a bigger and stronger person were associated with overall PTG and growth in the relationship domain. Finally, the experience of gender discrimination by society was related to increased overall PTG and growth in relationship to others domain (Kira et al., 2013).

Positive changes after trauma and PTG have been reported in many studies analysing the experience of various trauma survivors. As evident different trauma survivors experience different degrees of growth in different areas of PTG. These findings highlight the need to analyse and explore the development of PTG in survivors of other traumatic experiences too.

3.2.5 Posttraumatic Growth in Women Survivors of Intimate Partner Violence

The first-ever study analysing PTG in survivors of IPV revealed that the women survivors of IPV experience PTG and the degree of growth are related to the greater experience of IPV (Cobb et al., 2006). Later studies analysing PTG of survivors of IPV reported a high prevalence but rather low intensity of PTG.

Most studies on interpersonal violence do not report the distribution of PTG scores in categories reflecting high or low PTG presence. PTGI scores can range from 0 to 105; the higher the score, the greater the growth. In their latest publication, the authors of PTG theory mentioned that there are no cut-offs of PTG, and even a small degree in one domain can be significant for the person experiencing it. Thus, practitioners and researchers should consider that person as someone who experienced growth regardless of the score (Tedeschi et al., 2018). However, for the research purpose and for a better understanding of the factors contributing to PTG, Cobb and colleagues (2006) suggested PTG thresholds: 0 to 21 *signifies* no growth, 21 – 42 a very small degree of growth, 42 - 63 a small degree, 63 - 84 a moderate, 84 - 105 a great deal of growth, and 105 a very great deal of growth (Elderton et al., 2017). Thus, some studies use these for better comprehension of the PTG scores.

Elderton et al. (2017) reported scores of PTG in interpersonal trauma survivors falling into the categories of a very small to moderate degree of growth (32.76 to 68.08). There are no systemic reports on PTG prevalence in women survivors of IPV. However, similar tendencies are observed ($M = 68.08$, $SD = 24.95$; $N = 60$, Cobb et al., 2006; $M = 59.20$, $SD = 24.12$; $N = 100$, Doa-

ne, 2010; $M = 53.30$, $SD = 21.64$; $N = 100$, Ogińska-Bulik, 2016; $M = 62.74$, $SD = 29.47$; $N = 23$, Valdez & Lilly, 2015). Some studies report the total PTG score mean with categories ranging from 0 to 5. These studies found similar results, showing that a small to moderate degree of growth is more characteristic of women survivors of IPV ($M = 3.03$, $SD = 1.35$; $N = 217$, Žukauskienė, Kaniušonytė, Bergman, et al., 2021). Ogińska-Bulik (2016) found that over 42 % of the women in her study exhibited a low level of PTG.

Some studies report women survivors of IPV who had not experienced growth post-IPV. Thirteen per cent of the participants of Valdez & Lilly's (2015) study reported growth below the score of 1, which signifies that the women experienced no growth. The study's authors did not present the characteristics of the women who have not reported PTG or reported a low degree of PTG. Thus, although many survivors of IPV experience growth, it is rather small or moderate.

The experience of PTG likely varies between the survivors of different forms of IPV as it varies between the survivors of different types of traumatic experiences. Lowe et al. (2020) found that survivors of physical assault, i.e. physical violence, and rape, i.e. sexual violence, were experiencing the lowest degree of PTG compared to other traumatic events. Experience of IPV ($N=113$) as the most traumatic event was associated with greater PTG scores compared to experiences of other types of interpersonal violence or experiences of other stressful events such as bereavement or illness. By its definition, IPV already encompasses both studied types of interpersonal violence (physical assault and rape). Thus, these findings suggest the importance of looking at IPV as both one-dimensional and multi-dimensional experiences. Moreover, some studies suggest that different forms of IPV have different prognostic power of PTG. For example, a study found that psychological and economic abuse, not physical and sexual abuse, were correlated with PTG, while only psychological abuse was positively linked to PTG (Bakaityte, 2019).

Evidence supports that IPV survivors experience PTG. However, only a handful of studies analyse PTG in women survivors of IPV. Moreover, most of

them analysed IPV as one dimensional rather than a multidimensional phenomenon. Thus, greater efforts must be directed towards analysing women's experience of PTG in relation to the experience of various forms of IPV, especially since evidence analysing other types of traumatic experiences suggests that different forms of IPV could lead to a different experience of PTG.

3.3 Growth Promoting and Inhibiting Factors in Survivors of Intimate Partner Violence

According to the PTG research, more people experience positive changes than adverse effects after trauma (Tedeschi et al., 2018). However, the mere experience of trauma does not lead to PTG. PTG develops due to challenges the person faces and works through to integrate these new experiences into her life. Studies found that some factors promote, i.e., have a positive relationship with PTG (Cadell et al., 2003; Prati & Pietrantonio, 2009), while some factors inhibit growth after trauma, i.e., have a negative relationship with PTG (Mi Young & Yujeong, 2018). These factors related to growth promotion or inhibition in literature are categorised into 1) pre-traumatic, 2) peri-traumatic, and 3) post-traumatic factors (Gargot et al., 2021; Su & Chen, 2015; Tedeschi et al., 2018). Factors that were in a person's life before trauma are called pre-traumatic factors. These could be demographic variables such as gender, age, education or other factors such as personality type, pre-trauma mental health, and world assumptions before the trauma. Peri-trauma factors are usually related to the traumatic event itself, like the type of traumatic event, its duration, fight-or-flight reactions, injuries sustained and other factors. Post-trauma factors are usually described as the response by a person or others to a traumatic event. Thus, cognitive appraisals, disclosure, social reactions, coping style, and changes to psycho-bio-social well-being are considered to be post-traumatic factors.

Studies of different types of trauma found that some demographic variables were linked to growth better than others; one of those is gender. Studies reported small but consistent differences in PTG scores between women and men. Women were experiencing greater PTG compared to men (Vishnevsky et

al., 2010). Furthermore, IPV disproportionately affects one gender (i.e., women; WHO, 2021) and is known to be different to other traumatic experiences in its nature, dynamics and severe consequences (FRA, 2014; WHO, 2012; 2013) as well as have different consequences, including adverse psychological outcomes, for women and men survivors of IPV (Caldwell et al., 2012). Thus, it is very likely that the positive psychological outcomes, such as PTG, will differ for women and men following IPV.

Therefore, in this study, a focus will be on all three-factor groups, putting most of the attention on the post-traumatic factors: women (pre-traumatic factor) experiencing multiple forms of IPV (peri-traumatic factor) overcoming their traumatic experience (post-traumatic factors) by dealing with social factors that potentially promote PTG such as disclosure of abuse to different sources of help, the offer of different types of social support and factors that inhibit PTG such as the barriers to disclosure and social constraints.

3.3.1 Barriers to Disclosure

Research shows that 90% or more of people who had experienced adverse life events (Rimé et al., 1992) have talked with someone about their victimisation. However, on average, 60 % of survivors of IPV have not disclosed the abuse to anyone in their social or outside of their social circles (Baltijos tyrimai, 2020) and the vast majority (69 %) of the most serious physical and or sexual violence episodes are not reported to any of the institutions or organisations (FRA, 2014). Moreover, the time of disclosure varies widely. Some studies showed that, on average, only after the 35th episode of abuse do women seek police help (Yearnshire S., 1997, cited in Boyle et al., 2006). While Dunham and Senn's (2000) study reported that half of the survivors disclosed the IPV immediately after it occurred, a third delayed disclosure from three months to two years. Several factors affect disclosure and its delay. These factors in the literature are called barriers.

Women survivors of IPV face many different barriers when disclosing IPV. Barriers are mostly understood as obstacles or reasons that keep a person

from disclosing her experience to others (Naudi et al., 2018; Vasiliauskaitė & Geffner, 2020b). These barriers can be categorised into external and internalised (Naudi et al., 2018). According to Naudi and colleagues (2018) extensive work, external barriers that are considered to be the main reasons for non-disclosure were associated with three systems: (1) informal system (people from the immediate environment like family, friends and the perpetrator himself), (2) formal system (official sources such as help providing organisations, therapeutic services), and (3) justice system (law enforcement agencies, courts). Internalised barriers include myth acceptance and lack of awareness by survivors or society at large (Naudi et al., 2018). For example, Guarino (2021) found that socioeconomic factors affect disclosure and help-seeking. The women who identify themselves as educated, smart and independent women are less likely to recognise their victimisation, therefore, less likely to disclose and address the abuse and seek help.

Cultural and political factors are found to be highly associated with disclosure, too. Reporting of IPV to the police is higher in countries where reporting is more common (FRA, 2014). This seems self-evident. However, the commonality is related to help and protection provisions in the respective country. For example, reporting in Lithuania increased dramatically after IPV was criminalised in 2011, and the network of Specialized Complex Help Centres (SCHC) for survivors was created in 2012 (Vasiliauskiene et al., 2018). Even though only 30 % of the women reported the most severe incident (FRA, 2014), Lithuania was still found to be one of the most reporting countries for violence and abuse against women. Cultural context can explain the low numbers of the report, especially if it is filled with shame and community stigmatisation of IPV. Vasiliauskaitė and Geffner's (2020) study found that feelings of shame and a wish to keep the abuse a secret were the most endorsed reasons for non-disclosure. Up to 59 % of the women did not seek help because of it (Vasiliauskaitė & Geffner, 2020b). Moreover, negative attitudes towards self, such as shame, guilt, and self-blame, are associated with a reduced decision to terminate an abusive relationship (Dziegielewski et al., 2005). Thus, it inhibits

efforts to stop the traumatic experience and begin the process of healing.

IPV can escalate to femicide, the killing of a woman (Zara & Gino, 2018). Thus, women may be reluctant to disclose the abuse due to fear for themselves. A link between separation and femicide has been observed for almost two decades. The Domestic Violence Death Review Committee (DVDRC) report indicates of the women survivors of IPV killed in Canada from 2003 – 2018, that 67 % were planning to leave or had left the abusive relationship (DVCRC, 2018). Moreover, research shows that a woman is rarely the sole victim in IPV-related killings. A couple's children, a woman supporting individuals like family, friends, lawyers or a women's new partner, and sometimes random bystanders are found to be victims of homicide carried out by the abuser (Dobash & Dobash, 2012).

The narrative of shame can be related to victim-blaming attitudes prevalent in many societies. Eurobarometer's data revealed that Lithuanians are one of the most victim-blaming nations in the European Union. In 2010 86 % of Lithuanians blamed women victims of DV/IPV; in 2016, only 45 % expressed that attitude. It is possible that the change was related to the criminalisation of IPV and all the efforts of nongovernmental organisations to educate the public. On the other hand, the formulation of the question had changed such that in 2010 it asked about the attitudes toward women survivors of domestic violence (Eurobarometer, 2010), but in 2016 data were collected on attitudes toward women victims of violence, not specifying the type of violence or relationship with perpetrator (Eurobarometer, 2016). Thus, it is difficult to say whether the recorded change was due to a change in methodology or a real one.

Even though there is a good amount of research identifying the barriers to disclosure the women survivors of IPV face, little to no research has looked into how barriers to disclosure affect other areas of the survivors' lives. The barriers to disclosure, both internal and external, are driven by cultural norms accepting or not properly addressing, framing and combatting violence against women. The newest and most comprehensive PTG model stresses the importance of taking into account the sociocultural background of trauma survivors

(Tedeschi et al., 2018). Therefore, it is paramount to name the barriers to disclosure the women survivors of IPV face and understand how their presence affects the development of posttraumatic growth. Thus, in this dissertation, the role of the barriers to disclosure will be explored deeper.

It was found that barriers to disclosure were positively associated with the severity of IPV (Vasiliauskaitė & Geffner, 2020b). Even though there was no information on how the severity of IPV is associated with the number of barriers, it is possible that with the severity of violence, more barriers arise, stopping the women from disclosing their experiences. Barriers obstruct and delay the disclosure in that barriers possibly inhibit PTG. Thus, the number of barriers to disclosure may act as a mediator between IPV and PTG.

The vast majority of the women survivors of male IPV do not disclose their experience of IPV to anyone. There are various reasons that keep women from disclosing it. Some are related to the stigma of experiencing IPV, and some to the severely increased risk of femicide. Thus some barriers can be internalized and some external. The public's attitudes towards the women survivors of IPV are often negative and, in some specific countries, even more expressed than in others. This cultural background has an effect on internalized, external as well as system barriers. As disclosure is paramount for trauma processing and PTG development, it is possible that restricted disclosure might hinder PTG development. Especially if the disclosure is restricted by more than one reason, thus it is paramount to examine the potential mediating role of the quantity of barriers to disclosure.

3.3.2 Disclosure

Disclosure is understood as a voluntary verbal revelation of a traumatic experience (Bedard-Gilligan et al., 2012) and is considered an essential part of posttraumatic adjustment (Currier et al., 2013). According to a social cognitive processing model (Lepore, 2001), recovery from trauma depends on trauma-related information processing. The processing results in incorporating the new trauma-related information into a person's pre-existing inner models or

changing those models. Trauma integration occurs through intrapsychic, such as rumination, and interpersonal processes, such as conversations with others. Prolonged rumination, intrusive thoughts and images are part of PTSD symptomatology and were found to have a detrimental effect on a person's bio-psycho-social well-being (Dutton et al., 2006; Vasiliauskaitė, 2015). Intrusive rumination is associated with coping strategies, for example, avoidant strategy. For one or another reason, some individuals might be prone to such coping strategies. Attempts to avoid or suppress everything related to the event might hinder or prolong the processing.

Moreover, active thought suppression has been shown to sustain or even increase thoughts that were tried to be suppressed (Wegner, 1994). Thus, even if at first they were adaptive, with time, these strategies become maladaptive and negatively affect a person's well-being. Others are more prone to active processing. Thus, they think and try to talk about their traumatic experiences.

The centrality of the disclosure in the healing process and overcoming trauma is well documented (Currier et al., 2013; Maercker & Horn, 2013; Mehl & Pennebaker, 2003; Pennebaker & Beall, 1986). Thus, analysis of it in trauma, as well as positive psychology context, is paramount.

Help-seeking. In some theories, disclosure is a form of help-seeking. Help-seeking is an active, complex and multifaceted decision-making process oriented to solving a specific problem (Cornally & McCarthy, 2011). Help-seeking behaviour too involves safety-seeking behaviours (Cluss et al., 2006), which is an essential step toward breaking the cycle of violence, terminating the victimisation of the women survivors of IPV (Moe, 2007) as well, and controlling the quality of life and person's well-being (Goodkind et al., 2004). However, Liang and colleagues (2005) suggest that before that happens, a person must identify the problem and decide to seek help.

In attempts to understand survivors' responses to violence and the process of help-seeking, several theories emerged in the late 1990s. Walker (1979, 2017), based on Seligman's (1975) theory, described a phenomenon coined "learned helplessness" in women survivors of IPV. According to her findings,

learned helplessness develops due to the unpredictable nature of abusive relationships when survivors' actions to escape the violence do not bring the expected results and sometimes even worsen their situation. Therefore, after several unfruitful attempts to stop the violence, the survivors divert their efforts from terminating the violence to surviving it. The theory was widely criticised as implying that women are passive in responding to violence (Gondolf, 1988). Walker criticised that implication, stressing that survivors are not inactive but rather creative and adaptive. Due to the nature of abusive relationships, survivors are stripped of power and control over their own lives by their abusers. To survive, they are forced to adapt to the situation. Thus, intervention from outside is paramount for breaking the cycle of violence (Walker, 2017).

On the other hand, Gondolf and Fisher's (1988) survivor theory suggests that with the increase in violence, women become more active in attempting to stop the violence. This theory has been supported by many researchers (Ansara & Hindin, 2010; Estrellado & Loh, 2014; Goodman et al., 2003; Tengku et al., 2015). It was found that help-seeking is related to an increase in the frequency and or severity of violence. The more the violence worsened, the more help-seeking increased and the range of help sought.

Practitioners working with women survivors of IPV report both theories as helpful (Vasiliauskiene et al., 2018). In a way, Lampert's (1996) findings supported both theories. His qualitative study described two stages of disclosure and help-seeking, where private attempts to stop the violence grow into more open help-seeking. In the beginning, women try to obey cultural norms by saving face and managing their beliefs that are usually stereotypical and or informed by the abusers themselves, such as the survivors themselves causing the abuse. Therefore, they should be the ones who can control it or stop it. However, to be abusive is a choice. Thus, regardless of the women's attempts, violence may not stop. Such behaviour could be seen as passive and contra-productive. However, looking through the lens of learned helplessness theory, it can be seen that not fighting back or hiding are adaptive strategies as they could prevent or reduce the severity of the beating, protect or make less likely the

abuse will affect children, pets or other close people to the women. Regardless of the woman's attempts, the research shows that violence and abuse, with time, tend to increase in frequency and severity. With increased frequency and severity, especially of physical violence, women tend to seek help (Choi et al., 2018) as they no longer consider it insignificant or something they can deal with on their own (Parvin et al., 2016).

Similarly, Goodman and colleagues (2003), based on the data of their longitudinal study, categorised the responses of the women to violence into six categories: placating (e.g., tried to keep things quiet for him; tried not to cry), resistance (e.g., refused to do what he said; fought back physically), safety planning (e.g., kept important phone numbers; worked out an escape plan), legal (e.g., called the police; filed for protection order), formal (e.g., talked to a DV program; talked to a doctor or nurse), and Informal (e.g., talked to family members; stayed with family or friends). It was found that private strategies, such as placating and resistance, were mainly used. However, the strategies that are usually formed by receiving informational support, like safety planning, informal and legal strategies, were rated as the most helpful (Goodman et al., 2003).

Another study found that using placating strategies rather than seeking help was associated with lower quality of life and higher levels of depression (Goodkind et al., 2004). There is no telling which strategy is the best as survivors are the experts of their situation and can usually best determine the right strategy for them to stay alive. However, research shows that personal responses (e.g., leaving the abuser) are not enough to stop the violence, as it may also increase the severity of violence (Campbell et al., 2003). Thus, a help-seeking journey starts by turning the monologue into dialogue and "dialogue into a multilogue" (Lampert, 1996, p. 283). There are several sources to which women can disclose the abuse and seek help. Usually, these sources are categorised as formal or informal (Ansara & Hindin, 2010; Shin & Park, 2021).

Informal Help Sources. Research shows that help-seeking starts from the disclosure of violence to informal help sources, such as family members,

friends, colleagues, and neighbours (Ansara & Hindin, 2010; Fanslow & Robinson, 2010; Vasiliauskaitė, 2015). FRA (2014) found that 41 to 55 % of survivors of physical IPV preferred to deal with the situation themselves or with the help of family and friends instead of reporting it to the police or seeking any other assistance from outside. Ansara and Hindin (2010) found that 80.5% of women survivors of IPV disclosed their abuse to at least one of the informal help sources. Co-workers usually are the least trusted informal help source (22.2 %; Ansara & Hindin, 2010). Qualitative research shows that non-disclosure in the work environment is often related to anticipated stigma and that disclosure will result in job loss (Swanberg & Logan, 2005).

Disclosure to informal help sources is essential, even if it is seen as just a talk (Ingram, 2007). IPV thrives in silence. Therefore, disclosure allows the women to voice their experiences and, by it, possibly conceptualise the experience as abusive. Moreover, disclosure can rebuild broken ties with the previous social networks (Mahapatro et al., 2014), reduce isolation and encourage further help-seeking (Shin & Park, 2021). Research shows that positive informal support significantly affects seeking and using formal help (Shin & Park, 2020). However, disclosure to informal help sources can often be partial (Evans & Feder, 2016), as informal help sources often lack an understanding of IPV and might not be in a position to provide the support the women need or are hoping for (Estrellado & Loh, 2014; Herman, 2015; Overstreet & Quinn, 2013). Therefore, help-seeking extends outwards.

Formal Help Sources. Research shows that formal help-seeking, compared with private attempts to end violence, seems to be more helpful objectively and subjectively (Goodman et al., 2003; Vasiliauskaitė, 2015; Williams & Stansfield, 2017; Zeoli & Webster, 2010). For example, Williams and Stansfield (2017) found that time sentenced to jail and time sentenced to probation were the best predictors of lower levels and lower frequency of IPV reoffending. Similarly, Zeoli and Webster (2010) found that an increased number of police officers, legislation restricting access to firearms for abusers and mandatory arrest for violation of restraining orders were the best protective factors

against femicide. At the same time, Goodman et al. (2003) found that around 80 % of the respondents indicated that calling the police and being in contact with someone from the domestic violence program was very helpful. This was supported by other studies where survivors indicated Specialized complex help centres (SCHCs) and nongovernmental women's support organisations (further NGOs) as the most effective and most pleasant to deal with formal help sources (Vasiliauskaitė, 2015).

Regardless of the fact that formal support sources are better equipped to help and protect women from violence and abuse, few survivors of IPV seek formal help (Barrett & Pierre, 2011; FRA, 2014; Kaukinen, 2004). Most often, help is sought from the police (Barrett & Pierre, 2011; Kaukinen, 2004) and healthcare (AbuTaleb et al., 2012; Barrett & Pierre, 2011; FRA, 2014). Estimates of IPV reports to police range from 14 % (FRA, 2014) to 30 % (Barrett & Pierre, 2011; Kaukinen, 2004), and up to 22 % of IPV survivors sought help from healthcare after the most severe incident (FRA, 2014). Help-seeking from these sources was found to be associated with the characteristics of violence (FRA, 2014; Leonardsson & San Sebastian, 2017). Leonardsson and San Sebastian (2017) reported that experience of severe violence and violence resulting in injuries predicted help-seeking strongest. However, only 33% of the most severe physical and or sexual violence survivors reported the abuse to at least one service or organisation (FRA, 2014). It is highly possible that incidents that are not considered serious or severe are not being reported at all.

Research shows that abused women use healthcare services much more often than non-abused women (García-Moreno et al., 2015), and survivors are more likely to be in contact with this help source than with any other formal service (Feder et al., 2006). The Moulding et al. (2020) national study of Australian women found that a great majority of the women (84 %) sought professional help regarding their psychological well-being. Thus, healthcare providers have an important role, as they have access to an otherwise hard-to-reach group, to respond to IPV survivors and refer them for further help. One study has estimated that if appropriate care was given to survivors of IPV after their

disclosure, it took six weeks for them to become free from violence (Krasnoff & Moscati, 2002). However, healthcare professionals rarely ask about IPV, and they often fail to identify signs of it (Correa et al., 2020). As healthcare service attainment is possible without disclosure or identification of abuse, it is unclear how many survivors sought help and do disclose it. Non-disclosure or, rather, unidentification of IPV symptoms can be extremely dangerous, especially in mental health settings. Symptoms of abuse and its related outcomes can be mistaken for symptoms of mental illness (Örmon et al., 2014). This may lead not only to inadequate care and support (Örmon et al., 2016) but to actual mistreatment and further impairment of the women's bio-psycho-social health and well-being.

Even though NGOs were rated as one of the most helpful support sources (FRA, 2014; Vasiliauskaitė, 2015), help-seeking from these organisations is low (FRA, 2014; Nurius et al., 2011). Compared with Europe and North America, more specifically Canada, reports indicate a greater number of help-seeking from NGOs, 17.3 % (Barrett & Pierre, 2011) and 30 % (Ansara & Hindin, 2010). In the EU, only 6 % of women survivors of IPV sought help from some kind of victim support organisation following the most serious incidence of violence (FRA, 2014). NGOs play an important role in help-seeking and stopping violence against women. It was found that the proximity and availability of such organisations were associated with an increase in help-seeking from other official help sources (Denti & Iammarino, 2021). Research reports that different forms of formal help, such as the legal system, counselling, and survivor support services, are strongly interrelated (Nnawulezi & Murphy, 2019). Access to all of those formal help sources usually signals that the system created to stop the violence is working well or is on the right track.

Lithuanian Help Provision Model. In 2011, Lithuania adopted a progressive law on Protection against domestic violence that was modelled on Austrian law. The Lithuanian law stipulates the main three law implementing agencies: police, Specialized Complex Help Centres (SCHC) and State Child Rights Protection and Adoption Service (Child protective services). Police have

to investigate every report of domestic violence/intimate partner violence (DV/IPV) and provide the information needed for SCHC and Child protective services to provide proactive help and assistance to survivors of DV/IPV.

SCHCs were created on the basis of women's non-governmental organisations providing help and assistance to women survivors of DV/IPV. These centres play an essential role in Lithuania. Their free-of-charge, trauma-informed and proactive help model can reach women who generally would not seek help for various reasons, such as high socioeconomic status, a lifetime experience of abuse, or mistrust in the system. SCHCs are unique in the sense of help they provide and the attitudes they hold towards women survivors of IPV (Vasiliauskiene et al., 2018).

Shelters and social support centres in Lithuania are not specialised and are intended to serve a wider population. Thus, they are rarely the place of help for women survivors of IPV. For example, social support centres serve people in social risk groups, such as people with low adaptability or homeless. None of the shelters in Lithuania is complacent with the standards of the Istanbul Convention (WAVE, 2019) and does not provide specialised complex help to women survivors of DV/IPV. Moreover, Lithuanian women are very rarely in need of shelters' services as the Lithuanian protection and help provision model is based on the notion that all the inconveniences that the perpetrator's violence caused must fall on the shoulders of the perpetrator. Thus, survivors of IPV have a right to stay in their homes, while abusers are forbidden to come close to the victims or seek any contact with them.

In these Specialized Complex Help Centres, the empowerment-driven approach also incorporates specialised psychological and specialised legal help provisions (Vasiliauskiene et al., 2018). Moreover, by providing client-friendly, trauma-informed help provision, empowering women to seek their human rights protection and overcome the trauma, transition from victim to survivor, and survivor to thriver, SCHCs are, in a way providing expert companionship. PTG authors described expert companionship as an approach to facilitating PTG (Tedeschi & Calhoun, 2006). This term emphasises the professional

expertise and compassion the help providers need to have to help trauma survivors cope with the trauma and its effects on their lives and well-being (Calhoun & Tedeschi, 2013). As growth can occur naturally without professional intervention, help providers are seen as facilitators but not growth creators. Expert companions are unique in the way that trauma survivors can feel emotionally safe to disclose all aspects of their trauma to them, even the worst and most horrific parts that they feel ashamed, guilty of or crazy about (Calhoun & Tedeschi, 2013). Trauma survivors can explore what has and had happened to them without wasting their energy on trying to conceal their experiences, memories, thoughts, and feelings. Expert companions become appreciated, as in many trauma survivors' lives, they are the only ones with whom they can be open about it. The provided narrative of the right conceptualisation of the IPV and PTG can encourage the survivors to open up to more people and share their experiences. Thus, in theory, the disclosure to official help sources should increase the disclosure significantly. For example, if the women report the abuse to the police, she is later contacted by SCHC, then referred to a specialised psychologist and or specialised lawyers and so on. It is also possible that if the first disclosure is made to SCHC, this could lead to reports to the police and other help sources too.

The number of sources of disclosure. Disclosure is considered to be an essential part of posttraumatic adjustment (Currier et al., 2013). Disclosure can facilitate re-establishing feelings of safety, self-esteem, self-worth and help survivors get accustomed to trauma-related memories and process the traumatic experience (Lepore, 2001). Cole (2008) found that sexual assault survivors who disclosed the abuse were more likely to experience PTG. Similarly, Taku and colleagues (2009) found that regardless of the circumstances and intention of disclosure, whether encouraged by someone, it happened accidentally, or through an intervention, PTG was higher in individuals who disclosed their traumatic experience.

Increased help-seeking is paramount as it widens the circle of supportive people around the survivor, which was found to be associated with better

well-being. Some studies show that the total number of supporters is positively related to self-esteem (Bowling & Browne, 1991; Lewandowski et al., 2004), and frequency of disclosure was correlated negatively with depression (Lewandowski et al., 2004). Moreover, several studies found evidence supporting the importance of the number of social supporters: perceived greater availability of social support was positively associated with PTG (Park et al., 1996; Tedeschi & Calhoun, 2004). It is possible that the number of sources the women disclose the abuse to and seek help from plays an important role in linking another positive well-being factor, PTG. Moreover, the disclosure was found to be positively associated with IPV (i.e., the more severe the abuse, the greater the disclosure) (Choi et al., 2018). Thus, it is possible that the number of sources of disclosure is acting as a mediator between IPV and PTG, meaning that the more abuse the women experience, to the more sources they will disclose the abuse to and the more they disclose the abuse, the greater PTG they experience.

The centrality of the disclosure in the healing process and overcoming trauma is well documented (Currier et al., 2013; Maercker & Horn, 2013; Mehl & Pennebaker, 2003; Pennebaker & Beall, 1986). Thus, analysis of it in trauma, as well as positive psychology context, is paramount. There are several sources from which women can seek help and disclose the abuse to. Usually, these sources are categorised as formal or informal (Ansara & Hindin, 2010; Shin & Park, 2021). Help-seeking of women survivors of IPV often starts from their immediate environment and the closest to them. However, research shows that informal help sources are not necessarily the best to seek and receive help. Therefore, help-seeking extends outwards. Formal help sources are found to be instrumental in helping women and protecting them from male violence. Each formal help source serves a specific purpose in survivors' path to safety. However, very few women seek help from the police, medical settings or help-providing organizations.

Since the adoption of Protection against domestic violence in Lithuania, a working help provision model was established. The model was based on women's empowerment and trauma-informed counselling with the potential of

fostering growth post-trauma. Most importantly, help was provided proactively and by Specialized Complex Help Centres that were established on the bases of women's NGOs. Moreover, the Lithuanian model helps women to expand their circle of support by either encouraging women to rebuild broken ties with their support system or by referring them to other specialists. With an expanded circle of help sources, there is a greater chance to receive needed help and assistance as well as experience PTG. Thus, there is a chance that the number of sources of disclosure can act as a mediator between the severity of IPV and PTG.

3.3.3 Social Support

Social support is a positive social reaction to disclosure that could manifest through emotional, instrumental, informational and other support (Cohen et al., 2000). Emotional support is one of the most common forms of support IPV survivors report receiving (Trotter & Allen, 2009) and encompasses behaviours such as empathic listening and validation of the experience and feelings. Informational support could manifest as providing information about IPV, informing about and referring to places that can give help and support the person needs (Bosch & Schumm, 2007). Another common type of support would be tangible/instrumental support, which manifests through providing more material assistance, such as accommodation or place to stay, financial support, or childcare (Trotter & Allen, 2009). Emotional, informational and tangible supports were the positive social reactions to disclosure, along with receiving advice without pressure to act in a certain way and having space to talk about the abuse, which was reported as the most helpful by IPV survivors (Edwards et al., 2012). Of course, helpfulness is related to one's needs. Arpink (2020) found that lower IPV levels were associated with the need for material support, while higher levels of IPV were associated with the need for physical safety. These findings can indicate the specific needs the women in both groups had to terminate the abusive relationship. This tangible support that the women in both groups required could be satisfied by informal (material support) and formal help sources (protection).

Emotional, institutional and tangible supports were associated with decreased vulnerability and increased safety of IPV survivors (Panaghi et al., 2013). Social support was too associated with better psychological health and fewer adverse effects on the mental health of IPV survivors (Sylaska & Edwards, 2014). Research consistently shows a positive association between social support and well-being (Ferrari et al., 2016; Harandi et al., 2017; Sylaska & Edwards, 2014). Individuals reporting satisfaction with social support were experiencing significantly greater PTG than their counterparts who experienced less or absent support (Park et al., 1996; Tedeschi & Calhoun, 2004). A link between positive social reaction, a better quality of life, and lower levels of depression has been reported by cross-sectional (Goodkind et al., 2003) and longitudinal studies (Bybee & Sullivan, 2002). There is even evidence suggesting that knowing someone who is ready to help (perceived availability of support) can be enough to alleviate the negative effects of a stressor (Cutrona & Russel, 1990). However, that was not found to be true for survivors of severe forms of IPV (Beeble et al., 2009; Carlson et al., 2002).

Social reactions are also a core part of the development of PTG (Tedeschi et al., 2018). Several studies report a positive association between social support and PTG in cases of IPV (Ahmad et al., 2013; Anderson et al., 2012; Cobb et al., 2006; Doane, 2010; Elderton et al., 2017; Žukauskienė, Kaniušonytė, Bergman, et al., 2021). Qualitative studies report the importance of social and spiritual support for recovery after domestic violence and for growth and resilience (Anderson et al., 2012). Both informal and formal social support sources were related to higher growth levels (Elderton et al., 2017). However, none of the studies looked at the link between PTG and the specific type of support.

There is evidence supporting the notion that the link between social support and PTG might be related to a specific type of social support provided. Goodkind and colleagues (2003) found that while emotional support was unrelated to these factors (quality of life and depression), tangible support was associated with better quality of life and reduced amount of symptoms of depression. Some studies analysed the mediating role of social support in cases of

IPV (Beeble et al., 2009; Coker et al., 2003; Levendosky et al., 2004; Thompson et al., 2000). IPV has a direct effect on social support in terms of its quality (the perpetrator turns a woman's friends or family against her) and quantity (social isolation). Thus, social support becomes a mediator of the relationship between IPV and a person's well-being. Coker and colleagues (2003) reported that greater social support modifies the effect IPV has on well-being. In women survivors of IPV who were turning for help to medical settings, higher battering scores were directly linked to lesser emotional support. On the other hand, it also had an indirect association through lesser social support with poorer mental and physical health. It is possible that the growth in survivors of IPV happens through different forms of social support. Thus, the women who experience severe IPV will be less likely to receive emotional support, and those who receive less emotional support, in turn, will experience a lower degree of PTG.

On the other hand, the link between IPV and informational support may be positive. Vasiliauskaitė et al. (2020) found that help-seeking from NGOs and lawyers increases with the severity of various forms of IPV. It is possible that with the more severe abuse, the women were being referred to seek help from help-providing organisations. Thus, referral to those organisations (i.e., informational support) increases with the abuse, leading to greater PTG. Similar dynamics should be expected between IPV and tangible support. One study confirmed that higher levels of IPV were associated with the need for physical safety (Arpink, 2020). Thus, it is possible that sources of help would be more likely to offer financial aid or a place to stay (tangible support) to the survivors of severe IPV. Therefore, it is more likely that IPV is positively linked with tangible support, which in turn leads to greater PTG.

Social support has a powerful role in countering the effect of trauma, especially when dealing with interpersonal trauma. There are several ways how IPV survivors can be supported: emotionally, by offering financial support or a place to stay, and also by informing of the places providing help and assistance. Social support can be a protective factor against mental disorders, though it can also be a facilitator of growth. Research suggests the significance

of help for PTG development. However, the role of a specific form of help is yet undetermined. Thus, further analysis of the mediating role of a specific form of support on the link between IPV and PTG is needed.

3.3.4 Social Constraints

Not all social support sources are able to react in a helpful or positive way. Latta and Goodman's (2011) qualitative study found that support providers were not always available to the survivors. In order to protect their own psychological well-being, they would avoid the victim or ignore IPV occurrence at times. Such social reactions would fall on the negative side of the spectrum of reactions. Most unhelpful social reactions to disclosure were reported as expecting the survivor to act in a certain way and not taking the violence seriously (Edwards et al., 2012). However, there are many more unhelpful reactions to disclosure that survivors experience, such as disbelief, victim-blaming, minimisation of abuse, and expectations that the survivor herself should fix her relationship (Arpink, 2020; Trotter & Allen, 2009; Weisz et al., 2007). Lepore and Ituarte (1999) found such unsupport described as social constraints. Social constraints are "any social condition that causes trauma survivors to feel unsupported, misunderstood, or otherwise alienated from their social network when they are seeking social support or attempting to discuss their trauma" (Lepore & Ituarte, 1999, p. 168).

As social reactions can be both verbal and nonverbal (Ullman, 2010), Lepore et al. (1996) named a few ways social constraints might manifest in the lives of survivors of traumatic events. The first one is a lack of someone sympathetic and supportive. Many women survivors of IPV, due to the active efforts of abusers, are living in total or partial social isolation. The abuser may forbid the woman from having any contact with her family or friends or associating with her peers, classmates, and work colleagues. He might have threatened to harm the woman or members of her social support system, so she cuts off all contact with them herself in an attempt to prevent further harm. Another type of social constraint occurs when members of the social support network say

or do things that the survivor interprets as insensitive or inappropriate. Such can happen when support providers do not know what to say and resort to template phrases like, “it is not so bad,” or minimise the experience by saying that “there are women who had it worse.” Hearing these unhelpful comments can make the women feel bad and embarrassed and can also normalise their abusive experience, encouraging them not to talk about it anymore or at any point later. Outright negative reactions to the disclosure mark the third type of constraint. Due to the traumatic nature of IPV, it can be difficult to listen to accounts of such experiences, and people might feel helpless in working with the women, so people might start to avoid or abandon the disclosing person. Some might blame the victim for what happened to her, and others might not believe her. Social constraints can be described as a form of self-protection used by the help sources (Lepore et al., 1996). More likely, an urge to protect self comes with disturbing information, i.e., disclosure of severe abuse. Thus, it is possible that social constraints are positively associated with the severity of IPV.

People faced with social constraints feel that they cannot open up and talk to others, may refrain from it entirely and may be deprived of the opportunity to process the experience by voicing it out. Some studies have found that individuals who could not discuss their experiences were less likely to find meaning in what had happened to them and less likely to obtain insight into their experiences (Belsher et al., 2012; Goodkind et al., 2003). For example, negative reactions were found to be associated with worse quality of life and increased levels of depression (Goodkind et al., 2003). Belsher et al. (2012) found an association between greater social constraints and greater negative posttraumatic cognitions, such as negative views of the world and themselves, increased self-blame, and greater PTSD symptoms. Moreover, negative and insensitive reactions to disclosure were found to predict PTSD severity in survivors of sexual assault (Ullman & Filipas, 2001). Specifically, some may attempt to distract a survivor from trauma by encouraging her not to think about it anymore and to move on (Ullman & Filipas, 2001). Other reactions can also occur, such as blaming the survivor for what had happened, treating her differently or avoi-

ding her, increasing the likelihood of PTSD (Ullman & Filipas, 2001). Negative social reactions to disclosure limit trauma processing. It can result in negative cognitions that subsequently predict hindered mental health.

Moreover, negative and insensitive reactions to disclosure (social constraints) were found to be linked to adverse mental health outcomes (Ullman & Filipas, 2001) as well as compounding the trauma (Belsher et al., 2012; Smith & Freyd, 2013). A study based on my work and problem conceptualization looked at the role of social support and non-support in the identity process and PTG in women survivors of IPV (Žukauskienė, Kaniušonytė, Bergman, et al., 2021). They found that only social support but not unsupport was positively related to PTG and most other factors. However, Ullman (2014) found that negative social reactions together with maladaptive coping, self-blame, and PTSD symptoms, were related to lower levels of PTG. Negative social reactions to disclosure limit trauma processing, thus possibly can be hindering mental health, in this case, negatively affecting PTG. Therefore, social constraints are another social factor that can mediate between IPV and PTG: the more severe IPV the women experience, the more social constraints they experience and the more social constraints they experience, the lower degree of growth they develop.

Research suggests that negative social reactions to women's disclosure of IPV are common. Women survivors of IPV can experience that their disclosure is not welcome or even discouraged as people they disclose it to try to avoid them, change the topic or minimize their experience. These social constraints can emerge in both unsupportive, toxic relationships (Badr et al., 2006) and supportive and well-meaning ones (Pasipanodya et al., 2012). Research also highlights the negative effect it has on a person's psychological functioning. Negative social reactions were related to lower levels of PTG, though there is a lack of information regarding the role the social constraints have on the link between IPV and PTG. Thus, it is paramount to analyse the possible mediating effect of social constraints.

3.4 The Interplay between Growth Promoting and Inhibiting Factors when Linking Intimate Partner Violence and Posttraumatic Growth

The post-traumatic factors are not only associated with IPV and PTG but are also connected with one another. The barriers to disclosure the women face are very closely tied to the socio-cultural and political backgrounds. The criminalisation of IPV and slightly improved attitudes towards the women survivors of IPV can encourage more women to disclose their experiences. However, one decade of change does not negate the harm the women suffered for centuries. Some women might still not think that IPV is serious enough to report it, some might think they will not be believed, some are frightened to disclose it, and some had prior bad experiences with police (FRA, 2014; Vasiliauskaitė & Geffner, 2020b). Thus, stereotypical beliefs that the woman is at fault for the abuse she is suffering or that the abuse is a not-too-serious issue can be internalised by the survivor as well as affect both the potential help sources and inform their response to the disclosure. It is possible that the more barriers the women face, the more social constraints they would endure. On the other hand, the barriers to disclosure can also predict the help-seeking behaviour of the women, the sources they choose to disclose the abuse to, and how wide a circle they will do that to (Naud et al., 2018). Thus, it is possible that barriers to disclosure will negatively affect the number of sources the women will seek help from and disclose the abuse to.

Help-seeking and disclosure of IPV can elicit both positive and negative social reactions and can positively or negatively affect a person's well-being. The social cognitive processing model suggests that social reactions can affect trauma survivors' psychological adjustment (Lepore, 2001; Lepore & Revenson, 2007). Lepore (2001) suggests that positive social reactions to disclosure can facilitate the re-establishment of feelings of safety, self-esteem, and self-worth, help survivors get accustomed to trauma-related memories, and process the traumatic experience. However, negative social reactions to disclosure can hinder recovery and compound the trauma (Belsher et al., 2012;

Smith & Freyd, 2013).

The response to disclosure also varies. For example, friends and family are usually named as the most sought informal support sources (FRA, 2014). However, the same sources are also named as the least helpful (Edwards et al., 2012; Moe, 2007). Informal help sources often lack an understanding of IPV and might not be in a position to provide the support the women need or hope for (Estrellado & Loh, 2014; Herman, 2015; Overstreet & Quinn, 2013). The help-providing organisations were rated as the most helpful formal support source (Vasiliauskaitė, 2015) and found to be associated with increased disclosure to a wider network of help sources (Fahmy et al., 2016). Thus, it is likely that the more women disclose their experience of IPV, the more their chances grow to receive positive social reactions. On the other hand, disclosures can make women subjected to more negative social reactions (i.e., social constraints). Moe (2007) found that women seeking formal help report more negative social reactions. Thus, knowing that formal help sources are contacted later than informal, i.e., they disclose the abuse to a greater number of sources, that the more women may disclose the abuse, the more negative reactions they receive to their disclosure. Some studies reported the inhibiting effect of negative social reactions on a person's well-being (Guruge et al., 2012).

3.5 Summary of Literature Review

The most relevant research in the field was reviewed in the literature review. However, for clarity, the main theoretical aspects of this dissertation will be highlighted. The main theoretical background of this dissertation is based on the Posttraumatic growth model. Posttraumatic growth (PTG) signifies advanced psychological functioning, cognitive and behavioural growth. The growth that was uncharacteristic of the person pre-trauma is a result of the struggle with and efforts put into overcoming the traumatic event (Calhoun & Tedeschi, 2013; Tedeschi & Blevins, 2017). PTG model identifies paths that can take trauma survivors to PTG. Several important factors were identified in the model. However, the model development was based on the experiences of

mostly other than intimate partner violence (IPV) traumas survivors.

IPV differ from other traumatic experiences for its causes, dynamics and consequences (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, 2011; Walker, 2017). Thus, it is likely that knowledge gained from analysing other types of trauma will not necessarily be applicable when trying to understand the dynamics that lead women survivors of IPV to PTG. To understand better women survivors' of male IPV path to posttraumatic growth, the focus of this study will be on women (pre-traumatic factor) experiencing multiple forms of IPV (peri-traumatic factor) overcoming their traumatic experience (post-traumatic factors) by dealing with social factors that potentially promote PTG such as disclosure of abuse to different sources of help, the offer of different types of social support and factors that potentially inhibit PTG such as the barriers to disclosure and social constraints.

Disclosure is essential to posttraumatic adjustment (Currier et al., 2013). Several studies found evidence supporting the importance of the number of social supporters (perceived greater availability of social support) for PTG (Park et al., 1996; Tedeschi & Calhoun, 2004). It was also found that disclosure of IPV is linked to the severity of IPV (Choi et al., 2018). Thus, it is possible that the number of sources of disclosure is mediating the relationship between IPV and PTG. Notwithstanding the above, most survivors of IPV have not disclosed the abuse to anyone in their social or outside of their social circles (Baltijos tyrimai, 2020; FRA, 2014). As barriers obstruct and delay the disclosure in that, barriers possibly inhibit PTG. The severity of IPV was also positively linked to the barriers to disclosure (Vasiliauskaitė & Geffner, 2020b). Thus, a number of barriers to disclosure may act as a mediator between IPV and PTG.

Disclosure of IPV usually evokes a reaction that can be positive and supportive, or it can be negative and unsupportive. Social support is a positive social reaction to disclosure that could manifest through emotional, instrumental, informational or other forms of support (Cohen et al., 2000). Social reactions are also a core part of the development of PTG (Tedeschi et al., 2018).

Several studies report a positive association between social support and PTG in cases of IPV (Ahmad et al., 2013; Anderson et al., 2012; Cobb et al., 2006; Doane, 2010; Elderton et al., 2017; Žukauskienė, Kaniušonytė, Bergman et al., 2021). However, none specified the form of social support they were analysing. Thus, it is expected that the women who experience severe IPV will be less likely to receive emotional support, and those who receive less emotional support, in turn, will experience a lower degree of PTG. On the other hand, the link to informational and tangible support for both IPV and PTG may be positive.

However, not all social support sources are able to react in a helpful or positive way (Arpink, 2020). Some survivors face social constraints to their disclosure (Arpink, 2020; Lepore & Ituarte, 1999). People faced with social constraints feel that they cannot open up and talk to others, may refrain from it entirely and may be deprived of the opportunity to process the experience by voicing it out. Therefore, social constraints can be another social factor that can mediate between IPV and PTG.

The post-traumatic factors are not only associated with IPV and PTG but are also connected with one another. The more barriers the women may face, the more social constraints they would endure. On the other hand, the barriers to disclosure can also predict the help-seeking behaviour of the women, the sources they choose to disclose the abuse to, and how wide a circle they will do that to (Naud et al., 2018). Thus, barriers to disclosure may negatively affect the number of sources the women will seek help from and disclose the abuse to. The more women disclose their experience of IPV, the more their chances may grow to receive positive social reactions. On the other hand, greater disclosure can make the women subjected to more negative social reactions (i.e., social constraints).

4. RESEARCH METHODS

4.1 Participants

In the study, 244 women survivors of IPV participated. The participants' age ranged from 18 to 71 years old ($M = 37.28$; $SD = 11.30$). The majority of the women had a tertiary level of education (65.4 %), were employed (65.6 %) and lived in cities (53.7 %). Most of the women had children (69.7 %) and were married (32.4 %) or involved in intimate relationships, either cohabiting (19.3 %) or not cohabiting (27.9 %). The participants were representatives of various economic backgrounds, where household income ranged from 130 euros to 10,000 euros per month ($M = 1151.48$; $SD = 850$; $Mode = 1049.64$). Around half of the participants indicated that they are coping with their income (47.1 %), and similar numbers indicated that they were either having difficulty coping with the income they had (23 %) or living comfortably (17.2 %). The detailed demographic data are presented in Table 1. The current research project complies with national and international research ethics standards, such as the Regulations of Psychological Testing in Lithuania, the American Psychological Association Ethics Code, and the Helsinki declaration. The compliance was assured via multi-level screening and monitoring procedures carried out by competent researchers, academicians and practitioners. Firstly, the research project was evaluated and later approved by the PhD Admission Committee of Mykolas Romeris University. Secondly, all potential risks and solutions were discussed with the PhD student and her supervisor, who is responsible for the applications of ethical practices in the research of PhD students. Thirdly, the Psychology PhD Committee has been evaluating the progress of the research, PhD students' workflow and workload, as well as their research compliance with national and international standards biannually.

Table 1*The Participants' Demographic Data*

		N	%
Education	Tertiary	159	65.4
	Bachelor's degree	67	27.6
	Master's degree	90	37.0
	Doctoral degree	2	0.8
	Vocational	45	18.5
	Secondary	38	13.6
	Primary	3	1.2
	Elementary	3	1.2
Occupation	Employed	160	65.6
	Studying and working	17	7.0
	Studying	25	10.2
	Neither employed nor studying	35	14.3
Place of living	Cities	131	53.7
	Large towns	71	29.1
	Small towns	41	16.8
Marital status	Not in a relationship	48	19.7
	Married	79	32.4
	Cohabiting	47	19.3
	Not-cohabiting	68	27.9
Children	Yes	170	69.7
	No	70	28.7
Satisfaction with the income	Living comfortably on present income	42	17.2
	Coping on present income	115	47.1
	Finding it difficult on present income	56	23.0
	Finding it very difficult on present income	30	12.3

Furthermore, to ensure that this sensitive group's specific needs would be met and addressed, an expert group at the Institute of Management and Psychology composed of researchers and specialised psychologists working with the women survivors of IPV evaluated the project and found it appropriate for implementation. Ethic Committee name: Ethics Committee of the Institute of Management and Psychology, application for research on "The Psychosocial Factors of Well-Being of Women Survivors of Intimate Partner Violence". Approval Code: VIPI-SM-01. Approval Date: 2017.02.20.

4.2 Study Procedures

The data collection was carried out in 2017 - 2018 in several major cities of Lithuania and or their districts (Vilnius, Kaunas, Klaipeda, Alytus, Telšiai, Šiauliai, Panevėžys, Pasvalys, Klaipeda). The study sample is not random and is therefore considered a convenience sample. However, representative samples in this area of research are rare. Additionally, the samples are generally relatively small and compared to other studies, the present sample size of 244 can be considered rather large. There is evidence supporting the use of smaller samples of 50 to 70 cases (Sideridis et al., 2014) for structural equation modelling (SEM). However, the sample of 200 cases is considered to be a golden standard for SEM (Kline, 2016).

In order to reach women with various IPV experiences, several data collection strategies were employed: (1) collecting paper questionnaires through Specialized Complex Help Centres (SCHC) ($N = 85$), (2) interviewing university students ($N = 91$), (3) distributing online questionnaires on social networks ($N = 264$). In total, 440 women participated in the study. However, only 244 met the inclusion criteria of 1) having an intimate partner at any point in life for longer than one month, 2) having experienced IPV, and 3) having the questionnaire filled with no more than 10 % of missings. The final sample ($N = 244$) consisted of 78 participants recruited through SCHC (7 were not included due to significant missings), 19 through universities (23 did not have a partner for longer than one month, 30 had not experienced IPV, 19 had indicated expe-

rience of IPV, but had severe missings), and 147 recruited through social media (68 had not experienced IPV, 49 were not included due to severe missings). A deeper analysis of the possible effect of different data collection methods on the results is presented in the study prepared by Vasiliauskaitė and Diržytė (2023).

The response rate of the student participants of the study was high (100 %). However, the estimation of the response rate of other participants is complicated. The online sample could not be estimated since the invitations were not sent to a specific person, they were published on the SCHCs' social media accounts, and only those who submitted the questionnaire were recorded. Similarly, for SCHC participants, since the questionnaire distribution was delegated to the workers of SCHC, it is difficult to estimate the response rate either.

The paper-based questionnaires were disseminated in Specialized Complex Help Centres, where the consultants working for the SCHCs further disseminated the questionnaire. The consultants were briefed on how to present the questionnaire, what questions might arise and how to respond to them. There was a concern that the SCHCs clients might have felt pressured to agree to fill in the questionnaire in recognition that they were asked to do it by the SCHCs consultants and employees of the organisations that they were seeking help from. A similar concern was for university students. In order to mitigate the effect of this, the participants were informed that participation is voluntary, that they can refuse to participate and or withdraw at any point of the study, and that it will have no effect on the help provision they might be seeking, grades or anything else related to their studies, respectively. Informed consent was obtained verbally, as well as considering that by filling in and submitting the survey, participants gave their additional consent to participate. They were informed verbally and in writing about the study's aims and that the data will be used only for statistical purposes.

Furthermore, no personal, identifiable data were collected, and the participants were informed and assured of anonymity and confidentiality. The participants were also informed that if they wished to share their feelings or experience discussed in the questionnaire, they could do it with a specialised

psychologist at SCHCs (for clients of SCHC) or by contacting SCHCs by phone (for all the other participants). Moreover, the main feature of the help that SCHCs provide is client-friendly, needs-led, strength-based and trauma-informed. Therefore, the workers of SCHC ensured that the women's needs came first, and only after the SCHCs professionals felt it was appropriate women were invited to participate in the study.

