Háskólinn á Akureyri
University of Akureyri

Female Survivor's Post-Traumatic Growth Journey Following Intimate Partner Violence

Emphasizing Facilitating Factors and Main Obstacles

Doctoral dissertation

Hulda Sædís Bryngeirsdóttir

University of Akureyri
Health Sciences
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Leiðir kvenna til að eflast og vaxa eftir að hafa verið beittar ofbeldi í nánu sambandi

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This thesis is dedicated to all the brave women and children
that have suffered violence in their homes and
to the ones who are still suffering

I hope you will all find your ways to better lives

Acknowledgments

First and foremost I would like to acknowledge all the brave women who decided to open their hearts to a complete stranger and share their stories with me, in order to bring hope to other women, who have suffered or are still suffering intimate partner violence. In the times when I really wanted to give up on my Phd journey, your voices kept me going. Thank you.

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I send my gratitude to all the supportive people that I haven't mentioned. This has been a long way, sometimes even a bumpy ride, but now I am finally there.

Ágrip

Markmið: Meginmarkmið doktorsritgerðarinnar var að rannsaka og greina meginþætti vegferðar íslenskra kvenna að eflingu og vexti eftir ofbeldi í nánu sambandi, með áherslu á hvetjandi og letjandi þætti, og þróa kenningu um vegferðina.

Aðferðir: *Rannsókn I* og *II* voru fyrirbærafræðilegar rannsóknir, þar sem tuttugu og tvær konur sem upplifað höfðu ofbeldi í nánu sambandi tóku þátt. Í *Rannsókn III* var kenningarsamþætting notuð við kenningarsmíðina.

Niðurstöður: Greindir voru átta meginþættir í vegferð kvenna að eflingu og vexti eftir að hafa upplifað ofbeldi í nánu sambandi og urðu þeir uppistöður kenningarinnar um vegferð þeirra. Greindir voru ellefu hvetjandi og fjórtán letjandi þættir, sem sumir höfðu áhrif á upplifun þátttakenda af því að eflast og vaxa. Þó kenningin sé sett fram sem einstefnu ferli, er efling og vöxtur flæðandi og síbreytilegt ferli, og gera ætti ráð fyrir bakslögum. Samkvæmt kenningunni er kona sem upplifað hefur eflingu og vöxt meðvituð um möguleikann á slíku bakslagi, kann að takast á við þær aðstæður og veit að hún mun ná vellíðan á ný og njóta eflingar sinnar og vaxtar. Hún er einnig meðvituð um að viðhalda eflingu sinni og vexti.

Ályktanir: Heildarniðurstöður doktorsverkefnisins gefa til kynna að efling og vöxtur sé raunverulegur möguleiki fyrir konur eftir ofbeldi í nánu sambandi, sem er líklegt til að auka velferð þeirra og lífsgæði, sem og barna þeirra, ástvina og samfélagsins í heild sinni, og draga þannig úr niðurbrjótandi áhrifum ofbeldisins. Því væri æskilegt að leggja áherslu á eflingu og vöxt kvenna í

þessum sporum. Þessar rannsóknarniðurstöður eru einstakt innlegg til fræðasviðs rannsókna á þessu sviði, þar sem vöntun virðist vera á rannsóknum á viðfangsefninu. Rannsaka þarf frekar meginþætti vegferðarinnar að eflingu og vexti eftir ofbeldi í nánu sambandi, ásamt hvetjandi og letjandi þáttum hennar.

Lykilorð: Efling og vöxtur í kjölfar áfalla; Ofbeldi í nánu sambandi; Lýðheilsa; Fyrirbærafræði; Kenningasmíði.

Abstract

Aim: The overarching aim of the doctoral thesis was to explore and define the components of th PTG journey of Icelandic female IPV survivors, emphasizing the main obstacles and facilitators, and to synthesize a theory of that journey.

Methods: *Study I* and *II* were phenomenological studies where twenty-two female IPV survivors participated. In *Study III* theory synthesis was used to develop the theory.

Results: Eight main components of the PTG journey of female IPV survivors were identified, which became the building blocks of the theory of their journey. Eleven main facilitators and fourteen main obstacles were identified, some of them influencing the participants' experience of PTG. Though theorized as a one-way process, PTG is a nonlinear, fluid state and regression, should be considered. According to the theory, a woman enjoying PTG is aware of the possibility of such regression, she knows how to react to it and is aware that she will regain her wellbeing, enjoying her PTG. She also knows the importance of maintaining her PTG.

Conclusions: The findings indicate that PTG is a real possibility for female IPV survivors, being likely to improve their welfare and quality of life, as well as the wellbeing of their children, loved ones, and community, thereby decreasing the damaging effects of IPV. Therefore, the importance of aiming for PTG should be emphasized. These findings are a unique contribution to this field of research, due to a gap in the literature in the field. Further research is needed to establish the components affecting the PTG journey of female IPV survivors of as well as the main obstacles and facilitators on that journey.

Keywords: Post-Traumatic Growth (PTG); Intimate Partner Violence (IPV); Public Health; Phenomenology; Theory Synthesis.

