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DOCTORAL DISSERTATION

REBUILDING ONESELF: POSTTRAUMATIC GROWTH IN WOMEN SURVIVORS OF INTIMATE PARTNER VIOLENCE

SOCIAL SCIENCES,
PSYCHOLOGY (S 006)
VILNIUS, 2023

Mykolas Romeris University

MYKOLAS ROMERIS UNIVERSITY

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Scientific supervisor:
Prof. Dr. Rita Žukauskienė (Mykolas Romeris University, Lithuania, Social Sciences, Psychology, S 006).

Scientific consultant:
Dr. Alicia Puente Martínez (University of Salamanca, Spain, Social Sciences, Psychology, S 006).

The doctoral dissertation will be defended in the Psychology Science council of Mykolas Romeris University and Vytautas Magnus University:

Chairperson:
Prof. Dr. Danielius Serapinas (Mykolas Romeris University, Lithuania, Medicine and Health Sciences, Medicine, M 001).

Members:
Dr. Neus Roca Cortés (University of Barcelona, Spain, Social Sciences, Psychology, S 006);
Dr. Anni Donaldson (University of Strathclyde, Scotland, Social Sciences, Sociology, S 005);
Dr. José Luis González Castro (University of Burgos, Spain, Social Sciences, Psychology, S 006);
Prof. Dr. Evaldas Kazlauskas (Vilnius University, Lithuania, Social Sciences, Psychology, S 006).

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Mokslinė vadovė:
Prof. Dr. Rita Žukauskienė (Mykolo Romerio universitetas, Lietuva, socialiniai mokslai, psichologija, S 006).

Mokslinė konsultantė:
Dr. Alicia Puente Martínez (Salamankos universitetas, Ispanija, socialiniai mokslai, psichologija, S 006).

Daktaro disertacija ginama Mykolo Romerio universiteto ir Vytauto Didžiojo universiteto psichologijos mokslo krypties taryboje:

Pirmininkas:
Prof. Dr. Danielius Serapinas (Mykolo Romerio universitetas, Lietuva, medicinos ir sveikatos mokslai, medicina, M 001).

Nariai:
Dr. Neus Roca Cortés (Barselonos universitetas, Ispanija, socialiniai mokslai, psichologija, S 006);
Dr. Anni Donaldson (Strathclyde universitetas, Škotija, socialiniai mokslai, sociologija, S 005);
Dr. José Luis González Castro (Burgos universitetas, Ispanija, socialiniai mokslai, psichologija, S 006);
Prof. Dr. Evaldas Kazlauskas (Vilniaus universitetas, Lietuva, socialiniai mokslai, psichologija, S 006).

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2. Bakaitytė, A., Kaniušonytė, G., & Žukauskienė, R. (2022). Posttraumatic Growth, Centrality of Event, Trauma Symptoms and Resilience: Profiles of Women Survivors of Intimate Partner Violence. *Journal of Interpersonal Violence, 37*(21–22), NP20168–NP20189. https://doi.org/10.1177/08862605211050110
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4. Bakaitytė, A., Puente-Martínez, A., Ubilos-Landa, S., Žukauskienė, R. (2022). Path to posttraumatic growth: The role of centrality of event, deliberate and intrusive rumination, and self blame in women victims and survivors of intimate partner violence. *Frontiers in Psychology*. DOI: 10.3389/fpsyg.2022.1018569
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1. INTRODUCTION

Traumatic experiences have the potential to damage or even destroy people's fundamental beliefs about the world, leading to great suffering (Tedeschi & Calhoun, 2004). Interpersonal traumas, such as intimate partner violence (IPV), can be even more damaging, as experiencing deliberate harm from someone significant can create difficulties in trusting people (Wamser-Nanney et al., 2018). However, some people are able to rebuild themselves and experience posttraumatic growth in the aftermath of traumatic experiences (Tedeschi & Calhoun, 1995). In recent decades, more and more attention is given to the investigation of posttraumatic growth in people after various traumatic experiences, but studies on women survivors of IPV are still lacking (Elderton et al., 2017). Knowledge on what contributes to these changes may provide more helpful tools for professionals working with IPV survivors. It is important to note that experienced positive changes cannot diminish or atone for the damage that has been done to survivors of IPV, but it can help to resolve the trauma thereby stopping its further effects on life and well-being.

1.1. Intimate Partner Violence: Definitions, Dynamic, and Effects of Women's Well-Being

Intimate partner violence (IPV) is characterized by actions or behaviors of the current or former partner causing psychological, physical, and/or sexual harm (WHO, 2012). As the definition suggests, there are different forms of IPV, and in most cases, these forms co-occur in violent relationships. Psychological violence includes partner humiliation, calling names, threatening, and/or other acts that cause psychological harm (WHO, 2012). Physical violence refers to any acts that cause physical pain and/or injury (WHO, 2012). Sexual violence includes both physically forced sexual acts and sexual coercion (WHO, 2012). And economic violence refers to behaviors that limit the potential financial benefits of the partner's activities (e.g., forbidding work and/or education) or directly withdrawing money from the partner (Adams et al., 2008).

Recent global estimates of IPV indicate that 26% of ever-married/partnered women experienced physical and/or sexual violence at least once in their lifetime (WHO, 2021). Past 12 months prevalence estimates indicate that 10% of ever married/partnered women experienced physical and/or sexual violence (WHO, 2021). Although males also experience IPV and partners can experience violence in same-sex relationships, studies repeatedly show that most often women are the victims of violence (Breiding et al., 2005; Coker et al., 2002; Romans et al., 2007; WHO, 2012). For this reason, this dissertation will cover only violence against women.

The societal context is an essential factor to consider when discussing IPV. The attitude of a large part of Lithuanian society towards IPV is still stigmatizing and blaming the victim, as 39% of the Lithuanian population partly agrees with the statement that women exaggerate claims of abuse, and 42% partly agree that violence against women is often provoked by the victim (RAIT, 2017). Negative societal attitudes create

a variety of problems for IPV survivors, including internalized stigma (Vasiliauskaitė & Geffner, 2020) and barriers to seeking help (Meyer, 2016). Up until 2011 (adoption of the Law on Protection Against Domestic Violence), IPV in Lithuania was considered a private matter between partners (Michailovič et al., 2022). This law was a huge step forward by not only recognizing IPV as a public matter but also by creating a management system for victim protection which includes Specialized complex help centers providing victims with legal, psychological, and other services. Recently (in 2021) Lithuanian Parliament also criminalized stalking. However, criminal liability for non-consensual sexual relationships and the ratification of the Istanbul Convention are still under debate in society and the Parliament. Although Lithuania is making some positive progress with legislation on IPV, heated debates in mentioned areas indicate that the problem is not fully recognized.

The dynamic of IPV is difficult and includes more than physical confrontation with a partner. The relationship often starts like any other loving relationship, with romantic gestures, care, and feelings of love, while gradually behaviors escalate into violence. Although each case is unique, Walker (2017) indicates that in all violent relationships, men try to control women by using jealousy justified by love and various manipulations. Women are often isolated from their families, and this gives even more power to men, that finally escalates into violent incidents. The Cycle Theory of Violence (Walker, 1979; 2017) describes three phases that repeatedly occur in a violent relationship: (1) tension building, where the danger of abuse rises; (2) the acute incident of abuse; and (3) loving contrition, where the abuser apologizes, swears love, and promises not to be violent (there are no incidents of violence at this phase). Studies have shown that over time loving contrition phase is getting shorter, violence occurs more often and becomes more severe (Walker, 2017). Psychologically it is highly painful to accept that a loved one can be so cruel, so women tend to believe the perpetrators' apologies and promises, justify their behavior, blame themselves for the violence they experienced, and develop coping strategies oriented toward minimization and denial of violence (Walker, 2017). This cycle and various other aspects of imbalanced dynamics (e.g., having children, financial dependence on the partner, increased threats of being killed) keep women in a violent relationship even after attempts to leave an abusive partner.

Not to mention the effects on physical health, IPV causes various mental health problems and/or illnesses such as depression (Ahmadabadi et al., 2020; Doane, 2011), anxiety (Chandan et al., 2019), posttraumatic stress symptoms or even posttraumatic stress disorder (PTSD; Werner-Wilson et al., 2000; Lilly et al., 2015). Moreover, IPV can have fundamental psychological consequences on women's belief system and basic trust in people (Wamser-Nanney et al., 2018), and can affect their view of themselves or cause sexual intimacy issues in later romantic relationships (Walker, 2017). In a much broader sense, Matheson et al. (2015) found that experiences of violence erode women's sense of identity that later needs to be rebuilt. These findings are consistent with Moss et al.'s (1997) study, which identified the process of leaving an abusive partner, where the final phase involves women realizing that they have "lost themselves" in the relationship and that they deserve to reclaim their identity. In summary, IPV

experiences affect all main (biological, psychological, and social) aspects of women's lives, and there is a great need to study not only how to prevent IPV from happening but also how to help women to rebuild themselves after these experiences.

1.2. Conceptualization of Trauma and Posttraumatic Growth

In recent decades, trauma psychology research has significantly shifted from the disease model, which focused on analyzing the origins and repairing of illnesses, to a salutogenic view that concentrates on positive changes and provides a more comprehensive understanding of what happens after traumatic experiences. According to DSM-V, trauma is "Exposure to actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association, 2013). However, some authors argue that traumatic experiences involve much more than physical well-being, and subjective experiences can be as important as objective ones (Froh, 2004). Tedeschi and Calhoun consistently followed a broader understanding of trauma indicating that not the event, but its' effect, defines trauma (Tedeschi & Calhoun, 2004; Tedeschi et al., 2018). Keeping this reason in mind, a broader understanding of trauma will be followed in this work, although in most cases, intimate partner violence fits the formal definition of trauma.

The concept of various personal transformations after difficult life circumstances is not new, as it has been written about in religious and philosophical literature for centuries. Even in the scientific literature authors described such concepts as benefit finding (Tomich & Hegelson, 2004), stress-related growth (Park et al., 1996), or adversarial growth (Linley & Joseph, 2004). However, the works of Tedeschi and Calhoun on posttraumatic growth (PTG) were focused on the description of the whole process of change, which has never thoroughly been done before, and this gave a start to a more structured approach for the research in this field.

PTG is conceptualized as positive psychological changes that occur in the aftermath of traumatic experiences (Tedeschi & Calhoun, 1995). These changes can occur in five domains: personal strength, relating with others, appreciation of life, new opportunities, and spiritual change (Tedeschi & Calhoun, 1995; Tedeschi et al., 2018). Personal strength involves feelings of surviving the event and becoming more confident because of it. Relating with others refers to a deeper connection with others or showing changed attitudes and behaviors in relationships (e.g., by accepting help or expressing emotions more openly). Appreciation of life refers to seeing life after trauma as a second chance, it also involves enjoying small things and appreciating of what life has to offer. PTG can also occur as seeing new opportunities in life, taking different directions, and developing new interests and skills. And finally, spiritual change can occur in finding or feeling more connected to religious beliefs for some people, or changes in existential reflections on inner harmony and mortality, for others. Studies have shown that different types of trauma can be associated with changes in different domains (Lowe et al., 2020), so changes not necessarily occur in all domains at once.

PTG can be understood as an outcome and a process (Tedeschi et al., 2018). PTG

as an outcome involves actual changes in the domains described above, and the process of PTG involves different aspects of trauma processing leading to these changes. Describing PTG as a process, the authors use an earthquake analogy (Tedeschi & Calhoun, 2004). Potentially traumatic event can destroy or shatter a person's cognitive schematic structures that hold fundamental beliefs about the world and people in it, just like an earthquake can destroy cities. These fundamental beliefs may include an understanding of why things happen (causes and reasons), and more abstract notions about purpose in life and the meaning of existence (Tedeschi & Calhoun, 2004). Shaking or destroying fundamental beliefs causes great psychological distress. However, as cities are rebuilt to be more resistant to shaking, so can beliefs be rebuilt through cognitive restructuring to be more resistant in the future, and this is experienced as growth (Tedeschi & Calhoun, 2004).

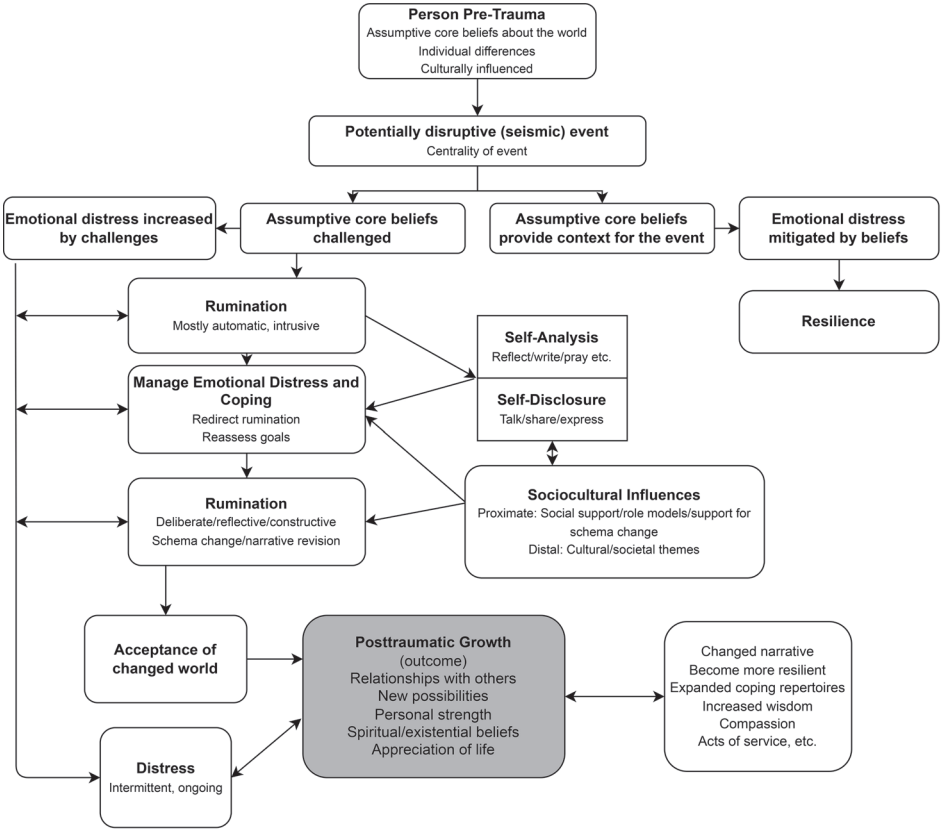

Figure 1. *Theoretical Model of Posttraumatic Growth*

Note. In Tedeschi et al. (2018). Reprinted with permission of R. Tedeschi.

The model describing the pathway to PTG evolved in 1995 and the most recent updated version was published in 2018 (Tedeschi et al., 2018; Figure 1). Authors indicate that when a potentially traumatic event happens, it is essential how this event is perceived by a person. Firstly, this is represented by the centrality of event, which refers to the extent to which an event becomes a turning point or central part of a person's identity (Berntsen & Rubin, 2006). In other words, when the event becomes central, a person sees his life narrative as one "before" and another "after" the event (Tedeschi & Calhoun, 1995). Secondly, this perception is based on challenges to core beliefs, which represent how major aspects of a person's understanding and beliefs about self, others, and the world are questioned because of the event (Groleau et al., 2013). The model suggests that only those events which are central enough and challenge core beliefs may lead to PTG (Tedeschi et al., 2018).

Disruption of core beliefs is painful and can lead to emotional distress, which may initiate ruminative thoughts (Tedeschi et al., 2018). Authors distinguish between two types of rumination: intrusive and deliberate. Intrusive rumination is automatic, uncontrollable thoughts, and images of the event that come into the mind without wanting it (Cann et al., 2011). Deliberate rumination is more constructive, reflective thinking, purposely oriented towards making sense of what happened (Cann et al., 2011). The initial response to distress after the trauma is intrusive rumination which later, with distress management through coping, becomes more and more deliberate. This process is often referred to as cognitive restructuring of trauma, and it is a crucial part of the PTG process (Tedeschi & Calhoun, 2004).

Cognitive restructuring may take a lot of time and effort, and distress is always present. As mentioned, the shift from intrusive to deliberate rumination requires coping that helps to reassess goals and beliefs. Sociocultural influence, self-analysis, and disclosure play a significant role in coping. Sociocultural influence mainly reflects social support that is available to survivors, and this is one of the most important contributors to PTG (Rajandram et al., 2011; Ulloa et al., 2015). Self-analysis involves any kind of actions (writing, creating, prayer) that help to reflect on what happened and self-disclosure occurs through expressing thoughts and feelings towards what happened or the experience of growth (Tedeschi et al., 2018). All of this supports coping mechanisms that help to manage distress and redirect intrusive rumination to deliberate rumination. Finally, deliberate rumination initiates the acceptance of a changed world that essentially leads to PTG. Experienced positive changes are interrelated with increased wisdom, resilience, expanded coping strategies, etc., but distress can still be present. This means that PTG does not diminish the negative consequences associated with trauma, but rather these are co-occurring mechanisms (Tedeschi & Calhoun, 2004; Zhou et al., 2017).

Another important component of the process of PTG is resilience. Although resilience has many definitions, it generally refers to "bouncing back" to the functioning prior to the traumatic event (Werner-Wilson et al., 2000). The theoretical model of PTG suggests that the experience of PTG can enhance resilience for future adverse events (Tedeschi et al., 2018), as the path to positive changes provides experience on

how to overcome difficulties and what coping strategies are useful. However, if the traumatic event does not challenge the core belief system, the model suggests that the recovery from this kind of experience eventually transforms into resilience without growth (Tedeschi et al., 2018). Also, authors indicate that higher pre-trauma levels of resilience may protect core beliefs from being challenged in this way hindering PTG as there is nothing to rebuild if core beliefs are not disrupted by the event (Tedeschi & Blevins, 2016; Tedeschi & Calhoun, 1995). These theoretical assumptions show that resilience has a dual role in the model of PTG, and the manifestation of its role is associated with trauma characteristics and pre-trauma functioning.

Research indicates that not only major components of the model are important for PTG, but trauma-related characteristics play an equally important role. As indicated above, the PTG process requires challenges to core beliefs, and for this to happen trauma must be severe enough (Tedeschi & Calhoun, 2004). Although the experience of trauma severity is quite subjective, studies in various traumatic contexts measuring subjective and objective severity show that it is positively related to PTG (David et al., 2022). Another important trauma-related characteristic is the time since the event. Tedeschi and Calhoun (2004) indicate that the process of positive changes may take time. However, meta-analytical analysis shows that time since trauma does not affect PTG (Prati & Pietrantoni, 2009). It seems that this characteristic may be more important in some contexts (e.g., intimate partner violence) than in others, or may indicate that multiple paths to PTG exist (Tedeschi et al., 2018). Finally, it is well documented that PTG occurs in people after various traumatic experiences, such as natural disasters (Jia et al., 2017), terminal illnesses (Hefferon et al., 2009), bereavement (Calhoun et al., 2010), accidents (Nishi et al., 2010), sexual assaults (Ullman, 2014), etc. However, studies indicate that interpersonal traumas (e.g., sexual assaults, domestic violence) can be more damaging to core beliefs (Valdez & Lilly, 2014; Wamser-Nanney et al., 2018), causing great suffering but also having potential for PTG.

Although attention to PTG is increasing, most studies investigate separate aspects of the model, and only recently, David with colleagues (2022) conducted an internet-based cross-sectional study and sought to test the theoretical model of PTG. In this study, authors found that challenge to core beliefs, centrality of event, deliberate rumination, and helpful disclosure positively predicted PTG with the strongest predictor being disclosure (David et al., 2022). Although this study has its' limitations and did not include all components of the model, it summarized what is known and emphasized gaps that need further investigation. This was necessary to move on to less studied and more debatable parts of the investigation of PTG.

1.3. Knowledge Gap in Research on Posttraumatic Growth in Survivors of Intimate Partner Violence

Although PTG has been investigated for almost three decades, studies with IPV survivors are still largely scarce (Elderton et al., 2017; Ulloa et al., 2015). Each traumatic experience has its own context and dynamics, and the knowledge that is available

in other traumatic contexts not always can be applied to the context of IPV (Ulloa et al., 2015; Jayawikreme et al., 2021). Having this in mind, in this section, I will review available research on PTG in survivors of IPV and discuss knowledge gaps that need further investigation.

The model of PTG indicates that different responses to traumatic experiences are possible depending on how central the event becomes to one's identity and how resilient a person is (Tedeschi et al., 2018). The authors also emphasize that not all trauma survivors experience PTG, and some are more likely to report only distress (Tedeschi et al., 2018). Considering centrality of event, most studies indicate that the more central the traumatic experience becomes to a person's identity, the more PTG they experience (Boals et al., 2010; Groleau et al., 2013; Lancaster et al., 2013). Although centrality of event is not largely investigated in the samples of IPV survivors, replications of the relationship between centrality of event and PTG in various trauma contexts give support for the general theoretical assumption that the trauma must become an important part of one's life story to produce positive changes.

Studies on resilience in the context of PTG are problematic, as the model of PTG describes its' different roles. Studies on resilience and PTG in various traumatic contexts indicate mixed findings, where some find this relation to be negative (Levine et al., 2009), and others – positive (Bensimon, 2012; Oginska-Bulik, 2015). Kaye-Tzadok and Davidson-Arad (2016), in a study of women survivors of childhood sexual abuse, indicated that the relationship between resilience and PTG is curvilinear, showing that PTG levels decrease when resilience levels are high, in part supporting theoretical assumptions. Studies investigating the relationship between PTG and resilience in IPV survivors are mainly qualitative (Brosi et al., 2020) and often analyze the two concepts as inseparable (Crann & Barata, 2016). This creates more conceptual confusion and does not inform about the process of PTG and the role of resilience in it in survivors of IPV.

It is well documented that survivors of IPV experience emotional distress manifested by depression, symptoms of posttraumatic stress, anxiety, etc. (Elderton et al., 2017). Studies on the relationship between distress and PTG in survivors of IPV indicate mixed findings, where Cobb et al. (2006) find no relation between PTG and depression, and Kleim and Ehlers (2009) indicated a curvilinear relationship between PTSD and growth. However, distress response depends on many different personal and trauma-related characteristics (Tedeschi & Calhoun, 1995), meaning that the spectrum of distress response for different people may vary from no distress at all to very high levels of distress. Therefore, mixed findings possibly indicate different distress responses to IPV and show that the relation between PTG and distress is not unambiguous.

Another important part of the model of PTG involves social support. Unlike other discussed factors, social support is often investigated in the samples of IPV survivors, and studies repeatedly show that those who get support in their social environment experience higher levels of PTG (Elderton et al., 2017; Ulloa et al., 2015). However, survivors of IPV often face non-supportive behaviors such as victim blaming, indifference

to violence, etc. (Kennedy & Prock, 2016). Experiences of nonsupport are related to prolonged abusive relationships and difficulties in accessing resources for support (Bosch & Bergen, 2006). Therefore, I assume that longer abuse and barriers to support may negatively impact the process of PTG. Surprisingly, although nonsupport is very common and characteristic in the context of IPV, I was unable to find studies examining the relationship between nonsupport and PTG.

The role of rumination in the process of PTG in IPV survivors is highly understudied, although, in other traumatic contexts, the interest is increasing. Results of studies in various samples indicate that deliberate rumination is positively related to PTG (Cann et al., 2011; Freedle & Kashubeck-West, 2021; Oginska-Bulik, 2016), but the relationship with intrusive rumination stays unclear with mixed findings. Some studies indicate a positive relationship between intrusive rumination and PTG (Allbaugh et al., 2016; Groleau et al., 2013), and others find no relationship between the two (Brooks et al., 2017). Considering IPV survivors, Kleim and Ehlers (2009) find that women's intrusive thoughts about symptoms were positively related to PTG. The theoretical model of PTG describes the transition from intrusive to deliberate rumination (Tedeschi et al., 2018), but this transition is not comprehensively analyzed.

Coping strategies play an important role in the PTG process as they could be involved in the transition from intrusive to deliberate rumination (Tedeschi et al., 2018). Waldrop and Resick (2004) also indicate that coping strategies may play mediating role between IPV experience and well-being. Considering PTG theory, it can be assumed that approach/engagement coping, oriented towards active efforts to solve the stressful situation, should help to redirect intrusive rumination to more deliberate, which in turn helps to achieve PTG. On the contrary, avoidant coping, oriented towards efforts to avoid solving stressful situations, should impede the transition between ruminations, in this way hindering PTG (Tedeschi et al., 2018). However, there are only a few studies investigating the role of coping in the process of PTG in samples of IPV survivors (Doane, 2011), and no studies are trying to examine the transition from intrusive to deliberate rumination through coping as described in the model of PTG. Considering available studies on coping strategies and PTG in IPV survivors, Doane (2011) found that approach coping was positively related to PTG, and Young (2007), in the qualitative study, indicated that women who report PTG themes also indicate improved coping skills. These results indicate that coping, in general, is associated with PTG. However, the role of coping in the transition from intrusive to deliberate rumination in the process of PTG, and which coping strategies are involved in this process, remain understudied.

Longitudinal data on PTG in IPV survivors are also very limited, with only a few conducted studies. Valdez and Lilly's (2015) study indicated that not revictimized women over a 1-year period had more positive world assumptions leading to more PTG. Although only 23 women participated in this study, it is the first known longitudinal study investigating PTG in survivors of IPV. A more recent study investigated PTG in women survivors of IPV who stayed in a relationship with an abusive partner and they both had undertaken therapy (Dyjakon & Rajba, 2022). Results revealed

that within a 1.5-year period, only the domain of appreciation of life increased, while self-perception and relating to others decreased. Authors indicated that these results show that it is difficult for women to create a relationship with the person who hurt them in the past and that the lack of research in the field makes the interpretation of results difficult (Dyjakon & Rajba, 2022). A study on PTG in survivors of sexual assault indicated that reported positive changes increased over time, and negative changes decreased (Frazier et al., 2004). However, this study used the Posttraumatic life change measure, which assesses similar but not the same patterns as the PTG inventory. Although these studies provide an important start to the field, they also indicate that the longitudinal investigation of PTG in survivors of IPV is still in its infancy. The model of PTG has also received some criticism, suggesting a possible illusory aspect to it. Therefore, longitudinal studies are crucial not only in IPV survivors but in general, to determine whether long-term positive changes truly occur and how they develop and change over time (Infurna & Jayawickreme, 2019).

In summary, PTG is examined rather patchily, in contexts of different traumatic experiences, analyzing separate aspects of the theoretical model. This kind of investigation provides incoherent knowledge that is difficult to apply to certain contexts. For this reason, it is important to systematically analyze PTG in separate contexts, such as IPV. Considering research on PTG in survivors of IPV, only social support and its relationship with PTG are quite well studied, whereas other components of the model of PTG are highly understudied. Existing research on PTG in IPV survivors is limited, often with small sample sizes, and lacks longitudinal data. These shortcomings severely limit the analysis strategies and make a detailed examination of PTG difficult. Considering this, the current dissertation aims to systematically explore PTG in survivors of IPV by using different methodological strategies and approaches, helping to determine what contributes to positive changes experienced by women. Knowledge of this will provide a better understanding of the factors contributing to the positive changes experienced by IPV survivors and will indicate directions in which assistance to these women should be applied.

2. AIM AND OBJECTIVES

2.1. Overall Aim

The aim of the current dissertation is to explore the mechanisms of posttraumatic growth in women survivors of intimate partner violence.

2.2. Objectives

1. Assess the extent of intimate partner violence against women in Lithuania (Study I).
2. Examine different responses to intimate partner violence according to posttraumatic growth, centrality of event, psychological distress, and resilience in the sample of women survivors of intimate partner violence (Study II).
3. Examine the relationship between posttraumatic growth and social support and nonsupport in women survivors of intimate partner violence (Study III).
4. Examine the relationship between posttraumatic growth, intrusive and deliberate ruminations, and coping in the sample of survivors of intimate partner violence (Study IV).
5. Examine the change in posttraumatic growth over a 1,5-year period in the sample of survivors of intimate partner violence (Study V).

Note. The study sequence is presented according to the list of papers indicated at the beginning of the dissertation.

3. METHODS

3.1. Contribution Remarks

All samples used in this dissertation were from a larger study on "Identity and post-traumatic growth in female survivors of intimate partner violence (INTEGRO)" conducted by the research team in 2017-2019 led by prof. Rita Žukauskienė at Mykolas Romeris University. I contributed to the project by helping research team to select and translate part of the measures, reach the participants in the longitudinal study for second and third assessments. While the project was going on, I worked with research team on manuscripts that overlapped with my objectives (Study I and III) by reviewing literature, contributing to data analyses plans, interpretation of the results, and actual writing of the manuscripts. Also, I took a leading role as a first author in conceptualization and other parts of manuscript preparation in longitudinal study (Study V). Studies on different responses to IPV and PTG relations to rumination and coping were conducted when the project was already over, and they were my own original ideas that came from a further analysis of the theory and literature. The conceptualization and structure of this dissertation is the result of my independent work and analysis of the model PTG.

3.2. Samples

3.2.1. Sample I: Prevalence study (Study I)

The participants of the prevalence study were 1173 women from a nationally representative OMNIBUS survey conducted by a professional research company in Lithuania. Random sampling techniques were applied to ensure that the sample is representative of women population in Lithuania. Some women (n = 118, 10.1%) indicated that they had never had an intimate partner, and 43 (4.1%) women refused to answer questions about intimate partner violence, so these participants were omitted from the sample. The final sample consisted of 1012 women (M_{age} = 51.87; SD_{age} = 13.93).

3.2.2. Sample II: Cross-sectional study of IPV survivors (Study IV)

The study sample consisted of 200 (M_{age} = 44.79; SD_{age} = 12.94) women with a history of IPV. Data were collected in different regions of Lithuania by 37 trained interviewers (only women) who went to the homes of potential study participants. Interviewers targeted participants using the snowball method or information from local social workers. To identify IPV survivors, questions about IPV were administered first. Inclusion criteria were at least one physical or sexual violence incident, or at least three psychological or economic violence incidents from a current or former partner. If at least one criterion was met the participant proceeded and answered the remaining questions.

3.2.3. Sample III: Longitudinal study of IPV survivors (Study III and V)

Study sample consisted of 221 (M_{age} = 38.92; SD_{age} = 10.29) women from different regions of Lithuania recruited from women's shelters, social support centers, and counseling psychologists. All participants were survivors of intimate partner violence. Participants were assessed three times, half a year apart each. The participation rate in the second and third assessments was 37.1% (n = 82) and 24.9% (n = 55), respectively.

3.2.4. Sample IV: Merged data (Study II)

For the purposes of Study II, it was important to construct a sample that contain women from the general population and women that received some form of specialized support. For this reason, data were merged from Sample II and the first assessment of Sample III. In both samples, questionnaires were administered in the same order. The total sample consisted of 421 (M_{age} = 41.70; SD_{age} = 11.96) women.

3.3. Ethical Considerations

The data in Sample I and Sample II were collected by trained interviewers of a professional research company. Only women interviewers collected data and they were trained to refer participants requesting assistance to women crisis centers for individual help. Also, leaflets with the information about available psychological help were distributed to study participants. As interviewers collected data in women's households, they disclosed research aims confidentially only to the participants of the study. Participants were asked if they felt safe to participate and informed that they could refuse to participate in the study at any moment. Only demographics were collected by interview, other measures (psychological and IPV-related) were self-filled by participants.

The data for the first assessment in Sample III were collected by INTEGRO research team members or professionals in crisis centers and social support centers. For the second and third assessments participants could choose to participate by filling online form or paper questionnaires sent to them via ground post to their home or other preferred location (often their local crisis or social support center). This helped to ensure the safest ways for women to participate in the study. As for Sample I and Sample II, participants were referred for psychological help if needed. All procedures were approved by the Ethics committee at Mykolas Romeris University.

3.4. Measures

List of measures used in studies:

Short Form of Posttraumatic Growth Inventory (PTGI-SF; Cann et al., 2010) consists of 10 items reflecting positive changes associated with traumatic experiences (e.g., "I changed my priorities about what is important in life"). Participants rated items on

a 6-point Likert-type scale ranging from 0 (*I did not experience this change*) to 5 (*I experienced this change to a very great degree*).

Centrality of Events Scale (CES; Berntsen & Rubin, 2006) consists of 7 items indicating the extent to which IPV experience is perceived as central to the life story (e.g., "This event was a turning point in my life"). Participants rated items on a 5-point Likert-type scale ranging from 1 (*Totally disagree*) to 5 (*Totally agree*).

14-item Resilience Scale (Wagnild & Young, 1993) consists of 14 items (e.g., "I usually manage one way or another"). Participants rated items on a 7-point Likert-type scale ranging from 1 (*Strongly disagree*) to 7 (*Strongly agree*).

Impact of Event Scale-Revised (IES-R; Weiss & Marmar, 1996) consists of 22 items measuring symptoms of posttraumatic stress symptoms: avoidance, intrusion, and hyperarousal (e.g., "Any reminder brought back feelings about it"). Participants rated items on a 5-point Likert-type scale ranging from 0 (*Not at all*) to 4 (*Extremely*).

Bosch Support Measure (Bosch & Bergen, 2006) consists of 20 items indicating social support and nonsupport (e.g., "Encouraged you to share your story and feelings with others"). Participants rated items on a 5-point Likert-type scale ranging from 1 (*Never*) to 5 (*Always*).

Brief COPE Inventory (BCI; Carver, 1997) consists of 28 items measuring 14 coping strategies. Only items of a coping strategy of self-blame were used in this dissertation (e.g., "I've been blaming myself for things that happened"). Participants rated items on a 4-point Likert-type scale ranging from 1 (*I haven't been doing this at all*) to 4 (*I've been doing this a lot*).

Event Related Rumination Inventory (ERRI; Cann et al., 2011) originally consists of 20 items, but in this dissertation, 10 items were used. The inventory consists of two subscales (5 items each) indicating intrusive (e.g., "I thought about the event when I did not mean to") and deliberate (e.g., "I thought about whether I could find meaning from my experience") rumination. Participants rated items on a 4-point Likert-type scale ranging from 0 (*Not at all*) to 3 (*Often*).

The checklist for frequency of IPV was used differently in separate studies. This measure was constructed by the INTEGRO research team and consisted of 21 items indicating different forms of violent behaviors (psychological, economic, physical, and sexual). In the prevalence study (Study I), participants rated each violent behavior on a 6-point Likert-type scale from 0 (*Never happened to me*) to 5 (*Happens to me every day*). A participant was considered an IPV survivor if indicated that they had experienced at least one behavior from their partner. In cross-sectional and longitudinal studies 8-point Likert-type scale from 0 (*Never happened to me*) to 7 (*Happens to me every day*) was used. The inclusion criteria for Sample II (described above) were based on this measure. Subscales of different forms of violence were used in all studies that required this measure, except Study II, in which two subscales of physical and emotional types of violence were created for the simplicity of analysis.

Single-item questions were used for demographic and violence-related information such as women's age, place of residence, income, education, work status, relationship status, time since the last violence incident, and relationship status with the

perpetrator. Statistics on demographics and variables can be found in separate studies as it varies by sample and used procedures. The use of measures in different studies can be found in Table 1.

Permissions for all scales were obtained from authors, and scales were translated by the INTEGRO research team except for the Impact of Event Scale-Revised, for which an adapted Lithuanian version was used (Kazlauskas et al., 2006).

Table 1. *Use of Measures in Different Studies of the Dissertation*

Measures	In which studies used				
	I	II	III	IV	V
Short Form of Posttraumatic Growth Inventory		+	+	+	+
Centrality of Events Scale		+		+	+
14-item Resilience Scale		+			
Impact of Event Scale-Revised		+			
Bosch Support Measure			+		
Brief COPE Inventory					
Self-blame				+	
Event Related Rumination Inventory					
Intrusive rumination				+	
Deliberate rumination				+	
The Checklist for Frequency of IPV	+	+	+		

Note. The study sequence is presented according to the list of papers indicated at the beginning of the dissertation.

+ indicates that the measure was used in the corresponding study.

3.5. Statistical methods

Different statistical procedures were applied in the studies of the dissertation. Descriptive statistics and conventional analyses (e.g., regressions, cluster analysis) were performed using Statistical Package for Social Sciences (SPSS). When the aims of the studies required structural equation modeling (SEM) techniques, Mplus software was used.

SEM techniques allow evaluation of how well measures reflect their intended constructs, perform analysis excluding the measurement error, perform complex analyses with multiple outcomes, and simultaneously evaluate measurement and prediction (Kelloway, 2015). Of these techniques, path analysis was used in Study III to examine associations between social (non)support and PTG, and in Study IV to investigate the

path from centrality of event to PTG including intrusive and deliberate rumination, and self-blame. Latent profile analysis was used in Study III to indicate IPV severity groups, and in Study II for the main analysis exploring different patterns of PTG, centrality of event, resilience, and PTSS. Latent growth curve analysis was used in Study V to investigate the change of PTG over time. More detailed descriptions of each procedure are discussed in each study in the "Participants and procedure" sections.

4. RESULTS

4.1. Study I: Prevalence of Intimate Partner Violence against women in Lithuania

The results of the study revealed that the lifetime prevalence of any IPV against women (physical, sexual, psychological, and economic abuse) is 51.2%. For women who experienced abuse, the lifetime prevalence of psychological, economic, physical, and sexual IPV is 50.1%, 29.9%, 21.5%, and 16.9%, respectively. Of those victims, 57.1% had experienced IPV in the past year. Younger women (≤ 60 years), being separated or divorced, being poor, living in rural areas, and those who had experienced violence in their childhood are more likely to have experienced IPV during the past 12 months. Five different patterns of exposure to violence were identified: nearly absent IPV, psychological-only IPV, psychological/physical IPV, high sexual IPV, and high overall IPV. Comparison of the women belonging to different clusters differed from each other in the type of partner relationship, household income, area of residency, and childhood violence exposure.

4.2. Study II: Different Responses to Intimate Partner Violence

Latent profile analysis revealed four profiles: negative impact (11% of the sample), positive growth (46%), low impact (18%), and distressed growth (25%). Additional analysis with predictors indicated that the distressed growth profile consisted of more women who were older compared to the low impact profile and had higher level of education compared to the negative impact profile. Considering violence related predictors, the distressed growth profile consisted of more women who received psychological help compared to the low impact and negative impact profiles. It also consisted of more women who experienced physical and emotional violence more frequently compared to the low impact profile. Finally, the distressed growth profile consisted of more women who experienced violence more than 2 years ago compared to the negative impact and low impact profiles. However, the positive growth profile had more women who experienced violence more than 2 years ago compared to the distressed growth profile.

4.3. Study III: Relationships Between Posttraumatic Growth and Social (Non)Support

The results of the study indicated that social support was positively associated with PTG. Social nonsupport was not related to PTG. Results also showed that lower education, higher severity of violence, more time since the violence, and higher personal income were related to higher levels of PTG.

4.4. Study IV: Relationships Between Posttraumatic Growth, Centrality of Event, Intrusive and Deliberate Rumination, and Coping

Results of the study indicated that higher centrality of event is related to higher levels of intrusive rumination which is related to both: higher levels of self-blame and deliberate rumination, leading to more PTG. Centrality of event was also indirectly related to PTG through intrusive and deliberate rumination, and intrusive and deliberate rumination were indirectly related via self-blame. The time since the last violence incident negatively predicted intrusive rumination and positively predicted PTG.

4.5. Study V: Change of Posttraumatic Growth Over Time

The results of the study revealed that PTG significantly increased over time for the women who experienced IPV more recently. Those women who experienced IPV more anciently reported higher PTG levels at the beginning of the study, but significant changes in PTG did not emerge. In addition, higher levels of PTG at the beginning of the study were positively associated with event centrality, meaning that those women who perceived their IPV experience as central to their identity were more likely to have higher levels of PTG at the beginning of the study. However, the centrality of the event was not related to the change in PTG over the study period.