The online questionnaires were distributed through social networks, mostly through social media accounts of SCHCs or other organisations providing help and assistance to IPV survivors. Women who identified themselves as having difficulties in their partnership or marriage were invited to participate in the research. As participation in the study might have evoked strong emotions, at the end of the questionnaire, the list of regional SCHCs with their contact information was added with encouragement to contact them if the women wanted to discuss their experiences more broadly. The researcher's e-mail address was also provided if the research participants had any questions, concerns or ideas regarding the questionnaire or the study itself.

4.3 Measures

Research data were collected by employing psychometric self-report questionnaires. The permissions to use the scales were sought and acquired from Kelsey Hegarty for Composite Abuse Scale (2005), Adrienne Adams for the Scale of Economic Abuse (2008), Steve Lepore for the Social Constraints Scale (1996), and Rich Tedeschi for the Posttraumatic Growth Inventory (1996). All the questionnaires were translated from English to Lithuanian by three independent experts with a background in psychology, work experience with IPV survivors and excellent knowledge of English. The translations were compared, and the most relevant statements were selected by consensus. Then the scales were back-translated into English by a professional interpreter who also has training in psychology. The first team and the interpreter again reviewed the results, and final edits based on the common agreement were made.

4.3.1 Intimate Partner Violence

Most scales measuring IPV against women tend to focus on episodic violence and focus mostly on the physical aspects of violence. In order to measure lifetime experience of systemic violence and abuse perpetrated by male intimate partners, two scales were chosen: the Composite Abuse Scale (CAS, Hegarty et al., 1999; Hegarty et al., 2005) and the Scale of Economic Abuse (SEA, Adams et al., 2008; 2015).

The CAS (Hegarty et al., 2005) is a self-report instrument that measures the severity and frequency of various forms of IPV. The 30-item scale comprises of four subscales. 1) Severe Combined Abuse subscale consists of eight items describing incidents of severe combined violence such as sexual violence, assault with a weapon, being locked in the bedroom, being kept from obtaining medical care (e.g., *Used a knife or gun or other weapon*); 2) Emotional Abuse subscale has 11 items, which include verbal and psychological violence, insults, isolation from friends and family (e.g., *Told me that I wasn't good enough*); 3) Physical Abuse subscale consists of seven items include being hit, slapped, thrown, pushed (e.g., *Kicked me, bit me or hit me with a fist*); and 4) Harassment subscale is comprised of four items describing harassment at work or over the telephone, as well as being followed (e.g., *Hung around outside my house*). The answers are measured on a 6-point Likert scale where 0 - "Never", 1 - "Only once", 2 - "A few times", 3 - "Once a month", 4 - "Once a week", and 5 - "Daily". Scale scores can range from 0 to 150. The higher the score, the more severe and frequent abuse was suffered. Different studies reported its face, content, concurrent, criterion, discriminant and construct validity (Hegarty et al., 2005; Hegarty & Valpied, 2007; Vasiliauskaitė & Geffner, 2020a).

The CAS four-factor structure provided by Hegarty et al. (2005) was confirmed by confirmatory factor analysis ($\chi^2(399) = 807.19$, CFI = 0.97, TLI = 0.97, RMSEA = 0.07, RMSEA [90% CI] = [0.06 - 0.07]). However, since in many other studies, items reflecting sexual violence were considered as a separate factor (Ford-Gilboe et al., 2016) or as stand-alone questions (Loxton et

al., 2013), it was felt that both theoretically and practically, it was important to have sexual violence as a separate factor. Therefore, the five-factor model was checked where the first CAS factor, ‘Severe combined abuse,’ was divided into two factors: ‘Severe combined abuse’ with five items (e.g., *Used a knife or gun or other weapon*) and ‘Sexual violence’ with three items (e.g., *Tried to rape me*). The CFA of this new model fit the data better than the original one – ($\chi^2(395) = 771.93$, CFI = .97, TLI = .97, RMSEA = .06, RMSEA [90% CI] = [.06 - .07]). Therefore, the five-factor structure for the CAS, with the five factors being: *Severe Combined Abuse, Sexual Abuse, Emotional Abuse, Physical Abuse, and Harassment, was confirmed*. The new five-factor model fitted the data well. Therefore, we retained the more parsimonious model (i.e. the five-factor model). Good internal consistency was also found (see Table 2).

Table 2

The Internal Consistency Parameters of the Composite Abuse Scale

Scale	Number of items	McDonald’s ω
Composite Abuse Scale	30	.96
Severe Combined Abuse	5	.80
Sexual Abuse	3	.72
Physical Abuse	7	.93
Emotional Abuse	11	.93
Harassment	4	.82

The Scale of Economic Abuse (Adams et al., 2008) was used to assess the frequency and severity of various forms of economic abuse perpetrated by an intimate partner. The scale consists of 28 items that are assessed through a 5-point Likert scale where answers are 0 - “Never”, 1 - “Hardly ever”, 2 - “Sometimes”, 3 - “Often”, and 4 - “Quite often”. The scores can range from 0 to 112. The SEA is further comprised of two subscales (1) the Economic Control items reflect the perpetrator’s attempts to restrict the woman from freely accessing various economic resources or information about it (e.g., *Make you ask him for money*); (2) the Economic Exploitation subscale consists of items reflecting

abuser’s actions resulting in depletion of their own or shared funds or creating a debt under the women’s name (e.g., *Convince you to lend him money but not pay it back*). CFA determined a satisfactory model fit to the data ($\chi^2(349) = 903.07$, $CFI = .94$, $TLI = .94$, $RMSEA = .08$, $RMSEA [90\% CI] = [.08 - .09]$). However, expecting a better fit, the revised model proposed by Postmus et al. (2016) was tested by extracting the third factor, *employment sabotage*. The three-factor model fitted to the data better than the original – $\chi^2(347) = 874.18$, $p = .001$, $CFI = .95$, $TLI = .94$, $RMSEA = .08$; $RMSEA 90\% CI [.07–.08]$. Hence, a more parsimonious model was retained. The three-factor structure results in the *Economic Control subscale consisting of 13 items* (e.g., *Do things to keep you from having money of your own*), the *Economic Exploitation subscale consisting of 11 items* (e.g., *Take your pay check, financial aid check, tax refund check, disability payment, or other support payments from you*), and the *Employment Sabotage subscale of items suggesting abusers’ efforts to restrict women from obtaining their own resources through employment* (e.g., *Threaten you to make you leave work*). Good internal consistency was also confirmed (see Table 3).

Table 3

The Internal Consistency Parameters of the Economic Abuse Scale

Scale	Number of items	Cronbach’s α	McDonald’s ω
Economic Abuse Scale	28	.95	.95
Economic Control	13	.92	.92
Economic Exploitation	11	.90	.89
Employment sabotage	4	.83	.80

As the structural equation modelling was done analysing overall IPV experience, an additional CFA was performed analysing IPV as a higher-order latent variable consisting of the subscales of CAS and SEA. The data fit the model very well, confirming the latent variable of IPV ($\chi^2(1587) = 2552.68$, $CFI = .95$, $TLI = .95$, $RMSEA = .05$, $RMSEA [90\% CI] = [.05 - .06]$). The reliability of the IPV was also high (Cronbach’s $\alpha = .97$, McDonald’s $\omega = .97$). Thus, IPV or overall IPV will be referring to the latent IPV variable that measures any

experience of IPV.

4.3.2 Social Support

Social support, consisting of emotional, informational, and tangible support, was assessed by one-question indicators. Therefore, emotional support was measured by asking whether and how often the women were offered emotional support after their latest disclosure of IPV. Tangible support was measured by asking whether and how often the women were offered help and support, including accommodation and or financial support. Informational support was assessed by whether and how often the women were encouraged to seek help from help-providing organisations such as SCHC and other women's nongovernmental organisations. The answers were rated on a 4-point Likert-type scale from 0 - "Never" to 3 - "Often." A higher score indicated greater social support.

4.3.3 Social Constraints

The 15-item Social Constraints scale (SCS) (Lepore & Ituarte, 1999) was chosen to explore the negative reactions to women's disclosure of IPV. The original SCS created to measure cancer patients' experiences was modified and adapted in collaboration with its authors to address domestic violence issues. The scale measures how often women survivors of IPV face the reluctance or inability of others to provide support by allowing the women to talk about their experiences and be supported. The scale measures three dimensions of social constraints: unsupportive behaviours (e.g., "How often did other people minimize your problems?"), avoidant behaviours (e.g., "Changed the subject when you tried to discuss the abuse you suffered from your partner?"); and suggestions for pretence and distraction (e.g., "How often did other people tell you not to worry so much about your situation?") (Koutrouli et al., 2016). Statements are rated on a 4-point Likert scale where 0 meant "Never", 1 - "Rarely", 2 - "Sometimes", and 3 - "Often." The score can range from 0 to 60. The higher the scores, the greater experience of social constraints (Lepore et al., 1996). Previous studies

confirmed the validity (construct, prognostic, convergent, discriminant, and criterion validity) and reliability of the scale (Lepore & Revenson, 2007; Koutrouli et al., 2016).

Confirmatory factor analysis for the Social constraints scale revealed that the three-factor model explains the relationships between the variables poorly ($\chi^2(87) = 244.94$, CFI = .91, TLI = .90, RMSEA = .09, RMSEA [90% CI] = [.08 - .11], SRMR = .04). Based on the modification indices, two additional correlations were introduced into the model between the residual error rates of the indicators, indicating the specificity of the content of the indicators. This model revealed a sufficient fit to the data ($\chi^2(87) = 211.44$, CFI = .93, TLI = .92, RMSEA = .08, RMSEA [90% CI] = [.07 - .10], SRMR = .04). Scale’s reliability was also confirmed (see Table 4).

Table 4

The Internal Consistency Parameters of the Social Constrains Scale

Scale	Number of items	Cronbach’s α	McDonald’s ω
Social Constraints Scale	15	.96	.96
Unsupportive behaviours	8	.93	.93
Avoidant behaviours	4	.88	.88
Suggestions for pretence and distraction	3	.81	.81

4.3.4 Posttraumatic Growth

The Posttraumatic Growth Inventory (PTGI, Tedeschi & Calhoun, 1996) was chosen to measure the positive changes that might have happened in the survivors’ lives due to their experiences of IPV. This 21-item questionnaire consists of five scales reflecting five PTG dimensions: (1) Relating to Others (e.g., “*I have a greater sense of closeness with others*”); (2) New possibilities (e.g., “*New opportunities are available which wouldn’t have been otherwise*” (3) Personal Strength (e.g., “*I discovered that I’m stronger than I thought I was*”), (4) Spiritual changes (e.g., “*I have a stronger religious faith*”); (5) Appreciation of life (e.g., “*I have a greater appreciation for the value of my own life*”). The participants

were asked to indicate and rate the changes they experienced in their life after experiencing IPV on a 6-point Likert scale where 0 meant “*I have not experienced the change as a result of abuse*”, 1 – “*I experienced this change to a very small degree as a result of abuse*”, 2 – “*I experienced this change to a small degree as a result of abuse*”, 3 – “*I experienced this change to a moderate degree as a result of abuse*”, 4 – “*I experienced this change to a great degree as a result of abuse*”, and 5 - “*I experienced this change to a very great degree as a result of abuse.*” PTGI scores can range from 0 to 105; the higher the score, the greater the growth. Instrument validity (construct, discriminant, test-retest, etc.) and reliability were established by previous studies (Leiva-Bianchi & Aranedá, 2015; Tedeschi & Calhoun, 1996). Moreover, it was found that scale estimates were not associated with social desirability (Salsman et al., 2009; Tedeschi & Calhoun, 1996). Following the position of PTG theory and instrument authors, as even a small degree in one domain can be significant for the person experiencing it, no cut-offs were used in this dissertation.

Analysis of the structural validity of the five-factor Posttraumatic growth inventory revealed that such a model poorly explains the relationships between variables ($\chi^2 (179) = 519.47$, CFI = .87, TLI = .85, RMSEA = .09, RMSEA [90% CI] = [.08 - .10], SRMR = .06). Based on the modification indices, four additional correlations were introduced into the model between the residual error errors of the indicators, indicating the specificity of the indicator content. This model revealed a sufficient fit to the data ($\chi^2 (174) = 455.13$, CFI = .89, TLI = .87, RMSEA = .08, RMSEA [90% CI] = [.07 - .09], SRMR = .06). Scale’s reliability was also confirmed (see Table 5).

Table 5*The Internal Consistency Parameters of the Posttraumatic Growth Inventory*

Scale	Number of items	Cronbach's α	McDonald's ω
Posttraumatic Growth Inventory	21	.97	.96
Relating to others	7	.91	.91
New possibilities	5	.89	.89
Personal strength	4	.87	.87
Spiritual change	2	.77	.77
Appreciation of life	3	.81	.80

4.3.5 Barriers to Disclosure

Barriers to disclosure that women faced before their disclosure of IPV experience were measured by providing a checklist of the reasons that could keep them from disclosing their IPV experience based on the representative FRA study questionnaire (2012). To answer what were the reasons for not disclosing their experiences, 12 possible reasons for non-disclosure were provided, including 1) being ashamed, 2) not wanting anyone to know about the abuse they experienced, 3) thinking they can cope on their own, 4) not thinking it was serious, 5) fear of retaliation, 6) not thinking that anyone/anything could help them, 7) fear of losing children, 8) previous negative experience with police, 9) not thinking of the disclosure at all, 10) something or someone stopping them from disclosure, 11) fear of not being believed, 12) self-blame.

4.3.6 Disclosure to Different Help Sources

To identify the sources of help and support sought by the women, a list of 13 possible sources of help to whom the women could have disclosed the abuse was provided with the option of providing another answer (although just two used this latter option, one indicating an intimate partner and another one their children). This list included: people from their immediate environment (e.g., 1) friends, 2) neighbours, 3) family members), professionals (e.g., 4) psychologists, 5) lawyers), healthcare providers (e.g., 6) family doctors, nurses, 7) psychiatrists), official help and or protection sources (8) help providing organi-

sations such as Specialized Help Centres, women NGOs and other), 9) police, 10) Child protective services), and other individuals (e.g., 11) religious leader, 12) hairdressers), and 13) other.

4.3.7 Socio-Demographic Data

In the sociodemographic data questionnaire, respondents were asked to indicate their place of residence, age, education, marital status, and employment status. Two questions relating to the economic status of the women were asked, such as the household average monthly income (after taxes) and satisfaction with their income.

4.4 Data Analysis

First, in order to assess whether the data is not biased, i.e., does not have systemic missing values and is still likely to represent the population, the analysis of missing data has been performed and chosen the best way to manage the missing data. Missing data is prevalent in most behaviour sciences studies (Acock, 2005; Greenstein & Davis, 2012; Schlomer et al., 2010). The experts give different recommendations of what percentage of missing data becomes problematic. Greenstein and Davis (2012) highlighted that the cut-off varies between 5 % (Schafer, 1999) and 20 % (Peng et al., 2006). Our data had no more than 10 % of missing data of all variables. Little's (1988) omnibus statistical test for inspecting missing data was applied. The missing data analysis confirmed that the data are missing completely at random ($\chi^2 = 1325,73$; $df = 1357$, $p = .72$).

The statistical analysis in this study was done in a few steps using different statistical programs – different approaches for missing data management will be applied. Test-by-test deletion was chosen for the analysis carried out with the SPSS 25. The full information maximum likelihood (FIML) method is considered to be one of the appropriate missing data management methods for Structural equation modelling (Lee & Shi, 2021). Mplus 7.4 statistical modelling program (Muthen & Muthen, 1998–2015) applies this (FIML) missing

data management processes by default. Both of these approaches are compatible as test-by-test deletion retains most of the available data, and FILM does not impute missing data but estimates the model taking into consideration associations between variables and the missing data.

Second, data distribution analyses have been performed so that the appropriate statistical analysis methods can be chosen. All study variables were approximately normally distributed, as the coefficients of skewness were within the range of ± 2 and kurtosis between the range of ± 7 (Hair et al., 2010; Bryne, 2010), except for the sexual abuse and severe combined abuse subscales. Thus, based on the obtained results, when needed, the nonparametric tests or tests that are insensitive to not normal data distribution were applied. The results of the data normality analysis (skewness and kurtosis) are presented in Tables 1A, 2A, 3A, and 4A (see Appendix).

The psychometric properties of all instruments were tested by confirmatory factor analysis (CFA) in *the third step*. The parameters of the CFA model were calculated using the Maximum likelihood with robust standard errors (MLR) method (Satorra & Bentler, 1994) and the Robust weighted least squares estimator using a diagonal weight matrix (WLSMV) method in the statistical analysis program Mplus 7.4 (Muthen & Muthen, 1998-2015). The MLR estimator was chosen because it is suitable for processing rank or interval variables, and WLSMV is more suitable for variables that are considered to be more categorical without a normal distribution (Brown, 2015). The applicability of both methods is not limited by the assumption of the normality of the variables. The fit of the model to the data was checked on the basis of the Comparative Fit Index (CFI), the Tucker-Lewis Index (TLI) together with the Root Mean Square Error of Approximation (RMSEA), Standardized Root Mean Square Residual (SRMR) and RMSEA 90 % confidence intervals, the estimate of which must not exceed .1 (Kline, 2016). Chi-square (χ^2) statistics are provided but will not be used to assess the fit of the model to the data due to its high sensitivity to sample size (Brown, 2015; Kelloway, 2014). CFI and TLI $\geq .90$ indicate sufficient model fit for data, and a value above .95 indicates good model fit. Accordingly,

RMSEA and SRMR $\leq .08$ indicate sufficient model fit to the data, and a value $\leq .05$ indicates a good model fit (Brown, 2015; Kline, 2016). In cases where the value of any of these indices was below acceptable, the model was labelled as poorly reflective of the data and was revised.

In order to determine the study's consistency, trustworthiness, and repeatability (Chakrabartty, 2013), *the fourth step* was taken to establish the reliability of the instruments. For the analysis of the reliability of the measurements, McDonald's omega (ω) coefficient (McDonald, 1978), together with Cronbach's alpha (α), were used. Both coefficients are interpreted the same (Geldhof et al., 2014). However, McDonald's omega is considered more advanced and appropriate for multidimensional data (Cho & Kim, 2015). The JASP 0.11.1 program (JASP Team, 2019) was used to calculate the instruments' reliability.

The fifth step was the analysis of descriptive statistics and Spearman's correlation analysis, which was chosen to withstand the data's deviation from normality. Moreover, a K-means cluster analysis was performed for a greater sample analysis. An iterative partitioning technique called K-means seeks to reduce the overall within-cluster variance. All observations from the data set are randomly assigned to a predetermined number of groups before the real K-means clustering procedure begins. K-means tries to construct mutually exclusive groupings (i.e., clusters) in which observations from different clusters are as distinct as possible (i.e., low inter-class similarity) and observations from the same cluster are as similar as feasible (i.e., high intra-class similarity). In further analysis, these clusters were used as a grouping variable. A one-way ANOVA was conducted to compare the effect of sociodemographic data and main study variables on IPV severity in groups of low severity of IPV, the average severity of IPV and high severity of IPV. IBM Statistical Package for the Social Sciences (SPSS) version 25 was used for the data management and these analyses.

The sixth step was applied to perform the main data analysis, which is an exploration of direct and indirect links between IPV and PTG through social factors. For that purpose, Structural equation modelling (SEM) was performed using Mplus 7.4 statistical modelling program (Muthen & Muthen, 1998

– 2015). SEM is an advanced statistical method encompassing several statistical techniques that permit examining the relationships between one or several independent and dependent variables, which can be observed or latent (Ullman & Bentler, 2003). SEM is most appropriate for testing complex and multidimensional phenomena as it allows to test the relationships between the variables completely and simultaneously (Ullman & Bentler, 2003). Confirmatory factor analysis and path analysis are types of SEM.

The process of modelling consists of four steps (Ullman & Bentler, 2003). First is the model specification, which was done by forming the hypotheses and diagramming them. In the conceptual model's diagram, the geometrical figures' shapes signify whether the variable is observed (square) or latent (circle), and arrows show the hypothesised direct relationship and the direction of the link. In this study, several structural equation models were tested, where the independent variable is IPV, and dependent variables are barriers to disclosure, sources of disclosure, social reactions to disclosure (social constraints, emotional, tangible, informational support), and posttraumatic growth. In order to increase the statistical power, the factors' mean scores of PTG and social constraints were used.

The second step in the process of modelling is model estimation. The Robust weighted least squares estimator using a diagonal weight matrix (WLSMV) method was chosen to withstand any potential deviance from normality. All study variables are constructed as a checklist that also measures the frequency of the construct. Thus, these variables are considered to be more categorical in nature.

The third step is evaluating the model, which is achieved by evaluating the model fit and its parameters' significance. Model fit indices determine whether the hypothesised links between the variables terminated in observed covariances among the measured variables. The model's fit to the data is checked on the basis of the previously mentioned CFI, TLI, RMSEA and RMSEA 90 % confidence intervals (Brown, 2015; Kline, 2016). The parameters and their significance are evaluated by examining standardised coefficients. The last step

of processing a model is model modification. Model modification could be performed to improve the model fit or to test the hypothesis.

The seventh step was set to examine the indirect links between IPV and PTG and determine the mediating effect of social factors. For that purpose, a multiple mediation analysis was conducted. According to the influential work of Baron and Kenny (1986), the mediation model suggests that there is a three-variable system that has two paths directed towards the outcome variable (PTG): the direct effect of the independent variable (e.g., from IPV to PTG) and the effect of the mediator (e.g., from the social constraints to PTG). *The third path connects the* independent variable (IPV) and the mediator (the social constraints). Three conditions need to be present in order to name a variable a mediator. First, variations in the independent variable (PTG) need to account for the variations in the mediating variable (social constraints). Second, variations in the mediating variable (social constraints) need to account for the variations in the dependent variable (IPV). Third, when controlling for the first and second associations, a previously significant link between the independent and dependent variables (PTG and IPV) loses significance (Baron & Kenny, 1986). Mediation can be “complete” when the path from the independent and dependent variables becomes insignificant and gets closer to zero (Montoya & Hayes, 2017). Mediation can also be “partial” when it is still statistically significant, but the effect has decreased (Montoya & Hayes, 2017). If the direct effect has changed the sign in the indirect effect, the mediation is considered to be inconsistent (MacKinnon et al., 2012).

From a theoretical and empirical standpoint, it is known that PTG is not a direct outcome of IPV. Thus, several possible mediating variables (the number of barriers to disclosure, the number of sources of disclosure, social constraints, and emotional, tangible and informational supports) were tested in hypothesised model. The mediation analysis was performed using command indirect with the Mplus statistical modelling program to estimate the standardised total, direct, and specific indirect effects. The total effect is the direct effect between independent and dependent variables without estimated mediation.

The direct is the effect of the independent and dependent variables after the mediation was estimated. The indirect effect refers to the degree to which the independent and mediating variables are associated and the degree to which the mediating variable is associated with the independent variable. Following the guidelines of Gignac and Szodor (2016), the effect sizes were interpreted as small when falling between $\geq .1$ and $<.2$, moderate when between $\geq .2$ and $<.3$, and large when the effect size is $\geq .3$.

5. RESULTS

5.1 Preliminary Analysis

5.1.1 Descriptive Statistics of the Study Variables

In this work, eight main variables were used. Three variables that were tested as latent were IPV which has eight dimensions representing different forms of IPV (severe composite, physical, sexual, emotional abuse, harassment, economic control, economic exploitation, employment sabotage), social constraints with three dimensions (unsupportive behaviours, avoidant behaviours, and suggestions for pretence and distraction) and PTG that has five dimensions (relating to others, new possibilities, personal strength, spiritual change, appreciation of life). Another five variables were tested as observed: the number of barriers to disclosure, the number of sources of disclosure, and emotional, tangible and informational supports.

All participating women in the study experienced some form of male-perpetrated IPV (see Table 6). Most women experienced emotional abuse and economic control, over 60 % experienced physical abuse, harassment and economic exploitation by an intimate partner and over third experienced employment sabotage, severe composite abuse and sexual abuse. PTG was experienced by most women, relating to others as being the most endorsed dimension of PTG. At some point, most women had disclosed their experience of IPV to up to 12 help sources. Of those who disclosed the experience of IPV, most received negative reactions from others to their disclosure, such as unsupportive or avoidant behaviour. Emotional support was the positive social reaction offered most often to women following the disclosure of IPV. More than half of the women experienced at least one barrier that delayed the disclosure of their experience of IPV. The main descriptive characteristics and frequency, mean, standard error, standard error of the mean, scores range, and descriptive statistics of the main study variables are presented in Table 6.

Table 6

Frequency, Mean, Standard Error, Standard Error of the Mean, Scores Range, and Descriptive Statistics of the Main Study Variables

	N	Have experienced (%)	Mean	Standard deviation	Standard error of the mean	Possible score range
Intimate partner violence	244	100	45.38	39.60	2.54	0-232
Severe combined abuse	85	34.8	1.77	3.44	0.22	0-25
Sexual abuse	77	31.6	1.02	2.00	0.13	0-15
Emotional abuse	236	96.7	15.50	12.80	0.82	0-55
Physical abuse	147	61.2	5.23	6.50	0.42	0-35
Harassment	150	61.1	3.85	4.65	0.30	0-20
Employment sabotage	100	40.2	1.77	3.06	0.20	0-16
Economic control	150	91.3	13.03	11.78	0.76	0-52
Economic exploitation	150	60.7	5.14	7.44	0.48	0-44
Posttraumatic growth	205	90.6	43.12	29.70	2.00	0-105
Relating to others	197	87.6	13.73	10.07	0.67	0-35
New possibilities	189	83.9	10.33	7.82	0.52	0-25
Personal strength	190	84.4	8.78	6.33	0.42	0-20
Spiritual change	152	67.6	3.77	3.41	0.23	0-10
Appreciation of life	191	84.5	7.10	4.74	0.32	0-15
Emotional support	168	78.5	1.66	1.11	0.08	0-3
Tangible support	131	59.9	1.12	1.12	0.08	0-3
Informational support	84	39.3	0.71	1.02	0.07	0-3
Social constraints	193	88.1	16.75	13.35	0.90	0-60
Unsupportive behaviours	190	87.2	9.35	7.49	0.51	0-24
Avoidant behaviours	174	79.8	4.70	3.90	0.26	0-12
Suggestions for pretence and distraction	145	66.2	2.76	2.77	0.19	0-9
Barriers to disclosure	120	56.6	1.51	1.83	0.13	0-12
Disclosure of IPV	210	89.4	3.08	2.52	0.16	0-13

Note. N – number of cases. The different number of cases is due to missing. Some missing are due to dependency on other variables (e.g. disclosure).

5.1.2 Correlational Analysis

Spearman's correlational analysis showed that experience of IPV was significantly positively associated with all study variables except emotional support (see Table 7). PTG was positively associated with IPV. The strongest association was with overall IPV and emotional support, and the weakest was with severe combined abuse and sexual abuse. PTG was also positively and significantly associated with social constraints and other variables, except the number of barriers to disclosure and tangible support. Most of the main study variables were associated with one another. However, the number of barriers to disclosure and sources of disclosure were not associated, and social constraints were not associated with any of the social support forms. Also, tangible support was not associated either with sources of disclosure or with PTG. These preliminary findings show that PTG is linked with IPV and associated with social factors.

Table 7
Spearman's Correlations among the Main Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. IPV	-															
2. Severe combined abuse	.67**	-														
3. Sexual abuse	.53**	.49**	-													
4. Emotional abuse	.94**	.60**	.46**	-												
5. Physical abuse	.74**	.52**	.55**	.69**	-											
6. Harassment	.75**	.60**	.52**	.69**	.61**	-										
7. Employment sabotage	.65**	.55**	.30**	.59**	.37**	.49**	-									
8. Economic control	.86**	.56**	.37**	.75**	.48**	.49**	.59**	-								
9. Economic exploitation	.69**	.50**	.30**	.56**	.44**	.48**	.47**	.64**	-							
10. Social constraints	.46**	.27**	.19**	.43**	.24**	.31**	.38**	.47**	.34**	-						
11. PTG	.44**	.27**	.23**	.40**	.32**	.39**	.32**	.38**	.38**	.28**	-					
12. The number of sources of disclosure	.63**	.43**	.38**	.62**	.53**	.46**	.44**	.53**	.42**	.15*	.46**	-				
13. The number of barriers to disclosure	.16*	.21**	.12	.12	.12	.20**	.12	.13	.09	.20**	-.01	-.01	-			
14. Emotional support	.08	.08	.05	.04	.08	.11	.11	.07	.11	-.10	.20**	.22**	-.08	-		
15. Tangible support	.19**	.17*	.20**	.12	.18**	.19**	.22**	.18*	.20**	-.05	.27**	.33**	-.06	.60**	-	
16. Informational support	.40**	.29**	.25**	.35**	.37**	.35**	.28**	.34**	.29**	.02	.29**	.46**	-.05	.32**	.42**	-

Note. *** $p < .001$, ** $p < .01$, * $p < .05$. $N = 244$

5.1.3 Study Sample Characteristics

In order to analyse the study sample deeper, K-means clustering analysis was performed. The data was fixed to three factors expecting the factors to form based on the severity of IPV. The results yield three clusters reflecting 1) low severity of IPV ($N = 182$); 2) average severity of IPV ($N = 61$), and high severity of IPV ($N = 1$). However, one cluster contained only one case. Thus this case was labelled as an outlier, and cluster analysis was repeated without the outlier. The results (presented in Z scores) yield three clusters reflecting 1) low severity of IPV ($N = 153$); 2) average severity of IPV ($N = 74$), and 3) high severity of IPV ($N = 16$) (see Figure 2). In further analysis, these clusters will be used as a grouping variable for group analysis. However, the sample size in some clusters was small. Thus, the interpretation of results should be cautioned.

A one-way ANOVA was conducted to compare the effect of sociodemographic data and main study variables on IPV severity in groups of the low severity of IPV, the average severity of IPV and the high severity of IPV (see Table 8). It determined that out of socioeconomic variables, only age and monthly household income differ among the clusters, showing that the older women that are living in smaller towns are more characteristic to the cluster of high severity of IPV. Clusters reflect significant tendencies in IPV experience. The greater experience of the number of barriers to disclosure and disclosing abuse to the greater number of sources, the greater frequency of social constraints and social support, and the greater degree of PTG were more characteristic of cluster three. The average experience of the number of barriers to disclosure and disclosing abuse to the average number of sources, the average frequency of social constraints and social support, and the average degree of PTG were characteristic of cluster two. The low experience of the number of barriers to disclosure and disclosing abuse to the low number of sources, the low frequency of social constraints and social support, and the low degree of PTG were characteristic of cluster number one.

Figure 2

Results of the K-Mean Cluster Analysis (N = 243)

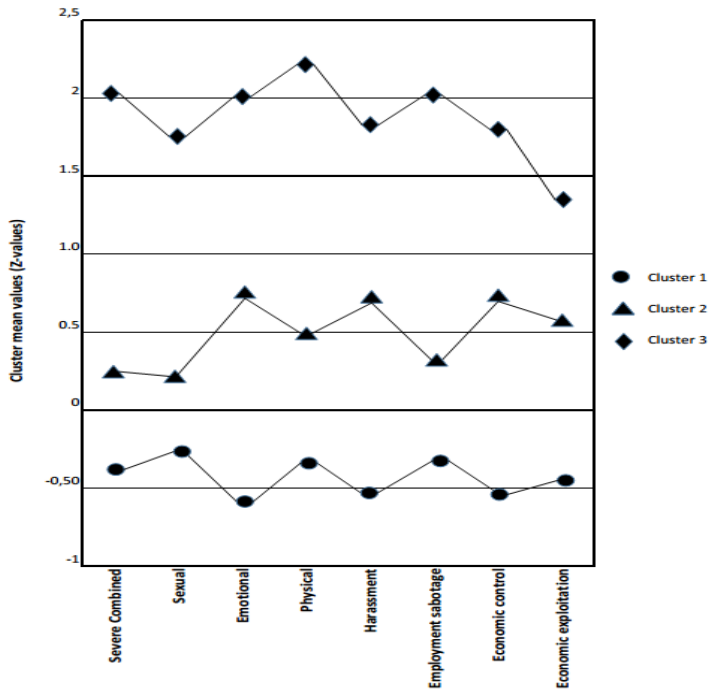


Table 8

ANOVA Results Using Cluster of the Severity of IPV

Dependent variables	<i>F(df)</i>	<i>p</i>	Low IPV severity			Average IPV severity			High IPV severity		
			<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>
Age	5.18 (2, 219)	.01	137	35.44	12.07	70	39.9	9.60	15	42	7.93
Living place	2.47 (2, 239)	.87	152	1.22	0.56	74	1.30	0.64	16	1.56	0.89
Education level	0.95 (2, 239)	.39	152	2.55	0.73	74	2.41	0.81	16	2.50	0.73
Household monthly income	3.59 (2, 222)	.03	137	1293.28	974.51	72	972.39	1234.12	16	2.50	0.73
Economic satisfaction	4.890 (2, 240)	.30	153	2.17	0.87	74	2.51	0.94	16	2.63	0.72
Posttraumatic growth	58.37 (2, 225)	<.001	138	1.69	1.42	74	2.63	1.23	16	3.05	0.92
Relating to others	23.57 (2, 222)	<.001	137	1.62	1.46	72	2.47	1.24	16	2.98	1.04
New possibilities	25.11 (2, 221)	<.001	136	1.69	1.58	72	2.57	1.41	16	2.98	1.05
Personal strength	12.32 (2, 222)	<.001	136	1.80	1.52	73	2.73	1.56	16	3.13	1.05
Spiritual change	19.15 (2, 222)	<.001	137	1.38	1.63	72	2.63	1.59	16	3.06	1.28
Appreciation of life	20.54 (2, 223)	<.001	137	1.89	1.58	73	3.04	1.30	16	3.58	1.00
Emotional support	3.55 (2, 211)	.03	129	1.49	1.14	72	1.90	1.05	16	1.88	0.89
Tangible support	6.88 (2, 209)	.001	123	0.90	1.07	73	1.36	1.16	16	1.75	0.56
Informational support	19.37 (2, 211)	<.001	125	0.39	0.84	73	1.08	1.04	16	1.56	1.21
Social constraints	11.38 (2, 216)	<.001	129	0.90	0.86	74	1.38	0.844	16	1.68	0.79
Unsupportive behaviours	9.77 (2, 2015)	<.001	129	0.95	0.90	73	1.46	0.93	16	1.63	0.79
Avoidant behaviours	13.94 (2, 215)	<.001	129	0.92	0.94	73	1.45	0.89	16	1.97	0.98
Suggestions for pretence and distraction	8.40 (2, 216)	<.001	129	0.72	0.90	74	1.16	0.88	16	1.44	0.99
Barriers to disclosure	10.60 (2, 209)	<.001	146	1.88	1.58	73	4.85	2.60	16	5.94	2.05
Disclosure of IPV	72.57 (2, 232)	<.001	146	1.88	1.58	73	4.85	2.60	16	3.31	2.30

Note. *N* – number of cases, *M* – mean; *SD* – standard deviation.

5.2 Analysis of Direct and Indirect Links between Intimate Partner Violence and Posttraumatic Growth

The first hypothesis that *disclosure (the number of barriers to disclosure, the number of sources of disclosure), social constraints, and social support (emotional support, informational support, and tangible support) mediate the link between IPV (severe combined abuse, sexual abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, economic exploitation) and PTG*, and the second hypothesis that *disclosure (the number of barriers to disclosure, the number of sources of disclosure), social constraints, and social support (emotional support, informational support, and tangible support) are interlinked*, were tested simultaneously¹². In order to test the hypotheses, the structural equation models were tested where the independent variable was intimate partner violence, and the dependent variables were barriers to disclosure, sources of disclosure, social support (emotional, tangible, informational support), social constraints and posttraumatic growth. Since social support forms and social constraints were not correlated, two distinct models, one retaining all variables except social support forms and another retaining all variables except social constraints, were tested to save the power of the test. These two models were tested with overall IPV severity and every form of IPV (severe combined abuse, sexual abuse, physical abuse, emotional abuse, harassment, economic control, economic exploitation, and employment sabotage). In total, 18 structural equation models were tested.

5.2.1 The Posttraumatic Growth Model of Women Survivors of Intimate Partner Violence: The Role of Barriers to Disclosure, Sources of Disclosure, Tangible, Emotional and Informational Support

The tested PTG model with the number of barriers to disclosure, the

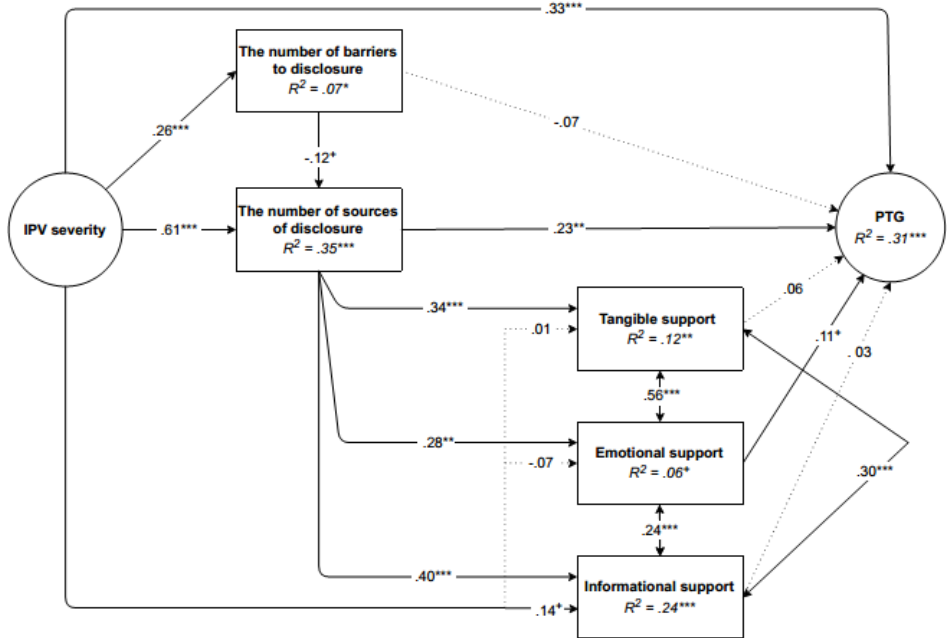
¹ Analysis of single mediator models is presented in Supplement 2 at <https://osf.io/qspx5/>

² Models retaining only one social support form can be found in Supplement 3 at <https://osf.io/2cvr6>

number of sources of disclosure, tangible, emotional and informational support as mediators and IPV as a predictor fitted the data well. The results revealed that out of all variables, IPV severity, the number of sources of disclosure significantly and emotional support marginally significantly directly positively were linked to PTG (see Figure 3). A significant indirect link was found between IPV and PTG through the number of sources of disclosure (see Table 9 and Table 5A). The results suggest that the number of sources of disclosure partially mediated the link between IPV and PTG. The model explained 31 % of the variance in PTG. Moreover, the number of sources of disclosure was found to be strongly significantly positively linked to tangible, emotional and informational support. While the number of sources of disclosure was marginally significantly negatively linked to the number of sources of disclosure.

Figure 3

The Model of Posttraumatic Growth of Women Survivors of Intimate Partner Violence with Barriers to Disclosure, Sources of Disclosure, Tangible, Emotional and Informational Support as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 3100.56 (2189)$, $p < .001$, CFI = .95, TLI = .95, RMSEA = .04, RMSEA 90 % CI [.04 - .05]. *** $p < .001$, ** $p < .01$, * $p < .05$, + $p < .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 9

Links between Intimate Partner Violence and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure, Tangible, Emotional and Informational Support

Predictor		Mediator		Dependent variable	Indirect effect		Total effect	
					β	p	β	p
IPV	→	Barriers		→ PTG	-.02	.38	.48	<.001
IPV	→		Discl.	→ PTG	.14	.01	.48	<.001
IPV	→		Emoc.	→ PTG	-.01	.46	.48	<.001
IPV	→		Tangible	→ PTG	.00	.90	.48	<.001
IPV	→			Info → PTG	.00	.73	.48	<.001
IPV	→	Barriers	Discl.	→ PTG	-.01	.18	.48	<.001
IPV	→	Barriers	Emoc.	→ PTG	.01	.50	.48	<.001
IPV	→	Barriers	Tangible	→ PTG	-.00	.27	.48	<.001
IPV	→	Barriers		Info → PTG	.00	.73	.48	<.001
IPV	→		Discl. Emoc.	→ PTG	.02	.14	.48	<.001
IPV	→		Discl. Tangible	→ PTG	.01	.73	.48	<.001
IPV	→		Discl. Info	→ PTG	-.00	.54	.48	<.001
IPV	→	Barriers	Discl. Emoc.	→ PTG	-.00	.27	.48	<.001
IPV	→	Barriers	Discl. Tangible	→ PTG	-.00	.54	.48	<.001
IPV	→	Barriers	Discl. Info	→ PTG	.00	.73	.48	<.001

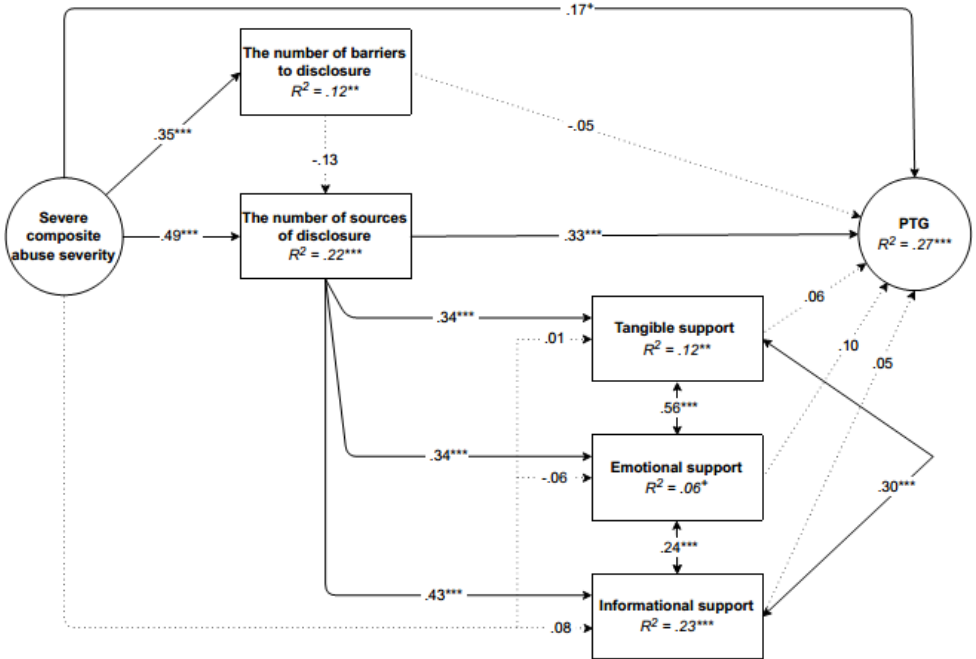
Note. $N = 244$; β - beta coefficient, p - level of significance; *IPV* - intimate partner violence; *Barriers* - number of barriers to disclosure; *PTG* - posttraumatic growth; *Discl.* - number of sources of disclosure; *Emoc.*- emotional support, *Info* - informational support

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure, tangible, emotional and informational support as mediators and the severe combined abuse as a predictor fitted the data well. The results revealed that out of all variables, severe combined abuse marginally significantly and the number of sources of disclosure were significantly directly positively linked to PTG (see Figure 4). A significant indirect link was found between severe combined abuse and PTG through the number of sources of

disclosure (see Table 10 and Table 5A). The results suggest that the number of sources of disclosure partially mediated the link between severe combined abuse and PTG. The model explained 27 % of the variance in PTG. Moreover, the number of sources of disclosure was found to be strongly significantly positively linked to tangible, emotional and informational support. However, the number of barriers to disclosure was not linked to the number of sources of disclosure.

Figure 4

The Model of Posttraumatic Growth of Women Survivors of Severe Combined Abuse with Barriers to Disclosure, Sources of Disclosure, Tangible, Emotional and Informational Support as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 122.5$ (77), $p < .001$, CFI = .95, TLI = .94, RMSEA = .05, RMSEA 90 % CI [.03 - .07]. $^{***}p < .001$, $^{**}p < .01$, $^*p < .05$, $+p < .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 10

Links between Severe Combined Abuse and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure, Tangible, Emotional and Informational Support

Predictor	Mediator		Dependent variable	Indirect effect		Total effect		
				β	p	β	p	
S. combined	→	Barriers	→	PTG	-.02	.47	.33	<.001
S. combined	→	Discl.	→	PTG	.15	<.001	.33	<.001
S. combined	→	Emoc.	→	PTG	.00	.91	.33	<.001
S. combined	→	Tangible	→	PTG	.01	.53	.33	<.001
S. combined	→	Info	→	PTG	.01	.53	.33	<.001
S. combined	→	Barriers Discl.	→	PTG	-.01	.42	.33	<.001
S. combined	→	Barriers Emoc.	→	PTG	-.00	.36	.33	<.001
S. combined	→	Barriers Tangible	→	PTG	-.00	.53	.33	<.001
S. combined	→	Barriers Info	→	PTG	-.00	.52	.33	<.001
S. combined	→	Discl. Emoc.	→	PTG	.01	.23	.33	<.001
S. combined	→	Discl. Tangible	→	PTG	.01	.47	.33	<.001
S. combined	→	Discl. Info	→	PTG	.01	.50	.33	<.001
S. combined	→	Barriers Discl. Emoc.	→	PTG	.00	.48	.33	<.001
S. combined	→	Barriers Discl. Tangible	→	PTG	.00	.58	.33	<.001
S. combined	→	Barriers Discl. Info	→	PTG	.00	.60	.33	<.001

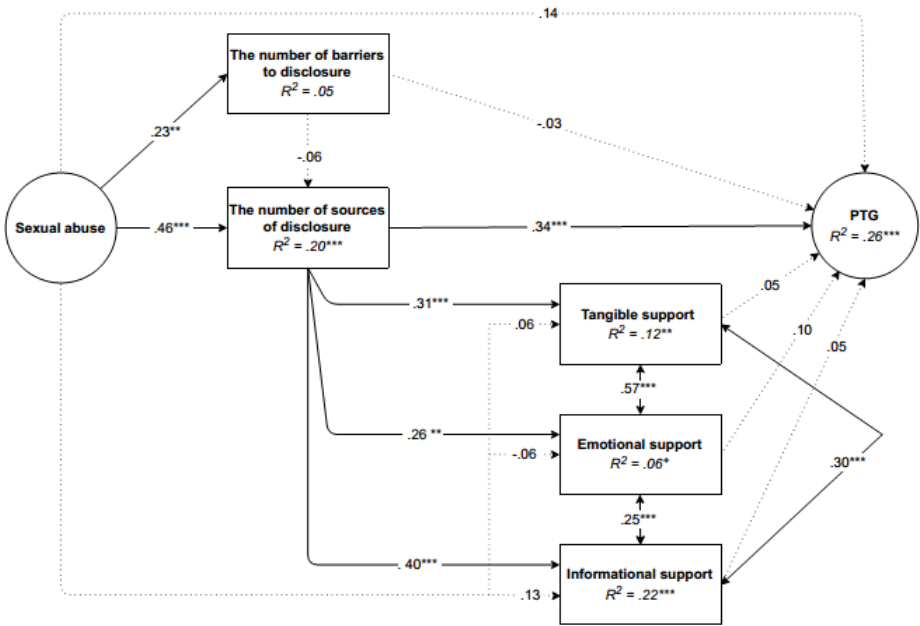
Note. N = 85; β - beta coefficient, *p* - level of significance; *S. combined* - severe combined abuse; *Barriers* - number of barriers to disclosure; *PTG* - posttraumatic growth; *Discl.* - number of sources of disclosure; *Emoc.* - emotional support, *Info* - informational support.

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure, tangible, emotional and informational support as mediators and sexual abuse as a predictor fitted the data well. The results revealed that out of all variables, the number of sources of disclosure was directly positively linked to PTG (see Figure 5). A significant indirect link was found between sexual abuse and PTG through the number of sources of disclosure (see Table 11 and Table 5A). The results suggest that the number of sources of

disclosure partially mediated the link between sexual abuse and PTG. The model explained 26 % of the variance in PTG. Moreover, the number of sources of disclosure was found to be moderately significantly positively linked to emotional and informational support. However, the number of barriers to disclosure was not linked to the number of sources of disclosure.

Figure 5

The Model of Posttraumatic Growth of Women Survivors of Sexual Abuse with Barriers to Disclosure, Sources of Disclosure, Tangible, Emotional and Informational Support as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 61.62 (52)$, $p < .001$, CFI = .99, TLI = .98, RMSEA = .03, RMSEA 90 % CI [.00 - .05]. *** $p < .001$, ** $p < .01$, * $p < .05$, + $p < .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 11

Links between Sexual Abuse and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure, Tangible, Emotional and Informational Support

Predictor		Mediator		Dependent variable	Indirect effect		Total effect		
					β	p	β	p	
Sexual	→	Barriers		→ PTG	-.01	.67	.31	<.001	
Sexual	→		Discl.	→ PTG	.15	<.001	.31	<.001	
Sexual	→		Emoc.	→ PTG	-.00	.88	.31	<.001	
Sexual	→		Tangible	→ PTG	.01	.51	.31	<.001	
Sexual	→			Info	→ PTG	.01	.51	<.001	
Sexual	→	Barriers	Discl.	→ PTG	.00	.94	.31	<.001	
Sexual	→	Barriers	Emoc.	→ PTG	-.00	.38	.31	<.001	
Sexual	→	Barriers	Tangible	→ PTG	-.00	.56	.31	<.001	
Sexual	→	Barriers		Info	→ PTG	-.00	.54	<.001	
Sexual	→		Discl.	Emoc.	→ PTG	.01	.22	.31	<.001
Sexual	→		Discl.	Tangible	→ PTG	.01	.50	.31	<.001
Sexual	→		Discl.	Info	→ PTG	.01	.49	.31	<.001
Sexual	→	Barriers	Discl.	Emoc.	→ PTG	.00	.94	.31	<.001
Sexual	→	Barriers	Discl.	Tangible	→ PTG	.00	.94	.31	<.001
Sexual	→	Barriers	Discl.	Info	→ PTG	.00	.94	.31	<.001

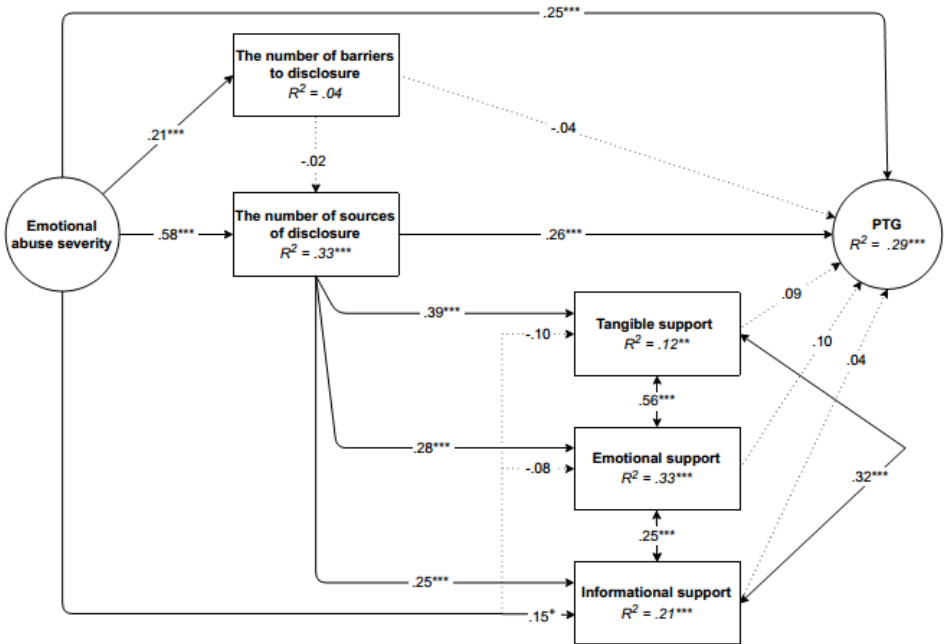
Note. N = 77; β - beta coefficient, *p* - level of significance; *Sexual* - sexual abuse; *Barriers* - number of barriers to disclosure; *PTG* - posttraumatic growth; *Discl.* - number of sources of disclosure; *Emoc.* - emotional support, *Info* - informational support.