5. DISCUSSION

The general purpose of this dissertation was to explore the mechanisms of posttraumatic growth (PTG) in women survivors of intimate partner violence (IPV). To achieve this aim, cross-sectional and longitudinal samples were used, and different methodologies and statistical procedures were applied in conducted studies. Moreover, a representative sample of Lithuanian women was used to examine the prevalence rates and patterns of IPV. The results of the representative study gave knowledge about the prevalence and predominant characteristics of IPV against women in Lithuania and highlighted the relevance of the current dissertation.

5.1. Why is it Important to Investigate Growth in Intimate Partner Violence Survivors?

The prevalence study revealed that one in two Lithuanian women experienced at least one form of IPV in their lifetime, and one in three women experienced it in the last 12 months in 2019. These rates are similar to ones reported by European Union Agency for Fundamental Rights (FRA) in 2014 and indicate that the situation is not changing. These numbers also indicate that a high proportion of Lithuanian women are potentially traumatized by their partners and are at risk of experiencing IPV-related consequences. Considering the still widely prevailing negative attitudes towards victims of violence in society (RAIT, 2017), a better understanding of women's experiences might not only contribute to the current support system in Lithuania but also increase the visibility of the topic in society, hoping that this will at least partially contribute to reducing the stigma.

Not only the proportion of women suffering from IPV is an important factor encouraging examination of the experiences of these women, but also the complexity of the violence itself. The prevalence study confirmed that IPV usually occurs in a combination of several or all forms of violence, potentially affecting the physical and emotional well-being of victims. Given that IPV usually occurs in cycles (Walker, 1979; 2017), long-lasting, reoccurring combinations of different forms of abuse make IPV hardly comparable with other traumatic experiences (Ulloa et al., 2015). Therefore, this is another reason supporting the assumption that it is important to examine PTG and factors contributing to it, specifically in the sample of IPV survivors.

5.2. The Role of Centrality of Event to the Process of Posttraumatic Growth

Study II indicated two groups with growth patterns: *positive growth* with medium levels of centrality of event and *distressed growth* with high levels of centrality of event. These results supported theoretical assumptions (Tedeschi et al., 2018) and showed that the perception of IPV as a central experience in one's life and identity is related to higher levels of PTG. Noticeably, the levels of centrality of event is much higher in

the *distressed growth* group than in the *positive growth* group. High levels of centrality of event in the *distressed growth* group could be related to high levels of posttraumatic stress symptoms (PTSS) in this group, as Boals et al. (2021) indicate that centrality of event and PTSS can work as a self-reinforcing cycle where high levels of PTSS make the event more central leading to even stronger PTSS. Given that PTSS of survivors of IPV tend to decrease over time (Johnson & Zlotnick, 2012), it is possible that their centrality of event stabilizes at medium levels as can be seen in the *positive growth* group. The result, indicating that *positive growth* group consisted of more women who experienced violence more than 2 years ago compared to the *distress growth* group contribute to this explanation. However, this assumption does not hold when looking at *negative impact* group with high levels of PTSS and medium levels of centrality of event. This indicates that these processes might also be related with other factors, such as resilience, and longitudinal studies are required to confirm these assumptions.

The assumption that centrality of event is associated with higher levels of PTG was also supported in Study V. Longitudinal analysis revealed that high levels of centrality of event were associated with higher PTG at the beginning of the study. These results go in line with other longitudinal (Blix et al., 2015) and cross-sectional (Groleau et al., 2013; Kramer et al., 2020) studies indicating a positive association between centrality of event and PTG. Interestingly, these results also show that women with low levels of centrality of event can still experience PTG as it increases over time. This indicates that centrality of event is important but not necessarily crucial for PTG, and other factors, such as challenges to core beliefs (Tedeschi et al., 2018), might be even more important for PTG.

5.3. Social (Non)Support and Posttraumatic Growth

The results of Study III indicated that social support is positively associated with PTG in survivors of IPV. This result is not surprising as support is one of the most frequently studied predictors of PTG and most of those studies indicate similar results in IPV survivors (Ulloa et al., 2015; Anderson et al., 2012) and other trauma survivors (Jia et al., 2017; Maguen et al., 2011; Tedeschi & Calhoun, 2004). Supporting behaviors such as acknowledging violence, listening to survivors' stories, and providing emotional and instrumental support are detrimental for survivors of IPV because it helps to manage emotional distress (Young, 2007) and work as a coping mechanism (Hyland, 2014). All of this contributes to PTG as IPV survivors in a study by Anderson et al. (2012) indicated that support was an essential contributor to their growth and recovery, and this would not be possible in isolation.

Surprisingly, social nonsupport was not related to PTG, indicating that non-supportive behaviors such as indifference to violence, minimization of violence, or victim blaming did not affect PTG experienced by women survivors of IPV. Descriptive statistics showed relatively low sample mean of social nonsupport, showing that, on average, women experienced rare non-supportive behaviors in their environments, and this possibly explains the non-significant result. However, it is important to emphasize

that the sample for this study consisted of women who already received support from various resources (women's shelters, social support centers, and counseling psychologists). Given that victim-blaming attitudes are prevalent in society (RAIT, 2017), it is unlikely that women in this study did not experience these behaviors. I assume that the support women received could overshadow experienced nonsupport. In this case, the results reveal that support not only positively contributes to growth but also performs a certain protective function against possible unsupportive behavior. As Bosch and Bergen (2006) argue, having only a few supportive resources can be effective for survivors of IPV. However, these results might be different in survivors from the general population, given that they tend to keep their IPV experience secret (Vasiliauskaitė & Geffner, 2020). Therefore, further investigation of nonsupport and its relationship with PTG in survivors of IPV is needed.

5.4. Posttraumatic Stress Symptoms and Posttraumatic Growth

The model of PTG indicates that PTG does not eliminate the distress caused by trauma, meaning that even when positive changes are experienced distress might still be present (Tedeschi et al., 2018). Study II supports this as one of the identified groups showed not only high levels of PTG but also high levels of PTSS. The coexistence of distress and PTG was also repeatedly found in other trauma survivors (see Sanki & O'Connor, 2021). Authors of the model of PTG indicate that distress is a natural response to trauma and is essential for the development of PTG (Tedeschi et al., 2018), and Schaefer and Moos (1998) argue that distress works as a catalyst for positive changes.

In the context of IPV survivors, it is natural that violent experiences cause distress manifested by PTSS that could last for some time. In Study II, the *distressed growth* group (with high PTG and PTSS) differed from the *positive growth* group (high PTG and low PTSS) by the time since the last violence incident, indicating that more time has passed from violence for women in *positive growth* group compared to a *distressed growth* group. Evidence in the literature suggests that PTSS tends to decrease over time in IPV survivors (Johnson & Zlotnick, 2012), so it is possible that in the *positive growth* group PTSS has already decreased, and women in the *distressed growth* group are still experiencing manifesting symptoms.

The results of Study II also revealed a highly suffering *negative impact* (high PTSS, low other indicators) group. Less time has passed since IPV, and fewer women received psychological help in this group compared to the *distressed growth* group. Kaye-Tzadok and Davidson-Arad (2016) found similar results in women survivors of childhood sexual abuse, indicating a group with high PTSS and low PTG and resilience. Not all trauma survivors experience PTG (Tedeschi et al., 2018), as can be seen in the *negative impact* group. Kaye-Tzadok and Davidson-Arad (2016) argue that these patterns indicate severe suffering, which overwhelms and hiders growth processes. Westphal and Bonnano (2007) argue that high levels of resilience also hinder the PTG processes as highly resilient people tend to "bounce back" quickly with less struggle.

I assume that the opposite can apply here and that some levels of resilience might be needed to make distress manageable to the extent that allows engaging in cognitive restructuring processes of PTG. All in all, the patterns of the *negative impact* group indicate that a part of survivors of IPV experience significant suffering and are in need of psychological help. Considering that studies on PTG and distress indicate mixed findings (Cobb et al., 2006; Kleim & Ehlers, 2009), the results of Study II showed that other factors (resilience, centrality of event, trauma-related characteristics) play a role in this relationship. The results of Study II also indicate that distress might work as a catalyst for positive changes, but when it is too severe, there might be no resources to engage in cognitive processes leading to PTG.

5.5. Resilience and Posttraumatic Growth

The model of PTG describes the dual role of resilience. When the event is not adverse enough to challenge core beliefs because of high resilience, the distress of difficult circumstances produces resilience without growth. However, if the event challenges core beliefs and PTG is experienced, then positive changes also promote resilience (Tedeschi et al., 2018). The results of Study II indicated high levels of resilience in the *positive growth* group and medium levels in the *distressed growth* group. This result goes in line with studies indicating a positive relationship between resilience and PTG (Bensimon, 2012; Oginska-Bulik, 2015). It can be assumed that experienced positive changes promote resilience, as described in the model of PTG (Tedeschi et al., 2018). However, it is also possible that women with higher prior levels of resilience experience PTG with less distress. Therefore, longitudinal studies investigating PTG and resilience are needed to fully support or deny theoretical assumptions and understand this relationship better.

Study II did not support the assumption that unchallenged beliefs lead to resilience without growth as results did not indicate any group with this kind of pattern. It is possible that there were simply no women in the sample of the study who were highly resilient with no growth. However, due to repeating nature of their trauma, survivors of IPV become proficient in using avoidance coping strategies (Waldrop & Resick, 2004) which in turn protect core beliefs from being challenged and hinders the processing of trauma (Janoff-Buman & Frieze, 1983; Smith Landsman, 2002). Therefore, I assume that in the context of IPV not necessarily resilience, but other factors such as coping strategies might contribute to the path without great impact as seen in the *low impact* group. Thus, these assumptions should be tested in future studies.

5.6. Cognitive Processing and Coping in the Process of Posttraumatic Growth

Cognitive processing of trauma is one of the most important parts of the process of PTG (Tedeschi et al., 2018). Authors describe that the process involves intrusive rumination that gradually shifts to more deliberate thinking about the experiences helping

find the meaning of what was endured. It is also indicated that coping strategies play an important role in this shift relieving the distress caused by trauma and creating some space for reflection on experiences (Tedeschi et al., 2018). Although tested cross-sectionally, the results of Study IV gave support to theoretical assumptions which so far have not been studied exactly in this order which described in the model of PTG.

Considering relationship between rumination and PTG, results indicated that deliberate rumination is positively related to PTG, replicating studies in other traumatic contexts (Cann et al., 2011; Oginska-Bulik, 2016). In line with Brooks and colleagues (2017) intrusive rumination was not directly related to PTG. Higher levels of intrusive rumination were associated with higher levels of deliberate rumination, but part of this association was also related to higher levels of self-blame. According to the results, feelings of self-blame help transition from intrusive to deliberate rumination, which eventually leads to PTG. The classical "just world" hypothesis (Lerner, 1980) states that people tend to blame victims to keep the belief that the world is a just and orderly place and that people get what they deserve. Consequently, survivors of IPV internalize this blame for experienced abuse (Kennedy & Prock, 2018). Ulloa et al., (2016) argue that self-blame as a coping strategy is related to the feelings of being in control, indicating that by blame themselves women are trying to keep the belief that they are in control of their lives. Therefore, it is less painful to blame oneself and believe that one could have done something different to prevent being abused rather than admitting that life can be uncontrollable. Similarly, Kaye-Tzadok and Davidson-Arad (2016) explain self-blame of women survivors of childhood sexual abuse, indicating that self-blame might be necessary to overcome in order to experience PTG. Considering this rationale, it is possible that for women in this study self-blame served as a positive coping effort to keep the beliefs about having control and worked as a force to move forward and reflect on what was endured.

Results of Study IV could also reflect the illusory side of PTG described by Zoellner and Maercker (2006). Authors indicate that reported PTG while using coping strategies oriented towards avoidance could reflect the illusory side of PTG where one convinces oneself that something good came out of the suffering to feel better. However, the authors argue that for a short time this kind of self-soothing may be useful and could eventually lead to real changes (Maercker & Zoellner, 2004). Thus, there is a possibility that self-blame reflects that women in this study are not coping very well, and reporting PTG to convince themselves that they are doing well. However, I think that the fact that self-blame is related to deliberate rumination and not directly to PTG makes this assumption questionable. All in all, given the cross-sectional nature of the study, only theoretical assumptions about such a paradoxical result can be made that should be tested in longitudinal studies.

5.7. The Change of Posttraumatic Growth Over Time

Study V revealed that in the general sample PTG increased over time. Analysis of different groups by the time since the last violence incident indicated that PTG

changes over time only for women who experienced violence less than 2 years ago, and PTG levels of women who experienced IPV more than 2 years ago stayed stable over the study period. The results partly go in line with Dyjakon and Rajba (2022) study with IPV survivors who both with their partners undergo therapy. In this study researchers find an increase over time only in the PTG domain of appreciation of life, indicating that other domains decreased possibly due to the confusion of rebuilding a relationship with the abusive partner (Dyjakon & Rajba, 2022).

Andreson et al. (2012) in their study indicated that women see the first two years after the violence as the period where they need the most support, and this time may be crucial for growth. The results of Study V support this as the PTG increased only for women who experienced IPV more recently (less than two years ago) indicating that the most important changes are happening in the first two years after the violence, and later PTG stays rather stable. However, it is important to state that the sample of Study V consisted of women who received support from women's shelters and social support centers, so considering that not all women tend to seek support, the picture of the change in PTG over time might differ in the general population. Nevertheless, this study significantly contributed to the limited longitudinal studies in PTG research field, by indicating that positive changes of women survivors of IPV remain and increase over time. I believe that this not only contributes to the knowledge about PTG in survivors of IPV, but also helps respond to some criticism (e.g., Infurna & Jayawickreme, 2019) about how real and lasting these positive changes are.

6. LIMITATIONS AND FUTURE DIRECTIONS

The model of PTG is complex and each component changes according to other components. This makes it difficult or nearly impossible to test the model as a whole (Zoellner & Maercker, 2006). The advantage of the current dissertation is the use of two samples of women survivors of IPV to test different components and assumptions of the model of PTG. It also allowed to compare the results to other studies in the field if possible or test parts of the model that have not yet been investigated. However, important limitations should be addressed that may have influenced some of the results and that could help to improve future studies.

There are a few important violence-related aspects that either were not properly measured or were not considered in conducted studies. One of them is the repeated return to the violent partner. It is well known that women tend to return to their partners several times for various reasons until they completely terminate the relationship. Samples used in this dissertation included women still living with the perpetrator, indicating that they might experience ongoing IPV. Given that studies indicate some PTG while still in violent relationship (Young, 2007; Smith, 2003), it was decided not to reduce the sample and analyze data with all participants. However, the process of PTG might be different for women who have terminated the relationship and for women who are still in the stay-leave cycle, therefore future studies should include questions that would help determine at which points survivor are and then investigate PTG in groups separately.

Other violence-related factors that were not measured in current samples are stalking and custody of the children. Studies show that after women terminate violent relationships their partners continue the abuse by stalking (Mechanic et al., 2000). The same is happening when there is court-appointed shared custody of the children. Women tend to experience manipulations and controlling behaviors from their ex-partners who act in that way under the guise of children issues (Conner, 2010). This indicates that the violence not necessarily stops even when the relationship is terminated. These kind of behaviors can hinder recovery and possible growth by limiting the availability of social support, preventing feelings of safety, and intensifying distress. Thus, future studies should include the assessment of possible stalking and shared custody of the children to control for the effect of continued violence.

The 21-item checklist of IPV, developed by the INTEGRO research team, did not work properly in Study III, and the number of items was reduced to 16 (only in this study). Psychometric challenges might be related to sample size (smaller than in other studies which used this measure) or sample characteristics, such as the fact that the sample of Study III consisted of women who received some form of support. This indicates that developed measure is sensitive to these factors, therefore it should be used with caution in future studies.

Another limitation is the attrition of study participants in the longitudinal study (37.1% and 24.9% of women participated in the second and third assessments respectively). There could be many reasons why women drop out, such as changed contact

information, low motivation, avoiding answering questions about violence due to a return to an abusive partner, etc. Future longitudinal studies should take into account the high risk of attrition and consider ways to boost motivation, take into account that given contact information might change, and consider backup sampling techniques more suitable for at-risk samples if appropriate (e.g., supplemental samples).

Moreover, the longitudinal study of this dissertation was conducted with a sample that already received some form of support. Given that support is an important contributor to positive changes (Elderton et al., 2017), the results of the study might be affected by the sample composition. It is evident that a large proportion of women tend not to disclose their experiences and have difficulty seeking help (Vasiliauskaitė & Geffner, 2020). Therefore, future longitudinal studies on PTG should include samples from general population with women who not necessarily received or sought any help, as their growth mechanisms might be different compared to current results. Also, future studies should give more attention to nonsupport and its relationship with PTG, given that negative attitudes toward victim blaming are very common not only in Lithuania (RAIT, 2017) but also in other countries (European Commission, 2016).

Current dissertation highlighted some methodological and conceptual problems that are common in PTG research. First, cross-sectional study designs are not sufficient to reveal complex relationships between resilience and PTG described in the model. Future studies should employ longitudinal methods which allow to measure changes not only in PTG but also in resilience. Second, coping investigation has conceptual challenges as researchers tend to combine different strategies into categories (deeper discussion on this in Paper IV). Given that coping strategies are sensitive to the context and change over time (Bonanno & Burton, 2013), it is important to investigate separate strategies that are relevant to investigated context. Future studies should investigate other coping strategies (e.g., denial, mental disengagement, self-distraction, etc.) that survivors of IPV use. Also, PTG research would most benefit from longitudinal investigation that allow to see transitions from one coping strategy to another, as this kind of analysis could provide knowledge on how the role of coping in the process of PTG change over time.

Finally, we used short form of PTGI to measure growth, and although it is reliable and valid inventory (Cann et al., 2010) it only allows to assess general PTG. Future studies investigating PTG in samples of IPV survivors should employ the full version of The Posttraumatic Growth Inventory that allows examination of different domains of PTG. A comprehensive investigation of domains of PTG could provide more information about the experience of PTG and about the factors that are related to it. Also, alternative methods, such as qualitative interviews, to measure PTG should be considered, when possible, especially in less examined samples, such as survivors of IPV (Jayawikreme et al., 2021). Qualitative methods can give a clearer and deeper understanding what particular changes survivors experience. Despite these limitations, the current dissertation provides important knowledge and raises considerations about the model of PTG in survivors of IPV. It is one of the few studies that comprehensively test the theoretical assumptions of PTG and, as far as I know, the first study doing it in the context of IPV.

7. PRACTICAL IMPLICATIONS

The results of the present dissertation emphasized the importance of social support to PTG. Therefore, it is important to ensure the availability of social support for women survivors of IPV. Some studies suggest that the most beneficial resource of support for survivors of IPV is the expert companion, the person who survived similar circumstances and can assist the survivor in need (Cobb et al., 2006; Tedeschi et al., 2018). This kind of support is beneficial for both parties, as helping others also helps to give more meaning to the endured experiences and promotes the sense of PTG. Considering this, programs that help find other survivors and offer experienced supporters could be very beneficial in helping women survivors of IPV in their journey to recovery and growth. The results of this dissertation could also be used to educate the society about the importance of support for women survivors of IPV. This could potentially contribute to the reduction of stigma and negative attitudes towards victims.

Practitioners working with survivors of IPV should normalize distress and self-blame that survivors of IPV might feel. It is important to use psychoeducation and let survivors know that distress is a normal response to traumatic experiences such as IPV and it can even coexist with positive changes. It is also important to work with self-blame gradually, by not taking it away suddenly, as self-blame holds beliefs about controllability in life. Persistent confrontation with self-blame may cause resistance. Therefore, accepting the experience and promoting reflection, as well as finding other strategies that help to manage distress, could be better therapeutic approaches that may eventually lead to PTG.

Practitioners should keep in mind that the path to PTG is a long and painful process that requires a lot of inner resources from the survivors. So, it is important to set reasonable expectations when working with survivors and not to try to facilitate positive changes immediately. Initially, survivors need to express and reflect on their emotions and experiences related to trauma before exploring the possibilities of PTG.

The results of this dissertation reveal that the mechanisms of PTG are complex, involving many different psychological and trauma-related aspects. Therefore, policy makers should focus their efforts not only on providing more accessible resources, but also on making sure that there are enough trained practitioners who can provide IPV-informed help for survivors of IPV. Resolving trauma that affects so many women in Lithuania should be considered as a societal responsibility, not a private matter.

8. GENERAL CONCLUSIONS

The results of the current dissertation showed that women find ways to experience positive changes in the aftermath of IPV. Conducted studies supported a large part of the model of PTG and indicated that though women survivors of IPV undergo a similar path to PTG compared to other trauma survivors, some aspects are specific to the context of IPV. As repeatedly found in other trauma contexts, centrality of event and social support are important contributors to the positive changes for survivors of IPV. Moreover, the results that nonsupport is not related to PTG led me to assume that support possibly protects from negative effects that nonsupport may have.

In the current studies, the time since that last violence incident was always an important factor, indicating that positive changes require some time to process the experience and find meaning in what was endured. As indicated in the model of PTG, growth can be experienced along with distress, and Study II supported this claim. Study IV confirmed the cognitive processing part of the model of PTG, and indicated that when women perceive their IPV experience as central to their life they tend to experience intrusive and deliberate rumination eventually leading to PTG. More interestingly, study indicated that self-blame contributes to these relations by mediating the relationship between intrusive and deliberate rumination. Although one would expect that more constructive coping strategies, such as active coping or planning, would contribute to this relation, in the context of IPV survivors, self-blame seems to play a paradoxical but important role for PTG. And finally, Study V, although with large reduction in sample size, contributed to a limited knowledge on positive changes over time in survivors of IPV. The results highlighted that the most significant increase in PTG is happening within the first few years after violence.

However, not all investigated assumptions were supported. Although Tedeschi et al. (2018) argue that experiences that do not challenge core beliefs produce resilience without growth, Study II did not support this assumption. It was found that in both groups with growth patterns women reported at least medium levels of resilience, which has the potential to support the assumption that experienced PTG also promotes resilience. However, considering the cross-sectional nature of the study, this part of the investigation remains unclear.

To conclude, the findings of conducted studies shed light on PTG and the facets contributing to it in the context of IPV survivors. Such knowledge is important to translate scientific results into practice to help women who have survived violence. Some of the findings also highlighted weak areas of investigation, especially related to coping strategies, that could be improved by relying on theoretical frameworks that provide a more contemporary and context-sensitive view. To my knowledge, this dissertation is the first systematic investigation of PTG in a specific traumatic context that includes relevant factors, such as social nonsupport, self-blame, and violence-related characteristics, which have rarely or never been explored.

Based on the objectives of the dissertation, these conclusions follow:

1. IPV against women is highly prevalent in Lithuania, indicating a need to investigate women's experiences to provide them with evidence-based help:
   - At least once in their lifetime, 50.1% of women experienced psychological IPV, 29.9% - economic IPV, 21.5% - physical IPV, and 16.9% sexual IPV.
2. Women in the study respond differently to IPV:
   - Most women demonstrated patterns of PTG, with 46% of the sample showing only growth patterns and 25% exhibiting growth with distress.
   - A small group of women, 11% of the sample, demonstrated patterns of severe distress.
   - Another group of women, 18% of the sample, showed low-impact patterns.
3. Social support positively contributes to the positive changes that women survivors of IPV experience, but nonsupport does not have any effect on PTG.
4. Intrusive and deliberate rumination and self-blame as a coping strategy positively contributes to the positive changes of women survivors of intimate partner violence. Intrusive rumination and self-blame contribute to these changes indirectly.
5. Over 1.5 year-period, PTG increases for women who experienced violence more recently and remains stable at relatively high levels for those who experienced IPV more anciently.

Study I:

Prevalence and patterns of intimate partner violence in a nationally representative sample in Lithuania

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ORIGINAL ARTICLE

Prevalence and Patterns of Intimate Partner Violence in a Nationally Representative Sample in Lithuania

Rita Žukauskienė[1] · Goda Kaniušonytė[1] · Aistė Bakaitytė[1] · Inga Truskauskaitė - Kunevičienė[1]

Abstract
This representative study examines the prevalence of psychological, economic, physical, or sexual intimate partner violence (IPV), the main patterns of IPV exposure, and the interconnections between IPV and socio-demographic characteristics. The participants of the current cross-sectional study were 1173 women from a nationally representative survey. The data were collected using in-person interviews. The reported lifetime prevalence of any IPV (physical, sexual, psychological, and economic abuse) in Lithuania is 51.2%. For women who experienced abuse, the lifetime prevalence of psychological, economic, physical, and sexual IPV is 50.1%, 29.9%, 21.5%, and 16.9%, respectively. Of those victims, 57.1% had experienced IPV in the past year. Younger women (≤ 60 years), being separated or divorced, being economically disadvantaged, living in rural areas, and those who had experienced violence in their childhood are more likely to have experienced IPV during the past 12 months. Five different patterns of exposure to violence were identified: *nearly absent IPV, psychological-only IPV, psychological/physical IPV, high sexual IPV, and high overall IPV.* Comparison of the women belonging to different clusters differed from each other on the type of partner relationship, household income, area of residency, and childhood violence exposure. Findings of this study make a unique contribution to the existing literature by identifying multiple risk factors associated with various types and patterns of IPV that to date, had not yet been comprehensively analyzed in the IPV literature. Implications for future research and policy are discussed.

Keywords Psychological violence · Economic violence · Physical violence · Sexual violence · Intimate partner violence (IPV) · Socio-demographic characteristics

Introduction

Violence against women, and particularly intimate partner violence (IPV), is a serious and complex public health issue affecting not only the women who directly experience violence, but the wider community as well. IPV is conceptualized as "behavior by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors" (García-Moreno et al. 2013, p. 74). Intimate partner violence causes mental and physical health problems and affects the social well-being (Ellsberg et al. 2008; Dillon et al. 2013) of women from all social backgrounds and of different ages (Heise and Kotsadam 2015). Many studies have shown that IPV is a leading cause of homicide death of women (Catalano et al. 2009; Stöckl et al. 2013) and is associated with increased levels of emotional distress, depression, suicidal thoughts and suicidal attempts (Ellsberg et al. 2008; Devries et al. 2013a).

A number of studies, conducted in different countries, have analyzed the prevalence of different forms of IPV (Devries et al. 2013b; Krug et al. 2002). Their findings revealed that globally, about one third of women aged 15 and over were exposed to physical and/or sexual IPV during their lifetime. However, considerable regional variation in the prevalence of physical and/or sexual violence has been noted, both between different European regions and between high- and low-income countries across the world (World Health Organization 2013).

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✉ Rita Žukauskienė
rzukausk@mruni.eu

[1] Mykolas Romeris University, Ateities str. 20, 08303 Vilnius, LT, Lithuania

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Furthermore, most studies that assess the prevalence of IPV experienced by ever-partnered women have evaluated the prevalence of physical and/or sexual violence by intimate partners (Devries et al. 2013b). However, a smaller number of studies have addressed other forms of IPV. Furthermore, little research has been conducted to examine the co-occurrence of physical, psychological, sexual, and economic violence, and their associations with socio-economic factors.

The full extent of prevalence of different forms of IPV is difficult to estimate. In Lithuania, the *Law on the Protection from domestic violence* was passed in 2011. This increased number of reported cases of IPV, however, violence against women continues to be underreported, meaning that what appears in official statistics on IPV is only a fraction of the reality. Until now, only one population survey has been conducted in Lithuania during the European-Union wide survey (European Union Agency for Fundamental Rights [FRA] 2014), however, this survey hasn't addressed co-occurrence of different forms of IPV. Therefore, this study aims to investigate the prevalence of different forms of IPV, to identify the main patterns of IPV exposure and to examine the interconnections between IPV and socio-demographic characteristics in a representative sample of Lithuanian women. The study aims are presented in more detail after the literature review given in the next section.

Prevalence

Physical, sexual, psychological, or economic IPV may be conducted by a current or former intimate partner, irrespective of the sex of the partner (Barnett et al. 2005). Physical violence refers to intentional physical actions intended to cause death, disability, harm or injury (Breiding et al. 2015b). In the context of IPV, sexual violence is defined as an attempted or committed act with sexual intentions without the freely given consent of the victim (Breiding et al. 2015b). Findings from the analysis of the 141 studies on IPV show that globally, in 2010, 30% of women aged 15 and over have experienced physical and/or sexual violence during their lifetime, with the highest prevalence in African, Eastern Mediterranean and South-East Asian regions and second highest prevalence reported in Region of the Americas (Devries et al. 2013b; García-Moreno et al. 2013). In a survey of 24 European countries (FRA 2014), 42,000 women were interviewed about their experience(s) of violence, ranging from IPV through to sexual harassment, committed by their current or former partner. The results showed that overall, 22% of women reported having experienced physical and/or sexual violence in their current or previous relationship (FRA 2014). According to the FRA survey, Lithuania belongs to a group of countries where the lifetime prevalence of women experiencing physical and/or sexual partner violence is 20% to 29% (FRA 2014). In other studies, the 12-month prevalence of physical and/or sexual intimate partner violence was found to be 2.9% for sexual violence in the US (Breiding et al. 2015a), 3.1% for physical and 0.4% for sexual violence in rural Australia (Lockie 2011), 4% for physical and 2% for sexual violence in Saudi Arabia (Barnawi 2017), 7.5% for physical and 2.8% for sexual violence in Sweden (Lövestad et al. 2017), and almost 27% for physical and/or sexual IPV in Tanzania (Kapiga et al. 2017). These results show that the prevalence of physical and/or sexual violence in most of the regions is relatively high; however, the range of prevalence rates across different countries varies.

A growing number of population-based surveys have measured the prevalence of other two forms of IPV, namely economic and psychological abuse (WHO 2012). However, economic violence is rarely measured separately; instead, this type of violence is often included in controlling behaviors. Economic abuse is used by perpetrators to control and monitor their victims' use and distribution of financial resources, threatening the economic security and financial independence of the victim (Miskulin et al. 2018; Adams et al. 2008). Results from various studies indicate that the lifetime economic violence prevalence varies from 14% in the US (Voth Schrag 2015) and almost 16% in Australia (Kutin et al. 2017) to 21% in the UK (Sharp-Jeffs 2015).

Psychological violence, often called emotional abuse refers to the use of various behaviors intended to humiliate and control another individual in public or in private (Follingstad and Dehart 2000). In a study conducted in Thailand, different types of psychological violence were experienced by 7.5% to 15.4% of women over their lifetime (Chuemchit et al. 2018). Similar results were found in a study conducted in a representative sample in the US, where psychological IPV alone was experienced by 12.1% of women (Coker et al. 2002). Moreover, 7% of women reported experiencing psychological violence in Spain within last 12-months (Zorrilla et al. 2009). Furthermore, in a more recent study conducted in Sweden, the 12-months prevalence of psychological violence was reported by 25% of women (Lövestad et al. 2017). These results show that other, often non-physical, forms of IPV are widely prevalent and should be considered equally as important as physical and/or sexual forms of violence against women.

In the context of IPV, different forms of violence can sometimes coexist in the same relationship making the violence more complex and intense (Thompson et al. 2006; Krug et al. 2002). Findings indicate that physical and sexual violence are often reported in combination with psychological violence (Lövestad et al. 2017; Pico-Alfonso et al. 2006). However, psychological abuse can be experienced without sexual or physical violence (e.g., Lövestad et al. 2017; O'Leary 1999). The overlap between various types of violence varies by countries and samples. For example, Stylianou et al. (2013) reported that in most cases (76%) when participants were experiencing one form of IPV they also were

experiencing other forms of IPV. However, those findings were gathered from a sample recruited from domestic violence programs in the US. In a representative US sample, 17.6% of women experienced a combination of psychological and physical or sexual IPV (Coker et al. 2002). Yet, other findings suggest that psychological abuse is far more frequent than other forms of IPV (Thompson et al. 2006). Nevertheless, the co-occurrence of different types of IPV, and prevalence rate of women who experience these different combinations of violence is under examined in general population samples (Basile and Hall 2011).

Therefore, this study aims to identify clusters of women, characterized by the frequency of physical, sexual, psychological, and economic abuse. In doing so, we are using propositions from person-oriented research that suggest that distinct subgroups in a sample exist and have substantively meaningful subgroup characteristics (Bergman and Magnusson 1997; Bogat et al. 2005; von Eye and Bergman 2003). By examining the prevalence of IPV from a person-oriented perspective, we assume that it is possible to identify subgroups of women sharing similarities in the type and frequency of the different types of IPV experienced during the past 12 months.

Furthermore, we want to explore how those subgroups, based on the types and frequency of IPV, differ by socio-economic status. To date, many studies have included demographic characteristics as descriptives, but the relationships between different forms of (co-existing) IPV and socio-economic variables remains understudied (Capaldi et al. 2012). There is some existing evidence that annual household income is the most important socio-economic factor for IPV across racial/ethnic groups in the US (Cunradi et al. 2002). In previous studies (Coker et al. 2000; Bullock et al. 1989), marital status and lower income were associated with physical violence (Coker et al. 2000). Furthermore, higher socio-economic status (measured as being better educated and employed) acts as a protective factor, lowering the risk for IPV (for a review, see Capaldi et al. 2012). Results of a study conducted in China indicated that marital status predicted all forms of IPV, that is, divorced women experienced more violence compared with married women (Lin et al. 2018). Similar results were found in a study in Spain, where IPV was most prevalent in divorced/separated women (Zorrilla et al. 2009). Controlling behaviors (a form of psychological abuse) were found to be associated with age and employment status, as younger and unemployed women were more likely to become victims of such controlling behaviors (Lin et al. 2018). When considering only age, studies have found that the highest prevalence of general violence (e.g., intimate partner violence and non-partner sexual violence) (García-Moreno et al. 2013) and economic abuse (Kutin et al. 2017) were found in the age group of 40–49 years. Additionally, important associations were found between IPV victimization and the experience of violence in childhood, where adults with histories of physical or sexual victimization during childhood were more likely to experience IPV (Coid et al. 2001; Widom et al. 2014). Thus, while some studies examine how specific types of IPV may be associated with different risk factors, further investigation is needed to better understand the relationships between different forms and different patterns of IPV and socio-economic variables. Therefore, the aim of the current representative study was to examine a) the prevalence (lifetime and during past 12 months) of different forms of IPV, including physical, sexual, psychological, and economic violence, among Lithuanian women; b) to identify the main patterns of IPV exposure; and c) to examine the interconnections between IPV and socio-demographic characteristics, such as age group, educational level, relationship status, household income, area of residency, and the experience of violence in childhood.

Methods

Participants and Procedures

The participants of the current cross-sectional study were 1173 women from a nationally representative OMNIBUS survey, recruited for the ongoing study on "Identity and posttraumatic growth in female survivors of intimate partner violence (INTEGRO)." The sampling strategy ensured that the ages and geographic residency of women were representative of the population. The data were collected in the spring of 2018 using in-person interviews by a survey research company in Lithuania. Households were selected through random route sampling (Brace and Adams 2006) which is intended to create an equal probability of a household being selected. Respondents are found using random multistage selection. In the first stage, 75 primary sample points all over Lithuania are distributed between 5 biggest cities and 15 counties according to the proportion in the territorial model of the Lithuanian population. Next birthday rule is used to select the respondent in the household.

The age of the participants ranged from 18 to 89 (M_{age} = 48.81; SD_{age} = 18.82). Some of the women (n = 118, 10.1%) were omitted from the sample as they indicated that they had never had an intimate partner (M_{age} = 26.23; SD_{age} = 17.72). Furthermore, 43 (4.1%) women refused to answer part of the questionnaire about intimate partner violence. Thus, the final sample used for this study consisted of 1012 women (M_{age} = 51.87; SD_{age} = 16.93). In this study, unweighted data was used. More than a half (56%) of the women were currently married and/or living with a partner, 5.3% were single, 17% had a partner or spouse but did not live together, and 21.4% were widows. Sample characteristics are presented in more detail in Table 1. The IPV-related sample characteristics are presented in Table 2.

Table 1 Sociodemographic sample characteristics ($N = 1012$)

Characteristics	*n* (%)	Characteristics	*n* (%)
Education		Household income per month	
Primary (up to grade 4)	86 (8.5)	Less than 350 Eur	370 (36.6)
Lower secondary (up to grade 10)	616 (60.9)	650 Eur – 1000 Eur	147 (14.5)
Tertiary	310 (30.6)	1000 Eur – 1500 Eur	158 (15.6)
Age		More than 1500 Eur	130 (12.8)
18–29	119 (11.8)	No response	207 (20.5)
30–39	162 (16)	Place of residence	
40–49	157 (15.5)	City (> 50.000 residents)	409 (40.4)
50–59	210 (20.8)	Town (2.000–50.000 res.)	244 (24.1)
60+	364 (36)	Village (< 2.000 res.)	359 (35.5)
Type of partner relationship		Violence experience in the childhood	
Married / living together	576 (56.1)	Yes	135 (13.3)
Divorced / living separately	172 (17)	No	831 (82.1)
Single / Dating / Widow	271 (26.8)	No response	46 (4.5)

Ethical Considerations

Physical and emotional safety of the respondents during the data collection was ensured by the procedure of the data collection as discussed below. Confidentiality was ensured by not collecting any personal data from the responders that would allow to identify who the respondent was.

Physical Safety The research was conducted by using the standard OMNIBUS methodology. The survey was conducted by conducting personal interviews, when an interviewer questioned each respondent individually at their home. The IPV related questions were self-filled. The assessment procedure provided protection to a particularly vulnerable subgroup of women (i.e., those in abusive or potentially abusive relationships from potential physical harm) by not disclosing research aims to other household members, and by inquiring women if she feels safe to respond to the questions. If the safe environment could not be ensured, the interview was terminated. In line with WHO 2001 guidelines the focus of the study was disclosed only to participating individuals, and informed consent to participate in the study was signed. Women could refuse to participate in the study at any moment.

Table 2 Description of intimate partner violence experience in the total sample ($N = 1012$)

IPV related variable	*n* (%)
Time after last violence incident	
Over the last 7 days	19 (1.9)
Over the last month	26 (2.6)
Over the last half year	41 (4.1)
Over the last year	73 (7.2)
More than a year ago	117 (11.6)
More that 5 years ago	75 (7.4)
More than 10 years ago	153 (15.1)
Never had experience IPV	498 (49.2)
No response	10 (1)
Relationship status with the perpetrator	
Living with the perpetrator	221 (21.8)
Divorced or currently in divorce process	208 (20.6)
No response	583 (57.6)

Emotional Safety The study design included actions aimed at reducing any possible emotional distress caused by the research. Data collection was conducted by professional field workers employed at data collection company. Women participants were interviewed only by women-field workers in order to decrease any emotional stress related to the questions regarding their experiences of IPV. In addition, fieldworkers were trained to refer women requesting assistance to women crisis centers where they could seek individual help. Leaflets with information on where to seek psychological help or consultation were distributed to study participants, ensuring that any emotional distress caused by the questions on sensitive issues related to IPV could be resolved.

This study has been approved by the Mykolas Romeris University, Institute of Psychology. The ethics committee will continue to see if this study is being done in a safe way until the study is completed.

Measures

To assess different forms of IPV, we used a 21-item checklist, developed by the authors of this manuscript, based on the Composite Abuse Scale (Ford-Gilboe et al. 2016) and the

Scale of Economic Abuse (Adams et al. 2008). The checklist measures four types of violence, namely psychological violence (8 items, e.g., "Tried to restrict contact with your family or friends"), physical violence (5 items, e.g., "Pushed, grabbed or shoved you"), economic violence (5 items, e.g., "Restricted your access to personal money"), and sexual violence (3 items, e.g. "Physically forced you to have sexual intercourse when you did not want to"). Full checklist is presented in Online Resource 1. Participants were asked to rate whether they had experienced these partner behaviors during the past 12 months on a 6-point Likert-type scale ranging from 0 (*never happened to me*) to 5 (*happens to me every day*). Additionally, participants had a chance to indicate that they had not experienced such behaviors during past year but had experienced it before (*happened to me more than a year ago*) to evaluate lifetime IPV exposure. Cronbach's alpha coefficients for the subscales ranged from .81 to .90.

To evaluate the prevalence of the different types of IPV, dummy variables were created for the different types of violence (psychological, economic, physical, sexual, and total/combined score) separately for a) violence experienced during the past year, b) violence experienced more than a year ago, and c) violence experienced regardless the timing (i.e., at least once in the lifetime). The dummy variables were dichotomized as follows: 0 – has not experienced this behavior (none of the behaviors) and 1 – has experienced this behavior (at least one of the behaviors) at least once. The prevalence of IPV in this representative sample of Lithuanian women was expressed as percentages (%).

The socio-demographic variables of age, education, status of a relationship, area of residence, household income, and experiencing violence in childhood ("Have you experienced violence in your family when you were a child") were each measured by a single item (Table 1). In addition, single items were used to measure whether the participants were currently in an abusive relationship, and the time since the last IPV incident (Table 2).

Statistical Analysis

We used multivariate logistic regression to identify which demographic characteristics were the most important predictors of IPV. Dichotomous IPV exposure variables (experienced vs. not experienced at least one psychological, economic, physical, sexual, and combined IPV incident during last year) were used as outcome variables. The multivariate regression analyses with likelihood ratio test were carried out in two steps. In the first step, all sociodemographic characteristics (gender, education, type of partner relationship, household income, area of residency, and experience of childhood violence) were included as predictors. In the second step, only significant predictors were left in the analysis.

In order to identify distinct groups of women which could be classified as experiencing similar combinations of IPV, we conducted a cluster analysis on the standardized scores of psychological, economic, physical, and sexual intimate partner violence during past year. Only responses from women who experienced at least one incident of any type of IPV were used in this analysis ($n = 296$). We followed Gore's (2000) two-stage approach which combines the advantages of the hierarchical and k-means clustering algorithms. Specifically, in the first step, a hierarchical cluster analysis was carried out using Ward's method based on squared Euclidian distances to determine the optimal number of classes. In the second step, the initial cluster centers of the best retained class-solution were used as non-random starting points in iterative k-means clustering, which yielded the final classification. We compared cluster solutions with two to six clusters on the basis of three criteria, namely the explanatory power (i.e., the cluster solution had to explain more than 50% of the variance in each of the identity dimensions; Milligan and Cooper 1985), the meaningfulness of the cluster, and the cluster size (i.e., the groups should represent at least 5% of the sample). On the basis of these criteria, a five-cluster solution was determined to be the most acceptable. Although in a five-cluster solution one group did not reach the 5% threshold for group size, we decided to keep this solution, because this group was clearly meaningful, and its size and composition was stable across all cluster solutions.

To investigate the associations between different types of IPV and demographic variables, Pearson's Chi square tests were used to analyze the association between experiences of violence and demographic characteristics. This analysis was carried out in two steps. First, we compared the demographic characteristics of women who had and had not experienced IPV during the past year. Second, we compared the demographic characteristics of women in different IPV clusters. We used conventional .05 cutoff for the p value significance.

Results

Sociodemographic Characteristics

Sample sociodemographic characteristics are presented in Table 1 and intimate partner violence experience related factors (time after last violence and relationship status with perpetrator) are presented in Table 2. The sociodemographic characteristics of the women sample are nationally representative for Lithuanian context.

Regarding the factors related to IPV we can see that almost half of the women in the sample of IPV victims are divorced or currently undergoing a separation process; approximately 15% of women had experiences some sort of IPV during the

last year, and almost 50% of women had never experienced IPV in their life.

Intimate Partner Violence Prevalence in the General Sample

An analysis of the prevalence of the different forms of IPV in this nationally representative survey (Table 3) revealed that more than half of women (51.2%) had been victims of some type of violence at least once in their lifetime. Of those women, that is victims of IPV, 57.1% had experienced IPV in the past year, and almost half (42.9%) had experienced acts of violence only more than a year ago. Type specific analyses revealed that most prevalent form of IPV was psychological violence (50.1%) and the least prevalent form was sexual violence (16.9%). Additionally, less than half (43.2%) of the women who had ever experienced psychological violence, had not experienced it in the past year, and even more women did not experience economic (58.1%), physical (69.3%), and sexual (64.9%) violence in the past year.

Associations between IPV Types and Sociodemographic Characteristics

The results of the multivariate logistic regression analysis for overall IPV are presented in Table 4. Lower probabilities for overall IPV were found for women who were older than 60 years in comparison to women who were younger than 30 years old; single women or widows, compared to married or cohabiting women; women who lived in households with a monthly income of over 1500 euros (compared to those who had an income of less than 650 euros per month); women who lived in a bigger cities (compared to those who lived in villages); and higher for those women who had experienced violence in their childhood.

The results of the multivariate logistic regression analysis for different types of IPV are shown in Table 5. For psychological violence, all sociodemographic characteristics were significant predictors, similar to the results for overall IPV. A lower probability of experiencing psychological violence was found for women who were older than 60 (compared to the youngest group of 18–29 year olds), single women or widows (compared to those who are married/living together), women living in a household with monthly income of more than 1500 euros (compared to those with a monthly household income of less than 650 euros), women who lived in the bigger cities (compared to those who lived in villages), and women who had not experienced violence in their childhood. For economic and sexual violence only area of residency and childhood violence experience remained significant predictors. Women

Table 4 Coefficients of the model predicting IPV victimization (combined IPV score) during last 12 months ($N = 1012$)

	Total IPV	
	Odds ratio	(95% CI)
Age		
18–29	1	Ref.
30–39	0.77	(0.39, 1.52)
40–49	0.62	(0.31, 1.24)
50–59	0.92	(0.49, 1.76)
60+	0.37	(0.19, 0.71) *
Type of partner relationship		
Married / living together	1	Ref.
Divorced / living separately	0.87	(0.54, 1.41)
Single / Dating / Widow	0.30	(0.17, 0.53) *
Household income		
< 650 Eur / month	1	Ref.
650–1000 Eur / month	0.97	(0.58, 1.61)
1000–1500 Eur / month	1.29	(0.76, 2.20)
> 1500 Eur / month	0.42	(0.22, 0.79) *
Area of residency		
Village (< 2.000 residents)	1	Ref.
Town (2.000–50.000 residents)	0.99	(0.64, 1.52)
City (> 50.000 residents)	0.51	(0.33, 0.77) *
Violence experience in the childhood	5.98	(3.75, 9.55) *

Notes. (95% CI) - 95% confidence intervals for odds ratio of the univariate and multivariate logistic regression model

*$p < .05$

Table 3 Proportion (%) of women who experienced IPV

	At least once in the lifetime	Never	Past year	Over 1 year ago	Never
	In total sample $N = 1012$		In the sample of abused women $N = 518$		
Psychological violence	50.1	49.9	55.6	42.3	2.1
Economic violence	29.9	70.1	24.6	34.0	41.5
Physical violence	21.5	78.5	12.9	29.2	57.9
Sexual violence	16.9	83.1	11.6	21.4	67.0
Combined IPV score	51.2	48.8	57.1	42.9	NA

Table 5 Coefficients of the model predicting different forms of IPV victimization (psychological IPV, economic IPV, physical IPV, and sexual IPV) during last 12 months

	Psychological IPV OR (95% CI)	Economic IPV OR (95% CI)	Physical IPV OR (95% CI)	Sexual IPV OR (95% CI)
Age				
18–29	1			
30–39	0.68 (0.35, 1.34)			
40–49	0.59 (0.29, 1.18)			
50–59	0.80 (0.42, 1.54)			
60 +	0.33 (0.17, 0.63)*			
Type of partner relationship				
Married / living together	1		1	
Divorced / living separately	0.87 (0.54, 1.42)		3.08 (1.49, 6.37)*	
Single / Dating / Widow	0.27 (0.15, 0.48)*		2.08 (0.83, 5.22)	
Household income				
< 650 Eur / month	1			
650–1000 Eur / month	0.86 (0.52, 1.44)			
1000–1500 Eur / month	1.08 (0.63, 1.86)			
> 1500 Eur / month	0.38 (0.20, 0.72)*			
Area of residency				
Village (< 2.000 residents)	1	1	1	1
Town (2.000–50.000 residents)	1.02 (0.66, 1.58)	0.88 (0.51, 1.50)	0.41 (0.19, 0.89)*	0.78 (0.36, 1.70)
City (> 50.000 residents)	0.51 (0.33, 0.79)*	0.33 (0.18, 0.59)*	0.39 (0.19, 0.82)*	0.43 (0.18, 0.98)*
Violence experience in the childhood	6.12 (3.82, 9.78)*	4.95 (2.98, 8.23)*	4.39 (2.38, 8.11)*	8.22 (4.33, 15.63)*

Notes. OR - Odds ratios of the univariate and multivariate logistic regression model, (95% CI) 95% confidence intervals
*$p < .05$

who had experienced violence in their childhood had a higher probability of experiencing these types of violence than women who had not had such an experience, and women living in bigger cities (compared to those who lived in villages) had a lower probability of experiencing these types of violence. Significant predictors for physical violence were: area of residency, type of partner relationship, and experiencing violence in childhood. Women who had experienced violence in their childhood and those who were married or cohabiting had a higher probability of experiencing physical violence compared to women who did not experience violence in their childhood and to those who are single/widows. Women who lived in towns or bigger cities had a lower probability of experiencing physical violence than those living in villages. However, when discussing the results we need to have in mind that for some IPV forms (namely physical and sexual violence) the prevalence is quite low (approx. 12%), and that can affect the power to detect the significant effects in our sample, and that could be even more important predictors. Additionally, it is worth noting that there is a potential overlap or the co-occurrence of different forms of IPV, meaning that women that experience one type of violence is more likely experience others too. To explore this issue, in the next step the cluster analysis were employed.

Identifying IPV Exposure Groups

The cluster analysis revealed 5 IPV exposure clusters. This five-cluster solution explained 86%, 69%, 65% and 82% of the variance in psychological, economic, physical, and sexual violence, respectively. The final clusters are shown in Fig. 1. The first cluster, *nearly absent IPV,* consisted of 143 (48.3%) women reporting low scores on all types of IPV. The second cluster, *high overall IPV,* comprised 14 (4.7%) women reporting high scores of all types of IPV. The third cluster, *high sexual IPV,* included 22 (7.4%) women who reported the highest levels of sexual violence and levels of psychological, economic, and sexual violence were also moderately high. The fourth cluster, *psychological-only IPV,* consisted of 89 (30.1%) women reporting moderately high psychological violence, and low on all other types. The fifth cluster, *psychological/physical IPV,* consisted of 28 (9.5%) women reporting high psychological and physical violence, and low economic and sexual violence.

Characteristics of IPV Exposure Groups

We conducted a series of Chi-square tests to examine whether a) women who had experienced IPV or not in the past year,

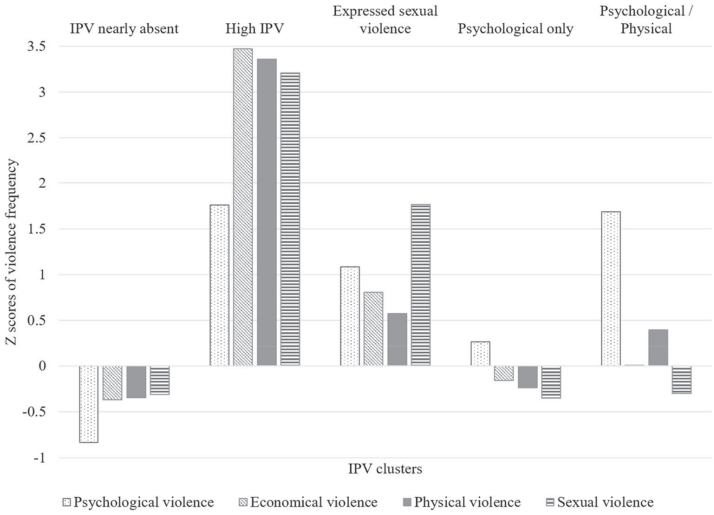

Fig. 1 Different IPV exposure groups in the sample of women who experienced violence during last 12 months ($n = 296$)

and b) the number of women in each of the five IPV clusters, differed on sociodemographic characteristics. Namely, we examined age, education, type of partner relationship, household income, area of residency, and childhood violence experience (Table 6). First, we compared women IPV victims and women who did not report being victims of IPV. Results showed a significant effect of all sociodemographic characteristics (Cramer's V ranged between .10 and .20). Women who had primary education, were older than 60 years, were single or widowed, and women who lived in the cities were less represented in the group of women who had experienced any type of IPV during the past year. Women who were 50–59 years old, were married or cohabitating, living in a household with a monthly income of 1000–1500 euros, and living in rural areas (i.e., villages) were overrepresented in this group. In the group of women who did not experience IPV in the past year, women who were older than 60 years were single or widowed, and had not experienced violence in their childhood were overrepresented.

In the second step, we compared women in all five clusters. We found a significant effect for four sociodemographic characteristics: type of partner relationship, household income, area of residency, and childhood violence experience (Cramer's V ranged between 16. and .48). Detailed results are reported in Table 6. In the group of women who experienced only psychological violence, women with secondary education and women who experienced violence in childhood were overrepresented, whereas women with tertiary education and those who did not experience childhood violence were underrepresented compared to the women distribution in the total sample. In the group of women who experienced very rare episodic violence, divorced women and women with a low household income (< 650 Eur/month), and women with childhood violence experience were underrepresented. Furthermore, the youngest age group (18–29 years old), married or cohabitating women, women with a higher household income (1000–1500 Eur/month), women from bigger cities, and without childhood violence experience were overrepresented. In the high IPV cluster, married or cohabitating women and women without childhood violence experience were underrepresented, whereas divorced women, and women with a low household income (< 650 Eur/month), and women with childhood violence experience were overrepresented. In the psychological/physical violence group divorced women, women who lived in rural areas, in households with a monthly income of less than 650 euros and women who had previous childhood violence experience were overrepresented.

Discussion

The aim of the current representative study conducted in Lithuania was to investigate the prevalence of different forms of IPV in the past 12 months as well as over the lifetime in ever-partnered adult women. In addition, we sought to evaluate how IPV experience and the socio-demographic characteristics of IPV victims are interrelated as well as to identify patterns of co-existing forms of IPV. Overall, the results of the current study indicate a relatively high prevalence of IPV in Lithuania. The exposure to different types of IPV was found

Table 6 Distribution of the sociodemographic characteristics across women who did and did not experienced IPV, and across women in different IPV clusters

	No IPV during the past year (%)	Any type of IPV reported (%)	*n*	%	*p* (yes vs. no)	IPV nearly absent (%)	High overall IPV (%)	High sexual IPV (%)	Psychological only IPV (%)	Psychological / physical IPV (%)	*n*	%	*p* (within clusters)
	Total *N* = 1012					Total *N* = 296							
Education													
Primary	**9.9 (+)**	**5.1-**	86	8.5	.008	4.2	7.1	4.5	6.7	3.6	15	5.1	.141
Secondary	**58.2 (-)**	**67.2 (+)**	616	60.9		64.3	78.6	50.0	**76.4 (+)**	60.7	199	67.2	
Tertiary	31.8	19.7	310	30.6		31.5	14.3	45.5	**16.9 (-)**	35.7	82	27.7	
Age													
18 – 29	11.6	12.2	119	11.8	.000	**16.1 (+)**	7.1	4.5	11.2	3.6	36	12.2	.288
30 – 39	**14.5 (-)**	**19.6 (+)**	162	16.0		19.6	21.4	27.3	15.7	25	58	19.6	
40 – 49	**14.0 (-)**	**19.3 (+)**	157	15.5		19.6	28.6	31.8	19.1	**3.6 (-)**	57	19.3	
50 – 59	**18.0 (-)**	**27.4 (+)**	210	20.8		26.6	21.4	27.3	27	35.7	81	21.6	
60 +	**41.9 (+)**	**21.6 (-)**	364	36.0		18.2	21.4	9.1	27	32.1	64	21.6	
Type of partner relationship													
Married / living together	**52.6 (-)**	**64.7 (+)**	567	56.1	.000	**73.2 (+)**	**21.4 (-)**	68.2	65.2	**39.3 (-)**	191	64.7	.000
Divorced / living separately	**15.2 (-)**	**21.4 (+)**	172	17.0		**12.0 (-)**	**71.4 (+)**	22.7	21.3	**42.9 (+)**	63	21.4	
Single / Dating / Widow	**32.2 (+)**	**13.9 (-)**	271	26.8		14.8	7.1	9.1	13.5	17.9	41	13.9	
Household income [a]													
< 650 Eur / month	**49.2 (+)**	**38.3 (-)**	370	46.0	.000	**29.7 (-)**	**64.3 (+)**	20.0	35.1	**95.2 (+)**	92	38.3	.000
650 – 1000 Eur /month	16.6	22.1	147	18.3		19.8	21.4	**40.0 (+)**	25.7	**4.8 (-)**	53	22.1	
1000 – 1500 Eur /month	**16.1 (-)**	**27.9 (+)**	158	19.6		**36.9 (+)**	14.3	30.0	24.3	**0 (-)**	67	27.9	
> 1500 Eur / month	**18.1 (+)**	**11.7 (-)**	130	16.1		13.5	0	10.0	14.9	0	28	11.7	
Area of residency													
City (> 50.000 residents)	**44.7 (-)**	**30.1 (-)**	409	40.4	.000	**36.4 (+)**	21.4	13.6	30.3	14.3	89	30.1	.046
Town (2.000 – 50.000 res.)	22.9	27	244	24.1		25.2	21.4	31.8	32.6	17.9	80	27.0	
Village (< 2.000 res.)	**32.4 (-)**	**42.9 (+)**	359	35.5		38.5	57.1	54.5	37.1	**67.9 (+)**	127	42.9	
Violence experience in the childhood													
Yes	**8.3 (-)**	**72.2 (-)**	135	14.0	.000	**18.5 (-)**	**84.6 (+)**	**72.7 (+)**	**52.3 (+)**	**74.1 (+)**	117	41.3	.000
No	**91.7 (+)**	**27.8 (+)**	831	86.0		**81.5 (+)**	**15.4 (-)**	**27.3 (-)**	**47.7 (-)**	**25.9 (-)**	166	58.7	
Total *n* (%)	716 (70.8)	296 (29.2)				143 (14.1)	14 (1.4)	22 (2.2)	89 (8.8)	28 (2.8)			

Notes. [a] – the household income variable consisted of missing data, thus the total *N* for this variable is 508. For no IPV group *n* = 565, IPV nearly absent *n* = 111, high overall IPV *n* = 14, high sexual IPV *n* = 20, psychological-only *n* = 74, and for psychological / physical IPV group *n* = 21. Observed values indicated in bold are significantly different from expected values (i.e., standardized residuals higher than |2|): (+) indicates that the observed value is higher than the expected value; (-) indicates that the observed value is lower than the expected value.

to be associated with age, relationship status, household income, area of residency, and violence experienced in childhood. Five different patterns of exposure to IPV during the past 12 months were identified, namely (in order of prevalence), *nearly absent IPV*, *psychological-only IPV*, *psychological/physical IPV*, *high sexual IPV* (with also relatively high levels of all other types of violence), and *overall high IPV*.

Intimate Partner Violence Prevalence in General Sample

When analyzing the lifetime prevalence of IPV in Lithuania, we found that over half of women were exposed to at least one form of IPV over the course of their life, meaning that one in two women in Lithuania have experienced at least one episode of psychological, economic, physical, or sexual violence from their current or previous partners. These results indicate that the overall prevalence of IPV (including non-physical violence) is similar to that found in the US ~15 years ago (44.0%, Thompson et al. 2006), but higher than currently found in, for example, England and Wales (21.1%, Office of National Statistics 2016), Japan (23.7%, Nagai 2017), and Thailand (15.4%, Chuemchit et al. 2018).

In terms of physical and sexual violence, with approximately one in five women being exposed to physical and approximately one in six to sexual violence over a lifetime, the prevalence of physical/sexual IPV in Lithuania is comparable to the rate in most Western European countries (19.3%, Devries et al. 2013b) ~10 years ago and in most EU countries (22%, FRA 2014) as well as the US (22.3% physical IPV, 15.8% sexual IPV, Breiding et al. 2015a) ~5 years ago. The current lifetime prevalence of physical and/or sexual IPV in Lithuania is comparable to that found in Italy (~20.0%, Meini 2017) and Turkey (~21%, Yüksel-Kaptanoğlu and Çavlin 2015). However, rates of physical and/or sexual violence are higher than, for example, in Sweden (15.0% physical IPV, 5.1% sexual IPV, Strand and Selenius 2017). Nevertheless, our data indicate that the general level of physical and/or sexual violence has not changed over last few years, as in 2018, and as in 2014 (FRA 2014), Lithuania was among countries with a medium level of physical/sexual IPV.

Compared to other countries, the lifetime prevalence of psychological and economic violence in Lithuania stands out, with almost one in three women being exposed to economic violence and one in two to psychological violence. These rates of psychological violence are comparable to the rates found in the US almost a decade ago (47.1%, Breiding et al. 2015a). However, they are much higher than those in Sweden (23.5%, Strand and Selenius 2017) and Canada (13%, Burczycka and Ibrahim 2016). The level of economic violence in Lithuania is comparable to that found in United Kingdom (21%, Sharp-Jeffs 2015), however, it is higher than as that found in Australia (16%, Kutin et al. 2017) and the US (14%, Voth Schrag 2015), and 10 times higher than that found in Canada (Burczycka and Ibrahim 2016). The current level of the lifetime prevalence of psychological/economic violence has not changed over the last years as in the current study, at least half of Lithuanian women have experienced psychological/economic violence. This rate is similar to the rate reported several years ago where Lithuania had the second highest prevalence of non-physical violence out of all EU countries (FRA 2014).

The past year prevalence of overall violence in Lithuania, with almost one in three women being exposed to it, is comparable to, for example, Turkey (~25–30%, Solakoğlu et al. 2017). However, it is higher than, for example, in England and Wales (8.2%, Office of National Statistics 2016) and urban Spain (10.1%, Zorrilla et al. 2009). As in other countries, non-physical violence in Lithuania is more prevalent than physical violence. The level of past year psychological violence, with almost one in three women being exposed, is comparable to, for example, Italy (Meini 2017). However, it is twice as high as the US (Breiding et al. 2015a), and three times higher than Thailand (Chuemchit et al. 2018) and urban Spain (Zorrilla et al. 2009). The level of past year economic violence is twice as low as past year psychological violence. However, psychological and economic violence together are still much higher than, for example, England and Wales (5.8%, Office of National Statistics 2016).

In terms of past year physical and sexual violence, with about 6% of women being exposed to each of these types of IPV, the situation in Lithuania currently looks better than, for example, in Thailand (9.4%, Chuemchit et al. 2018). However, these numbers are higher that, for example, in the US (2.9%, Breiding et al. 2015a), rural Australia (0.4%, Lockie 2011), and urban Spain (1.1%, Zorrilla et al. 2009). Interestingly, several years ago the level of physical/sexual IPV in Lithuania represented the exact EU mean (FRA 2014) and current findings indicate that Lithuania has some of the highest levels of physical/sexual IPV among EU countries. In general, compared to data from all over the world, all types of IPV are less prevalent in Lithuania than in underdeveloped countries, for example, Tanzania (Kapiga et al. 2017) or Saudi Arabia (Barnawi 2017). However, our findings revealed that the prevalence of IPV in Lithuania surpasses other Western countries such as the United Kingdom, Sweden, the US, Australia or Canada. We presume, these findings reflect still prevalent Post-Soviet mentality in the country, which in the interpersonal level is characterized by disrespect, prejudice, feeling of inferiority, distrust, envy, hatred, and rudeness (Klicperova-Baker and Kostal 2018).

Intimate Partner Violence Victimization and Socio-Demographic Factors

When evaluating the role of socio-demographic factors in IPV victimization, we only took prevalence of IPV during the last

twelve months into account. We did so to address the risk factors of current experiences of IPV. We found that for overall IPV, women in all *age* groups are equally at risk, with the exception of women 60 years and older. This is also true for psychological violence. These findings are in line with previous findings among other countries (FRA 2014) and could reflect the fact that women in the oldest age group were more likely to be single (in our sample $\chi^2(8) = 276.98$; $p = .00$) and therefore have fewer opportunities to be exposed to IPV.

Although in some countries being separated or divorced (*relationship status*) was found to be among the risk factors for domestic abuse (e.g., England and Wales; Office of National Statistics 2016), in Lithuania this was only true for physical violence. These findings, however, could indicate that more women (in our sample 63%) who have experienced physical abuse during the past year have left their abusive relationships ($\chi^2(1) = 5.67$; $p = .02$), rather than being indicative of a risk factor for abuse. We assume that these findings reflect the trend of women empowerment movement with women nowadays having increased power to leave violent relationships instead of suffering in them (Cornwall 2016). Although it may be a positive trend, one in three women exposed to physical violence in the past 12 months are still at risk for repeated victimization, as they are in an ongoing relationship with the perpetrator.

Consistent with our results, low *income* has repeatedly been found to be a predictor of domestic violence (Coker et al. 2000; FRA 2014; Sanz-Barbero et al. 2018). Financial strain and higher levels of psychological stress may have a negative effect on family relationships (Neff and Karney 2009) and subsequently, may increase violence. However, when examining the different types of violence separately, in Lithuania, a higher income was associated with a lower risk of abuse only in the case of psychological violence. Although women's education was not a significant predictor of violence in our study (in line with findings from previous studies, e.g., FRA 2014; Lin et al. 2018), a higher family income is usually associated with higher levels of education among family members. Families with higher education may also have better socio-emotional competencies, including conflict resolution skills and, therefore, education may work as an additional protective factor against psychological violence.

The *area of residency* also predicted a higher risk of IPV in Lithuanian women. For all types of violence, IPV prevalence was lower in cities and almost half of IPV cases were from rural areas. These findings are in line with trends found in Canada (Burczycka and Ibrahim 2016), however, they contradict previous findings from Europe (FRA 2014), where, in contrast, rural areas of residence were associated with lower levels of IPV during the past 12 months. In Lithuania, however, living in rural locations is also associated with lower household incomes (in our sample, $\chi^2(6) = 58.50$; $p = .00$), but this may not be the case for other, especially Western European, countries.

The strongest predictor and the biggest risk factor for all types of IPV in Lithuania was self-reported *childhood violence experience*. The strong links between maltreatment in childhood and IPV victimization later in life has repeatedly been found in different cultural contexts such as the US (Widom et al. 2014), Canada (Burczycka and Ibrahim 2016), and in the EU (FRA 2014). Apparently, in Lithuania, as in other countries, childhood victimization is part of the cycle of violence that has serious long-term negative effects on physical and mental health as well as general well-being, including IPV victimization in adulthood (Gilbert et al. 2009).

In summary, women of all ages and education levels are at an equal risk of being exposed to any type of IPV. Additionally, women in all kinds of relationship statuses and with all levels of household income are at an equal risk of being exposed to economic or sexual violence. Living in the city seems to be a protective factor against any type of violence in intimate relationships. And finally, experiencing violence in the family of origin increases women's risk for any type of violence, but in particular for sexual violence. Among other factors, childhood experiences of violence is overall the strongest predictor of IPV with nearly three in four IPV victims reporting childhood victimization.

The Patterns of the Current Exposure to Intimate Partner Violence

Although the number of women who reported being exposed to any type of IPV in the past 12 months was relatively high (nearly one third of the total sample), subsequent analyses showed that nearly half of these women belong to the *nearly absent* IPV group and almost one third of women in this group are mainly exposed to *psychological violence only*. However, our findings highlight that 6.4% of all women living in Lithuania have been exposed to severe violence in the past 12 months. Almost half of this 6.4% appear to be in the group with very high levels of psychological violence in combination with physical violence. One third of these women are exposed to very high sexual violence combined with also relatively high levels of all other types of violence; and the remaining women report experiencing very high levels of all types of violence. Keeping in mind that about 30% of the Lithuanian population are adult women, these numbers imply that over 50,000 women have recently been exposed to severe levels of both physical and non-physical violence. And even more strikingly, over 10,000 women experienced extremely high levels of all types of violence during the last year. Even if only considering the latter, this represents a full stadium of IPV victims in a small European country that needs urgent help.

The results of our study also confirm Coker et al.' (2000) suggestion that sexual violence may be a possible marker of severe violence in intimate relationships. The current study, as well as Coker et al. (2000), found that the level of physical violence is higher when sexual violence is present. Additionally, we found that all types of violence occur alongside psychological violence, indicating that women are being hurt psychologically not only by means of experiencing physical abuse, but also through intentional actions of humiliation.

Regarding the relationships between sociodemographic characteristics and the different patterns of violence, we found that more of the youngest women are in the *nearly absent* violence group than expected. In addition to that, more women than we expected in the *high IPV* and *psychological and physical IPV* are no longer in their relationships whereas fewer women than we expected are still in these violent relationships. This could mean that severe violence is less tolerable these days, especially in the younger generation and this is a very positive and promising tendency in the context of family violence. However, we also found that most women in both the *high IPV* and *psychological and physical IPV* groups live in families with extremely low income. This draws attention to the fact that poverty and violence do tend to go together. Finally, considering that most women in the severe violence groups experienced violence in childhood, it seems that violence begets violence and traumatizing childhood experiences are a major risk factor for becoming trapped in an on-going cycle of violence in adulthood.

Strengths and Limitations

Our study provides the prevalence rates of physical, sexual, economic and psychological violence, using data from a nationally representative survey, thereby overcoming the limitations of previous studies that have addressed a smaller number of IPV types. Among the strengths, is that this study uses a person-centered perspective to examine the socio-economic characteristics of women in the population, classified into smaller sub-groups of women who share similarities related to the type and frequency of IPV victimization. However, the prevalence rates of the different types of IPV, and in particular, comparisons between the prevalence rates in different countries should be interpreted with caution, as the indicators of violence differ among countries. In addition, the findings from the IPV prevalence studies, including this one, may be affected by the socially desirable responding bias, as women may tend to minimize their IPV experiences (Dunham and Senn 2000) and therefore, in reality, the prevalence rates may be even higher. Moreover, we recommend that future research attempt to measure different types of childhood violence to make more accurate predictions regarding the long-term impact of experiencing violence in childhood. Longitudinal studies are needed as well to adequately examine changes that occur in the context of IPV. Despite these shortcomings, the findings of this study make a unique contribution to the existing literature by identifying multiple risk factors associated with various types and patterns of IPV that to date, had not yet been comprehensively analyzed in the IPV literature. Furthermore, Lithuania with its booming economic growth is becoming increasingly WEIRD (Western, educated, industrialized, rich, and democratic), and we expect the findings from our study to be generalizable to similar social and economic contexts.

Practical Implications

The results of the current study shed light on the possible protective factors against IPV. First of all, our findings indicate that the financial independence of women should be encouraged. This may also include financial literacy training, especially for those living in rural locations. However, the biggest effort should be to prevent violence from an early age. More specifically, children and adolescents from families with a history of IPV may be a reasonable target group for intervention. Targeting the impact of role modelling in the family, changing the social norm, and breaking the negative cycle of violence could be the best thing we can do for our future generation. In addition, being exposed to violence during childhood may also include being exposed to poor interpersonal communication and relationships strategies and, subsequently, a lack of socio-emotional skill development. Therefore, in addition to changing social norms, the proper training of socio-emotional skills and the development of healthy relationship strategies during childhood and adolescence, when behaviors are still quite modifiable, could help develop positive behaviors even before the first intimate relationship experience. This would increase the likelihood that adults exposed to violence in childhood may be able to avoid violent behaviors in their own families. In addition to that, parenting skills training could also help prevent the involvement of children in family conflicts and may raise awareness on how interpersonal violence affects children in the family, as parenting programs are proven to be effective in reducing violence both against and by children (Knerr et al. 2013). Finally, health care institutions should be aware of signs of sexual abuse, as it may help identify the cases of IPV. In addition, psychological support and psychotherapy should be more readily available for IPV victims, as the traumatizing experience of complex abuse may affect victims' entire personality leading to tremendously negative psychosocial effects on the entire life of women and their children.

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Study II:

Posttraumatic growth, centrality of event, trauma symptoms and resilience: profiles of women survivors of intimate partner violence

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Posttraumatic Growth, Centrality of Event, Trauma Symptoms and Resilience: Profiles of Women Survivors of Intimate Partner Violence

Aistė Bakaitytė[1], Goda Kaniušonytė[1], and Rita Žukauskienė[1]

Abstract

The current study used a person-oriented approach to investigate (a) potential distinctive groups of women survivors of IPV based on their posttraumatic growth (PTG), centrality of event, resilience, and posttraumatic stress symptoms (PTSS) patterns, and (b) examine the role of sociodemographic (age, education, work status) and violence related (physical and emotional violence, time since last violence episode, psychological help) factors in distinguishing these groups. The study sample consisted of 421 women survivors of IPV, and latent profile analysis revealed four profiles: "negative impact" (11% of the sample), "positive growth" (46%), "low impact" (18%), and "distressed growth" (25%). Women age, education, received psychological help, frequency of physical and emotional violence, and time since last violence incident significantly distinguished some of the indicated profiles from each other. Findings of this study contribute to the existing literature by identifying different responses to IPV and investigating some of the theoretical assumptions that had not been

[1]Institute of Psychology, Mykolas Romeris University, Vilnius, Lithuania

Corresponding Author:
Aistė Bakaitytė, Institute of Psychology, Mykolas Romeris University, Ateities str. 20, Vilnius LT 08903, Lithuania.
Email: abakaityt@mruni.eu

comprehensively analyzed in the IPV literature. Limitations of the study and implications for future research are discussed.

Keywords
intimate partner violence, posttraumatic growth, centrality of event, trauma symptoms, resilience, mental health and violence

Introduction

Intimate partner violence (IPV) is conceptualized as physical, sexual, economic, and/or psychological harm caused by a current or former intimate partner (World Health Organization [WHO], 2017). Findings from the analysis of the 141 studies on intimate partner violence show that globally, in 2010, 30% of women aged 15 and over have experienced physical and/or sexual violence during their lifetime (Devries et al., 2013; WHO, 2017). However, in Lithuania, IPV prevalence rates are even higher, as a national representative survey (N =1173) revealed that more than a half of the surveyed women (51.2%) had suffered from some type of IPV at least once in their lifetime (Žukauskienė et al., 2021).

IPV is a challenging and traumatizing experience, affecting psychological well-being and the victim's overall functioning. It is well documented that violence disrupts victims' social and daily functioning, leading to mental health problems, however, an increasing number of studies have demonstrated that some survivors of IPV are also experiencing posttraumatic growth (PTG; Cobb et al., 2006; Ulloa et al., 2015; Valdez & Lilly, 2015). Factors related to PTG are conceptualized in Tedeschi and Calhoun's (1996) model and are studied in the context of various traumatic experiences. However, IPV has specific dynamics and differs from other traumatic experiences: IPV may occur over an extended period, and an imbalance of power in their relationships make women, for the most part, dependent on their violent partners (Ulloa et al., 2015). Therefore, it is important to study PTG in samples of IPV survivors to determine whether PTG occurs in the same or a similar way as in other traumatic experiences. The current study used a person-oriented approach (a) to investigate potential distinctive groups of women survivors of IPV based on their PTG, the centrality of event, resilience, and posttraumatic stress symptom (PTSS) patterns, and (b) to examine the role of sociodemographic and violence-related factors in distinguishing these groups.

The Process of Posttraumatic Growth

Posttraumatic growth (PTG) is defined as positive psychological changes in the aftermath of traumatic experiences, and these changes can be experienced in

three broad categories: relationships with others, philosophy of life, and view of the self (Tedeschi & Calhoun, 1996). PTG can be understood as a process and an outcome. To explain PTG as a process, the authors used an earthquake analogy (Tedeschi & Calhoun, 2004), where traumatic events, like an earthquake, can shatter or destroy person's schematic structures which provided the basis for their world view, decision-making, and meaning before trauma. When these schematic structures are shattered or destroyed, a person experiences great distress but through cognitive processing and restructuring, schematic structures can be rebuilt based on what was destroyed and what is left, similar to the manner in which houses, and cities are rebuilt after an earthquake (Tedeschi & Calhoun, 2004). This analogy is a good one because it shows that the PTG process is not only positive, it requires suffering and struggle through traumatic experience until some positive changes can be reached.

Tedeschi and Calhoun introduce PTG as a process with a theoretical model of PTG, which is constantly revised based on new research in the field, with the most recent version of the PTG model presented in 2018 (Tedeschi et al., 2018). The process of PTG first goes through the centrality of event, which represents how central to a person's identity the traumatic experience is. If the traumatic event is perceived as central, the PTG process takes place and cognitive processing leading to PTG may begin. Conversely, if the traumatic experience can be integrated into a person's identity and core beliefs are not challenged, emotional distress is experienced in a way that produces resilience without great personal change or growth (Tedeschi et al., 2018). It is important to note, that perceived positive changes do not necessarily eliminate emotional distress which is often experienced by posttraumatic stress symptoms (PTSS). This means that even when positive changes are experienced, negative emotional consequences (such as PTSS) can also be present (Bensimon, 2012; Triplett et al., 2012). Therefore, the model of PTG indicates that traumatic experiences can be differently perceived by various people, which in turn, can have different outcomes for them.

Centrality of event refers to the extent in which the event is a turning point in person's life story, and in general, is significant to a person's identity, leading to either the validation or reconsideration of current beliefs, values, and world view (Berntsen & Rubin, 2006). Evidence in the literature suggests that centrality of event can be a "double-edged sword," leading to both negative (e.g. PTSD, depression) and positive (e.g. growth) outcomes (Boals & Schuettler, 2011). As noted earlier, if the event is perceived as significant to person's life story and challenges or disrupts core beliefs, it provides the potential for the PTG process to occur. People experience traumatic events differently, and the same event can have different meanings for different people (Boals et al., 2010). Considering the theoretical model of PTG, centrality of event may be one of the main things distinguishing different people and their perception of potentially traumatic events, that in turn can

have different outcomes. Therefore, we decided to include centrality of event in our study.

Early research on resilience started with a focus on children growing up in adverse circumstances, but in the last two decades there has been an emergence of resilience research in adults (Infurna & Jayawickreme, 2019). Even though resilience has been studied for a few decades now, there is still no universally defined concept for it. Some researchers define resilience as the absence of negative consequences of traumatic events (e.g., depression, PTSD), others see it as a personality characteristic (rather stable) or as a process (Mukherjee & Kumar, 2017). Although, some authors consider resilience and PTG to be the same constructs (Sattler et al., 2014), Tedeschi et al. (2018) distinguish these two concepts indicating that resilience in general represents the ability to "bounce back" to pre-trauma levels of functioning while PTG goes beyond this level of functioning resulting from struggle with difficult circumstances caused by trauma. In the context of PTG theoretical model, resilience plays dual role, and that can explain mixed findings in the literature where some researchers find negative relation between PTG and resilience (Levine et al., 2009), and others find a positive relation (Bensimon, 2012; Oginska-Bulik, 2015). On one hand, if a person is highly resilient before the traumatic event, it is likely that they will not engage in the after-trauma cognitive processing that is needed for the PTG process (Westphal & Bonanno, 2007). This means that highly resilient people may not be that prone to experience PTG because of their ability to "bounce back" quickly after difficult circumstances without challenging their core beliefs. On the other hand, if a person struggles and goes through cognitive processing of their experience, resilience can be enhanced after experiencing PTG as a result of newly gained strengths and notions of surviving (Tedeschi & Blevins, 2017). Considering these mixed findings and the plausible theoretical explanations, there is a reason to suspect that different groups of women will respond differently to intimate partner violence as a consequence of their resilience level.