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure, tangible, emotional and informational support as mediators and emotional abuse as a predictor fitted the data well. The results revealed that out of all variables, emotional abuse, sources of disclosure and emotional support were directly positively linked to PTG (see Figure 6). A significant indirect link was found between emotional abuse and PTG through the number of sources of disclosure (see Table 12 and Table 5A). The results suggest that the number of sources of disclosure partially mediated the link between emotional abuse and PTG. The model explained 29 % of the variance in PTG. Moreover, the number of sources of disclosure was found to be si-

gnificantly positively linked to emotional, tangible and informational support. However, the number of barriers to disclosure was not linked to the number of sources of disclosure.

Figure 6

The Model of Posttraumatic Growth of Women Survivors of Emotional Abuse with Barriers to Disclosure, Sources of Disclosure, Tangible, Emotional and Informational Support as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 325.52 (176)$, $p < .001$, CFI = .97, TLI = .96, RMSEA = .06, RMSEA 90 % CI [.05 - .07]. $^{***}p < .001$, $^{**}p < .01$, $^*p < .05$, $+p < .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 12

Links between Sexual Abuse and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure, Tangible, Emotional and Informational Support

Predictor	Mediator		Dependent variable	Indirect effect		Total effect				
				β	p	β	p			
Emotional	→	Barriers	→	PTG	-.01	.60	.42	<.001		
Emotional	→	Discl.	→	PTG	.15	.00	.42	<.001		
Emotional	→	Emoc.	→	PTG	-.01	.41	.42	<.001		
Emotional	→	Tangible	→	PTG	-.01	.44	.42	<.001		
Emotional	→	Info	→	PTG	.01	.61	.42	<.001		
Emotional	→	Barriers	Discl.	→	PTG	-.00	.72	.42	<.001	
Emotional	→	Barriers	Emoc.	→	PTG	-.00	.38	.42	<.001	
Emotional	→	Barriers	Tangible	→	PTG	-.00	.49	.42	<.001	
Emotional	→	Barriers	Info	→	PTG	-.00	.62	.42	<.001	
Emotional	→	Discl.	Emoc.	→	PTG	.02	.21	.42	<.001	
Emotional	→	Discl.	Tangible	→	PTG	.02	.27	.42	<.001	
Emotional	→	Discl.	Info	→	PTG	.01	.60	.42	<.001	
Emotional	→	Barriers	Discl.	Emoc.	→	PTG	.00	.72	.42	<.001
Emotional	→	Barriers	Discl.	Tangible	→	PTG	.00	.72	.42	<.001
Emotional	→	Barriers	Discl.	Info	→	PTG	.00	.76	.42	<.001

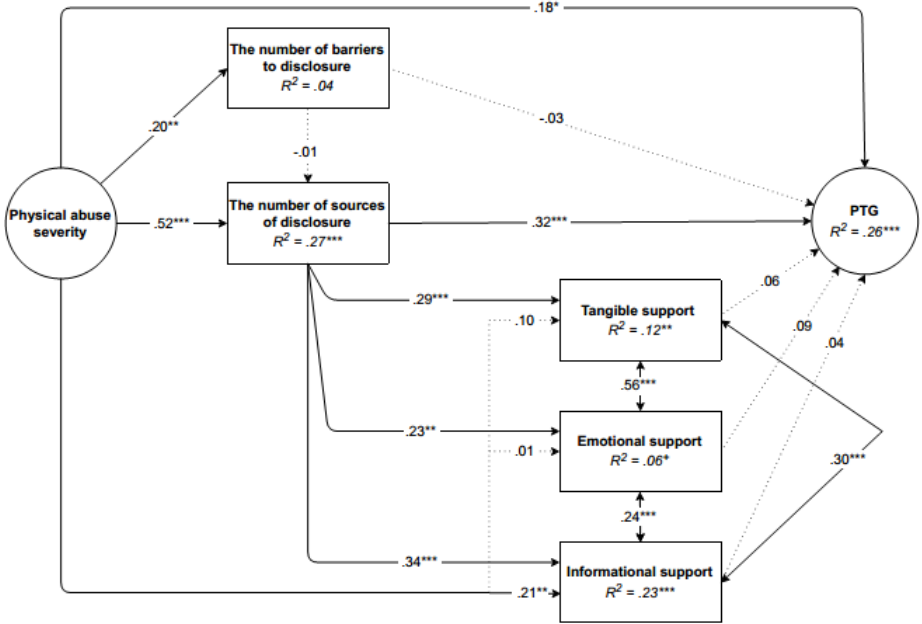
Note. N = 236; β - beta coefficient, *p* - level of significance; *Emotional* – emotional abuse; *Barriers* – number of barriers to disclosure; *PTG* – posttraumatic growth; *Discl.* - number of sources of disclosure; *Emoc.* - emotional support, *Info* – informational support.

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure, tangible, emotional and informational support as mediators and physical abuse as a predictor fitted the data well. The results revealed that out of all variables, physical abuse and sources of disclosure were directly positively linked to PTG (see Figure 7). A significant indirect link was found between physical abuse and PTG through the number of sources of disclosure (see Table 13 and Table 5A). The results suggest that the number of sources of disclosure partially mediated the link between physical abuse and

PTG. The model explained 26 % of the variance in PTG. Moreover, the number of sources of disclosure was found to be significantly positively linked to emotional, tangible and informational support. However, the number of barriers to disclosure was not linked to the number of sources of disclosure.

Figure 7

The Model of Posttraumatic Growth of Women Survivors of Physical Abuse with Barriers to Disclosure, Sources of Disclosure, Tangible, Emotional and Informational Support as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 129.58$ 159.65 (106), $p < .001$, CFI = .99, TLI = .99, RMSEA = .05, RMSEA 90 % CI [.03 - .06]. $^{***}p \leq .001$, $^{**}p \leq .01$, $^*p \leq .05$, $+p \leq .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 13

Links between Physical Abuse and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure, Tangible, Emotional and Informational Support

Predictor			Mediator		Dependent variable	Indirect effect		Total effect	
						β	p	β	p
Physical	→	Barriers			→ PTG	-.01	.65	.38	<.001
Physical	→		Discl.		→ PTG	.16	.00	.38	<.001
Physical	→			Emoc.	→ PTG	.00	.87	.38	<.001
Physical	→				Tangible	→ PTG	.01	.50	<.001
Physical	→				Info	→ PTG	.01	.57	<.001
Physical	→	Barriers	Discl.		→ PTG	-.01	.90	.38	<.001
Physical	→	Barriers		Emoc.	→ PTG	-.00	.36	.38	<.001
Physical	→	Barriers			Tangible	→ PTG	-.00	.55	<.001
Physical	→	Barriers			Info	→ PTG	-.00	.60	<.001
Physical	→		Discl.	Emoc.	→ PTG	.01	.25	.38	<.001
Physical	→		Discl.		Tangible	→ PTG	.01	.48	<.001
Physical	→		Discl.		Info	→ PTG	.01	.57	<.001
Physical	→	Barriers	Discl.	Emoc.	→ PTG	.00	.90	.38	<.001
Physical	→	Barriers	Discl.		Tangible	→ PTG	.00	.91	<.001
Physical	→	Barriers	Discl.		Info	→ PTG	.00	.91	<.001

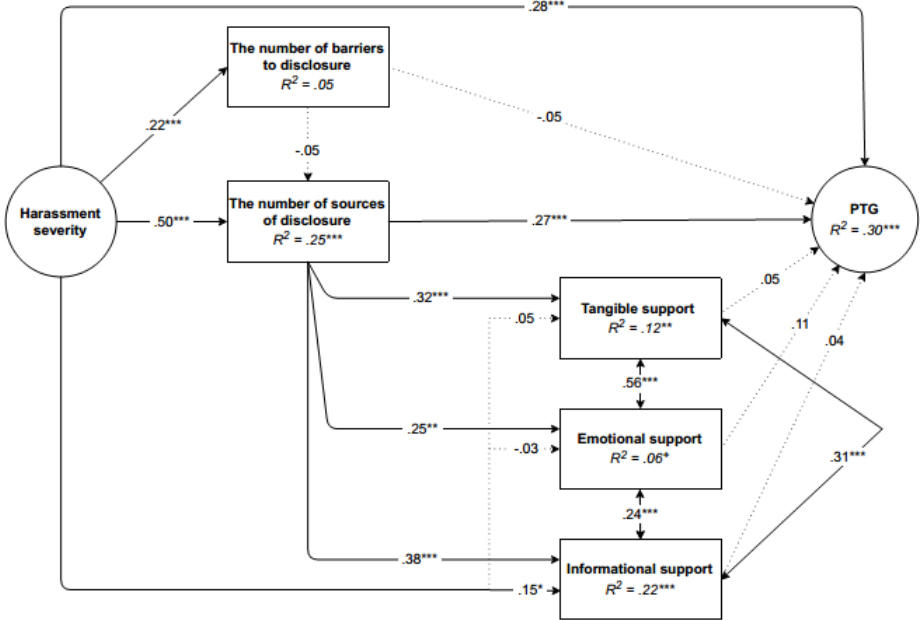
Note. N = 147; β - beta coefficient, p - level of significance; *Physical* – physical abuse, *Barriers* – number of barriers to disclosure; *PTG* – posttraumatic growth; *Discl.* - number of sources of disclosure; *Emotional* – emotional support.

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure, tangible, emotional and informational support as mediators and harassment as a predictor fitted the data well. The results revealed that out of all variables, harassment and sources of disclosure were directly positively linked to PTG (see Figure 8). A significant indirect link was found between harassment and PTG through the number of sources of disclosure (see Table 14). The results suggest that the number of sources of disclosure partially mediated the link between harassment and PTG. The model explained 30 % of the variance in PTG. Moreover, the number of sources of disclosure was found to be significantly positively linked to emotional, tangible and informational

support. However, the number of barriers to disclosure was not linked to the number of sources of disclosure.

Figure 8

The Model of Posttraumatic Growth of Women Survivors of Harassment with Barriers to Disclosure, Sources of Disclosure, Tangible, Emotional and Informational Support as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 84.34 (64)$, $p < .001$, CFI = .98, TLI = .97, RMSEA = .04, RMSEA 90 % CI [.00 - .06]. ***p ≤ .001, **p ≤ .01, *p ≤ .05, +p ≤ .10. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 14

Links between Harassment and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure, Tangible, Emotional and Informational Support

Predictor	Mediator			Dependent variable	Indirect effect		Total effect		
					β	p	β	p	
Harassment	→	Barriers		→	PTG	-.03	.28	.44	<.001
Harassment	→		Discl.	→	PTG	.14	.001	.44	<.001
Harassment	→		Emoc.	→	PTG	.00	.80	.44	<.001
Harassment	→			→	PTG	.01	.53	.44	<.001
Harassment	→			→	PTG	.00	.84	.44	<.001
Harassment	→	Barriers	Discl.	→	PTG	-.00	.46	.44	<.001
Harassment	→	Barriers	Emoc.	→	PTG	-.00	.32	.44	<.001
Harassment	→	Barriers		→	PTG	-.00	.57	.44	<.001
Harassment	→	Barriers		→	PTG	-.00	.84	.44	<.001
Harassment	→		Discl.	→	PTG	.01	.20	.44	<.001
Harassment	→		Discl.	→	PTG	.01	.53	.44	<.001
Harassment	→		Discl.	→	PTG	.00	.84	.44	<.001
Harassment	→	Barriers	Discl.	→	PTG	.00	.51	.44	<.001
Harassment	→	Barriers	Discl.	→	PTG	.00	.63	.44	<.001
Harassment	→	Barriers	Discl.	→	PTG	.00	.85	.44	<.001

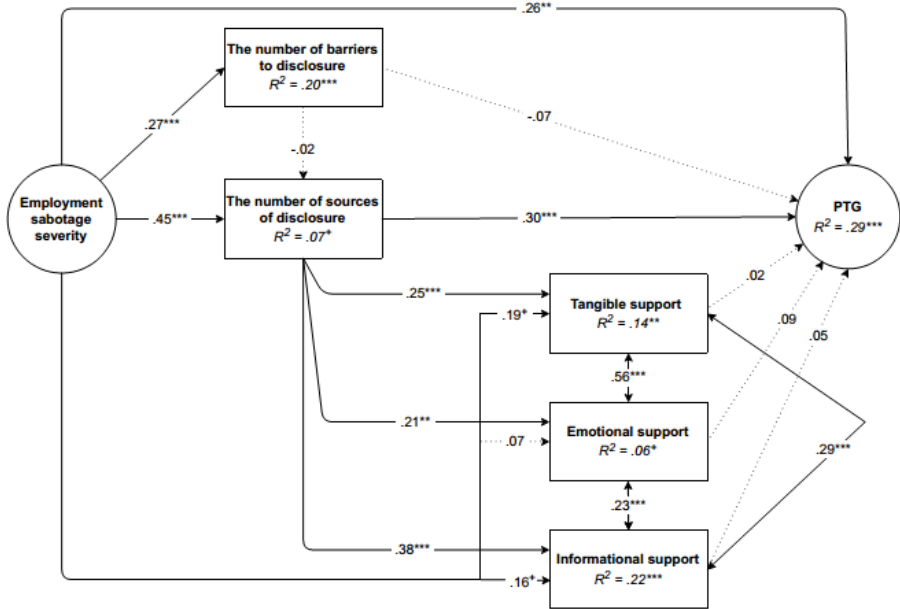
Note. N = 150; β - beta coefficient, p - level of significance; *Barriers* – number of barriers to disclosure; *PTG* – posttraumatic growth; *Discl.* - number of sources of disclosure; *Emotional* – emotional support.

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure, tangible, emotional and informational support as mediators and employment sabotage as a predictor fitted the data well. The results revealed that out of all variables, employment sabotage and sources of disclosure were directly positively linked to PTG (see Figure 9). A significant indirect link was found between employment sabotage and PTG through the number of sources of disclosure (see Table 15). The results suggest that the number of sources of disclosure partially mediated the link between employment sabotage and PTG. The model explained 29 % of the variance in PTG. Moreover, the number of sources of disclosure was found to be significantly positively linked to emotional, tangible and informational support. However, the number of barriers to disclosure was not linked to the number of sources

of disclosure.

Figure 9

The Model of Posttraumatic Growth of Women Survivors of Employment Sabotage with Barriers to Disclosure, Sources of Disclosure, Tangible, Emotional and Informational Support as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 94.21$ (64), $p < .001$, CFI = .97, TLI = .95, RMSEA = .04, RMSEA 90 % CI [.02 - .06]. $^{***}p \leq .001$, $^{**}p \leq .01$, $^+p \leq .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 15

Links between Employment Sabotage and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure, Tangible, Emotional and Informational Support

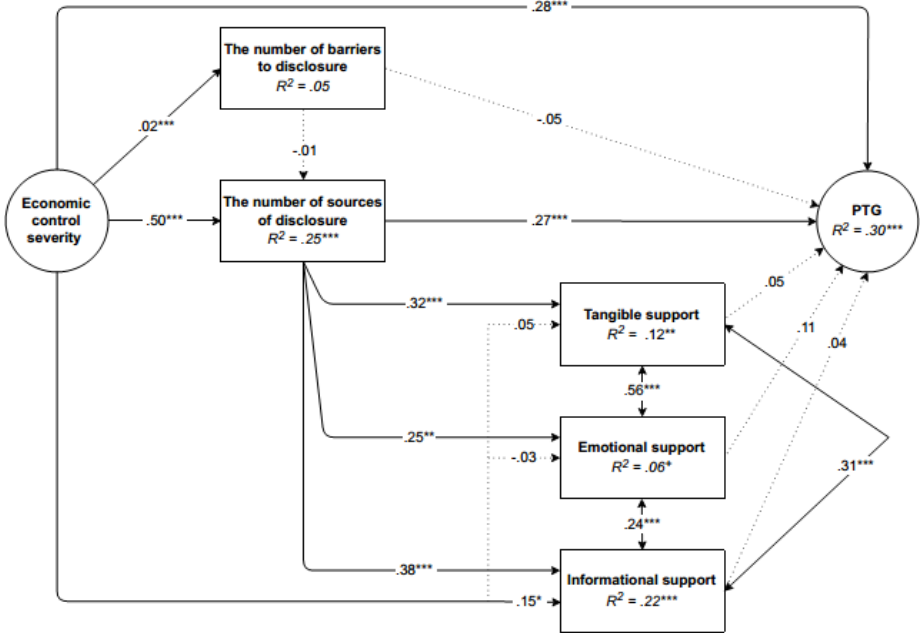
Predictor	Mediator		Dependent variable	Indirect effect		Total effect		
				β	p	β	p	
E. sabotage →	Barriers	Discl.	→ PTG	-.00	.73	.41	<.001	
E. sabotage →		Discl.	→ PTG	.14	<.001	.41	<.001	
E. sabotage →		Emoc.	→ PTG	.001	.56	.41	<.001	
E. sabotage →		Tangible	→ PTG	.01	.75	.41	<.001	
E. sabotage →		Info	→ PTG	.01	.54	.41	<.001	
E. sabotage →	Barriers		→ PTG	-.02	.43	.41	<.001	
E. sabotage →	Barriers	Discl.	→ PTG	-.00	.73	.41	<.001	
E. sabotage →	Barriers	Emoc.	→ PTG	-.00	.32	.41	<.001	
E. sabotage →	Barriers	Tangible	→ PTG	-.00	.77	.41	<.001	
E. sabotage →	Barriers	Info	→ PTG	-.00	.55	.41	<.001	
E. sabotage →		Discl.	Emoc.	→ PTG	.01	.24	.41	<.001
E. sabotage →		Discl.	Tangible	→ PTG	.00	.76	.41	<.001
E. sabotage →		Discl.	Info	→ PTG	.01	.52	.41	<.001
E. sabotage →	Barriers	Discl.	Emoc.	→ PTG	.00	.74	.41	<.001
E. sabotage →	Barriers	Discl.	Tangible	→ PTG	.00	.82	.41	<.001
E. sabotage →	Barriers	Discl.	Info	→ PTG	.00	.76	.41	<.001

Note. N = 100; β - beta coefficient, p - level of significance; *E. sabotage* - employment sabotage; *Barriers* - number of barriers to disclosure; *PTG* - posttraumatic growth; *Discl.* - number of sources of disclosure; *Emotional* - emotional support.

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure, tangible, emotional and informational support as mediators, and economic control as a predictor did not fit the data well ($\chi^2(217) = 626.37$, CFI = .93, TLI = .92, RMSEA = .09, RMSEA [90% CI] = [.08 - .10]). Based on the modification indices, two additional correlations were introduced into the model between the residual error rates of the indicators, indicating the specificity of the content of the indicators. This model revealed a great fit to the data (see Figure 10).

Figure 10

The Model of Posttraumatic Growth of Women Survivors of Economic Control with Barriers to Disclosure, Sources of Disclosure, Tangible, Emotional and Informational Support as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 432.21 (215)$, $p < .001$, CFI = .97, TLI = .96, RMSEA = .06, RMSEA 90 % CI [.06 - .07]. $^{***}p < .001$, $^{**}p < .01$, $^*p < .05$, $+p < .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Thus, the results revealed that out of all variables, economic control and sources of disclosure were directly positively linked to PTG (see Figure 10). A significant indirect link was found between economic control and PTG through the number of sources of disclosure (see Table 16 and Table 5A). The results suggest that the number of sources of disclosure partially mediated the link between economic control and PTG. The model explained 30 % of the variance in PTG. Moreover, the number of sources of disclosure was found to be si-

gnificantly positively linked to emotional, tangible and informational support. However, the number of barriers to disclosure was not linked to the number of sources of disclosure.

Table 16

Links between Economic Control and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure, Tangible, Emotional and Informational Support

Predictor	Mediator		Dependent variable	Indirect effect		Total effect				
				β	p	β	p			
E. control	→	Barriers	→	PTG	-.01	.49	.44	<.001		
E. control	→	Discl.	→	PTG	.14	.001	.44	<.001		
E. control	→	Emoc.	→	PTG	-.00	.75	.44	<.001		
E. control	→	Tangible	→	PTG	.00	.63	.44	<.001		
E. control	→	Info	→	PTG	.01	.59	.44	<.001		
E. control	→	Barriers	Discl.	→	PTG	-.00	.81	.44	<.001	
E. control	→	Barriers	Emoc.	→	PTG	-.00	.34	.44	<.001	
E. control	→	Barriers	Tangible	→	PTG	-.00	.55	.44	<.001	
E. control	→	Barriers	Info	→	PTG	-.00	.60	.44	<.001	
E. control	→	Discl.	Emoc.	→	PTG	.01	.17	.44	<.001	
E. control	→	Discl.	Tangible	→	PTG	.01	.48	.44	<.001	
E. control	→	Discl.	Info	→	PTG	.01	.58	.44	<.001	
E. control	→	Barriers	Discl.	Emoc.	→	PTG	.00	.81	.44	<.001
E. control	→	Barriers	Discl.	Tangible	→	PTG	.00	.82	.44	<.001
E. control	→	Barriers	Discl.	Info	→	PTG	.00	.83	.44	<.001

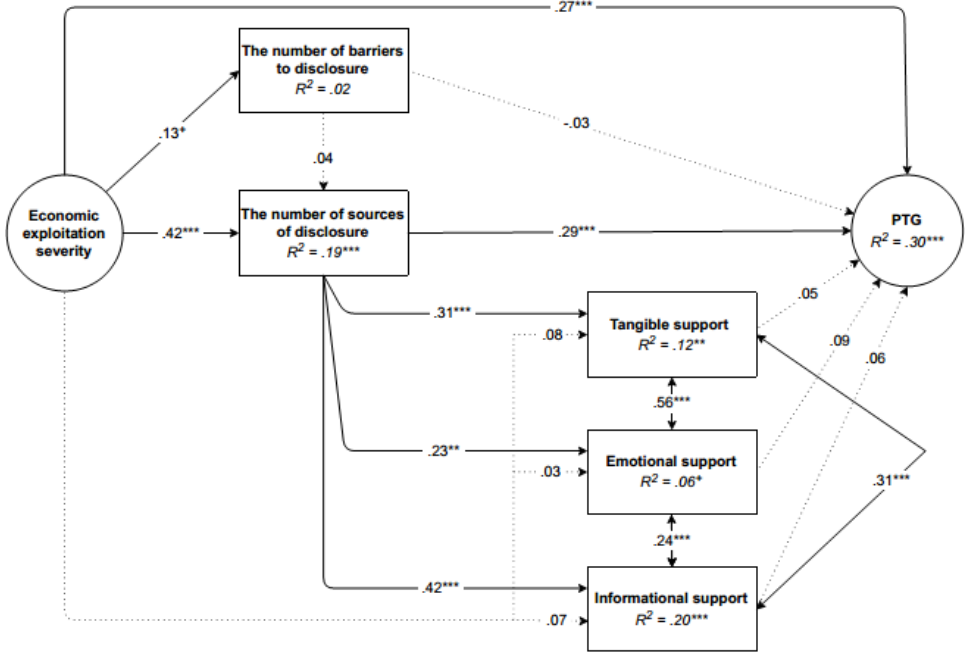
Note. N = 150; β - beta coefficient, p - level of significance; *E. control* – economic control; *Barriers* – number of barriers to disclosure; *PTG* – posttraumatic growth; *Discl.* - number of sources of disclosure; *Emoc.*- emotional support, *Info* – informational support.

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure, tangible, emotional and informational support as mediators and economic exploitation as a predictor fitted the data well. The results revealed that out of all variables, economic exploitation and sources of disclosure and emotional support were directly positively linked to PTG (see Figure 11). A significant indirect link was found between economic exploita-

tion and PTG through the number of sources of disclosure (see Table 17). The results suggest that the number of sources of disclosure partially mediated the link between economic exploitation and PTG. The model explained 30 % of the variance in PTG. Moreover, the number of sources of disclosure was found to be significantly positively linked to emotional, tangible and informational support. However, the number of barriers to disclosure was not linked to the number of sources of disclosure.

Figure 11

The Model of Posttraumatic Growth of Women Survivors of Economic Exploitation with Barriers to Disclosure, Sources of Disclosure, Tangible, Emotional and Informational as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 222.15$ (176), $p < .001$, CFI = .98, TLI = .98, RMSEA = .03, RMSEA 90 % CI [.02 - .05]. *** $p \leq .001$, ** $p \leq .01$, * $p \leq .05$, + $p \leq .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 17

Links between Economic Exploitation and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure, Tangible, Emotional and Informational

Predictor		Mediator		Dependent variable	Indirect effect		Total effect	
					β	p	β	p
E. exploit.	→	Barriers		→ PTG	-.00	.72	.42	<.001
E. exploit.	→		Discl.	→ PTG	.12	.001	.42	<.001
E. exploit.	→		Emoc.	→ PTG	.00	.76	.42	<.001
E. exploit.	→		Tangible	→ PTG	.00	.57	.42	<.001
E. exploit.	→		Info	→ PTG	.00	.52	.42	<.001
E. exploit.	→	Barriers	Discl.	→ PTG	.00	.47	.42	<.001
E. exploit.	→	Barriers	Emoc.	→ PTG	-.00	.38	.42	<.001
E. exploit.	→	Barriers	Tangible	→ PTG	-.00	.60	.42	<.001
E. exploit.	→	Barriers	Info	→ PTG	-.00	.49	.42	<.001
E. exploit.	→		Discl. Emoc.	→ PTG	.01	.23	.42	<.001
E. exploit.	→		Discl. Tangible	→ PTG	.01	.54	.42	<.001
E. exploit.	→		Discl. Info	→ PTG	.01	.42	.42	<.001
E. exploit.	→	Barriers	Discl. Emoc.	→ PTG	.00	.53	.42	<.001
E. exploit.	→	Barriers	Discl. Tangible	→ PTG	.00	.63	.42	<.001
E. exploit.	→	Barriers	Discl. Info	→ PTG	.00	.58	.42	<.001

Note. N = 150; β - beta coefficient, p - level of significance; *E. exploit.* - economic exploitation; *Barriers* - number of barriers to disclosure; *PTG* - posttraumatic growth; *Discl.* - number of sources of disclosure; *Emotional* - emotional support.

5.2.2 The Posttraumatic Growth Model of Women Survivors of Intimate Partner Violence: The Role of Barriers to Disclosure, Sources of Disclosure and Social Constraints

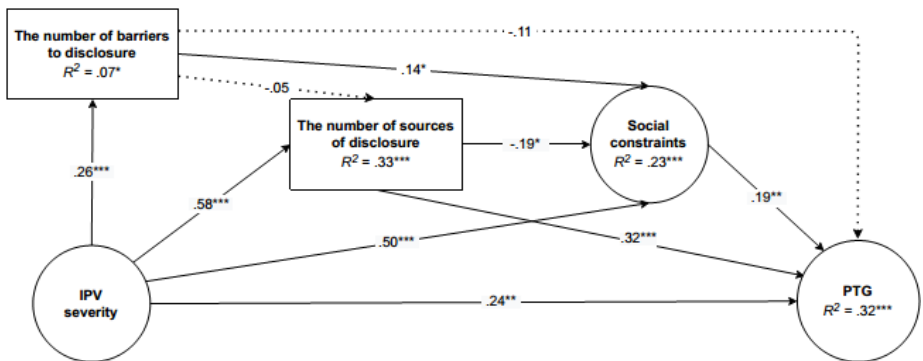
To test the hypotheses, a model retaining the number of barriers to disclosure, the number of sources of disclosure and social constraints as mediators of the link between IPV and PTG was tested for each form of IPV and was partially accepted.

The tested PTG model with the number of barriers to disclosure, the

number of sources of disclosure and social constraints as mediators and IPV as a predictor fitted the data well. The results revealed that out of all variables, IPV, sources of disclosure and social constraints were directly positively linked to PTG (see Figure 12). A significant indirect link was found between IPV and PTG through the number of sources of disclosure and through social constraints (see Table 18 and Table 6A). The results suggest that the number of sources of disclosure and social constraints partially mediated the link between IPV and PTG. The model explained 32 % of the variance in PTG. Moreover, the number of sources of disclosure was found weakly significantly negatively linked to social constraints, and the number of barriers to disclosure was found weakly significantly positively linked to social constraints.

Figure 12

The Model of Posttraumatic Growth of Women Survivors of Intimate Partner Violence with Barriers to Disclosure, Sources of Disclosure and Social Constraints as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 3133.82$ (2194), $p < .001$, CFI = .95, TLI = .95, RMSEA = .04, RMSEA 90 % CI [.04 - .05]. *** $p < .001$, ** $p < .01$, * $p < .05$, + $p < .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 18

Links between Intimate Partner Violence and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure and Social Constraints

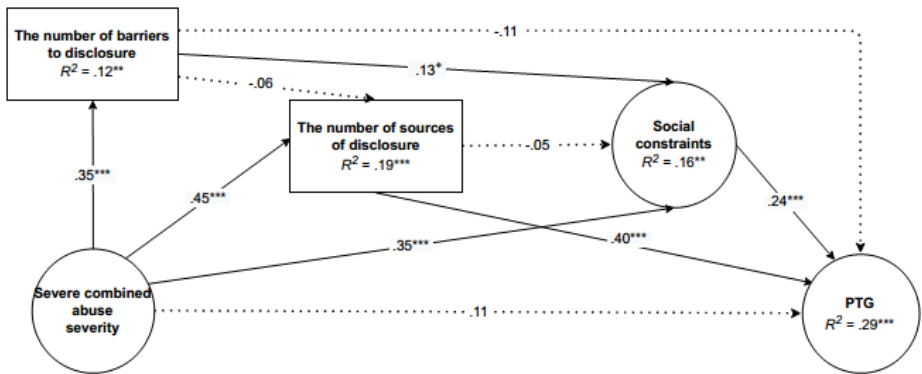
Predictor	Mediator			Dependent variable	Indirect effect		Total effect		
					β	p	β	p	
IPV	→	Barriers		→	PTG	-.03	.17	.48	<.001
IPV	→		Discl.	→	PTG	.19	<.001	.48	<.001
IPV	→		Constraints	→	PTG	.10	.02	.48	<.001
IPV	→	Barriers	Discl.	→	PTG	-.00	.38	.48	<.001
IPV	→	Barriers	Constraints	→	PTG	.01	.14	.48	<.001
IPV	→		Discl. Constraints	→	PTG	-.02	.11	.48	<.001
IPV	→	Barriers	Discl. Constraints	→	PTG	.00	.42	.48	<.001

Note. N = 244; β - beta coefficient, p - level of significance; *IPV* – Severity of intimate partner violence; *Barriers* – number of barriers to disclosure; *PTG* – posttraumatic growth; *Discl.* - number of sources of disclosure; *Constraints* – social constraints.

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure and social constraints as mediators and severe combined abuse as a predictor fitted the data well. The results revealed that out of all variables, sources of disclosure and social constraints were directly positively linked to PTG (see Figure 13). A significant indirect link was found between severe combined abuse and PTG through the number of sources of disclosure and through social constraints (see Table 19 and Table 6A). The results suggest that the number of sources of disclosure and social constraints partially mediated the link between severe combined abuse and PTG. The model explained 29 % of the variance in PTG. Moreover, the number of barriers to disclosure was found to be weakly significantly positively linked to social constraints.

Figure 13

The Model of Posttraumatic Growth of Women Survivors of Severe Combined Abuse with Barriers to Disclosure, Sources of Disclosure and Social Constraints as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 131.62 (82)$, $p < .001$, CFI = .95, TLI = .93, RMSEA = .05, RMSEA 90 % CI [.03 - .07]. *** $p < .001$, ** $p < .01$, * $p < .05$, + $p < .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 19

Links between Severe Combined Abuse and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure and Social Constraints

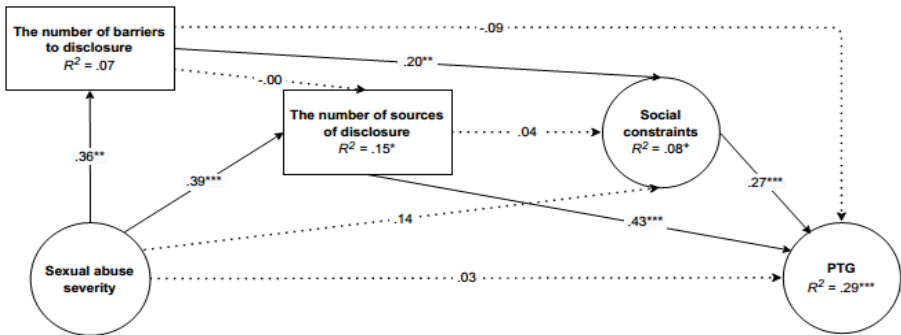
Predictor	Mediator	Dependent variable	Indirect effect		Total effect	
			β	p	β	p
S. combined abuse →	Barriers	→ PTG	-.04	.19	.33	<.001
S. combined abuse →	Discl.	→ PTG	.18	<.001	.33	<.001
S. combined abuse →	Constraints	→ PTG	.08	.01	.33	<.001
S. combined abuse →	Barriers Discl.	→ PTG	-.01	.41	.33	<.001
S. combined abuse →	Barriers Constraints	→ PTG	.01	.14	.33	<.001
S. combined abuse →	Discl. Constraints	→ PTG	-.01	.52	.33	<.001
S. combined abuse →	Barriers Discl. Constraints	→ PTG	.00	.51	.33	<.001

Note. N = 85; β - beta coefficient, p - level of significance; S. combined abuse – severe combined abuse; Barriers – number of barriers to disclosure; PTG – posttraumatic growth; Discl. - number of sources of disclosure; Constraints – social constraints.

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure and social constraints as mediators and sexual abuse as a predictor fitted the data well. The results revealed that out of all variables, sources of disclosure and social constraints were directly positively linked to PTG (see Figure 14). A significant indirect link was found between sexual abuse and PTG through the number of sources of disclosure; the indirect link between sexual abuse and PTG through both the number of barriers to disclosure and the social constraints was found to be marginally significant (see Table 20 and Table 6A). The results suggest that the number of sources of disclosure and social constraints partially mediated the link between sexual abuse and PTG. The model explained 29 % of the variance in PTG. Moreover, the number of barriers to disclosure was found to be moderately significantly positively linked to social constraints.

Figure 14

The Model of Posttraumatic Growth of Women Survivors of Sexual Abuse with Barriers to Disclosure, Sources of Disclosure and Social Constraints as Mediators



Note. Estimator WLSMV. Model fit Model fit $\chi^2 = 65.09$ (46), $p < .001$, CFI = .94, TLI = .91, RMSEA = .04, RMSEA 90 % CI [.01 - .06]. $^{***}p < .001$, $^{**}p < .01$, $^*p < .05$, $+p < .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 20

Links between Sexual Abuse and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure and Social Constraints

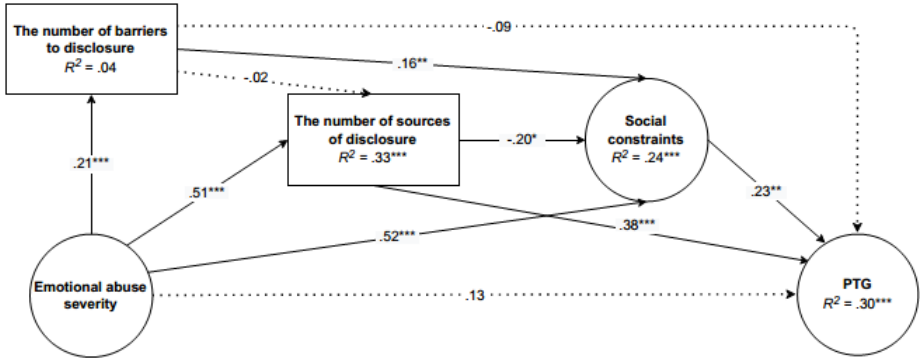
Predictor	Mediator	Dependent variable	Indirect effect		Total effect	
			β	p	β	p
Sexual abuse	→ Barriers	→ PTG	.04	.18	.23	.05
Sexual abuse	→ Discl.	→ PTG	.17	<.001	.23	.05
Sexual abuse	→ Constraints	→ PTG	-.02	.31	.23	.05
Sexual abuse	→ Barriers Discl.	→ PTG	.00	.99	.23	.05
Sexual abuse	→ Barriers Constraints	→ PTG	.01	.09	.23	.05
Sexual abuse	→ Discl. Constraints	→ PTG	.00	.65	.23	.05
Sexual abuse	→ Barriers Discl. Constraints	→ PTG	.00	.99	.23	.05

Note. N = 77; β - beta coefficient, p - level of significance; *Barriers* - number of barriers to disclosure; *PTG* - posttraumatic growth; *Discl.* - number of sources of disclosure; *Constraints* - social constraints.

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure and social constraints as mediators and emotional abuse as a predictor fitted the data well. The results revealed that out of all variables, sources of disclosure and social constraints were directly positively linked to PTG (see Figure 15). A significant indirect link was found between sexual abuse and PTG through the number of sources of disclosure and through social constraints; the negative indirect link between sexual abuse and PTG through both the number of sources of disclosure and the social constraints was found to be marginally significant (see Table 21 and Table 6A). The results suggest that the number of sources of disclosure and social constraints partially mediated the link between sexual abuse and PTG. The model explained 30 % of the variance in PTG. Moreover, the number of sources of disclosure was found to be weakly significantly negatively linked to social constraints, and the number of barriers to disclosure was found to be moderately significantly positively linked to social constraints.

Figure 15

The Model of Posttraumatic Growth of Women Survivors of Emotional Abuse with Barriers to Disclosure, Sources of Disclosure and Social Constraints as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 322.85 (181)$, $p < .001$, CFI = .97, TLI = .96, RMSEA = .06, RMSEA 90 % CI [.05 - .07]. *** $p < .001$, ** $p < .01$, * $p < .05$, + $p < .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 21

Links between Sexual Abuse and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure and Social Constraints

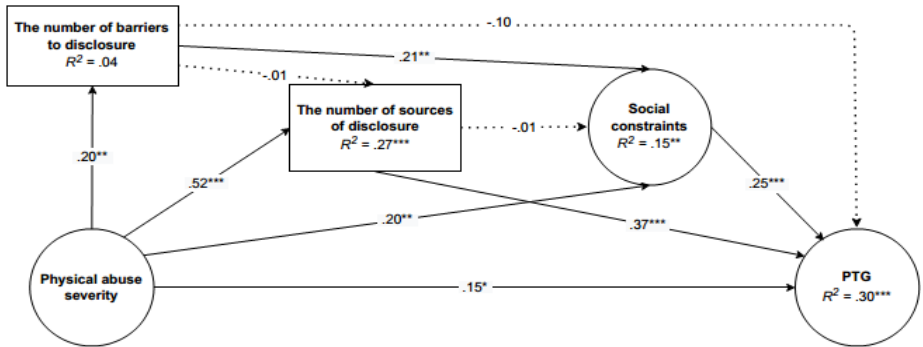
Predictor	Mediator	Dependent variable	Indirect effect		Total effect	
			β	p	β	p
Emotional abuse	Barriers	PTG	-.02	.25	.43	<.001
Emotional abuse	Discl.	PTG	.22	<.001	.43	<.001
Emotional abuse	Constraints	PTG	.12	.01	.43	<.001
Emotional abuse	Barriers Discl.	PTG	-.00	.71	.43	<.001
Emotional abuse	Barriers Constraints	PTG	.01	.11	.43	<.001
Emotional abuse	Discl. Constraints	PTG	-.03	.09	.43	<.001
Emotional abuse	Barriers Discl. Constraints	PTG	.00	.71	.43	<.001

Note. N = 236; β - beta coefficient, p - level of significance; *Barriers* - number of barriers to disclosure; *PTG* - posttraumatic growth; *Discl.* - number of sources of disclosure; *Constraints* - social constraints.

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure and social constraints as mediators and physical abuse as a predictor fitted the data well. The results revealed that out of all variables, physical abuse, sources of disclosure and social constraints were directly positively linked to PTG (see Figure 16). A significant indirect link was found between physical abuse and PTG through the number of sources of disclosure and through social constraints; the indirect link between physical abuse and PTG through both the number of barriers to disclosure and the social constraints was found to be marginally significant (see Table 22 and Table 6A). The results suggest that the number of sources of disclosure and social constraints partially mediated the link between physical abuse and PTG. The model explained 30 % of the variance in PTG. Moreover, the number of barriers to disclosure was found to be moderately significantly positively linked to social constraints.

Figure 16

The Model of Posttraumatic Growth of Women Survivors of Physical Abuse with Barriers to Disclosure, Sources of Disclosure and Social Constraints as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 172.39$ (111), $p < .001$, CFI = .99, TLI = .98, RMSEA = .05, RMSEA 90 % CI [.03 - .06]. *** $p < .001$, ** $p < .01$, * $p < .05$, + $p < .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 22

Links between Physical Abuse and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure and Social Constraints

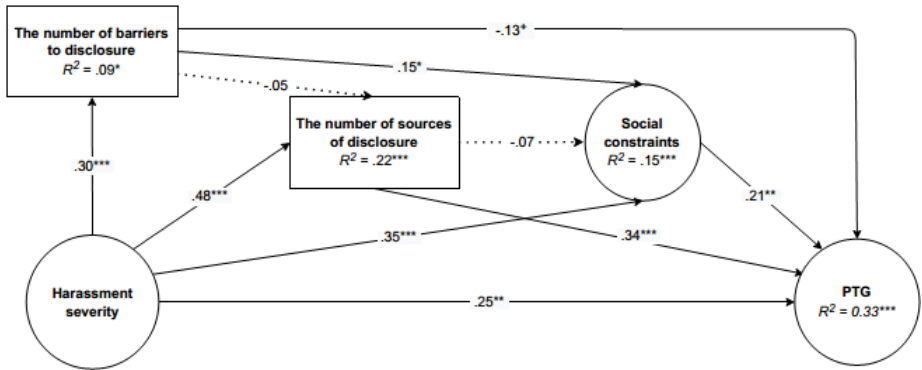
Predictor	Mediator	Dependent variable	Indirect effect		Total effect	
			β	p	β	p
Physical abuse →	Barriers	→ PTG	-.02	.23	.38	<.001
Physical abuse →	Discl.	→ PTG	.19	<.001	.38	<.001
Physical abuse →		Constraints → PTG	.05	.04	.38	<.001
Physical abuse →	Barriers Discl.	→ PTG	-.00	.90	.38	<.001
Physical abuse →	Barriers Constraints	→ PTG	.01	.07	.38	<.001
Physical abuse →	Discl. Constraints	→ PTG	-.00	.88	.38	<.001
Physical abuse →	Barriers Discl. Constraints	→ PTG	.00	.92	.38	<.001

Note. N = 147; β - beta coefficient, p – level of significance; *Barriers* – number of barriers to disclosure; *PTG* – posttraumatic growth; *Discl.* - number of sources of disclosure; *Constraints* – social constraints.

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure and social constraints as mediators and harassment as a predictor fitted the data well. The results revealed that out of all variables, harassment, sources of disclosure and social constraints were directly positively linked to PTG (see Figure 17). The number of barriers to disclosure linked to PTG negatively though marginally significantly. A significant indirect link was found between harassment and PTG through the number of sources of disclosure and through social constraints (see Table 23 and Table 6A). The results suggest that the number of sources of disclosure and social constraints partially mediated the link between harassment and PTG. The model explained 33 % of the variance in PTG. Moreover, the number of barriers to disclosure was found to be weakly significantly positively linked to social constraints.

Figure 17

The Model of Posttraumatic Growth of Women Survivors of Harassment with Barriers to Disclosure, Sources of Disclosure and Social Constraints as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 101.93 (69)$, $p < .001$, CFI = .96, TLI = .95, RMSEA = .04, RMSEA 90 % CI [.02 - .06]. *** $p < .001$, ** $p < .01$, * $p < .05$, + $p < .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 23

Links between Harassment and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure and Social Constraints

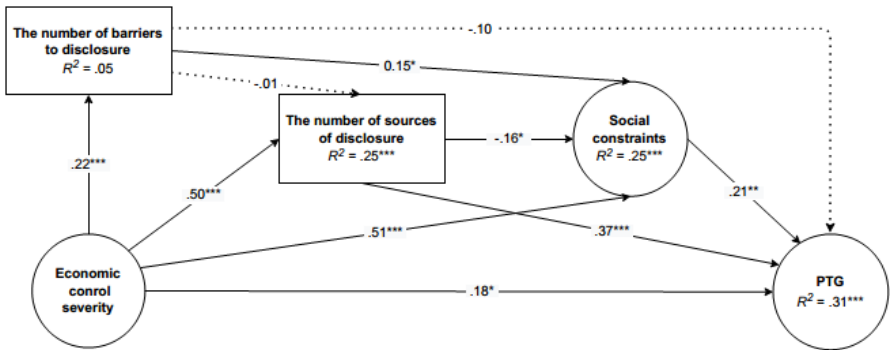
Predictor	Mediator	Dependent variable	Indirect effect		Total effect	
			β	p	β	p
Harassment →	Barriers	→ PTG	-.04	.11	.44	<.001
Harassment →	Discl.	→ PTG	.17	<.001	.44	<.001
Harassment →	Constraints	→ PTG	.07	.02	.44	<.001
Harassment →	Barriers Discl.	→ PTG	-.01	.46	.44	<.001
Harassment →	Barriers Constraints	→ PTG	.01	.13	.44	<.001
Harassment →	Discl. Constraints	→ PTG	-.01	.43	.44	<.001
Harassment →	Barriers Discl. Constraints	→ PTG	.00	.57	.44	<.001

Note. N = 150; β - beta coefficient, p - level of significance; *Barriers* - number of barriers to disclosure; *PTG* - posttraumatic growth; *Discl.* - number of sources of disclosure; *Constraints* - social constraints.

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure and social constraints as mediators and economic control as a predictor fitted the data well. The results revealed that out of all variables, economic control, sources of disclosure and social constraints were directly positively linked to PTG (see Figure 18). A significant indirect link was found between economic control and PTG through the number of sources of disclosure and through social constraints (see Table 24 and Table 6A). The results suggest that the number of sources of disclosure and social constraints partially mediated the link between economic control and PTG. The model explained 31 % of the variance in PTG. Moreover, the number of barriers to disclosure was found weakly significantly positively linked to social constraints, and the number of sources of disclosure was found weakly significantly negatively linked to social constraints.

Figure 18

The Model of Posttraumatic Growth of Women Survivors of Economic Control with Barriers to Disclosure, Sources of Disclosure and Social Constraints as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 515.59$ (221), $p < .001$, CFI = .95, TLI = .94, RMSEA = .07, RMSEA 90 % CI [.07 - .08]. $^{***}p < .001$, $^{**}p < .01$, $^*p < .05$, $+p < .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 24

Links between Economic Control and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure and Social Constraints

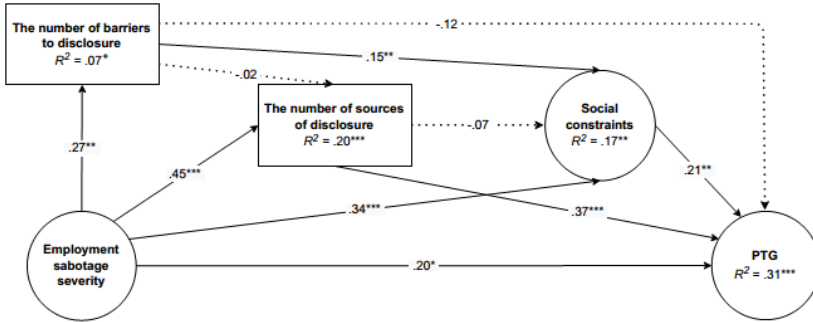
Predictor	Mediator			Dependent variable	Indirect effect		Total effect	
					β	<i>p</i>	β	<i>p</i>
Econ. control →	Barriers			→ PTG	-.02	.22	.43	<.001
Econ. control →		Discl.		→ PTG	.18	<.001	.43	<.001
Econ. control →			Constraints	→ PTG	.10	.01	.43	<.001
Econ. control →	Barriers	Discl.		→ PTG	-.00	.82	.43	<.001
Econ. control →	Barriers		Constraints	→ PTG	.01	.12	.43	<.001
Econ. control →		Discl.	Constraints	→ PTG	-.02	.13	.43	<.001
Econ. control →	Barriers	Discl.	Constraints	→ PTG	.00	.82	.43	<.001

Note. N = 150; β - beta coefficient, *p* - level of significance; *Econ. control* - economic control *Barriers* - number of barriers to disclosure; *PTG* - posttraumatic growth; *Discl.* - number of sources of disclosure; *Constraints* - social constraints.

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure and social constraints as mediators and employment sabotage as a predictor fitted the data well. The results revealed that out of all variables, employment sabotage, sources of disclosure and social constraints were directly positively linked to PTG (see Figure 19). A significant indirect link was found between employment sabotage and PTG through the number of sources of disclosure and through social constraints (see Table 25 and Table 6A). The results suggest that the number of sources of disclosure and social constraints partially mediated the link between employment sabotage and PTG. The model explained 31 % of the variance in PTG. Moreover, the number of barriers to disclosure was found to be weakly significantly positively linked to social constraints.

Figure 19

The Model of Posttraumatic Growth of Women Survivors of Employment Sabotage with Barriers to Disclosure, Sources of Disclosure and Social Constraints as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 113.27 (69), p < .001, CFI = .95, TLI = .93, RMSEA = .05, RMSEA 90 \% CI [.03 - .07]. ***p < .001, **p < .01, *p < .05, +p < .10. Thin solid line arrow - direct link, dotted line arrow - insignificant link.$

Table 25

Links between Employment Sabotage and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure and Social Constraints

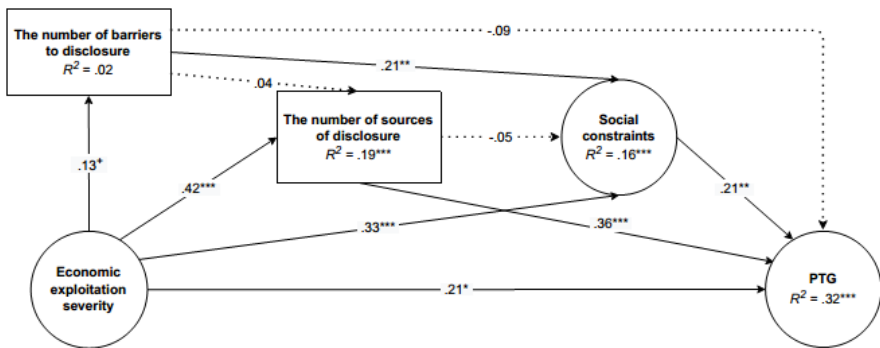
Predictor	Mediator	Dependent variable	Indirect effect		Total effect	
			β	p	β	p
Emp. sabotage	Barriers	→ PTG	-.03	.20	.41	<.001
Emp. sabotage	Discl.	→ PTG	.17	<.001	.41	<.001
Emp. sabotage	Constraints	→ PTG	.08	.02	.41	<.001
Emp. sabotage	Barriers Discl.	→ PTG	-.00	.73	.41	<.001
Emp. sabotage	Barriers Constraints	→ PTG	.01	.12	.41	<.001
Emp. sabotage	Discl. Constraints	→ PTG	-.01	.42	.41	<.001
Emp. sabotage	Barriers Discl. Constraints	→ PTG	.00	.75	.41	<.001

Note. N = 100; β - beta coefficient, p - level of significance; *Emp. sabotage* - employment sabotage; *Barriers* - number of barriers to disclosure; *PTG* - posttraumatic growth; *Discl.* - number of sources of disclosure; *Constraints* - social constraints.

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure and social constraints as mediators and economic exploitation as a predictor fitted the data well. The results revealed that out of all variables, economic exploitation, sources of disclosure and social constraints were directly positively linked to PTG (see Figure 20). A significant indirect link was found between economic exploitation and PTG through the number of sources of disclosure and through social constraints (see Table 26 and Table 6A). The results suggest that the number of sources of disclosure and social constraints partially mediated the link between economic exploitation and PTG. The model explained 32 % of the variance in PTG. Moreover, the number of barriers to disclosure was found to be moderately significantly positively linked to social constraints.

Figure 20

The Model of Posttraumatic Growth of Women Survivors of Economic Exploitation Barriers to Disclosure, Sources of Disclosure and Social Constraints as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 24.31 (181)$, $p < .001$, CFI = .98, TLI = .97, RMSEA = .04, RMSEA 90 % CI [.02 - .05]. $^{***}p < .001$, $^{**}p < .01$, $^*p < .05$, $+p < .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 26

Links between Economic Exploitation and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure and Social Constraints

Predictor	Mediator			Dependent variable	Indirect effect		Total effect	
					β	p	β	p
Eco. exploitation →	Barriers			→ PTG	-.01	.35	.42	<.001
Eco. exploitation →		Discl.		→ PTG	.15	<.001	.42	<.001
Eco. exploitation →			Constraints	→ PTG	.07	.01	.42	<.001
Eco. exploitation →	Barriers	Discl.		→ PTG	.00	.47	.42	<.001
Eco. exploitation →	Barriers		Constraints	→ PTG	.01	.16	.42	<.001
Eco. exploitation →		Discl.	Constraints	→ PTG	-.01	.52	.42	<.001
Eco. exploitation →	Barriers	Discl.	Constraints	→ PTG	.00	.63	.42	<.001

Note. N = 150; β - beta coefficient, p - level of significance; *Eco. exploitation* - economic exploitation; *Barriers* - number of barriers to disclosure; *PTG* - posttraumatic growth; *Discl.* - number of sources of disclosure; *Constraints* - social constraints.