Sociodemographic and Violence-Related Factors Associated with Posttraumatic Growth

A limited number of studies investigate the relation between sociodemographic factors and posttraumatic growth (PTG) in women survivors of intimate partner violence (IPV). In those limited studies, older age is often related to higher levels of PTG (Grace et al., 2015; Grubaugh & Resick, 2007). Considering education, studies reveal mixed findings. In some studies, PTG is positively related to education level (Grace et al., 2015; Wang et al., 2014), and in others, including sample of IPV survivors, this relation is negative (Grubaugh & Resick, 2007; Koutrouli et al., 2012; Žukauskienė et al., 2019).

Although we could not find any study of IPV survivors that examined relation between work status and PTG, studies in other samples find positive associations, where employed people tend to experience higher levels of PTG (Bellizzi & Blank, 2006; Xu & Wu, 2014). Considering the scarcity of research on sociodemographic factors and PTG in IPV survivors, and their importance in other samples, we decided to include women's age, education, and work status as predictors in our analysis hoping that these factors could help us better understand distinguished profiles.

There are a few important violence-related factors that may be related to PTG. Tedeschi et al. (2018) suggest that PTG requires some time to occur. Studies with women survivors of IPV confirmed that more time that has elapsed after the last violent experience is related to greater PTG (Bakaitytė at al., 2020; Doane, 2011). Furthermore, studies have shown that more frequent violence is associated with greater PTG (Cobb et al., 2006; Doane, 2011; Žukauskienė et al., 2019), but most studies investigating IPV focus on physical or combined indicators of violence (including all types of violence together). However, Hill et al. (2009) argue that psychological violence may be more detrimental to women's mental health than physical violence. This suggests that different types of violence can also be differently related to IPV outcomes, such as PTG, and it may be beneficial to examine physical and psychological violence separately. For this reason, we decided to separate frequency of physical and psychological violence and included them in our analysis as predictors of distinguished profiles.

Another important factor associated with PTG is help received after IPV experience. The theoretical model of PTG posits growth as a consequence of cognitive processing that leads to rebuilt schematic structures shattered by traumatic events (Tedeschi et al., 2018). Therefore, professional psychological help may be crucial for successful cognitive processing leading to PTG (Hassija & Turchik, 2016). Keeping this in mind, we think that psychological help may be a factor that helps us better understand analyzed profiles, and for this reason we included it as a predictor in our analysis.

Current Study

The majority of research of posttraumatic growth (PTG) to date has been variable-centered, examining relations within exposure to intimate partner violence (IPV), PTG and its' factors presented in theoretical model (Bakaitytė, et al., 2020; Boals, et al., 2010). The heterogeneity within women survivors of IPV with regards to different combinations of variables related to PTG into clearly distinctive patterns has not been sufficiently addressed. This may partially be attributed to the lack of sufficiently large samples and/or associated with a pre-dominant variable-focused rather than person-oriented approach (Bogat et al., 2005; von Eye & Bergman, 2003). The theoretical model of PTG

(Tedeschi et al., 2018) suggests that there may be different responses to traumatic events, such as IPV. Therefore, in the present study, we aim to (a) explore potential distinctive groups of women survivors of IPV based on their posttraumatic growth, event centrality, resilience, and PTSS patterns, and (b) examine the role of sociodemographic (age, education, work status) and violence-related (frequency of physical and emotional violence, time since last violent event, psychological help) factors in distinguishing these groups. In doing so, we are using propositions from person-oriented research that indicate that distinct subgroups existing in a sample with substantively meaningful subgroup characteristics (Bogat et al., 2005; von Eye & Bergman, 2003).

Method

Participants and Procedures

Data sample for this study was combined from two samples. In the first sample, 221 women from different regions of Lithuania who sought help from women's shelters, social support centers, and counseling psychologists were asked to participate in this study. Questionnaires were administered both on paper and online. In the second sample, multistage stratified quota sampling was used. Data collection was completed by 37 interviewers (only women), who collected data from different regions of Lithuania by going to the homes of potential study participants using the snowball method or information from local social workers. Questions about intimate partner violence (IPV) were administered first to identify IPV survivors. If respondent indicated at least one physical or sexual violence incident, or at least three psychological or economic violence incidents from current or former intimate partner, she was considered an IPV survivor and other questionnaires were presented. Considering that psychological and economic violence are more nuanced and some of the items of these subscales of violence may also have reflected one-time conflicts in relationships (e.g. "Ignored, did not speak, did not answer questions," "Demanded to tell me how and where I spend my money"), we have introduced stricter inclusion criteria for frequency of these types of violence. Overall, 200 women with the history of IPV participated in this study (second sample). Questionnaires were administered on paper. All participants were asked if they felt safe to fill in the questionnaires at home. In both samples, the questionnaires were identical and were administered in the same order. Data in both samples was gathered under the study on identity and posttraumatic growth (PTG) in female survivors of intimate partner violence (INTEGRO). This study has been approved by the Mykolas Romeris University, Institute of Psychology.

The total sample consisted of 421 women. The mean age of the participants was 41.70 (SD = 11.96). Less than a half (40.6%) of the women were currently

Table 1. Sample characteristics.

Characteristics	*n* (%)
Age	
17–24	21 (5.0)
25–34	102 (24.2)
35–44	146 (34.7)
45–54	81 (19.2)
55+	70 (16.6)
No response	1 (0.2)
Education	
Primary (up to Grade 4)	6 (1.4)
Lower secondary (up to Grade 10)	60 (14.3)
Secondary (up to Grade 12)	123 (29.2)
Higher education (Junior College)	74 (17.6)
Higher education (College)	64 (15.2)
Higher education (University)	94 (22.3)
Work status	
Employed	279 (66.3)
Studying	13 (3.1)
Unemployed/not studying	115 (27.3)
No response	14 (3.3)
Place or residence	
City (>50.000 residents)	139 (33)
Town (2.000–50.000 residents)	188 (44.6)
Village (<2.000 residents)	92 (21.9)
No response	2 (0.5)

living with a partner, 32.1% were single, 19.7% had a partner but were not living together, 6.4% were involved in episodic relationships, and 1.2% declined to report their relationship status. More demographic variables are presented in Table 1. The IPV-related sample characteristics are presented in Table 2.

Measures

Posttraumatic growth (PTG) was measured with the Short Form of Posttraumatic Growth Inventory (PTGI-SF; Cann et al., 2010; Tedeschi & Calhoun, 1996) which consists of 10 items. Participants rated the items (e.g. "I changed my priorities about what is important in life") on a 6-point Likert-type scale ranging from 0 (*I did not experience this change*) to 5 (*I experienced this change to a very great degree*). The Cronbach's alpha of the scale was .95. A confirmatory factor analysis (CFA) indicated an acceptable

Table 2. IPV-related characteristics.

	n (%)
Forms of IPV in the sample	
Psychological violence	398 (94.5)
Economical violence	315 (74.8)
Physical violence	343 (81.5)
Sexual violence	245 (58.2)
Relationship status with the perpetrator	
Living with the perpetrator	141 (33.5)
Currently in divorce process	79 (18.8)
No longer in a relationship with perpetrator	192 (45.6)
No response	9 (2.1)
Time since last violence incident	
Less than a week	24 (5.7)
More than a week	27 (6.4)
More than a month	58 (13.8)
More than a half year	50 (11.9)
More than a year	39 (9.3)
More than 2 years	68 (16.2)
More than 5 years	66 (15.7)
More than 10 years	44 (10.5)
More than 20 years	33 (7.8)
No response	12 (2.9)
Received psychological help	
Yes	164 (39)
No	241 (57.2)
No response	16 (3.8)

structural validity of the scale, χ^2 (45) 2015.53, Tucker-Lewis index (TLI) = .96, comparative fit index (CFI) = .97, root mean square error of approximation (RMSEA) = .07. Here and later, the model fit was evaluated following the recommendations provided by Little (2013): TLI/CFI values higher than .90 indicated an acceptable fit and values higher than .95 indicated a very good fit; RMSEA values below .08 indicated acceptable fit and values below .05 represent a good fit. Factor scores of the scale were used for the latent profile analysis.

Centrality of events was measured with the Centrality of Events Scale (CES; Berntsen & Rubin, 2006) which consists of seven items. Items (e.g. "This event was a turning point in my life") were rated on a 5-point Likert-type scale ranging from 1 (*Totally disagree*) to 5 (*Totally agree*). Cronbach's alpha of the scale was .89. Results of CFA indicated a very good structural validity

of the scale, χ^2 (21) 924.331, TLI = .98, CFI = .99, RMSEA = .05. Factor scores of the scale were used for the final analysis.

Resilience was measured with the 14-item Resilience Scale (Wagnild and Young, 1993). Participants rated items (e.g. "I usually manage one way or another") on a 7-point Likert-type scale ranging from 1 (*Strongly disagree*) to 7 (*Strongly agree*). Cronbach's alpha of the scale was .93. CFA indicated an acceptable structural validity of the scale, χ^2 (91) 2034.77, TLI = .93, CFI = .94, RMSEA = .06. Factor scores of the scale were used for final analysis.

Posttraumatic stress symptoms were measured with Impact of Event Scale-Revised (IES-R) (Weiss & Marmar, 1996) which consists of 22 items. Participants rated items (e.g. "Any reminder brought back feelings about it") on a 5-point Likert-type scale ranging from 0 (*Not at all*) to 4 (*Extremely*). Cronbach's alpha of the total scale was .96. CFA indicated an acceptable structural validity of the scale, χ^2 (231) 5431.99, TLI = .91, CFI = .92, RMSEA = .07. Factor scores of the total scale were used for final analysis.

Frequency of different forms of intimate partner violence (IPV) were assessed with a 21-item checklist, developed by the authors of this manuscript. Development of the checklist was based on the Composite Abuse Scale (Ford-Gilboe et al., 2016) and the Scale of Economic Abuse (Adams et al., 2008). The checklist measures frequency of four types of violence: *psychological* (8 items, e.g. "Insulted, humiliated (e.g. told you that you are not good enough, ugly, stupid and etc."), *economic* (5 items, e.g., "Took money from you purse or bank account without your permission"), *physical* (5 items, e.g., "Beat you by hand or fist"), and *sexual* (3 items, e.g., "Physically forced you to have sexual intercourse when you did not want to"). Participants indicated each behavior on an 8-point Likert-type scale ranging from 0 (*Never happened to me*) to 7 (*Happens to me every day*). CFA indicated an acceptable structural validity, χ^2 (177) 483.19, TLI = .90, CFI = .91, RMSEA = .06. For this study, the psychological and economic violence and physical and sexual violence subscales were combined to indicate *emotional* and *physical violence*. The Cronbach's alpha coefficients for emotional and physical violence were .90 and .86, respectively. The mean scores of the subscales were used for analysis.

Single items measured additional variables of age, place of residence, education, work status, received psychological help and time after last violence incident. For the multinomial logistic regression, the dummy variables for work status and the time since the last violence incident were created. For work status, we created two dichotomized variables: Employed variable (0—unemployed/not studying and studying; 1—employed) and unemployed/not studying (0—employed and studying; 1—unemployed/not studying). The time since last violence incident was dichotomized as follows: 0—violence experienced less than 2 years ago and 1—violence experienced more than 2 years ago.

Data Analysis

In the current study, we aimed to explore potential distinctive groups of women survivors of intimate partner violence (IPV) based on their posttraumatic growth (PTG), centrality of event, posttraumatic stress symptoms, and resilience patterns, and to examine the role of demographic and violence-related factors in predicting these groups. All Latent Profile Analyses (LPA) were conducted using Mplus 8.4 (Muthén & Muthén, 1998) with full information maximum likelihood estimation. To identify the best LPA solution, a series of LPA models, starting with one profile, were conducted, and evaluated. To decide on the number of profiles, we followed recommendations for Latent Class Analysis (LCA; Nylund et al., 2007). We used several criteria: Akaike Information Criterion (AIC) which should be lower than solution with k-1 profiles; a statistically significant *p*-value of the Lo, Mendell, and Rubin (LMR) test, which compares models and indicates when additional profiles are not improving fit of the model; high entropy values (0.80) indicate that each profile group is unique (Nylund et al., 2007). Additionally, we examined substantive meaningfulness of the latent profiles.

To examine group differences in the resulting profiles, we used three-step approach (Asparouhov & Muthén, 2014). In a first step, only latent profile indicator variables were used to estimate latent profile model. In the second step, the most likely profile variable was created based on latent profile distribution obtained in the first step. Finally, the most likely profile was regressed on predictor variables by performing multinomial logistic regression. After estimating the best profile solution, for the subsequent steps we used automatic R3STEP procedure available in Mplus 8.4.

To determine whether the data were missing at random, we conducted a normed χ^2 (χ^2/df ratio) test. There is agreement that a value less than 2.0 indicates that data were missing at random, and that maximum likelihood techniques were appropriate for use (Bollen, 1989). The normed χ^2 value was 1.20. Using full information maximum likelihood (FIML, Full Information

Table 3. Correlations among study variables and descriptive statistics.

	1	2	3	4
1. Posttraumatic growth	—			
2. Resilience	.38**	—		
3. Centrality of event	.37**	.09	—	
4. Posttraumatic stress symptoms	.03	−.25**	.39**	—
M	2.96	5.02	3.19	1.19
SD	1.35	0.87	1.02	0.88

**$p < .001$.

Maximum Likelihood available in Mplus), analyses were conducted using all available data from the total sample ($N = 421$). Whereas, R3STEP procedure in Mplus utilizes listwise deletion if the participant has missing data in the covariates, some participants ($n = 69$) were excluded from covariate analysis.

Results

Preliminary Analysis

Bivariate correlations, means, and standard deviations of the study variables are reported in Table 3. As can be seen, posttraumatic growth (PTG) is positively related to centrality of event and resilience, and posttraumatic stress symptoms (PTSS) are negatively associated with resilience and positively with centrality of event. PTG is unrelated to PTSS and resilience is unrelated to centrality of event.

Profiles of Posttraumatic Growth, Resilience, and Centrality of Event

To explore potential distinctive groups of women survivors of intimate partner violence (IPV), Latent Profile Analysis (LPA) was conducted. Table 4 presents the goodness-of-fit information for LPA models with one–five groups. The 4-profile model fitted the data best; although the 5-profile model had lower AIC values, LMR results supported the 4-profile model, which also had a slightly better Entropy value than the 5-profile solution. Mean factor scores of resilience, posttraumatic growth (PTG), centrality of event, and posttraumatic stress symptoms (PTSS) in each profile are presented in Figure 1. The first profile ($n = 45$; 11%) is characterized by low levels of resilience and PTG, medium levels of centrality of event, and high levels of PTSS, and was named as *negative impact* profile. The second, *positive growth*, profile ($n = 194$; 46%) is distinguished by higher than average levels of resilience and PTG, medium levels of centrality of event, and low levels of PTSS. The third, *low impact*, profile ($n = 76$; 18%) represents low levels of all profile indicators. And finally,

Table 4. Model fit statistics for latent profile analysis.

Classes	Log likelihood	AIC	Entropy	LMR *p*-value	Smallest class *n* (%)
1	−2284.789	4585.578	—		
2	−2194.436	4414.873	.81	.000	122 (39)
3	−2170.118	4376.236	.73	.588	71 (17)
4	**−2114.114**	**4274.227**	**.81**	**.010**	**45 (11)**
5	−2096.986	4248.772	.80	.335	25 (6)

Note. AIC, Akaike Information Criterion, LMR, Lo, Mendell, and Rubin test.

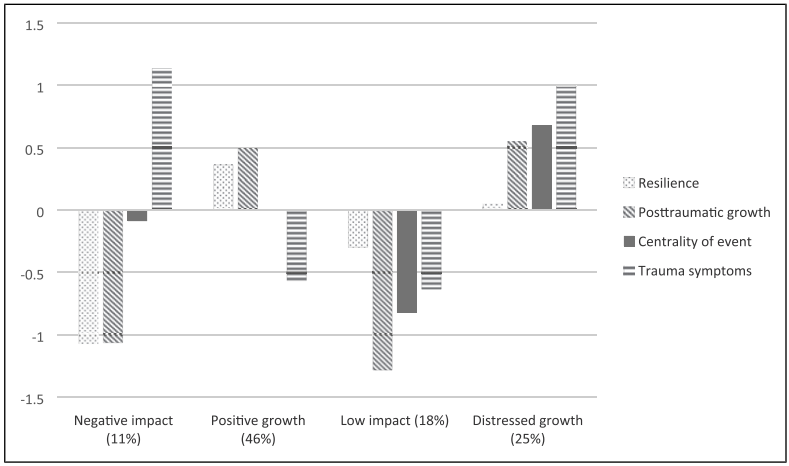

Figure 1. Latent profiles based on factor means of study variables.

Table 5. Covariate analysis results for the four-profile model.

Variable	Negative impact (n = 45)	Positive growth (n = 194)	Low impact (n = 76)
Age	−0.040	−0.032	−0.061*
Education	−0.471*	−0.280	−0.059
Psychological help	−2.242*	−0.777	−1.666*
Employed	−2.673	−1.263	−3.312
Unemployed/not studying	−2.134	−1.405	−1.760
Physical violence	−0.431	−0.255	−0.974*
Emotional violence	−0.171	−0.202	−0.839*
Last violence incident more than 2 years ago	−1.182*	1.090*	−1.143*

Note. Distressed growth (n = 106) profile served as the reference group. N = 352.
*$p < .05$.

the fourth, *distressed growth*, profile (n = 106; 25%) is characterized by medium levels of resilience and high levels of PTG, centrality of event and PTSS.

Socio-Economical and Violence-Related Predictors of Latent Profiles

To examine the role of demographic and violence-related factors in predicting latent profiles, multinomial logistic regression was conducted with the

distressed growth group as a reference group, and the results are presented in Table 5. Results indicated that, as age increases, the odds of being in the *low impact* profile versus the *distressed growth* profile decreases. This means that the *distressed growth* profile consists of more older women than the *low impact* profile. For education, women with higher education tended to belong to the *distressed growth* profile more than to the *negative impact* profile. Work/studying statuses were not related to either of the profiles.

For women who received psychological help, the odds of being in the *negative impact* and *low impact* profiles versus the *distressed growth* profile decreases, indicating that the *distressed growth* profile consists of more women who received psychological help than the *low impact* and *negative impact* profiles. Physical and emotional violence was experienced by women in the *distressed growth* profile more frequently than in the *low impact* profile. Women who experienced their last violence incident more than 2 years ago were more likely to belong to the *distressed growth* profile compared to the *negative impact* and *low impact* profiles. The *positive growth* profile consisted of more women who experienced their last violence incident more than 2 years ago compared to the *distressed growth* profile.

Discussion

The purpose of the current study was (a) to explore potential distinctive groups of women survivors of IPV based on their posttraumatic growth (PTG), centrality of event, resilience, and posttraumatic stress symptoms (PTSS) patterns, and (b) to examine the role of sociodemographic (age, education, work status) and violence-related (physical and emotional violence, time since last violence incident, psychological help) factors in predicting these groups. By examining relationships at the person level rather than the variable level, person-oriented approach (Bergman & Magnusson, 1997) enabled us to distinguish common patterns of characteristics that apply to one subgroup and distinguish it from another subgroup. Overall, our analysis revealed four groups of women differing by PTG, centrality of event, resilience, and PTSS patterns. Also, some of the identified profiles were distinguished by sociodemographic and violence-related factors.

Profiles of Women Survivors of Intimate Partner Violence

In addressing our first research question, we found four different profiles of women survivors of intimate partner violence (IPV) based on their posttraumatic growth (PTG), centrality of event, resilience, and posttraumatic stress symptoms (PTSS) patterns.

The largest group of women (46%) were those that displayed above-average levels of PTG and resilience, medium levels of centrality of event, and

lower than average levels of PTSS. In a light of the theoretical model of PTG (Tedeschi et al., 2018), this group of women display growth patterns as they perceive their IPV experience as central (although these levels are average), and their resilience and PTG levels are high. For this reason, we named this group the *positive growth* group, where *positive* represents their low levels of PTSS. The second largest group of women (25%) was characterized by above-average levels of PTG, centrality of event and PTSS, and average levels of resilience. This group of women also displayed growth patterns but with high levels of PTSS, so we named it the *distressed growth* group. A third group of women (18%) display low levels of all indicators, meaning that these women did not perceived their IPV experience as central to their identity, they did not experienced PTG, their resilience levels were below average, and they did not experience PTSS. In general, this group represents women that did not appear to be affected by their IPV experience with regards to the included measures, so we named it the *low impact* group. Finally, the smallest group of women (11%) was distinguished by low levels of resilience and PTG, average levels of centrality of event, and high levels of PTSS. These findings indicate that similar to the *positive growth* group these women perceive their IPV experience as central to their life stories, however, their recovery process is not similar to those in the *positive growth* group, as they express PTSS without positive changes or resilient response. For this reason, we named this group the *negative impact* group.

In a way, our results are consistent with Tillery et al. (2016) study where similar three profiles, based on PTSS and PTG patterns, were found in youth with cancer. Their results revealed a group with high growth and low PTSS, a group with low PTG and low PTSS, and a group with high PTSS and low PTG, which in part could support our *positive growth*, *low impact*, and *negative impact* groups. Considering this, it can be assumed that our and Tillery et al. (2016) study captures some common aspects of responses to traumatic experiences in different groups of people.

Sociodemographic and Violence-Related Predictors

To address our second research question, we included sociodemographic (age, education, and work status) and violence-related (time since last violence incident, frequency of violence, and psychological help) predictors of distinguished profiles in our analysis. We will describe each of the profiles comparing them with the *distressed growth* profile because it served as a reference group in the analysis. This group was chosen as reference group because it best fit theoretical model where posttraumatic growth (PTG) is seen with high centrality of event and involves distress which in this study is represented with posttraumatic stress symptoms (PTSS).

The *negative impact* group consisted of more women that did not get psychological help, experienced their last violence incident more recently

(less than 2 years ago), and had lower levels of education, in comparison to *distressed growth* group. Whereas the PTG process requires difficult cognitive processing and the restructuring of schematic structures (Tedeschi et al., 2018), it is logical to assume that when core beliefs are challenged by an IPV experience, psychological assistance helps one through the process required to experience some positive changes (PTG) that are seen in the *distressed growth* group. Psychological help may also be related to the difference in education between these two groups: Robinson et al. (2020) systematic review found that lack of education is one of the factors that creates barriers for seeking help after experiencing IPV. And finally, it is consistent with literature and theory that the *distressed growth* group differs from the *negative impact* group in the length of time since the last violent experience because the PTG process takes time to occur (Despotes et al., 2016; Tedeschi et al., 2018). It can be assumed that for the women in the *negative impact* group experiences of IPV are too fresh and their PTSS manifestation is in its peak. To sum up, the *negative impact* group would likely benefit the most from some additional help or support compared to the rest of the groups in this study. It is possible, that if these women were to receive psychological help, and/or some other assistance in their recovery process, with time some of these women may transition to the *positive growth* or *distressed growth* groups.

The *positive growth* group differs from the *distressed growth* group by time since last violence incident, where women who experienced their last IPV incident more than 2 years ago tended to belong to the *positive growth* group versus the *distressed growth* group. Considering that women in the *positive growth* group experience less PTSS, it is possible that these women have already overcome some of the negative consequences associated with IPV experience. This finding is consistent with Johnson and Zlotnick's (2012) study, where they found that generally, PTSS decreased over time in IPV survivors, although some women experienced chronic posttraumatic stress disorder (PTSD). However, this result can be viewed in the light of the assumption of a bidirectional relationship between PTSS and centrality of event. It is assumed that the more central traumatic event is, the more it triggers PTSS, and as a result, individuals perceive their traumatic experience to be more central, creating a reinforcing cycle (Boals et al., 2021). In this context, it is possible that women in the *distressed growth* group experience high PTSS because they perceive their IPV experience as more central compared to the *positive growth* group. However, longitudinal data is needed to confirm this assumption. Moreover, the higher levels of resilience in the *positive growth* group have the potential to confirm the theoretical assumptions of PTG process (Tedeschi et al., 2018), where it is assumed that experienced positive changes promote resilience. However, this should be viewed with caution because based on our data we cannot determine if these levels of resilience

were promoted by PTG or whether women in this group already had higher levels of resilience prior to their IPV experience.

Finally, the most important difference between the *low impact* and *distressed growth* groups is in the frequency of physical and emotional violence, where more frequent abuse was experienced by women in the *distressed growth* group. According to previous studies, frequent violence is associated with greater PTG (Cobb et al., 2006; Žukauskienė et al., 2019), so it can be assumed that women in the *distressed growth* group experienced more severe IPV (assuming that more frequent violence can be considered as more severe) than in the *low impact* group, and that this severe IPV shattered their core beliefs (centrality of event) and therefore led them to PTG with PTSS and some levels of resilience. If this is the case, then it is logical that women in the *low impact* group are less likely to feel the need to get psychological help. The age differences we found in these groups are consistent with our previous findings (Žukauskienė et al., 2021), and this may imply that younger women have less tolerance for IPV and tend to end the relationship as soon as violence appears, in this way protecting themselves from more traumatic experience.

To conclude, our findings revealed several different patterns in which women undergo their IPV experiences. This lets us draw a rather obvious conclusion, that different women respond differently to IPV, and that even PTG can be experienced in different patterns. These different patterns represent main responses to trauma, where we have women that are suffering greatly from their IPV experience, women that were not affected by their IPV experience, and two groups of women that display two different patterns of recovery from their IPV experience. Also, our results highlight the importance of receiving psychological help, a factor which distinguished women that are experiencing high levels of trauma symptoms from those who also experience positive changes. However, some cultural aspects may be important in women' help-seeking behavior. Representative survey in Lithuania revealed that 60% of people (men and women) who experienced domestic violence did not seek help (Ministry of Social Security and Labour, 2019). Furthermore, same survey showed that only 55.8% of those who experienced violence knew about institutions helping victims of violence. These numbers indicate that it is not only difficult (for many possible reasons) for a violence survivor to seek help but also, at least in Lithuania, information on the availability of such help does not reach a large proportion of those for who need it most.

Although our results supported some of the theoretical assumptions about PTG and the PTG model, there were some expected patterns we did not find in our study. As described earlier, resilience plays dual role in the model of PTG: Resilience levels can be high before traumatic event that allows to "bounce back" without experiencing growth, and it also can be enhanced after going through PTG process (Tedeschi et al., 2018). However, we did not find a group that has high resilience without greater growth. This could be specific to our

sample, but in general, it draws attention to the difficult dynamic between resilience and PTG that merits further investigation.

Limitations, Future Directions and Implications

Our results should be considered in light of the following strengths and limitations. Although this study uses a person-oriented approach and provides important information about different responses of groups of IPV survivors, it is also a cross-sectional study that cannot capture causality or the directionality of the investigated variables. Another important limitation is that convenient sampling was used, and no record was made of the total number of women asked to participate. This information and more details about the survivors of IPV who refuses to participate in studies like this could give better understanding about the proportion of women that are willing to disclose their experiences and differences between them and those who refuse to participate in studies. Moreover, in the PTG model, distress can be understood broadly and include psychological difficulties such as depression or anxiety, and these difficulties can be also related to other traumatic experiences (e.g., childhood abuse, bereavement, etc.). In this study, we did not measure these variables. Future research should include more indicators of distress and control the impact of other traumatic experiences as this would provide a more complete picture of different responses to IPV.

It should be noted that although Lithuania is becoming increasingly WEIRD (Western, educated, industrialized, rich, and democratic), to some extent study results may be specific to a Northern–Eastern European context. Also, ethnic Lithuanians account for 5/6 of the population, which makes the country one of the most homogeneous in the Baltic States (Statistics Lithuania, 2020), and because of this, there is no stable practice to ask participants about their ethnic background if it is not related to research questions. However, in the context of IPV in Lithuania, this may be an important factor and future research should pay more attention to it.

Among the strengths of the study is the relatively big sample of survivors of IPV. Also, it is one of the few existing studies investigating a theoretical model of posttraumatic growth (PTG), and the only study to our knowledge, that tries to examine the theoretical assumptions presented in the model of PTG in a sample of IPV survivors. Future research should attempt a longitudinal investigation of the PTG model, which would provide the opportunity to capture dynamics among model components that cannot be captured in cross-sectional designs. Specifically, attention should be given to the mechanisms of resilience and PTG as these mechanisms are central to many discussions in the current scientific literature.

The findings of this study indicate that psychological help can be an important resource in helping women recover as positively as possible in their given circumstances. However, other studies in Lithuania show that a large

proportion of survivors of domestic violence are reluctant to seek help and are unaware of the possibilities for such help. Policy makers should focus more resources not only on the availability of psychological help to survivors of IPV, but also on better informing and overcoming other barriers (e.g. stigma) that prevents survivors from seeking help.

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ORCID iDs

Aistė Bakaitytė https://orcid.org/0000-0001-7937-933X
Goda Kaniušonytė https://orcid.org/0000-0001-9941-3275
Rita Žukauskienė https://orcid.org/0000-0002-0884-7578

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Author Biographies

Aistė Bakaitytė is doctoral student and Junior Researcher at the Institute of Psychology, Mykolas Romeris University. Her research interests include intimate partner violence (IPV), identity processes, and posttraumatic growth of women survivors of IPV.

Goda Kaniušonytė is a Research Fellow and Lecturer at the Institute of Psychology, Mykolas Romeris University, Lithuania. Her research interests include identity processes in emerging adulthood and in the context of IPV.

Rita Žukauskienė is a full professor at Mykolas Romeris University. She is a principal investigator or co-investigator in the areas of psychopathology, intimate partner violence, and identity processes.

Study III:

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The Role of Social Support in Identity Processes and Posttraumatic Growth: A Study of Victims of Intimate Partner Violence

Rita Žukauskienė,[1] Goda Kaniušonytė,[1] Lars R. Bergman,[2] Aistė Bakaitytė,[1] and Inga Truskauskaitė-Kunevičienė[1]

Abstract

The purpose of this study was to explore the role of social support for posttraumatic growth (PTG) and identity processes in a sample of 217 women victims of intimate partner violence (IPV), recruited from women shelters, social support centers, and through counseling psychologists. The results of the study highlight the important role of social support in seeking positive personal resolutions after experiencing traumatic events of IPV. It indicates that social support, but not social nonsupport, predicts higher levels of PTG and the development of new positive identities. In particular, social support was positively associated with the manifestation of all five identity processes, that is, with identification with commitment, commitment making, exploration in breadth, exploration in depth, and ruminative exploration. Furthermore, contextual and socioeconomic factors, such as time after last

[1]Mykolas Romeris University, Vilnius, Lithuania
[2]Stockholm University, Sweden

Corresponding Author:
Rita Žukauskienė, Institute of Psychology, Mykolas Romeris University, Ateities st. 20, LT-08303 Vilnius, Lithuania.
Email: rzukausk@mruni.eu

violence, relationships with the perpetrator, place of residence, education, and age of the victims of IPV were also related to identity processes. Severity of the violence, time after the last violence, education, and personal income were related to PTG. Thus, this study indicated that there are significant contextual and socioeconomic differences in the PTG and reconsideration of one's identity. Recommendations for practitioners and future research have been suggested.

Keywords
domestic violence, battered women, domestic violence and cultural contexts, assessment

Intimate partner violence (IPV) refers to family violence (and/or the threat of violence) that occurs between adult partners who are currently or were formerly cohabiting and/or sexually intimate (Breiding, Basile, Smith, Black, & Mahendra, 2015). A woman living with a violent intimate partner is experiencing repetitive physical, economical, psychological, and/or sexual abuse that perpetrators use to achieve, maintain, and regain control of their intimate partners (Johnson, 2008). This traumatic experience affects among other things the individual's overall functional capacity (Woods, 2000).

IPV seems to be a global phenomenon that needs to be explored further, looking at related economic, social, and psychological factors. The lifetime prevalence of IPV among women who have had an intimate partner in high-income regions of the United States is 23.2% (Devries et al., 2013), 19.3% in high-income countries of Western Europe, whereas in Central and Eastern Europe (including Lithuania), it is around 27% (Gracia, 2014). Lithuania is a former Soviet Union country located in Northern Europe, in the Baltic region. Almost three decades of political independence have brought numerous essential changes in the postcommunist societies, such as the establishment of democracy and other Western values. Lithuania is keeping up with the larger European countries regarding industry growth rates (Müller, Kals, & Pansa, 2009). Thus, Lithuania with its booming economic growth becomes increasingly WEIRD (Western, educated, industrialized, rich, and democratic) as most of other Western countries and we expect that the findings from our study could be generalized to similar social and economic contexts.

Most of the research on the consequences resulting from IPV has focused on the negative impact on women's short-term and long-term physical and mental health (Beydoun, Beydoun, Kaufman, Lo, & Zonderman, 2012; Bonomi, Anderson, Rivara, & Thompson, 2007; Campbell, 2002). However, during the past decade, posttraumatic growth (PTG) researchers have been

examining whether some positive changes could occur in the aftermath of the trauma (Tomich & Helgeson, 2004). In a paper by Tedeschi and Calhoun (2004), PTG is conceptualized as "the individual's struggle with the new reality in the aftermath of trauma that is crucial in determining the extent to which posttraumatic growth occurs" (p. 5). Some qualitative studies addressed PTG in women victims of IPV (Anderson, Renner, & Danis, 2012; Senter & Caldwell, 2002), whereas quantitative studies on this topic are still scarce.

Identity formation is a lifelong developmental process which is seen as a main developmental task in adolescence; however, it stays important throughout the life span (Bogaerts et al., 2018; Erikson, 1968). A trauma is typically a very shocking event that challenges the fundamental beliefs, goals, and values that people construct to have direction and purpose in their lives (Berman, 2016; Robinaugh & McNally, 2011). Therefore, experiencing a traumatic event central to the personal identity is likely to lead to uncertainty regarding current life choices or, in other words, identity reconsideration (Berman, 2016; Nolen-Hoeksema, 1996). Some studies revealed that traumatic events led to trauma-induced identity transformations (Tay, Rees, Chen, Kareth, & Silove, 2015; Zheng & Lawson, 2015), whereas other studies have found that negative experiences led to positive changes in identity (Abu-Ras, Senzai, & Laird, 2013; Webster & Deng, 2015). Furthermore, positive identity transformations may influence the processes of PTG (Joireman, Parrott, & Hammersla, 2002). However, a detailed examination of how IPV affects identity, and how new identity-related choices may influence the processes of PTG, is lacking.

Social support and caring given to women victims of IPV have been identified as important factors in the adjustment following traumatic events (Littleton, 2010). Social support, provided during the first 2 years after the traumatic experiences, could finally lead to PTG (Anderson et al., 2012). In contrast, the lack of support has a negative impact on a victim's adjustment (Bosch & Bergen, 2006). Given that adequate social support may have the potential of promoting PTG and overall well-being, it is an important factor to consider in the study of identity transformations and PTG, especially following traumatic victimization.

The main aim of this study is to explore the role of social support for PTG and reconsideration of one's identity in a sample of Lithuanian women victims of IPV. The study aims are presented in more detail after the literature review given in the following sections.

IPV, Identity, and PTG

IPV affects the physical and psychological well-being of women coming from all social backgrounds and of different ages (Heise & Kotsadam, 2015).

IPV is conceptualized as "behavior within an intimate relationship that causes or has the potential to cause physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviors" (Feder & Macmillan, 2012, p. 1571). In 2014, the FRA survey (European Union Agency for Fundamental Rights, 2014) was conducted in 28 European countries, where 42,000 women were interviewed about their experience of violence committed by their current partner. The results showed that 22% of women had experienced physical and/or sexual violence (FRA, 2014). According to the FRA survey, Lithuania belongs to the group of countries where 20% to 29% of women experienced physical and/or sexual partner violence (FRA, 2014). Similar results were found in a population survey in Lithuania (N = 1,111) conducted by authors of this article (Kaniušonytė, Truskauskaitė-Kunevičienė, & Žukauskienė, 2018). They reported that at least one incident of psychological IPV since the age of 18 was experienced by 51.1% of women, 30.8% had experienced economical IPV (e.g., restricted access to financial resources), 23% had experienced physical IPV, and 18% of the women had experienced sexual IPV at least once in their life.

Incidents of interpersonal violence are consistent with the definition of a traumatic event, as trauma is defined as a person's emotional response to "actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association, 2013, p. 271). Critical traumatic events (such as serious health problems and loss of important people in the person's life) may have significant impact on the survivor's psychological and physical well-being. Therefore, most of the research on the consequences resulting from IPV has focused on the victims' mental and physical health problems (Afifi et al., 2009; Coker et al., 2004; Karakurt, Smith, & Whiting, 2014; Tomasulo & McNamara, 2007).

Despite the negative consequences resulting from trauma that were mentioned above, some studies document that many victims of IPV experience some form of PTG (Draucker, 2001; Valdez & Lilly, 2015). The model of PTG, proposed by Tedeschi and Calhoun (2004), comprises five domains of PTG, namely,

> greater appreciation of life along with a changed sense of what is really important; development of closer, more intimate, and more meaningful relationships with other people; a greater sense of personal strength; recognition of new possibilities for one's life; and spiritual development. (p. 6)

Most victims of sexual assault have reported positive changes in relationships with significant others, increased empathy toward other people,

more positive attitude to life, and changes in spirituality (Frazier, Conlon, & Glaser, 2001). They also indicated that their victimization experiences had forced them to take it upon themselves to create a better life, such as taking care about one's own safety, seeking for justice, and achieving some personal positive outcome from those traumatic experiences. By accomplishing these tasks, the women, as indicated by Draucker (2001), found meaning in their suffering.

Most studies that have addressed PTG in female victims of IPV are qualitative studies and their findings suggest the possibility of PTG (Anderson et al., 2012; D'Amore, Martin, Wood, & Brooks, 2018; Valdez & Lilly, 2015). In a survey of women using shelter services, most women reported PTG (Cobb, Tedeschi, Calhoun, & Cann, 2006; Senter & Caldwell, 2002). Thus, findings from available studies show that women victims of IPV can experience PTG, but empirical studies exploring the PTG of female victims of IPV are still scarce.

Identity reconsideration after the trauma and PTG could be considered as partly overlapping (Triplett, Tedeschi, Cann, Calhoun, & Reeve, 2012) as life crises challenge individual's beliefs, values, and so on and lead to cognitive processing of the trauma. However, it could also lead to intrusive forms of rumination. Cognitive processing of trauma is shown to be beneficial for the victim of IPV, as it helps to rebuild cognitive structures or beliefs that are challenged by the major trauma (e.g., Arandia, Mordeno, & Nalipay, 2016; Ehlers & Clark, 2000), but intrusive rumination is considered as exclusively negative (e.g., Lyubomirsky & Nolen-Hoeksema, 1995) because painful memories invade the person's cognitive world. On the contrary, some other forms of rumination are believed to be beneficial to an individual, for instance, deliberate and purposeful re-examination of the past experiences where the victim attempts to understand what has happened and tries to find solutions how to deal with the current problems (Lindstrom, Cann, Calhoun, & Tedeschi, 2013; Nolen-Hoeksema & Davis, 2004). For example, deliberate rumination was associated with PTG in Kleim and Ehler's (2009) study.

Similar processes are identified in identity research, where, according to Meeus, Iedema, and Maassen (2002), identity formation occurs through exploration of new possible selves and commitment to new identity. It might be assumed that developmental changes could occur only when individuals' core beliefs about himself or herself are challenged and therefore a major trauma, resulting from IPV, could be closely related to identity reconsideration. In a qualitative study of women who had experienced IPV, they indicated changes in well-being, self-esteem, and identity processes during and after leaving a violent partner (Matheson et al., 2015). These studies suggest that some changes in identity formation are possible.

The Role of Social Support in PTG and Reconsideration of Identity

Social support is perceived as emotional and practical assistance from others (House, Robbins, & Metzner, 1982; Taylor, 2011). In accordance with a convoy model of social relationships (Antonucci, 2001), individuals are surrounded by a network of people from whom they derive support, self-definition, and a sense of stability and continuity. Most often, the main sources of the support are the individuals' family and friends. Social support and a high quality of family relationships could serve as valuable resources for individuals in the process of identity exploration (Dumas, Lawford, Tieu, & Pratt, 2009; Meeus, Oosterwegel, & Vollebergh, 2002). However, when the quality of family relationships is low or interactions between family members are weak, other important people in the person's life, such as peers, neighbors, and other acquaintances, could serve as sources of social support by helping an individual to overcome difficult times and situations (DuBois et al., 2002). Thus, the convoy model highlights the importance of the role of social support in the development of identity over the life course. However, most studies analyzing associations between social support and identity formation processes are conducted using samples of adolescents who are undergoing normative life crisis, whereas studies on the associations between social support and identity development in adulthood, and especially in samples of women victims of IPV, are very rare. In those few studies, victims of IPV often relied on their friends as very important resources when they needed help (Ahmad, Rai, Petrovic, Erickson, & Stewart, 2013; Lerner & Kennedy, 2000).

To understand the role of social support for individual's physical and mental health, different theoretical approaches have been applied, for instance, the main effect hypothesis approach and the buffering hypothesis approach. The main effect hypothesis states that social relationships influence individuals' health and well-being under all conditions (Loucks, Berkman, Gruenewald, & Seeman, 2006), whereas the buffering hypothesis (Uchino, 2006) suggests that social relations are most influential during times of stress. The buffering hypothesis was confirmed by Coker et al. (2004) who found that abused women who received good social support often had better mental and physical health. It is reasonable to presume that positive social support is beneficial because it could provide comfort and safety throughout the coping process that occurs after major traumatic events. Thus, according to Charuvastra and Cloitre (2008), social support contributes to emotion regulation under conditions of traumatic stress and, more particularly, lowers the risk for the occurrence of posttraumatic stress disorder.

Social support was associated with PTG in survivors of breast and prostate cancer, bereaved HIV/AIDS caregivers, Gulf War I veterans, and earthquake survivors (Cadell, Regehr, & Hemsworth, 2003; Cobb et al., 2006; Jia, Liu, Ying, & Lin, 2017; Maguen et al., 2011; Thornton & Perez, 2006). Some studies also documented the positive effect of social support on the well-being of women survivors of IPV (Frias & Agoff, 2015), because "supportive persons serve as a connection in helping women access broader formal and informal networks, and access resources which in turn decreases isolation" (Bosch & Bergen, 2006, p. 319). Using a longitudinal study design, the role of social support in PTG was examined in a study by Beeble, Bybee, Sullivan, and Adams (2009) that involved interviewing 160 victims of IPV six times over 2 years. Their findings revealed the buffering effects of social support; for instance, social support was positively related to the quality of life (QOL) and negatively related to depression. Social support for abused women might increase their PTG, along with the reconsideration of identity, yet still very few studies have addressed this question.

On the contrary, lack of support from significant others can actually hinder a victim to leave an abusive relationship (Bosch & Bergen, 2006). Estrellado and Loh (2014) suggest that families of female victims of IPV are not always a source of support, as disclosure to family members could lead to further victimization and stigmatization of the victims. Furthermore, some studies show that women leaving and returning to a partner several times after the IPV were less likely to receive support from family and friends (Goodkind, Gillum, Bybee, & Sullivan, 2003). Similar findings were reported in Fanslow and Robinson's (2010) study, showing that for 40% of women who disclosed that they were abused by an intimate partner, no one in their social network tried to help them. However, to our knowledge, no empirical research is available that examines the role of lack of support for PTG and for identity formation in women experiencing IPV.

Sociodemographic Factors and PTG in Victims of IPV

Only scarce information exists about the relationship between sociodemographic factors and PTG in samples of women victims of IPV (Elderton, Berry, & Chan, 2017). In one of the few available studies, Grubaugh and Resick (2007) found that women's older age and lower levels of education were positively associated with PTG, which was not the case for race, marital status, and assault type. Moreover, after the traumatic event, positive changes generally increase over time and adverse changes decrease (Frazier et al., 2001). Also, termination of abusive relationship is associated with more PTG

in comparison with women still in a relationship with the abuser (Cobb et al., 2006). However, those findings are not very conclusive, as women tend to leave and return to a violent partner several times (Barnett, 2001). It is possible that those who are in an ongoing abusive relationship can also report some degree of PTG. Anyway, it could be expected that time after the last incident of IPV will be positively associated with PTG.

The place of residence of women victims of IPV (urban vs. rural) could be related to the availability of the resources that enable women to experience PTG and identity formation. Studies on IPV are often conducted only in urban populations (Coyer, Plonczynski, Baldwin, & Fox, 2006; Eastman & Bunch, 2007; Van Hightower & Gorton, 2002). However, women living in a scarcely populated rural environment may find it more difficult to leave an abusive relationship (Logan, Walker, Cole, Ratliff, & Leukefeld, 2003). Living in secluded area often means social and geographical isolation, transportation problems, having a lower income, and less available social support (Bosch & Bergen, 2006; Edwards, 2015). Therefore, it could be expected that women living in rural areas will be less progressing in PTG and identity formation comparing with those living in more developed urban areas.

Study Aims

The main purpose of the present study was to explore the role of social support for PTG and reconsideration of one's identity in a sample of women who reported exposure to different forms of IPV. Therefore, we examined whether social support is associated with PTG and identity processes. It was hypothesized that social support will be positively related to PTG, whereas social nonsupport will have a negative relation. Furthermore, we explored the importance for PTG and the identity formation process of sociodemographic variables, severity of violence, time after last violence episode, and relationship status with the perpetrator.

Method

Participants and Procedures

The participants of the current cross-sectional study were 217 women from 12 regions in Lithuania recruited from women's shelters, social support centers, and through counseling psychologists. They were asked to participate in a study on identity and PTG in female victims of IPV (INTEGRO). Questionnaires were administered both on paper and online. In most cases, the responsible psychologist was present while the respondents filled in the questionnaires.

Table 1. Sample Characteristics.

Characteristics	*n* (%)
Age	
17-24	13 (6)
25-34	58 (26.7)
25-44	96 (44.2)
45-54	32 (14.7)
55+	17 (7.8)
No response	1 (0.5)
Education	
Primary (up to Grade 4)	6 (2.8)
Lower secondary (up to Grade 10)	49 (22.6)
Secondary (up to Grade 12)	61 (28.1)
Higher education (Junior College)	22 (10.1)
Higher education (College)	26 (12)
Higher education (University)	53 (24.4)
Personal income	
Less than €350	76 (35)
€350-€650	89 (41)
€650-€1,000	35 (16.6)
€1,000-€1,500	10 (4.6)
More than €1,500	4 (1.8)
No response	2 (0.9)
Place of residence	
Metropolitan (>100,000 residents)	51 (23.5)
City (10,000-100,000 residents)	116 (53.5)
Town (2,000-10,000 residents)	19 (8.8)
Village (<2,000 residents)	26 (12)
Farm	3 (1.4)
No response	2 (0.9)

The mean age of the participants was 38.92 (*SD* = 10.29). Less than a half (44.6%) of the women were currently living with a partner, 31.9% were single, 20.7% had a partner but were not living together, and 2.8% were involved in episodic relationships with one or several partners. Most of those having a partner (93.8%) reported that the gender of their partner is male, 2.1% indicated that their partner is female, and 4.1% refused to report the gender of their partner. Most of the women having a partner (83.4%) were involved in long-term relationships (more than 2 years). More demographic variables are presented in Table 1. All women who participated in the current study have experienced at least one form of interpersonal violence from their partners. The IPV-related sample characteristics are presented in Table 3.

Measures

Social support and social nonsupport were measured with 20 items from *Bosch Support Measure* (Bosch & Bergen, 2006; Bosch & Schumm, 2007). Subscales of social support (e.g., "Encouraged you to share your story and feelings with others") and social nonsupport (e.g., "Backed away from you or avoided you when they found out about the abuse") were defined by 10 items each. Respondents rated the items on a 5-point Likert-type scale ranging from 1 (*never*) to 5 (*always*). Cronbach's alphas of the two subscales were .94 and .92, respectively. A confirmatory factor analysis (CFA) indicated an acceptable structural validity of the scale, $\chi^2(166) = 297.17$, Tucker–Lewis index (TLI) = .92, comparative fit index (CFI) = .93, root mean square error of approximation (RMSEA) = .06. For the final analysis, the items of the two subscales were parceled following the item-to-construct balanced method (Little, Cunningham, Shahar, & Widaman, 2002). Three parceled indicators were used for each of the latent constructs of social support and social nonsupport. Here and further in the study, the model fit was tested relying on multiple indices (Little, 2013): the TLI and the CFI, with values higher than .90 indicative of an acceptable fit and values higher than .95 suggesting an excellent fit; and the RMSEA, with values below .08 indicative of an acceptable fit and values less than .05 representing a good fit.

PTG was measured with the *short form of the Posttraumatic Growth Inventory (PTGI-SF*; Cann et al., 2010; Tedeschi & Calhoun, 1996). The PTGI-SF consists of 10 items measuring five aspects of PTG, that is, relating to others (e.g., "I learned a great deal about how wonderful people are"), new possibilities (e.g., "I established a new path for my life"), personal strength (e.g., "I discovered that I'm stronger than I thought I was"), spiritual change (e.g., "I have a better understanding of spiritual matters"), and appreciation of life (e.g., "I have a greater appreciation for the value of my own life"). Each subscale consists of 2 items. Participants rated the items on a 6-point Likert-type scale ranging from 0 (*I did not experience this change*) to 5 (*I experienced this change to a very great degree*). Cronbach's alpha coefficient of the full scale was .94 and for the subscales it ranged from .77 to .89. CFA indicated a good structural validity of the scale, $\chi^2(31) = 50.30$, TLI = .97, CFI = .98, RMSEA = .06. The mean scores of the subscales were used as indicators of the latent construct of PTG.

Identity processes were measured with the abbreviated version of the *Dimensions of Identity Development Scale* (DIDS; Luyckx et al., 2008). DIDS measures five identity processes, namely, exploration in breadth (4 items, e.g., "I am considering a number of different lifestyles that might suit me"), commitment making (3 items, e.g., "I have decided on the direction I am going to follow in my life"), exploration in depth (2 items, e.g., "I think

about the future plans I already made"), identification with commitment (3 items, e.g., "Because of my future plans, I feel certain about myself"), and ruminative exploration (2 items, e.g., "I keep wondering which direction my life has to take"). In total, 14 items of the scale were used in the current study. Items were selected based on results of a pilot study with 95 adults from Lithuania. Respondents rated the items on a 5-point Likert-type scale ranging from 1 (*completely disagree*) to 5 (*completely agree*). Cronbach's alpha coefficients for the subscales ranged from .42 to .89. However, results of the CFA were good, $\chi^2(64) = 116.24$, TLI = .94, CFI = .96, RMSEA = .06, and some authors suggest that CFA is a superior method of testing scale validity and reliability (e.g., Barbaranelli, Lee, Vellone, & Riegel, 2015). For the final analysis, the mean scores of the subscales were used as observed variables indicating identity processes.

To assess the severity of violence, we used a 16-item checklist, developed by the authors of the manuscript, based on the Composite Abuse Scale (Ford-Gilboe et al., 2016) and the Scale of Economic Abuse (Adams, Sullivan, Bybee, & Greeson, 2008). The checklist measures four types of violence, namely, psychological violence (4 items, e.g., "Tried to restrict contact with your family or friends"), physical violence (4 items, e.g., "Pushed, grabbed or shoved you"), economic violence (5 items, e.g., "Restricted you to have personal money"), and sexual violence (3 items, e.g., "Partner physically forced you to have sex"). Participants rated the items on an 8-point Likert-type scale ranging from 0 (*never happened to me*) to 7 (*happens to me every day*). Cronbach's alpha coefficients for the subscales ranged from .82 to .92. A composite indicator based on the four types of IPV was constructed using latent profile analysis (LPA) to classify the participants on the severity of violence they experience. Models with one to five latent classes were estimated and empirically compared. Goodness-of-fit indices determine the optimal number of latent class groups. Goodness-of-fit indices assessed include the Bayesian information criterion (BIC; Nylund, Asparouhov, & Muthén, 2007) and the Lo–Mendell–Rubin likelihood ratio test (LMR-LRT). The point at which BIC values plateau indicates the optimal number of profile groups. A statistically significant LMR-LRT value indicates that a given model explains more variation than a model with one fewer group. Entropy describes homogeneity within latent class groups and differentiation between groups (Nagin & Odgers, 2010). High entropy values (≥0.80) indicate that group members are homogeneous and that each profile group is unique (Jung & Wickrama, 2008). Finally, the size of the smallest group should not be less than 25, because small groups are difficult to replicate (Wickrama, Lee, O'Neal, & Lorenz, 2016). The results of LPA are presented in Table 2. Based on the criteria described above, three severity of violence classes were chosen and they are presented in Table 3.

Table 2. Latent Profile Model Fit Statistics.

Classes	BIC	LMR-LRT (*p*)	Entropy	*n* in Each Latent Class
1	3,298.21	N/A	1	216
2	2,680.67	794.26 (.02)	.96	66, 150
3	2,403.54	334.70 (.04)	.94	41, 113, 62
4	2,213.74	233.36 (.05)	.94	17, 98, 48, 53
5	2,166.28	93.90 (.11)	.92	17, 25, 76, 37, 61

Note. BIC = Bayesian information criterion; LMR-LRT = Lo–Mendell–Rubin likelihood ratio test.

Table 3. Description of Intimate Partner Violence Experienced by the Women in the Sample.

	n (%)
Forms of IPV in the sample	
Psychological violence	209 (96.3)
Physical violence	173 (79.7)
Economic violence	152 (70)
Sexual violence	117 (53.9)
Severity of violence	
Few incidents of violence	41 (18.9)
Moderate level of violence	113 (52.1)
Extreme violence	62 (28.6)
Relationship status with the perpetrator	
Living with the perpetrator	84 (38.7)
Currently in divorce process	44 (20.3)
No longer in the relationships with perpetrator	80 (36.9)
Time after last violence incident	
Less than a week	15 (6.9)
More than a week	14 (6.5)
More than a month	30 (13.8)
More than a half of year	20 (9.2)
More than a year	24 (11.1)
More than 2 years	38 (17.5)
More than 5 years	29 (13.4)
More than 10 years	22 (10.1)
More than 20 years	13 (6)
No response	12 (5.5)

Note. IPV = intimate partner violence.

Table 4. Correlations Among Study Variables and Descriptive Statistics (*M, SD*).

		1	2	3	4	5	6	7	8
1.	Posttraumatic growth	—							
2.	Social support	.33**	—						
3.	Social nonsupport	−.09	−.31**	—					
4.	Commitment making	.22**	.12	−.10	—				
5.	Exploration in breadth	.28**	.28**	−.03	.16*	—			
6.	Ruminative exploration	.10	.26**	−.08	−.29**	.38**	—		
7.	Identification with commitment	.32**	.19**	−.07	.58**	.43**	.00	—	
8.	Exploration in depth	.13	.21**	−.03	.41**	.36**	−.03	.58**	—
M		3.03	2.73	1.65	3.65	3.76	3.18	3.70	3.62
SD		1.35	1.06	0.75	0.84	0.67	1.02	0.81	0.71

*$p < .05$. **$p < .001$.

The control variables of age, place of residence, personal income, education, and time after last violence episode were each measured by a single item. In addition, single items were used for measuring whether the participants were currently in an abusive relationship, the duration of the relationship, the gender of the partner (if in a relationship), whether the perpetrator is the current or/and the previous partner, the number of children under age 18 currently living with the woman, and the monthly family income per one family member, that is, household income divided by the number of persons in the household.

Results

Preliminary Analysis

Descriptive statistics and bivariate correlations between the study variables are reported in Table 4. As can be seen, PTG and social support were positively correlated with all identity processes, whereas social nonsupport was related only to social support. Identity processes were intercorrelated in accordance with theoretical expectations, except ruminative exploration that was not related to identification with commitment and exploration in depth.

Relationship of Social Support With PTG and Identity Processes

The main purpose of this study was to examine the relationship between social support and nonsupport with PTG and identity processes among women victims of IPV. In addition, we controlled for women's age, education, personal

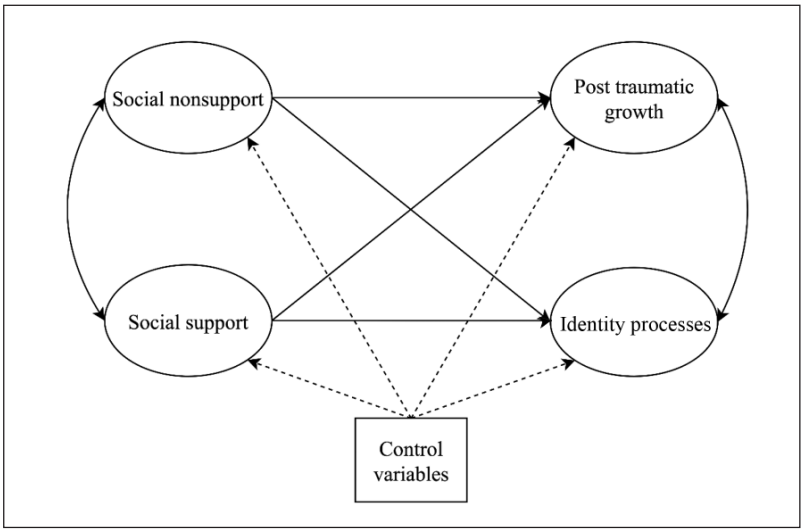

Figure 1. Conceptual model of study variables.
Note. Solid lines represent Model 1. Solid and dotted lines together represent Model 2.

income, place of residence, relationship status with the perpetrator, severity of violence, and time after the last violence incident. To reach this aim, structural equation modeling was conducted in Mplus 7.4 (Muthén & Muthén, 1998-2015) by means of the maximum likelihood robust (MLR) estimator (Satorra & Bentler, 2001).

To investigate the associations between the study variables and the role of control variables for explaining these associations, we explored two structural models (Figure 1). In Model 1, we estimated only associations between social (non)support and PTG and identity processes. The model provided a good fit to the data, $\chi^2(97) = 168.60$, TLI = .95, CFI = .96, RMSEA = .06, and the significant coefficients are reported in Figure 2. As can be seen, social support was positively associated with PTG and all identity processes, except commitment making. Social nonsupport was associated only with social support (a negative relationship). Model 1 explained only 14% of the PTG variance.

In the next step, we added all control variables to the model (Model 2). It is shown in Figure 3 that this model provided even better fit to the data, $\chi^2(363) = 544.84$, TLI = .93, CFI = .95, RMSEA = .05. Moreover, Model 2 explained 36% of the PTG variance. The associations between the study variables were similar to those in Model 1. Concerning the relationships between the control variables and the study variables, we found that time after last

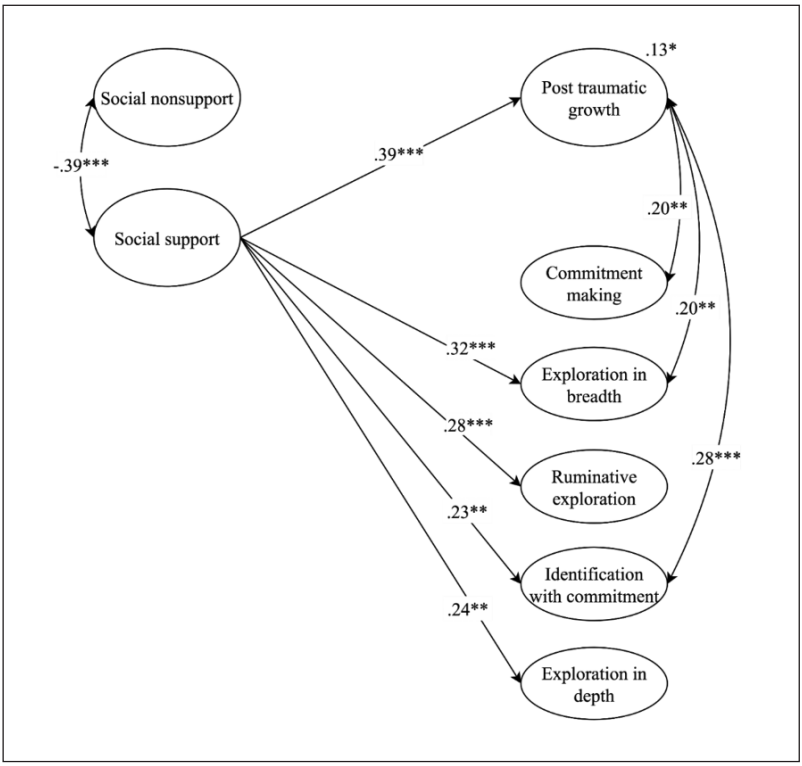

Figure 2. Structural model of study variables—Model 1.
Note. Only significant regression paths are shown. Correlations between identity processes are provided in Table 3.
*$p < .05$. **$p < .01$. ***$p < .001$.

violence, severity of violence, and personal income positively predicted PTG. Women with higher income, with more severe experienced violence, and for whom more time had passed after the last incident of IPV experienced higher rates of PTG. Education predicted PTG negatively, meaning that women with higher education experienced lower rates of PTG. Not living with the perpetrator predicted identification with commitment and exploration in depth, meaning that women who had left a violent relationship explored more in depth and had stronger identification with commitment. Women with higher income experienced less ruminative exploration, and women residing in more urban areas of Lithuania or in bigger cities experienced higher rates of exploration in depth. In addition, social nonsupport was

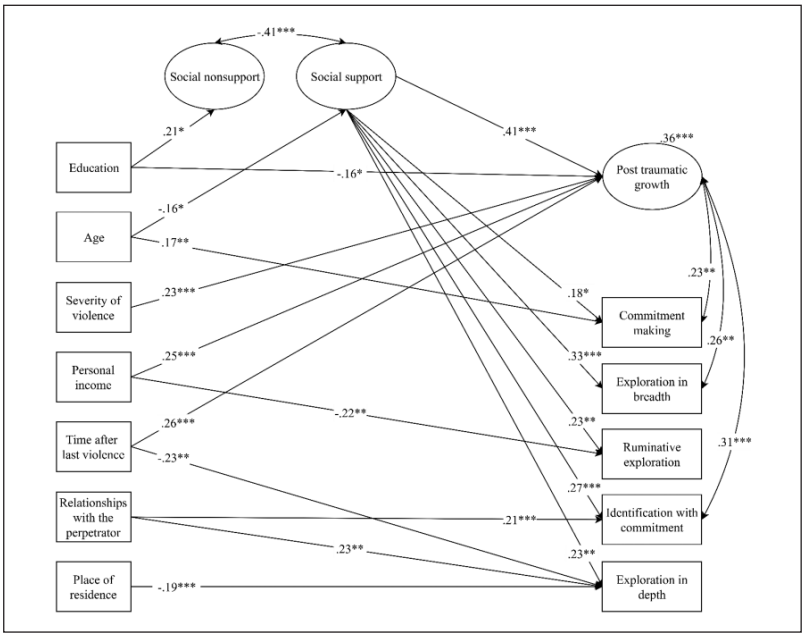

Figure 3. Structural model of study variables—Model 2.
Note. Only significant paths are shown. Correlations between identity processes are provided in Table 3. For *place of residence*, higher number indicates more rural areas versus urban. For *relationships with perpetrator*, 1—still in relationships, 2—under divorce, 3—already divorced.
*$p < .05$. **$p < .01$. ***$p < .001$.

positively predicted by education, and social support was negatively predicted by age.

Discussion

The current study aimed at exploring the relationship of social support with PTG as well as with identity processes in a sample of victims of IPV. In line with other studies (Beeble et al., 2009; Cadell et al., 2003; Thornton & Perez, 2006), we found that social support emerged as an important predictor of PTG. Thus, our findings suggest that supportive relationships with others may have a buffering effect against negative consequences of traumatic experiences, help to overcome trauma, and find a meaning in painful life events.

Furthermore, social support was positively associated with the manifestation of all five identity processes, that is, with identification with commitment, commitment making, exploration in breadth, exploration in depth, and

ruminative exploration. Our findings suggest that social support may encourage the reconsideration of one's identity and foster evaluation processes of current identities as well as the formation of new ones. The findings could be interpreted using Bosma and Kunnen's (2001) model of the process of identity development. According to this model, identity development is affected by person–context transactions which could trigger the identity development. Thus, social support provided to women who have been victims of IPV could be an important resource for their identity development, triggered by traumatic experience.

While highlighting the importance of social support, the results of our study indicate that social nonsupport may not play any role in PTG or the reconsideration of one's identity. These results are in line with Bhandari et al.'s (2012) findings based on a sample of pregnant IPV survivors. Our results showed that being exposed to negativity of others in relation to a traumatic experience of IPV does not diminish the positive effects of positive social relationships. Therefore, despite negative social interaction, one can find ways to PTG and to reconsideration of one's identity.

Moreover, the current study revealed positive association between PTG and positive identity processes such as commitment making, identification with commitment, and exploration in breadth. Those findings are in line with the perceived benefits resulting from identity development (Joireman et al., 2002), where self-reflection was positively related to higher levels of personal identity, perspective-taking, and openness, that is, constructs closely related to PTG. It could be that new identity-related choices may influence the processes of PTG. These findings also indicate that PTG can be important in building a new life after experiencing IPV, as it relates to actively looking for new directions and goals in life, making decisions and choices regarding these directions and goals, as well as building up confidence in what the person has decided to seek in life. Therefore, due to the unclear directionality, for future research, we suggest testing the reciprocal relationships between PTG and identity processes using longitudinal data.

Regarding the control variables, the results of our study are in line with previous research (Grubaugh & Resick, 2007; Lerner & Kennedy, 2000) in that they indicate that more time after experiencing the last IPV incident, severity of violence and higher personal income are positively associated with PTG, whereas the level of education is negatively associated with PTG. Taken together, these findings draw the attention to the rather obvious idea that time is an important factor in overcoming the interpersonal trauma, and that the victims of IPV should not be exposed to any time-related pressure regarding the recovery. Also, our study adds weight to the importance of additional support for more educated IPV victims, as a higher level of education may counteract the attainment of a new meaning in life after experiencing IPV-related

traumatic events and increase the risk for social nonsupport. In addition, the results of our study support the idea that higher levels of financial independence may improve the chance of building a new life after experiencing IPV. It appears that both emotional and instrumental factors are important for helping IPV victims to cope.

Our study has strengths and limitations. A primary limitation is the cross-sectional study design that cannot inform about the directionality of the relationships between study variables. Another limitation is the heterogeneity of the studied sample that contains women with many different types of IPV. Furthermore, we could not control for relationship reunions with the perpetrators, which may be important in interpreting some study results. Also, it should be noted that to some extent the findings may be culturally specific to a Northern–Eastern European context. Among the strengths of the study are the relatively big IPV sample and that both PTG and identity processes are addressed in the same study, which has not been done before. Also, it is one of few studies investigating identity issues in an IPV sample, in particular, in the use of a quantitative approach for that purpose. A key area for future research includes the longitudinal study of the pathways to PTG and reciprocal relationships between PTG and identity.

Practical Implications

Increased understanding of the importance of social support for the recovery of IPV victims is vital for practitioners and for the development of support systems for this population. Particularly, practitioners should encourage the victims of IPV to actively seek support from friends and family, as the potential nonsupport they might meet appears to have no negative effect, whereas a gain of support can be helpful for the recovery. In addition, our findings can be used for educating bystanders of IPV and the community about the importance of active social support.

Conclusion

In summary, the results of the current study highlight the important role of social support in seeking positive personal resolutions after experiencing traumatic events of IPV. In particular, the findings indicate that social support, but not social nonsupport, predicts higher levels of PTG and the development of new positive identities. In addition, our findings emphasize the importance of contextual factors, such as time after last violent episode, severity of violence, and personal income for supporting PTG. With regard to identity development, important factors were age of the victim, personal

income, place of residence, time after last violence, and relationship status with the perpetrator. Psychologists and other practitioners, working with women who have been victims of IPV, should be aware of the importance of these factors for positive growth in the aftermath of the trauma.

Open Practices

The raw data analyzed in this manuscript are not openly available to respect the agreement with participants of the study that their responses to the questionnaire will not be openly shared. These, however, can be obtained from the corresponding author for reanalysis following the completion of a privacy and fair use agreement. The materials (printout of an electronic survey) used in the survey are not openly available but can be obtained from the corresponding author upon a reasonable request.

Declaration of Conflicting Interests

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ORCID iD

Rita Žukauskienė https://orcid.org/0000-0002-0884-7578

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Author Biographies

Rita Žukauskienė is a full professor at Mykolas Romeris University. She is a principal investigator or co-investigator in the areas of psychopathology, intimate partner violence, and identity processes. She has published numerous articles in peer-reviewed journals.

Goda Kaniušonytė, PhD, is a research fellow and associate professor at the Institute of Psychology, Mykolas Romeris University, Lithuania. Her research interests include identity processes in emerging adulthood and in the context of IPV.

Lars R. Bergman is a professor emeritus at Stockholm University with research interests covering the study of adaptation in a life-span perspective, methodological issues in longitudinal research, and the development of the person-oriented approach. His publication list contains more than 100 publications in peer-reviewed journals, books, and chapters in books. He is editor of the *Journal for Person-Oriented Research*.

Aistė Bakaitytė is doctoral student in psychology at Mykolas Romeris University with research interests in intimate partner violence (IPV), identity processes, and posttraumatic growth of women survivors of IPV.

Inga Truskauskaitė-Kunevičienė, PhD, is a research fellow at the Institute of Psychology, Mykolas Romeris University, Lithuania. Her research interests include identity formation and evaluation as well as positive and negative development over the life course.

Study IV:

Path to posttraumatic growth: The role of centrality of event, deliberate and intrusive rumination, and self blame in women victims and survivors of intimate partner violence

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EDITED BY
Marialaura Di Tella,
University of Turin,
Italy

REVIEWED BY
Glenna Tinney,
Independent Researcher,
US Minor Outlying Islands, United States
Agata Benfante,
University of Turin,
Italy

*CORRESPONDENCE
Aistė Bakaitytė
abakaityt@mruni.eu

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Path to posttraumatic growth: The role of centrality of event, deliberate and intrusive rumination, and self blame in women victims and survivors of intimate partner violence

Aistė Bakaitytė[1]*, Alicia Puente-Martínez[2], Silvia Ubilos-Landa[3] and Rita Žukauskienė[1]

[1]Institute of Psychology, Mykolas Romeris University, Vilnius, Lithuania, [2]Department of Social Psychology and Anthropology, Faculty of Social Sciences, University of Salamanca, Salamanca, Spain, [3]Department of Social Psychology, Faculty of Health Science, University of Burgos, Burgos, Spain

Increased interest in positive changes in the aftermath of traumatic events led researchers to examine assumptions about the process of posttraumatic growth (PTG). However, existing studies often use samples from mixed trauma survivors and investigate separate factors and their associations with growth. Therefore, the purpose of the current study was to examine the path from centrality of event to PTG involving intrusive and deliberate rumination and self-blame as a coping strategy in women survivors of intimate partner violence (IPV). The study sample consisted of 200 women with a history of IPV (ages 18–69, *M* = 44.79, *SD* = 12.94). Results of the path analysis indicated that higher centrality of event was related to higher levels of intrusive rumination which was positively related to self-blame and deliberate rumination eventually leading to PTG. Indirect effects from centrality of event to PTG through intrusive and deliberate rumination, and from intrusive to deliberate rumination through self-blame were examined. This study gave support to some theoretical assumptions of the process of PTG and pointed out problematic areas of investigation of coping strategies in this process.

KEYWORDS

posttraumatic growth, intimate partner violence, centrality of event, rumination, coping, self-blame

Introduction

Intimate partner violence (IPV) is defined as physical, sexual, and/or psychological harm caused by a current or former partner (World Health Organization, 2012). IPV is gender-based violence as most often women are the victims of their partners' or ex-partners' violence (World Health Organization, 2012) and they suffer more severe consequences of

IPV compared to men (Ansara and Hindin, 2011). The dynamic of IPV is unique where the harm is done by a loved one, trusted partner, making this experience highly traumatic. Also, IPV involves controlling behaviors that isolate the victim from the outside world, and constant humiliation and mockery create an environment in which the victim loses the sense of self and her identity (Matheson et al., 2015). This kind of trauma causes well-known negative consequences such as PTSD, depression, and anxiety (Doane, 2010; Lilly et al., 2015; Chandan et al., 2020), but it can also lead to positive changes (Cobb et al., 2006; Valdez and Lilly, 2015).

For more than the past two decades, attention is given not only to negative consequences but also to positive changes experienced after traumatic events. The most widely used conceptualization of these changes was coined by Tedeschi and Calhoun (1995) and called posttraumatic growth (PTG). PTG refers to positive psychological changes that occur following the struggle with traumatic experiences (Tedeschi and Calhoun, 1995). The process of PTG is described in the model of PTG and the most recent version was published in 2018 (Tedeschi et al., 2018). The model indicates that traumatic experiences that challenge person's core assumptions about the world and people in it are the ones that can initiate the PTG process. Changes can be experienced in the view of the self, relationships with others, and/or worldview and philosophy of life (Tedeschi and Calhoun, 1995; Tedeschi et al., 2018). Studies investigate PTG in various trauma survivors such as war veterans (Maguen et al., 2011), terminal illnesses (Chi et al., 2022), natural disasters (Jia et al., 2017), and accident survivors (Nishi et al., 2010), however, some traumatic experiences such as IPV still receive less attention (Elderton et al., 2017). The dynamics of IPV make it hard to apply the knowledge about PTG from other traumatic contexts. For this reason, it is important to investigate PTG in women victims and survivors of IPV, anticipating that the PTG process in this context may be different compared to other traumas.

In the model of PTG, authors use a broader understanding of traumatic experience than described in DSM-V indicating that not the event itself but the personal perception of it makes the experience traumatic (Tedeschi et al., 2018). This perception can be expressed through the centrality of event which refers to the degree to which an event becomes a central part of a person's life story and identity (Berntsen and Rubin, 2006). If the traumatic event is perceived as central, it indicates that the experience became a turning point in which life is seen as one "before" and the other "after" (Tedeschi and Calhoun, 1995). This perception is an important precursor of PTG (Tedeschi and Calhoun, 1995), and studies with IPV and other trauma survivors confirm that the centrality of event is positively related to PTG (Groleau et al., 2013; Bakaitytė et al., 2021), indicating unambiguous importance of centrality of event in the process of PTG.

Another important factor for PTG is rumination. In general, rumination refers to repetitive thinking about something or "a cognitive "chewing the cud" (Cann et al., 2011, p. 138). Rumination belongs to the cognitive processing of trauma which is an essential part of the process of PTG (Tedeschi et al., 2018). Authors indicate two types of rumination: intrusive which is automatic and more present at the beginning of the process, and deliberate which is more reflective, appearing later in the process of PTG (Cann et al., 2011). Studies repeatedly indicate a positive relation between deliberate rumination and PTG (Ogińska-Bulik, 2016; Lafarge et al., 2020; Freedle and Kashubeck-West, 2021), and a negative or no relation between intrusive rumination and PTG (Stockton et al., 2011; Lafarge et al., 2020; Freedle and Kashubeck-West, 2021). The centrality of event is also found to be related to both types of rumination (Brooks et al., 2017; Kramer et al., 2020). Events that are central to a person initiate the cognitive processing of the traumatic experience, at first, through intrusive rumination, which is an inevitable part of trauma processing, but eventually, it must be transformed into more deliberate rumination to lead to PTG (Tedeschi et al., 2018). Besides theoretical assumptions, there is little empirical knowledge of what contributes to the shift from intrusive to deliberate rumination.

The model of PTG indicates that coping mechanisms also play a significant role in the cognitive processing of traumatic experiences. Coping is the response to stress that comes after a cognitive evaluation of the threat and possible responses to it (Lazarus and Folkman, 1984). It is assumed that in the process of PTG coping strategies help to manage distress caused by trauma and allow one to engage in cognitive processing through rumination (Joseph and Linley, 2005). Studies on coping and PTG often use so-called the fallacy of uniform efficacy (Bonanno and Burton, 2013) which is the tendency to combine different strategies into subtypes of coping based on different theoretical frameworks (e.g., adaptive/maladaptive, approach/avoidance, problem/emotion-focused coping). According to Bonanno and Burton (2013) concept of regulatory flexibility, coping is sensitive to the context of the event and environmental demands, meaning that the same strategy might be useful in one situation but not necessarily in others. This way of coping investigation is problematic as it gives generalized conclusions that most often could be debatable or questionable. This suggests that it is more useful to investigate separate coping strategies that are relevant to a given context rather than combining strategies in uniform constructs.

One of the forms of coping repeatedly reported in victims and survivors of IPV is self-blame (Reich et al., 2015; Ulloa et al., 2016). Although it partly comes from stigmatization in society (Kennedy and Prock, 2018) and is associated with negative consequences (Reich et al., 2015), it is also defined as a coping mechanism and can lead to positive outcomes (Tedeschi and Calhoun, 1995). Paradoxically, self-blame as a coping mechanism attributes control to oneself in this way helping to cope with what happened (Janoff-Bulman, 1979). Tedeschi and Calhoun (1995) indicate that self-blame helps to maintain beliefs that one has control in life and that positive changes are possible. In the context of IPV, the internal state of feeling responsible (self-blame) for experienced violence possibly stimulates thinking (rumination) about IPV experience and changes that are required to prevent it

in the future. Therefore, considering that self-blame is very common in victims and survivors of IPV and that there are arguments in the literature suggesting its' associations with rumination, this study focused on the analysis of the role of self-blame in the PTG process.

In categorizations of coping mechanisms, self-blame is most often attributed to avoidance coping. Studies using this conceptualization indicated a positive relation between PTG and avoidance coping in rehabilitation patients (Kunz et al., 2018), and 9–1–1 communicators who experienced childhood trauma (London et al., 2020), but in interpersonal violence survivors, avoidance coping was not related to PTG (Brooks et al., 2019). Little research investigates the relation between self-blame as an independent coping strategy and PTG, with exception of Frazier et al. (2004) who found no relation between behavioral self-blame and PTG in sexual assault victims. However, as argued before, it is possible that self-blame is more related to rumination leading to PTG than directly to the PTG itself.