5.3 Summary of the Results

The first hypothesis that *disclosure (the number of barriers to disclosure, the number of sources of disclosure), social constraints, and social support (emotional support, informational support, and tangible support) mediate the link between IPV (severe combined abuse, sexual abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, economic exploitation) and PTG*, and the second hypothesis that *disclosure (the number of barriers to disclosure, the number of sources of disclosure), social constraints, and social support (emotional support, informational support, and tangible support) are interlinked*, were partially accepted.

In the sample of women survivors of male intimate partner violence, the number of sources of disclosure significantly mediated the link between IPV (severe combined abuse, sexual abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, economic exploitation) and PTG when controlling for the number of barriers to disclosure, the number of sources of disclosure, emotional, tangible and informational support.

The model of posttraumatic growth of women survivors of intimate partner violence with barriers to disclosure, sources of disclosure, tangible, emotional, and informational support as mediators was verified empirically to a substantial extent and explained 26 % to 31 % of the variance in PTG.

Finally, when analysing the model of posttraumatic growth of women survivors of intimate partner violence with barriers to disclosure, sources of disclosure and social constraints as mediators, several variables acted as mediators of the link between IPV and PTG. In the sample of women survivors of male intimate partner violence, the number of sources of disclosure significantly mediated the link between IPV (severe combined abuse, sexual abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, and economic exploitation) and PTG. As well as social constraints significantly mediated the link between IPV (severe combined abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control,

and economic exploitation) and PTG. Thus, the model of posttraumatic growth of women survivors of intimate partner violence with barriers to disclosure, sources of disclosure and social constraints as mediators was verified empirically to a substantial extent and explained 29 to 33 % of the variance in PTG.

Moreover, when controlling for the number of sources of disclosure and social constraints in the case of harassment, the number of barriers to disclosure was marginally significantly negatively linked to PTG. A marginally significant partial mediation through the number of barriers to disclosure and social constraints when also controlling for the number of sources of disclosure was confirmed in the cases of sexual abuse and physical abuse. Another weak and marginally significant inconsistent mediation was found through the number of sources of disclosure and social constraints in the survivors of emotional abuse.

In summary, disclosure (the number of sources of disclosure) and social constraints mediated the link between IPV. As well as the number of barriers to disclosure was significantly positively linked to social constraints. While the number of sources of disclosure was significantly positively linked to emotional support, informational support, and tangible support and significantly negatively linked to social constraints.

6. DISCUSSION

Intimate partner violence has many negative effects on women's bio-psycho-social well-being (Iloson et al., 2012; Hisasue et al., 2020; Moulding et al., 2020; Salcioglu et al., 2017; Walker, 2017). Various surveys highlight that one in three women experience physical and or sexual male IPV (WHO, 2021), while every second woman experiences emotional and psychological violence (Žukauskienė, Kaniušonytė, Bakaitytė et al., 2021), and there is evidence suggesting that close to every woman globally had experienced controlling partner behaviour at least once in their life (WHO, 2005). Global, regional and national efforts are put in to address and prevent these atrocities from happening in the

first place. However, many women still go through these negative experiences. Thus, protection, help and support of women survivors of IPV are paramount to mitigate the tremendous effects of IPV.

Research findings suggest that there are ways to overcome trauma and even emerge from it transformed. Survivors and help providers talk about positive changes after experiencing trauma. These changes, named posttraumatic growth (PTG), occur in several domains of a person's life and are usually described as the discovery of personal strength, new possibilities or new paths in their lives, engagement in close and more meaningful relationships, greater appreciation of life itself and changes in spirituality. However, it is important to stress that trauma is never a desirable or proposed experience. Evidence suggests that positive and negative changes after trauma, such as posttraumatic growth and posttraumatic stress disorder, can co-occur (Schubert et al., 2016). Thus, even though a person can experience PTG, that does not mean that their other experiences are positive or that they have overcome the negative effects that the trauma had on their bio-psycho-social well-being.

However, focusing only on the adverse effects of trauma does not accurately represent the experiences of IPV survivors and presents bias or an incomplete picture of the aftermath of IPV (Linley & Joseph, 2004). Little is known about PTG in women survivors of IPV and what factors promote or hinder it. To address the knowledge gap in the literature and expand the understanding of what happens in women's lives after they experience trauma and what can help to deal with, overcome the trauma, and experience posttraumatic growth, this dissertation aimed to explore direct and indirect links to IPV and PTG through social factors that potentially inhibit or promote PTG. In order to reach this aim, the direct and mediated effects of the association between social factors (the number of barriers to disclosure, the number of sources of disclosure, emotional, tangible and informational supports, and social constraints), PTG and IPV as well as the links between the mediators were evaluated. Moreover, paths evaluation was performed in the case of IPV as well as in the cases of eight different forms of IPV (severe combined abuse, sexual abuse, physical

abuse, emotional abuse, harassment, economic control, economic exploitation, and employment sabotage). The direct and indirect links between social factors on PTG in women survivors of intimate partner violence, associations between social factors when linking IPV and PTG and the suggestions for future research will be discussed separately.

6.1 The Link between Intimate Partner Violence and Posttraumatic Growth

The results of this dissertation revealed that posttraumatic growth (PTG) is a complex phenomenon that is common among women survivors of intimate partner violence (IPV). Very few studies analysing growth in women survivors of IPV report the prevalence of PTG. Studies of interpersonal trauma reported the prevalence of PTG ranging from 45 to 67 % (Elderton et al., 2017), with one exception of Grubaugh and Resick (2007), that found a 99 % prevalence of PTG in the sample of treatment-seeking women survivors of assault. The findings of this dissertation correspond with Grubaugh and Resick (2007), as an overwhelming majority of the study participants (90.6 %) reported growth. More studies report the degree of growth, and similar to previous research (Cobb et al., 2006; Doane, 2010; Ogińska-Bulik, 2016), the mean of the total PTG score ($M = 43.12$; $SD = 29.27$) of this study fell into the category of a small degree of growth (Cobb et al., 2006). Besides my own interpretation of the data, an additional explanation warrants comment. For example, research has suggested that, in some cases, PTG can be illusory (Schubert et al., 2016). People faced with traumatic experiences might be motivated to maintain a positive attitude towards self. Thus, it is difficult to evaluate whether the PTG the women reported was genuine or illusory. That burdens the interpretation of the results. However, for the purpose of the well-being of the women survivors of IPV, even if the positive attitude is illusory, it still serves the purpose of maintaining psychological health (Leedham, 1995). Moreover, Tedeschi et al. (2018) emphasise the importance of any growth reported by the survivors of traumatic

events. Thus, even though the study participants were not experiencing a great degree of growth, the majority of them had reported experiencing it. These findings highlight the importance of identifying the factors promoting and inhibiting PTG and understanding the paths to growth.

As was expected, PTG was positively correlated with IPV. Thus, these results support previous findings that PTG is associated with the severity of IPV (Cobb et al., 2006), meaning that the more traumatic experiences women face, the more it affects their attitudes towards self, others and the world. Moreover, IPV and all different forms of IPV were moderately to strongly linked to PTG. The intensity of the associations varied, resulting in IPV and emotional abuse being the strongest correlated and combined severe abuse and sexual abuse being the weakest correlated with PTG. These findings partially correspond to previous research findings. For example, in Bakaitytė's (2019) study, only some forms of IPV (psychological and economic abuse) were correlated to PTG. When controlling for other variables, not all forms of IPV were linked to PTG. For example, when controlling for social support and disclosure, sexual abuse and PTG were not linked, and severe combined abuse and PTG were marginally significantly linked. Similarly, when controlling for social constraints and disclosure, sexual abuse, severe combined abuse and emotional abuse were not linked to PTG either. For instance, some dynamics were more related to mediating the effect of disclosure and social constraints, which will be discussed later.

IPV is a multidimensional phenomenon encompassing various forms of IPV. However, most research data reflect the analysis of physical and sexual violence against women, leaving other forms of IPV under-researched (WHO, 2021). Moreover, the findings of such studies reflect only partially the extent of women survivors of male IPV experiences. Which leads to weakly informed and unbalanced policies and practices. A lack of consistent definitions of more subtle, more difficultly identifiable forms of IPV, such as economic violence, harassment, coercive control, and psychological violence, impedes how IPV is researched, recorded and measured (FRA, 2014; EIGE, 2018; Howarth & Feder, 2013; WHO, 2021). Many forms of IPV often co-exist (FRA, 2014). Thus, it can

make it difficult to analyse them separately. However, such efforts are needed and strongly encouraged by WHO (2013, 2021) and EIGE (2018). The results of this study highlighted that the experience of PTG varies between the survivors of different forms of IPV as it varies between the survivors of different types of traumatic experiences. Thus, it is paramount to conceptualise IPV as a one-dimensional and multi-dimensional phenomenon in the context of PTG.

6.2 Exploration of the Link between Posttraumatic Growth and Intimate Partner Violence: The Role of Disclosure, Social Support, and Social Constraints

The main principle of PTG theory is that PTG does not develop simply because a person suffered a traumatic event. However, because of the efforts the person put into overcoming the trauma (Tedeschi et al., 2018). Certain factors can help the person deal with the trauma, and others might complicate it. There is still very little knowledge on what experiences lead the women survivors of IPV to experience PTG. Thus, in order to determine which are those experiences, in this dissertation, several potential mediators (the number of barriers to disclosure, the number of sources of disclosure, emotional support, tangible support, informational support, and social constraints) were examined. Theoretically, all three variables: a dependent variable (IPV), a mediator (one of the social factors), and a dependent variable (PTG), must be linked. Thus, we will discuss both direct and indirect links between these three types of variables. The women survivors of various forms of IPV who participated in this study experienced growth together with different barriers to disclosure, with disclosure to different sources, with experience of tangible, emotional and informational support and by receiving negative reactions to their disclosure, i.e., social constraints. Most of these experiences were meaningfully linked with growth and IPV. However, not all of them led to PTG.

The results of the study revealed that the severity of IPV was associated with the increase in the number of barriers to disclosure the women face when controlling for any of social factors (the number of sources of disclosure,

emotional, informational, tangible support and social constraints) and with all forms of IPV. Previous studies did not look into the relationship between IPV severity and the number of barriers to disclosure (i.e., help-seeking) the women survivors of IPV face. However, the findings of several studies were suggestive of this connection. For example, it was found that perpetrators' manipulative and controlling behaviour was one of the main barriers to help-seeking (Naudi et al., 2018). Another study found that various barriers to disclosure were linked to the severity of IPV (Vasiliauskaitė & Geffner, 2020b). Also, the greatest barrier to disclosing the abuse is a very real threat of severe violence: disclosure and attempts to terminate the relationship increase the risk of femicide by up to 70 % (Dobash & Dobash, 2012; DVCRC, 2018; Zara & Gino, 2018). This finding of the dissertation suggests that not only do specific barriers appear with the increase of the severity, but with the severity of IPV, the barriers accumulate. The number of barriers to disclosure was not associated with PTG and was not acting as a mediator between IPV and PTG.

As expected, the results revealed that the number of sources the women disclose the abuse expands with the severity of the abuse. Several studies found that the disclosure is associated with the severity of abuse (Choi et al., 2018; Parvin et al., 2016), and with time, the circle of people to whom women disclose the abuse grows (Ansara & Hindin, 2010; Fanslow & Robinson, 2010; FRA, 2014; Leonardsson & San Sebastian, 2017; Vasiliauskaitė, 2015). Moreover, as previous studies reported a link between perceived greater availability of social support and greater PTG, this study found that the number of sources of disclosure also is positively strongly linked to PTG. The number of sources of disclosure was found to be the strongest partial mediator between all forms of IPV and PTG when controlling for the barriers to disclosure and interchangeably controlling for social support (informational, tangible, emotional support) and non-support (social constraints). Thus, the women in this study who experienced more severe IPV tended to seek help from a wider circle of people. Therefore, by disclosing the abuse to more sources of help, they increased their chances of experiencing some positive changes in their lives, such as greater

posttraumatic growth. More importantly, the number of sources of disclosure was found to be a complete mediator between sexual abuse and PTG. In other words, for women who experienced sexual abuse, extended disclosure is paramount as it leads to their greater experience of posttraumatic growth. Thus, this finding reveals that not only disclosure but the quantity of it is significant for positive changes after trauma. Thus, greater efforts should be put into facilitating the disclosure of women survivors of IPV.

Various studies found a significant association between social support and IPV. Some studies reported a negative link between emotional support and IPV (Coker et al., 2003) some reported a positive link between social support and IPV (Arpink, 2020). In this study, contrary to Coker et al. (2003) findings, emotional support was not linked negatively to IPV. In fact, it was not correlated with any form of IPV, nor was it linked to any form of IPV when controlling for disclosure and other forms of support. Tangible support was weakly to moderately correlated with all forms of IPV except sexual abuse. While informational support was associated strongly with all forms of IPV, the strongest association was with physical abuse. However, when controlling for other social variables, tangible support was linked (marginally significantly) only with employment sabotage. Informational support was significantly moderately linked with economic control, harassment, and physical abuse and marginally significantly with the overall experience of IPV, emotional abuse and employment sabotage. Thus, these findings suggest that the women who were offered emotional and tangible support were not necessarily offered it because of the severity of the abuse they were experiencing. However, results reveal that the suggestions to seek help from specialized help centres or other help-providing NGOs were prompted by an increase in more visibly observed perpetrator's actions, such as harassment when the perpetrator engages in stoking-like behaviour, the perpetrator's attempts to restrict his partner from having money or personal income, and when his physical violence towards his partner increases.

In previous research, a clear link between social support and PTG has been reported (Ahmad et al., 2013; Anderson et al., 2012; Cobb et al.,

2006; Doane, 2010; Elderton et al., 2017; Tedeschi et al., 2018; Žukauskienė, Kaniušonytė, Bergman et al., 2021). However, close to none of the studies looked at the role of the specific form of social support. This study that looked at the role of a specific form of social support for the posttraumatic growth of women survivors of IPV addressed this gap in the literature. In accordance with previous studies, it was found that all forms of analysed social support and PTG were associated (correlated). However, when analysing its role in a wider context, i.e. controlling for all forms of support, disclosure and specific experience of IPV, only emotional support was marginally significantly positively linked to PTG in the case of overall IPV experience. Thus, when women survivors of IPV were offered emotional support more often, it increased the likelihood for them to experience greater growth. However, suggestions to seek help from help-providing organizations (i.e., informational support) and suggesting a place to stay or financial support (i.e. tangible support) do not directly influence PTG in women survivors of various forms of IPV. Moreover, none of the forms of support was found to be the mediator between IPV and PTG.

Qualitatively these three forms of support are different, as two require more personal action. In contrast, another (informational support) is based on the awareness of the formal ways of approaching the issue of IPV. It is possible that the importance of the referral to help-providing organisations on PTG development would be revealed in a study that controls whether the women used the information provided to them and sought help from those organisations. Some studies suggest of moderating effect of social support when linking PTG and IPV. Glass et al. (2007) suggest that tangible support, rather than overall social support, moderates the relationship between lifetime trauma in women survivors of IPV and PTSD. Further analysis of separate forms of social support moderating and mediating effects are needed.

Some previous studies provided evidence of the superiority of negative social reactions over positive social reactions for PTG development (Carlson et al., 2002; Guruge et al., 2012). Carlson et al. (2002) found that with an increase in the severity of abuse, the protective factors were losing the buffering effect

on mental health. The women survivors with higher lifetime abuse were more likely to suffer negative effects on well-being despite multiple protective factors, including informal social support. Experience of social constraints in this dissertation was found to be more common than social support. Social constraints correlated strongly with all forms of IPV, the strongest with emotional abuse and economic control and with PTG. Moreover, when controlling for disclosure, it was also found to be strongly positively associated with the severity of all forms of IPV except sexual abuse. Thus, these findings provide evidence that social constraints increase with the severity of IPV.

The previous study (Ullman, 2014) expected a negative association between the two variables. Thus, the direction of the found link between social constraints and PTG was unexpected. Moreover, social constraints were found to partially mediate the link between PTG and all forms of IPV except sexual abuse, suggesting more complex dynamics for survivors of sexual abuse. The results showed that the more severe the abuse the women experienced, the more negative social reactions to the disclosure the women were experiencing. However, the more negative reactions to their disclosure the women faced, the more likely they were to experience greater PTG. Similarly to our findings, Gurge et al. (2012) found that negative social reactions, or as they coined it, social conflict, had a more critical role in explaining IPV effects on women survivors' well-being than other factors like social support. They found that social conflict had a direct relation to women's health and that social conflict mediated relations between the severity of IPV and women's health. More so, research findings suggest that an inappropriate reaction to the disclosure, such as non-support or social constraints, can exacerbate trauma (Smith & Freyd, 2013). Thus, it is also possible that social constraints were perceived as another negative experience that the women needed to overcome, which possibly led to a greater experience of PTG. In a way, these findings confirm the findings of Latta and Goodman's (2011) study that women are faced with negative reactions to their disclosure of IPV. It is important to stress that the results do not suggest that negative reactions to women's disclosures of IPV, such as social constraints, should be

practised or promoted. On the contrary, it should be tackled and stopped as it only burdens women's experiences even further.

A few marginally significant links were found between social constraints and other variables. For example, only when controlling for the number of sources of disclosure and social constraints in the case of harassment the number of barriers to disclosure was marginally significantly negatively linked to PTG. Moreover, a marginally significant partial mediation through the number of barriers to disclosure and social constraints when also controlling for the number of sources of disclosure was confirmed in the cases of sexual abuse and physical abuse. Thus, this would suggest that the more severe sexual and physical abuse was, the more reasons (i.e., barriers) the women could name that stopped them from disclosing the abuse, the more barriers they endured, and the more negative reactions (i.e., social constraints) to their disclosure they were suffering, which later led to greater PTG. Based on the finding that negative social reaction compounds trauma (Smith & Freyd, 2013) and there is a positive link between distress and PTG (Butler et al., 2005; Shakespeare-Finch & Lurie-Beck, 2014; Lechner et al., 2006; Kleim & Ehlers, 2009), it is possible that these negative social factors accumulate and become another thing that survivors of IPV need to endure and the fact that they endured it could add to their perception of growth. Moreover, it contributed to growth that the women still tried to talk about their experiences and process the trauma regardless of the obstacles they faced before and after the disclosure. These findings suggest that the number of barriers to the disclosure on its own is not a significant factor affecting PTG in women survivors of IPV. However, even if the association between the two negative social factors was partially and marginally significantly mediating the relationship, this supports the importance of a cultural aspect when analysing PTG, as proposed by the PTG model (Tedeschi et al., 2018).

Another weak and marginally significant inconsistent mediation was found through the number of sources of disclosure and social constraints in the survivors of emotional abuse. For the women who survived emotional abuse, greater growth occurred through a greater number of sources to whom the

women were disclosing the abuse and the negative reaction (i.e., social constraints) they experienced from others to their disclosure. By disclosing the abuse to various sources of help, the women may increase their chances of meeting a person or a specialist that would address the issue sensitively and provide the needed help. The fewer social constraints the women endure, the less PTG they experience. As stated before, it is possible that by having fewer trauma-compounding experiences, the women experience lower levels of PTG. Even though the marginally significant results should be interpreted with caution, the results of the dissertation provide more information and a better understanding of the experiences that lead to PTG in survivors of IPV. Furthermore, a study based on my work and problem conceptualization found that only social support but not non-support was positively linked to PTG and other analysed factors (Žukauskienė, Kaniušonytė, Bergman, et al., 2021). Thus, these opposing findings suggest that it is important to take into account (control for) IPV experience when analysing the role of support or non-support for PTG in women survivors of IPV. Thus, further efforts should be put into analysing the role of social support and social constraints.

Research shows that social reactions to disclosure can promote or inhibit IPV survivors' psychological well-being (Ferrari et al., 2016; Harandi et al., 2017; Sylaska & Edwards, 2014), including PTG (Elderton et al., 2017; Park et al., 1996; Tedeschi & Calhoun, 2004; Žukauskienė, Kaniušonytė, Bergman et al., 2021). In summary, the strongest partial mediators of the link between all forms of IPV and PTG were found the number of sources of disclosure when controlling the number of barriers to disclosure, social support (informational, emotional, tangible support) and social constraints interchangeably. The second strongest partial mediator, when controlling for the number of sources of disclosure and the number of barriers to disclosure, between all forms of IPV except sexual abuse and PTG, was found to be the social constraints. A few additional marginally significant mediations through several mediators were observed too. Even though the results that marginal significance was found in some cases should be interpreted consciously, the findings are informative as

they could help shape future research and explore those relationships deeper.

6.3 Exploration of the Interplay between Disclosure, Social Support, and Social Constraints when Linking Intimate Partner Violence and Posttraumatic Growth

In this dissertation, a link between the social factors was also explored to understand better the paths that lead to PTG in women survivors of IPV. Not all presumed paths were confirmed. For example, the accumulated barriers were not found to be linked to the number of sources of disclosure. Research shows that the barriers to disclosure keep women from disclosing the abuse and seeking help and protection (FRA, 2014; Naudi et al., 2018; Vasiliauskiene et al., 2018). Thus, it was expected that the more barriers the women face, the less likely they would be to disclose the abuse to different sources of help. This study's findings suggest no direct link between the number of barriers to disclosure and the number of sources of disclosure. The specific barrier may affect the disclosure itself, but some other factors affect the quantity of it. As was discussed earlier, one such factor is the severity of IPV.

On the other hand, it appears that the more barriers the women faced, the more negative reactions, i.e. social constraints, they received from their environment. It is very likely that the cultural attitudes towards women *per se* and women survivors of IPV affected both survivors of IPV and their environment. Thus, in a way, the barriers women face to disclosure were mirrored by their environment and manifested as social constraints. Thus, the more barriers the women faced to disclosure, the more their environment reacted unsupportively towards them. These findings show the importance of raising awareness, debunking the myths about IPV, and implementing systemic changes so that women can seek and obtain specialized and timely help and protection as well as support from their environment.

Research shows that when the women open up and disclose their experience of IPV, their disclosures are met with either support, emotional, tangible, or informational (Bybee & Sullivan, 2002; Ferrari et al., 2016; Harandi et

al., 2017) or with non-support (Arpink, 2020; Latta & Goodman, 2011; Trotter & Allen, 2009; Weisz et al., 2007). Some studies report mixed responses to disclosure (Filipas & Ullman, 2001; Trotter & Allen, 2009). The results of this dissertation revealed that a similar number of women reported experiencing both negative (88.1 %) and positive (up to 78.5 %) social reactions to their disclosure. Coinciding with previous studies, emotional support was found to be the most reported form of support (Trotter & Allen, 2009). Emotional, informational, and tangible support were named the most helpful by survivors in Edwards et al. (2012) study.

In this study, the number of sources of disclosure was positively linked with emotional, informational and tangible supports. Thus, the findings suggest that by expanding the disclosure circle and disclosing IPV experience to more people from various potential help groups, the women increase their chances of receiving greater support of various forms. In addition, contrary to this author's findings, Beele et al. (2008) showed that help sources were more likely to provide informational support than tangible. In this study, the women reported receiving more tangible than informational support. According to Beele et al. (2008), tangible support could be understood as a more involved approach to help. However, this notion is being challenged, especially in the European Union countries. Victim-centred European help and protection from DV model, first of all, address DV/IPV as a human rights violation and is set to protect women's rights, ensure their safety in their own homes and impose all the inconveniences, such as leaving the household, on a perpetrator. In our study, although informational support was the least reported form of support, it was the strongest linked to the number of sources of disclosure, especially in the cases of economic exploitation. These findings suggest a lack of awareness in society, especially when it comes to less recognised forms of violence. Only by expanding the circle of people to whom women disclose the abuse can they be referred to or informed about the help-providing organisations.

Negative social reactions to disclosure, such as social constraints, can emerge in unsupportive or toxic relationships (Badr et al., 2006) and supportive

and well-meaning ones (Pasipanodya et al., 2012). Contrary to our findings, Sylaska and Edwards (2014) found that women report more positive reactions to their disclosure than negative ones. However, Moe (2007) found that the opposite was true for women seeking formal help. Thus, knowing that formal help sources are contacted later than informal, it was expected that the more women disclosed the abuse, the more negative reactions they would receive to their disclosure. However, this was not true in this study. The results of this dissertation revealed that the wider circle the women disclosed the abuse to, the fewer social constraints they were experiencing. Thus, with every new source of help the women disclosed IPV to, they were less likely to receive social constraints (i.e., a negative social reaction). This finding hallmarks the importance not only of disclosure but of multiple disclosures that expand the circle of possible help sources. It also could be an indirect reflection of the efficacy of the Lithuanian help provision model. As SCHCs seek women's empowerment, thus encourage the women to broaden their help-seeking, as well as monitor the institutions and the professionals that the women further seek help from, thus acting as watchdogs so the women would receive more appropriate responses to their disclosure.

6.4 Suggestions to Improve the Revised Model of PTG

The aim of this study was to explore direct and indirect links to IPV and posttraumatic growth through social factors that potentially inhibit (the number of barriers to disclosure the women face, the negative reactions to disclosure such as social constraints) or promote posttraumatic growth (the number of different sources the women disclose the abuse to, positive reactions to disclosure such as tangible, emotional, informational support). For this purpose, the direct and indirect link between IPV, social factors (the number of barriers to disclosure, the number of sources of disclosure, emotional support, tangible support, informational support, and social constraints) and PTG were evaluated.

Some significant relations were identified, and some paths were not con-

firmed by this study. In summary, this dissertation's findings suggest two paths to growth: a challenging one and a positive one. The challenging path to PTG for the women survivors of IPV would be accruing through social constraints. That is, the more severe and frequent IPV the women experience, the more negative reactions to disclosure (social constraints) they face, which leads to the greater level of PTG they experience. It is also possible that social constraints were perceived as another negative experience that the women needed to overcome, which possibly led to a greater experience of PTG. More so, even if the reaction to disclosure was negative, the attempts to process the trauma that counted.

The second path, the positive one, would be through more positive social factors, such as the number of sources of disclosure. The results suggest that the quantity of disclosures is one of the strongest linked to greater PTG. Findings of previous studies show that the disclosure of IPV is not very common (FRA, 2014) and linked to the severity of IPV (Choi et al., 2018; Parvin et al., 2016), and often delayed (Boyle et al., 2006; Yearnshire, 1997). Thus, the fact that the women were strong enough to disclose it and do so to several people could be already the point where women start to process the trauma and see their strength and growth.

Moreover, this study provides insight into the paths leading to growth. On the basis of these findings, a few suggestions to improve the revised model of PTG (Tedeschi et al., 2018) are offered. *First*, self-disclosure is a key element of the PTG process, more so is the quantity of it. As women survivors of IPV seldom fully disclose their IPV experiences (Dunham & Senn, 2000), the quantity of the disclosure becomes paramount for trauma processing and obtainment of help and support. Thus, the quantity of disclosure should be added to the PTG model marking its significance to women survivors of interpersonal violence. *Second*, in the current PTG model, sociocultural influences reflect only on positive aspects, such as social support. The findings of this dissertation, and a few other studies (Sylaska & Edwards, 2014; Ullman, 2014), highlight the reality of women survivors of IPV to whom negative social reactions to their disclosure

of IPV are common. Moreover, these negative social reactions, especially social constraints, seem to have a significant role and can possibly overpower the positive ones, especially for women survivors of IPV. In conclusion, it could be said that most of the social factors analysed in this dissertation significantly directly or indirectly promote PTG in women survivors of IPV, which in turn provides a powerful positive effect among many negative ones.

6.5 Limitations and Future Research

Some *limitations* should also be noted and considered when interpreting the results. A first potential limitation concerns the generalizability of the study results. Even if the study recruited women of various ages, education, economic background, and various experiences of IPV, it was a convenience sample. A convenience sample does not allow one to generalise the study results to all the women survivors of IPV. Future studies should try to obtain other representative samples so that the study findings can be applied to the greater part of the population and more precise recommendations could be drawn regarding current practices and policies.

Another potential limitation of this study was its cross-sectional design. The lack of scientific knowledge of the process of PTG in survivors of IPV made even a cross-sectional study challenging in terms of hypothesising the links between the variables. In a way, this study was exploratory as many hypotheses were based on knowledge gained analysing a similar phenomenon and enforced by the author's practical knowledge from working with the survivors of IPV. Nonetheless, a longitudinal design would allow for a better understanding of the effects between study variables, such as causality and its stability over time.

Moreover, the time element could not be accounted for in this study. Research suggests that time has an effect on PTG after trauma (Wu et al., 2019). However, when exploring the effect of the lifetime experience of IPV, it is difficult to account for it as other variables such as the number of perpetrators, time in an abusive relationship, leaving and returning process of an abusive re-

lationship, post-separation abuse, and others should be accounted for in order to understand the significance of time after the trauma. Moreover, it should be taken into account that the women participating in the research can already be characteristic of PTG.

Thus, future studies should strive for longitudinal design, preferably of several measurement waves spanning over several years. Research shows that IPV often occurs after marriage or partnership's first and third years (Peterman et al., 2015). Thus, the study could recruit young, newly married women, follow them for several years, and consider the previously named variables. Identifying the process of PTG and causal relationships and their stability over time would contribute to the field significantly.

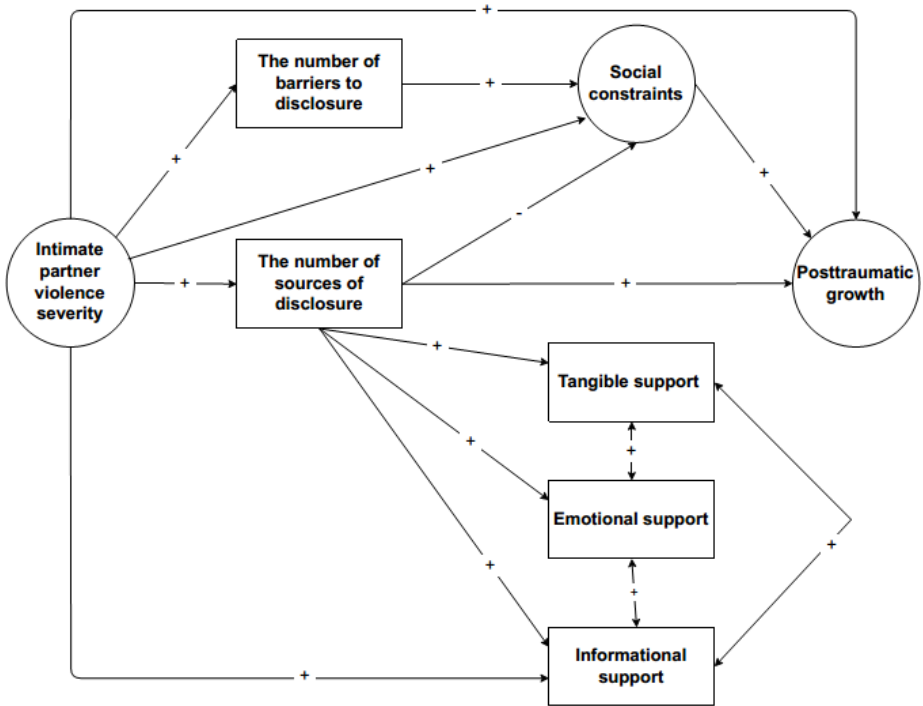
A recall bias is one of the limitations common in retrospective research. The participants of this dissertation were asked to evaluate their total, not just recent, IPV experience, the reasons that kept them from disclosing the abuse, sources they disclosed the abuse to, what responses they received from people they disclosed the abuse to and rated their experience of PTG. Thus, these measures could have been affected by recall bias. In addition, asking to recall different experiences at different time points could also burden the interpretation of the results of this study. Controlling for age could add to a better understanding of time effect on women's experiences as the experiences of younger and older women could differ.

Finding research participants is challenging, especially those with a specific traumatic experience. Thus, the recruitment of study participants from various sources possesses another limitation. Further research should strive to overcome the obstacles of reaching the women survivors of IPV and obtain the sample through one recruitment strategy instead of several to ensure sample homogeneity as much as possible. Also, even though the study sample was large compared to previous studies, a bigger sample would have allowed testing a full PTG model retaining all forms of social reactions to disclosure in one model. As a larger sample would have allowed for greater power. Thus, for future research, the author of this dissertation proposes a conceptual model of posttrau-

matic growth of women survivors of intimate partner violence to be tested with a large sample (see Figure 21).

Figure 21

The Conceptual Model of Posttraumatic Growth of Women Survivors of Intimate Partner Violence



Also, a potential limitation of the study is linked to high Cronbach's alphas on some of the scales. Cronbach's alpha values can range from 0 to 1. However, acceptable alpha values range from .70 to .95 (De Vellis, 2003; Nunnally & Bernstein, 1994). It is estimated that high alphas could result from a long questionnaire and potentially a few redundant items (Tavakol & Dennick, 2011). As it was mentioned above, operationalisation and measurement of IPV, especially of other than extreme forms of IPV (i.e., physical and sexual abu-

se), are difficult exercises (FRA, 2014; WHO, 2013; 2021) that the author of this study tuck on, that many others would not (WHO, 2013; 2021). Thus, an attempt to analyse more forms of IPV and include all distinct behaviours listed in the scales resulted in a longer questionnaire. That, in its own right, could have inflated the reliability scores. On the other hand, high scores are only for the entire scale, which supports the notion that the reliability should be checked for each of the concepts (i.e., subscales), not for the entire scale (Cohen & Swerdlik, 2010; Nunnally & Bernstein, 1994). However, it would be beneficial to revise or use the shorter versions of the scales for future studies.

Another possible limitation of this study is related to barriers to disclosure and sources of disclosure. In this dissertation, the quantity of both variables was chosen to be included in the model. However, the role of actual barriers and actual sources of help need to be evaluated for growth development. Future studies should look at and evaluate how a specific barrier or specific sources of disclosure affect PTG. For instance, is a disclosure to a formal help source linked to growth better than disclosure to an informal help source; what is the role of internalised and external barriers on the process of growth in women survivors of IPV? Moreover, the findings show that social constraints were strongly linked to PTG when social support was not. It is possible that social constraints are inhibiting the effect of support on PTG. Thus, the role of social constraints needs to be explored in greater detail.

6.6 Implications and Recommendations

The results of the dissertation provide 18 empirically tested PTG models in cases of overall IPV as well as in cases of different forms of IPV, incorporating both previously identified factors, such as self-disclosure and social support, and the new ones like social constraints and barriers to disclosure, number of sources of disclosure and different types of social support. The findings of this dissertation expand the previous knowledge of both trauma psychology and positive psychology. Thus, several practical implications can be drawn from

the findings of this dissertation. For example, the findings of the dissertation revealed that many women still experience barriers to disclosure (56.6 %) and social constraints (88.1 %) when disclosing the abuse. Moreover, the more reasons women have that keep them from disclosing intimate partner violence, the more likely they are to experience negative reactions to their disclosure. Thus, further efforts are needed from decision-makers:

Prepare and Adopt a National Strategy for Combating Violence against Women and Domestic Violence. The findings of this dissertation signal systemic issues in combating violence against women. Currently, Lithuania has no national strategy for combating violence against women and domestic violence. No real change can be accomplished without coordinated, monitored, and properly funded actions. Thus, Lithuania urgently must prepare and adopt a national strategy that outlay the actions of the national government encompassing all relevant ministries, such as the Ministry of Justice, Ministry of Interior, Ministry of Social Security and Labour, Ministry of Education, Science and Sports, Ministry of Health, Ministry of Finances, Ministry of Economy and Innovation, including municipal level and highlighting the role of civil society. Proper financial resources should be allocated for the implementation of the strategy.

Ratify The Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence. Recent changes in Lithuania weakened both protection of and help provision for women survivors of intimate partner violence (Vasiliauskė, 2021). To remedy the situation and prevent it from degrading even further, Lithuania must make urgent systemic changes in addressing violence against women, that is, ratify and implement the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence. By implementing the Convention, which aims to prevent domestic violence, protect victims, and hold perpetrators accountable, Lithuania would establish a comprehensive legal framework to combat violence against women.

Strengthen Awareness-Raising. More efforts of awareness-raising re-

garding IPV are needed. The public should be educated on recognising the signs of abuse and expanding the understanding of IPV as not just physical abuse. Moreover, this author's findings show that more women experienced social constraints than support. Less than half were offered tangible and informational support, which was obtained only by increasing the circle of people to whom the women disclosed the abuse. Thus, campaigns should target and counter negative attitudes towards women survivors of IPV. In these campaigns, the public should also be provided with information on how they can support the women survivors of IPV as well as be encouraged to show their support.

Strive for Better Training Programs for Professionals Coming in Contact with the Survivors of IPV. Better training programs for formal help and protection sources, together with better practices highlighting the needs of IPV survivors, should be implemented. These changes should help reduce the number of barriers to disclosure as well as improve the response to disclosure, both from informal and formal settings.

Development and Implementation of Special PTG Protocols. The healthcare and SCHCs practices should be informed with trauma psychology and PTG theory, which could contribute to reducing social constraints and increasing social support. Thus, special protocols addressing PTG in survivors of IPV could help the specialists raise their awareness of signs of PTG and help the women recognize them.

The findings of the dissertation highlight the importance of the quantity of disclosure as it was associated with a lesser likelihood of experiencing negative social reactions to disclosure of IPV and with greater PTG. Thus, further recommendations for the specialist coming in contact with women survivors of IPV as well as for the survivors themselves are provided:

Greater Efforts Should be Put into Referring the Women to SCHCs. The specialists that come in contact with the women survivors of male IPV should be advised to refer their clients to specialised help sources such as Specialized Complex Help centres (SCHCs) and encourage their clients to wider

disclosure. The intervention of the SCHCs usually expands the circle of support for the women by encouraging them to rebuild relationships with their friends and family and seek further help from specialised psychologists and or specialised lawyers. Thus, referrals to SCHCs increase the chance of women receiving specialized complex help and expand the quantity of the disclosure even further, which can lead to greater posttraumatic growth.

Proactive Screening of IPV Experience. Specialist, especially health-care professionals (doctors, nurses, psychologists, psychiatrists, and others), should proactively ask their clients about their IPV experiences. Moreover, the disclosure should be met with support, assurance and reassurance of the survivors that it is a safe space for their disclosure.

Disclosure and Help-Seeking are Paramount. Disclosure is essential for trauma processing as it can help find meaning in what happened and help obtain an insight into the experiences. Moreover, disclosure to a wider circle can increase the chance of finding support. Disclosure and help-seeking can lead to greater posttraumatic growth and possible trauma recovery. Even if women survivors of male IPV face social constraints, expanding the circle of sources to whom they disclose their experience decreases the likelihood of experiencing social constraints (i.e., a negative social reaction). Moreover, the women increase their chances of experiencing posttraumatic growth by widening their disclosure. Thus, disclosure and help-seeking are paramount, and help, especially specialised, is out there.

7. CONCLUSIONS

1. In this sample of women survivors of intimate partner violence, disclosure (the number of sources of disclosure) and social constraints mediate the link between intimate partner violence (severe combined abuse, sexual abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, and economic exploitation) and posttraumatic growth:
 - 1.1. The number of sources of disclosure significantly mediates the link between intimate partner violence (severe combined abuse, sexual abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, and economic exploitation) and posttraumatic growth when controlling for the number of barriers to disclosure emotional, tangible and informational support; In other words, greater posttraumatic growth can occur in women survivors of different forms of intimate partner violence who disclose the abuse the widest.
 - 1.2. The number of sources of disclosure significantly mediates the link between intimate partner violence (severe combined abuse, sexual abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, and economic exploitation) and posttraumatic growth when controlling for the number of barriers to disclosure and social constraints;
 - 1.3. Social constraints significantly mediate the link between intimate partner violence (severe combined abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, and economic exploitation) and posttraumatic growth when controlling for the number of barriers to disclosure and the number of sources of disclosure. In other words, greater posttraumatic growth can occur in women survivors of different forms of intimate partner violence who endure negative reactions to their intimate partner violence dis-

closure.

2. In this sample of women survivors of intimate partner violence, disclosure (the number of barriers to disclosure, the number of sources of disclosure), social constraints and social support (emotional support, informational support, and tangible support) are interlinked:
 - 2.1. The number of barriers to disclosure is significantly positively linked to social constraints. In other words, the women who face a greater number of reasons that keep them from disclosing intimate partner violence more often experience negative social reactions to their disclosure.
 - 2.2. The number of sources of disclosure is significantly positively linked to emotional, tangible and informational support and significantly negatively linked to social constraints. In other words, the women who disclose their experience of intimate partner violence the widest experience more often various forms of social support and less negative social reactions to their disclosure.

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APPENDIX

Table 1A

The Results of Data Normality Test of Posttraumatic Growth Inventory

	Posttraumatic growth	Relating to others	New possibilities	Personal strength	Spiritual change	Appreciation of life
Valid	228	225	224	225	225	226
Missing	16	19	20	19	19	18
Mean	43.12	13.73	10.33	8.78	3.80	7.10
Std. Error of Mean	1.97	0.67	0.52	0.42	0.23	0.32
Std. Deviation	29.70	10.07	7.82	6.33	3.41	4.74
Skewness	0.15	0.22	0.25	0.15	0.29	-0.05
Std. Error of Skewness	0.16	0.16	0.16	0.16	0.16	0.16
Kurtosis	-1.11	-1.08	-1.09	-1.16	-1.34	-1.15
Std. Error of Kurtosis	0.32	0.32	0.32	0.32	0.32	0.32

Table 2A*The Results of Data Normality Test of Composite Abuse Scale*

	Composite abuse	Physical abuse	Harassment	Emotional abuse	Sexual abuse	Severe combined abuse
Valid	244	244	244	244	244	244
Missing	0	0	0	0	0	0
Mean	27.39	5.23	3.85	15.53	1.02	1.77
Std. Error of Mean	1.63	0.42	0.30	0.82	0.13	0.22
Std. Deviation	25.48	6.50	4.65	12.84	2.00	3.44
Skewness	1.18	1.39	1.20	0.75	2.98	2.53
Std. Error of Skewness	0.16	0.16	0.16	0.16	0.16	0.16
Kurtosis	1.28	1.88	0.67	-0.23	12.55	7.38
Std. Error of Kurtosis	0.31	0.31	0.31	0.31	0.31	0.31

Table 3A*The Results of Data Normality Test of Scale of Economic Abuse*

	Economic abuse	Economic exploitation	Employment sabotage	Economic control
Valid	242	242	241	242
Missing	2	2	3	2
Mean	19.93	5.14	1.77	13.03
Std. Error of Mean	1.28	0.48	0.20	0.76
Std. Deviation	19.93	7.44	3.06	11.78
Skewness	1.42	1.88	2.13	0.99
Std. Error of Skewness	0.16	0.16	0.16	0.16
Kurtosis	2.08	3.54	4.39	0.27
Std. Error of Kurtosis	0.31	0.31	0.31	0.31

Table 4A*The Results of Data Normality Test of Social Constraints Scale*

	Social constraints	Unsupportive behaviours	Avoidant behaviours	Suggestions for pretence and distraction
Valid	219	218	218	219
Missing	25	26	26	25
Mean	16.75	9.35	4.70	2.76
Std. Error of Mean	0.90	0.51	0.26	0.19
Std. Deviation	13.35	7.49	3.90	2.77
Skewness	0.43	0.41	0.33	0.71
Std. Error of Skewness	0.16	0.17	0.17	0.16
Kurtosis	-1.08	-1.13	-1.26	-0.65
Std. Error of Kurtosis	0.33	0.33	0.33	0.33

Table 5A

Links between Various Forms of Intimate Partner Violence and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure, Emotional, Tangible, and Informational Support

Predictor		Mediator	Dependent variable	Indirect effect		Total effect	
				β	p	β	p
IPV	→	Discl.	→ PTG	.14	.01	.48	<.001
S. combined	→	Discl.	→ PTG	.15	<.001	.33	<.001
Sexual	→	Discl.	→ PTG	.15	<.001	.31	<.001
Emotional	→	Discl.	→ PTG	.15	.00	.42	<.001
Physical	→	Discl.	→ PTG	.16	.00	.38	<.001
Harassment	→	Discl.	→ PTG	.14	.001	.44	<.001
E. sabotage	→	Discl.	→ PTG	.14	<.001	.41	<.001
E. control	→	Discl.	→ PTG	.14	.001	.44	<.001
E. exploit.	→	Discl.	→ PTG	.12	.001	.42	<.001
IPV	→	Emoc.	→ PTG	-.01	.46	.48	<.001
S. combined	→	Emoc.	→ PTG	.00	.91	.33	<.001
Sexual	→	Emoc.	→ PTG	-.00	.88	.31	<.001
Emotional	→	Emoc.	→ PTG	-.01	.41	.42	<.001
Physical	→	Emoc.	→ PTG	.00	.87	.38	<.001
Harassment	→	Emoc.	→ PTG	.00	.80	.44	<.001
E. sabotage	→	Emoc.	→ PTG	.001	.56	.41	<.001
E. control	→	Emoc.	→ PTG	-.00	.75	.44	<.001
E. exploit.	→	Emoc.	→ PTG	.00	.76	.42	<.001
IPV	→	Tangible	→ PTG	.00	.90	.48	<.001
S. combined	→	Tangible	→ PTG	.01	.53	.33	<.001
Sexual	→	Tangible	→ PTG	.01	.51	.31	<.001
Emotional	→	Tangible	→ PTG	-.01	.44	.42	<.001
Physical	→	Tangible	→ PTG	.01	.50	.38	<.001
Harassment	→	Tangible	→ PTG	.01	.53	.44	<.001
E. sabotage	→	Tangible	→ PTG	.01	.75	.41	<.001
E. control	→	Tangible	→ PTG	.00	.63	.44	<.001
E. exploit.	→	Tangible	→ PTG	.00	.57	.42	<.001
IPV	→	Info	→ PTG	.00	.73	.48	<.001
S. combined	→	Info	→ PTG	.01	.53	.33	<.001
Sexual	→	Info	→ PTG	.01	.51	.31	<.001
Emotional	→	Info	→ PTG	.01	.61	.42	<.001
Physical	→	Info	→ PTG	.01	.57	.38	<.001
Harassment	→	Info	→ PTG	.00	.84	.44	<.001

E. sabotage	→			Info	→	PTG	.01	.54	.41	<.001
E. control	→			Info	→	PTG	.01	.59	.44	<.001
E. exploit.	→			Info	→	PTG	.00	.52	.42	<.001
IPV	→	Barriers			→	PTG	-.02	.38	.48	<.001
S. combined	→	Barriers			→	PTG	-.02	.47	.33	<.001
Sexual	→	Barriers			→	PTG	-.01	.67	.31	<.001
Emotional	→	Barriers			→	PTG	-.01	.60	.42	<.001
Physical	→	Barriers			→	PTG	-.01	.65	.38	<.001
Harassment	→	Barriers			→	PTG	-.03	.28	.44	<.001
E. sabotage	→	Barriers			→	PTG	-.02	.43	.41	<.001
E. control	→	Barriers			→	PTG	-.01	.49	.44	<.001
E. exploit.	→	Barriers			→	PTG	-.00	.72	.42	<.001
IPV	→	Barriers	Discl.		→	PTG	-.01	.18	.48	<.001
S. combined	→	Barriers	Discl.		→	PTG	-.01	.42	.33	<.001
Sexual	→	Barriers	Discl.		→	PTG	.00	.94	.31	<.001
Emotional	→	Barriers	Discl.		→	PTG	-.00	.72	.42	<.001
Physical	→	Barriers	Discl.		→	PTG	-.01	.90	.38	<.001
Harassment	→	Barriers	Discl.		→	PTG	-.00	.46	.44	<.001
E. sabotage	→	Barriers	Discl.		→	PTG	-.00	.73	.41	<.001
E. control	→	Barriers	Discl.		→	PTG	-.00	.81	.44	<.001
E. exploit.	→	Barriers	Discl.		→	PTG	.00	.47	.42	<.001
IPV	→		Discl.	Emoc.	→	PTG	.02	.14	.48	<.001
S. combined	→		Discl.	Emoc.	→	PTG	.01	.23	.33	<.001
Sexual	→		Discl.	Emoc.	→	PTG	.01	.22	.31	<.001
Emotional	→		Discl.	Emoc.	→	PTG	.02	.21	.42	<.001
Physical	→		Discl.	Emoc.	→	PTG	.01	.25	.38	<.001
Harassment	→		Discl.	Emoc.	→	PTG	.01	.20	.44	<.001
E. sabotage	→		Discl.	Emoc.	→	PTG	.01	.24	.41	<.001
E. control	→		Discl.	Emoc.	→	PTG	.01	.17	.44	<.001
E. exploit.	→		Discl.	Emoc.	→	PTG	.01	.23	.42	<.001
IPV	→	Barriers		Emoc.	→	PTG	.01	.50	.48	<.001
S. combined	→	Barriers		Emoc.	→	PTG	-.00	.36	.33	<.001
Sexual	→	Barriers		Emoc.	→	PTG	-.00	.38	.31	<.001
Emotional	→	Barriers		Emoc.	→	PTG	-.00	.38	.42	<.001
Physical	→	Barriers		Emoc.	→	PTG	-.00	.36	.38	<.001
Harassment	→	Barriers		Emoc.	→	PTG	-.00	.32	.44	<.001
E. sabotage	→	Barriers		Emoc.	→	PTG	-.00	.32	.41	<.001
E. control	→	Barriers		Emoc.	→	PTG	-.00	.34	.44	<.001

E. exploit.	→	Barriers	Emoc.	→	PTG	-.00	.38	.42	<.001	
IPV	→		Discl.	Tangible	→	PTG	.01	.73	.48	<.001
S. combined	→		Discl.	Tangible	→	PTG	.01	.47	.33	<.001
Sexual	→		Discl.	Tangible	→	PTG	.01	.50	.31	<.001
Emotional	→		Discl.	Tangible	→	PTG	.02	.27	.42	<.001
Physical	→		Discl.	Tangible	→	PTG	.01	.48	.38	<.001
Harassment	→		Discl.	Tangible	→	PTG	.01	.53	.44	<.001
E. sabotage	→		Discl.	Tangible	→	PTG	.00	.76	.41	<.001
E. control	→		Discl.	Tangible	→	PTG	.01	.48	.44	<.001
E. exploit.	→		Discl.	Tangible	→	PTG	.01	.54	.42	<.001
IPV	→	Barriers		Tangible	→	PTG	-.00	.27	.48	<.001
S. combined	→	Barriers		Tangible	→	PTG	-.00	.53	.33	<.001
Sexual	→	Barriers		Tangible	→	PTG	-.00	.56	.31	<.001
Emotional	→	Barriers		Tangible	→	PTG	-.00	.49	.42	<.001
Physical	→	Barriers		Tangible	→	PTG	-.00	.55	.38	<.001
Harassment	→	Barriers		Tangible	→	PTG	-.00	.57	.44	<.001
E. sabotage	→	Barriers		Tangible	→	PTG	-.00	.77	.41	<.001
E. control	→	Barriers		Tangible	→	PTG	-.00	.55	.44	<.001
E. exploit.	→	Barriers		Tangible	→	PTG	-.00	.60	.42	<.001
IPV	→		Discl.	Info	→	PTG	-.00	.54	.48	<.001
S. combined	→		Discl.	Info	→	PTG	.01	.50	.33	<.001
Sexual	→		Discl.	Info	→	PTG	.01	.49	.31	<.001
Emotional	→		Discl.	Info	→	PTG	.01	.60	.42	<.001
Physical	→		Discl.	Info	→	PTG	.01	.57	.38	<.001
Harassment	→		Discl.	Info	→	PTG	.00	.84	.44	<.001
E. sabotage	→		Discl.	Info	→	PTG	.01	.52	.41	<.001
E. control	→		Discl.	Info	→	PTG	.01	.58	.44	<.001
E. exploit.	→		Discl.	Info	→	PTG	.01	.42	.42	<.001
IPV	→	Barriers		Info	→	PTG	.00	.73	.48	<.001
S. combined	→	Barriers		Info	→	PTG	-.00	.52	.33	<.001
Sexual	→	Barriers		Info	→	PTG	-.00	.54	.31	<.001
Emotional	→	Barriers		Info	→	PTG	-.00	.62	.42	<.001
Physical	→	Barriers		Info	→	PTG	-.00	.60	.38	<.001
Harassment	→	Barriers		Info	→	PTG	-.00	.84	.44	<.001
E. sabotage	→	Barriers		Info	→	PTG	-.00	.55	.41	<.001
E. control	→	Barriers		Info	→	PTG	-.00	.60	.44	<.001
E. exploit.	→	Barriers		Info	→	PTG	-.00	.49	.42	<.001
IPV	→	Barriers	Discl.	Emoc.	→	PTG	-.00	.27	.48	<.001

S. combined	→	Barriers	Discl.	Emoc.	→	PTG	.00	.48	.33	<.001
Sexual	→	Barriers	Discl.	Emoc.	→	PTG	.00	.94	.31	<.001
Emotional	→	Barriers	Discl.	Emoc.	→	PTG	.00	.72	.42	<.001
Physical	→	Barriers	Discl.	Emoc.	→	PTG	.00	.90	.38	<.001
Harassment	→	Barriers	Discl.	Emoc.	→	PTG	.00	.51	.44	<.001
E. sabotage	→	Barriers	Discl.	Emoc.	→	PTG	.00	.74	.41	<.001
E. control	→	Barriers	Discl.	Emoc.	→	PTG	.00	.81	.44	<.001
E. exploit.	→	Barriers	Discl.	Emoc.	→	PTG	.00	.53	.42	<.001
IPV	→	Barriers	Discl.	Tangible	→	PTG	-.00	.54	.48	<.001
S. combined	→	Barriers	Discl.	Tangible	→	PTG	.00	.58	.33	<.001
Sexual	→	Barriers	Discl.	Tangible	→	PTG	.00	.94	.31	<.001
Emotional	→	Barriers	Discl.	Tangible	→	PTG	.00	.72	.42	<.001
Physical	→	Barriers	Discl.	Tangible	→	PTG	.00	.91	.38	<.001
Harassment	→	Barriers	Discl.	Tangible	→	PTG	.00	.63	.44	<.001
E. sabotage	→	Barriers	Discl.	Tangible	→	PTG	.00	.82	.41	<.001
E. control	→	Barriers	Discl.	Tangible	→	PTG	.00	.82	.44	<.001
E. exploit.	→	Barriers	Discl.	Tangible	→	PTG	.00	.63	.42	<.001
IPV	→	Barriers	Discl.	Info	→	PTG	.00	.73	.48	<.001
S. combined	→	Barriers	Discl.	Info	→	PTG	.00	.60	.33	<.001
Sexual	→	Barriers	Discl.	Info	→	PTG	.00	.94	.31	<.001
Emotional	→	Barriers	Discl.	Info	→	PTG	.00	.76	.42	<.001
Physical	→	Barriers	Discl.	Info	→	PTG	.00	.91	.38	<.001
Harassment	→	Barriers	Discl.	Info	→	PTG	.00	.85	.44	<.001
E. sabotage	→	Barriers	Discl.	Info	→	PTG	.00	.76	.41	<.001
E. control	→	Barriers	Discl.	Info	→	PTG	.00	.83	.44	<.001
E. exploit.	→	Barriers	Discl.	Info	→	PTG	.00	.58	.42	<.001

Note. β - beta coefficient, p - level of significance; *IPV* – Severity of overall intimate partner violence experience; *Barriers* – number of barriers to disclosure; *PTG* – posttraumatic growth; *Discl.* - number of sources of disclosure; *Tangible* – tangible support.

Table 6A

Links between Various Forms of Intimate Partner Violence and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure and Social Constraints

Predictor	Mediator	Dependent variable	Indirect effect		Total effect	
			β	p	β	p
IPV	→ Barriers	→ PTG	-.03	.17	.48	<.001
Severe combined abuse	→ Barriers	→ PTG	-.04	.19	.33	<.001
Sexual abuse	→ Barriers	→ PTG	.04	.18	.23	.05
Emotional abuse	→ Barriers	→ PTG	-.02	.25	.43	<.001
Physical abuse	→ Barriers	→ PTG	-.02	.23	.38	<.001
Harassment	→ Barriers	→ PTG	-.04	.11	.44	<.001
Employment sabotage	→ Barriers	→ PTG	-.03	.20	.41	<.001
Economic control	→ Barriers	→ PTG	-.02	.22	.43	<.001
Economic exploitation	→ Barriers	→ PTG	-.01	.35	.42	<.001
IPV	→ Discl.	→ PTG	.19	<.001	.48	<.001
Severe combined abuse	→ Discl.	→ PTG	.18	<.001	.33	<.001
Sexual abuse	→ Discl.	→ PTG	.17	<.001	.23	.05
Emotional abuse	→ Discl.	→ PTG	.22	<.001	.43	<.001
Physical abuse	→ Discl.	→ PTG	.19	<.001	.38	<.001
Harassment	→ Discl.	→ PTG	.17	<.001	.44	<.001
Employment sabotage	→ Discl.	→ PTG	.17	<.001	.41	<.001
Economic control	→ Discl.	→ PTG	.18	<.001	.43	<.001
Economic exploitation	→ Discl.	→ PTG	.15	<.001	.42	<.001
IPV	→ Constraints	→ PTG	.10	.02	.48	<.001
Severe combined abuse	→ Constraints	→ PTG	.08	.01	.33	<.001
Sexual abuse	→ Constraints	→ PTG	-.02	.31	.23	.05
Emotional abuse	→ Constraints	→ PTG	.12	.01	.43	<.001
Physical abuse	→ Constraints	→ PTG	.05	.04	.38	<.001
Harassment	→ Constraints	→ PTG	.07	.02	.44	<.001
Employment sabotage	→ Constraints	→ PTG	.08	.02	.41	<.001
Economic control	→ Constraints	→ PTG	.10	.01	.43	<.001

Economic exploitation	→			Constraints	→	PTG	.07	.01	.42	<.001
IPV	→	Barriers	Discl.		→	PTG	-.00	.38	.48	<.001
Severe combined abuse	→	Barriers	Discl.		→	PTG	-.01	.41	.33	<.001
Sexual abuse	→	Barriers	Discl.		→	PTG	.00	.99	.23	.05
Emotional abuse	→	Barriers	Discl.		→	PTG	-.00	.71	.43	<.001
Physical abuse	→	Barriers	Discl.		→	PTG	-.00	.90	.38	<.001
Harassment	→	Barriers	Discl.		→	PTG	-.01	.46	.44	<.001
Employment sabotage	→	Barriers	Discl.		→	PTG	-.00	.73	.41	<.001
Economic control	→	Barriers	Discl.		→	PTG	-.00	.82	.43	<.001
Economic exploitation	→	Barriers	Discl.		→	PTG	.00	.47	.42	<.001
IPV	→	Barriers		Constraints	→	PTG	.01	.14	.48	<.001
Severe combined abuse	→	Barriers		Constraints	→	PTG	.01	.14	.33	<.001
Sexual abuse	→	Barriers		Constraints	→	PTG	.01	.09	.23	.05
Emotional abuse	→	Barriers		Constraints	→	PTG	.01	.11	.43	<.001
Physical abuse	→	Barriers		Constraints	→	PTG	.01	.07	.38	<.001
Harassment	→	Barriers		Constraints	→	PTG	.01	.13	.44	<.001
Employment sabotage	→	Barriers		Constraints	→	PTG	.01	.12	.41	<.001
Economic control	→	Barriers		Constraints	→	PTG	.01	.12	.43	<.001
Economic exploitation	→	Barriers		Constraints	→	PTG	.01	.16	.42	<.001
IPV	→		Discl.	Constraints	→	PTG	-.02	.11	.48	<.001
Severe combined abuse	→		Discl.	Constraints	→	PTG	-.01	.52	.33	<.001
Sexual abuse	→		Discl.	Constraints	→	PTG	.00	.65	.23	.05
Emotional abuse	→		Discl.	Constraints	→	PTG	-.03	.09	.43	<.001
Physical abuse	→		Discl.	Constraints	→	PTG	-.00	.88	.38	<.001
Harassment	→		Discl.	Constraints	→	PTG	.01	.13	.44	<.001
Employment sabotage	→		Discl.	Constraints	→	PTG	-.01	.43	.44	<.001
Economic control	→		Discl.	Constraints	→	PTG	-.02	.13	.43	<.001
Economic exploitation	→		Discl.	Constraints	→	PTG	-.01	.52	.42	<.001
IPV	→	Barriers	Discl.	Constraints	→	PTG	.00	.42	.48	<.001
Severe combined abuse	→	Barriers	Discl.	Constraints	→	PTG	.00	.51	.33	<.001

Sexual abuse	→	Barriers	Discl.	Constraints	→	PTG	.00	.99	.23	.05
Emotional abuse	→	Barriers	Discl.	Constraints	→	PTG	.00	.71	.43	<.001
Physical abuse	→	Barriers	Discl.	Constraints	→	PTG	.00	.92	.38	<.001
Harassment	→	Barriers	Discl.	Constraints	→	PTG	.00	.57	.44	<.001
Employment sabotage	→	Barriers	Discl.	Constraints	→	PTG	.00	.75	.41	<.001
Economic control	→	Barriers	Discl.	Constraints	→	PTG	.00	.82	.43	<.001
Economic exploitation	→	Barriers	Discl.	Constraints	→	PTG	.00	.63	.42	<.001

Note. β - beta coefficient, p - level of significance; *IPV* – Severity of overall intimate partner violence experience; *Barriers* – number of barriers to disclosure; *PTG* – posttraumatic growth; *Discl.* - number of sources of disclosure; *Constraints* – social constraints.

MYKOLAS ROMERIS UNIVERSITY

Zuzana Vasiliauskaitė

THE ROLE OF DISCLOSURE, SOCIAL SUPPORT
AND SOCIAL CONSTRAINTS FOR
POSTTRAUMATIC GROWTH IN WOMEN
SURVIVORS OF INTIMATE PARTNER VIOLENCE

Doctoral Thesis Summary

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1. INTRODUCTION

1.1 Relevance of the Study

Intimate partner violence (IPV) is a global phenomenon predominantly affecting women (World Health Organization [WHO], 2021). Men tend to experience violence outside the home perpetrated by other men who are mostly unknown to them, while women are most unsafe at home with their intimate partners (Flatley, 2017; Office for National Statistics [ONS], 2018). IPV encompasses threats and or all acts of physical, sexual, emotional, and economic violence directed toward an adult romantic partner, regardless of marital status, and includes both ongoing and terminated relationships (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, 2011).

Global and regional studies show that every third woman in the world has experienced physical and or sexual violence at least once perpetrated by their male intimate partners - boyfriends, husbands - or other males known to them in their immediate environment (European Union Agency for Fundamental Rights [FRA], 2014; WHO, 2021). Alarming rates of male violence against women have not changed much throughout the decades (WHO, 2005; 2013; 2021), revealing that up to 852 million *women on the globe have experienced severe forms of violence (i.e., physical and or sexual) (WHO, 2021)*. Moreover, the recent global COVID-19 virus pandemic exacerbated the problem even further.

Male intimate partner violence has many negative effects on women survivors of such violence, their children and society at large (European Institute for Gender Equality [EIGE], 2021; Hisasue et al., 2020; Walker et al., 2017). More women survivors of IPV develop posttraumatic stress disorder (PTSD) than war veterans (Golding, 1999; U.S. Department of Veterans Affairs, 2018; Walker et al., 2017). Diagnosis of PTSD signifies that the experience of trauma has disrupted a person's bio-psycho-social well-being (Hisasue et al., 2020; Vasiliauskaitė, 2015). That is, the person experiences flashbacks and nightmares,

inability to concentrate, loss of interest in day-to-day activities, relationship difficulties, isolation, avoidance, negative thoughts and feelings towards self, others and the world itself, disregard for own safety, and self-harm (WHO, 2022a, 2022b). Witnessing or living in a home where domestic violence occurs affects children's bio-psycho-social well-being, too (Peterson et al., 2019). Moreover, without proper victim protection and support, IPV has a strong tendency for intergenerational transmission (Smith-Marek et al., 2015). Furthermore, the economic cost of violence against women is overwhelming. EIGE (2021) has estimated that the cost of violence against women amounts to €289 billion.

It is evident that IPV is and can result in many negative effects. However, positive changes and personal growth have been reported in the aftermath of trauma (Tedeschi et al., 2018). Thus, focusing only on the adverse effects of trauma does not accurately represent the experiences of IPV survivors and presents bias or an incomplete picture of the aftermath of IPV (Linley & Joseph, 2004). This, in turn, leads to lacking policies and practices that do not address all the needs of women survivors of IPV.

The leitmotiv of growth is present in many philosophies and cultures (Tedeschi et al., 2018). However, scientific interest in it is relatively recent. The term describing these positive changes accepted the widest is posttraumatic growth (PTG). PTG signifies advanced psychological functioning, cognitive and behavioural growth that was uncharacteristic of the person pre-trauma and is a result of the struggle with and efforts to overcome the traumatic event (Calhoun & Tedeschi, 2013; Tedeschi & Blevins, 2017). The theory of PTG emerged in the mid-1990s bringing attention to the multifaceted experiences of survivors of different traumatic experiences (Calhoun & Tedeschi, 2013; Tedeschi & Calhoun, 1995). Growth after trauma can lead to greater awareness of personal strength, preeminent recognition of new possibilities, stronger relationships, deeper appreciation for life, and spiritual enhancement (Tedeschi et al., 2018). Moreover, buffering effect of PTG was found against depression (Kuswanto et al., 2020), stress (Silva et al., 2012) and suicidal thinking (Bush et al., 2011). Furthermore, evidence suggests that PTG is associated with men-

tal quality of life, happiness (Lelorain, 2010), and life satisfaction (Mostarac & Brajković, 2022).

Exploring paths to growth for women survivors of IPV could help create better policies addressing the needs of and facilitating growth for most women survivors of IPV and provide more guidance to informal and formal help providers. Moreover, investigations of the potential growth following this traumatic experience are paramount as they can give hope and encourage the women to consider taking the necessary steps to seek life without violence, gaining meaning in their suffering, forming new meaningful relationships and rebuilding old ones, discovering inner strength, strengthen their spiritual experiences and developing a new appreciation for their own lives.

1.2 Scientific Problem and Novelty of the Study

There is a lack of understanding of what factors facilitate or inhibit PTG, especially in women survivors of male IPV. IPV is different to other traumatic experiences for its causes, dynamics and consequences (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, 2011; Walker, 2017). IPV is rooted in gender inequality (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, 2011), is systemically and intentionally perpetrated by a person that was supposed to love the one they abuse, which leads to a complex traumatic experience with severe effects on persons bio-psycho-social well-being (Walker, 2017). Thus, it is likely that knowledge gained from analysing other types of trauma will not necessarily be applicable when trying to understand the dynamics that lead to PTG in women survivors of IPV. Only a handful of studies explored positive changes in women survivors of male intimate partner violence (Ulloa et al., 2015). Thus, this study contributes to scientific literature and informed decision-making by providing a deeper and more complex analysis of the factors contributing to posttraumatic growth in women survivors of IPV.

The most recent PTG model (Tedeschi et al., 2018) identified challenged

core beliefs, emotional distress, rumination, self-analysis and disclosure, social support, sociocultural influences, acceptance and distress as the main factors leading to PTG. Even though the model is informative and provides a better understanding of the growth process, for some trauma survivors path to growth can be more complex. For example, due to historical, cultural and political factors, the experience of IPV is largely stigmatised (FRA, 2014; Overstreet & Quinn, 2013), poorly addressed, and the perpetration of the abuse is weakly sanctioned (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, 2011; Vasiliauskienė et al., 2018). Thus, women survivors of IPV try to avoid stigmatisation, perpetrator's retaliation or face other barriers to their disclosure and often do not disclose their experiences (FRA, 2014; Vasiliauskaitė & Geffner, 2020b). Those that do usually open up to just a few people (FRA, 2014). However, not all that are trusted with such information react properly and are ready or equipped to provide the support the women need (Arpink, 2020). Thus, the disclosure, a voluntary verbal revelation of a traumatic experience (Bedard-Gilligan et al., 2012), may or may not lead to support, needed self-reflection or trauma processing.

This study has several novelties. First, this study analysed the experience of PTG in survivors of IPV taking into account various forms of IPV such as severe combined abuse, sexual, physical, emotional abuse, harassment, economic control, economic exploitation and employment sabotage. No previous PTG studies looked at these more common experiences of women in intimate relationships and mostly focused on analysing the most extreme forms of IPV, such as physical and or sexual IPV. It is likely that the experience of PTG and other social factors varies between the survivors of different forms of IPV as it varies between the survivors of different types of traumatic experiences.

Secondly, this study explores the paths that lead women to growth after IPV by analysing several social factors in a model that were not considered before. Such factors potentially facilitating or inhibiting PTG are various aspects of disclosure: *the number of barriers to disclosure* that consist of the number of reasons that keep women from disclosing their experience of IPV, *the num-*

ber of sources of disclosure that reflects different people and professionals, the women chose to disclose their experience of IPV to; different forms of social support, like *emotional, informational* and *tangible support* as well as a negative social reaction to disclosure such as *social constraints*. Thirdly, this study significantly adds to the scientific literature on interpersonal trauma and the Posttraumatic growth theory as it suggests improvements to the latest Model of PTG (Tedeschi et al., 2018). No less important are the practical recommendations and implications for decision-makers, various specialists, and women survivors of IPV that this dissertation provides.

2 LITERATURE REVIEW

Only a handful of studies analyse posttraumatic growth in women survivors of male intimate partner violence. A systematic analysis (Ulloa et al., 2015) revealed that only 17 articles were found by that time in academic and grey literature analysing psychological growth (not exclusively PTG) in not exclusively female samples of IPV survivors. Found results support that IPV survivors experience PTG. The studies reported a high prevalence but rather low intensity of PTG (Cobb et al., 2006; Ogińska-Bulik, 2016). There is still a lack of understanding of what factors promote and what factors inhibit PTG in women survivors of IPV.

The centrality of the disclosure in the healing process and overcoming trauma is well documented (Maercker & Horn, 2013). However, on average, 60 % of survivors of IPV have not disclosed the abuse to anyone in their social or outside of their social circles (Baltijos tyrimai, 2020) and the vast majority (69 %) of the most serious physical and or sexual violence episodes are not reported to any of the institutions or organisations (FRA, 2014). Disclosure of IPV is motivated or obstructed by different factors. These factors are often referred to as barriers to disclosure. Barriers are mostly understood as obstacles or reasons that keep a person from disclosing her experience to others (Naudi et al., 2018; Vasiliauskaitė & Geffner, 2020b). These barriers can be categorised into exter-

nal and internalised (Naudi et al., 2018) and are often driven by cultural norms accepting violence against women or not properly preventing, addressing, framing and combatting it. Some relate to the stigma of experiencing IPV, and some to the lack of specialised help and protection. For example, reporting of IPV to the police is higher in countries (like Lithuania) where reporting is more common (FRA, 2014). This seems self-evident. However, the commonality is related to help and protection provisions in the respective country. Thus, as the severity of IPV was positively linked to the barriers to disclosure (Vasiliauskaitė & Geffner, 2020b) and as barriers obstruct and delay the disclosure, which is paramount for trauma processing, barriers' possibly mediate the link between IPV and PTG.

Analysis of disclosure in trauma, as well as in a positive psychology context, is paramount. Several studies found evidence supporting the importance of the number of social supporters (perceived greater availability of social support), in other words, the number of sources of disclosure, for PTG (Park et al., 1996; Tedeschi & Calhoun, 2004). Disclosure allows the women survivors of male IPV to voice their experiences and, by it, possibly conceptualise the experience as abusive, start processing it, receive support and start help-seeking and posttraumatic growth processes. Therefore, as the severity of IPV was positively linked to disclosure, which is paramount for trauma processing, and disclosure is linked to PTG, it is possible that the number of sources of disclosure mediates the relationship between IPV and PTG.

Disclosure of IPV usually evokes a reaction that can be positive and supportive, or it can be negative and unsupportive. Social support is a positive social reaction to disclosure that could manifest through emotional, instrumental, informational or other forms of support (Cohen et al., 2000). Emotional support encompasses behaviours such as empathic listening and validation of the experience and person's feelings (Trotter & Allen, 2009), *informational support* that manifests as the provision of information about places that can give help and support the person needs (Bosch & Schumm, 2007) such as specialised help centres and women NGO's; and *tangible support* that manifests as

the provision of more practical assistance, such as accommodation or place to stay, financial support (Trotter & Allen, 2009). Social reactions are also a core part of the development of PTG (Tedeschi et al., 2018). Several studies report a positive association between social support and PTG in cases of IPV (Anderson et al., 2012; Elderton et al., 2017; Žukauskienė, Kaniušonytė, Bergman et al., 2021). However, none specified the form of social support they were analysing nor explored their mediating effect. Research findings suggest that emotional support could be negatively affected by the severity of IPV (Cooker et al., 2003). Thus, it is expected that the women who experience severe IPV will be less likely to receive emotional support, and those who receive less emotional support, in turn, will experience a lower degree of PTG. On the other hand, the link to informational and tangible support for both IPV and PTG may be positive (Elderton et al., 2017).

Not all social support sources are able to react in a helpful or positive way (Arpink, 2020). Some survivors face social constraints to their disclosure (Arpink, 2020; Lepore & Ituarte, 1999). *Social constraints* reflect “any social condition that causes trauma survivors to feel unsupported, misunderstood, or otherwise alienated from their social network when they are seeking social support or attempting to discuss their trauma” (Lepore & Ituarte, 1999, p. 168). People faced with social constraints feel that they cannot open up and talk to others, may refrain from it entirely and may be deprived of the opportunity to process the experience by voicing it out. Some studies have found that individuals who could not discuss their experiences were less likely to find meaning in what had happened to them and less likely to obtain insight into their experiences (Belsher et al., 2012). Moreover, negative and insensitive reactions to disclosure (social constraints) were found to be linked to adverse mental health outcomes (Ullman & Filipas, 2001) as well as compounding the trauma (Belsher et al., 2012; Smith & Freyd, 2013). Therefore, social constraints can be another social factor that can mediate the link between IPV and PTG.

The posttraumatic factors are not only associated with IPV and PTG but are also interconnected. Different aspects of the disclosure, such as the number

of barriers to disclosure and the number of sources of disclosure, can be associated. The barriers to disclosure can influence the help-seeking behaviour of the women and the sources they choose to disclose the abuse to (Naudi et al., 2018). Thus, it is likely that women who are faced with fewer barriers to disclosure would be more likely to disclose their experience of IPV to more people.

On the other hand, some women might not disclose their experiences because of a fear of abusers' retaliation or not being believed, some might blame themselves or have prior bad experiences with police (FRA, 2014; Vasiliauskaitė & Geffner, 2020b). Victim-blaming attitudes, such as harmful stereotypical beliefs that the woman is at fault for the abuse she is suffering or that she is the one that needs to deal with the abuse herself, can be internalised by the survivor as well as inform the potential help source' responses to the disclosure. Thus, it is possible that the more barriers the women face, the more social constraints they would endure.

The response to disclosure also varies. For example, friends and family are usually named as the most sought informal support sources (FRA, 2014). However, the same sources are also named as the least helpful (Edwards et al., 2012; Moe, 2007). Informal help sources often lack an understanding of IPV and might not be in a position to provide the support the women need or hope for (Overstreet & Quinn, 2013). That would lead women to expand the circle of people they disclose the abuse to and seek help from. The help-providing organisations were rated as the most helpful formal support source (Vasiliauskaitė, 2015) and found to be associated with increased disclosure to a wider network of help sources (Fahmy et al., 2016). Thus, it is likely that the more women disclose their experience of IPV, the more their chances grow to receive positive social reactions as emotional, tangible and informational support. On the other hand, disclosures can make women subjected to more negative social reactions (i.e., social constraints). Moe (2007) found that women seeking formal help report more negative social reactions. Thus, the fact that formal help sources are contacted later than informal suggests that the women who disclose abuse to the wider circle of people would increase their chances of experiencing a negative social reaction to their disclosure, that is, social constraints.

3. THE AIM, RESEARCH QUESTIONS, AND HYPOTHESES OF THE STUDY

3.1 Research Aim

The main aim of this dissertation was to explore direct and indirect links between intimate partner violence and posttraumatic growth through social factors that potentially inhibit (the number of barriers to disclosure the women face, the negative reaction to disclosure such as social constraints) or promote posttraumatic growth (the number of different sources the women disclose the abuse to, positive reactions to disclosure such as tangible, emotional, informational support). The following research questions and hypotheses were formed based on the literature review.

3.2 Research Questions

1. What are the indirect links between intimate partner violence (severe combined abuse, sexual abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, economic exploitation) and posttraumatic growth through disclosure (the number of barriers to disclosure, the number of sources of disclosure), social support (tangible, emotional, informational support), and social constraints?
2. What are the direct links between disclosure (the number of barriers to disclosure and the number of sources of disclosure), social support (tangible, emotional, informational support) and social constraints in women survivors of different forms of intimate partner violence?

3.3 Hypotheses

H1 Disclosure (the number of barriers to disclosure, the number of sources of disclosure), social constraints, and social support (emotional support, informational support, and tangible support) mediate the link between intimate partner violence (severe combined abuse, sexual abuse, emotional abuse,

physical abuse, harassment, employment sabotage, economic control, economic exploitation) and posttraumatic growth.

H2 Disclosure (the number of barriers to disclosure, the number of sources of disclosure), social constraints, and social support (emotional support, informational support, and tangible support) are interlinked:

H2.1 The number of barriers to disclosure is negatively linked to the number of sources of disclosure and positively linked to social constraints.

H2.2 The number of sources of disclosure is positively linked to emotional support, tangible support, informational support, and social constraints.

4. RESEARCH METHODS

4.1 Participants

In the study, 244 women survivors of IPV participated. The participants' age ranged from 18 to 71 years old ($M = 37.28$; $SD = 11.30$). The majority of the women had a tertiary level of education (65.4 %), were employed (65.6 %) and lived in cities (53.7 %). Most of the women had children (69.7 %) and were married (32.4 %) or involved in intimate relationships, either cohabiting (19.3 %) or not cohabiting (27.9 %). The participants were representatives of various economic backgrounds, where household income ranged from 130 euros to 10,000 euros per month ($M = 1151.48$; $SD = 850$; $Mode = 1049.64$). Around half of the participants indicated that they are coping with their income (47.1 %), and similar numbers indicated that they were either having difficulty coping with the income they had (23 %) or living comfortably (17.2 %).

4.2 Study Procedures

The data collection was carried out in 2017 - 2018 in several major cities of Lithuania and/or their districts (Vilnius, Kaunas, Klaipeda, Alytus, Telšiai, Šiauliai, Panevežys, Pasvalys, Klaipeda). The study sample is not random and is therefore considered a convenience sample. In order to reach women with various IPV experiences, several data collection strategies were employed: (1) collecting paper questionnaires through Specialized Complex Help Centres (SCHC) ($N = 78$), (2) interviewing university students ($N = 19$), (3) distributing online questionnaires on social networks ($N = 147$). The participants were informed verbally and in writing about the study's aims and that the data will be used only for statistical purposes. Furthermore, no personal identifiable data were collected, and the participants were informed and assured of anonymity and confidentiality. As participation in the study might have evoked strong emotions, at the end of the questionnaire, the list of regional SCHCs with their contact information was added with encouragement to contact them if the women wanted to discuss their experiences more broadly. To ensure that this sensitive group's specific needs would be met and addressed, an expert group at the Institute of Management and Psychology composed of researchers and specialised psychologists working with the women survivors of IPV evaluated the project and found it appropriate for implementation. Ethics Committee name: Ethics Committee of the Institute of Management and Psychology, application for research on "The Psychosocial Factors of Well-Being of Women Survivors of Intimate Partner Violence". Approval Code: VIPI-SM-01. Approval Date: 2017.02.20.

4.3 Measures

Research data were collected by employing psychometric self-report questionnaires. All the questionnaires went through a back-translation procedure. Furthermore, the psychometric properties of all instruments were tested by confirmatory factor analysis (CFA). Model fit was assessed using Root Mean

Square Error of Approximation (RMSEA), Bentler's Comparative Fit Index (CFI), Tucker-Lewis Index (TLI) and Standardized Root Mean Square Residual (SRMR) indexes and RMSEA 90 % confidence intervals, the estimate of which must not exceed .1 (Kline, 2016). Chi-square (χ^2) statistics are provided but will not be used to assess the fit of the model to the data due to its high sensitivity to sample size (Brown, 2015; Kelloway, 2014). CFI higher than .90, RMSEA and SRMR lower than .08 indicated acceptable fit, and CFI higher than .95, RMSEA and SRMR lower than .05 indicated good fit (Brown, 2015; Kline, 2011). Internal consistency was assessed using McDonald's omega (ω) coefficient (McDonald, 1978) as it is more advanced and appropriate for multidimensional data (Cho & Kim, 2015) and is interpreted the same as Cronbach's alpha (Geldhof et al., 2014). All instruments were characteristic of good internal consistency.

The Composite Abuse Scale (CAS, Hegarty et al., 2005; Vasiliauskaitė & Geffner, 2020a) was used to measure the severity and frequency of lifetime experience of various forms of IPV. The 30-item scale comprises of five subscales. 1) Severe combined abuse (e.g., "Used a knife or gun or other weapon", 5 items, $\omega = .80$); 2) Sexual violence (e.g., "Tried to rape me", 3 items, $\omega = .72$); 3) Emotional Abuse subscale (e.g., "Told me that I wasn't good enough", 11 items, $\omega = .93$); 4) Physical Abuse subscale (e.g., "Kicked me, bit me or hit me with a fist", 7 items, $\omega = .93$); and 5) Harassment subscale (e.g., "Hung around outside my house", 4 items, $\omega = .82$). The answers are measured on a 6-point Likert scale from 0 - "Never" to 5 - "Daily". Scale scores range from 0 to 150. Different studies reported its face, content, concurrent, criterion, discriminant and construct validity (Hegarty et al., 2005; Vasiliauskaitė & Geffner, 2020a). Five-factor structure was confirmed fitting data satisfactory ($\chi^2(395) = 771.93$, CFI = .97, TLI = .97, RMSEA = .06, RMSEA [90% CI] = [.06 - .07]).

The Scale of Economic Abuse (SEA, Adams et al., 2008; 2015; Vasiliauskaitė & Geffner, 2020a) was used to assess the severity and frequency of lifetime experience of various forms of economic abuse perpetrated by an intimate partner. The scale consists of 28 items that are assessed through a 5-point Likert scale where answers range from 0 - "Never" to 4 - "Quite often". The

scores can range from 0 to 112. The SEA is further comprised of three subscales (1) Economic Control subscale (e.g., “Do things to keep you from having money of your own”, 13 items, $\omega = .92$); 2) Economic Exploitation subscale (e.g., “Take your paycheck, financial aid check, tax refund check, disability payment, or other support payments from you”, 11 items, $\omega = .89$); and 3) Employment Sabotage subscale (e.g., Threaten you to make you leave work, 4 items, $\omega = .80$). The three-factor structure was confirmed fitting data satisfactory ($\chi^2 (347) = 874.18, p = 0.001, CFI = 0.95, TLI = 0.94, RMSEA = 0.08; RMSEA 90\% CI [0.07-0.08]$).

As the structural equation modelling was done analysing overall IPV experience, an additional CFA was performed analysing IPV as a higher-order latent variable consisting of the subscales of CAS and SEA. The data fit the model very well, confirming the latent variable of IPV ($\chi^2 (1587) = 2552.68, CFI = .95, TLI = .95, RMSEA = .05, RMSEA [90\% CI] = [.05 - .06]$). The reliability of the IPV was also high (McDonald’s $\omega = .97$). Thus, IPV or overall IPV will refer to the latent IPV variable that measures any experience of IPV.

Social support, consisting of emotional, informational, and tangible support, was assessed by one-question indicators. Therefore, emotional support was measured by asking whether and how often the women were offered emotional support after their latest disclosure of IPV. Tangible support was measured by asking whether and how often the women were offered help and support, including accommodation and or financial support. Informational support by whether and how often the women were encouraged to seek help from help-providing organisations such as SCHC and other women’s nongovernmental organisations. The answers were rated on a 4-point Likert-type scale from 0 - “Never” to 3 - “Often.”

The 15-item **Social Constraints scale** (SCS) (Lepore & Ituarte, 1999) was chosen to explore the negative reactions to women’s disclosure of IPV. The original SCS created to measure cancer patients’ experiences was modified and adapted in collaboration with its authors to address domestic violence issues. The scale measures three dimensions of social constraints: 1) Unsupporti-

ve behaviours (e.g., “How often did other people minimise your problems?”, 8 items, $\omega = .93$), 2) Avoidant behaviours (e.g., “Changed the subject when you tried to discuss the abuse you suffered from your partner?”, 4 items, $\omega = .88$); and 3) Suggestions for pretence and distraction (e.g., “How often did other people tell you not to worry so much about your situation?”, 3 items, $\omega = .81$) (Koutrouli et al., 2016). Statements are rated on a 4-point Likert scale from 0 meant “Never” to 3 - “Often.” The score can range from 0 to 60. Previous studies confirmed the validity (construct, prognostic, convergent, discriminant, and criterion validity) and reliability of the scale (Lepore & Revenson, 2007; Koutrouli et al., 2016). The three-factor structure with two additional correlations was confirmed fitting data satisfactory ($\chi^2(87) = 211.44$, CFI = .93, TLI = .92, RMSEA = .08, RMSEA [90% CI] = [.07 - .10], SRMR = .04).

The Posttraumatic Growth Inventory (PTGI, Tedeschi & Calhoun, 1996) was chosen to measure the positive changes that might have happened in the survivors’ lives due to their experiences of IPV. This 21-item questionnaire consists of five scales reflecting five PTG dimensions: 1) Relating to others (e.g., “I have a greater sense of closeness with others”, 7 items, $\omega = .91$); 2) New possibilities (e.g., “New opportunities are available which wouldn’t have been otherwise”, 5 items, $\omega = .89$); 3) Personal strength (e.g., “I discovered that I’m stronger than I thought I was”, 4 items, $\omega = .87$); 4) Spiritual changes (e.g., “I have a stronger religious faith”, 2 items, $\omega = .77$); 5) Appreciation of life (e.g., “I have a greater appreciation for the value of my own life”, 3 items, $\omega = .80$). The statements were rated on a 6-point Likert scale where 0 - “I have not experienced the change as a result of abuse”, and 5 - “I experienced this change to a very great degree as a result of abuse.” PTGI scores can range from 0 to 105. Instrument validity (construct, discriminant, test-retest, etc.) and reliability were established by previous studies (Leiva-Bianchi & Araneda, 2015; Tedesch & Calhoun, 1996). Moreover, it was found that scale estimates were not associated with social desirability (Salsman et al., 2009; Tedesch & Calhoun, 1996). The five-factor structure with four additional correlations was confirmed fitting data satisfactory ($\chi^2(174) = 455.13$, CFI = .89, TLI = .87, RMSEA = .08,

RMSEA [90% CI] = [.07 - .09], SRMR = .06).

Barriers to disclosure were measured by providing a checklist of the reasons that could keep the women from disclosing their experience of IPV based on the representative FRA study questionnaire (2014). To answer what were the reasons for not disclosing their experiences, 12 possible reasons for non-disclosure were provided, including 1) being ashamed, 2) not wanting anyone to know about the abuse they experienced, 3) thinking they can cope on their own, 4) not thinking it was serious, 5) fear of retaliation, 6) not thinking that anyone/anything could help them, 7) fear of losing children, 8) previous negative experience with police, 9) not thinking of the disclosure at all, 10) something or someone stopping them from disclosure, 11) fear of not being believed, 12) self-blame.

Disclosure to different help sources was assessed by providing a list of 13 possible sources of help to whom the women could have disclosed the abuse. This list included: people from their immediate environment (e.g., 1) friends, 2) neighbours, 3) family members), professionals (e.g., 4) psychologists, 5) lawyers), healthcare providers (e.g., 6) family doctors, nurses, 7) psychiatrists), official help and or protection sources (8) help providing organisations such as NGOs), 9) police, 10) Child protective services), and other individuals (e.g., 11) religious leader, 12) hairdressers), 13) other.

4.4 Data Analysis

To perform the main data analysis, that is, to explore direct and indirect links between IPV and PTG through social factors, structural equation modelling (SEM) was performed using Mplus 7.4 statistical modelling program (Muthén & Muthén, 1998 – 2017). In this study, several structural equation models were tested. The independent variable was IPV, and the dependent variables were the number of barriers to disclosure, the number of sources of disclosure, emotional, tangible, and informational support, social constraints, and posttraumatic growth. In order to increase the statistical power, the factors' mean scores of PTG and social constraints were used. The Robust weighted least squ-

ares estimator using a diagonal weight matrix (WLSMV) method was chosen to withstand any potential deviance from normality. A multiple mediation analysis was conducted to examine the indirect links between IPV and PTG and determine the mediating effect of social factors. Mediation can be “complete” when the path from the independent and dependent variables becomes insignificant and gets closer to zero (Montoya & Hayes, 2017). Mediation can also be “partial” when it is still statistically significant, but the effect has decreased (Montoya & Hayes, 2017). From a theoretical and empirical standpoint, it is known that PTG is not a direct outcome of IPV. Thus, several models with potential mediating variables (the number of barriers to disclosure, the number of sources of disclosure, social constraints, and emotional, tangible and informational supports) were tested. The total effect is the direct effect between independent and dependent variables without estimated mediation. The direct is the effect of the independent and dependent variables after the mediation was estimated. The indirect effect refers to the degree to which the independent and mediating variables are associated and the degree to which the mediating variable is associated with the independent variable. Following the guidelines of Gignac and Szodor (2016), the effect sizes were interpreted as small when falling between $\geq .1$ and $<.2$, moderate when between $\geq .2$ and $<.3$, and large when the effect size is $\geq .3$.

5. MAIN RESULTS OF THE STUDY

The first hypothesis that *disclosure (the number of barriers to disclosure, the number of sources of disclosure), social constraints, and social support (emotional support, informational support, and tangible support) mediate the link between IPV (severe combined abuse, sexual abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, economic exploitation) and PTG*, and the second hypothesis that *disclosure (the number of barriers to disclosure, the number of sources of disclosure), social constraints, and social support (emotional support, informational support, and tangible support) are*

interlinked, were tested simultaneously³⁴. In order to test the hypotheses, the structural equation models were tested where the independent variable was intimate partner violence, and the dependent variables were the number of barriers to disclosure, the number of sources of disclosure, social support (emotional, tangible, informational support), social constraints and posttraumatic growth. Since social support forms and social constraints were not correlated, two distinct models, one retaining all variables except social support forms and another retaining all variables except social constraints, were tested to save the power of the test. These two models were tested with overall IPV severity and every form of IPV (severe combined abuse, sexual abuse, physical abuse, emotional abuse, harassment, economic control, economic exploitation, and employment sabotage). In total, 18 structural equation models were tested.

5.1 The Posttraumatic Growth Model of Women Survivors of Intimate Partner Violence: The Role of Barriers to Disclosure, Sources of Disclosure, Tangible, Emotional and Informational Support

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure, tangible, emotional and informational support as mediators and IPV as a predictor fitted the data well. The results revealed that out of all variables, IPV severity, the number of sources of disclosure significantly and emotional support (marginally significantly) were positively directly linked to PTG (see Figure 1). A significant indirect link was found between IPV and PTG through the number of sources of disclosure (see Table 1 and Table 1A). The results suggest that the number of sources of disclosure partially mediated the link between multiple IPV and PTG. The model explained 31 % of the variance in PTG. Moreover, the number of sources of disclosure was found to be strongly significantly positively linked to tangible, emotional and informational support. While the number of barriers to disclosure was mar-

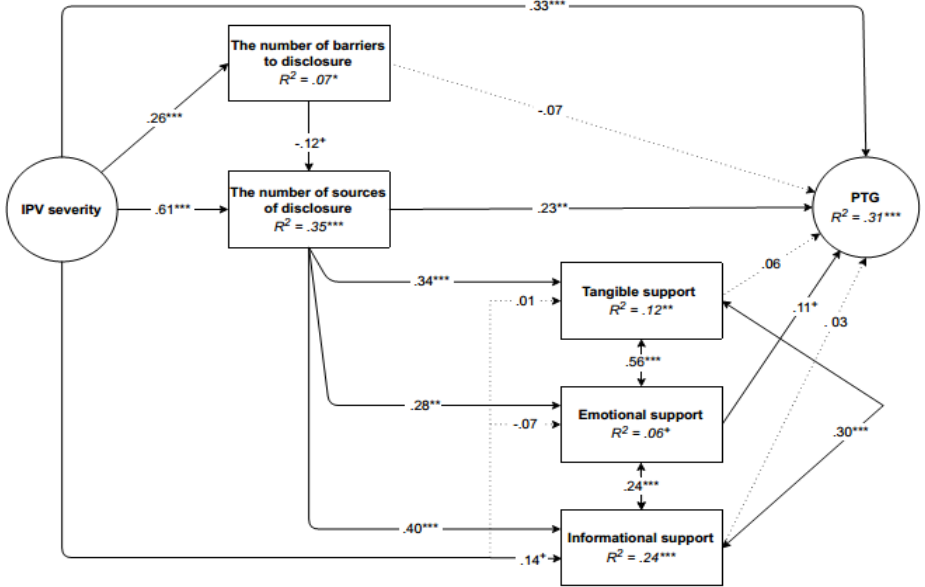
³ Analysis of single mediator models is presented in Supplement 2 at <https://osf.io/qspx5/>

⁴ Models retaining only one social support form can be found in Supplement 3 at <https://osf.io/2cvr6>

ginally significantly negatively linked to the number of sources of disclosure.

Figure 1

The Model of Posttraumatic Growth of Women Survivors of Intimate Partner Violence with Barriers to Disclosure, Sources of Disclosure, Tangible, Emotional and Informational Support as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 3100.56$ (2189), $p < .001$, CFI = .95, TLI = .95, RMSEA = .04, RMSEA 90 % CI [.04 - .05]. $^{***}p < .001$, $^{**}p < .01$, $^*p < .05$, $+p < .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 1

Links between Intimate Partner Violence and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure, Tangible, Emotional and Informational Support

Predictor		Mediator		Dependent variable	Indirect effect		Total effect	
					β	p	β	p
IPV	→	Barriers		→ PTG	-.02	.38	.48	<.001
IPV	→		Discl.	→ PTG	.14	.01	.48	<.001
IPV	→		Emoc.	→ PTG	-.01	.46	.48	<.001
IPV	→		Tangible	→ PTG	.00	.90	.48	<.001
IPV	→			Info → PTG	.00	.73	.48	<.001
IPV	→	Barriers	Discl.	→ PTG	-.01	.18	.48	<.001
IPV	→	Barriers	Emoc.	→ PTG	.01	.50	.48	<.001
IPV	→	Barriers	Tangible	→ PTG	-.00	.27	.48	<.001
IPV	→	Barriers		Info → PTG	.00	.73	.48	<.001
IPV	→		Discl. Emoc.	→ PTG	.02	.14	.48	<.001
IPV	→		Discl. Tangible	→ PTG	.01	.73	.48	<.001
IPV	→		Discl. Info	→ PTG	-.00	.54	.48	<.001
IPV	→	Barriers	Discl. Emoc.	→ PTG	-.00	.27	.48	<.001
IPV	→	Barriers	Discl. Tangible	→ PTG	-.00	.54	.48	<.001
IPV	→	Barriers	Discl. Info	→ PTG	.00	.73	.48	<.001

Note. $N = 244$; β - beta coefficient, p - level of significance; *IPV* - intimate partner violence; *Barriers* - number of barriers to disclosure; *PTG* - posttraumatic growth; *Discl.* - number of sources of disclosure; *Emoc.*- emotional support, *Info* - informational support

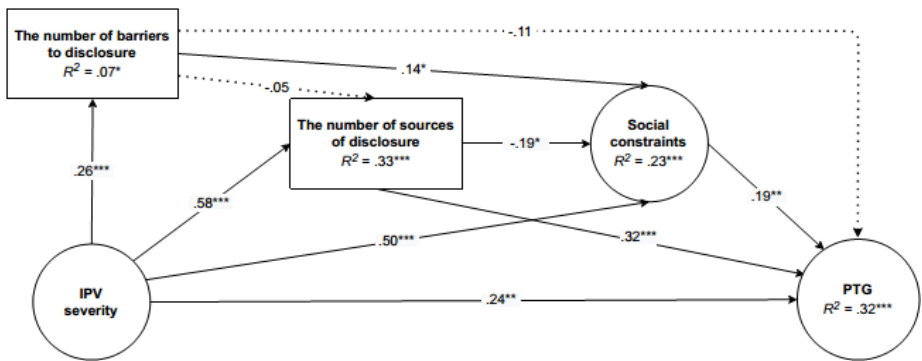
5.2 The Posttraumatic Growth Model of Women Survivors of Intimate Partner Violence: The Role of Barriers to Disclosure, Sources of Disclosure and Social Constraints

The tested PTG model with the number of barriers to disclosure, the number of sources of disclosure and social constraints as mediators and IPV as a predictor fitted the data well. The results revealed that out of all variables, IPV, the number of sources of disclosure and social constraints was directly positively linked to PTG (see Figure 2). A significant indirect link was found between IPV and PTG through the number of sources of disclosure and through social constraints (see Table 2 and Table 2A). The results suggest that the number of

sources of disclosure and social support partially mediated the link between IPV and PTG. The model explained 32 % of the variance in PTG. Moreover, the number of sources of disclosure was found weakly significantly negatively linked to social constraints, and the number of barriers to disclosure was found weakly significantly positively linked to social constraints.

Figure 2

The Model of Posttraumatic Growth of Women Survivors of Intimate Partner Violence with Barriers to Disclosure, Sources of Disclosure and Social Constraints as Mediators



Note. Estimator WLSMV. Model fit $\chi^2 = 3133.82 (2194)$, $p < .001$, CFI = .95, TLI = .95, RMSEA = .04, RMSEA 90 % CI [.04 - .05]. $^{***}p < .001$, $^{**}p < .01$, $^*p < .05$, $^+p < .10$. Thin solid line arrow - direct link, dotted line arrow - insignificant link.

Table 2

Links between Intimate Partner Violence and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure and Social Constraints

Predictor	Mediator	Dependent variable	Indirect effect		Total effect	
			β	<i>p</i>	β	<i>p</i>
IPV →	Barriers	→ PTG	-.03	.17	.48	<.001
IPV →	Discl.	→ PTG	.19	<.001	.48	<.001
IPV →	Constraints	→ PTG	.10	.02	.48	<.001
IPV →	Barriers Discl.	→ PTG	-.00	.38	.48	<.001
IPV →	Barriers Constraints	→ PTG	.01	.14	.48	<.001
IPV →	Discl. Constraints	→ PTG	-.02	.11	.48	<.001
IPV →	Barriers Discl. Constraints	→ PTG	.00	.42	.48	<.001

Note. N = 244; β - beta coefficient, *p* - level of significance; *IPV* - Severity of intimate partner violence; *Barriers* - number of barriers to disclosure; *PTG* - posttraumatic growth; *Discl.* - number of sources of disclosure; *Constraints* - social constraints.

In summary, both hypotheses were partially accepted. In the sample of women survivors of male intimate partner violence, the number of sources of disclosure significantly mediated the link between IPV (severe combined abuse, sexual abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, economic exploitation) and PTG when controlling for the number of barriers to disclosure, the number of sources of disclosure, emotional, tangible and informational support. The model of posttraumatic growth of women survivors of different forms of intimate partner violence with barriers to disclosure, sources of disclosure, tangible, emotional, and informational support as mediators was verified empirically to a substantial extent and explained 26 % to 31 % of the variance in PTG.

Finally, when analysing the model of posttraumatic growth of women survivors of intimate partner violence with barriers to disclosure, sources of disclosure and social constraints as mediators, several variables acted as mediators of the link between IPV and PTG. In the sample of women survivors

of male intimate partner violence, the number of sources of disclosure significantly mediated the link between IPV (severe combined abuse, sexual abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, and economic exploitation) and PTG. As well as social constraints significantly mediated the link between IPV (severe combined abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, and economic exploitation) and PTG. Thus, the model of posttraumatic growth of women survivors of different forms of intimate partner violence with barriers to disclosure, sources of disclosure and social constraints as mediators was verified empirically to a substantial extent and explained 29 to 33 % of the variance in PTG. Moreover, the number of barriers to disclosure was significantly positively linked to social constraints, and the number of sources of disclosure was significantly positively linked to social constraints. While the number of sources of disclosure was significantly positively linked to emotional support, informational support, and tangible support and significantly negatively with social constraints.

6. DISCUSSION

Intimate partner violence has many negative effects on women's bio-psycho-social well-being (Hisasue et al., 2020; Walker, 2017). Various surveys reveal that one in three women experience physical and or sexual male IPV (WHO, 2021), while every second woman experiences emotional and psychological violence (Žukauskienė, Kaniušonytė, Bakaitytė et al., 2021), and there is evidence suggesting that close to every woman had experienced controlling partner behaviour at least once in their lifetime (WHO, 2005). Global, regional and national efforts are put in to address and prevent these atrocities from happening in the first place. However, many women still go through these negative experiences.

Research findings suggest that there are ways to overcome trauma and even emerge from it transformed. Survivors talk about positive changes after

experiencing trauma, mainly known as posttraumatic growth (PTG), that occur in several domains of a person's life. However, it is important to stress that trauma is never a desirable or proposed experience. The main principle of PTG theory is that PTG does not develop simply because a person suffered a traumatic event. Though, because of the efforts the person put into overcoming the trauma (Tedeschi et al., 2018). Evidence suggests that positive and negative changes after trauma, such as posttraumatic growth and posttraumatic stress disorder, can co-occur (Schubert et al., 2016). Thus, even though a person can experience PTG, that does not mean that their other experiences are positive or that they have overcome the negative effects that the trauma had on their bio-psycho-social well-being.

However, little is known about PTG in women survivors of IPV and what factors promote or hinder it. Thus, to address the knowledge gap in the literature and to determine which are those factors, in this dissertation, several potential mediators (the number of barriers to disclosure, the number of sources of disclosure, emotional support, tangible support, informational support, and social constraints) of the link between IPV and PTG were examined. Also, an interconnection between the social variables was explored. Moreover, paths evaluation was performed in the case of IPV as well as in the cases of eight different forms of IPV (severe combined abuse, sexual abuse, physical abuse, emotional abuse, harassment, economic control, economic exploitation, and employment sabotage).

The results of this dissertation revealed that PTG is a complex phenomenon that is common among women survivors of IPV. The findings of this dissertation correspond with Grubaugh and Resick (2007), as an overwhelming majority of the study participants (90.6 %) reported growth. As was expected, PTG was positively correlated with IPV, meaning that the more traumatic experiences women face, the greater PTG a person experiences. When controlling for other social variables, not all forms of IPV were linked to PTG, as some dynamics were more related to mediating effect of certain social factors.

Only the number of sources of disclosure and social constraints were fo-

und to be mediating the link between IPV and PTG. Thus, the first hypothesis was partially accepted. The findings of this dissertation suggest that there are two paths to growth: a challenging one and a positive one. The challenging path to PTG for the women survivors of IPV would be accruing through social constraints. That is, the more severe and frequent IPV the women experience, the more negative reactions to disclosure (social constraints) they face, which leads to the greater level of PTG they experience. The previous study (Ullman, 2014) expected a negative association between the two variables. Thus, the direction of the found link between social constraints and PTG was unexpected. Similarly to our findings, Guruge et al. (2012) found that negative social reactions, or as they coined it, social conflict, had a more critical role in explaining IPV effects on women survivors' well-being than other factors like social support. More so, research findings suggest that an inappropriate reaction to the disclosure, such as non-support or social constraints, can exacerbate trauma (Smith & Freyd, 2013). Thus, it is also possible that social constraints were perceived as another negative experience that the women needed to overcome, which possibly led to a greater experience of PTG. It is important to stress that the results do not suggest that negative reactions to women's disclosures of IPV, such as social constraints, should be practised or promoted. On the contrary, it should be tackled and stopped as it only burdens women's experiences even further.

The second path, the positive one, would be through more positive social factors, such as the number of sources of disclosure. The results suggest that the quantity of disclosures is one of the strongest linked to greater PTG. More importantly, the number of sources of disclosure was found to be a complete mediator between sexual abuse and PTG. In other words, for women who experienced sexual abuse, extended disclosure was paramount as it led to their greater experience of posttraumatic growth. Findings of previous studies show that the disclosure of IPV is not very common (FRA, 2014) and linked to the severity of IPV (Choi et al., 2018), and often delayed (Boyle et al., 2006). Thus, already the fact that the women were strong enough to disclose it and do so to several people could be the point where women start to process the trauma and

see their strength and growth.