The relationships between coping strategies and types of rumination are rarely investigated because most studies use them as direct predictors of PTG. Most extensive findings were reported by Cann et al. (2011) investigating relations between different coping strategies and types of rumination. Results indicated that only intrusive rumination predicted venting and mental disengagement (coping strategies) while deliberate rumination was not a significant predictor. Unfortunately, they did not include self-blame as a coping strategy but typically venting and mental disengagement are assigned to the same avoidance coping category as self-blame. Chi et al. (2022) found that deliberate rumination was positively associated with avoidance coping in people with HIV. Existing studies indicate mixed findings about relations between types of rumination and coping strategies, giving more attention to deliberate than intrusive rumination. Also, we could not find any study investigating relations between self-blame and types of rumination. However, Kamijo and Yukawa (2018) argue that feelings of regret and guilt motivate one to find meaning and can contribute to deliberate rumination. Moreover, the model of PTG (Tedeschi et al., 2018) indicates that coping helps the transition from intrusive to deliberate rumination. Therefore, it can be assumed that in the context of IPV self-blame plays a role in this transition.

Some studies indicate that the time since the traumatic event is an important factor contributing to PTG (Doane, 2010; Ulloa et al., 2016; Morgan and Desmarais, 2017). However, Prati and Pietrantoni (2009) conducted meta-analysis and did not find significant effect of time to PTG. Tedeschi et al. (2018) argue that for different people paths po PTG might differ and as some people may experience positive changes very early after the trauma, for other it may take years. Studies with victims and survivors of IPV support this by indicating that some positive changes can be experienced while still being in violent relationships (Young, 2007), but Cobb et al. (2006) highlight that the most significant PTG can be experienced after ending the violence. Results of the longitudinal investigation of PTG in IPV survivors showed that PTG increased for women who experienced IPV less than 2 years ago, and for those who experienced IPV more than 2 years ago PTG tend to be stable at relatively higher levels (Bakaitytė et al., 2022). These studies indicate that the time since the violence can be an important factor contributing to PTG in victims and survivors of IPV.

Although numerous studies are investigating PTG and confirming some aspects of the theory (e.g., Ulloa et al., 2016; Kramer et al., 2020; Lafarge et al., 2020), researchers are often concentrated on separate parts of the model and conduct studies with different or mixed trauma survivors (e.g., Cann et al., 2011; Lee et al., 2020). However, distinct types of trauma can have diverse impacts on PTG (Zoellner and Maercker, 2006; Lowe et al., 2020). For example, some authors argue that interpersonal traumas are more damaging to a core belief system than traumas by natural causes or accidents, therefore, potentially leading to more PTG (Ulloa et al., 2016). Others indicate that as interpersonal traumas are caused by others it is more difficult for survivors to make sense and meaning of them and this hinders growth (Meyerson et al., 2011). Moreover, coping can also differ by type of trauma (Bonanno and Burton, 2013) and this can also have an impact on the process of PTG. All these arguments highlight the importance to investigate PTG in homogenous types of trauma (Platte et al., 2022) or specific traumas such as IPV. This kind of investigation can give more focused and context-sensitive insights into the process of PTG.

Considering the need to investigate PTG in specific types of trauma and test theoretical assumptions of the cognitive processing part of the model of PTG as a whole, the purpose of the current study was to test the theoretical pathway from the centrality of event to PTG including rumination (intrusive and deliberate) and self-blame in women victims and survivors of IPV. We hypothesized that: (1) centrality of event will be positively associated with intrusive rumination; (2) intrusive rumination will be positively related to deliberate rumination; (3) self-blame will mediate the relation between intrusive and deliberate rumination; (4) intrusive and deliberate rumination will mediate the relation between centrality of event and PTG; (5) deliberate rumination will be positively associated with PTG.

Materials and methods

Participants

This study was a part of a larger research project on PTG of women victims and survivors of IPV in Lithuania. Thirty-seven experienced interviewers (only women) collected data from different regions of Lithuania. Interviewers went to the homes of potential study participants using the snowball method and information from the local social services. To identify victims and survivors IPV, questions about different

forms of abuse were administered first. A participant was considered a victim or survivor of IPV if indicated at least one physical or sexual, or at least three psychological or economic violence incidents from their current or former partner. Stricter inclusion criteria for psychological and economic violence were selected considering the more nuanced nature of these types of abuse and some items possibly reflecting one-time conflicts occurring in the family (e.g., "Ignored, did not speak, did not answer questions," "Demanded to tell me how and where I spend my money"). Participants completed self-reported questionnaires on paper at their homes if indicated that they feel safe doing so. The study was approved by the Ethics committee at Mykolas Romeris University.

The total sample consisted of 200 Lithuanian women (ages 18–69, $M = 44.79$, $SD = 12.94$) with a history of IPV. Almost two-thirds of participants had higher education (professional, college, or university degree), and 77.5% were employed. At the time of the study, 36.5% of participants were living with a partner, 33% were single, 19.5% had a partner but were not living together, 10.5% engaged in episodic relationships, and .5% did not indicate their relationship status. The IPV-related sample characteristics are presented in Table 1.

TABLE 1 IPV-related characteristics.

	n **(%)**
Forms of IPV in the sample	
Psychological violence	200 (100.0)
Economical violence	168 (84.0)
Physical violence	175 (87.5)
Sexual violence	130 (65.0)
Perpetrator(s)	
Current partner	54 (27.0)
Divorcing partner	34 (17.0)
One ex-partner	100 (50.0)
Multiple ex-partners	15 (7.5)
Time since the last violence incident	
Less than a week	9 (4.5)
More than a week	12 (6.0)
More than a month	27 (13.5)
More than a half year	28 (14.0)
More than a year	15 (7.5)
More than 2 years	30 (15.0)
More than 5 years	37 (18.5)
More than 10 years	22 (11.0)
More than 20 years	20 (10.0)
Received psychological help	
Yes	37 (18.5)
No	152 (76.0)
No response	11 (5.5)

Participants of the study could indicate more than one type of experienced IPV and more than one type of perpetrator(s).

Measures

Posttraumatic growth was measured with the Short Form of Posttraumatic Growth Inventory (PTGI-SF; Cann et al., 2010) which consists of 10 items (e.g., "I changed my priorities about what is important in life"). Participants rated each item on a 6-point Likert-type scale ranging from 0 (I did not experience this change) to 5 (I experienced this change to a very great degree). The Cronbach's alpha of the scale was .95.

Centrality of event was measured with the Centrality of Events Scale (CES; Berntsen and Rubin, 2006) which consists of seven items (e.g., "This event was a turning point in my life"). Participants rated each item on a 5-point Likert-type scale ranging from 1 (Totally disagree) to 5 (Totally agree). The Cronbach's alpha of the scale was .89.

Intrusive and deliberate ruminations were measured with Event Related Rumination Inventory (ERRI; Cann et al., 2011). The measure consists of two subscales (10 items each) corresponding to intrusive (e.g., "I thought about the event when I did not mean to") and deliberate (e.g., "I thought about whether I could find meaning from my experience") rumination. For this study, we used five items for each scale. According to reported factor loadings of the scales (see Cann et al., 2011), all items were similar. Thus, we selected items that best fitted the sample and were not similar to other used measures (as this study was part of a larger study). Participants rated each item on a 4-point Likert-type scale ranging from 0 (Not at all) to 3 (Often). The Cronbach's alphas of the scales were .92 for intrusive, and .86 for deliberate rumination.

Self-blame was measured with the Brief COPE Inventory (BCI; Carver, 1997). This inventory consists of 28 items corresponding to 14 coping strategies (two items each). For this study, we used only self-blame items (e.g., "I've been blaming myself for things that happened"). Participants rated each item on a 4-point Likert-type scale ranging from 1 (I have not been doing this at all) to 4 (I've been doing this a lot).

Single item questions measured additional variables such as age, education, relationship status, relationship status with the perpetrator (s), the time since the last violence incident, and received psychological help.

Statistical procedures

Participants' demographic data were summarized using descriptive statistics. Cronbach's alpha was used to report the reliability of the scales. The relationship between variables was tested using Pearson correlations. r values around .10 are considered small, .30 medium, and .50 or higher large (Cohen, 1988). All significance tests were two-sided with a 5% nominal level of significance. These analyses were conducted using SPSS v. 26 software package.

Path analysis was used to examine the pathways from the centrality of event to PTG. This technique allows a series of

structural regression equations to be analyzed simultaneously while evaluating how well the overall model fits the data. We developed a general model to test the proposed theoretical model described by Tedeschi et al. (2018). The path analysis used centrality of event, deliberate and intrusive rumination as independent variables, self-blame as a mediator between intrusive and deliberate rumination, and PTG as a dependent variable. Also, deliberate and intrusive rumination were used as mediators for the path from the centrality of event to PTG. It is known from our previous studies (e.g., Bakaitytė et al., 2021) that time after the event is related to PTG in IPV survivors, and intrusive rumination is usually expected to decrease with time (Tedeschi et al., 2018). For this reason, we also controlled for time since the last violence incident in PTG and intrusive rumination. We analyzed the model using Mplus statistical software (Version 8.5, Muthén and Muthén, 2017).

According to Hayes and Scharkow (2013), bias-corrected confidence intervals were used to provide more accurate weightings between Type I and Type II errors and a more precise assessment of indirect effects. Consequently, 5,000 bootstrap samples and 95% bias-corrected confidence intervals (CI) were used to determine the significance of indirect effects. An indirect effect is deemed statistically significant if the value of 0 is not included in the bias-corrected CI. The goodness of fit of the path models was assessed by examining the root mean squared error of approximation (RMSEA) and the standardized root mean squared residual (SRMR) (close to or smaller than .08), the comparative fit index (CFI) (close to or larger than .90), and the Tucker–Lewis index (TLI) (close to or larger than .90). These analyses were conducted using Mplus Version 8.2 (Muthén and Muthén, 2017).

As some items had missing values, we conducted a normed $\chi 2$ ($\chi 2$/df ratio) test to determine whether the data were missing at random. According to Bollen (1989), a value less than 2.0 indicates that data is missing at random and that the maximum likelihood techniques are appropriate for use. The normed $\chi 2$ value in this study was 1.49. Using full information maximum likelihood (FIML, Full Information Maximum Likelihood default in Mplus), analyses were conducted using all available data from the total sample ($N = 200$).

Results

Preliminary analysis

Correlation analysis (Table 2) revealed that PTG was positively related to centrality of event and deliberate rumination, and not related to intrusive rumination and self-blame. Centrality of event was positively related to all study variables. Intrusive rumination was positively correlated with deliberate rumination, and both types of rumination were positively correlated with self-blame.

Path analysis

The constructed model fit the data well $\chi 2\ (390) = 736.071$, $p < .001$, CFI = .920, TLI = .911, RMSEA = .067 [.059, .074], and SRMR =.063. All possible paths were added to the analysis, and time since the last violence incident was added as a control variable for intrusive rumination and PTG.

Results indicated that centrality of event was directly related to intrusive rumination, deliberate rumination, and PTG (Figure 1), showing that the more central IPV experience was to women, the more PTG, intrusive and deliberate rumination they experienced. The sequential indirect effect from centrality of event to PTG through intrusive and deliberate rumination was also significant ($B = .032$, 95% CI [.009, .071]), indicating that the relation between centrality of event and PTG is also related to higher levels of intrusive and deliberate rumination. Intrusive rumination was associated with deliberate rumination both directly and indirectly *via* self-blame ($B = .073$, 95% CI [.006, .213]), indicating that higher levels of intrusive rumination were associated with higher deliberate rumination, but this relation also goes through higher levels of self-blame. Deliberate rumination was positively associated with PTG, meaning that deliberate thinking about IPV experience led women to greater PTG. Time since the last violence incident was positively associated with PTG, and negatively with intrusive rumination, showing that the more time has passed from IPV experience, less intrusive rumination and more PTG women experience. The overall model explained almost 31% of PTG variance ($R^2 = .308$, SE = .062, $p < .001$).

TABLE 2 Correlations among study variables, and descriptive statistics.

	1	2	3	4	5
1. Posttraumatic growth	–				
2. Centrality of event	.44**	–			
3. Intrusive rumination	.09	.35**	–		
4. Deliberate rumination	.26**	.41**	.50**	–	
5. Self-blame	.09	.21**	.31**	.37**	–
M	2.88	3.22	1.24	1.19	1.91
SD	1.35	.85	.74	.74	.78

**$p < .01$.

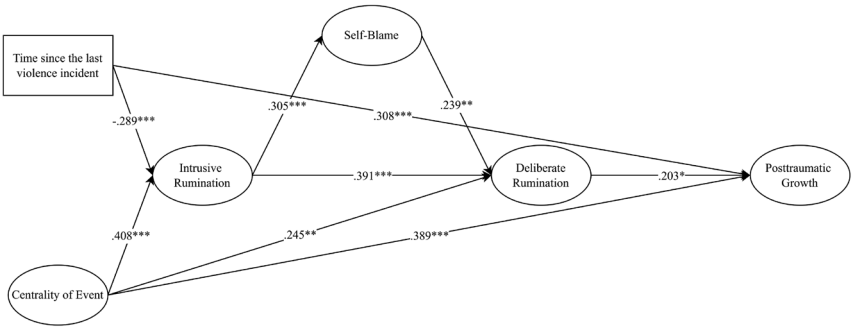

FIGURE 1
Structural equation model predicting post-traumatic growth. Only significant paths are indicated. Statistics are standardized regression coefficients. *$p < 0.05$, **$p < 0.01$, ***$p < 0.001$.

Discussion

The current study aimed to test the theoretical pathway from the centrality of event to PTG including rumination (intrusive and deliberate) and self-blame in women victims and survivors of IPV. The overall results supported the main assumptions of the model of PTG (Tedeschi et al., 2018), indicating the path from centrality of event to PTG directly and indirectly through intrusive and deliberate rumination, and self-blame. However, found indirect effects raised some considerations, which are discussed in detail below.

In the current study, centrality of event was directly related to PTG, and this relation goes in line with studies not only with IPV (Bakaitytė et al., 2022) but also with other traumatic event survivors (Boals et al., 2010; Groleau et al., 2013; Lancaster et al., 2013). These results confirm one of the fundamental assumptions that "growth occurs when trauma assumes a central place in the life story" (Tedeschi and Calhoun, 1995, p. 85). As expected, centrality of event was also positively related to intrusive rumination, indicating that the more central the IPV experience becomes, the more women engaged in this type of rumination. This relation also supports theoretical assumptions indicating that traumatic experiences that are central to a person's identity can initiate cognitive processing of trauma which starts from intrusive rumination (Tedeschi et al., 2018). Interestingly, centrality of event was also directly associated with deliberate rumination. Brooks et al. (2017), although investigated different directions (intrusive to deliberate rumination through centrality of event), also found the same positive association. These results indicate that centrality of event is the crucial factor affecting not only the beginning of the process of PTG but all major factors in it.

The sequential indirect effect was small yet significant, indicating that intrusive and deliberate rumination also work as mediators in the relation between centrality of event and PTG. This shows that the more women perceived their IPV experience as central the more intrusive rumination they experienced. Consequently, higher intrusive rumination was associated with higher deliberate rumination leading to more PTG. Similar results were found by Kramer et al. (2020) who instead of intrusive rumination investigated PTSD. The indirect path from centrality of event to PTG gives support for assumptions that intrusive thinking about IPV experience, although not related to PTG directly, transitions to more deliberate rumination in this way leading to PTG, as described in the model of PTG. However, the small indirect effect indicates the possibility that other factors noted in the model of PTG are involved in these relations, such as social support, disclosure, self-analysis (Tedeschi et al., 2018).

We found that self-blame indirectly affects the relation between intrusive and deliberate rumination, indicating that the transition from intrusive to deliberate rumination partly goes through self-blame. Self-blame is common among IPV survivors (Karakurt et al., 2014; Pereira et al., 2020) and originates in society which attributes the blame to victims rather than perpetrators (Kennedy and Prock, 2018). Ulloa et al. (2016) argue that, in cases of interpersonal violence, self-blame also reflects some control attributed to oneself. In this sense, self-blame works as a coping mechanism letting women sustain beliefs that they have control over what happens to them, which is very important in the context of IPV. In a violent relationship, the perpetrator puts his efforts to control the victim through violent and controlling behaviors, making the victim feel powerless and helpless (Filson et al., 2010). Thus, regaining control is an important task for survivors. Considering this, it can be assumed that self-blame contributes to regaining control and fosters more deliberate rumination eventually leading to PTG. However, as we did not measure

actual perceived control, this assumption should be tested in future studies.

The positive effect of self-blame in the relation between intrusive and deliberate rumination could also indicate illusionary aspects of the PTG process. According to Zoellner and Maercker (2006), the link between PTG and coping efforts oriented toward avoidance rather than acceptance of reality represents an illusory side of PTG. The argument is that PTG has two sides - constructive, self-transcending, and self-deceptive, illusory (Maercker and Zoellner, 2004; Zoellner and Maercker, 2006). The PTG described by Tedeschi and Calhoun reflects the constructive side - struggle with traumatic experiences leads to personal transformation and positive changes. The illusory side reflects efforts to calm down by convincing oneself that something good came out of suffering. Authors emphasize that in the short run illusory efforts could indicate self-enhancing cognitions that help to reduce stress and if accompanied by deliberate thinking could eventually lead to actual growth (Maercker and Zoellner, 2004). However, the results of our study indicate the positive associations between self-blame and intrusive and deliberate rumination but not between self-blame and PTG which makes arguments about illusory PTG less plausible in the current context.

In this study, we asked participants to indicate what they have been doing to cope with the IPV experience, and we cannot distinguish if self-blame was a long-lasting, continuing coping strategy or a strategy that was used for some time and then changed to another. Considering this and the arguments of Zoellner and Mearcker, it is possible that women who blame themselves because of their IPV experience report PTG because they want to believe that, however horrible, this experience had some meaning and they gained something positive out of it, which is indicative of the illusory side of PTG. However, it is also possible that self-blame was part of the journey of coping with the IPV experience that involved many other factors which eventually helped them to achieve real positive changes. Based on the available data, it is not possible to indicate which explanation is true.

In conclusion, the current study confirmed some of the theoretical assumptions of the process of PTG and revealed problematic areas of its investigation. Results indicated that centrality of event is an important factor not only directly associated with PTG but also indirectly *via* intrusive and deliberate rumination. This indirect effect gave support to the argument that cognitive processing of IPV experience starting from intrusive rumination transitions to more deliberate rumination eventually leading to PTG. The investigation of this transition through the coping strategy of self-blame pointed out widely discussed debates about the real and illusory sides of PTG. However, this study shed some light on how coping should be investigated in the future to make more precise conclusions. Overall, the results of this study highlight the importance of a further and more in-depth examination of the process of PTG.

Limitations and future directions

This study has some strengths and limitations. First, this is a cross-sectional study, and no causal assumptions could be made. Also, although Lithuania is currently increasingly WEIRD (western, educated, industrialized, rich, and democratic), the results of this study to some extent might be specific to the Northern European context. Moreover, we did not asked participants about their ethnicity as 5/6 of Lithuania's population account for ethnic Lithuanians (Statistics Lithuania, 2020) and there is no accepted practice to ask participants about their ethnicity if research questions are not related to that. However, future studies should consider including an ethnic background as a possibly important factor associated with PTG in victims and survivors of IPV. Another limitation is that the current study asked participants to indicate what they have been doing to cope with IPV experience, and the responses do not represent their current coping strategies. It is possible that women blamed themselves to cope at first, but later they used different strategies, or some other factors influenced their self-blame, so results involving self-blame should be viewed with caution. Future studies investigating PTG of victims and survivors of IPV should include more IPV-related factors in the analysis. Such factors include current relationship status with the perpetrator, stalking, or continuing psychological abuse after leaving the abuser (especially when having children together) might be the factors that affect not only recovery processes but also the process of PTG. Moreover, the general practice in PTG research to use coping categories that include different strategies might not be as informative and even misleading (Bonanno and Burton, 2013), for this reason, the investigation of separate coping strategies in the process of PTG might be more useful. Considering the dynamic nature of coping strategies, it is important to investigate these strategies longitudinally to see how they change and how this affects PTG. This could give more answers about illusory and real positive changes. Also, studies have shown that other factors, such as personality traits (Shakespeare-Finch et al., 2005), emotion regulation skills (Larsen and Berenbaum, 2015), or perceived control (Frazier et al., 2004) are related to PTG experience and coping strategies, especially self-blame. Thus, inclusion of these factors in future studies may provide more insight into what interventions might be appropriate for different women who have experienced IPV. Finally, the assumptions about illusionary PTG indicate that cognitive processing in the PTG process is complex, involving many different environmental and intrapersonal factors that need further investigation including more in-depth qualitative and longitudinal studies.

The strengths of the current study involve a relatively big sample of victims and survivors of IPV that is difficult to recruit. Also, this is one of the few studies investigating the cognitive processing part of the model of PTG as a whole, and to our

knowledge, this is the first study investigating the path to PTG in IPV survivors. The results of this study highlight the importance to consider factors specific to the traumatic context while investigating PTG and draw attention to the complexity of the process of PTG that need further investigation.

Final remarks

The current study involves self-blame as a coping mechanism of women survivors of IPV and the results including this strategy can give the false impression that self-blame leading to positive changes after experiencing IPV is a positive thing. As indicated in the discussion, self-blame as a coping strategy in a way protects victims' belief system for a short time but in no way it is a positive or desirable path to PTG. The origins of self-blame lie in society's tendency to stigmatize and blame the victim rather than the abuser and current results represent this sad reality that IPV survivors not only have to undergo the consequences of IPV but also must endure feelings of self-blame which society is the culprit. Therefore, with the results of our study, we are in no way attributing self-blame as a positive factor. On the contrary, we are informing that it is there, affecting these women, and there are a lot of questions that need to be answered.

Data availability statement

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

Ethics statement

The studies involving human participants were reviewed and approved by the Committee of Psychological Research Ethics, Institute of Psychology, Mykolas Romeris University. The participants provided their written informed consent to participate in this study.

Author contributions

AB and RŽ prepared materials for data collection. AB conceptualized the study and wrote the first draft of the manuscript. AB and AP-M designed the study and conducted the statistical analysis. All authors reviewed the manuscript, made revisions, and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Study V:

Longitudinal investigation of posttraumatic growth in female survivors of intimate partner violence: The role of event centrality and identity exploration

Bakaitytė, A., Kaniušonytė, G., Truskauskaitė-Kunevičienė, I., & Žukauskienė, R. (2022). Longitudinal investigation of posttraumatic growth in female survivors of intimate partner violence: The role of event centrality and identity exploration. Journal of interpersonal violence, 37(1-2), NP1058-NP1076.

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Longitudinal Investigation of Posttraumatic Growth in Female Survivors of Intimate Partner Violence: The Role of Event Centrality and Identity Exploration

Aistė Bakaitytė,[1] Goda Kaniušonytė,[1] Inga Truskauskaitė-Kunevičienė,[1] and Rita Žukauskienė[1]

Abstract

The purpose of this study was to investigate the change in posttraumatic growth (PTG) of women survivors of intimate partner violence (IPV) in Lithuania, in relation to the centrality of traumatic experience, identity exploration, and time after exposure to violence. The longitudinal study sample consisted of 217 women who experienced IPV, recruited from women shelters, social support centers, and through counseling psychologists. In this sample the assessment instruments were administered three times during an 18-month period (at 6-month intervals). The results of the study revealed that PTG significantly increased over time for the women who experienced IPV more recently. Those women who experienced IPV more anciently reported higher PTG levels at the beginning of the study, but significant

[1]Mykolas Romeris University, Vilnius, Lithuania

Corresponding Author:
Aistė Bakaitytė, Institute of Psychology, Mykolas Romeris University, Ateities str. 20, Vilnius LT-08303, Lithuania.
Email: aibakaityt@stud.mruni.eu

changes in PTG did not emerge. In addition, higher levels of PTG at the beginning of the study were positively associated with event centrality and identity exploration, meaning that those women who perceived their IPV experience as central to their identity and who explored possible identity choices were more likely to have higher levels of PTG at the beginning of the study. However, neither the centrality of the event nor the identity exploration was important for the change in PTG over the study period. Findings of this study highlighted the importance of the first 2-year period after the violence when the potential for PTG and its increase occurs. Limitations of the study and implications for future research are discussed.

Keywords
domestic violence, battered women, violence exposure

Intimate partner violence (IPV) is a serious and complex issue that is directly affecting one of three women worldwide (World Health Organization [WHO], 2017) and can also have indirect effects on the wider community. IPV is conceptualized as acts that cause physical, sexual, or psychological harm and is committed by an intimate partner or ex-partner (WHO, 2017). Violence against women results in a broad range of mental health issues such as depression (Chuang et al., 2012), anxiety (Pico-Alfonso et al., 2006), PTSD symptoms (O'Campo et al., 2006), and low self-esteem (García-Moreno et al., 2013; Krug et al., 2002). Even though most of the studies investigating consequences of IPV has been focused on the negative consequences, in recent years there is an increased interest in positive resolutions associated with traumatic experiences, such as posttraumatic growth (PTG) (Ulloa et al., 2015; Valdez & Lilly, 2015). While the association of IPV and PTG has been observed repeatedly in cross-sectional studies (Cobb et al., 2006; Valdez, & Lilly, 2015), it has not been well studied how the time after the different forms of IPV affects the development of PTG. Furthermore, only a limited number of cross-sectional studies addressed the exploration of identity and event centrality after the IPV. Therefore, our study focuses on the exploration of the longitudinal change in PTG among women survivors of IPV in Lithuania in relation to the centrality of traumatic experience, identity exploration, and time after violence.

Lithuania is a former Soviet Union country, located in the Baltic region. In nearly three decades of political independence, the country has succeeded in many important changes, such as establishment of democracy and the values of the Western countries. Lithuanian industry growth rates are in line with the larger European countries (Müller et al., 2009), and considering its booming

economic growth Lithuania becomes increasingly WEIRD (Western, educated, industrialized, rich, and democratic) as most other Western countries. However, representative study in Lithuania indicated relatively high IPV prevalence rates where 51.2% of women had been victims of IPV at least once in their lifetime, and of those women, 57.1% had experienced IPV in the past year (Žukauskienė et al., 2019a). These rates are similar or higher than most other Western countries; therefore, we expect that the findings from this study could be generalized into similar social and economic contexts.

Posttraumatic Growth in Survivors of Intimate Partner Violence

PTG is conceptualized as positive psychological changes in the aftermath of struggle with traumatic experiences (Tedeschi & Calhoun, 1996). There are three broad categories in which PTG can occur: perceived changes in self, changed sense of relationships with others, and changed philosophy of life (Tedeschi & Calhoun, 1996). PTG is studied in the context of various traumatic experiences such as natural disasters (Jia et al., 2017), terror attacks (Blix et al., 2015), terminal illnesses (Hefferon et al., 2009), participation in military combat (Maguen et al., 2011). However, IPV dynamics differs from other not interpersonal traumatic experiences. Violence in intimate relationships tends to last for a long time, with cyclic dynamic where victims are entangled in complex social relationships involving love, marriage, financial dependence, and children, which complicates the process of leaving an abusive partner (Herman, 1997; Smith, 2003; Ulloa et al., 2015). Therefore, in recent years researchers are giving more attention to PTG following intimate partner violence (Ulloa et al., 2015; Valdez & Lilly, 2015; Žukauskienė et al., 2019b).

Although some studies indicate some PTG in women still being in a violent relationship (Smith, 2003; Young, 2007), other researchers emphasize that the most significant growth occurs after the termination of IPV (Cobb et al., 2006). Furthermore, the time after violent experiences is important for PTG, where more time since the end of violence is associated with greater PTG (Doane, 2011). Although there are some valuable studies of PTG in the context of IPV, this field is in its infancy and mechanisms of women's recovery from this type of trauma are still unclear (D'Amore et al., 2018; Doane, 2010).

Exploration of Identity as the Aftermath of Trauma

Identity status approach defines commitment making as the degree to which important identity choices are made (Luyckx et al., 2008). Identity formation process goes through exploration of new possibilities of self and commitment

to new identity (Meeus et al., 2002). After the traumatic experience of IPV, women's identities may be shattered and the possibility for reevaluation of existing identity commitments and search for new ones can occur. In recent theory, two dimensions of exploration of identity are considered: exploration in depth and exploration in breadth (Luyckx et al., 2006). Exploration in depth represents the extent to which existing commitments are reevaluated and validated (Meeus et al., 2002), whereas exploration in breadth is the degree to which different alternatives are sought (Luyckx et al., 2008). Exploration of identity, as well as PTG, could happen when core beliefs about oneself are challenged, which makes these processes partly overlapping (Jenks, 2014). However, according to Tedeschi and colleagues (2018), process of PTG is more dynamic and transformational than identity formation, thus those two processes—identity exploration and PTG—may be similar but not the same.

To understand the process of recovery of IPV victims, it is important to discuss what is actually happening with their identity. Qualitative studies have shown that experience of IPV strongly affects women's sense of self by disassembling their identities (D'Amore et al., 2018; Matheson et al., 2015). Constant psychological abuse, mockery, and denial of women's value as a person soaks victim's everyday life with erosion of the self (Matheson et al., 2015). These experiences eventually may lead to fragile identity, which stays fragile even when a violent relationship ends (Crawford et al., 2009). When women survivors of the IPV engage in an analysis of losses associated with the traumatic experiences, they could develop adequate coping skills and establish a sense of personal control and self-efficacy (Easton, 2013). However, exploration of identity differs between women, where some try to rebuild their previous sense of self, and others build whole new understanding about themselves (D'Amore et al., 2018) that could lead to PTG.

The Role of Event Centrality in Posttraumatic Growth

Event centrality refers to the extent to which an event is significant to a person's life story, leading to validation and exploration of current beliefs, feelings, and behaviors (Berntsen & Rubin, 2006). There is evidence in the literature that the centrality of traumatic events can be a "double-edged sword," leading to both adverse outcomes and growth (Boals & Schuettler, 2011; Wamser-Nanney et al., 2018). On one hand, several studies have demonstrated that event centrality could be related to negative outcomes, such as higher symptom levels of posttraumatic stress after traumatic experiences (Blix et al., 2014, 2015) and depression (Boals & Schuettler, 2011). On the

other hand, some studies indicate that event centrality is also positively related to PTG (Boals & Schuettler, 2011; Groleau et al., 2013). These results suggest that positive and negative outcomes can be independent from each other, and even when a traumatic event leads to PTG it does not mean that negative symptoms will decrease (Boals & Schuettler, 2011). This also means the opposite, that even when traumatic experience causes negative outcomes, positive changes, that helps survivors to recover, are still possible, thus factors related to these changes needs to be explored.

However, there is no clear understanding and empirical evidence of how event centrality and PTG are related. One explanation argues that it is very important how traumatic event is experienced and if this traumatic event becomes central to a person's identity and challenges core beliefs (Tedeschi et al., 2018). If core beliefs are not challenged, then there is no potential for PTG to occur (Tedeschi et al., 2018). This means that event centrality is one of the important factors for the process of PTG. Another explanation related to the type of trauma is offered by Janoff-Bulman (1989), who proposed that events intentionally caused by other persons (such as in the case of IPV) are more harmful for assumptive core beliefs than accidental events or natural disasters. This assumption was supported by Lilly et al. (2011), as they found that interpersonal trauma was related to world assumptions and depression, whereas noninterpersonal trauma was not. Wamser-Nanney and colleagues' (2018) also found that the relationship between event centrality and trauma outcomes were stronger for the experience of sexual trauma, than for the trauma of loss. These results indicate that the type of traumatic event plays an important role in the whole process of trauma recovery. However, although there is some fragmented evidence of the relationships between the event centrality, identity, and PTG, the complex interrelations between those processes over time need further investigation.

Current Study

Prior studies have suggested that trauma caused by intimate partner violence could lead to PTG. However, there are no studies, except for Valdez and Lilly (2015), investigating the change of PTG over time in the context of IPV (Elderton et al., 2017). Furthermore, only a few available studies demonstrated that centrality of event and identity exploration are related to PTG (e.g., Žukauskienė et al., 2019b). Thus, the role of these factors in the development of PTG needs further investigation. The current study sought to investigate (a) a longitudinal change of PTG in a sample of women survivors of IPV; (b) the relationship between PTG and identity exploration, event centrality, and time after violence. First, it was hypothesized that the time after

exposure to violence will be important for PTG, where more time since the last episode of IPV would be associated with greater PTG. Second, we hypothesized that event centrality and identity exploration would be positively related to PTG.

Method

Participants and Procedures

The participants of the current longitudinal study were 221 women from 12 regions in Lithuania recruited from women shelters, social support centers, and through counseling psychologists. They were asked to participate in the study on identity and PTG in survivors of intimate partner violence (INTEGRO). Questionnaires were administered both on paper and online. In most cases, the responsible psychologist was present while the respondents filled in the questionnaires for the first time. Second and third assessments were administered online, and when preferred by the participants, paper questionnaires were sent via ground post. The study researchers administered the second and third assessments. All assessments took place between 2018 and 2019, half a year apart each. The study included women of all ages, socioeconomic status, and relationship status.

The participation rate in the second assessments were 37.1% ($n = 82$) and 24.9% ($n = 55$), respectively. There were no differences on any study or demographic variables between women with and without complete data at all time points, with three exceptions: women with missing data in the third wave reported lower levels of exploration in breath ($d = .37$), were more likely to be unemployed ($V = .19$), and had attained lower education ($V = .25$) than those who did not. To determine whether the data were missing at random, we conducted a normed χ^2 (χ^2/df ratio) test. There is no firm consensus on recommended values required, but there is agreement that a value less than 2.0 indicates that data were missing at random, and that maximum likelihood techniques were appropriate for use (Bollen, 1989). The normed χ^2 value was 1.20. Thus, analyses were conducted using all the available data from the total sample, using full information maximum likelihood estimator (available in Mplus).

During the first assessment, the mean age of the participants was 38.92 ($SD = 10.29$). Less than half (44.6%) of the women were currently living with the partner, 31.9% were single, 20.7% had a partner but were not living together, and 2.8% were involved in episodic relationships with one or several partners. Most of those having a partner (93.8%) reported that the gender of their partner is male, 2.1% indicated that their partner is female, and 4.1% refused to report the gender of their partner. Most of the women having a partner (83.4%) were involved in long-term relationships (over 2 years).

Measures

PTG was measured with the nine items of The Short Form of Posttraumatic Growth Inventory (PTGI-SF; Cann et al., 2010; Tedeschi & Calhoun, 1996). Participants rated the items (e.g., "I discovered that I'm stronger than I thought I was") on a 6-point Likert-type scale ranging from 0 (*I did not experience this change*) to 5 (*I experienced this change to a very great degree*). Confirmatory factor analysis (CFA) indicated a good structural validity of the scale, $\chi^2(24) = 35.13$, comparative fit index (CFI) = .986, root mean square error of approximation [RMSEA] = .047 [.000, .078]. Strong longitudinal invariance, necessary for growth models (Geldhof & Stawski, 2015), was reached (ΔCFI = .002, ΔRMSEA = .002). The model fit was evaluated by using the CFI, the Tucker–Lewis index (TLI), and the RMSEA, following the goodness of fit recommendation provided by Little (2013); namely, CFI/TLI values higher than .90 indicated an acceptable fit and values higher than .95 represented a very good fit; RMSEA values below .08 indicated an acceptable fit and values less than .05 suggested a good fit. We followed Chen's (2007) recommendations that $\Delta CFI \geq -.010$ supplemented by $\Delta RMSEA \geq .015$ would indicate noninvariance. Instead of mean scores, as indicators of the construct of PTG, factor scores from the strong longitudinal invariance model were used for all subsequent analyses.

Identity exploration processes were measured with two subscales of the abbreviated version of The Dimensions of Identity Development Scale (DIDS; Luyckx et al., 2008), namely, exploration in breadth (four items, e.g., "I am considering a number of different lifestyles that might suit me") and exploration in depth (two items, e.g., "I think about the future plans I already made"). Respondents rated the items on a 5-point Likert-type scale ranging from 1 (*completely disagree*) to 5 (*completely agree*). CFA indicated an acceptable structural validity of the scale, $\chi^2(6) = 9.36$, CFI = .984, RMSEA = .050 [.000, .109]. For the final analysis, the factor scores of the subscales were used as observed variables indicating identity processes.

Centrality of events was measured using The Centrality of Events Scale (CES7) (Berntsen & Rubin, 2006). In total, seven items (e.g., "I feel that this event has become a central part of my life story") were rated on a 5-point Likert-type scale ranging from 1 (*totally disagree*) to 5 (*totally agree*). CFA indicated an acceptable structural validity of the scale, $\chi^2(13) = 12.87$, CFI = 1.000, RMSEA = .000 [.000, .067]. For the final analysis, the factor scores of the subscales were used as observed variables.

Time after last violence incident was rated on a 9-point scale, ranging from 1 (*less than a week*) to 9 (*more than 20 years*). Women were asked when was the last time they experienced at least one act of intimate partner violence from the 16-item checklist (Psychological violence, Physical violence, Economic

violence, Sexual violence; Žukauskienė at al., 2019a). For the multigroup analysis, the item was recorded to reflect women who experienced IPV recently (within past 2 years) and anciently (more than 2 years ago).

Results

Preliminary Analysis

Descriptive statistics and bivariate correlations between the study variables are reported in Table 1. As can be seen, in the total sample, PTG was positively correlated with all study variables at all time points, except with exploration in depth. Identity processes were intercorrelated in accordance with theoretical expectations (Luyckx et al., 2008). In the sample of women who experienced IPV recently (within past 2 years), only centrality of events was not related to both identity processes. In the sample of women who experienced IPV anciently (more than 2 years ago), the associations are mainly the same as in the total sample, except exploration in breath is not related to PTG. In addition, variances between ancient and recent groups were not different.

Univariate Longitudinal Change of Posttraumatic Growth

To examine the change of PTG in the sample of IPV victims, we estimated linear latent growth model. Linear growth model fit the data good, 1.16(2) p =.56, RMSEA = .000 [.000, .116], CFI = 1.000, TLI = 1.014, standardized root mean residual (SRMR) = .010. The unstandardized parameters estimated are presented in Table 2. Graphical representation of change is depicted in Figure 1. The intercept and slope of the unconditional linear model were 3.02 and 0.14, respectively, and differed significantly from zero (p<.001), reflecting that the average level of PTG was medium and gradually increased on each occasion. The significant variance of intercept reflects the existence of interindividual differences in the initial levels of PTG (Wickrama et al., 2016). The nonsignificant covariance between the intercept and slope reflects that rate of change is not related to the level of PTG at the onset.

Conditional Latent Growth Curve Analysis

To test the effect of covariates on latent growth factors, we included the covariates of Centrality of Events, Exploration in Breadth, and Exploration in Depth in the unconditional linear growth model (see Table 2). This conditional model fit the observed data well: 2.87 (5) p = .72, RMSEA = .000

Table 1. Means, Standard Deviations, Univariate Skewness, and Kurtosis and Correlations for All Observed Variables Across Samples of Recent and Ancient IPV Victims.