In addition, a link between the social factors was also explored to understand better the paths that lead to PTG in the women survivors of IPV. Not all presumed paths were confirmed. For example, the accumulated barriers were not found to be linked to the number of sources of disclosure. The specific barrier may affect the disclosure itself, but some other factors, as was found in this dissertation, the severity of IPV, affect the quantity of it. On the other hand, it appears that the more barriers the women faced, the more negative reactions, i.e. social constraints, they received from their environment. It is very likely that the cultural attitudes towards women *per se* and women survivors of IPV affected both survivors of IPV and their environment. Thus, in a way, the barriers the women face to disclosure were mirrored by their environment and manifested as social constraints, i.e. unsupportive behaviour.

The number of sources of disclosure was positively linked with emotional, informational and tangible supports and negatively linked to social constraints. Thus, the findings suggest that by expanding the disclosure circle and disclosing IPV experience to more people from various potential help groups, the women increase their chances of receiving greater support of various forms and decrease the chance of experiencing social constraints. The negative link between disclosure and social constraints was unexpected. These findings hallmark the importance not only of disclosure but of multiple disclosures that expand the circle of possible help sources and increase the likelihood of receiving positive social reactions after disclosure of IPV.

In conclusion, it could be said that most of the social factors analysed in this dissertation significantly directly or indirectly promote PTG in women survivors of IPV, which in turn provides a powerful positive effect among many negative ones. Moreover, this study provides insight into the paths leading to growth. On the basis of these findings, a few suggestions to improve the revised model of PTG (Tedeschi et al., 2018) are offered. *First*, self-disclosure is a key element of the PTG process, more so is the quantity of it. As women survivors of IPV seldom fully disclose their IPV experiences (Dunham & Senn, 2000),

the quantity of the disclosure becomes paramount for trauma processing and obtainment of help and support. Thus, the quantity of disclosure should be added to the PTG model marking its significance to women survivors of interpersonal violence. *Second*, in the current PTG model, sociocultural influences reflect only on positive aspects, such as social support. The findings of this dissertation, and a few other studies (Sylaska & Edwards, 2014; Ullman, 2014), highlight the reality of women survivors of IPV to whom negative social reactions to their disclosure of IPV are common. Moreover, these negative social reactions, especially social constraints, seem to have a significant role and can possibly overpower the positive ones, especially for women survivors of IPV.

6.1 Limitations and Future Research

Some limitations should also be noted and considered when interpreting the results. A first-potential limitation concerns the generalizability of the study results due to the convenience sample and cross-sectional design of the study that does not allow for the determination of causal links. Future studies should try to obtain representative samples so that the study findings can be applied to the greater part of the population and attempt to collect data in a longitudinal study for determining causality.

Another limitation was related to the time element, which could not be accounted for in this study. Research suggests that time has an effect on PTG after trauma (Wu et al., 2019). However, when exploring the effect of the lifetime experience of IPV, it is difficult to account for it as other variables such as the number of perpetrators, time in an abusive relationship, leaving and returning process, post-separation abuse, and others should be accounted for in order to understand the significance of time after the trauma. Moreover, it should be taken into account that the women participating in the research can already be characteristic of PTG. Thus, the longitudinal design could help identify the process of PTG and causal relationships and their stability over time.

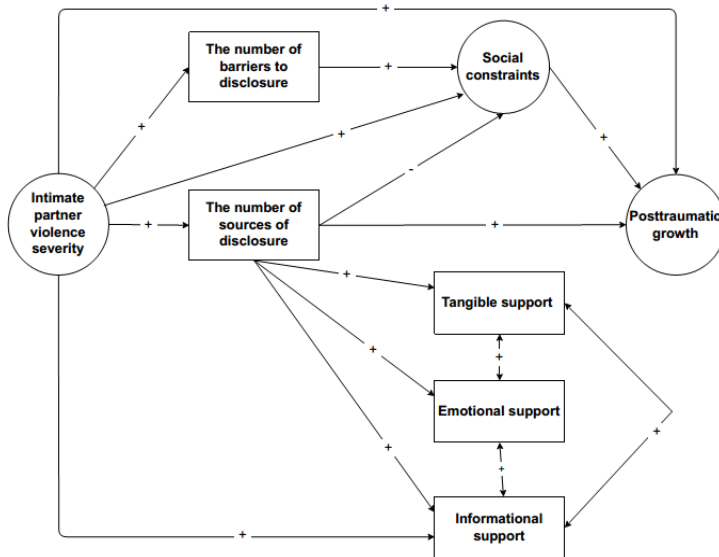
A recall bias is one of the limitations common in retrospective research. The participants of this dissertation were asked to evaluate their lifetime IPV

experience as well as other experiences. In addition, asking to recall different experiences at different time points could also burden the interpretation of the results of this study. Controlling for age could add to a better understanding of time's effect on women's experiences as the experiences of younger and older women could be reflected too.

Finding research participants, especially those with a specific traumatic experience, is a challenge. Thus, the recruitment of study participants from various sources poses another limitation. Further research should strive to obtain the sample through one recruitment strategy instead of several to ensure sample homogeneity as much as possible. Also, a larger sample would have allowed for greater power. Thus, for future research, the author of this dissertation proposes a conceptual model of posttraumatic growth of women survivors of intimate partner violence to be tested with a larger sample (see Figure 3).

Figure 3

The Conceptual Model of Posttraumatic Growth of Women Survivors of Intimate Partner Violence



Also, a potential limitation of the study is linked to high Cronbach's alphas on some of the scales. Acceptable Cronbach's alpha values range from .70 to .95 (De Vellis, 2003). In this study, an attempt to analyse more forms of IPV and include all distinct behaviours listed in the scales resulted in a longer questionnaire that could have inflated the reliability scores (Tavakol & Dennick, 2011). Revising or using the shorter versions of the scales for future studies would be beneficial.

Another possible limitation of this study is related to barriers to disclosure and sources of disclosure. In this dissertation, the quantity of both variables was chosen to be included in the model. However, future studies should analyse the role of specific barriers and sources of help for growth development.

6.2 Implications and Recommendations

The findings of this dissertation expand the previous knowledge of both trauma psychology and positive psychology. Thus, several practical and theoretical implications can be drawn from the findings of this dissertation. For example, many women still experience barriers to disclosure (56.6 %) and social constraints (88.1 %) when disclosing, and the more reasons women have that keep them from disclosing intimate partner violence, the more likely they are to experience negative reactions to their disclosure. Thus, further efforts are needed from decision-makers:

Prepare and Adopt a National Strategy for Combating Violence against Women and Domestic Violence. The findings of this dissertation signal systemic issues in combating violence against women. Currently, Lithuania has no national strategy for combating violence against women and domestic violence. No real change can be accomplished without coordinated, monitored, and properly funded actions. Thus, Lithuania urgently must prepare and adopt a national strategy that outlay the actions of the national government encompassing all relevant ministries, such as the Ministry of Justice, Ministry of Interior, Ministry of Social Security and Labour, Ministry of Education, Science and Sports, Ministry of Health, Ministry of Finances, Ministry of Economy and

Innovation, including municipal level and highlighting the role of civil society. Proper financial resources should be allocated for the implementation of the strategy.

Ratify The Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence. Recent legal changes in Lithuania weakened both protection of and help provision for women survivors of intimate partner violence (Vasiliauskė, 2021). Lithuania must make urgent systemic changes in addressing violence against women to remedy the situation and prevent it from degrading even further. One of the most important would be to ratify and implement the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence. By implementing the Convention, which aims to prevent domestic violence, protect victims, and hold perpetrators accountable, Lithuania would establish a comprehensive legal framework to combat violence against women.

Strengthen Awareness-Raising. More efforts to strengthen awareness-raising regarding IPV are needed. The public should be educated on recognising the signs of abuse and expanding the understanding of IPV as not just physical abuse. Campaigns should target and counter negative attitudes towards women survivors of IPV. In these campaigns, the public should also be provided with information on how they can support the women survivors of IPV as well as be encouraged to show their support.

Strive for Better Training Programs for Professionals Coming in Contact with the Survivors of IPV. Better training programs for formal help and protection sources, together with better victim-cantered practices, should be implemented. These changes should help reduce the number of barriers to disclosure as well as improve the response to disclosure, both from informal and formal settings.

Development and Implementation of Special PTG Protocols. The healthcare and SCHCs practices should be informed with trauma psychology and PTG theory, which could contribute to reducing social constraints and increa-

sing social support. Thus, special protocols addressing PTG in survivors of IPV could help the specialists raise their awareness of signs of PTG and help the women recognise them.

The findings of the dissertation highlight the importance of the quantity of disclosure as it was associated with a lesser likelihood of experiencing negative social reactions to disclosure of intimate partner violence, a higher likelihood of experiencing social support and greater posttraumatic growth. Thus, further recommendations for the specialist coming in contact with women survivors of intimate partner violence as well as for the survivors themselves are provided:

Greater Efforts Should be Put into Referring the Women to SCHCs.

The specialists that come in contact with the women survivors of male IPV should be advised to refer their clients to specialised help sources such as Specialized Complex Help centres (SCHCs) and encourage their clients to wider disclosure. Referrals to SCHCs increase the chance of women receiving specialised complex help and expand the quantity of the disclosure even further, which can lead to greater posttraumatic growth.

Proactive Screening of IPV Experience. Specialists, especially health-care professionals, should proactively ask their clients about their IPV experiences. Moreover, the disclosure should be met with support and further referrals for specialized help.

Disclosure and Help-Seeking are Paramount. Disclosure is essential for trauma processing as it can help find meaning in what happened and help obtain an insight into the experiences. Moreover, disclosure to a wider circle can increase the chance of finding support. Even if women survivors of male IPV face social constraints, expanding the circle of sources to whom they disclose their experience decreases the likelihood of experiencing this negative social reaction and increases their chances of experiencing posttraumatic growth. Thus, disclosure and help-seeking are paramount, and help is out there.

7. CONCLUSIONS

1. In this sample of women survivors of intimate partner violence disclosure (the number of sources of disclosure) and social constraints mediate the link between intimate partner violence (severe combined abuse, sexual abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, and economic exploitation) and posttraumatic growth:
 - 1.1. The number of sources of disclosure significantly mediates the link between intimate partner violence (severe combined abuse, sexual abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, and economic exploitation) and posttraumatic growth when controlling for the number of barriers to disclosure emotional, tangible and informational support; In other words, greater posttraumatic growth can occur in women survivors of different forms of intimate partner violence who disclose the abuse the widest.
 - 1.2. The number of sources of disclosure significantly mediates the link between intimate partner violence (severe combined abuse, sexual abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, and economic exploitation) and posttraumatic growth when controlling for the number of barriers to disclosure and social constraints;
 - 1.3. Social constraints significantly mediate the link between intimate partner violence (severe combined abuse, emotional abuse, physical abuse, harassment, employment sabotage, economic control, and economic exploitation) and posttraumatic growth when controlling for the number of barriers to disclosure and the number of sources of disclosure. In other words, greater posttraumatic growth can occur in women survivors of different forms of intimate partner violence who endure negative reactions to the disclosure of intimate partner

violence experience.

2 In this sample of women survivors of intimate partner violence disclosure (the number of barriers to disclosure, the number of sources of disclosure), social constraints and social support (emotional support, informational support, and tangible support) are interlinked:

2.1 The number of barriers to disclosure is significantly positively linked to social constraints. In other words, the women who face a greater number of reasons that keep them from disclosing intimate partner violence more often experience negative social reactions to their disclosure.

2.2 The number of sources of disclosure is significantly positively linked to emotional, tangible and informational support and significantly negatively linked to social constraints. In other words, the women who disclose their experience of intimate partner violence the widest more often experience various forms of social support and less negative social reactions to their disclosure.

APPENDIX

Table 1A

Links between Various Forms of Intimate Partner Violence and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure, Emotional, Tangible, and Informational Support

Predictor	Mediator	Dependent variable	Indirect effect		Total effect	
			β	p	β	p
IPV →	Discl.	→ PTG	.14	.01	.48	<.001
S. combined →	Discl.	→ PTG	.15	<.001	.33	<.001
Sexual →	Discl.	→ PTG	.15	<.001	.31	<.001
Emotional →	Discl.	→ PTG	.15	.00	.42	<.001
Physical →	Discl.	→ PTG	.16	.00	.38	<.001
Harassment →	Discl.	→ PTG	.14	.001	.44	<.001
E. sabotage →	Discl.	→ PTG	.14	<.001	.41	<.001
E. control →	Discl.	→ PTG	.14	.001	.44	<.001
E. exploit. →	Discl.	→ PTG	.12	.001	.42	<.001
IPV →	Emoc.	→ PTG	-.01	.46	.48	<.001
S. combined →	Emoc.	→ PTG	.00	.91	.33	<.001
Sexual →	Emoc.	→ PTG	-.00	.88	.31	<.001
Emotional →	Emoc.	→ PTG	-.01	.41	.42	<.001
Physical →	Emoc.	→ PTG	.00	.87	.38	<.001
Harassment →	Emoc.	→ PTG	.00	.80	.44	<.001
E. sabotage →	Emoc.	→ PTG	.001	.56	.41	<.001
E. control →	Emoc.	→ PTG	-.00	.75	.44	<.001
E. exploit. →	Emoc.	→ PTG	.00	.76	.42	<.001
IPV →	Tangible	→ PTG	.00	.90	.48	<.001
S. combined →	Tangible	→ PTG	.01	.53	.33	<.001
Sexual →	Tangible	→ PTG	.01	.51	.31	<.001
Emotional →	Tangible	→ PTG	-.01	.44	.42	<.001
Physical →	Tangible	→ PTG	.01	.50	.38	<.001
Harassment →	Tangible	→ PTG	.01	.53	.44	<.001
E. sabotage →	Tangible	→ PTG	.01	.75	.41	<.001
E. control →	Tangible	→ PTG	.00	.63	.44	<.001
E. exploit. →	Tangible	→ PTG	.00	.57	.42	<.001
IPV →		Info → PTG	.00	.73	.48	<.001
S. combined →		Info → PTG	.01	.53	.33	<.001
Sexual →		Info → PTG	.01	.51	.31	<.001
Emotional →		Info → PTG	.01	.61	.42	<.001
Physical →		Info → PTG	.01	.57	.38	<.001

Harassment	→			Info	→	PTG	.00	.84	.44	<.001
E. sabotage	→			Info	→	PTG	.01	.54	.41	<.001
E. control	→			Info	→	PTG	.01	.59	.44	<.001
E. exploit.	→			Info	→	PTG	.00	.52	.42	<.001
IPV	→	Barriers			→	PTG	-.02	.38	.48	<.001
S. combined	→	Barriers			→	PTG	-.02	.47	.33	<.001
Sexual	→	Barriers			→	PTG	-.01	.67	.31	<.001
Emotional	→	Barriers			→	PTG	-.01	.60	.42	<.001
Physical	→	Barriers			→	PTG	-.01	.65	.38	<.001
Harassment	→	Barriers			→	PTG	-.03	.28	.44	<.001
E. sabotage	→	Barriers			→	PTG	-.02	.43	.41	<.001
E. control	→	Barriers			→	PTG	-.01	.49	.44	<.001
E. exploit.	→	Barriers			→	PTG	-.00	.72	.42	<.001
IPV	→	Barriers	Discl.		→	PTG	-.01	.18	.48	<.001
S. combined	→	Barriers	Discl.		→	PTG	-.01	.42	.33	<.001
Sexual	→	Barriers	Discl.		→	PTG	.00	.94	.31	<.001
Emotional	→	Barriers	Discl.		→	PTG	-.00	.72	.42	<.001
Physical	→	Barriers	Discl.		→	PTG	-.01	.90	.38	<.001
Harassment	→	Barriers	Discl.		→	PTG	-.00	.46	.44	<.001
E. sabotage	→	Barriers	Discl.		→	PTG	-.00	.73	.41	<.001
E. control	→	Barriers	Discl.		→	PTG	-.00	.81	.44	<.001
E. exploit.	→	Barriers	Discl.		→	PTG	.00	.47	.42	<.001
IPV	→		Discl.	Emoc.	→	PTG	.02	.14	.48	<.001
S. combined	→		Discl.	Emoc.	→	PTG	.01	.23	.33	<.001
Sexual	→		Discl.	Emoc.	→	PTG	.01	.22	.31	<.001
Emotional	→		Discl.	Emoc.	→	PTG	.02	.21	.42	<.001
Physical	→		Discl.	Emoc.	→	PTG	.01	.25	.38	<.001
Harassment	→		Discl.	Emoc.	→	PTG	.01	.20	.44	<.001
E. sabotage	→		Discl.	Emoc.	→	PTG	.01	.24	.41	<.001
E. control	→		Discl.	Emoc.	→	PTG	.01	.17	.44	<.001
E. exploit.	→		Discl.	Emoc.	→	PTG	.01	.23	.42	<.001
IPV	→	Barriers		Emoc.	→	PTG	.01	.50	.48	<.001
S. combined	→	Barriers		Emoc.	→	PTG	-.00	.36	.33	<.001
Sexual	→	Barriers		Emoc.	→	PTG	-.00	.38	.31	<.001
Emotional	→	Barriers		Emoc.	→	PTG	-.00	.38	.42	<.001
Physical	→	Barriers		Emoc.	→	PTG	-.00	.36	.38	<.001
Harassment	→	Barriers		Emoc.	→	PTG	-.00	.32	.44	<.001
E. sabotage	→	Barriers		Emoc.	→	PTG	-.00	.32	.41	<.001
E. control	→	Barriers		Emoc.	→	PTG	-.00	.34	.44	<.001

E. exploit.	→	Barriers	Emoc.	→	PTG	-.00	.38	.42	<.001	
IPV	→		Discl.	Tangible	→	PTG	.01	.73	.48	<.001
S. combined	→		Discl.	Tangible	→	PTG	.01	.47	.33	<.001
Sexual	→		Discl.	Tangible	→	PTG	.01	.50	.31	<.001
Emotional	→		Discl.	Tangible	→	PTG	.02	.27	.42	<.001
Physical	→		Discl.	Tangible	→	PTG	.01	.48	.38	<.001
Harassment	→		Discl.	Tangible	→	PTG	.01	.53	.44	<.001
E. sabotage	→		Discl.	Tangible	→	PTG	.00	.76	.41	<.001
E. control	→		Discl.	Tangible	→	PTG	.01	.48	.44	<.001
E. exploit.	→		Discl.	Tangible	→	PTG	.01	.54	.42	<.001
IPV	→	Barriers		Tangible	→	PTG	-.00	.27	.48	<.001
S. combined	→	Barriers		Tangible	→	PTG	-.00	.53	.33	<.001
Sexual	→	Barriers		Tangible	→	PTG	-.00	.56	.31	<.001
Emotional	→	Barriers		Tangible	→	PTG	-.00	.49	.42	<.001
Physical	→	Barriers		Tangible	→	PTG	-.00	.55	.38	<.001
Harassment	→	Barriers		Tangible	→	PTG	-.00	.57	.44	<.001
E. sabotage	→	Barriers		Tangible	→	PTG	-.00	.77	.41	<.001
E. control	→	Barriers		Tangible	→	PTG	-.00	.55	.44	<.001
E. exploit.	→	Barriers		Tangible	→	PTG	-.00	.60	.42	<.001
IPV	→		Discl.	Info	→	PTG	-.00	.54	.48	<.001
S. combined	→		Discl.	Info	→	PTG	.01	.50	.33	<.001
Sexual	→		Discl.	Info	→	PTG	.01	.49	.31	<.001
Emotional	→		Discl.	Info	→	PTG	.01	.60	.42	<.001
Physical	→		Discl.	Info	→	PTG	.01	.57	.38	<.001
Harassment	→		Discl.	Info	→	PTG	.00	.84	.44	<.001
E. sabotage	→		Discl.	Info	→	PTG	.01	.52	.41	<.001
E. control	→		Discl.	Info	→	PTG	.01	.58	.44	<.001
E. exploit.	→		Discl.	Info	→	PTG	.01	.42	.42	<.001
IPV	→	Barriers		Info	→	PTG	.00	.73	.48	<.001
S. combined	→	Barriers		Info	→	PTG	-.00	.52	.33	<.001
Sexual	→	Barriers		Info	→	PTG	-.00	.54	.31	<.001
Emotional	→	Barriers		Info	→	PTG	-.00	.62	.42	<.001
Physical	→	Barriers		Info	→	PTG	-.00	.60	.38	<.001
Harassment	→	Barriers		Info	→	PTG	-.00	.84	.44	<.001
E. sabotage	→	Barriers		Info	→	PTG	-.00	.55	.41	<.001
E. control	→	Barriers		Info	→	PTG	-.00	.60	.44	<.001
E. exploit.	→	Barriers		Info	→	PTG	-.00	.49	.42	<.001
IPV	→	Barriers	Discl.	Emoc.	→	PTG	-.00	.27	.48	<.001

S. combined	→	Barriers	Discl.	Emoc.	→	PTG	.00	.48	.33	<.001
Sexual	→	Barriers	Discl.	Emoc.	→	PTG	.00	.94	.31	<.001
Emotional	→	Barriers	Discl.	Emoc.	→	PTG	.00	.72	.42	<.001
Physical	→	Barriers	Discl.	Emoc.	→	PTG	.00	.90	.38	<.001
Harassment	→	Barriers	Discl.	Emoc.	→	PTG	.00	.51	.44	<.001
E. sabotage	→	Barriers	Discl.	Emoc.	→	PTG	.00	.74	.41	<.001
E. control	→	Barriers	Discl.	Emoc.	→	PTG	.00	.81	.44	<.001
E. exploit.	→	Barriers	Discl.	Emoc.	→	PTG	.00	.53	.42	<.001
IPV	→	Barriers	Discl.	Tangible	→	PTG	-.00	.54	.48	<.001
S. combined	→	Barriers	Discl.	Tangible	→	PTG	.00	.58	.33	<.001
Sexual	→	Barriers	Discl.	Tangible	→	PTG	.00	.94	.31	<.001
Emotional	→	Barriers	Discl.	Tangible	→	PTG	.00	.72	.42	<.001
Physical	→	Barriers	Discl.	Tangible	→	PTG	.00	.91	.38	<.001
Harassment	→	Barriers	Discl.	Tangible	→	PTG	.00	.63	.44	<.001
E. sabotage	→	Barriers	Discl.	Tangible	→	PTG	.00	.82	.41	<.001
E. control	→	Barriers	Discl.	Tangible	→	PTG	.00	.82	.44	<.001
E. exploit.	→	Barriers	Discl.	Tangible	→	PTG	.00	.63	.42	<.001
IPV	→	Barriers	Discl.	Info	→	PTG	.00	.73	.48	<.001
S. combined	→	Barriers	Discl.	Info	→	PTG	.00	.60	.33	<.001
Sexual	→	Barriers	Discl.	Info	→	PTG	.00	.94	.31	<.001
Emotional	→	Barriers	Discl.	Info	→	PTG	.00	.76	.42	<.001
Physical	→	Barriers	Discl.	Info	→	PTG	.00	.91	.38	<.001
Harassment	→	Barriers	Discl.	Info	→	PTG	.00	.85	.44	<.001
E. sabotage	→	Barriers	Discl.	Info	→	PTG	.00	.76	.41	<.001
E. control	→	Barriers	Discl.	Info	→	PTG	.00	.83	.44	<.001
E. exploit.	→	Barriers	Discl.	Info	→	PTG	.00	.58	.42	<.001

Note. β - beta coefficient, p - level of significance; *IPV* - Severity of overall intimate partner violence experience; *Barriers* - number of barriers to disclosure; *PTG* - posttraumatic growth; *Discl.* - number of sources of disclosure; *Tangible* - tangible support.

Table 2A*The Results of Data Normality Test of Composite Abuse Scale**Links between Various Forms of Intimate Partner Violence and Posttraumatic Growth Mediated by Number of Barriers to Disclosure, Number of Sources of Disclosure and Social Constraints*

Predictor	Mediator	Dependent variable	Indirect effect		Total effect	
			β	p	β	p
IPV	→ Barriers	→ PTG	-.03	.17	.48	<.001
Severe combined abuse	→ Barriers	→ PTG	-.04	.19	.33	<.001
Sexual abuse	→ Barriers	→ PTG	.04	.18	.23	.05
Emotional abuse	→ Barriers	→ PTG	-.02	.25	.43	<.001
Physical abuse	→ Barriers	→ PTG	-.02	.23	.38	<.001
Harassment	→ Barriers	→ PTG	-.04	.11	.44	<.001
Employment sabotage	→ Barriers	→ PTG	-.03	.20	.41	<.001
Economic control	→ Barriers	→ PTG	-.02	.22	.43	<.001
Economic exploitation	→ Barriers	→ PTG	-.01	.35	.42	<.001
IPV	→ Discl.	→ PTG	.19	<.001	.48	<.001
Severe combined abuse	→ Discl.	→ PTG	.18	<.001	.33	<.001
Sexual abuse	→ Discl.	→ PTG	.17	<.001	.23	.05
Emotional abuse	→ Discl.	→ PTG	.22	<.001	.43	<.001
Physical abuse	→ Discl.	→ PTG	.19	<.001	.38	<.001
Harassment	→ Discl.	→ PTG	.17	<.001	.44	<.001
Employment sabotage	→ Discl.	→ PTG	.17	<.001	.41	<.001
Economic control	→ Discl.	→ PTG	.18	<.001	.43	<.001
Economic exploitation	→ Discl.	→ PTG	.15	<.001	.42	<.001
IPV	→ Constraints	→ PTG	.10	.02	.48	<.001
Severe combined abuse	→ Constraints	→ PTG	.08	.01	.33	<.001
Sexual abuse	→ Constraints	→ PTG	-.02	.31	.23	.05
Emotional abuse	→ Constraints	→ PTG	.12	.01	.43	<.001
Physical abuse	→ Constraints	→ PTG	.05	.04	.38	<.001
Harassment	→ Constraints	→ PTG	.07	.02	.44	<.001
Employment sabotage	→ Constraints	→ PTG	.08	.02	.41	<.001

Economic control	→			Constraints	→	PTG	.10	.01	.43	<.001
Economic exploitation	→			Constraints	→	PTG	.07	.01	.42	<.001
IPV	→	Barriers	Discl.		→	PTG	-.00	.38	.48	<.001
Severe combined abuse	→	Barriers	Discl.		→	PTG	-.01	.41	.33	<.001
Sexual abuse	→	Barriers	Discl.		→	PTG	.00	.99	.23	.05
Emotional abuse	→	Barriers	Discl.		→	PTG	-.00	.71	.43	<.001
Physical abuse	→	Barriers	Discl.		→	PTG	-.00	.90	.38	<.001
Harassment	→	Barriers	Discl.		→	PTG	-.01	.46	.44	<.001
Employment sabotage	→	Barriers	Discl.		→	PTG	-.00	.73	.41	<.001
Economic control	→	Barriers	Discl.		→	PTG	-.00	.82	.43	<.001
Economic exploitation	→	Barriers	Discl.		→	PTG	.00	.47	.42	<.001
IPV	→	Barriers		Constraints	→	PTG	.01	.14	.48	<.001
Severe combined abuse	→	Barriers		Constraints	→	PTG	.01	.14	.33	<.001
Sexual abuse	→	Barriers		Constraints	→	PTG	.01	.09	.23	.05
Emotional abuse	→	Barriers		Constraints	→	PTG	.01	.11	.43	<.001
Physical abuse	→	Barriers		Constraints	→	PTG	.01	.07	.38	<.001
Harassment	→	Barriers		Constraints	→	PTG	.01	.13	.44	<.001
Employment sabotage	→	Barriers		Constraints	→	PTG	.01	.12	.41	<.001
Economic control	→	Barriers		Constraints	→	PTG	.01	.12	.43	<.001
Economic exploitation	→	Barriers		Constraints	→	PTG	.01	.16	.42	<.001
IPV	→		Discl.	Constraints	→	PTG	-.02	.11	.48	<.001
Severe combined abuse	→		Discl.	Constraints	→	PTG	-.01	.52	.33	<.001
Sexual abuse	→		Discl.	Constraints	→	PTG	.00	.65	.23	.05
Emotional abuse	→		Discl.	Constraints	→	PTG	-.03	.09	.43	<.001
Physical abuse	→		Discl.	Constraints	→	PTG	-.00	.88	.38	<.001
Harassment	→		Discl.	Constraints	→	PTG	.01	.13	.44	<.001
Employment sabotage	→		Discl.	Constraints	→	PTG	-.01	.43	.44	<.001
Economic control	→		Discl.	Constraints	→	PTG	-.02	.13	.43	<.001
Economic exploitation	→		Discl.	Constraints	→	PTG	-.01	.52	.42	<.001
IPV	→	Barriers	Discl.	Constraints	→	PTG	.00	.42	.48	<.001
Severe combined abuse	→	Barriers	Discl.	Constraints	→	PTG	.00	.51	.33	<.001
Sexual abuse	→	Barriers	Discl.	Constraints	→	PTG	.00	.99	.23	.05

Emotional abuse	→	Barriers	Discl.	Constraints	→	PTG	.00	.71	.43	<.001
Physical abuse	→	Barriers	Discl.	Constraints	→	PTG	.00	.92	.38	<.001
Harassment	→	Barriers	Discl.	Constraints	→	PTG	.00	.57	.44	<.001
Employment sabotage	→	Barriers	Discl.	Constraints	→	PTG	.00	.75	.41	<.001
Economic control	→	Barriers	Discl.	Constraints	→	PTG	.00	.82	.43	<.001
Economic exploitation	→	Barriers	Discl.	Constraints	→	PTG	.00	.63	.42	<.001

Note. β - beta coefficient, p - level of significance; *IPV* - Severity of overall intimate partner violence experience; *Barriers* - number of barriers to disclosure; *PTG* - posttraumatic growth; *Discl.* - number of sources of disclosure; *Constraints* - social constraints.

APPROBATION OF STUDY RESULTS

The research findings were approbated through participation in scientific and community conferences and articles in scholarly journals.

List of Scientific Publications Related to Dissertation:

1. **Vasiliauskaitė, Z.**, & Geffner, R. (2020). Eight Forms of Abuse: The Validation of Two Multidimensional Instruments of Intimate Partner Violence. *Psichologija*, (62), pp 56–68. DOI: <https://doi.org/10.15388/Psichol.2020.21>

2. **Vasiliauskaitė, Z.**, & Geffner, R. (2020). Reasons That Keep Women from Disclosing Intimate Partner Violence. *Social Work*, 18(2), 65–80. DOI: 10.13165/SD-20-18-2-05.

Other Relevant Publications over the Period of Doctoral Studies:

1. Vasiliauskienė, L., Dirmotaitė, E. & **Vasiliauskaitė, Z.** (2018). *Methodical Recommendations for Specialised Help Centres, Volunteers and Employees of the Institutions Implementing the Law on Protection from Violence in Immediate Surroundings. Second Edition, Vilnius, Lithuania.* ISBN: 978-9955-402-17-9

2. Vasiliauskienė, L., Dirmotaitė, E. & **Vasiliauskaitė, Z.** (2017). *Methodical Recommendations for Specialised Help Centres, Volunteers and Employees of the Institutions Implementing the Law on Protection from Violence in Immediate Surroundings. Vilnius, Lithuania.*

Presentations at Conferences on the Dissertation Topic:

1. Michailovič, I. & **Vasiliauskaitė, Z.** (2022, April). *Smurtas prieš moteris artimoje aplinkoje: problemos konceptualizavimo ir komunikavimo iššūkiai* [Intimate partner violence against women: challenges in problem conceptualization and communication]. [Conference session]. International Scientific Conference Expressions of Information and Communication Theory and Practice 2022. Vilnius, Lithuania.

2. **Vasiliauskaitė, Z.** (2021, November). Lietuvos pagalbos nuo smurto artimoje aplinkoje nukentėjusiems asmenims teikimo modelis Europos

istoriniame ir politiniame kontekstuose. Aktualios tendencijos, iššūkiai ir pasiekimai [The Lithuanian model of providing help and assistance to victims of domestic violence in European historical and political contexts: Current trends, challenges and achievements]. [Conference session]. *Moterų žmogaus teisės Lietuvoje 2021*. Lithuanian Parliament, Vilnius, Lithuania.

3. **Vasiliauskaitė, Z.** (2021, August). The European help provision model for women survivors of male IPV. Current trends, challenges and achievements [Keynote session]. The 26th International Virtual Summit. Empowering individuals, families, and communities to overcome collective trauma, San Diego, CA, United States.
4. **Vasiliauskaitė, Z.** (2021, May). *Priežastys, sulaikančios intymaus partnerio smurtą išgyvenusias moteris nuo smurtinių patirčių atskleidimo*. [Reasons preventing survivors of intimate partner violence from disclosing experiences of violence]. [Poster presentation]. The XVIII Young Psychology Researchers Conference, Vilnius, Lithuania.
5. **Vasiliauskaitė, Z.** (2021, May). *Smurto prieš moteris šeimoje vertinimo metodikos. Kaip išsirinkti geriausia?* [Assessment of domestic violence against women. How to choose the best inventory?]. [Conference session]. XVIII Young Psychology Researchers Conference, Vilnius, Lithuania.
6. **Vasiliauskaitė, Z.** & Geffner, R. (2020, August). *Reasons that keep women from disclosing intimate partner violence* [Poster presentation]. The 25th International Virtual Summit on Violence, Abuse and Trauma across the Lifespan, San Diego, CA, United States.
7. **Vasiliauskaute, Z.,** Naudi, M., Camilleri, L., & Geffner, R. (2020, August). *The link between help seeking and different types of intimate partner violence* [Poster presentation]. The 25th International Virtual Summit on Violence, Abuse and Trauma across the Lifespan. San Diego, CA, United States.
8. **Vasiliauskaitė, Z.,** & Geffner, R. (2020, August). *Eight types of abuse:*

The validation of two multidimensional instruments of intimate partner violence [Poster presentation]. The 25th International Virtual Summit on Violence, Abuse and Trauma across the Lifespan. San Diego, CA, United States.

9. Vasiliaske, L., H. & **Vasiliauskaitė, Z.** (2019, October). *Strengths-based, needs-led approach application in Lithuania: Achievements and challenges* [Conference session]. The 21st Wave Conference: 25 Years of Defending Women's Human Rights: Milestones and Visions for the Future, Tallinn, Estonia.
10. **Vasiliauskaitė, Z.** (2019, October). *Posttraumatic growth in women survivors of intimate partner violence. The importance of specialized complex help* [Conference session]. The International Conference Domestic Violence Cause, Consequences and Management, Vilnius, Lithuania.
11. Balunde, A. & **Vasiliauskaitė, Z.** (2019, October). *Theoretical considerations regarding the relationship between climate change-related disasters and violence against women* [Poster presentation]. The International Conference Domestic Violence Cause, Consequences and Management, Vilnius, Lithuania.
12. **Vasiliauskaitė, Z.** (2019, September). *Posttraumatic growth in women survivors of intimate partner violence. specialized complex help as a catalyst for growth* [Poster presentation]. The 24th International Summit on Violence, Abuse & Trauma across the Lifespan. San Diego, CA, United States.
13. **Vasiliauskaitė, Z.** (2019, July). *Posttraumatic growth in women victims of intimate partner violence. The importance of specialized complex help provision* [Conference session]. The XVI European Congress of Psychology. Moscow, Russia.
14. Vasiliaske, L., H., Dirmotaite, E. & **Vasiliauskaitė, Z.** (2019, May). *Ką kiekvienas psichikos sveikatos specialistas turi žinoti, kai savo darbe susiduria su smurtą artimoje aplinkoje patyrusia moterimi. Ką daryti ir ko ne.* [What every mental health professional needs to know when coming

in contact with a woman who has experienced domestic violence. What to do and what not to do.] [Conference session]. The 2019 Lithuanian Psychologists Congress Dialogs, Vilnius, Lithuania.

15. **Vasiliauskaitė, Z.** (2018, December). *Specializuotos pagalbos svarba smurtą ir prievartą patyrusių moterų potrauminiam augimui* [The importance of specialized help and support for the post-traumatic growth of women who have experienced violence and abuse]. [Conference session]. The Moterų Žmogaus Teises Lietuvoje 2018, Lithuanian Parliament, Vilnius, Lithuania.
16. **Vasiliauskaitė, Z.** (2018, October). *Overcoming an interpersonal trauma: The importance of specialized complex help for female victims of DV/IPV* [Conference session]. The 20th Women Against Violence Europe (WAVE) Conference the Importance of Women's Specialist Services In Tackling Violence Against Women, Valletta, Malta.
17. **Vasiliauskaitė, Z.** (2018, June). *The relationship between help-seeking and posttraumatic growth in the sample of women survivors of intimate partner violence* [Conference session]. The 6th International Conference on Social Transformations in Contemporary Society, Vilnius, Lithuania.
18. **Vasiliauskaitė, Z.** (2018, May). *Smurtines patirties atskleidimas, suvokta aplinkinių reakcija ir jų sąsajos su potrauminiu augimu intymaus partnerio smurtą patyrusių moterų imtyje* [Disclosure of experiences of violence, perceived reaction from others, and their relationships with posttraumatic growth in a sample of women experiencing intimate partner violence]. [Conference session]. The Lithuanian Psychologist Congress 2018, Klaipėda, Lithuania.
19. **Vasiliauskaitė, Z.** (2018, April). *Traumos psichologija paremtas ir klientui draugiškas pagalbos teikimas smurtą ir prievartą artimoje aplinkoje patyrusiems asmenims* [Trauma psychology-based and client-friendly assistance to survivors of domestic violence] [Conference session]. Elgesys, Kurio Negalime Pateisinti. Atsakingi Esame Visi, Šalčininkai, Lithuania.

- 20. Vasiliauskaitė, Z.** (2018, March). *Mitai apie smurtą prieš moteris šeimoje. Kodėl svarbu apie tai kalbėti* [Myths about domestic violence against women. Why it's important to talk about it] [Conference session]. Po 100 Metų: Moters Dalis ir Dalia Lietuvoje, Lithuanian Parliament, Vilnius, Lithuania.
- 21. Vasiliauskaitė, Z.** (2017, April). *Teisės psichologija. Karjeros galimybes žmogaus teisių gynimo srityje* [Psychology of law. Career opportunities in the field of human rights protection] [Conference session]. The XIVth Young Psychology Researchers Conference, Vilnius, Lithuania.
- 22. Vasiliauskaitė, Z.** (2015, November). *Geroji pasaulio praktika kovojant prieš smurtą prieš moteris* [Best world's practice of combating violence against women] [Conference session]. Lietuva Pasaulyje: Apsaugos Nuo Smurto Artimoje Aplinkoje Įstatymui Ketveri Metai – Pasiiekta Pažanga, Iššūkiai, Ateities Perspektyvos. Lithuanian Parliament, Vilnius, Lithuania.
- 23. Vasiliauskaitė, Z.** (2015, November). *The Best Practices of Combating Violence Against Women: Specialized Help Centres in Lithuania* [Conference session]. The 3rd World Conference of Women's Shelters, The Hague, The Netherlands.
- 24. Vasiliauskaitė, Z.** (2015, September). *Traumoms psichologija: kodėl smurtą ir prievartą šeimoje patiriančios moterys nepalieka smurtautojų?* [The psychology of trauma: Why do women survivors of domestic violence not leave their abusers?] [Conference session]. Smurtas prieš Moteris Lyčių (Ne)Lygybes Aspektu: Priežastys, Pasekmes ir Įveikimo Strategijos, Kaunas, Lithuania.

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Education:

- 2015 - 2023 Doctoral student in a joint program conducted by Mykolas Romeris University, Vytautas Magnus University, and Cordoba University, Social Sciences, Psychology.
- 2020 Nov. „Academic writing“ by prof. dr. Larry J. Nelson, Brigham Young University, USA. 15 hour course.
- 2019 Sept. – 2020 Aug. Research internship at University of Malta with Erasmus+ program. Internship supervisor – prof. Marceline Naudi.
- 2018 Feb. „Structural Equation Modeling and Longitudinal Analysis in Mplus and R” by prof. G. John Geldhof, Oregon University, USA. 30 hour course.
- 2011 - 2014 Master’s Degree at Mykolas Romeris University, Social Sciences, Forensic Psychology.
- 2012 Jan. - June Master’s Degree exchange student at University of Tampere (Finland), Social Sciences, Women’s Studies.
- 2006 - 2011 Bachelor’s Degree at Vytautas Magnus University, Social Sciences, Psychology.

Work experience:

- 2022 Feb. - 2023 Jan. European Institute for Gender Equality (EIGE), Research and Policy Unite, Gender-Based Violence Team. Major projects Z. Vasiliauskaitė was involved in: gender statistics database update, administrative data collection on violence against women in 27 EU Member States, FRA & EIGE survey on violence against women, assessing women’s and girls’ fleeing war access to specialised healthcare services in the EU, and project on providing guidance on strengthening data systems on violence against women in Western Balkans and Turkey.

- 2012 - 2021 Association Vilnius Women's House and its Specialised Complex Help Centre (SCHC). Consultant and, victims' advocate, training facilitator, project manager and contributed to policy-making efforts. Co-author of Methodical recommendations and various training programs for SCHCs consultants and other specialists who come in contact with survivors of intimate partner violence and domestic violence.
- 2020 - 2021 University of Malta, Gender Studies and Sexualities Department, lecturer.
- Courses: Gender in Communication; Research Methods in Gender Studies; Gender and Psychology.
- 2014 - 2015 Institute on Violence Abuse and Trauma (IVAT), CA, USA. Forensic case lead and an Assistant Editor for five international peer-reviewed journals.

Expert panels:

- 2021- present Expert at the Equal Opportunities Researchers' Network at the Ministry of Social Security and Labour of Lithuania.
- 2021- present Editorial Board member of the Journal of Child & Adolescent Trauma,
- 2015- present Co-delegate and member of working groups of the Women Against Violence Europe (WAVE) Advisory Board.
- 2014- present Reviewer at Journal of Family Trauma, Child Custody and Child Development and at the Journal of Aggression, Maltreatment & Trauma.

Research interest: interpersonal trauma and its effects on a person's bio-psycho-social well-being, attitudes and systemic response to violence against women, help provision and help-seeking behaviour, and women's human rights issues.

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SMURTINĖS PATIRTIES ATSKLEIDIMO,
SOCIALINĖS PARAMOS IR SOCIALINIŲ
APRIBOJIMŲ VAIDMUO INTYMAUS PARTNERIO
SMURTAŲ PATYRUSIŲ MOTERŲ
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Vilnius, 2023

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1. ĮVADAS

1.1. Darbo aktualumas

Smurtą tarpasmeniniuose santykiuose gali patirti tiek moterys, tiek vyrai, tačiau intymaus partnerio smurtas (IPS) yra globalus reiškinys, su kuriuo dažniausiai susiduria moterys (*World Health Organization* [WHO], 2021). Vyrai daugiausia patiria kitų vyrų, dažniausiai nepažįstamų, smurtą už savo namų ribų, o moterys būna nesaugios ir savo namuose su savo partneriais (Flatley, 2017; *Office for National Statistics* [ONS], 2018). IPS apibrėžiamas kaip grėsmės ir (arba) kitoks fizinis, seksualinis, emocinis ar ekonominis smurtas prieš suaugusį intymų partnerį, galintis pasireikšti tiek esant trumpalaikiams, tiek ilgalaikiams santykiams nepriklausomai nuo partnerių šeiminės padėties (*Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence*, 2011).

Pasauliniai ir regioniniai tyrimai rodo, kad kas trečia pasaulio moteris yra bent kartą patyrusi intymaus partnerio (vaikino ar sutuoktinio) ar kitų pažįstamų vyrų fizinį ir (arba) seksualinį smurtą (*European Union Agency for Fundamental Rights* [FRA], 2014; WHO, 2021). Per pastaruosius kelis dešimtmečius nerimą keliantis vyrų smurto prieš moteris mastas ne ką tepasikeitė (WHO, 2005; 2013; 2021), *žiauriausio (fizinio ir (arba) seksualinio) smurto aukomis yra tapusios apie 852 mln. pasaulio moterų (WHO, 2021)*. Problema dar labiau paaštrino neseniai kilusi pasaulinė COVID-19 pandemija.

Intymaus partnerio smurtas neigiamai veikia jį patyrusių moterų gerovę, jų vaikus ir visuomenę apskritai (*European Institute for Gender Equality* [EIGE], 2021; Hisasue ir kt., 2020; Walker ir kt., 2017). IPS patyrusioms moterims potrauminio streso sutrikimas (PTSS) išsivysto dažniau nei karo veteranams (Golding, 1999; *U.S. Department of Veterans Affairs*, 2018; Walker ir kt., 2017). PTSS diagnozė rodo, kad patirta trauma sutrikdo žmogaus biopsichosocialinę gerovę (Hisasue ir kt., 2020; Vasiliauskaite, 2015), t. y. jį kamuoja ūmiai prieš akis išskylantys prisiminimai ir košmarai, jam tampa sunku susikaupti, asmuo gali tapti abejingas kasdinei veiklai, jo santykiai komplikuojasi; toks

žmogus atsiskiria ir pradeda vengti kitų, ima neigiamai vertinti save, aplinkinius ir visą pasaulį, nesirūpina savo saugumu ir gali pradėti žalotis (WHO, 2022a, 2022b). Taip pat kenčia ir vaikų, gyvenančių namuose, kuriuose smurtaujama, ar tampančių smurto artimoje aplinkoje liudininkais, biopsichosocialinė gerovė (Peterson ir kt., 2019). Maža to, jei smurtą patiriančios moterys nesulaukia deramos apsaugos ir paramos, IPS dažnai perduodamas iš kartos į kartą (Smith-Marek ir kt., 2015). Pribloškianti ir ekonominė smurto prieš moteris kaina. Europos lyčių lygybės instituto (EIGE, 2021) vertinimu, smurtas prieš moteris Europos Sąjungai kasmet atsieina 289 mlrd. Eurų.

Akivaizdu, kad IPS gali sukelti ir sukelia daug įvairių neigiamų padarinių. Vis dėlto pastebima, kad po patirtos traumos įvyksta ir tokių teigiamų pokyčių, kaip asmeninis augimas (Tedeschi ir kt., 2018). Tad dėmesio telkimas tik į neigiamus traumos padarinius neatskleidžia IPS patyrusių asmenų visapusės patirties, iškreipiamas arba pateikiamas neišbaigtas gyvenimo po IPS vaizdas (Linley & Joseph, 2004). Tai taip pat neigiamai atsiliepia ir institucijų praktikoms, nes jos tampa ribotos ir netenkina svarbių IPS patyrusių moterų poreikių.

Augimo leitmotyvas skamba įvairiose kultūrose ir daugybėje filosofinių sistemų (Tedeschi ir kt., 2018), tačiau mokslininkų dėmesio ši sritis sulaukė palyginti neseniai. Teigiamiems pokyčiams nusakyti plačiausiai vartojamas potrauminio augimo (PTA) terminas žymi aukštesnį asmens psichologinį funkcionavimą, kuris jam nebuvo būdingas iki traumos patirties (Calhoun & Tedeschi, 2013; Tedeschi & Blevins, 2017). XX a. paskutinio dešimtmečio viduryje atsiradusi PTA teorija analizuoja įvairialypes traumas patyrusių asmenų patirtis (Calhoun & Tedeschi, 2013; Tedeschi & Calhoun, 1995). Svarbu pabrėžti, kad potrauminis augimas yra trauminiam įvykiui įveikti įdėtų pastangų rezultatas (Calhoun & Tedeschi, 2013; Tedeschi & Blevins, 2017). Po patirtos traumos paūgėti įstengęs žmogus pradeda geriau suvokti savo asmeninę stiprybę, aiškiai pamato naujas galimybes, kuria tvirtesnius santykius, labiau vertina gyvenimą, tampa dvasingesnis (Tedeschi ir kt., 2018). Be to, nustatyta, kad PTA gali veikti kaip apsauginis factorius nuo depresijos (Kuswanto ir kt.,

2020), streso (Silva ir kt., 2012) ir minčių apie savižudybę (Bush ir kt., 2011). Moksliniai duomenys rodo ir tai, kad PTA teigiamai koreliuoja su psichologinio gyvenimo kokybe, laime (Lelorain, 2010) ir pasitenkinimu gyvenimu (Mostarac & Brajković, 2022).

Atrasti keliai, vedantys į potrauminį augimą, leistų formuoti geresnes institucijų praktikas ir suteikti geresnę metodinę pagalbą formaliesiems bei neformaliesiems pagalbos teikėjams. Potrauminio augimo tyrimai labai svarbūs ir tuo, kad gali moterims suteikti vilties ir paskatinti imtis reikiamų veiksmų, siekiant gyvenimo be smurto, įprasminant savo kančias, kuriant naujus prasmingus santykius ir atkuriant senuosius, atrandant vidinę stiprybę, aukštesnę dvasingumą bei pozityvesnį savo gyvenimo vertinimą.

1.2 Mokslinė tyrimo problema ir tyrimo naujumas

Mokslinėje literatūroje vis dar trūksta žinių apie tai, kokie veiksniai skatina PTA, o kokie jam trukdo, ypač intymaus partnerio smurtą patyrusių moterų atveju. IPS nuo kitokių trauminių patirčių skiriasi priežastimis, dinamika ir padariniais (*Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence*, 2011; Walker, 2017). IPS šaknys glūdi lyčių nelygybėje (*Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence*, 2011), o agresorius sistemingai ir tyčia smurtauja prieš asmenį, kurį turėtų mylėti, – taip smurtą išgyvenusi moteris patiria kompleksinę traumą su rimtais neigiamais savo biopsichosocialinės gerovės padariniais (Walker, 2017). Tikėtina, kad turimas žinias apie kitų tipų traumas nebūtinai pavyks pritaikyti nagrinėjant IPS patyrusių moterų PTA. Teigiami intymaus partnerio smurtą patyrusių moterų pokyčiai tyrinėti vos keliuose moksliniuose darbuose (Ulloa ir kt., 2015). Ši disertacija prisideda prie mokslinės literatūros ir informuotų sprendimų priėmimo dar ir tuo, kad joje pateikiama gilesnė IPS patyrusių moterų potrauminį augimą skatinančių veiksnių analizė.

Naujausiame PTA modelyje (Tedeschi ir kt., 2018) nustatyti pagrindiniai PTA skatinantys veiksniai: sugriauti pamatiniai įsitikinimai, emocinis distre-

sas, įkyrus mąstymas, savianalizė ir trauminės patirties atskleidimas, socialinė parama, sociokultūrinė įtaka, susitaikymas ir jaučiama įtampa. Nors šis modelis yra informatyvus ir leidžia geriau suprasti augimo procesą, kai kurių traumą patyrusių asmenų kelias į augimą gali būti sudėtingesnis. IPS patirtis smarkiai stigmatizuota dėl istorinių, kultūrinių ir politinių veiksnių (FRA, 2014; Overstreet & Quinn, 2013), imamasi per mažai priemonių smurtui užkardyti, o smurtautojai nesulaukia tinkamų ir savalaikių bausmių (*Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence*, 2011; Vasiliauskienė ir kt., 2018). Todėl IPS patiriančios moterys stengiasi išvengti stigmatizavimo, bijo smurtautojų keršto arba būna priverstos slėpti savo smurto patirtį dėl kitų priežasčių (FRA, 2014; Vasiliauskaitė & Geffner, 2020b). Atsiverti išdrįsusios moterys paprastai pasipasakoja vos vienam kitam asmeniui (FRA, 2014). Deja, ne visi apie tai sužinojusieji deramai reaguoja ir būna pasirengę ar turi galimybių suteikti moterims reikiamą paramą (Arpink, 2020). Todėl atskleidus savo smurtinę patirtį, ne visada sulaukiama paramos, kurios reikia traumai pripažinti ir gijimo procesui prasidėti, įprasinti ir reflektuoti.

Šio darbo naujumą atskleidžia keli aspektai. Pirmiausia, jame IPS patyrusių moterų potrauminio augimo patirtis nagrinėjama atsižvelgiant į tokias IPS formas, kaip žiaurus sudėtinis smurtas, seksualinis, fizinis, emocinis smurtas, priekabiavimas, ekonominė kontrolė, ekonominis išnaudojimas ir karjeros sabotavimas. Ankstesniuose PTA analizuojančiuose moksliniuose darbuose nebuvo tirta tokia konkreiti moterų smurto patirtis, juose daugiausia analizuojamos kraštutinės IPS formos, pavyzdžiui, fizinis ar seksualinis IPS. Tikėtina, kad skirtingas IPS formas patyrusių asmenų PTA patirtis varijuoja taip pat, kaip ir kitas traumas patyrusių asmenų.

Antra, šiame darbe tiriami IPS patyrusių moterų keliai, vedantys į potrauminį augimą, įtraukus į analizuojamą teorinį modelį įvairius socialinius potencialiai PTA skatinančius arba jį stabdančius veiksnius, į kuriuos anksčiau nebuvo atsižvelgiama. Tie veiksniai yra įvairūs atskleidimo aspektai: *atskleidimo barjerų skaičius*, susidedantis iš kliūčių, trukdančių moterims papasakoti

apie patiriamą IPS, skaičiau; *atskleidimo šaltinių skaičius*, atspindintis įvairių asmenų ir specialistų, kuriems moterys ryžosi pasipasakoti apie patiriamą smurtą, skaičių; įvairios socialinės paramos formos: *emocinė, informacinė ir materialinė parama* bei neigiama socialinė reakcija į atskleidimą, pavyzdžiui, *socialiniai apribojimai*.

Trečia, šis tyrimas svariai papildo mokslinę literatūrą, nagrinėjančią tarpasmenines traumas ir potrauminio augimo teoriją, bei nurodo veiksnius, papildančius naujausią PTA modelį (Tedeschi ir kt., 2018). Taip pat nemažiau svarbios yra šiame darbe pateikiamos praktinės rekomendacijos sprendimų priėmėjams, įvairiems specialistams ir moterims, išgyvenusioms IPS.

2. LITERATŪROS APŽVALGA

IPS patyrusių moterų potrauminis augimas tyrinėtas vos keliuose moksliniuose darbuose. Sisteminė analizė (Ulloa ir kt., 2015) atskleidė, kad to meto akademinėje ir pilkojoje literatūroje aptikta tik 17 straipsnių, kuriuose buvo analizuojamas psichologinis augimas (ne vien PTA) ne tik moteriškose IPS patyrusių asmenų imtyse. Pagal jų rezultatus, IPS išgyvenę asmenys dažnai patiria PTA, bet žemo intensyvumo (Cobb ir kt., 2006; Ogińska-Bulik, 2016), tačiau vis dar trūksta žinių apie tai, kurie veiksniai skatina IPS patyrusių moterų PTA, o kurie – stabdo.

Tai, kad potrauminio gijimo procese atskleidimas vaidina vieną iš svarbiausių vaidmenų, yra išsamiai aprašyta (Maercker & Horn, 2013). Vis dėlto vidutiniškai 60% IPS patyrusių asmenų apie patirtą smurtą nepapasakojo niekam nei iš savo socialinės aplinkos, nei už jos ribų (Baltijos tyrimai, 2020), o apie didžiąją daugumą (69%) rimčiausių fizinio ar seksualinio smurto epizodų nepranešama ir jokioms institucijoms ar organizacijoms (FRA, 2014). IPS atskleisti skatina arba trukdo įvairūs veiksniai, dažnai vadinami atskleidimo barjeriais. Barjerai dažniausiai suprantami kaip kliūtys arba priežastys, dėl kurių žmogus apie savo patirtį niekam nepasakoja (Naudi ir kt., 2018; Vasiliauskaitė & Geffner, 2020b). Tie barjerai skirstomi į vidinius ir išorinius (Naudi ir kt.,

2018); jie dažniausiai iškyla dėl kultūrinių normų, pagal kurias smurtas prieš moteris laikomas priimtiniu arba deramai neįvardijamas ir neužkardomas, į jį reikiamai nereaguojama ir su juo tinkamai nekovojuama. Dalis barjerų būna susiję su stigma dėl patirto IPS, dalis – su specializuotos pagalbos ir apsaugos trūkumu. Pavyzdžiui, apie IPS policijai dažniau pranešama tose šalyse, kur apskritai dažniau kreipiamasi į policiją; viena tokių šalių yra ir Lietuva (FRA, 2014). Vis dėlto kreipimūsi dažnis susijęs su tuo, kiek ir kaip lengvai tam tikroje šalyje moteris sulaukia pagalbos ir apsaugos. Taigi, kadangi IPS stiprumas yra teigiamai susijęs su atskleidimo barjeriais (Vasiliauskaitė & Geffner, 2020b) ir kadangi jie trukdo bei vėlina traumos patirties atskleidimą, kuris yra labai svarbus traumos pripažinimui ir gijimo pradžia, barjerai veikiausiai medijuoja ryšį tarp IPS ir PTA.

Trauminės patirties atskleidimo analizė labai svarbi ir pozityviosios psichologijos, ir traumos psichologijos kontekste. Keli atlikti tyrimai nustatė socialinių paramos veiksnių (suvokiamos didesnės socialinės paramos), kitaip tariant, atskleidimo šaltinių skaičiaus, svarbą PTA (Park ir kt., 1996; Tedeschi & Calhoun, 2004). Trauminės patirties atskleidimas padeda IPS patyrusioms moterims įgarsinti savo patirtį ir suvokti ją galbūt esant smurtinę, pradėti ją pripažinti ir įveikti, gauti paramos ir pradėti ieškoti pagalbos bei paskatinti potrauminio augimo procesus. Kadangi IPS stiprumas teigiamai susijęs su traumai pripažinti ir įveikti labai svarbiu trauminės patirties atskleidimu, o šis – su PTA, tad atskleidimo šaltinių skaičius irgi galbūt medijuoja ryšį tarp IPS ir PTA. Tai yra sunkesnę smurtą patyrusios moteris didesnę PTA patiria per platesnę savo smurtinės patirties atskleidimą.

IPS patirties atskleidimas paprastai sukelia kokią nors aplinkinių reakciją. Jei ji yra teigiama, auka gali sulaukti paramos, jei neigiama – vietoj paramos auka sulaukia nepalaikymo. Socialinė parama yra teigiama socialinė reakcija į trauminės patirties atskleidimą, galinti pasireikšti emociškai, informacine ar kitokia parama (Cohen ir kt., 2000). *Emocinė parama* pasireiškia tam tikra elgsena, pvz., empatišku klausymusi ir to asmens patirties bei jausmų validavimu (Trotter & Allen, 2009); *informacine parama* auka informuojama apie vietas,

kuriose gali sulaukti reikiamos pagalbos ir paramos (Bosch & Schumm, 2007), pvz., apie specializuotus pagalbos centrus ir moterų NVO; *materialinė parama* yra labiau praktinė pagalba, pvz., apgyvendinimas, nakvynės suteikimas arba finansinė parama. (Trotter & Allen, 2009). Socialinės reakcijos sudaro PTA šerdį (Tedeschi ir kt., 2018). Kalbant apie IPS, ne vienu tyrimu aptiktas teigiamas ryšys tarp socialinės paramos ir PTA (Anderson ir kt., 2012; Elderton ir kt., 2017; Žukauskienė ir kt., 2020). Vis dėlto tuose tyrimuose nebuvo nagrinėtos aukščiau paminėtos socialinės paramos formos ar jų mediacinis poveikis. Tyrimų rezultatai rodo, kad emocinę paramą gali neigiamai paveikti IPS sunkumas (Cooker ir kt., 2003), todėl tikėtina, kad žiaurų IPS patiriančios moterų emocinės paramos sulaukia rečiau, o sulaukiančiosios mažiau emocinės paramos atitinkamai patiria ir menkesnę PTA. Kita vertus, tiek IPS, tiek PTA gali teigiamai sietis su informacine ir materialine parama (Elderton ir kt., 2017).

Ne visi socialinės paramos šaltiniai tinkamai reaguoja į smurtinės patirties atskleidimą (Arpink, 2020). Būna, kad pasipasakojusios smurto aukos patiria socialinių apribojimų (Arpink, 2020; Lepore & Ituarte, 1999). Socialiniai *apribojimai* atspindi „bet kokias socialines sąlygas, dėl kurių traumą patyrę ir socialinės paramos ieškantys arba savo traumą aptarti bandantys asmenys jaučiasi nepalaikomi, nesuprasti ar kitaip atskirti nuo savo socialinio tinklo“. (Lepore & Ituarte, 1999, p. 168) Su socialiniais apribojimais susidūrę žmonės jaučia negalintys atvirauti su kitais, todėl apie savo patirtį apskritai gali nekalbėti ir prarasti galimybę išsikalbėdami ją pripažinti ir įveikti. Atlikti tyrimai atskleidė, kad savo patirties aptarti negalintys asmenys yra mažiau linkę ją įprasminti ir joje ieškoti kokių nors išvalgų (Belsher ir kt., 2012). Be to, buvo nustatyta, kad neigiamos ir neįautrios reakcijos į atskleidimą (socialiniai apribojimai) yra susijusios su neigiamais psichinės sveikatos padariniais (Ullman & Filipas, 2001) ir dar labiau traumuoja auką (Belsher ir kt., 2012; Smith & Freyd, 2013). Todėl socialiniai apribojimai gali būti dar vienas socialinis veiksnys, galintis medijuoti ryšį tarp IPS ir PTA.

Potrauminiai veiksniai susiję ne tik su IPS ir PTA, bet ir tarpusavyje. Galima susieti įvairius atskleidimo aspektus, pavyzdžiui, atskleidimo barjerų

ir atskleidimo šaltinių skaičių. Atskleidimo barjerai gali turėti įtakos tam, kaip moterys ieško pagalbos ir renkasi šaltinius patirtai prievartai atskleisti (Naud ir kt., 2018). Taigi tikėtina, kad moterys, susiduriančios su mažiau barjerų trauminei patirčiai atskleisti, yra labiau linkusios pasipasakoti didesniai žmonių skaičiui.

Kita vertus, kai kurios moterys, bijodamos smurtautojų keršto ar nepatikėjimo jomis arba turėdamos ankstesnės neigiamos patirties su policija, gali neišsidoroti patiriančios IPS o kitos – kaltinti save (FRA, 2014; Vasiliauskaitė & Geffner, 2020b). Tokios auką kaltinančios nuostatos, kaip pačios moters kaltinimas dėl patirtos prievartos ar įsitikinimas, kad su prievarta ji pati turi susidoroti palikdama smurtautoją, gali būti internalizuotos tiek pačių smurtą patyrusių moterų, tiek jų aplinkos ir neigiamai paveikti atsaką į atskleidimą. Taigi gali būti, kad su kuo daugiau barjerų moterys susiduria, tuo daugiau patiria socialinių apribojimų.

Skiriasi ir reakcijos į atskleidimą. Draugai ir šeimos nariai paprastai nurodomi kaip šaltiniai, kuriems smurtą patyrusios moterys dažniausiai atskleidžia savo smurtinę patirtį (FRA, 2014), tačiau tie patys šaltiniai įvardijami ir kaip neveiksmingiausi (Edwards ir kt., 2012; Moe, 2007). Neformaliesiems pagalbos šaltiniams dažnai trūksta supratimo apie IPS, ir jie gali nesuteikti moterims reikiamos ar laukiamos pagalbos (Herman, 2015; Overstreet & Quinn, 2013). Tai gali moteris paskatinti plėsti žmonių, kuriems atskleidžia prievartos patirtis ir iš kurių tikisi pagalbos, ratą. Veiksmingiausiu oficialios paramos šaltiniu įvardijamos pagalbą teikiančios organizacijos (Vasiliauskaitė, 2015); jos yra susijusios ir su didesniu smurto patirčių atskleidimu platesniam pagalbos šaltinių ratui (Fahmy ir kt., 2016). Tikėtina, kad kuo daugiau moterys atskleidžia savo IPS patirtį, tuo didesnė tikimybė sulaukti teigiamų socialinių reakcijų – emocinės, materialinės ir informacinės paramos. Kita vertus, pasipasakojusios moterys gali sulaukti ir daugiau neigiamų socialinių reakcijų (t. y. socialinių apribojimų). Moe (2007) nustatė, kad oficialiosios pagalbos siekiančios moterys pripažįsta sulaukiančios ir daugiau neigiamų socialinių reakcijų. Tai, kad į oficialiuosius pagalbos šaltinius kreipiamasi vėliau nei į neformaliuosius,

leidžia teigti, kad platesniam žmonių ratui smurto patirtį atskleidusios moterys sulaukia daugiau neigiamų socialinių reakcijų, t. y. socialinių apribojimų.

3. DARBO TIKSLAS, TYRIMO KLAUSIMAI IR KELIAMOS HIPOTEZĖS

3.1 Tyrimo tikslas

Pagrindinis šios disertacijos tikslas – ištirti tiesiogines ir netiesiogines IPS ir PTA sąsajas per socialinius veiksmus, potencialiai galinčius stabdyti PTA - barjerų, stabdančių moteris nuo trauminės patirties atskleidimo, skaičius (toliau – atskleidimo barjerų skaičius) bei neigiamos socialinės reakcijos į atskleidimą (socialiniai apribojimai) arba jų skatinti - įvairių šaltinių, kuriems moterys atskleidžia patiriančios smurtą, skaičius (toliau – atskleidimo šaltinių skaičius) ir tokios teigiamos reakcijos į atskleidimą, kaip materialinė, emocinė ir informacinė parama. Remiantis literatūros apžvalga buvo suformuluoti šie tyrimo klausimai ir hipotezės.

3.2 Tyrimo klausimai

Kokie yra netiesioginiai ryšiai tarp intymaus partnerio smurto (žiauraus sudėtinio, seksualinio, emocinio, fizinio smurto, priekabiavimo, karjeros sabotavimo, ekonominės kontrolės ir ekonominio išnaudojimo) ir potrauminio augimo per smurtinės patirties atskleidimą (atskleidimo barjerų skaičius, atskleidimo šaltinių skaičius), socialinę paramą (materialinę, emocinę, informacinę) ir socialinius apribojimus?

Kokie yra tiesioginiai ryšiai tarp intymaus partnerio smurtą patyrusių moterų smurto patirties atskleidimo (atskleidimo barjerų skaičiaus ir atskleidimo šaltinių skaičiaus), socialinės paramos (materialinės, emocinės ir informacinės) ir socialinių apribojimų?

3.3 Hipotezės

H1. Atskleidimas (atskleidimo barjerų skaičius, atskleidimo šaltinių skaičius), socialinė parama (emocinė, informacinė ir materialinė) ir socialiniai apribojimai medijuoja ryšį tarp intymaus partnerio smurto (žiauraus sudėtinio, seksualinio, emocinio, fizinio smurto, priekabiavimo, karjeros sabotavimo, ekonominės kontrolės ir ekonominio išnaudojimo) ir potrauminio augimo.

H2. Atskleidimas (atskleidimo barjerų skaičius, atskleidimo šaltinių skaičius), socialinė parama (emocinė, informacinė ir materialinė) ir socialiniai apribojimai yra tarpusavyje susiję:

H2.1. Atskleidimo barjerų skaičius yra neigiamai susijęs su atskleidimo šaltinių skaičiumi ir yra teigiamai susijęs su socialiniais apribojimais.

H2.2. Atskleidimo šaltinių skaičius yra teigiamai susijęs su emocine, materialine ir informacine parama bei socialiniais apribojimais.

4. TYRIMO METODAI

4.1 Dalyviai

Tyrime dalyvavo 244 IPS patyrusios moterys. Dalyvių amžius – nuo 18 iki 71 metų ($M = 37,28$; $SD = 11,30$). Tyrimo metu dauguma moterų turėjo aukštąjį išsilavinimą (65,4%), dirbo (65,6%) ir gyveno mieste (53,7%). Dauguma moterų turėjo vaikų (69,7%) ir buvo ištekėjusios (32,4%) arba turėjo intymų partnerį, su kuriuo gyveno kartu (19,3%), arba drauge negyveno (27,9%). Ekonominė dalyvių padėtis labai įvairi – namų ūkio pajamos siekė nuo 130 eurų iki 10 000 eurų per mėnesį ($M = 1151,48$; $SD = 850$; $Moda = 1049,64$). Maždaug pusė dalyvių teigė, kad joms pajamų pakanka (47,1 %), o panašus skaičius dalyvių atsakė, kad su gaunamomis pajamomis arba patiria sunkumų (23 %), arba gali gyventi patogiai (17,2 %).

4.2 Tyrimo procedūros

Duomenys buvo renkami 2017–2018 metais keliuose didžiuosiuose Lie-

tuvos miestuose ir jų rajonuose (Vilniuje, Kaune, Klaipėdoje, Alytuje, Telšiuose, Šiauliuose, Panevėžyje, Pasvalyje). Tyrimo imtis nėra atsitiktinė, todėl laikoma patogiaja imtimi. Norint pasiekti skirtingą IPS patyrusias moteris, buvo taikyti įvairūs duomenų rinkimo būdai: 1) specializuotos kompleksinės pagalbos centruose (SKPC) išdalytos popierinės anketos ($N = 78$), 2) apklaustos universiteto studentės ($N = 19$), 3) socialiniuose tinkluose išplatinti elektroniniai klausimynai ($N = 147$). Dalyvės žodžiu ir raštu buvo informuotos apie tyrimo tikslus ir kad duomenys bus naudojami tik statistikos sumetimais. Jokių asmens duomenų, pagal kuriuos būtų galima nustatyti žmogaus tapatybę, nebuvo renkama, o dalyvės buvo informuotos, kad bus griežtai laikomasi anonimiškumo ir konfidencialumo. Dalyvavimas tyrime galėjo sukelti stiprių emocijų, todėl klausimyno pabaigoje buvo pridėtas regioninių SKPC sąrašas su kontaktine informacija. Moterys buvo raginamos susisiekti su SKPC, jei norėtų apie savo patirtį papasakoti plačiau. Siekiant atsižvelgti į specifinius šios jautrios tiriamųjų grupės poreikius, projektą įvertino Vadybos ir psichologijos instituto ekspertų grupė, sudaryta iš mokslininkų ir specializuotų psichologų, dirbančių su IPS patyrusiomis moterimis, ir nustatė jį esant tinkamą įgyvendinti. Etikos komisijos pavadinimas – Vadybos ir psichologijos instituto etikos komisija, pareiškimas dėl tyrimo „Intymaus partnerio smurtą patyrusių moterų psichosocialinę gerovę užtikrinantys veiksniai“. Patvirtinimo kodas VIPI-SM-01. Patvirtinimo data 2017-02-20.

4.3 Vertinimo būdai

Tyrimo duomenys surinkti naudojantis psichometriškai stipriais klausimynais. Visi klausimynai buvo išversti pagal atgalinio vertimo procedūrą. Be to, psichometrinės visų instrumentų savybės patikrintos patvirtinančiosios faktorinės analizės (CFA) metodu.

Modelio tinkamumas įvertintas apskaičiuavus kvadratinės šaknies iš vidutinės aproksimacijos paklaidos indeksą (RMSEA), Bentlerio lyginamosios atitikties indeksą (CFI), Tuckerio-Lewisio indeksą (TLI) ir standartizuotos vidutinės kvadratinės liekanos indeksą (SRMR) bei RMSEA 90% patikimumo

intervalus, kurie neturi viršyti 0,1 (Kline, 2016). Chi kvadrato (χ^2) statistiniai duomenys pateikiami, bet dėl didelio jautrumo imties dydžiui modelio tinkamumui vertinti naudojami nebuvo (Brown, 2015; Kelloway, 2014). CFI didesnis už 0,90, RMSEA ir SRMR mažesni už 0,08 rodo priimtina modelio tinkamumą, o CFI didesnis už 0,95, RMSEA ir SRMR mažesni už 0,05 rodo tinkamą modelio ir duomenų atitiktį (Brown, 2015; Kline, 2011). Vidinis suderinamumas įvertintas naudojantis McDonaldo omega (ω) koeficientu (McDonald, 1978), nes jis yra pažangesnis ir geriau tinkamas daugiamačiams duomenims (Cho & Kim, 2015), o interpretuojamas taip pat kaip Cronbacho alfa (Geldhof et al., 2014). Visi metodai pasižymi geru vidiniu suderinamumu.

Sudėtinė intymaus partnerio išnaudojimo skalė (CAS, Hegarty et al., 2005; Vasiliauskaitė & Geffner, 2020a) naudojama per gyvenimą išgyventų įvairių IPS formų patirties sunkumui ir dažniui matuoti. 30 teiginių skalę sudaro penkios poskalės: 1) Žiaurus sudėtinis smurtas (pvz., „Grasino peiliu, šautuvu ar kitokiu ginklu“, 5 teiginiai, $\omega = 0,80$); 2) Seksualinis smurtas (pvz., „Bandė mane išprievartauti“, 3 teiginiai, $\omega = 0,72$); 3) Emocinio smurto poskalė (pvz., „Sakė, kad esate niekam tikusi“, 11 teiginių, $\omega = 0,93$); 4) Fizinio smurto poskalė (pvz., „Spyrė, kando ar trenkė kumščiu“, 7 teiginiai, $\omega = 0,93$); ir 5) Priekabiavimo poskalė (pvz., „Slankiojo, „trynėsi“ aplink Jūsų namus“, 4 teiginiai, $\omega = 0,82$). Atsakymai pateikiami 6 balų Likerto skalėje, (0 – *niekada*, 5 – *kasdien*). Skalės įverčių suma gali būti nuo 0 iki 150. Jos išorinis, turinio, konkurencinis, diskriminantinis ir konstrukto validumas buvo patvirtintas įvairiais tyrimais (Hegarty et al., 2005; Vasiliauskaitė & Geffner, 2020a). Penkių faktorių skalė buvo patvirtinta kaip pakankamai gerai atitinkanti duomenis ($\chi^2(395) = 771,93$, CFI = 0,97, TLI = 0,97, RMSEA = 0,06, RMSEA [90% CI] = [0,06 – 0,07]).

Ekonominio išnaudojimo skalė (SEA, Adams et al., 2008; 2015; Vasiliauskaitė & Geffner, 2020a) naudojama įvertinti per gyvenimą patirtoms įvairioms ekonominio smurto formoms. Skalė sudaryta iš 28 teiginių, atsakymai pateikiami 5 balų Likerto skalėje, (0 – *niekada*, 4 – *gana dažnai*). Įverčių suma gali būti nuo 0 iki 112. Ekonominio išnaudojimo skalę sudaro trys poskalės: 1)

Ekonominės kontrolės poskalė (pvz., „Trukdė Jums turėti asmeninių pinigų“, 13 teiginių, $\omega = 0,92$); 2) Ekonominio išnaudojimo poskalė (pvz., „Pasisavino Jūsų darbo užmokestį, motinystės išmokas, vaiko pinigus, neįgalumo pašalpą ar kitokią paramą ar išmokas“, 11 teiginių, $\omega = 0,89$); ir 3) Karjeros sabotavimo poskalė (pvz. „Grasino, siekdamas priversti Jus išeiti iš darbo“, 4 teiginiai, $\omega = 0,80$). Trijų faktorių skalė buvo patvirtinta kaip pakankamai gerai atitinkanti duomenis ($\chi^2(347) = 874,18, p = 0,001, CFI = 0,95, TLI = 0,94, RMSEA = 0,08; RMSEA\ 90\% CI [0,07-0,08]$).

Kadangi struktūrinių lygčių modeliavimas (SEM) atliktas atsižvelgiant į bendrąją IPS patirtį, buvo atlikta papildoma CFA ir patvirtinta IPS kaip iš CAS ir SEA poskalių sudaryto antrosios eilės latentinio kintamojo faktorių struktūra. Modelis labai gerai atitinka duomenis, patvirtindamas IPS kaip latentinį kintamąjį ($\chi^2(1587) = 2552.68, CFI = .95, TLI = .95, RMSEA = .05, RMSEA [90\% CI] = [.05 - .06]$). IPS patikimumas irgi buvo aukštas (McDonaldo $\omega = .97$). Todėl IPS arba bendrasis IPS bus laikomas latentiniu IPS kintamuoju, kuriu matuojama bet kokia IPS patirtis.

Socialinė parama, kurią sudaro emocinė, informacinė ir materialinė parama, įvertinta vieno klausimo indikatoriais. *Emocinė parama* išmatuota klausiant, ar trauminę patirtį atskleidusioms moterims buvo pasiūlyta (ir kaip dažnai) emocinė parama. *Materialinė parama* išmatuota klausiant, ar moterims buvo pasiūlyta (ir kaip dažnai) materialinė pagalba ir parama, įskaitant apgyvendinimą ir finansinę paramą. *Informacinė parama* išmatuota klausiant, ar moterys buvo skatinamos (ir kaip dažnai) kreiptis pagalbos į tokias ją teikiančias organizacijas, kaip SKPC, ar į kitas nevyriausybinės moterų organizacijas. Atsakymai pateikiami 4 balų Likerto skalėje, (0 – *niekada*, 3 – *dažnai*).

15 teiginių **Socialinių apribojimų skalė** (SSS) (Lepore & Ituarte, 1999) pasirinkta tirti neigiamoms reakcijoms, kurių sulaukdavo apie patirtą IPS prabilusios moterys. SSS yra sukurta vėžiu sergančių žmonių potyriams matuoti, tačiau bendradarbiaujant su jos autoriais buvo modifikuota ir pritaikyta smurto prieš moteris artimoje aplinkoje problemai tirti. Skalė socialinius apriboji-

mus vertina trimis poskalėmis: 1) Nepalaikymo poskale (pvz., „Aplinkiniai leido suprasti, jog laiko Jūsų problemas nereikšmingomis“, 8 teiginiai, $\omega = 0,93$); 2) Vengimo poskale (pvz., „Pakeitė temą, kai bandėte kalbėti apie Jūsų patirtą ar patiriamą partnerio smurtą“, 4 teiginiai, $\omega = 0,88$) ir 3) Siūlymo apsimesti arba nekreipti dėmesio poskale (pvz., „Aplinkiniai siūlė Jums nesijaudinti dėl savo situacijos“, 3 teiginiai, $\omega = 0,81$) (Koutrouli et al., 2016). Atsakymai pateikiami 4 balų Likerto skalėje, (0 – „*niekada*“, 3 – „*dažnai*“). Įverčių suma gali būti nuo 0 iki 60. Ankstesni tyrimai patvirtino skalės validumą (konstrukto, prognostinį, konvergentinį, diskriminantinį ir kriterinį) ir patikimumą (Lepore & Revenson, 2007; Koutrouli et al., 2016). Patvirtinta, kad trijų faktorių skalė su dviem papildomomis koreliacijomis pakankamai gerai atitinka duomenis ($\chi^2(87) = 211,44$, CFI = 0,93, TLI = 0,92, RMSEA = 0,08, RMSEA [90% CI] = [0,07 – 0,10], SRMR = 0,04).

Teigiamiems pokyčiams IPS patyrusių moterų gyvenime išmatuoti buvo pasirinktas **Potrauminio augimo klausimynas** (PTAI, Tedeschi & Calhoun, 1996). Šis 21 teiginio klausimynas sudarytas iš penkių skalių, kurios atspindi penkis PTA aspektus: 1) santykį su kitais žmonėmis (pvz., „Jaučiu didesnę artumą kitiems“, 7 teiginiai, $\omega = 0,91$); 2) naujas galimybes (pvz., „Man atsivėrė galimybės, kurios kitu atveju nebūtų atsivėrusios“, 5 teiginiai, $\omega = 0,89$); 3) asmeninę stiprybę (pvz., „Atradau, jog esu stipresnė nei maniau“, 4 teiginiai, $\omega = 0,87$). 4) dvasinius pokyčius (pvz., „Įgavau stipresnę tikėjimą Dievu“, 2 teiginiai, $\omega = 0,77$); 5) gyvenimo vertinimą (pvz., „Mano gyvenimas man įgavo didesnę vertę“, 3 teiginiai, $\omega = 0,80$). Atsakymai pateikiami 6 balų Likerto skalėje, (0 – *tokio pokyčio mano gyvenime neįvyko*, 5 – *labai tikėtina, kad toks pokytis mano gyvenime įvyko dėl patirto smurto*). Įverčių suma gali būti nuo 0 iki 105. Metodų validumą (konstrukcijos, diskriminantinis patikimumas, pakartotinio testavimo rezultatų stabilumas ir kt.) patvirtina ankstesni tyrimai (Leiva-Bianchi & Araneda, 2015; Tedesch & Calhoun, 1996). Be to, nustatyta, kad skalės įverčiai nėra susiję su socialiniu pageidaujamumu (Salsman et al., 2009; Tedesch & Calhoun, 1996). Patvirtinta, kad penkių faktorių skalė pakankamai gerai atitinka duomenis ($\chi^2(174) = 455,13$, CFI = 0,89, TLI = 0,87, RMSEA = 0,08, RMSEA

[90% CI] = [0,07 – 0,09], SRMR = 0,06).

Atskleidimo barjerai išmatuoti pateikus sąrašą priežasčių, kurios sulaukė moteris nuo IPS patirties atskleidimo. Sąrašas sudarytas remiantis reprezentatyvaus Europos Sąjungos pagrindinių teisių agentūros (FRA) tyrimo klausimynu (2014). Tyrimo dalyvės galėjo pažymėti tinkamas neatskleidimo priežastis iš 12 nurodytų: 1) gėdos jausmas, 2) nenoras, kad kas nors sužinotų apie jos patirtą smurtą; 3) tikėjosi susidoroti pati, 4) nemanė, kad tai rimta, 5) bijojo smurtautojo ar pakartotinio jo smurto, 6) nesitikėjo, kad kas nors galėtų jai padėti, 7) bijojo netekti vaikų, 8) yra turėjusi neigiamos patirties su policija, 9) nė nesusimąstė, kad apie tai būtų galima kalbėti, 10) kas nors ją sulaukydavo neatskleisti savo trauminės patirties, 11) bijojo, kad ja nepatikės, 12) kaltino save.

Trauminės patirties atskleidimas įvairiems pagalbos šaltiniams išmatuotas pateikus 13 galimų pagalbos šaltinių sąrašą, kuriems moteris galėjo atskleisti ar pasipasakoti apie patirtą smurtą. Į sąrašą buvo įtraukti jų artimiausios aplinkos žmonės, pvz., 1) draugai, 2) kaimynai, 3) šeimos nariai ar giminiaičiai; specialistai, pvz., 4) psichologai, 5) teisininkai; sveikatos apsaugos darbuotojai, pvz., 6) šeimos gydytojai, seselės, 7) psichiatrai; oficialieji pagalbos ar apsaugos šaltiniai: 8) Smurtą ir prievartą patiriantiems asmenims pagalbą teikiančių organizacijų atstovai (Specializuotos pagalbos centrai, Vilniaus Moterų namai ir kt.); 9) policija, 10) Vaiko teisių apsaugos specialistės (-ai)) ir kiti asmenys, pvz., 11) dvasininkai, 12) kirpėjos, (-ai), 13) kiti.

4.4 Duomenų analizė

Siekiant atlikti pagrindinę duomenų analizę, tai yra ištirti tiesioginius ir netiesioginius ryšius tarp IPS ir PTA per socialinius veiksnius, atliktas struktūrinių lygčių modeliavimas, pasitelkiant statistinio modeliavimo programą *Mplus 7.4* (Muthén & Muthén, 1998–2017). Šiame tyrime patikrinti keli struktūrinių lygčių modeliai. Juose IPS yra nepriklausomas kintamasis, o priklausomi kintamieji yra atskleidimo barjerų skaičius, atskleidimo šaltinių skaičius, emocinė, materialinė ir informacinė parama, socialiniai apribojimai ir potrauminis augimas. Statistinei galiai padidinti buvo panaudoti PTA ir socialinių

apribojimų įverčių vidurkiai. Siekiant išvengti galimo duomenų skirstinio nuokrypio nuo normaliojo, pasirinktas WLSMV vertinimo metodas su įstrižainine svorių matrica. Netiesioginėms sąsajoms tarp IPS ir PTA patikrinti ir mediaciniam socialinių veiksnių poveikiui nustatyti buvo atlikta daugialypės medicijos analizė. Mediacija yra *visiška*, jei ryšys tarp nepriklausomo ir priklausomo kintamojo yra nereikšmingas ir artimas nuliui (Montoya & Hayes, 2017). Mediacija yra *dalinė*, jei ryšiu esant statistiškai reikšmingam, poveikis mažėja (Montoya & Hayes, 2017). Teoriškai ir praktiškai žinoma, kad PTA nėra tiesioginis IPS rezultatas, todėl buvo tikrinti keli modeliai su potencialiais mediatoriais (atskleidimo barjerų skaičiumi, atskleidimo šaltinių skaičiumi, socialiniais apribojimais bei emocijomis, materialine ir informacine parama). Bendras ryšys yra tiesioginis ryšys tarp nepriklausomų ir priklausomų kintamųjų, neatsižvelgiant į mediatorius. Tiesioginiu laikomas ryšys tarp nepriklausomo ir priklausomo kintamojo, atsižvelgiant į esamą mediaciją. Netiesioginis ryšys yra tam tikras priklausomo ir mediacinio kintamojo sąsajos laipsnis bei mediacinio kintamojo sąsajos laipsnis su nepriklausomu kintamuoju. Pagal Gignaco ir Szodoro (2016) metodiką, ryšys laikomas silpnu, jei jo įverčiai yra tarp $\geq 0,1$ ir $< 0,2$, vidutiniu, jei tarp $\geq 0,2$ ir $< 0,3$ ir stipriu, jei $\geq 0,3$.

5. PAGRINDINIAI TYRIMO REZULTATAI

Pirma hipotezė, kad *trauminės patirties atskleidimas (atskleidimo barjerų skaičius, atskleidimo šaltinių skaičius), socialinė parama (emocinė, informacinė ir materialinė) ir socialiniai apribojimai medijuoja ryšį tarp IPS (žiauraus sudėtinio, seksualinio, emocinio, fizinio smurto, priekabiavimo, karjeros sabotavimo, ekonominės kontrolės ir ekonominio išnaudojimo) ir PTA*, bei antra hipotezė, kad *trauminės patirties atskleidimas (atskleidimo barjerų skaičius, atskleidimo šaltinių skaičius), socialiniai apribojimai ir socialinė parama (emocinė, informacinė ir materialinė) yra tarpusavyje susiję*, buvo tikrinamos kartu⁵⁶. Kadangi

⁵ Modelių su pavieniais mediatoriais analizė pateikiama 2 priede pagal nuorodą <https://osf.io/qsp5/>

⁶ Modeliai su pavienėmis socialinės paramos formomis ir kitais kintamaisiais pateikiami 3 priede pagal nuorodą <https://osf.io/2cvr6>

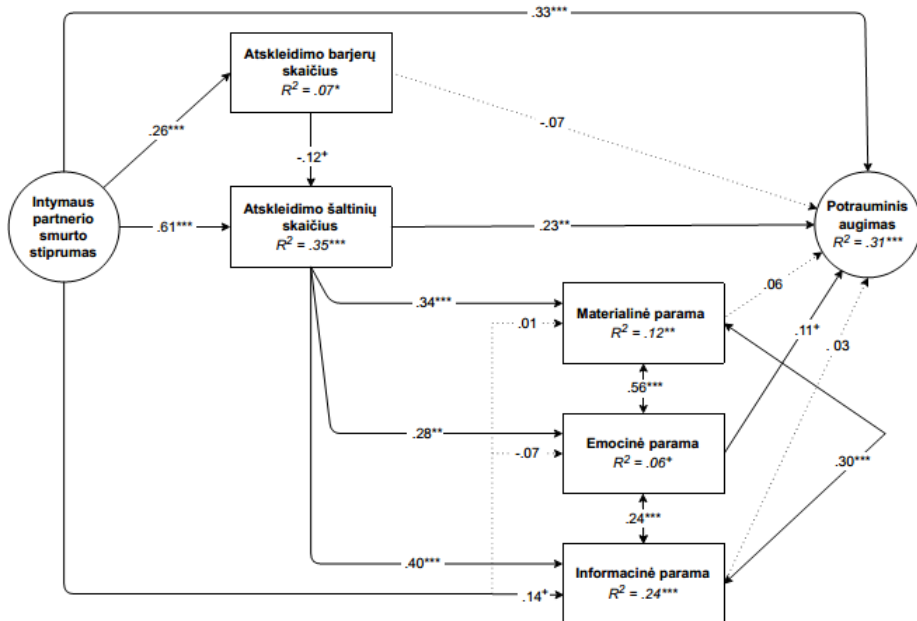
socialinės paramos formos ir socialinių apribojimų kintamieji nekoreliuoja, tai siekiant išsaugoti testo galią buvo tikrinami du skirtingi modeliai – vienas sudarytas iš visų kintamųjų, išskyrus socialinę paramą, o kitas – išskyrus socialinius apribojimus. Šie du modeliai buvo patikrinti atsižvelgiant į bendrą IPS patirtį ir į kiekvieną IPS formą atskirai (žiaurus sudėtinis smurtas, seksualinis, fizinis, emocinis smurtas, priekabiavimas, ekonominė kontrolė, ekonominis išnaudojimas ir karjeros sabotavimas). Iš viso patikrinta 18 struktūrinių lygčių modelių (žr. 1A ir 2A lenteles).

5.1 Smurtą patyrusių moterų potrauminio augimo modelis: atskleidimo barjerų, atskleidimo šaltinių ir materialinės, emocinės ir informacinės paramos vaidmuo

Tikrinamas PTA modelis su mediatoriais (atskleidimo barjerų skaičiumi, atskleidimo šaltinių skaičiumi, materialine, emocine ir informacine parama) bei prognostiniu kintamuoju (IPS) duomenis atitinka. Rezultatai atskleidė, kad iš visų kintamųjų teigiamai ir statistiškai reikšmingai su PTA yra susijęs IPS stiprumas, o atskleidimo šaltinių skaičius ir emocinė parama – teigiamai ir marginaliai reikšmingai (žr. 1 pav.). Reikšmingas netiesioginis ryšys tarp įvairių formų IPS ir PTA aptiktas per atskleidimo šaltinių skaičių (žr. 1 ir 1A lenteles). Rezultatai rodo, kad atskleidimo šaltinių skaičius iš dalies medijuoja sąsają tarp įvairių IPS ir PTA. Modelis paaiškina 31% PTA dispersijos. Be to, nustatyta, kad atskleidimo šaltinių skaičius yra stipriai teigiamai ir reikšmingai susijęs su materialine, emocine ir informacine parama. Be to, atskleidimo barjerų skaičius yra neigiamai (marginaliai statistiškai reikšmingai) susijęs su atskleidimo šaltinių skaičiumi.

1 pav.

Intymaus partnerio smurtą patyrusių moterų potrauminio augimo modelis; čia mediatoriai yra atskleidimo barjerų skaičius, atskleidimo šaltinių skaičius ir materialinė, emocinė ir informacinė parama



Pastabos: WLSMV įvertinys. Modelio tinkamumo parametrai $\chi^2 = 3100,56$ (2189), $p < 0,001$, CFI = 0,95, TLI = 0,95, RMSEA = 0,04, RMSEA 90% CI [0,04 – 0,05]. $^{***}p < 0,001$, $^{**}p < 0,01$, $^*p < 0,05$, $+p < 0,10$. Plona ištisinė linija su rodykle – tiesioginis ryšys, punktyrinė linija su rodykle – nereikšmingas ryšys.

1 lentelė.

Ryšiai tarp intymaus partnerio smurto ir potrauminio augimo, medijuojami atskleidimo barjerų skaičiaus, atskleidimo šaltinių skaičiaus ir materialinės, emocinės bei informacinės paramos

Prognozuojuojantis kintamasis		Mediatorius		Priklausomas kintamasis	Netiesioginis ryšys		Bendrasis ryšys	
					β	p	β	p
IPS	→	Barjerai	→	PTA	-.02	.38	.48	<.001
IPS	→	Atskleid.	→	PTA	.14	.01	.48	<.001
IPS	→	Emoc.	→	PTA	-.01	.46	.48	<.001
IPS	→	Material.	→	PTA	.00	.90	.48	<.001
IPS	→	Info	→	PTA	.00	.73	.48	<.001
IPS	→	Barjerai Atskleid.	→	PTA	-.01	.18	.48	<.001
IPS	→	Barjerai Emoc.	→	PTA	.01	.50	.48	<.001
IPS	→	Barjerai Material.	→	PTA	-.00	.27	.48	<.001
IPS	→	Barjerai Info	→	PTA	.00	.73	.48	<.001
IPS	→	Atskleid. Emoc.	→	PTA	.02	.14	.48	<.001
IPS	→	Atskleid. Material.	→	PTA	.01	.73	.48	<.001
IPS	→	Atskleid. Info	→	PTA	-.00	.54	.48	<.001
IPS	→	Barjerai Atskleid. Emoc.	→	PTA	-.00	.27	.48	<.001
IPS	→	Barjerai Atskleid. Material.	→	PTA	-.00	.54	.48	<.001
IPS	→	Barjerai Atskleid. Info	→	PTA	.00	.73	.48	<.001

Pastabos. $N = 244$; β – beta koeficientas, p – reikšmingumo lygmuo; IPS – bendroji intymiojo partnerio smurto patirtis; Barjerai – atskleidimo barjerų skaičius; Atskleid. – atskleidimų skaičius; Emoc. – emocinė parama, Material. – materialinė parama; Info – informacinė parama; PTA – potrauminis augimas.

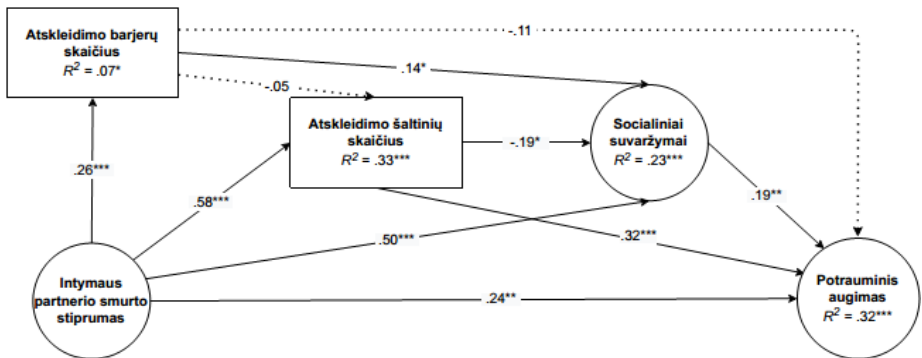
5.2 Intymaus partnerio smurtą patyrusių moterų potrauminio augimo modelis: atskleidimo barjerų, atskleidimo šaltinių ir socialinių apribojimų vaidmuo

Tikrinamas PTA modelis su mediatoriais (atskleidimo barjerų skaičiumi, atskleidimo šaltinių skaičiumi ir socialiniais apribojimais) bei prognostiniu kintamuoju (IPS) duomenis atitinka. Rezultatai rodo, kad iš visų kintamųjų IPS, atskleidimo šaltiniai ir socialiniai apribojimai yra tiesiogiai teigiamai su-

siję su PTA (žr. 2 pav.). Reikšmingas netiesioginis ryšys aptiktas tarp įvairių formų IPS ir PTA per atskleidimo šaltinių skaičių ir socialinius apribojimus (žr. 1A ir 2 lenteles). Rezultatai rodo, kad atskleidimo šaltinių skaičius ir socialinė parama iš dalies medijuoja sąsają tarp įvairialypio IPS ir PTA. Modelis paaiškina 32% PTA dispersijos. Be to, nustatyta, kad atskleidimo šaltinių skaičius yra neigiamai ir silpnai reikšmingai susijęs su socialiniais apribojimais, o atskleidimo barjerų skaičius – teigiamai ir silpnai reikšmingai susijęs su socialiniais apribojimais.

2 pav.

Intymaus partnerio smurtą patyrusių moterų potrauminio augimo modelis; čia mediatoriai yra atskleidimo barjerų skaičius, atskleidimo šaltinių skaičius ir socialiniai apribojimai



Pastabos: WLSMV įvertinys. Modelio tinkamumo parametrai $\chi^2 = 3133,82$ (2194), $p < 0,001$, CFI = 0,95, TLI = 0,95, RMSEA = 0,04, RMSEA 90% CI [0,04 – 0,05]. $^{***}p < 0,001$, $^{**}p < 0,01$, $^*p < 0,05$, $+p < 0,10$. Plona ištisinė linija su rodykle – tiesioginis ryšys, punktyrinė linija su rodykle – nereikšmingas ryšys.

2 lentelė

Ryšiai tarp intymaus partnerio smurto ir potrauminio augimo, medijuojami atskleidimo barjerų skaičiaus, atskleidimo šaltinių skaičiaus ir socialinių apribojimų

Prognozuojamasis kintamasis	Mediatorius	Priklausomas kintamasis	Netiesioginis efektas		Suminis efektas	
			β	<i>p</i>	β	<i>p</i>
IPS → Barjerai		→ PTA	-.03	.17	.48	<.001
IPS →	Atskleid.	→ PTA	.19	<.001	.48	<.001
IPS →	Apribojimai	→ PTA	.10	.02	.48	<.001
IPS →	Barjerai	→ PTA	-.00	.38	.48	<.001
IPS →	Barjerai	→ PTA	.01	.14	.48	<.001
IPS →	Atskleid.	→ PTA	-.02	.11	.48	<.001
IPS →	Atskleid.	→ PTA	.00	.42	.48	<.001

Pastabos. N = 244; β – beta koeficientas, *p* – reikšmingumo lygis; IPS – bendra intymaus partnerio smurto patirtis; Barjerai – atskleidimo barjerų skaičius; PTA – potrauminis augimas; Atskleid. – atskleidimų skaičius; Apribojimai – socialiniai apribojimai.

Apibendrinant: abi hipotezės priimtinos iš dalies. IPS patyrusių moterų imtyje atskleidimo šaltinių skaičius reikšmingai medijuoja ryšį tarp IPS (žiauraus sudėtinio, seksualinio, emocinio, fizinio smurto, priekabiavimo, karjeros sabotavimo, ekonominės kontrolės ir ekonominio išnaudojimo) ir PTA, laikant atskleidimo barjerų skaičiumi, atskleidimo šaltinių skaičiumi, emocinę, materialinę ir informacinę paramą nekintamais parametrais. Šis modelis yra iš esmės patvirtintas empiriškai ir paaiškina 26–31% PTA dispersijos. Išanalizavus IPS patyrusių moterų PTA modelį su mediatoriais (atskleidimo barjeriais, atskleidimo šaltiniais ir socialiniais apribojimais), matyti, kad keletas kintamųjų medijuoja IPS ir PTA ryšį. IPS patyrusių moterų imtyje atskleidimo šaltinių skaičius reikšmingai medijuoja ryšį tarp IPS (žiauraus sudėtinio, seksualinio, emocinio, fizinio smurto, priekabiavimo, karjeros sabotavimo, ekonominės kontrolės ir ekonominio išnaudojimo) ir PTA, o socialiniai apribojimai reikšmingai medijuoja ryšį tarp IPS (žiauraus sudėtinio, seksualinio, emocinio, fizinio smurto, priekabiavimo, karjeros sabotavimo, ekonominės kontrolės ir ekonominio išnaudojimo) ir PTA. Tad ir šis modelis yra iš esmės patvirtintas empiriškai ir paaiškina 29–33 % PTA dispersijos.

Atskleidimo barjerų skaičius reikšmingai teigiamai susijęs su socialiniais apribojimais, o atskleidimo šaltinių skaičius reikšmingai teigiamai susijęs su socialiniais apribojimais. Tuo pačiu atskleidimo šaltinių skaičius reikšmingai teigiamai susijęs su emocine, informacine ir materialine parama bei reikšmingai neigiamai – su socialiniais apribojimais.

6. DISKUSIJA

IPS daugybe aspektų neigiamai veikia moters biopsichosocialinę gerovę (Hisasue ir kt., 2020; Walker, 2017). Įvairių apklausų duomenimis, kas trečia moteris patiria fizinį ir (arba) seksualinį intymaus partnerio smurtą (WHO, 2021), o kas antra – emocinį ir psichologinį smurtą (Žukauskienė, Kaniušonytė, Bakaitytė ir kt., 2021); esama duomenų, kad kone kiekvienai moteriai per gyvenimą bent kartą teko susidurti su kontroliuojančiu partnerio elgesiu (WHO, 2005). Pasauliniu, regioniniu ir nacionaliniu mastu dedamos pastangos išgyvendinti, o svarbiausia – užkardyti šį moterų žmogaus teisių pažeidimą. Vis dėlto dar daug moterų susiduria su šiomis neigiamomis patirtimis.

Tyrimų rezultatai atskleidžia, kad trauma gali būti įveikta, o ją išgyvenę žmonės – net patirti teigiamą transformaciją. Smurtą patyrusios moterys pasakoja apie teigiamus pokyčius po išgyventos traumos, tie pokyčiai vadinami potrauminiu augimu, kuris įvyksta įvairiose žmogaus gyvenimo srityse. Vis dėlto svarbu pabrėžti, kad trauminė patirtis anaipol nėra nei pageidautina, nei skatintina. Pagrindinis PTA teorijos principas yra tas, kad PTA nevyksta vien todėl, jog asmuo išgyveno traumuojamą patirtį, labiau – dėl jo pastangų tą traumą įveikti (Tedeschi ir kt., 2018). Tyrimų rezultatai rodo, kad po traumos gali įvykti ir teigiamų, ir neigiamų pokyčių – asmeniui vienu metu gali būti būdingas ir PTA, ir potrauminio streso sutrikimas (Schubert ir kt., 2016). Taigi tai, jog asmuo patiria PTA, dar nereiškia, kad visa jo patirtis yra teigiama ar kad jis įveikė traumą ir su ja susijusius neigiamus savo biopsichosocialinės būklės padarinius.

Apie IPS patyrusių moterų PTA ir jį skatinančius ar trukdančius veiksnius dar mažai žinoma. Mokslinės literatūros žinių spragoms užpildyti ir minimiems veiksniams nustatyti šioje disertacijoje ištirti įvairūs PTS ir PTA ryšio mediatoriai (atskleidimo barjerų skaičius, atskleidimo šaltinių skaičius, emocinė, materialinė, informacinė parama ir socialiniai apribojimai). Ištirtas ir socialinių kintamųjų tarpusavio ryšys. Be to, atlikta sąsajų analizė tiek bendros smurto patirties, tiek atskirų smurto formų (žiauraus sudėtinio smurto,

seksualinio, fizinio, emocinio smurto, priekabiavimo, ekonominės kontrolės, ekonominio išnaudojimo ir karjeros sabotavimo) atveju.

Šios disertacijos rezultatai rodo, kad PTA yra sudėtingas reiškinys, o IPS išgyvenusios moterys jį patiria dažnai. Šios disertacijos rezultatai atitinka Grubaugh ir Resick (2007) radinius, nes dauguma (90,6%) tyrimo dalyvių teigė patyrusios augimą. Kaip ir tikėtasi, PTA teigiamai koreliuoja su IPS; tai reiškia, kad kuo stipresnė moters trauminė patirtis, tuo didesnę PTA ji patiria. Kontroliuojant kitus socialinius kintamuosius, ne visos IPS formos yra susijusios su PTA, nes jų dinamika labiau susijusi su mediaciniu tam tikrų socialinių veiksnių poveikiu.

IPS ir IPA ryšį medijuoja atskleidimo šaltinių skaičius ir socialiniai apribojimai, todėl pirmoji hipotezė priimta iš dalies. Remdamiesi šios disertacijos tyrimo rezultatais galime teigti, kad į augimą veda du keliai: apsunkintasis ir pozityvusis. Apsunkintasis IPS patyrusių moterų kelias į PTA veda per socialinių apribojimų patirtį, t. y. kuo dažniau moterys susiduria su IPS ir kuo šis būna sunkesnis, tuo dažniau jos susiduria ir su neigiamomis reakcijomis į savo trauminės patirties atskleidimą (socialiniai apribojimai), o per tai ir jų PTA būna aukštesnio lygmens. Ankstesniame tyrime (Ullman, 2014) buvo padaryta prielaida, kad šie du kintamieji yra susiję neigiamai, todėl šioje disertacijoje aptiktos sąsajos kryptis tarp socialinių apribojimų ir PTA buvo netikėta. Panašius rezultatus gavo ir Guruge su kolegomis (2012), kurie nustatė, kad neigiamos socialinė reakcija (jie tai vadino socialiniu konfliktu) į atskleidimą turėjo gerokai stipresnį poveikį moterų gerovei nei kiti veiksniai, pavyzdžiui, socialinė parama. Be to, žinoma, kad netinkama reakcija į trauminės patirties atskleidimą (kaip nepalaikymas ar socialiniai apribojimai) gali dar labiau pagilinti traumą (Smith & Freyd, 2013). Taigi gali būti ir taip, kad socialinius apribojimus moterys suvokė kaip dar vieną neigiamą patirtį, su kuria turėjo susidoroti, o tai galėjo paskatinti didesnę PTA. Svarbu pabrėžti, kad tokie rezultatai neleidžia manyti, jog moteriai papasakojus apie patiriamą IPS reikėtų reaguoti neigiamai ar kviesti kitus taip reaguoti. Priešingai, tokias reakcijas reikia žaboti ir stabdyti, nes jos tik dar labiau apsunkina moterų išgyvenimus.