Variables	1	2	3	4	5	6
Total ($N = 221$)						
1. Posttraumatic Growth T1	–					
2. Posttraumatic Growth T2	.68***	–				
3. Posttraumatic Growth T3	.73***	.85***	–			
4. Centrality of Events T1	.34***	.34***	.37***	–		
5. Exploration in Breadth T1	.25***	.21**	.25***	.21**	–	
6. Exploration in Depth T1	.12	.13	.12	.06	.37***	–
M	3.05	3.13	3.30	3.16	3.78	3.61
SD	1.17	0.97	0.81	0.91	0.66	0.72
Skeweness	−0.68	−0.77	−0.64	−0.66	−0.62	−0.52
Kurtosis	−0.59	0.30	0.17	−0.14	0.51	0.28
Recent IPV ($n = 107$)						
1. Posttraumatic Growth T1	–					
2. Posttraumatic Growth T2[a]	.65***	–				
3. Posttraumatic Growth T3[a]	.75***	.85***	–			
4. Centrality of Events T1	.25**	.32**	.36***	–		
5. Exploration in Breadth T1	.32**	.34***	.40***	.11	–	
6. Exploration in Depth T1	.25**	.25**	.23*	−.02	.38***	–
M	2.85	3.00	3.23	3.27	3.81	3.70
SD	1.20	1.02	0.85	0.80	0.67	0.72
Skeweness	−0.44	−0.58	−0.55	−0.58	−0.59	−0.56
Kurtosis	−0.90	−0.11	0.23	−0.05	0.51	0.60
Ancient IPV ($n = 102$)						
1. Posttraumatic Growth T1	–					
2. Posttraumatic Growth T2 [b]	.70***	–				
3. Posttraumatic Growth T3 [b]	.70***	.84***	–			
4. Centrality of Events T1	.38***	.35**	.37***	–		
5. Exploration in Breadth T1	.16	.06	.05	.28**	–	
6. Exploration in Depth T1	−.01	.03	−.01	.13	.37***	–
M	3.34	3.31	3.41	3.13	3.73	3.53
SD	1.07	0.89	0.76	0.91	0.65	0.73
Skeweness	−1.01	−1.00	−0.79	−0.64	−0.78	−0.53
Kurtosis	0.47	1.38	0.37	−0.04	0.71	0.01

Note. IPV = Intimate partner violence.
[a] $n = 82$.
[b] $n = 55$.
*$p < .05$. **$p < .01$. ***$p < .001$.

[.000, .071], CFI = 1.000, TLI = 1.024, SRMR = .012. Centrality of Events and Exploration in Breadth were positively related to the intercept of PTG. Meaning that women with higher Centrality of Events and Exploration in

Table 2. Parameter Estimates, Standard Errors, Fit Indices for Unconditional and Conditional Linear Growth Models.

	Unconditional Model		Conditional Model	
Parameter	Estimate	*SE*	Estimate	*SE*
Factor means				
Intercept	3.02***	.08	3.04***	.08
Slope	.14***	.02	.14***	.02
Factor variances				
Intercept	.86***	.12	.84***	.12
Slope	.04	.03	.03	.03
Factor covariances	−.09	.05	−.06	.05
Covariates				
Centrality of Events → intercept			.36***	.08
Exploration in Breadth → intercept			.25*	.12
Exploration in Depth → intercept			.10	.11
Centrality of Events → slope			−.04	.03
Exploration in Breadth → slope			−.02	.05
Exploration in Depth → slope			−.03	.04
Fit indices				
χ^2	1.16		2.87	
df	2		5	
CFI	1		1	
RMSEA [90% CI]	.000 [.000, .116]		.000 [.000, .071]	

Note. χ^2 = chi-square; *df* = degrees of freedom; CFI = comparative fit index; RMSEA = root mean square error of approximation; CI = confidence interval.
*$p < .05$. **$p < .01$. ***$p < .001$.

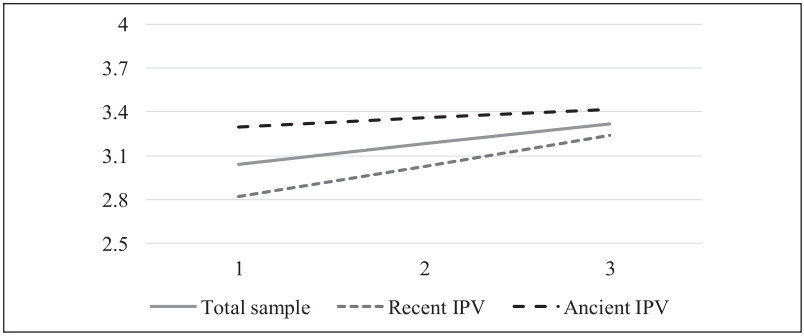

Figure 1. Posttraumatic growth change slopes over three measurement points in total, recent IPV and ancient IPV samples.
Note. Estimates from conditional models were used. IPV = intimate partner violence.

Breadth also scored higher on the PTG in the onset. Exploration in Depth was not related to the initial levels of PTG. Neither of covariates were related to the change rate of PTG. Post hoc power analysis with Monte Carlo simulation revealed that most of the significant paths have sufficient power (0.8–1), except for Exploration in Breadth (0.599) and Exploration in Depth (0.657) meaning that these results should be interpreted with caution and confirmed with larger sample.

Group Differences of Posttraumatic Growth Change for Recent and Ancient Intimate Partner Violence Victims

To examine group differences between women who suffered IPV recently (less than 2 years ago) and anciently (more than 2 years ago), we used a multiple-group analysis to assess whether group differences existed in latent growth factors and whether the effects of covariates on these factors were different between groups. Graphical representation of change is depicted in Figure 1. As in the previous step, we tested both unconditional and conditional models. The results (see Table 3) revealed differences both in the intercepts and slopes of PTG. That is, women who suffered IPV recently had lower levels of initial PTG but had significant increase in PTG. Women who suffered IPV more than 2 years ago had higher initial PTG levels, but not significant change in PTG. When covariates were added, results revealed that for women who suffered IPV recently, Centrality of Events, Exploration in Breadth, and Exploration in Depth had significant positive effect on their initial levels of PTG. For the women who experience IPV more than 2 years ago, only Centrality of Events had a positive effect on their initial level of PTG. Neither of covariates predicted the change rate of PTG nor in *recent* group, neither in *ancient* group. To test the additional hypothesis the time after last IPV were added to the model. Results reveal that the time after violence significantly positively predicted the initial levels of PTG in the *recent* group but not in the *ancient* group.

Discussion

The aim of the current study was to investigate the change in PTG of women victims of intimate partner violence in Lithuania, in relation to the centrality of traumatic experience, identity exploration, and time after exposure to violence. Overall, the results of the current study revealed that PTG tended to increase over time, particularly for the women who experienced IPV more recently. In addition, the more traumatic experience was central to the women's life story as well as the more women explored possible identity choices,

Table 3. Parameter Estimates, Standard Errors, and Fit Indices for Unconditional and Conditional Separate Groups Analyses.

	Unconditional Model				Conditional Model			
	Recent IPV		Ancient IPV		Recent IPV		Ancient IPV	
Parameter	Estimate	*SE*	Estimate	*SE*	Estimate	*SE*	Estimate	*SE*
Factor means								
Intercept	2.82***	.11	3.30***	.11	2.82***	.11	3.30***	.11
Slope	.21***	.03	.06	.04	.21***	.03	.06	.04
Factor variances								
Intercept	.82***	.15	.76***	.19	.77***	.14	.76***	.20
Slope	.01	.03	.05	.05	.01	.01	.06	.05
Factor covariances	−.03	.05	−.10	.08	−.02	.03	−.10	.08
Covariates								
Centrality of Events → intercept					.37**	.12	.43***	.13
Exploration in Breadth → intercept					.38*	.16	.08	.14
Exploration in Depth → intercept					.30*	.14	−.04	.15
Time After IPV → intercept					.20**	.07	−.02	.10
Centrality of Events → slope					−.01	.05	−.05	.04
Exploration in Breadth → slope					.02	.04	−.07	.09
Exploration in Depth → slope					−.08	.05	.01	.05
Time After IPV → slope					−.03	.03	−.03	.04
Fit indices								
χ^2			1.50				3.55	
df			6				12	
CFI			1				1	
RMSEA (90% CI)			0 [.000, .000]				0 [.000, .000]	

Note. IPV = intimate partner violence; χ^2 = chi-square; *df* = degrees of freedom; CFI = comparative fit index; RMSEA = root mean square error of approximation; CI = confidence interval.
*$p < .05$. **$p < .01$. ***$p < .001$.

the more PTG they reported at the beginning of the study. However, neither the centrality of the event nor the identity exploration was important for the change in PTG over the study period.

Posttraumatic Growth and Time After Violence

By investigating the longitudinal change of PTG in women victims of IPV, we confirmed the previous findings of the time effects on PTG. Similarly to

Doane (2010) we found that, indeed, with more time after the traumatic interpersonal relationship experience, women tended to discover more positive changes in self, relationships with others, and life overall, as a result of their traumatic experience. These findings again draw attention to the idea that human beings, even after highly stressful events, naturally try to find positive personal meaning to gain new resilience and vitality (Wong & McDonald, 2002). Nevertheless, our results highlight the timing of the positive process of PTG. We found that, apparently, positive changes tend to occur during the first 2 years after the traumatic interpersonal events and after that, PTG tends to stabilize in a relatively higher level. These results suggest that deep inner processes of the reevaluation of life values and ability to optimistically see self and others occur rather gradually. In addition, Anderson and colleagues (2012) showed that women themselves pointed out this 2-year period as very important for getting and accepting support. From a practical perspective, these 2 years may be exactly the time when the positive support from family and mental health specialists could be needed at most and, hypothetically, it could be most beneficial. However, this idea should be tested in future research.

Posttraumatic Growth and Event Centrality

Our study also addressed the relationships between the centrality of the traumatic experience and PTG. It may seem obvious that particular events trigger processual inner changes only if that experience is deeply important to the person. In line with the theoretical assumptions by Tedeschi and colleagues (2018), we found that women who reported higher levels of event centrality at the beginning of the study also had higher levels of PTG. However, our findings also suggest that the level of the centrality of traumatic experience is irrelevant to the change in PTG during the next 2-year period. Similar results were found in Blix and colleagues' (2015) study of survivors of Oslo bombing in 2011, where event centrality and PTG were related at 1 and 2 years after bombing, but no time-lagged effect was found. Authors argue that event centrality and PTG may be parallel processes triggered by the same event (Blix et al., 2015). There is a possibility that those women who recognize the IPV as core to their life story tend to develop PTG more immediately and therefore, we may have captured the higher levels of PTG already after the increase. But interestingly, even if women do not consciously recognize IPV as a life-changing important experience, the PTG can still be there. Presumably, the traumatic experience of IPV can shatter deeply and trigger subsequent positive changes even if put to the "unimportant" shelf. These findings may suggest that even if women themselves do not identify the IPV as something that changed their lives, they may be going through deep inner change that may need some attention and support.

Posttraumatic Growth and Identity Exploration

In our study, we have investigated the role of identity exploration, namely, deeply exploring current identity choices as well as considering different possible life scenarios. We expected that identity fragility or erosion of self after being engaged in abusive relationships (Crawford et al., 2009; Matheson et al., 2015) may trigger questioning current identity choices as well as search for new directions in life and this, in turn, may affect the processes of PTG. We found that, apparently, processes of identity exploration are important for PTG only relatively short period after experiencing IPV. We discovered that both exploration in depth and exploration in breadth were interrelated to the level of PTG at the beginning of the study, but only in the group of women who suffered IPV recently. According to Merrill et al. (2016), traumatic experiences may challenge persons' sense of agency, which in turn promotes self-reflection motivated to reconcile traumatic experience with identity to retain positive well-being. It can be assumed that these self-reflections are triggered shortly after traumatic experiences and promote identity exploration for some time, but later when the process of PTG takes off, identity exploration becomes less important. It is possible that women who were actively engaged in thinking about current future plans or considering other possible directions for life were more ready to engage in a process of PTG and, therefore, developed PTG more quickly. However, neither of the types of identity exploration were related to the change in PTG during the period of the study, meaning that PTG may be present independently on whether women explore different identity choices or current commitments, or not.

Limitations and Future Directions

Our study should be seen in the light of both strengths and limitations. Although this study had a relatively big initial sample of IPV survivors, the attrition rate in the second and third assessments was high. Another limitation is that the study sample consists of women who already got some social and/or psychological support from women shelters, social support centers, or counseling psychologists, which means that these results represent only women who somehow managed to seek for help or were targeted with it by others. Including women who have not received any professional help could reveal more details about PTG mechanisms and its relations to identity exploration and event centrality. Also, for future research, we recommend to investigate the development of PTG in more detail, especially during the first years after the violence, which is crucial for recovery and PTG. Despite the mentioned limitations, this study includes diverse sample of women survivors of

IPV with different relationship status, socioeconomic status, and age that gives a broader understanding of these women's experiences, and provides generalizability of our findings to a broad range of IPV survivors. Also, this is the first longitudinal design study investigating PTG in female survivors of IPV that considers the role of identity exploration and event centrality and therefore substantially contributes to the further understanding of processes that women undergo after exposure to interpersonal violence.

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ORCID iDs

Aistė Bakaitytė https://orcid.org/0000-0001-7937-933X
Rita Žukauskienė https://orcid.org/0000-0002-0884-7578

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Author Biographies

Aistė Bakaitytė is doctoral student in psychology at the Institute of Psychology, Mykolas Romeris University, Lithuania, with research interests in intimate partner violence (IPV), identity processes, and posttraumatic growth of women survivors of IPV.

Goda Kaniušonytė, PhD, is a research fellow and lecturer at the Institute of Psychology, Mykolas Romeris University, Lithuania. Her research interests include identity processes in emerging adulthood and in the context of IPV.

Inga Truskauskaitė-Kunevičienė, PhD, when conducting the current study, was a research fellow at the Institute of Psychology, Mykolas Romeris University, Lithuania. Now she is a researcher at the Center for Psychotraumatology, Vilnius University, Lithuania. Her research interests include identity formation and evaluation as well as positive and negative development over the life course.

Rita Žukauskienė is a full professor at Mykolas Romeris University. She is a principal investigator or coinvestigator in the areas of psychopathology, intimate partner violence, and identity processes.

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MYKOLO ROMERIO UNIVERSITETAS

Aistė Bakaitytė

ATKURIANT SAVE: INTYMAUS PARTNERIO SMURTĄ PATYRUSIŲ MOTERŲ POTRAUMINIS AUGIMAS

Daktaro disertacijos santrauka
Socialiniai mokslai, psichologija (S 006)

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TURINYS

1. ĮVADAS

Trauminiai išgyvenimai gali paveikti ar net sugriauti pagrindinius įsitikinimus apie pasaulį, sukelti didelių psichologinių kančių (Tedeschi ir Calhoun, 2004). Tarpasmeninės traumos, tokios kaip intymaus partnerio smurtas (IPS), gali būti dar žalingesnės, nes, susidūrus su reikšmingo asmens sąmoningu kenkimu, paveikiamas ir pasitikėjimas žmonėmis (Wamser-Nanney ir kt., 2018). Vis dėlto net ir po tokių išgyvenimų kai kuriems žmonėms pavyksta atkurti save ir patirti potrauminį augimą (Tedeschi ir Calhoun, 1995). Pastaraisiais dešimtmečiais vis didesnis dėmesys skiriamas potrauminio augimo tyrinėjimams, tačiau tyrimų apie IPS patyrusių moterų teigiamus pokyčius tebetrūksta (Elderton ir kt., 2017). Žinios apie tai, kas prisideda prie šių pokyčių, gali suteikti daugiau pagalbos priemonių specialistams, dirbantiems su IPS patyrusiomis moterimis. Svarbu pabrėžti, kad patirti teigiami pokyčiai negali sumažinti ar atlyginti žalos, padarytos moterims, išgyvenusioms IPS, tačiau jie gali padėti įveikti traumą ir taip sustabdyti jos neigiamą poveikį tolesniam gyvenimui ir gerovei.

1.1. Intymaus partnerio smurtas: apibrėžimai, dinamika ir poveikis moterų gerovei

Intymaus partnerio smurtas (IPS) apibrėžiamas kaip esamo ar buvusio partnerio veiksmai ar elgesys, sukeliantis psichologinę, fizinę ir (arba) seksualinę žalą (PSO, 2012). Kaip rodo apibrėžimas, IPS gali pasireikšti keliomis formomis. Psichologinis smurtas apima partnerio žeminimą, pravardžiavimą, grasinimus ir (arba) kitus veiksmus, sukeliančius psichologinę žalą (PSO, 2012). Fizinis smurtas reiškiasi bet kokiais veiksmais, sukeliančiais fizinį skausmą ir (arba) sužalojimą (PSO, 2012). Seksualinis smurtas apima tiek fizinę prievartą, tiek kitus veiksmus, kuriais siekiama priversti partnerį užsiimti seksualiniais santykiais (PSO, 2012). Išskiriamas ir ekonominis smurtas, kuris pasireiškia elgesiu, kai ribojama partnerio veikla, galinti užtikrinti finansinę nepriklausomybę (pvz., uždraudžiama dirbti ir (arba) mokytis) arba tiesiogiai iš partnerio atimami pinigai (Adams ir kt., 2008).

Naujausi pasauliniai IPS įverčiai rodo, kad 26 % ištekėjusių/turėjusių partnerį moterų bent kartą gyvenime patyrė fizinį ir (arba) seksualinį smurtą (PSO, 2021). Pastarųjų 12 mėnesių paplitimo statistika rodo, kad 10 % ištekėjusių/turėjusių partnerį moterų patyrė fizinį ir (arba) seksualinį smurtą (PSO, 2021). Nors vyrai ir partneriai tos pačios lyties santykiuose taip pat patiria IPS, tyrimai rodo, kad dažniausiai smurto aukomis tampa būtent moterys (Breiding ir kt., 2005; Coker ir kt., 2002; Romans ir kt., 2007; PSO, 2012). Dėl to šioje disertacijoje bus kalbama tik apie smurtą prieš moteris.

Kalbant apie IPS, taip pat svarbus visuomeninis kontekstas. Didelė dalis Lietuvos visuomenės IPS vis dar stigmatizuoja ir kaltina auką. RAIT populiacinės apklausos tyrimo duomenimis, net 39 % Lietuvos gyventojų iš dalies sutinka su teiginiu, kad „kaltindamos vyrus dėl smurto, moterys yra linkusios sutirštinti spalvas“, o 42 % iš dalies sutinka, kad „moterys dažnai pačios išprovokuoja smurtą“ (RAIT, 2017). Neigiamas

visuomenės požiūris sukuria įvairių problemų IPS išgyvenusiems asmenims, įskaitant internalizuotą stigmą (Vasiliauskaitė ir Geffner, 2020) ir kliūtis ieškant pagalbos (Meyer, 2016). Iki 2011 m., kai buvo priimtas Apsaugos nuo smurto artimoje aplinkoje įstatymas, IPS Lietuvoje buvo laikomas privačiu partnerių reikalu (Michailovič ir kt., 2022). Šis įstatymas buvo didžiulis žingsnis į priekį ne tik pripažįstant, kad IPS yra visuomenės problema, bet ir sukuriant aukų apsaugos valdymo sistemą, apimančią specializuotos kompleksinės pagalbos centrus, teikiančius aukoms teisines, psichologines ir kitokias paslaugas. Dar visai neseniai (2021 m.) Lietuvos Seimas kriminalizavo ir persekiojimą, tačiau visuomenėje ir parlamente tebediskutuojama dėl baudžiamosios atsakomybės už seksualinius santykius be sutikimo ir dėl Stambulo konvencijos ratifikavimo. Nors Lietuva daro pažangą įgyvendindama teisės aktus dėl IPS, karštos diskusijos minėtose srityse rodo, kad problema nėra iki galo pripažinta.

IPS sukelia ne tik fizinių, bet ir psichinės sveikatos problemų, tokių kaip depresija (Ahmadabadi ir kt., 2020; Doane, 2011), nerimas (Chandan ir kt., 2019), potrauminio streso simptomai ar net potrauminio streso sutrikimas (PTSD; Werner-Wilson ir kt., 2000; Lilly ir kt., 2015). Taip pat IPS gali turėti psichologinių pasekmių moterų pamatiniams įsitikinimams ir pasitikėjimui žmonėmis (Wamser-Nanney ir kt., 2018), paveikti jų požiūrį į save arba sukelti seksualinio intymumo problemų vėlesniuose romantiškuose santykiuose (Walker, 2017). Matheson ir jo kolegų (2015) tyrimo rezultatai parodė, kad smurto patirtis suardo moterų tapatumo jausmą, todėl jį, nutraukus santykius, reikia atkurti. Apibendrinant galima teigti, kad IPS patirtis veikia visus pagrindinius: biologinius, psichologinius ir socialinius, moterų gyvenimo aspektus, todėl svarbu tirti ne tik būdus, kaip užkirsti kelią IPS, bet ir kaip padėti moterims atkurti save po tokių išgyvenimų.

1.2. Traumos ir potrauminio augimo samprata

Pastaraisiais dešimtmečiais traumų psichologijos tyrimai gerokai pasislinko nuo ligos modelio prie salutogeninio požiūrio, kuris koncentruojasi į teigiamus pokyčius ir suteikia išsamesnį vaizdą apie tai, kas vyksta susidūrus su trauminėmis patirtimis. Remiantis DSM-V, trauma apibūdinama kaip susidūrimas su mirtimi, sužalojimu ar seksualine prievarta arba jų grėsme (American Psychiatric Association, 2013). Vis dėlto kai kurie autoriai teigia, kad trauminė patirtis apima daug daugiau nei fizinę grėsmę, ir subjektyvi patirtis gali būti tokia pat svarbi, kaip ir objektyvi (Froh, 2004). Tedeschi ir Calhoun nuosekliai laikėsi platesnio traumos supratimo, nurodydami, kad ne įvykis, o jo poveikis apibrėžia traumą (Tedeschi ir Calhoun, 2004; Tedeschi ir kt., 2018).

Potrauminis augimas (PTA) apibūdinamas kaip teigiami psichologiniai pokyčiai, įvykstantys dėl pastangų įveikti traumines ar itin sudėtingas gyvenimo patirtis (Tedeschi ir Calhoun, 1995). Šie pokyčiai gali apimti penkias gyvenimo sritis: asmeninę stiprybę, santykius su kitais, gyvenimo vertinimą, naujų galimybių įžvalgas ir dvasinius/egzistencinius įsitikinimus (Tedeschi ir Calhoun, 1995; Tedeschi ir kt., 2018). PTA gali būti suprantamas ir kaip rezultatas, ir kaip procesas (Tedeschi ir kt., 2018). PTA, kaip rezultatas, apima faktinius minėtų sričių pokyčius, o PTA, kaip procesas, apima

įvairius traumos apdorojimo aspektus, susijusius su šiais pokyčiais. Apibūdindami PTA kaip procesą, autoriai naudoja žemės drebėjimo analogiją (Tedeschi ir Calhoun, 2004). Traumuojantis įvykis, kaip ir miestus griaunantis žemės drebėjimas, gali apgriauti arba sunaikinti žmogaus pažinimo struktūras, kurios apima esminius įsitikinimus apie pasaulį ir jame esančius žmones. Įsitikinimų išjudinimas ar sunaikinimas sukelia psichologinę kančią, tačiau kaip atstatomi miestai, taip ir įsitikinimai gali būti atkurti naudojant kognityvinį perstruktūravimą ir siekiant juos padaryti atsparesnius būsimiems sunkumams. Tokie pokyčiai ir yra vadinami potrauminiu augimu (Tedeschi ir Calhoun, 2004).

Modelis, apibūdinantis kelią į PTA, buvo sukurtas 1995 m., o naujausia jo versija paskelbta 2018 m. (Tedeschi ir kt., 2018). Įvykus galinčiam traumuoti įvykiui, svarbu, kaip jis suvokiamas. Šis suvokimas pirmiausia atsispindi per įvykio centriškumą – kiek įvykis tampa „lūžio tašku" arba svarbia asmens tapatumo dalimi (Berntsen ir Rubin, 2006). Kai įvykis tampa centrinis, žmogus savo gyvenimo istoriją mato kaip vienokią „prieš" ir kitokią „po" traumos (Tedeschi ir Calhoun, 1995). Taip pat šis suvokimas grindžiamas esminių įsitikinimų iššūkiais, kurie parodo, kaip stipriai esminiai įsitikinimai apie save, kitus ir pasaulį yra kvestionuojami dėl įvykio (Groleau ir kt., 2013). Modelis nurodo, kad į PTA gali vesti tik tokie įvykiai, kurie yra pakankamai centriniai ir ginčija pagrindinius įsitikinimus (Tedeschi ir kt., 2018).

Esminių įsitikinimų sutrikdymas sukelia emocinę kančią, kuri skatina nuolat galvoti apie tai, kas įvyko (Tedeschi ir kt., 2018). Autoriai išskiria du tokio galvojimo tipus: įkyrų ir sąmoningą. Įkyrus galvojimas – tai automatinės, nekontroliuojamos mintys ir įvykio vaizdiniai, nevalingai kylantys sąmonėje (Cann ir kt., 2011). Sąmoningas galvojimas yra konstruktyvesnis, tai reflektyvus mąstymas, tikslingai orientuotas į suvokimą to, kas įvyko (Cann ir kt., 2011). Įkyrus galvojimas yra pirminis atsakas į traumą, kuris palaipsniui, mažinant distresą įveikos strategijomis, tampa vis sąmoningesnis. Šis procesas dažnai vadinamas kognityviniu traumos perstruktūravimu ir yra svarbiausia PTA dalis (Tedeschi ir Calhoun, 2004).

Kognityvinis perstruktūravimas užtrunka ir reikalauja daug pastangų bei resursų, o šio proceso metu dažniausiai jaučiamas distresas. Kaip minėta, norint pereiti nuo įkyraus prie sąmoningo galvojimo, reikalinga įveika, kuri padeda iš naujo įvertinti tikslus ir įsitikinimus. Svarbią reikšmę įveikai turi sociokultūrinė įtaka, savianalizė ir atskleidimas. Sociokultūrinė įtaka daugiausia atspindi socialinę paramą, ir ji yra vienas iš svarbiausių PTA veiksnių (Rajandram ir kt., 2011; Ulloa ir kt., 2015). Savianalizė apima bet kokius veiksmus (pvz., rašymą, kūrimą, maldą), kurie padeda reflektuoti išgyvenimus, o savęs atskleidimas vyksta išreiškiant mintis ir jausmus, susijusius su išgyventa trauma (Tedeschi ir kt., 2018). Visa tai palaiko įveikos mechanizmus, kurie padeda valdyti distresą ir nukreipti įkyrų galvojimą į sąmoningesnį. Galiausiai sąmoningas galvojimas skatina priimti pasikeitusį pasaulį – šis priėmimas ir veda į PTA. Patirti teigiami pokyčiai yra susiję su padidėjusia išmintimi, atsparumu, išplėstomis įveikos strategijomis ir pan., tačiau distresas taip pat gali išlikti. Tai reiškia, kad PTA nebūtinai sumažina su trauma susijusius neigiamus išgyvenimus, greičiau tai yra kartu veikiantys procesai (Tedeschi ir Calhoun, 2004; Zhou ir kt., 2017).

Kita svarbi PTA dalis yra atsparumas. Jis bendrais bruožais apibūdinamas kaip gebėjimas grįžti į pradinį funkcionavimo lygį, buvusį prieš traumą (Werner-Wilson ir kt., 2000). Teorinis modelis nurodo, kad patiriami teigiami pokyčiai gali padidinti atsparumą (Tedeschi ir kt., 2018), nes kelias į šiuos pokyčius suteikia patirties, kaip įveikti sunkumus ir kokios įveikos strategijos yra naudingos. Tačiau jeigu trauma stipriai nepaveikia esminių įsitikinimų sistemos, jaučiamas distresas palaipsniui mažėja, ir žmogus tampa atsparesnis be reikšmingų teigiamų pokyčių (Tedeschi ir kt., 2018). Šios teorinės prielaidos rodo, kad atsparumas PTA modelyje turi dvejopą vaidmenį, o kaip jis pasireiškia, priklauso nuo traumos ypatybių ir funkcionavimo prieš traumą.

Nors yra nemažai tyrimų, nagrinėjančių PTA, dauguma jų tiria atskirus modelio aspektus. Tik neseniai paskelbtas David ir jo kolegų (2022) tyrimas, kuriame tyrėjai bando išsamiau analizuoti teorinį PTA modelį. Šiame tyrime autoriai nustatė, kad iššūkiai, kilę esminiams įsitikinimams, įvykio centrališkumas, sąmoningas galvojimas ir atsiskleidimas teigiamai susiję su PTA. Nors šis tyrimas turi nemažai trūkumų, jis reikšmingai apibendrino tai, kas žinoma, ir išryškino spragas tolesniems tyrimams.

1.3. Žinių spragos intymaus partnerio smurtą patyrusių moterų potrauminio augimo tyrimuose

Nors PTA tiriamas jau beveik tris dešimtmečius, tyrimų, apimančių IPS patyrusias moteris, vis dar nedaug (Elderton ir kt., 2017; Ulloa ir kt., 2015). Kiekviena trauminė patirtis turi savo kontekstą ir dinamiką, todėl turimos žinios apie kitas traumines patirtis ne visada gali būti pritaikytos IPS kontekste (Ulloa ir kt., 2015; Jayawikreme ir kt., 2021). Atsižvelgus į tai, šiame skyriuje apžvelgiami atlikti PTA tyrimai, apimantys IPS atvejus, ir aptariamos žinių spragos, reikalaujančios dėmesio.

PTA modelis nurodo galimus skirtingus atsakus į traumines patirtis, kurie priklauso nuo atsparumo ir įvykio centrališkumo (Tedeschi ir kt., 2018). Autoriai taip pat pabrėžia, kad ne visi traumas išgyvenę asmenys patiria PTA – kai kuriems pasireiškia tik distreso reakcijos (Tedeschi ir kt., 2018). Daugumos tyrimų rezultatai rodo, kad įvykio centrališkumas teigiamai susijęs su PTA (Boals ir kt., 2010; Groleau ir kt., 2013; Lancaster ir kt., 2013). Nors nepavyko rasti tyrimų, nagrinėjančių PTA ir įvykio centrališkumo ryšius IPS imtyse, esamų tyrimų rezultatai, susiję su kitas traumas patyrusiais žmonėmis, patvirtina teorines šių ryšių prielaidas ir nurodo, kad centrinės tapusios trauminės patirtys gali lemti teigiamus pokyčius.

Atsparumo tyrimai PTA kontekste gana sudėtingi dėl PTA modelyje apibūdinamų skirtingų atsparumo vaidmenų. Tyrimai atskleidžia nevienareikšmiškus rezultatus: vieni tyrėjai nustato neigiamą ryšį tarp PTA ir atsparumo (Levine ir kt., 2009), o kiti – teigiamą (Bensimon, 2012; Oginska-Bulik, 2015). Kaye-Tzadok ir Davidson-Arad (2016), tyrę moteris, išgyvenusias seksualinę prievartą vaikystėje, nurodė, kad ryšys tarp atsparumo ir PTA yra kreivinis: PTA lygis mažėja, kai atsparumo lygis yra aukštas. Tai iš dalies patvirtina teorines prielaidas. IPS patyrusių moterų atsparumo ir PTA ryšiai nėra aiškūs, nes šioje srityje vyrauja kokybiniai tyrimai (Brosi ir kt., 2020), kuriuose gana dažnai PTA ir atsparumo sąvokos nėra atskiriamos (Crann ir Barata, 2016).

Smurtą patyrusių moterų tyrimai, nagrinėjantys ryšį tarp distreso ir PTA, duoda skirtingus rezultatus. Pavyzdžiui, Cobb ir kolegos (2006) nerado ryšio tarp PTA ir depresijos, o Kleim ir Ehlers (2009) nurodė kreivinį ryšį tarp PTSD ir augimo. Distreso atsakas į traumuojančius įvykius priklauso nuo daugelio įvairių asmeninių ir su trauma susijusių savybių (Tedeschi ir Calhoun, 1995). Tai reiškia, kad kai kurie žmonės gali visai nepatirti distreso, o kai kuriems jis bus labai stiprus. Nevienareikšmiški tyrimų rezultatai gali demonstruoti šiuos skirtingus atsakus į IPS ir atskleisti, kad ryšys tarp PTA ir distreso nėra vienareikšmis.

Kitas svarbus PTA modelio komponentas yra socialinė parama. Skirtingai nuo kitų aptartų veiksnių, socialinė parama dažnai svarbi tiriant IPS patyrusius asmenis. Tyrimai rodo, kad sulaukiančios paramos moterys patiria aukštesnius PTA lygius (Elderton ir kt., 2017; Ulloa ir kt., 2015). Vis dėlto smurtą patyrusios moterys dažnai susiduria ir su nepalaikančiu elgesiu, tokiu kaip aukos kaltinimas, smurto nepripažinimas smurtu ir pan. (Kennedy ir Prock, 2016). Toks elgesys skatina moteris ilgiau likti smurtiniuose santykiuose ir trukdo ieškoti pagalbos (Bosch ir Bergen, 2006). Galima prielaida, kad šie veiksniai gali neigiamai paveikti PTA procesą. Stebėtina, tačiau nepavyko rasti tyrimų, nagrinėjančių ryšį tarp nepalaikančio elgesio ir PTA

Pasikartojančio galvojimo vaidmuo PTA procese vis dažniau tiriamas remiantis įvairių traumų kontekstu, tačiau smurtą patyrusių moterų tyrimų šiuo aspektu labai mažai. Įvairių tyrimų rezultatai rodo, kad sąmoningas galvojimas yra teigiamai susijęs su PTA (Cann ir kt., 2011; Freedle ir Kashubeck-West, 2021; Oginska-Bulik, 2016), tačiau ryšys su įkyriu galvojimu lieka neaiškus. Kai kurie tyrimai rodo teigiamą ryšį tarp įkyraus galvojimo ir PTA (Allbaugh ir kt., 2016; Groleau ir kt., 2013), o kiti tarp jų reikšmingo ryšio nenustatė (Brooks ir kt., 2017). Teorinis PTA modelis aprašo perėjimą nuo įkyraus prie sąmoningo galvojimo (Tedeschi ir kt., 2018), tačiau šis perėjimas moksliniuose tyrimuose nėra išsamiai išanalizuotas.

Įveikos strategijos vaidina svarbų vaidmenį PTA procese, būtent jos dalyvauja pereinant nuo įkyraus prie sąmoningo galvojimo (Tedeschi ir kt., 2018). Atsižvelgiant į PTA teoriją, galima daryti prielaidą, kad įveikos strategijos, orientuotos į aktyvias pastangas įveikti stresinę situaciją, turėtų padėti nukreipti įkyrų galvojimą į sąmoningesnį, o tai turėtų prisidėti prie PTA. Kita vertus, įveikos strategijos, orientuotos į vengimą, turėtų trukdyti šiam perėjimui ir taip apsunkinti PTA procesą (Tedeschi ir kt., 2018). Vos keli tyrimai nagrinėja smurtą patyrusių moterų įveikos strategijas ir jų sąsajas su PTA (Doane, 2011), bet nė vienas iš jų nenagrinėja modelyje aprašomų mechanizmų tarp šių strategijų ir abiejų tipų galvojimo. Esamų tyrimų rezultatai rodo, kad moterų naudojama įveika, orientuota į aktyvų sunkumų sprendimą, yra teigiamai susijusi su PTA (Doane, 2011), o patiriančios teigiamus pokyčius moterys nurodo ir pagerėjusius įveikos įgūdžius (Young, 2007). Tokie rezultatai leidžia tvirtinti, kad PTA ir įveika yra susiję, tačiau lieka neaišku, koks įveikos strategijų vaidmuo PTA procese ir kaip jos susijusios su perėjimu nuo įkyraus prie sąmoningo galvojimo.

Tęstinių tyrimų duomenys apie smurtą patyrusių moterų PTA taip pat yra labai riboti. Valdez ir Lilly (2015 m.) tyrimas parodė, kad nepatyrusioms pakartotinio smurto moterims būdingi teigiami įsitikinimai, susiję su aukštesniais PTA lygiais. Nors šiame

tyrime dalyvavo tik 23 moterys, tai pirmasis žinomas tęstinis PTA tyrimas, apimantis IPS patyrusias moteris. Kitame tyrime buvo tiriamos moterys, išlaikiusios santykius su smurtavusiu partneriu ir su juo kartu lankiusios terapiją (Dyjakon ir Rajba, 2022). Paaiškėjo, kad tyrimo metu (1,5 metų laikotarpiu) didėjo tik gyvenimo vertinimo srities rezultatai, o santykių su kitais ir asmeninės stiprybės sričių rezultatai mažėjo. Autoriai nurodo, kad šie rezultatai atskleidžia moterų sunkumus toliau kurti santykius su praeityje smurtavusiu žmogumi, ir pabrėžia, kad dėl tyrimų trūkumo šioje srityje sunku interpretuoti rezultatus (Dyjakon ir Rajba, 2022). Nors šie tyrimai atskleidžia svarbius rezultatus, jie taip pat nurodo, kad tęstiniai PTA tyrimai, apimantys smurtą patyrusias moteris, yra tik pradiniame etape. PTA modelis taip pat sulaukia tam tikros kritikos, keliančios klausimus apie šių pokyčių tikrumą (Infurna ir Jayawickreme, 2019). Todėl tęstiniai PTA tyrimai yra svarbūs ne tik siekiant geriau suprasti smurtą patyrusių moterų augimą, bet ir nustatant patiriamų pokyčių ilgalaikiškumą bei pokyčius laiko perspektyvoje.

Apibendrinant galima teigti, kad PTA tyrimai yra gana fragmentiški, atliekami įtraukiant skirtingas traumas patyrusius žmones, analizuojant atskirus teorinio modelio aspektus. Tokių tyrimų sukauptos žinios gana padrikos ir sudėtingai pritaikomos įvairiems traumų kontekstams. Dėl šios priežasties svarbu sistemingai analizuoti PTA remiantis atskirais kontekstais, tokiais kaip IPS. Apžvelgus smurtą patyrusių moterų PTA tyrimus, galima pastebėti, kad pakankamai išsamiai ištirtas tik socialinės paramos ryšys su PTA, o kiti modelyje aprašyti aspektai visai netirti arba tirti labai menkai. Atlikti tyrimai taip pat turi nemažai trūkumų: analizuojamos mažos imtys, trūksta tęstinių tyrimų. Šie trūkumai riboja analizės strategijas ir apsunkina išsamų PTA tyrimą. Atsižvelgiant į tai, šiame moksliniame darbe siekiama sistemingai tirti IPS patyrusių moterų PTA. Žinios apie tai leis geriau suprasti veiksnius, prisidedančius prie teigiamų pokyčių, ir nurodys kryptis, kuriomis turėtų būti teikiama pagalba tokioms moterims.

2. TIKSLAS IR UŽDAVINIAI

2.1. Tikslas

Disertacijos tikslas – analizuoti intymaus partnerio smurtą patyrusių moterų potrauminio augimo mechanizmus.

2.2. Uždaviniai

1. Įvertinti intymaus partnerio smurto prieš moteris mastą Lietuvoje (I studija).
2. Analizuoti skirtingus moterų atsakus į intymaus partnerio smurtą pagal potrauminį augimą, įvykio centrališkumą, psichologinį distresą ir atsparumą (II studija).
3. Analizuoti intymaus partnerio smurtą patyrusių moterų potrauminio augimo ir socialinės paramos bei nepalaikančio elgesio sąsajas (III studija).
4. Analizuoti intymaus partnerio smurtą patyrusių moterų potrauminio augimo ir įkyraus galvojimo, sąmoningo galvojimo bei įveikos sąsajas (IV studija).
5. Analizuoti intymaus partnerio smurtą patyrusių moterų potrauminio augimo pokyčius 1,5 metų periodu (V studija).

Pastaba. Studijų seka pateikiama pagal disertacijos pradžioje nurodytą studijų sąrašą.

3. METODAI

3.1. Pastabos apie indėlį

Šioje disertacijoje naudotos tyrimų imtys iš didesnio tyrimo „Moterų, patyrusių smurtą artimuose santykiuose, tapatumas ir potrauminis augimas: atsparumo, įveikos ir socialinės paramos vaidmuo (INTEGRO)“, kurį 2017–2019 metais atliko tyrėjų komanda, vadovaujama Mykolo Romerio universiteto profesorės Ritos Žukauskienės. Prie projekto prisidėjau padėdama tyrėjų komandai išsirinkti ir išversti dalį tyrimo instrumentų, taip pat pasiekti tęstinio tyrimo dalyves antrajam ir trečiajam matavimui. Dar vykstant projektui, kartu su tyrimo komanda buvo rengiami moksliniai straipsniai, kurie apėmė disertacijoje keliamus uždavinius (I ir III studijos), atlikau literatūros analizę, prisidėjau prie analizės plano ir rezultatų interpretavimo, taip pat rašiau ir straipsnių tekstus Be to, ėmiausi pirmos autorės vaidmens konceptualizuojant ir dalyvaujant kituose tęstinio tyrimo (V studija) rankraščio rengimo etapuose. Įvairių reakcijų į IPS ir PTA ryšius su pasikartojančiu galvojimu ir įveika nagrinėjantys tyrimai buvo vykdomi jau projektui pasibaigus, ir jie atspindi mano originalias idėjas, kilusias iš nuoseklios teorijos ir literatūros analizės. Šios disertacijos konceptualizacija ir struktūra yra mano savarankiško darbo ir PTA teorinio modelio analizės rezultatas.

3.2. Imtys

3.2.1. I imtis. Smurto paplitimo imtis (I studija)

Duomenis smurto paplitimo tyrimui rinko profesionali tyrimų bendrovė. Tyrime dalyvavo 1 173 moterys. Siekiant užtikrinti, kad atranka reprezentuotų Lietuvos moterų populiaciją, taikyti atsitiktinės atrankos metodai. Dalis moterų (n = 118, 10.1 %) nurodė, kad niekada neturėjo intymaus partnerio, o 43 (4.1 %) moterys atsisakė atsakyti į klausimus apie smurtą, todėl šios dalyvės buvo pašalintos iš imties. Galutinę imtį sudarė 1 012 moterų (M_{age} = 51.87; SD_{age} = 13.93).

3.2.2. II imtis. Skerspjūvio tikslinė imtis (IV studija)

Tyrimo imtį sudarė 200 (M_{age} = 44.79; SD_{age} = 12.94) IPS patyrusių moterų iš įvairių Lietuvos regionų. Duomenis rinko 37 apmokytos apklausėjos. Tyrimo dalyviai buvo atrenkami „sniego gniūžtės“ metodu ir remiantis vietinių socialinių darbuotojų informacija. Siekiant atrinkti tik smurtą patyrusias moteris, buvo naudojami tokie atrankos kriterijai: patirtas bent vienas fizinio ar seksualinio smurto incidentas arba bent trys psichologinio ar ekonominio smurto atvejai, susiję su esamu ar buvusiu partneriu.

3.2.3. III imtis. Tęstinio tyrimo imtis (III ir V studijos)

Tyrimo imtį sudarė 221 (M_{age} = 38.92; SD_{age} = 10.29) moteris iš skirtingų Lietuvos regionų. Duomenys buvo renkami bendradarbiaujant su moterų krizių centrais, socialinės paramos centrais ir konsultuojančiais psichologais. Tyrimo dalyvės buvo apklaustos tris kartus per 1,5 metų. Antrojo ir trečiojo matavimo etapuose dalyvavo atitinkamai 37.1 % (n = 82) ir 24.9 % (n = 55) dalyvių.

3.2.4. IV imtis. Sujungti duomenys (II studija)

II studijos tikslams buvo svarbu sudaryti imtį, kurioje būtų moterų iš bendrosios populiacijos ir moterų, gavusių specializuotą pagalbą. Dėl šios priežasties buvo sujungti skerspjūvio tikslinės imties ir tęstinio tyrimo imties pirmojo matavimo duomenys. Abiejose imtyse tyrimo instrumentai dalyvėms buvo pateikiami tokia pačia tvarka. Bendrą imtį sudarė 421 (M_{age} = 41.70; SD_{age} = 11.96) moteris.

3.3. Tyrimo etika

I ir II imčių duomenis rinko apmokytos profesionalios tyrimų įmonės apklausėjos. Duomenis rinko tik moterys, apmokytos, esant poreikiui, nukreipti tyrimo dalyves į krizių centrus individualios pagalbos. Taip pat tyrimo dalyvėms buvo dalinami lankstinukai su informacija apie Lietuvoje teikiamą psichologinę pagalbą smurto aukoms. Tyrimo tikslai buvo atskleidžiami konfidencialiai tik galimoms dalyvėms. Dalyvių buvo klausiama, ar jos jaučiasi saugios dalyvauti, jos buvo informuojamos, kad bet kuriuo metu gali atsisakyti dalyvauti tyrime. Interviu būdu buvo renkami tik demografiniai duomenys, į kitus klausimus tyrimo dalyvės atsakė savarankiškai.

Pirmojo matavimo duomenis III imtyje rinko INTEGRO tyrimo komandos nariai arba krizių centrų ir socialinės paramos centrų specialistai. Antrojo ir trečiojo matavimo etapuose dalyvės galėjo pasirinkti, ar atsakyti į klausimus internetinėje formoje, ar pageidaujamu adresu gauti popierinę formos versiją. Tai padėjo užtikrinti saugiausius būdus dalyvauti tyrime. Visas procedūras patvirtino Mykolo Romerio universiteto Etikos komitetas.

3.4. Tyrimo instrumentai

Tyrimų metu buvo naudojami šie instrumentai: Trumpoji potrauminio augimo skalė (PTGI-SF; Cann ir kt., 2010), Įvykio centrališkumo skalė (CES; Berntsen ir Rubin, 2006), 14 teiginių atsparumo skalė (Wagnild ir Young, 1993), Įvykio poveikio skalė – revizuota (IES-R; Weiss ir Marmar, 1996), Bosch paramos skalė (Bosch ir Bergen, 2006), Trumpasis COPE inventorius (BCI; Carver, 1997), Su įvykiu susijusio galvojimo inventorius (ERRI; Cann ir kt., 2011), IPS rūšių ir dažnumo sąrašas. Iš visų autorių gauti leidimai naudoti šiuos instrumentus tyrimų tikslams. Tyrimuose

naudota adaptuota Lietuvoje Įvykio poveikio skalė (Kazlauskas ir kt., 2006), kitus instrumentus į lietuvių kalbą išvertė INTEGRO tyrimo komanda.

3.5. Statistiniai metodai

Disertacijos tyrimuose taikyti įvairūs statistiniai metodai. Aprašomoji statistika ir įprastinės analizės (pvz., regresijos, klasterinė analizė) buvo atliekamos naudojant socialinių mokslų statistinį paketą (SPSS). Tais atvejais, kai studijų tikslams pasiekti reikėjo struktūrinių lygčių modeliavimo (SEM) metodų, buvo naudojama „Mplus“ programinė įranga.

4. REZULTATAI

4.1. I studija: intymaus partnerio smurto prieš moteris paplitimas Lietuvoje

Tyrimo rezultatai atskleidė, kad 51.2 % moterų gyvenime patyrė bent vienos rūšies IPS. Iš jų 50.1 % patyrė psichologinį, 29.9 % – ekonominį, 21.5 % – fizinį ir 16.9 % – seksualinį smurtą. Be to, iš bent kartą gyvenime patyrusiųjų smurtą 57.1 % patyrė jį per pastaruosius 12 mėnesių. Dažniau per pastaruosius 12 mėnesių smurtą patyrė jaunesnės (≤ 60 metų), gyvenančios atskirai nuo partnerio arba išsiskyrusios, turinčios žemesnes pajamas, gyvenančios mažesniuose miestuose ar kaimuose ir vaikystėje smurtą patyrusios moterys. Taip pat rezultatai leido išskirti penkias moterų grupes pagal patirtą skirtingų rūšių smurtą: labai mažas IPS, tik psichologinis smurtas, psichologinis/fizinis smurtas, išreikštas seksualinis smurtas ir aukštas IPS. Šios grupės skyrėsi viena nuo kitos pagal santykių tipą, namų ūkio pajamas, gyvenamąją vietą ir smurto vaikystėje patirtį.

4.2. II studija: skirtingos reakcijos į intymaus partnerio smurtą

Latentinių profilių analizė leido išskirti keturias grupes: neigiamo poveikio (11 % imtis), pozityvaus augimo (46 % imtis), mažo poveikio (18 % imtis) ir distresinio augimo (25 % imtis). Papildoma analizė parodė, kad distresinio augimo grupę sudarė daugiau vyresnio amžiaus moterų, palyginti su mažo poveikio grupe, ir daugiau aukštesnio išsilavinimo moterų, palyginti su neigiamo poveikio grupe. Atsižvelgiant į su smurtu susijusius kintamuosius, distresinio augimo grupę sudarė daugiau moterų, gavusių psichologinę pagalbą, palyginti su mažo poveikio ir neigiamo poveikio grupėmis. Distresinio augimo grupę taip pat sudarė daugiau moterų, kurios dažniau patyrė fizinį ir emocinį smurtą, palyginti su mažo poveikio grupe. Galiausiai distresinio augimo grupę sudarė daugiau moterų, patyrusių smurtą daugiau nei prieš dvejus metus, palyginti su neigiamo poveikio ir mažo poveikio grupėmis. Tačiau, lyginant su pozityvaus augimo grupe, šioje buvo daugiau moterų, patyrusių smurtą daugiau nei prieš dvejus metus, nei distresinio augimo grupėje.

4.3. III studija: ryšiai tarp potrauminio augimo ir socialinės paramos bei nepalaikančio elgesio

Tyrimo rezultatai parodė, kad socialinė parama teigiamai susijusi su PTA, o socialinės nepalaikantis elgesys su PTA nėra reikšmingai susijęs. Rezultatai taip pat atskleidė, kad žemesnis išsilavinimas, aukštesnis smurto sunkumo lygis, daugiau laiko, praėjusio nuo smurto atvejo, ir didesnės asmeninės pajamos susiję su aukštesniais PTA lygiais.

4.4. IV studija: ryšiai tarp potrauminio augimo, įvykio centriškumo, įkyraus bei sąmoningo galvojimo ir įveikos

Remiantis tyrimo rezultatais, galima teigti, kad didesnis įvykio centriškumas yra susijęs su aukštesniu įkyraus galvojimo lygiu, o šis susijęs ir su aukštesniu savęs kaltinimo lygiu, ir su sąmoningu galvojimu, kuris veda į PTA. Įvykio centriškumas taip pat netiesiogiai susijęs su PTA per įkyrų ir sąmoningą galvojimą, o jų ryšį medijuoja savęs kaltinimas. Laikas, praėjęs nuo paskutinio smurto incidento, neigiamai prognozavo įkyrų galvojimą ir teigiamai – PTA.

4.5. V studija: potrauminio augimo pokyčiai laike

Tyrimo rezultatai parodė, kad PTA didėja neseniai smurtą patyrusių moterų grupėje, o seniau smurtą patyrusių moterų PTA išlieka stabilus gana aukštame lygyje. Aukštesni PTA lygiai tyrimo pradžioje reikšmingai susiję su aukštesniais įvykio centriškumo lygiais. Vis dėlto įvykio centriškumas nebuvo susijęs su PTA pokyčiais tyrimo laikotarpiu.

5. DISKUSIJA

Šios disertacijos tikslas buvo ištirti IPS patyrusių moterų PTA mechanizmus. Šiam tikslui pasiekti naudotos skerspjūvio ir tęstinio tyrimo imtys, o atliktuose tyrimuose taikyti įvairūs metodai ir statistinės analizės būdai, leidžiantys atsakyti į skirtingus tyrimų klausimus. Taip pat atlikta reprezentatyvios imties duomenų analizė leido atskleisti IPS prieš moteris paplitimą Lietuvoje. Taip buvo nustatytas IPS pobūdis ir išryškėjo šios disertacijos aktualumas.

5.1. Kodėl svarbu tirti intymaus partnerio smurtą patyrusių moterų potrauminį augimą?

Paplitimo tyrimas atskleidė, kad viena iš dviejų Lietuvos moterų per savo gyvenimą patyrė bent vieną IPS formą, o per pastaruosius 12 mėnesių – kas trečia moteris. Šie rodikliai yra panašūs į Europos Sąjungos pagrindinių teisių agentūros (FRA) 2014 metų rodiklius ir nurodo, kad situacija iš esmės nesikeičia. Toks IPS paplitimas indikuoja, kad didelė dalis Lietuvos moterų patiria galimas neigiamas smurto pasekmes. Atsižvelgiant į vis dar plačiai visuomenėje vyraujantį neigiamą požiūrį į smurto aukas (RAIT, 2017), šių patirčių suvokimas gali ne tik prisidėti prie dabartinės paramos moterims sistemos Lietuvoje, bet ir padidinti temos matomumą visuomenėje, tikintis, kad tai bent iš dalies prisidės prie stigmos mažinimo.

Svarbus veiksnys, skatinantis nagrinėti šių moterų patirtį, yra ne tik didelis nuo IPS kenčiančių moterų skaičius, bet ir paties smurto sudėtingumas. Paplitimo tyrimas patvirtino, kad IPS dažniausiai pasireiškia kelių ar visų smurto formų deriniu, galinčiu paveikti fizinę ir emocinę aukų savijautą. Sudėtinga smurto raiška ir jos pasikartojimas (Walker, 1979; 2017) išskiria IPS kaip unikalią ir sunkiai su kitomis trauminėmis patirtimis palyginamą patirtį (Ulloa ir kt., 2015). Tai patvirtina, kad svarbu tirti būtent IPS patyrusių moterų PTA, siekiant teikti pagalbą, kuri paremta jų patirtimi grįstomis žiniomis.

5.2. Įvykio centrališkumo vaidmuo potrauminio augimo procese

II studija nustatė dvi augimo tendencijų grupes: pozityvaus augimo su vidutiniu įvykio centrališkumo lygiu ir distresinio augimo su aukštu įvykio centrališkumo lygiu. Šie rezultatai patvirtina teorines prielaidas (Tedeschi ir kt., 2018) ir rodo, kad IPS, kaip centrinės patirties, suvokimas yra susijęs su aukštesniu PTA lygiu. Pastebėta, kad distresinio augimo grupėje įvykio centrališkumo lygis yra daug aukštesnis nei pozityvaus augimo grupėje. Šie skirtumai gali būti susiję su potrauminio streso simptomų (PTSS) lygiais. Boals su kolegomis (2021) nurodo, kad įvykio centrališkumas ir PTSS gali veikti kaip save sustiprinantis ciklas, kai dėl aukšto PTSS lygio įvykis suvokiamas kaip labiau centrinis ir tai dar labiau sustiprina PTSS. Kadangi smurtą patyrusių moterų PTSS, laikui bėgant, silpnėja (Johnson ir Zlotnick, 2012), tikėtina, tai taip pat stabilizuoja ir įvykio centrališkumą, kaip matoma pozityvaus augimo grupėje. Tai, kad pozityvaus augimo

grupėje esančios moterys smurtą patyrė prieš daugiau laiko, palyginti su distresinio augimo grupe, taip pat prisideda prie šių prielaidų. Vis dėlto tokia prielaida nepasitvirtina žvelgiant į neigiamo poveikio grupę su vidutiniais įvykio centrališkumo ir aukštais PTSS rodikliais. Tai rodo, kad šie procesai gali būti susiję ir su kitais veiksniais, tokiais kaip atsparumas. Norint patvirtinti šias prielaidas, reikalingi tęstiniai tyrimai.

Teorines prielaidas apie centrališkumo ir PTA ryšius patvirtino ir V studija. Tęstinio tyrimo duomenų analizė atskleidė, kad aukštesni pradiniai įvykio centrališkumo lygiai susiję su aukštesniais PTA lygiais. Šie rezultatai sutampa su kitais tęstiniais (Blix ir kt., 2015) ir skerspjūvio (Groleau ir kt., 2013; Kramer ir kt., 2020) tyrimais, rodančiais teigiamą ryšį tarp įvykio centrališkumo ir PTA. Įdomu tai, kad remiantis rezultatais taip pat galima teigti, jog net ir tos moterys, kurių įvykio centrališkumo lygiai nėra aukšti, vis tiek gali patirti PTA, nes šis, laikui bėgant, didėja. Tai rodo, kad centrališkumas yra svarbus, bet nebūtinai lemiamas veiksnys PTA. Kiti veiksniai, tokie kaip iššūkiai esminiams įsitikinimams (Tedeschi ir kt., 2018), gali būti dar svarbesni PTA.

5.3. Socialinė (ne)parama ir potrauminis augimas

III studijos rezultatai parodė, kad socialinė parama teigiamai susijusi su PTA. Panašius rezultatus rodo ir kiti tyrimai, kurių imtis – IPS patyrusios moterys (Ulloa ir kt., 2015; Anderson ir kt., 2012). Socialinė parama padeda mažinti distresą (Young, 2007) ir veikia kaip įveikos mechanizmas (Hyland, 2014). Anderson ir kolegų (2012) apklaustos moterys nurodė, kad parama buvo esminis jų augimo veiksnys.

Stebėtina, tačiau rezultatai atskleidė, kad nepalaikantis elgesys nėra reikšmingai susijęs su PTA. Tai rodo, kad toks elgesys, kaip aukos kaltinimas, smurto neigimas, nepaveikia PTA, kurį patiria moterys. Aprašomoji statistika parodė, kad tyrime dalyvavusios moterys gana retai savo aplinkoje patyrė nepalaikantį elgesį – tai turbūt ir paaiškina tokius rezultatus. Svarbu pabrėžti, kad šio tyrimo imtį sudarė moterys, kurios jau gavo paramą iš įvairių šaltinių: krizių centrų, socialinės paramos centrų ir pan. Atsižvelgiant į tai, kad visuomenėje vyrauja aukas kaltinančios nuostatos (RAIT, 2017), mažai tikėtina, kad šiame tyrime dalyvavusios moterys nepatyrė tokio elgesio. Gali būti, kad, sulaukusios paramos, moterys yra linkusios nuvertinti nepalaikantį elgesį, su kuriuo susidūrė. Tokiu atveju rezultatai atskleidžia, kad parama ne tik teigiamai prisideda prie augimo, bet ir atlieka tam tikrą apsauginę funkciją nuo galimo nepalaikančio elgesio. Kaip teigia Bosch ir Bergen (2006), net vos keli paramos šaltiniai gali būti veiksmingi IPS patyrusioms moterims. Vis dėlto bendroje populiacijoje atlikti tyrimai galėtų pateikti visai kitokius rezultatus, turint omenyje, kad didelė dalis moterų linkusios laikyti savo patirtį paslaptyje (Vasiliauskaitė ir Geffner, 2020). Tai nurodo, kad reikalingi išsamesni nepalaikančio elgesio ir PTA tyrimai, apimantys IPS patyrusias moteris.

5.4. Potrauminio streso simptomai ir potrauminis augimas

PTA modelis nurodo, kad kartu su teigiamais pokyčiais žmonės gali patirti ir distresą (Tedeschi ir kt., 2018). Šias prielaidas patvirtina II studijos rezultatai, kurie

rodo, kad viena iš išskirtų grupių išsiskyrė aukštais PTA ir PTSS lygiais. Kartu egzistuojantys distresas ir PTA aptikti ir tiriant kitokias traumas patyrusius žmones (žr. Sanki ir O'Connor, 2021). PTA modelio autoriai nurodo, kad distresas yra natūralus atsakas į traumą, ir jis yra būtinas PTA vystymuisi (Tedeschi ir kt., 2018). Tyrimo rezultatai taip pat atskleidė, kad pozityvaus augimo grupėje esančios moterys smurtą patyrė prieš daugiau laiko, palyginti su distresinio augimo grupe. Kadangi IPS patyrusių moterų PTSS simptomai, bėgant laikui, linkę mažėti (Johnson ir Zlotnick, 2012), tikėtina, kad taip atsitiko moterims pozityvaus augimo grupėje.

II studijos rezultatai taip pat leido išskirti stipriai kenčiančią neigiamo poveikio (aukštas PTSS, kiti rodikliai žemi) grupę. Kaye-Tzadok ir Davidson-Arad (2016) nustatė panašius rezultatus seksualinę prievartą vaikystėje patyrusių moterų imtyje – buvo išskirta grupė, kuriai būdingi aukšti PTSS ir žemi PTA bei atsparumo rodikliai. Autoriai kelia prielaidą, kad stiprus distresas galėjo užgožti bet kokius augimo procesus. Westphal ir Bonnano (2007) teigia, kad aukštas atsparumo lygis taip pat trukdo PTA procesams, nes labai atsparūs žmonės linkę greitai „atsigauti". Vis dėlto galimas ir atvirkštinis paaiškinimas, kad tam tikri atsparumo lygiai yra reikalingi ar net būtini, kad distreso lygiai būtų pakenčiami. Tikėtina, kad tik tokiu atveju galima atrasti resursų įsitraukti į traumos perstruktūravimo procesus, vedančius į PTA. Apibendrinant galima teigti, kad šie rezultatai rodo, jog ir kiti veiksniai: atsparumas, įvykio centrališkumas, su trauma susijusios savybės, yra susiję su PTA ir distreso ryšiu.

5.5. Atsparumas ir potrauminis augimas

II studijoje išskirtos pozityvaus augimo ir distresinio augimo grupės su atitinkamai vidutiniais ir aukštais atsparumo lygiais, patvirtina ir kitų tyrimų rezultatus, rodančius, kad atsparumas ir PTA susiję teigiamai (Bensimon, 2012; Oginska-Bulik, 2015). Galima daryti prielaidą, kad patirti teigiami pokyčiai didina atsparumą, kaip aprašo teorinis modelis (Tedeschi ir kt., 2018). Vis dėlto tokie rezultatai taip pat gali reikšti, kad aukštesnio atsparumo lygio moterys patiria PTA be didelio distreso (kaip matyti pozityvaus augimo grupėje). Taigi, norint paremti arba paneigti teorines prielaidas ir geriau suprasti šį ryšį, reikalingi tęstiniai PTA ir atsparumo ryšio tyrimai.

II studija nepatvirtino teorinės prielaidos, kad trauma, kuri netampa centrinė žmogaus tapatumui, veda į didesnį atsparumą be teigiamų pokyčių, nes tiriant neišryškėjo grupė, rodanti tokias tendencijas. Gali būti, kad dėl imties ypatumų tokios moterys tiesiog nepateko į mūsų tyrimą. Vis dėlto smurtą patyrusios moterys dažnai naudoja į vengimą orientuotas įveikos strategijas (Waldrop ir Resick, 2004), kurios savo ruožtu apsaugo esminius įsitikinimus, taip užkirsdamos kelią ir traumos integracijai (Janoff-Buman ir Frieze, 1983; Smith Landsman, 2002). Todėl galima teigti, kad IPS kontekste nebūtinai atsparumas, bet ir kiti veiksniai, tokie kaip įveikos strategijos, galėtų paaiškinti teoriniame modelyje aprašomą atsparumo kelią be augimo požymių. Šios prielaidos turėtų būti tikrinamos būsimuose kituose tyrimuose.

5.6. Kognityvinis perdirbimas ir įveika potrauminio augimo procese

Kognityvinis traumos perdirbimas yra viena iš svarbiausių PTA proceso dalių (Tedeschi ir kt., 2018). Autoriai aprašo, kad procesas apima įkyrų galvojimą, kuris palaipsniui pereina prie sąmoningesnio mąstymo apie išgyvenimus, padedančio rasti prasmę to, kas buvo patirta. Taip pat nurodoma, kad įveikos strategijos vaidina svarbų vaidmenį šiame pokytyje, palengvindamos traumos sukeltą distresą (Tedeschi ir kt., 2018). IV studijos rezultatai patvirtino teorines prielaidas, kurios iki šiol nebuvo nagrinėtos būtent taip, kaip aprašyta PTA modelyje.

Atsižvelgiant į ryšį tarp pasikartojančio galvojimo ir PTA, rezultatai parodė, kad sąmoningas galvojimas yra teigiamai susijęs su PTA. Tokie rezultatai gauti ir tiriant patyrusiuosius kitokias traumas (Cann ir kt., 2011; Oginska-Bulik, 2016). Įkyrus galvojimas nebuvo tiesiogiai susijęs su PTA, ir šie rezultatai sutampa su Brooks ir kolegų (2017) tyrimo rezultatais. Rezultatai taip pat atskleidė, kad savęs kaltinimas, kaip įveikos strategija, medijuoja ryšį tarp įkyraus ir sąmoningo galvojimų. Klasikinė „teisingo pasaulio" hipotezė (Lerner, 1980) teigia, kad žmonės linkę kaltinti aukas, norėdami išlaikyti įsitikinimą, jog pasaulis teisingas ir žmonės gauna tai, ko nusipelnė. IPS patyrusios moterys internalizuoja šią kaltę (Kennedy ir Prock, 2018), siekdamos išlaikyti įsitikinimą, kad jos kontroliuoja savo gyvenimą. Kitaip tariant, mažiau skausminga kaltinti save ir manyti, kad buvo galima kaip nors išvengti smurto, nei pripažinti, kad kai kuriais atvejais aplinkybės yra nekontroliuojamos. Panašiomis įžvalgomis dalijasi Kaye-Tzadok ir Davidson-Arad (2016) aiškindamos seksualinę prievartą vaikystėje patyrusių moterų kaltinimus, nukreiptus į save. Mokslininkės teigia, kad savęs kaltinimo įveikimas gali tapti būtina sąlyga PTA. Tai nurodo, kad IPS patyrusių moterų savikalta atspindi jų pastangas išlaikyti kontrolę ir veikia kaip jėga, leidžianti apmąstyti savo patirtis, o tai galiausiai prisideda ir prie PTA.

5.7. Potrauminio augimo pokyčiai

Tęstinio tyrimo rezultatai atskleidė, kad neseniai smurtą patyrusių moterų PTA didėja, o seniau smurtą patyrusių moterų PTA išlieka stabilus. Rezultatai iš dalies sutampa su Dyjakon ir Rajba (2022) tyrimo rezultatais. Andreson ir kolegos (2012) nurodo, kad pirmieji dveji metai po smurto incidento yra itin svarbūs augimui. V studijos rezultatai tai patvirtina, nes PTA padidėjo tik neseniai (mažiau nei prieš dvejus metus) IPS patyrusioms moterims. Svarbu tai, kad tęstinio tyrimo imtį sudarė moterys, kurioms buvo suteikta parama, ir tai galėjo turėti įtakos rezultatams. Nepaisant to, šis tyrimas reikšmingai prisidėjo prie ribotų tęstinių tyrimų PTA srityje. Tyrimas atskleidė, kad teigiami IPS patyrusių moterų pokyčiai ne tik išlieka, bet ir padidėja per 1,5 metų laikotarpį. Tad šis tyrimas ne tik prisideda prie žinių apie smurtą patyrusių moterų PTA, bet ir padeda atsakyti į tam tikrą kritiką (pvz., Infurna ir Jayawickreme, 2019) apie PTA realumą ir ilgalaikiškumą.

6. RIBOTUMAS IR TOLESNIŲ TYRIMŲ KRYPTYS

Keletas svarbių su smurtu susijusių aspektų nebuvo tinkamai įvertinti arba į juos nebuvo atsižvelgta atliekant tyrimus. Vienas iš jų – pakartotinis grįžimas į smurtaujantį santykį. Tyrimas apėmė ir moteris, kurios tebegyveno su smurtautoju, tad jos vis dar gali patirti IPS. Vis dėlto tebepatiriančių IPS ir nutraukusių smurtinius santykius moterų PTA mechanizmai gali būti skirtingi, todėl ateityje tyrimai turėtų atskirai analizuoti PTA šiose grupėse. Taip pat tokie veiksniai, kaip persekiojimas ar bendra vaikų globa, dažnai susiję su besitęsiančiu smurtu, net ir nutraukus santykius. Todėl smurtą patyrusių moterų PTA tyrimuose būtų svarbu atsižvelgti ir į šiuos veiksnius.

IPS rūšių ir dažnumo sąrašas, sudarytas INTEGRO tyrimo komandos, ne visose studijose veikė tinkamai - III studijoje teko sumažinti teiginių skaičių iki 16 siekiant gerų psichometrinių charakteristikų, (kitose studijose pilna instrumento versija veikė tinkamai). Tokie psichometrinių charakteristikų iššūkiai galėjo būti susiję su gana mažu imties dydžiu III studijoje ir / arba imties charakteristikomis. Bet kokiu atveju tai nurodo, kad sukurtas IPS rūšių ir dažnumo instrumentas yra jautrus šiems faktoriams ir tolimesniuose tyrimuose į tai turėtų būti atsižvelgta.

Nemenkas šio tyrimo trūkumas – tyrimo dalyvių pasitraukimas iš tęstinio tyrimo. Daug priežasčių lemia tai, kad IPS patyrusias moteris sunku išlaikyti tęstiniuose tyrimuose (pvz., besikeičianti kontaktinė informacija, vengimas atsakyti į klausimus apie smurtą ar dėl grįžimo pas smurtaujantį partnerį). Kituose būsimuose tyrimuose svarbu įvertinti šias rizikas ir apsvarstyti jų valdymo būdus. Be to, tęstinio tyrimo imtį sudarė paramą gavusios moterys, ir tai galėjo turėti įtakos gautiems rezultatams. Kituose tyrimuose svarbu įtraukti ir moteris iš bendros populiacijos, kurios nebūtinai gavo ar kreipėsi pagalbos. Šiuose tyrimuose didesnis dėmesys turėtų būti skiriamas ir neparemiančiam elgesiui bei jo ryšiui su PTA kadangi toks elgesys paplitęs ne tik Lietuvoje (RAIT, 2017), bet ir kitose šalyse (Europos Komisija, 2016).

Disertacijoje išryškinamos kai kurias metodologinės ir konceptualios problemos, būdingos PTA tyrimams. Pirma, skerspjūvio tyrimų nepakanka sudėtingiems modelyje aprašytiems atsparumo ir PTA ryšiams atskleisti. Tam reikia tęstinių tyrimų, kurie leistų išmatuoti ne tik PTA, bet ir atsparumo pokyčius. Antra, įveikos tyrimams kyla konceptualių iššūkių (daugiau apie tai diskutuojama IV studijoje). Atsižvelgiant į tai, kad įveikos strategijos yra jautrios kontekstui ir dažnai kinta (Bonanno ir Burton, 2013), svarbu tirti atskiras strategijas, kurios yra reikšmingos tiriamam kontekstui. Taip pat naudingiausi būtų tęstiniai tyrimai, leidžiantys stebėti perėjimą nuo vienų strategijų prie kitų, nes tokia analizė galėtų suteikti žinių apie tai, kaip kinta įveikų vaidmuo PTA procese.

Galiausiai augimui matuoti buvo naudojama trumpoji PTGI forma. Nors tai patikima ir tinkama skalė (Cann ir kt., 2010), ji leidžia įvertinti tik bendrą PTA. Kituose būsimuose tyrimuose būtų svarbu atsižvelgti ir į atskiras PTA dimensijas, naudojant pilnąją inventoriaus versiją. Be to, alternatyvūs metodai, kaip struktūruotas interviu, galėtų suteikti dar išsamesnės informacijos apie konkrečius moterų patiriamus pokyčius būtent dėl IPS patirties.

7. PRAKTINĖS REKOMENDACIJOS

Disertacijos rezultatai parodė, kad svarbu užtikrinti prieinamą paramą IPS patyrusioms moterims, nes ji atlieka svarbų vaidmenį PTA potyriui. Taip pat gauti rezultatai galėtų būti svarbūs šviesti visuomenę apie IPS poveikį moterims ir paramos svarbą, taip prisidedant ir prie stigmos visuomenėje mažinimo.

Su IPS patyrusiomis moterimis dirbantys specialistai turėtų normalizuoti jų patiriamą distresą ir savęs kaltinimą. Svarbu suteikti moterims informacijos, kad tokios reakcijos yra normalios ir būdingos po tokių išgyvenimų. Taip pat svarbu su moterų savęs kaltinimu dirbti palaipsniui. Šių jausmų neigimas gali sukelti pasipriešinimą, todėl priėmimas, refleksijos skatinimas ir pagalba ieškant kitų įveikos strategijų gali veikti kaip geriausi terapiniai metodai, padedantys patirti PTA. Taip pat svarbu suprasti, kad PTA procesas gali užtrukti ir pareikalauti daug vidinių resursų. Todėl reikia kelti pagrįstus lūkesčius procesui ir jo neskubinti.

Šios disertacijos rezultatai atskleidžia, kad PTA mechanizmai yra sudėtingi, apimantys daug įvairių psichologinių ir su IPS susijusių aspektų. Todėl politikai turėtų sutelkti savo pastangas ne tik į pagalbos prieinamumo didinimą, bet ir į pakankamą specialistų, galinčių teikti tokią pagalbą, rengimą.

8. IŠVADOS

Šis tyrimas suteikia svarbių žinių apie IPS patyrusių moterų PTA ir su juo susijusius veiksnius. Tokios žinios yra reikšmingos siekiant mokslinius rezultatus pritaikyti praktiškai. Gauti rezultatai padėjo patvirtinti dalį teorinių prielaidų, suteikė žinių apie IPS kontekste netyrinėtus aspektus ir išryškino silpnąsias tyrimų sritis. Mano žiniomis, ši disertacija yra pirmasis sisteminis PTA tyrimas, kuris remiasi vienu specifiniu trauminiu kontekstu, apimančiu jam svarbius veiksnius, t. y. nepalaikantis elgesys, savęs kaltinimas, su smurtu susijusios savybės, kurie retai arba niekada nebuvo tirti.

Remiantis disertacijos tikslais, daromos šios išvados:

1. IPS prieš moteris yra plačiai paplitęs Lietuvoje, ir tai nurodo poreikį tirti nuo smurto nukentėjusių moterų patirtį siekiant suteikti joms įrodymais grįstą pagalbą:
   - Bent kartą gyvenime psichologinį IPS patyrė 50,1 % moterų, ekonominį – 29,9 %, fizinį – 21,5 %, seksualinį – 16,9 %.
2. Moterys skirtingai reaguoja į IPS:
   - Didžioji dalis tyrime dalyvavusių moterų pasižymi PTA būdingomis tendencijomis: 46 % moterų pasižymėjo tik augimo požymiais, 25 % moterų pasižymėjo potrauminio augimo ir distreso požymiais.
   - Nedidelė dalis moterų, sudaranti 11 % imties, pasižymėjo sunkaus distreso požymiais.
   - Likusi dalis moterų, sudaranti 18 % imties, pasižymėjo mažo poveikio požymiais.
3. Socialinė parama teigiamai susijusi su PTA, tačiau nepalaikantis elgesys su juo nesusijęs.
4. Įkyrus bei sąmoningas galvojimas ir savęs kaltinimas, kaip įveikos strategija, teigiamai susiję su PTA. Įkyrus galvojimas ir savęs kaltinimas su potrauminiu augimu susiję netiesiogiai.
5. Per 1,5 metų laikotarpį, neseniai IPS patyrusių moterų PTA įverčiai didėja, o seniau smurtą patyrusių moterų įverčiai išlieka stabilūs gana aukštame lygyje.

CURRICULUM VITAE

Education

2018–2022	Doctoral student at Mykolas Romeris University (Institute of Psychology)
2016–2018	Master's degree in Forensic Psychology (Mykolas Romeris University)
2012–2016	Bachelor's degree in Psychology (Mykolas Romeris University)

Work experience

2019–2021	Psychologist at Crisis Management Center
From 2020	Junior researcher at Mykolas Romeris University

Išsilavinimas

2018–2022	Doktorantūros studentė Mykolo Romerio universitete (Psichologijos institutas)
2016–2018	Teisės psichologijos magistro laipsnis (Mykolo Romerio universitetas)
2012–2016	Psichologijos bakalauro laipsnis (Mykolo Romerio universitetas)

Darbo patirtis

2019–2021	Psichologė Krizių įveikimo centre
Nuo 2020	Jaunesnioji mokslo darbuotoja Mykolo Romerio universitete

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Bakaitytė, Aistė

REBUILDING ONESELF: POSTTRAUMATIC GROWTH IN WOMEN SURVIVORS OF INTIMATE PARTNER VIOLENCE: daktaro disertacija. – Vilnius: Mykolo Romerio universitetas, 2023. P. 172.

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Intymaus partnerio smurtas prieš moteris yra paplitusi visuomeninė problema ne tik Lietuvoje, bet ir visame pasaulyje. Nors trauminės patirtys, tokios kaip intymaus partnerio smurtas, sukelia įvairias neigiamas pasekmes, pastebima, kad po tokių patirčių galimi ir teigiami pokyčiai, vadinami potrauminiu augimu. Potrauminis augimas aktyviai nagrinėjamas įvairiuose trauminiuose kontekstuose, tačiau intymaus partnerio smurtą patyrusių moterų teigiamiems pokyčiams skiriama labai mažai dėmesio. Smurtas artimuose santykiuose pasižymi specifine dinamika, todėl žinios sukauptos kituose trauminiuose kontekstuose ne visada gali būti pritaikytos intymaus partnerio smurtą patyrusių moterų kontekste. Atsižvelgiant į nurodytas problemines sritis, šioje disertacijoje sistemiškai nagrinėjamas potrauminio augimo modelis intymaus partnerio smurtą patyrusių moterų kontekste. Penkių studijų pagalba atskleidžiamas intymaus partnerio smurto prieš moteris paplitimas bei moterų potrauminio augimo sąsajos su distresu, psichologiniu atsparumu, įvykio centrališkumu, socialine parama ir neparemiančiu elgesiu, sąmoningu ir įkyriu galvojimu, bei savęs kaltinimu. Taip pat analizuoti ir su smurtu susiję veiksniai bei jų sąsajos su potrauminiu augimu. Disertacijos rezultatai išryškina veiksnius prisidedančius prie intymaus partnerio smurtą patyrusių moterų potrauminio augimo patirčių, leidžia pagrįsti dalį teorinių potrauminio augimo prielaidų ir atskleidžia metodologines ir konceptualias problemines potrauminio augimo tyrimų sritis, reikalaujančias tolimesnių tyrimų.

Intimate partner violence against women is a widespread social issue, not only in Lithuania but also around the world. Despite the negative consequences of experiencing such traumatic events, there is evidence to suggest that some may experience positive changes referred as posttraumatic growth. While posttraumatic growth has been studied in various traumatic contexts, there has been little research on positive changes in women survivors of intimate partner violence. Domestic violence is characterized by specific dynamics, which indicates that knowledge gained from other traumatic contexts may not always be applicable to survivors of intimate partner violence. Therefore, this dissertation systematically examines the theoretical model of posttraumatic growth in the context of intimate partner violence. Five conducted studies helped to uncover the prevalence rates of intimate partner violence against women in Lithuania and analyze women's posttraumatic growth and its' relationships with distress, resilience, centrality of event, social support and non-support, intrusive and deliberate rumination, and self-blame as a coping mechanism. Also, violence related characteristics and their associations with posttraumatic growth were analyzed. The results of the dissertation highlight the factors contributing to posttraumatic growth in women survivors of intimate partner violence. These findings also help to confirm some of the theoretical assumptions of posttraumatic growth and reveal methodological and conceptual issues that require further investigation.

Aistė Bakaitytė
ATKURIANT SAVE: INTYMAUS PARTNERIO SMURTĄ PATYRUSIŲ MOTERŲ POTRAUMINIS AUGIMAS

Daktaro disertacija
Socialiniai mokslai, psichologija (S 006)

Mykolo Romerio universitetas
Ateities g. 20, Vilnius
Puslapis internete www.mruni.eu
El. Pastas roffice@mruni.eu
Tiražas 20 egz.

Parengė spaudai Aurelija Sukackė

Spausdino UAB „Šiaulių spaustuvė“
P. Lukšio g. 9G, 76200 Šiauliai
El. P. info@dailu.lt
http://siauliuspaustuve.lt