Antrasis, pozityvus, kelias veda per teigiamesnius socialinius veiksnius, kaip atskleidimo šaltinių skaičius. Rezultatai rodo, kad trauminės patirties atskleidimų skaičius yra vienas iš labiausiai su PTA susijusių veiksnių. Dar svarbu paminėti, kad šiame tyrime atskleidimo šaltinių skaičius visiškai medijuoja ryšį tarp seksualinio smurto ir PTA. Kitaip tariant, labai svarbu sudaryti kuo palankesnes sąlygas seksualinę prievartą patyrusioms moterims atskleisti savo patirtį, nes kuo didesniai asmenų ratui ją atskleidžia, tuo didesnę potrauminę augimą ji gali patirti. Ankstesnių tyrimų rezultatai rodo, kad IPS patirtis atskleidžiama retai (FRA, 2014), atskleidimas yra susijęs su IPS stiprumu (Choi ir kt., 2018), dažnai apie tai moterys papasakoja tik po kurio laiko (Boyle ir kt., 2006). Taigi vien faktas, kad moterys rado savyje stiprybės atskleisti trauminę patirtį – ir dar ne vienam žmogui, – gali tapti lūžio tašku joms pripažinti traumą ir bandyti ją įveikti bei pajusti savo galią ir augimą.

Be to, siekiant geriau perprasti IPS patyrusių moterų kelius į PTA, buvo ištirti ir ryšiai tarp socialinių veiksnių. Pasitvirtino ne visos hipotetinės sąsajos. Pavyzdžiui, neaptikta ryšio tarp patirtų barjerų ir atskleidimo šaltinių skaičiaus. Greičiausiai vienas kuris nors barjeras gali paveikti trauminės patirties atskleidimą, bet atskleidimo skaičių veikia kiti veiksniai – kaip nustatyta disertacijoje, IPS stiprumas. Kita vertus, atrodo, kad su kuo daugiau barjerų moteris susiduria, tuo daugiau neigiamų reakcijų, t. y. socialinių apribojimų, sulaukia iš savo aplinkos. Labai tikėtina, kad kultūrinės nuostatos moterų *per se* atžvilgiu ir IPS patyrusių moterų atžvilgiu paveikia tiek pačias smurto aukas, tiek jų aplinką. Taigi, tam tikra prasme atskleidimo barjerai, su kuriais susiduria moterys, atsispindi moterų aplinkoje ir pasireiškia socialinių apribojimų, t. y. nepalaikančio elgesio, forma.

Atskleidimo šaltinių skaičius yra teigiamai susijęs su emocine, informacine ir materialine pama, o neigiamai susijęs su socialiniais apribojimais. Tyrimo rezultatai leidžia teigti, kad išplėtusios atskleidimo šaltinių ratą ir atskleidusios IPS patirtį platesniai žmonių ratui iš įvairių potencialios pagalbos grupių moterys padidina savo galimybes gauti daugiau įvairialypės paramos ir sumažina tikimybę patirti socialinių apribojimų. Neigiamas ryšys tarp atsklei-

dimo ir socialinių apribojimų mums buvo netikėtas. Šie radiniai išryškina ne tik trauminės patirties atskleidimo svarbą, bet ir tai, kad išplėstas galimų pagalbos šaltinių ratas padidina tikimybę atskleidus IPS sulaukti teigiamų socialinių reakcijų.

Apibendrinant galima sakyti, kad dauguma šioje disertacijoje nagrinėjamų socialinių veiksnių reikšmingai tiesiogiai arba netiesiogiai skatina IPS patyrusių moterų PTA, o tai jas, patiriančias daugybę neigiamų dalykų, teigiamai paveikia. Be to, šis darbas pateikia įžvalgų apie kelius, vedančius į augimą. Remiantis tyrimo rezultatais, pateikiama keletas pasiūlymų naujausiam PTA modeliui (Tedeschi ir kt., 2018) patobulinti. *Pirmiausia*, pagrindinė PTA proceso dalis yra savo trauminės patirties atskleidimas. IPS patyrusios moterys retai išpasakoja visas savo patirtis iš karto (Dunham & Senn, 2000). Tam, kad jos galėtų pripažinti ir įveikti patirtą traumą bei sulaukti pagalbos ir paramos, labai svarbu, jog jos apie tai galėtų kuo daugiau kalbėti. Todėl į PTA modelių reikėtų įtraukti ir trauminės patirties atskleidimo skaičių, pažymint jo svarbą smurtą patyrusioms moterims. *Antra*, dabartiniame PTA modelyje sociokultūrinės įtakos apima tik teigiamus aspektus, tokius kaip socialinė parama. Šios disertacijos ir dar kelių kitų tyrimų rezultatai (Sylaska & Edwards, 2014; Ullman, 2014) nušviečia kiek kitokią IPS patyrusių moterų realybę – jos dažnai sulaukia neigiamų socialinių reakcijų į savo trauminės patirties atskleidimą. Maža to, tos neigiamos socialinės reakcijos, ypač socialiniai apribojimai, irgi vaidina svarbų vaidmenį ir gali užgožti teigiamų reakcijų poveikį, ypač IPS patyrusioms moterims.

6.1 Tyrimo ribotumai ir pasiūlymai būsimiems tyrimams

Interpretuojant rezultatus reikia atsižvelgti ir į tam tikrus tyrimo ribotumus. Pirmas potencialus ribotumas – tyrimo imtis buvo patogioji, taigi iškyla klausimas dėl to, kiek plačiai rezultatai gali būti pritaikomi visoje populiacijoje. Be to, momentinis (skerspjūvio) tyrimas tyrimo dizainas neleidžia nustatyti priežastinių ryšių. Atliekant tyrimus ateityje reikėtų suformuoti reprezentatyvias imtis, kad darbo rezultatus būtų galima pritaikyti didesnei populiacijos

daliai ir longitudiniu tyrimu nustatyti priežastingumą.

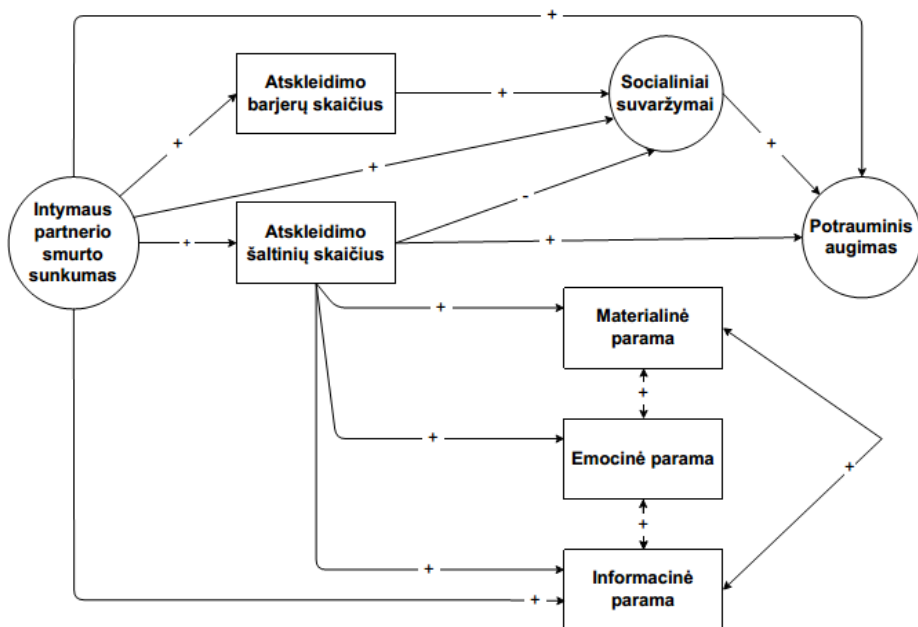
Kitas ribotumas susijęs su laiko elementu, į kurį šiame tyrime atsižvelgti nepavyko. Tyrimai rodo, kad laikas daro poveikį PTA po patirtos traumos (Wu ir kt., 2019). Vis dėlto tiriant viso gyvenimo IPS patirtį sunku nustatyti laiko poveikį, nes norint suprasti laiko svarbą po patirtos traumos reikia atsižvelgti į daugybę kitų kintamųjų, kaip smurtautojų skaičius, smurtinių santykių trukmė, išėjimo ir grįžimo procesas ar smurtas, besitęsiantis nutraukus santykius. Be to, reikia turėti omenyje, kad tyrime dalyvaujančioms moterims jau gali būti būdingas PTA. Taigi, ilgalaikis tyrimas galėtų padėti nustatyti PTA procesą ir priežastinius ryšius bei jų stabilumą laikui bėgant.

Vienas iš retrospektyviniams tyrimams būdingų ribotumų yra atminties šališkumas (angl. *recall bias*). Šios disertacijos tyrimo dalyvės buvo paprašytos įvertinti per gyvenimą patirtą savo IPS ir kitokias patirtis. Tyrimo rezultatus interpretuoti sudėtingiau dar ir todėl, kad buvo prašyta prisiminti skirtingu metu patirtus įvairius išgyvenimus. Kontroliuojant tiriamųjų amžių būtų galima geriau perprasti laiko poveikį ir atspindėti jaunesnių bei vyresnių moterų patirtį.

Rasti tyrimo dalyves, ypač turinčias specifinės traumuojamos patirties, yra sudėtinga, todėl dar vienas ribotumas yra tas, kad tyrimo dalyvės į tyrimą buvo kviestos taikant įvairius atrankos metodus. Per tolesnius tyrimus reikėtų suformuoti imtį taikant ne kelis, o vieną metodą, kad imtis būtų kuo homogeniškesnė. Surinkus didesnę imtį padidėtų ir tyrimo galia. Būsiamiems tyrimams, turintiems didesnę imtį, šios disertacijos autorė siūlo teorinį IPS patyrusių moterų potrauminio augimo modelį (žr. 3 pav.).

3 pav.

Teorinis intymaus partnerio smurtą patyrusių moterų potrauminio augimo modelis



Dar vienas potencialus šio tyrimo ribotumas susijęs su aukštais kai kurių skalių Cronbacho alfa koeficientais. Priimtina Cronbacho alfa koeficientų amplitudė yra 0,70–0,95 (De Vellis, 2003). Šiame tyrime siekta išanalizuoti daugiau IPS formų ir įtraukti visas skalėse surašytas išskirtines elgsenas. Todėl anketa išėjo ilgoka, o patikimumo koeficientai galėjo nepagrįstai padidėti (Tavakol & Dennick, 2011). Būsimouose tyrimuose būtų naudinga peržiūrėti skales ar naudotis trumpesnėmis anketų versijomis.

Dar vienas galimas šio tyrimo ribotumas susijęs su atskleidimo barjeriais ir atskleidimo šaltiniais. Šios disertacijos modeliui pasirinktas abiejų kintamųjų skaičius. Ateityje būtų prasminga panagrinėti konkrečių barjerų ir šaltinių poveikį potrauminiam augimui.

6.2 Praktinė tyrimo reikšmė ir rekomendacijos

Šios disertacijos rezultatai praplečia turimas tiek traumų psichologijos, tiek pozityviosios psichologijos žinias; remiantis jais pateikiama keletas teorinių ir praktinių rekomendacijų. Vis dar daug moterų, prabilusių apie patirtą IPS, susiduria su atskleidimo barjeriais (56,6%) ir socialiniais apribojimais (88,1%); o kuo daugiau moterys turi nuo atskleidimo apie IPS sulaikančių priežasčių, tuo labiau tikėtina, kad atskleidusios jos sulauks nepalaikančio elgesio. Todėl sprendimų priėmėjams svarbu:

Parengti ir priimti nacionalinę kovos su smurtu prieš moteris ir smurtu artimoje aplinkoje strategiją. Šios disertacijos radiniai rodo sisteminės kovos su smurtu prieš moteris spragas. Iki šiol Lietuva neturi nacionalinės strategijos kovai su smurtu prieš moteris bei smurtu artimoje aplinkoje. Realių pokyčių negalime tikėtis be koordinuotų ir tinkamai finansuojamų veiksmų. Taigi Lietuva turi skubiai parengti ir priimti nacionalinę strategiją, numatančią veiksmus nacionaliniu mastu (įtraukiant Teisingumo ministeriją, Vidaus reikalų ministeriją, Socialinės apsaugos ir darbo ministeriją, Švietimo, mokslo ir sporto ministeriją, Sveikatos apsaugos ministeriją, Finansų ministeriją, Ekonomikos ir inovacijų ministeriją) ir savivaldybių lygmeniu bei pabrėžiančią pilietinės visuomenės vaidmenį. Strategijos įgyvendinimui turi būti numatomas ir skiriamas tinkamas programinis finansavimas.

Ratifikuoti Europos Tarybos konvenciją dėl smurto prieš moteris ir smurto šeimoje prevencijos ir kovos su juo. Pastarieji teisinio reguliavimo pokyčiai Lietuvoje susilpnino tiek IPS patyrusių moterų apsaugą, tiek pagalbos teikimą (Vasiliauskė, 2021). Tad siekdama pagerinti situaciją ir neleisti jai dar labiau blogėti Lietuva skubiai privalo įgyvendinti sisteminius kovos su smurtu prieš moteris pokyčius, kurių svarbiausias yra Europos Tarybos konvencija dėl smurto prieš moteris ir smurto šeimoje prevencijos ir kovos su juo ratifikavimas ir įgyvendinimas. Įgyvendindama Konvenciją, kuria siekiama užkirsti kelią smurtui šeimoje, apsaugoti aukas ir patraukti smurtautojus atsakomybėn, Lietuva sukurtų visapusišką teisinę bazę kovai su smurtu prieš moteris.

Ugdyti sąmoningumą. Reikia dėti daugiau pastangų žmonių sąmoningumui IPS klausimais kelti. Svarbu šviesti visuomenę, ugdyti jos gebėjimą atpažinti smurto požymius, susijusius ne tik su fiziniu smurtu. Reikia rengti kampanijas, keičiančias neigiamą visuomenės požiūrį į IPS patyrusias moteris ir į moteris apskritai. Šių kampanijų metu visuomenei turėtų būti suteikiama informacija apie tai, kaip tinkamai paremti IPS patyrusias moteris, ir kviesti žmones parodyti savo palaikymą.

Gerinti specialistų, savo darbe susiduriančių su IPS patyrusiomis moterimis, mokymo programas. Reikia tinkamai rengti specialistus, kad jų darbas su nukentėjusiomis nuo smurto moterimis būtų pagrįstas gerąja pasaulio praktika ir orientuota į klientui draugiškos pagalbos ir paslaugų teikimą. Tinkamai įgyvendintos mokymo programos prisidėtų prie atskleidimo barjerų sumažinimo ir pagerintų tiek formaliosios, tiek neformaliosios aplinkos atsaką į trauminės patirties atskleidimą.

Kurti ir įgyvendinti specialius PTA protokolus. Sveikatos priežiūros ir SKPC specialistai turėtų būti supažindinami su traumų psichologija ir PTA teorija, siekiant mažinti socialinių apribojimų mastą ir didinti socialinę paramą. Specialūs protokolai apie IPS patyrusių asmenų PTA leistų specialistams geriau išmanyti PTA požymius ir padėti smurtą bei prievartą patyrusioms moterims juos atpažinti.

Šios disertacijos rezultatai išryškina trauminės patirties atskleidimo skaičiaus svarbą, nes jis mažina tikimybę, kad atskleidusi IPS auka patirs neigiamų reakcijų, ir didina tikimybę sulaukti socialinės paramos ir patirti didesnę PTA.

Specialistams, susiduriantiems su IPS patyrusiomis moterimis, ir pačioms smurtą patyrusioms moterims pateikiamos šios rekomendacijos:

Reikėtų dėti daugiau pastangų kreipiant moteris į Specializuotos kompleksinės pagalbos centrus (SKPC). Specialistai, bendraujantys su IPS išgyvenusiomis moterimis, turėtų nukreipti savo klientes į tokius specializuotus pagalbos šaltinius, kaip specializuotos kompleksinės pagalbos centrai, kviesti ir sudaryti sąlygas plačiau atskleisti informaciją apie patiriamą smurtą. Nukrei-

pimas į SKPC ne tik padeda moterims sulaukti specializuotos kompleksinės pagalbos, bet ir dar labiau padidina atskleidimų skaičių, kuris gali paskatinti didesnę potrauminę augimą.

Proaktyvi IPS patirties stebėseną. Specialistai, ypač sveikatos priežiūros, turėtų aktyviai klausti savo klientų apie jų patirtą IPS. Joms atskleidus šią informaciją, svarbu suteikti pagalbą ir nukreipti tolesnei specializuotai pagalbai gauti.

Svarbiausia atskleisti savo trauminę patirtį ir ieškoti pagalbos. Atskleidimas yra būtinas pripažįstant ir įveikiant traumą, nes padeda įprasminti išgyventą patirtį ir suteikia įžvalgų. Be to, atskleidimas platesniam ratui didina tikimybę gauti paramą. Net jei IPS patyrusios moterys, plėsdamos šaltinių, kuriems atskleidžia savo patirtį, ratą, susiduria su socialiniais apribojimais jos sumažina tikimybę patirti šią neigiamą socialinę reakciją ir padidina tikimybę patirti PTA. Taigi, svarbiausia atskleisti savo trauminę patirtį ir ieškoti pagalbos, nes jos tikrai galima sulaukti.

7. IŠVADOS

1. Šio tyrimo intymaus partnerio smurtą patyrusių moterų imtyje (atskleidimo šaltinių skaičius) socialiniai apribojimai medijuoja ryšį tarp intymaus partnerio smurto (žiauraus sudėtinio, seksualinio, emocinio, fizinio smurto, priekabiavimo, karjeros sabotavimo, ekonominės kontrolės ir ekonominio išnaudojimo) ir potrauminio augimo:
 - 1.1. Atskleidimo šaltinių skaičius reikšmingai medijuoja ryšį tarp intymaus partnerio smurto (žiauraus sudėtinio, seksualinio, emocinio, fizinio smurto, priekabiavimo, karjeros sabotavimo, ekonominės kontrolės ir ekonominio išnaudojimo) ir potrauminio augimo, kai buvo kontroliuojami atskleidimo barjerų skaičius ir emocinė, materialinė, informacinė parama. Kitaip tariant, plačiausiai patiriamą įvairių formų IPS atskleidžiančios moterys gali patirti didžiausią potrauminį augimą.
 - 1.2. Atskleidimo šaltinių skaičius reikšmingai medijuoja ryšį tarp intymaus partnerio smurto (žiauraus sudėtinio, seksualinio, emocinio, fizinio smurto, priekabiavimo, karjeros sabotavimo, ekonominės kontrolės ir ekonominio išnaudojimo) ir potrauminio augimo kuomet buvo kontroliuojami atskleidimo barjerų skaičius ir socialiniai apribojimai.
 - 1.3. Socialiniai apribojimai reikšmingai medijuoja ryšį tarp intymaus partnerio smurto (žiauraus sudėtinio, seksualinio, emocinio, fizinio smurto, priekabiavimo, karjeros sabotavimo, ekonominės kontrolės ir ekonominio išnaudojimo) ir potrauminio augimo kai buvo kontroliuojami atskleidimo barjerų ir atskleidimo šaltinių skaičiai. Kitaip tariant, didžiausią potrauminį augimą gali patirti įvairių formų IPS atskleidžiančios moterys, susiduriančios su neigiamomis reakcijomis į IPS patirties atskleidimą.
2. Šioje intymaus partnerio smurtą patyrusių moterų imtyje trauminės patirties atskleidimas (atskleidimo barjerų skaičius, atskleidimo šaltinių

skaičius), socialiniai apribojimai ir socialinė parama (emocinė, informacinė ir materialinė) yra tarpusavyje susiję:

- 2.1. Atskleidimo barjerų skaičius reikšmingai teigiamai susijęs su socialiniais apribojimais. Kitaip tariant, moterys, turinčios daugiau priešasčių neatskleisti intymaus partnerio smurto, dažniau sulaukia neigiamų socialinių reakcijų į atskleistą trauminę patirtį.
- 2.2. Atskleidimo šaltinių skaičius reikšmingai teigiamai susijęs su emocine, materialine ir informacine parama bei reikšmingai neigiamai susijęs su socialiniais apribojimais. Kitaip tariant, plačiausiai intymaus partnerio smurto sukeltą trauminę patirtį atskleidžiančios moterys dažniau sulaukia įvairialypės socialinės paramos ir mažiau neigiamų socialinių reakcijų į atskleidimą.

PRIEDAI

1A lentelė Ryšiai tarp įvairių intymaus partnerio smurto formų ir potrauminio augimo, medijuojami atskleidimo barjerų skaičiaus, atskleidimo šaltinių skaičiaus ir materialinės, emocinės bei informacinės paramos

Prognuojuojantis kintamasis	Mediatorius	Priklausomas kintamasis		Netiesioginis ryšys		Bendra ryšys	
		→	PTA	β	p	β	p
IPS	→	Atskleid.	→	.14	.01	.48	<.001
Žiaurus sudėtinis smurtas	→	Atskleid.	→	.15	<.001	.33	<.001
Seksualinis	→	Atskleid.	→	.15	<.001	.31	<.001
Emocinis	→	Atskleid.	→	.15	.00	.42	<.001
Fizinis	→	Atskleid.	→	.16	.00	.38	<.001
Priekabiavimas	→	Atskleid.	→	.14	.001	.44	<.001
Karjeros sabotavimas	→	Atskleid.	→	.14	<.001	.41	<.001
Ekonominė kontrolė	→	Atskleid.	→	.14	.001	.44	<.001
Ekonominis išnaudojimas	→	Atskleid.	→	.12	.001	.42	<.001
IPS	→	Emoc.	→	-.01	.46	.48	<.001
Žiaurus sudėtinis smurtas	→	Emoc.	→	.00	.91	.33	<.001
Seksualinis	→	Emoc.	→	-.00	.88	.31	<.001
Emocinis	→	Emoc.	→	-.01	.41	.42	<.001
Fizinis	→	Emoc.	→	.00	.87	.38	<.001
Priekabiavimas	→	Emoc.	→	.00	.80	.44	<.001
Karjeros sabotavimas	→	Emoc.	→	.001	.56	.41	<.001
Ekonominė kontrolė	→	Emoc.	→	-.00	.75	.44	<.001
Ekonominis išnaudojimas	→	Emoc.	→	.00	.76	.42	<.001
IPS	→	Material.	→	.00	.90	.48	<.001
Žiaurus sudėtinis smurtas	→	Material.	→	.01	.53	.33	<.001
Seksualinis	→	Material.	→	.01	.51	.31	<.001
Emocinis	→	Material.	→	-.01	.44	.42	<.001

Fizinis	→		→	PTA	.01	.50	.38	<.001
Priekabiavimas	→	Material.	→	PTA	.01	.53	.44	<.001
Karjeros sabotavimas	→	Material.	→	PTA	.01	.75	.41	<.001
Ekonominė kontrolė	→	Material.	→	PTA	.00	.63	.44	<.001
Ekonominis išnaudojimas	→	Material.	→	PTA	.00	.57	.42	<.001
IPS	→		Info	→	PTA	.73	.48	<.001
Žiaurus sudėtinis smurtas	→		Info	→	PTA	.53	.33	<.001
Seksualinis	→		Info	→	PTA	.51	.31	<.001
Emocinis	→		Info	→	PTA	.61	.42	<.001
Fizinis	→		Info	→	PTA	.57	.38	<.001
Priekabiavimas	→		Info	→	PTA	.84	.44	<.001
Karjeros sabotavimas	→		Info	→	PTA	.54	.41	<.001
Ekonominė kontrolė	→		Info	→	PTA	.59	.44	<.001
Ekonominis išnaudojimas	→		Info	→	PTA	.52	.42	<.001
IPS	→			→	PTA	.38	.48	<.001
Žiaurus sudėtinis smurtas	→	Barjerai	→	PTA	-02	.47	.33	<.001
Seksualinis	→	Barjerai	→	PTA	-01	.67	.31	<.001
Emocinis	→	Barjerai	→	PTA	-01	.60	.42	<.001
Fizinis	→	Barjerai	→	PTA	-01	.65	.38	<.001
Priekabiavimas	→	Barjerai	→	PTA	-03	.28	.44	<.001
Karjeros sabotavimas	→	Barjerai	→	PTA	-02	.43	.41	<.001
Ekonominė kontrolė	→	Barjerai	→	PTA	-01	.49	.44	<.001
Ekonominis išnaudojimas	→	Barjerai	→	PTA	-00	.72	.42	<.001
IPS	→	Barjerai	Atskleid.	→	PTA	.18	.48	<.001
Žiaurus sudėtinis smurtas	→	Barjerai	Atskleid.	→	PTA	.42	.33	<.001
Seksualinis	→	Barjerai	Atskleid.	→	PTA	.94	.31	<.001
Emocinis	→	Barjerai	Atskleid.	→	PTA	.72	.42	<.001

Fizinis	→	Barjerai	Atskleid.	→	PTA	-01	.90	.38	<.001
Priekabiavimas	→	Barjerai	Atskleid.	→	PTA	-00	.46	.44	<.001
Karjeros sabotavimas	→	Barjerai	Atskleid.	→	PTA	-00	.73	.41	<.001
Ekonominė kontrolė	→	Barjerai	Atskleid.	→	PTA	-00	.81	.44	<.001
Ekonominis išnaudojimas	→	Barjerai	Atskleid.	→	PTA	.00	.47	.42	<.001
IPS	→		Atskleid.	→	PTA	.02	.14	.48	<.001
Žiaurus sudėtinis smurtas	→		Atskleid.	→	PTA	.01	.23	.33	<.001
Seksualinis	→		Atskleid.	→	PTA	.01	.22	.31	<.001
Emocinis	→		Atskleid.	→	PTA	.02	.21	.42	<.001
Fizinis	→		Atskleid.	→	PTA	.01	.25	.38	<.001
Priekabiavimas	→		Atskleid.	→	PTA	.01	.20	.44	<.001
Karjeros sabotavimas	→		Atskleid.	→	PTA	.01	.24	.41	<.001
Ekonominė kontrolė	→		Atskleid.	→	PTA	.01	.17	.44	<.001
Ekonominis išnaudojimas	→		Atskleid.	→	PTA	.01	.23	.42	<.001
IPS	→	Barjerai	Emoc.	→	PTA	.01	.50	.48	<.001
Žiaurus sudėtinis smurtas	→	Barjerai	Emoc.	→	PTA	-00	.36	.33	<.001
Seksualinis	→	Barjerai	Emoc.	→	PTA	-00	.38	.31	<.001
Emocinis	→	Barjerai	Emoc.	→	PTA	-00	.38	.42	<.001
Fizinis	→	Barjerai	Emoc.	→	PTA	-00	.36	.38	<.001
Priekabiavimas	→	Barjerai	Emoc.	→	PTA	-00	.32	.44	<.001
Karjeros sabotavimas	→	Barjerai	Emoc.	→	PTA	-00	.32	.41	<.001
Ekonominė kontrolė	→	Barjerai	Emoc.	→	PTA	-00	.34	.44	<.001
Ekonominis išnaudojimas	→	Barjerai	Emoc.	→	PTA	-00	.38	.42	<.001
IPS	→		Atskleid.	→	PTA	.01	.73	.48	<.001
Žiaurus sudėtinis smurtas	→		Atskleid.	→	PTA	.01	.47	.33	<.001
Seksualinis	→		Atskleid.	→	PTA	.01	.50	.31	<.001
Emocinis	→		Atskleid.	→	PTA	.02	.27	.42	<.001

Fizinis	→	Atskleid.	Material.	→	PTA	.01	.48	.38	<.001
Priekabivavimas	→	Atskleid.	Material.	→	PTA	.01	.53	.44	<.001
Karjeros sabotavimas	→	Atskleid.	Material.	→	PTA	.00	.76	.41	<.001
Ekonominė kontrolē	→	Atskleid.	Material.	→	PTA	.01	.48	.44	<.001
Ekonominis išnaudojimas	→	Atskleid.	Material.	→	PTA	.01	.54	.42	<.001
IPS	→	Barjerai	Material.	→	PTA	-0.00	.27	.48	<.001
Žiaurus sudētinis smurtas	→	Barjerai	Material.	→	PTA	-0.00	.53	.33	<.001
Seksualinis	→	Barjerai	Material.	→	PTA	-0.00	.56	.31	<.001
Emocinis	→	Barjerai	Material.	→	PTA	-0.00	.49	.42	<.001
Fizinis	→	Barjerai	Material.	→	PTA	-0.00	.55	.38	<.001
Priekabivavimas	→	Barjerai	Material.	→	PTA	-0.00	.57	.44	<.001
Karjeros sabotavimas	→	Barjerai	Material.	→	PTA	-0.00	.77	.41	<.001
Ekonominė kontrolē	→	Barjerai	Material.	→	PTA	-0.00	.55	.44	<.001
Ekonominis išnaudojimas	→	Barjerai	Material.	→	PTA	-0.00	.60	.42	<.001
IPS	→	Atskleid.	Info	→	PTA	-0.00	.54	.48	<.001
Žiaurus sudētinis smurtas	→	Atskleid.	Info	→	PTA	.01	.50	.33	<.001
Seksualinis	→	Atskleid.	Info	→	PTA	.01	.49	.31	<.001
Emocinis	→	Atskleid.	Info	→	PTA	.01	.60	.42	<.001
Fizinis	→	Atskleid.	Info	→	PTA	.01	.57	.38	<.001
Priekabivavimas	→	Atskleid.	Info	→	PTA	.00	.84	.44	<.001
Karjeros sabotavimas	→	Atskleid.	Info	→	PTA	.01	.52	.41	<.001
Ekonominė kontrolē	→	Atskleid.	Info	→	PTA	.01	.58	.44	<.001
Ekonominis išnaudojimas	→	Atskleid.	Info	→	PTA	.01	.42	.42	<.001
IPS	→	Barjerai	Info	→	PTA	.00	.73	.48	<.001
Žiaurus sudētinis smurtas	→	Barjerai	Info	→	PTA	-0.00	.52	.33	<.001
Seksualinis	→	Barjerai	Info	→	PTA	-0.00	.54	.31	<.001

Emocinis	→	Barjerai	Info	→	PTA	-0.00	.62	.42	<.001
Fizinis	→	Barjerai	Info	→	PTA	-0.00	.60	.38	<.001
Priekabiavimas	→	Barjerai	Info	→	PTA	-0.00	.84	.44	<.001
Karjeros sabotavimas	→	Barjerai	Info	→	PTA	-0.00	.55	.41	<.001
Ekonominė kontrolė	→	Barjerai	Info	→	PTA	-0.00	.60	.44	<.001
Ekonominis išnaudojimas	→	Barjerai	Info	→	PTA	-0.00	.49	.42	<.001
IPS	→	Barjerai	Atskleid.	Emoc.	PTA	-0.00	.27	.48	<.001
Žiaurus sudėtinis smurtas	→	Barjerai	Atskleid.	Emoc.	PTA	.00	.48	.33	<.001
Seksualinis	→	Barjerai	Atskleid.	Emoc.	PTA	.00	.94	.31	<.001
Emocinis	→	Barjerai	Atskleid.	Emoc.	PTA	.00	.72	.42	<.001
Fizinis	→	Barjerai	Atskleid.	Emoc.	PTA	.00	.90	.38	<.001
Priekabiavimas	→	Barjerai	Atskleid.	Emoc.	PTA	.00	.51	.44	<.001
Karjeros sabotavimas	→	Barjerai	Atskleid.	Emoc.	PTA	.00	.74	.41	<.001
Ekonominė kontrolė	→	Barjerai	Atskleid.	Emoc.	PTA	.00	.81	.44	<.001
Ekonominis išnaudojimas	→	Barjerai	Atskleid.	Emoc.	PTA	.00	.53	.42	<.001
IPS	→	Barjerai	Atskleid.	Material.	PTA	-0.00	.54	.48	<.001
Žiaurus sudėtinis smurtas	→	Barjerai	Atskleid.	Material.	PTA	.00	.58	.33	<.001
Seksualinis	→	Barjerai	Atskleid.	Material.	PTA	.00	.94	.31	<.001
Emocinis	→	Barjerai	Atskleid.	Material.	PTA	.00	.72	.42	<.001
Fizinis	→	Barjerai	Atskleid.	Material.	PTA	.00	.91	.38	<.001
Priekabiavimas	→	Barjerai	Atskleid.	Material.	PTA	.00	.63	.44	<.001
Karjeros sabotavimas	→	Barjerai	Atskleid.	Material.	PTA	.00	.82	.41	<.001
Ekonominė kontrolė	→	Barjerai	Atskleid.	Material.	PTA	.00	.82	.44	<.001
Ekonominis išnaudojimas	→	Barjerai	Atskleid.	Material.	PTA	.00	.63	.42	<.001
IPS	→	Barjerai	Atskleid.	Info	PTA	.00	.73	.48	<.001
Žiaurus sudėtinis smurtas	→	Barjerai	Atskleid.	Info	PTA	.00	.60	.33	<.001
Seksualinis	→	Barjerai	Atskleid.	Info	PTA	.00	.94	.31	<.001
Emocinis	→	Barjerai	Atskleid.	Info	PTA	.00	.76	.42	<.001

Fizimis	→	Barjerai	Atskleid.	Info	→	PTA	.00	.91	.38	<.001
Priekabiavimas	→	Barjerai	Atskleid.	Info	→	PTA	.00	.85	.44	<.001
Karjeros sabotavimas	→	Barjerai	Atskleid.	Info	→	PTA	.00	.76	.41	<.001
Ekonominė kontrolė	→	Barjerai	Atskleid.	Info	→	PTA	.00	.83	.44	<.001
Ekonominis išnaudojimas	→	Barjerai	Atskleid.	Info	→	PTA	.00	.58	.42	<.001

Pastabos β – beta koeficientas, p – reikšmingumo lygis; *IPS* – bendroji intymaus partnerio smurto patirtis; *Barjerai* – atskleidimo barjerų skaičius; *Atskleid.* – atskleidimų skaičius; *Emoc.* – emocinė parama, *Material.* – materialinė parama; *Info* – informacinė parama; *PTA* – potrauminis augimas.

2A lentelė Ryšiai tarp įvairių intymaus partnerio smurto formų ir potrauminio augimo, medijuojami atskleidimo barjerų skaičiaus, atskleidimo šaltinių skaičiaus ir socialinių apribojimų

Prognozuojantis kintamasis	Mediatorius	Priklausomas kin- tamas	Netiesioginis ryšys		Bendras ryšys	
			β	p	β	p
IPS	→	Barjerai	→	PTA	.48	<.001
Žiaurus sudėtinis smurtas	→	Barjerai	→	PTA	.33	<.001
Seksualinis	→	Barjerai	→	PTA	.23	.05
Emocinis	→	Barjerai	→	PTA	.43	<.001
Fizinis	→	Barjerai	→	PTA	.38	<.001
Priekabiavimas	→	Barjerai	→	PTA	.44	<.001
Karjeros sabotavimas	→	Barjerai	→	PTA	.41	<.001
Ekonominė kontrolė	→	Barjerai	→	PTA	.43	<.001
Ekonominis išnaudojimas	→	Barjerai	→	PTA	.42	<.001
IPS	→	Atskleid.	→	PTA	.48	<.001
Žiaurus sudėtinis smurtas	→	Atskleid.	→	PTA	.33	<.001
Seksualinis	→	Atskleid.	→	PTA	.23	.05
Emocinis	→	Atskleid.	→	PTA	.43	<.001
Fizinis	→	Atskleid.	→	PTA	.38	<.001
Priekabiavimas	→	Atskleid.	→	PTA	.44	<.001
Karjeros sabotavimas	→	Atskleid.	→	PTA	.41	<.001
Ekonominė kontrolė	→	Atskleid.	→	PTA	.43	<.001
Ekonominis išnaudojimas	→	Atskleid.	→	PTA	.42	<.001
IPS	→	Soc. apribojimai	→	PTA	.48	<.001

Žiaurus sudėtinis smurtas	→				PTA	.08	.01	.33	<.001
Seksualinis	→	Soc. apribojimai	→	PTA		-.02	.31	.23	.05
Emocinis	→	Soc. apribojimai	→	PTA		.12	.01	.43	<.001
Fizinis	→	Soc. apribojimai	→	PTA		.05	.04	.38	<.001
Priekabiavimas	→	Soc. apribojimai	→	PTA		.07	.02	.44	<.001
Karjeros sabotavimas	→	Soc. apribojimai	→	PTA		.08	.02	.41	<.001
Ekonominė kontrolė	→	Soc. apribojimai	→	PTA		.10	.01	.43	<.001
Ekonominis išnaudojimas	→	Soc. apribojimai	→	PTA		.07	.01	.42	<.001
IPS	→	Barjerai	→	PTA		-0.00	.38	.48	<.001
Žiaurus sudėtinis smurtas	→	Barjerai	→	PTA		-0.01	.41	.33	<.001
Seksualinis	→	Barjerai	→	PTA		.00	.99	.23	.05
Emocinis	→	Barjerai	→	PTA		-0.00	.71	.43	<.001
Fizinis	→	Barjerai	→	PTA		-0.00	.90	.38	<.001
Priekabiavimas	→	Barjerai	→	PTA		-0.01	.46	.44	<.001
Karjeros sabotavimas	→	Barjerai	→	PTA		-0.00	.73	.41	<.001
Ekonominė kontrolė	→	Barjerai	→	PTA		-0.00	.82	.43	<.001
Ekonominis išnaudojimas	→	Barjerai	→	PTA		.00	.47	.42	<.001
IPS	→	Barjerai	→	PTA		.01	.14	.48	<.001
Žiaurus sudėtinis smurtas	→	Barjerai	→	PTA		.01	.14	.33	<.001
Seksualinis	→	Barjerai	→	PTA		.01	.09	.23	.05
Emocinis	→	Barjerai	→	PTA		.01	.11	.43	<.001
Fizinis	→	Barjerai	→	PTA		.01	.07	.38	<.001
Priekabiavimas	→	Barjerai	→	PTA		.01	.13	.44	<.001
Karjeros sabotavimas	→	Barjerai	→	PTA		.01	.12	.41	<.001

Ekonominė kontrolė	→	Barjerai	→	Soc. apribojimai	→	PTA	.01	.12	.43	<.001
Ekonominis išnaudojimas	→	Barjerai	→	Soc. apribojimai	→	PTA	.01	.16	.42	<.001
IPS	→		→	Atskleid.	→	PTA	-.02	.11	.48	<.001
Žiaurus sudėtinis smurtas	→		→	Atskleid.	→	PTA	-.01	.52	.33	<.001
Seksualinis	→		→	Atskleid.	→	PTA	.00	.65	.23	.05
Emocinis	→		→	Atskleid.	→	PTA	-.03	.09	.43	<.001
Fizinis	→		→	Atskleid.	→	PTA	-.00	.88	.38	<.001
Priekabiavimas	→		→	Atskleid.	→	PTA	.01	.13	.44	<.001
Karjeros sabotavimas	→		→	Atskleid.	→	PTA	-.01	.43	.44	<.001
Ekonominė kontrolė	→		→	Atskleid.	→	PTA	-.02	.13	.43	<.001
Ekonominis išnaudojimas	→		→	Atskleid.	→	PTA	-.01	.52	.42	<.001
IPS	→	Barjerai	→	Atskleid.	→	PTA	.00	.42	.48	<.001
Žiaurus sudėtinis smurtas	→	Barjerai	→	Atskleid.	→	PTA	.00	.51	.33	<.001
Seksualinis	→	Barjerai	→	Atskleid.	→	PTA	.00	.99	.23	.05
Emocinis	→	Barjerai	→	Atskleid.	→	PTA	.00	.71	.43	<.001
Fizinis	→	Barjerai	→	Atskleid.	→	PTA	.00	.92	.38	<.001
Priekabiavimas	→	Barjerai	→	Atskleid.	→	PTA	.00	.57	.44	<.001
Karjeros sabotavimas	→	Barjerai	→	Atskleid.	→	PTA	.00	.75	.41	<.001
Ekonominė kontrolė	→	Barjerai	→	Atskleid.	→	PTA	.00	.82	.43	<.001
Ekonominis išnaudojimas	→	Barjerai	→	Atskleid.	→	PTA	.00	.63	.42	<.001

Pastabos. β - beta koeficientas, p - reikšmingumo lygis; *IPS* – bendra intymaus partnerio smurto patirtis; *Barjerai* – atskleidimo barjerų skaičius; *PTA* – potrauminis augimas; *Atskleid.* – atskleidimų skaičius; *Soc. apribojimai* – socialiniai apribojimai.

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Disertacijos tema paskelbtos mokslinės publikacijos:

1. **Vasiliauskaitė, Z.**, & Geffner, R. (2020). Eight Forms of Abuse: The Validation of Two Multidimensional Instruments of Intimate Partner Violence. *Psichologija*, (62), pp 56–68. DOI: <https://doi.org/10.15388/Psichol.2020.21>

2. **Vasiliauskaitė, Z.**, & Geffner, R. (2020). Reasons That Keep Women from Atskleidosing Intimate Partner Violence. *Socialinis darbas*, 18(2), 65–80. DOI: 10.13165/SD-20-18-2-05.

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2. Vasiliauskienė, L., Dirmotaitė, E., **Vasiliauskaitė, Z.** (2016). *Metodinės rekomendacijos Specializuotos pagalbos centrų darbuotojams, savanoriams bei Apsaugos nuo smurto artimoje aplinkoje įstatymą įgyvendinančių institucijų darbuotojams ir specialistams*. Vilnius, Lietuva.

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2. **Vasiliauskaitė, Z.** (2021, lapkritis). Lietuvos pagalbos nuo smurto artimoje aplinkoje nukentėjusiems asmenims teikimo modelis Europos istoriniame ir politiniame kontekstuose. Aktualios tendencijos, iššūkiai ir pasiekimai. [Žodinis pranešimas]. Moterų žmogaus teisės Lietuvoje 2021. Lietuvos Respublikos Seimas, Vilnius, Lietuva.

3. **Vasiliauskaitė, Z.** (2021, rugpjūtis). The European help provision model for women survivors of male IPS. Current trends, challenges and achievements [Žodinis pranešimas Keynote sesijos metu]. The 26th International Virtual Summit. Empowering individuals, families, and communities to overcome collective trauma, San Diego, Kalifornija, JAV.

4. **Vasiliauskaitė, Z.** (2021, gegužė). *Priežastys, sulaikančios intymaus partnerio smurtą išgyvenusias moteris nuo smurtinių patirčių atskleidimo*. [Stendinis pranešimas]. The XVIII Young Psychology Researchers Conference, Vilnius, Lietuva.

5. **Vasiliauskaitė, Z.** (2021, gegužė). *Smurto prieš moteris šeimoje vertinimo metodikos. Kaip išsirinkti geriausia?* [Žodinis pranešimas]. XVIII Young Psychology Researchers Conference, Vilnius, Lietuva.

6. **Vasiliauskaitė, Z.** & Geffner, R. (2020, rugpjūtis). *Reasons that keep women from disclosing intimate partner violence* [Stendinis pranešimas]. The 25th International Virtual Summit on Violence, Abuse and Trauma across the Lifespan, San Diegas, Kalifornija, JAV.

7. **Vasiliauskaute, Z.,** Naudi, M., Camilleri, L., & Geffner, R. (2020, rugpjūtis). *The link between help seeking and different types of intimate partner violence* [Stendinis pranešimas]. The 25th International Virtual Summit on Violence, Abuse and Trauma across the Lifespan. San Diegas, Kalifornija, JAV.

8. **Vasiliauskaitė, Z.,** & Geffner, R. (2020, rugpjūtis). *Eight types of abuse: The validation of two multidimensional instruments of intimate partner violence* [Stendinis pranešimas]. The 25th International Virtual Summit on Violence, Abuse and Trauma across the Lifespan. San Diegas, Kalifornija, JAV.

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10. **Vasiliauskaitė, Z.** (2019, lapkritis). *Posttraumatic growth in women survivors of intimate partner violence. The importance of specialized complex help* [Žodinis pranešimas]. The International Conference Domestic Violence Cause, Consequences and Management, Vilnius, Lietuva.

11. Balunde, A. & **Vasiliauskaitė, Z.** (2019, lapkritis). *Theoretical considerations regarding the relationship between climate change-related disasters and violence against women* [Stendinis pranešimas]. The International Conference Domestic Violence Cause, Consequences and Management, Vilnius, Lietuva.

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24. Vasiliauskaitė, Z. (2015, rugsėjis). *Traumos psichologija: kodėl smurtą ir prievartą šeimoje patiriančios moterys nepalieka smurtautojų?* [Žodinis pranešimas]. Smurtas prieš Moteris Lyčių (Ne)Lygybes Aspektu: Priežastys, Pasekmes ir Įveikimo Strategijos, Kaunas, Lietuva.

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Išsilavinimas:

- 2015 - 2023 Doktorantūros studijos pagal Mykolo Romerio, Vytauto Didžiojo ir Kordobos universitetų jungtinę programą, socialiniai mokslai, psichologija.
- 2020 lapkritis „Akademinis rašymas“ dėstė prof. dr. Larry J. Nelson, Brigham Young Universitetas, JAV. Trukmė 15 valandų.
- 2019 rugpj. – 2020 rugs. Mokslinė praktika Maltos universitete pagal Erasmus+ programą. Praktikos vadovė – prof. Marceline Naudi.
- 2018 vasaris „Struktūrinių lygčių modeliavimas ir longitudinalinio tyrimo duomenų analizė Mplus ir R kalbos programomis“ dėstė prof. G. John Geldhof, Oregono Universitetas, JAV. Trukmė 30 valandų.
- 2011 - 2014 Magistrantūros studijos Mykolo Romerio universitete, socialiniai mokslai, teisės psichologija.
- 2012 sausis - birželis Magistro studijų mainai Tamperės universitete (Suomija), socialiniai mokslai, moterų studijos.
- 2006 - 2011 Bakalauro studijos Vytauto Didžiojo universitete, socialiniai mokslai, psichologija.

Darbo patirtis:

- 2022 vasaris - 2023 sausis Europos lyčių lygybės institutas *Research and Policy* („Tyrimų ir politikos formavimas“) skyrius *Gender-Based Violence* („Su lytimi susijęs smurtas“) komanda. Pagrindiniai projektai, į kuriuos buvo įsitraukusi: EIGE -lyčių statistikos duomenų bazės palaikymas bei atnaujinimas; administracinių duomenų, susijusių su smurtu prieš moteris, sisteminimas bei rinkimas 27 EU šalyse; FRA ir EIGE tyrimas skirtas įvairių smurto rūšių prieš moteris mastui nustatyti; nuo karo bėgančių moterų ir mergaičių prieigos prie specializuotų sveikatos priežiūros paslaugų ES įvertinimas, rekomendacijų rengimas Vakarų Balkanų šalims ir Turkijai dėl smurto prieš moteris statistikos rinkimo sistemų stiprinimo.

- 2020 - 2021 Maltos universiteto Lyčių studijų ir seksualumo katedra. Dėstytoja. Kursai: Gender in Communication; Research Methods in Gender Studies; Gender and Psychology.
- 2014 - 2015 Prievartos, išnaudojimo ir traumos institutas (*Institute on Violence, Abuse and Trauma*, IVAT), Kalifornija, JAV. Teisės psichologijos atvejo vykdytoja (*case lead*) ir penkių tarptautinių recenzuojamų žurnalų redaktorius asistentė.
- 2012 - 2021 Asociacija Vilniaus Moterų namai, Specializuotos kompleksinės pagalbos centras (SKPC). Smurtą ir prievartą patyrusių moterų konsultantė, psichologė, specialistų mokymų organizatorė ir vedėja, projektų koordinatore, moterų žmogaus teisių advokacijos ekspertė, metodinių rekomendacijų ir įvairių mokymo programų, skirtų SKPC konsultantams ir kitiems specialistams, savo darbe susiduriantiems su intymaus partnerio smurtą patyrusiais asmenimis, bendraautorė.

Ekspertų panelės:

- 2021- dabar Lygių galimybių tyrėjų tinklo prie Lietuvos Respublikos Socialinės apsaugos ir darbo ministerijos ekspertė.
- 2021- dabar Mokslinio žurnalo *The Journal of Child & Adolescent Trauma* („Vaikų ir paauglių traumos“) redakcinės kolegijos narė.
- 2015- dabar WAVE (*Women Against Violence Europe* – Europos moterys prieš smurtą) patariamosios tarybos ko-delegatė bei darbo grupių narė.
- 2014- dabar Mokslinių žurnalų *The Journal of Family Trauma, Child Custody and Child Development* („Šeimos trauma, teisės į vaiko globą nustatymas ir vaiko raida“) ir *The Journal of Aggression, Maltreatment & Trauma* („Agresija, netinkamas elgesys ir trauma“) recenzentė.

Moksliniai interesai: tarpasmeninės traumos ir jų poveikis asmens biopsichosocialinei gerovei, nuostatos ir sisteminis atsakas į smurtą prieš moteris, pagalbos teikimas ir pagalbos siekimas, moterų žmogaus teisių problematika.

Vasiliauskaitė, Zuzana THE ROLE OF DISCLOSURE, SOCIAL SUPPORT AND SOCIAL CONSTRAINTS FOR POSTTRAUMATIC GROWTH IN WOMEN SURVIVORS OF INTIMATE PARTNER VIOLENCE: doctor thesis. – Vilnius: Mykolas Romeris University, 2023, 296p.

Bibliogr. 152-182 P.

Very little is known about posttraumatic growth (PTG) in women survivors of intimate partner violence (IPV) and what factors promote or hinder it. Thus, the main aim of this dissertation was to explore direct and indirect links between intimate partner violence and posttraumatic growth through disclosure (the number of barriers to disclosure the women face, the number of different sources the women disclose the abuse to), social support (tangible, emotional, informational support) and social constraints. By analyzing 244 responses from women survivors of different forms of IPV through structural equation modelling, two paths to growth were determined: challenging and positive. The challenging path to PTG for the women survivors of IPV would be accruing through social constraints. While a positive path to PTG occurs through increased disclosure to a wider circle of potential help providers. Thus, wider disclosure facilitates growth, and social constraints appear to be another difficult experience that IPV survivors must overcome that contributes to the experience of greater PTG. Based on the findings of the dissertation, improvements to the latest Model of PTG (Tedeschi et al., 2018), as well as practical recommendations and implications for decision-makers, various specialists, and the women survivors of IPV, are offered.

Mokslinėje literatūroje vis dar trūksta žinių apie tai, kokie veiksniai potrauminį augimą (PTA) skatina, o kokie jam trukdo, ypač intymaus partnerio smurtą (IPS) patyrusių moterų atveju. Taigi pagrindinis šios disertacijos tikslas – ištirti tiesiogines ir netiesiogines IPS ir PTA sąsajas per socialinius veiksnius, tokius kaip smurtinės patirties atskleidimas (barjerų, stabdančių moteris nuo trauminės patirties atskleidimo, skaičius, įvairių šaltinių, kuriems moterys atskleidžia patiriančios smurtą, skaičius), socialinė parama (materialinė, emocinė ir informacinė parama) ir socialiniai apribojimai. Išanalizavus 244 IPS patyrusių moterų atsakymus, atlikus struktūrinių lygčių modeliavimą, buvo nustatyti du potrauminio augimo keliai: apsunkintasis ir pozityvusis. Apsunkintasis IPS patyrusių moterų kelias į PTA veda per socialinių apribojimų patirtį. Tuo tarpu pozityvusis kelias į PTA veda per išplėstą atskleidimo šaltinių ratą, tai yra per IPS patirties atskleidimą didesnei potencialiai pagalbai suteikti galinčių asmenų grupei. Taigi, platesnis atskleidimas skatina augimą, o socialinius apribojimus moterys galbūt suvokia kaip dar vieną neigiamą patirtį, su kuria turėtų susidoroti, ir tai tikriausiai skatina didesnę PTA. Remiantis šio tyrimo rezultatais, pateikti pasiūlymai naujausiam PTA modeliui (Tedeschi ir kt., 2018) papildyti, pateikiamos praktinės rekomendacijos sprendimų priėmėjams, įvairiems specialistams ir moterims, išgyvenusioms IPS.

Zuzana Vasiliauskaitė

THE ROLE OF DISCLOSURE, SOCIAL SUPPORT AND SOCIAL
CONSTRAINTS FOR POSTTRAUMATIC GROWTH IN WOMEN
SURVIVORS OF INTIMATE PARTNER VIOLENCE

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