Contents

List of abbreviations

GBV:	Gender-Based Violence
WHO:	World Health Organization
IPV:	Intimate Partner Violence
UN:	United Nations
PTSD:	Post-Traumatic Stress Disorder
PTG:	Post-Traumatic Growth
n:	Number of Participants
M:	Average
ACE:	Adverse Childhood Experience

List of figures

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Overview of original articles

This doctoral thesis is based on the following original publications, which will be referred to in the text:

I. Bryngeirsdottir, H. S., & Halldorsdottir, S. (2022). "I'm a Winner, Not a Victim": The Facilitating Factors of PostTraumatic Growth among Women Who Have Suffered Intimate Partner Violence. *International Journal of Environmental Research and Public Health, 19*(3), 1342. https://doi.org/10.3390/ijerph19031342

II. Bryngeirsdottir, H. S., & Halldorsdottir, S. (2022). Fourteen Main Obstacles on the Journey to Post-Traumatic Growth as Experienced by Female Survivors of Intimate Partner Violence: "It Was All So Confusing". *International Journal of Environmental Research and Public Health, 19*(9), 5377. https://doi.org/10.3390/ijerph19095377

III. Bryngeirsdottir, H. S., Saint Arnault, D. M. & Halldorsdottir, S. (2022). The Post-Traumatic Growth Journey of Women who have Survived Intimate Partner Violence: A Synthesized Theory. *International Journal of Environmental Research and Public Health*. (under review). https://doi.org/10.3390/ijerph19148653

All articles are re-printed with the kind permission of the publishers.

Additional publication related to the thesis:

a) Bryngeirsdottir, H. S., & Halldorsdottir, S. (2021). The challenging journey from trauma to post-traumatic growth: Lived experiences of facilitating and hindering factors. *Scandinavian Journal of Caring Sciences, 00*, 1-17. https://doi.org/10.1111/scs.13037

Declaration of Contribution to the thesis

Hulda S. Bryngeirsdottir (HSB), Sigridur Halldorsdottir (SH), Denise M. Saint Arnault (DMSA) and Rhonda M. Johnson (RMJ) contributed to the planning, designing, and implementation of this doctoral thesis.

Study I: Conceptualization, HSB and SH; methodology, HSB and SH; software, HSB; validation, SH; formal analysis, HSB and SH; investigation, HSB; resources, HSB and SH; data curation, HSB; writing—original draft preparation, HSB; writing—review and editing, SH and HSB; visualization, HSB; supervision, SH; project administration, SH; funding acquisition, SH and HSB; constructive feedback and support, DMSA and RMJ; ethical approval, SH and HSB.

Study II: Conceptualization, HSB and SH; methodology, HSB and SH; software, HSB; validation, SH; formal analysis, HSB and SH; investigation, HSB; writing—original draft preparation, HSB; writing—review and editing, SH and HSB; visualization, HSB; supervision, SH; project administration, SH; funding acquisition, SH and HSB; ethical approval, SH and HSB.

Study III: Conceptualization, HSB and SH; methodology, HSB and SH; software, HSB; validation, SH and DSA; formal analysis, HSB and SH; investigation, HSB; resources, HSB and SH; data curation, HSB; writing—original draft preparation, HSB; writing—review and editing, SH; DSA and HSB; visualization, HSB; supervision, SH and DSA; project administration, SH; funding acquisition, SH and HSB; constructive feedback and support, RMJ; ethical approval, SH and HSB.

Thesis: HSB wrote the thesis under the supervision of SH. DMSA and RMJ reviewed and approved the final version of the thesis.

1 Introduction

1.1 Gender-Based Violence

Gender-based violence (GBV) is a serious, social problem, globally affecting around 1 in 3 women (D'Amore et al., 2021; World Health Organization [WHO], 2019, 2021). The forms of GBV are various and the causes are multifaceted, including social, cultural, economic, and political (Krahé, 2018; Sanjel, 2015). In the UN Declaration on the Elimination of Violence against Women, devastating consequences of GBV were defined and emphasized (United Nations, 1994). This declaration was the first international tool which was explicitly developed to deal with violence against women. It defines GBV as any physical, sexual, or psychological violent behaviour, or the threat of such behaviour, toward women and girls, wherever it occurs, in the home, the community and/or condoned by the state. Vulnerable groups of women are especially identified in the statement. According to the declaration, GBV undermines development of nations and is a threat to peace (King, 2019).

1.2 Intimate Partner Violence

Intimate partner violence (IPV) is the most common manifestation of violence against women (WHO, 2012, 2021). Being a worldwide, widespread, and serious public health problem, IPV has been identified as a global health problem of epidemic proportions (Mitchell et al., 2016; Sharples et al., 2018). IPV includes physical and psychological aggression, controlling behaviour and/or sexual coercion (Garcia-Moreno et al., 2006; WHO, 2021), and the perpetrator of IPV is most often a current or former intimate partner of the

victim (Stewart et al., 2016; WHO, 2021). International research has shown that women are more likely to be assaulted, injured, raped, or killed by their male spouse or male ex-spouse than by anyone else (Stark & Ager, 2011; UN Women, 2015a; WHO, 2005b). Psychological aggression is the most common form of IPV, being an even stronger predictor of serious psychological health problems, such as post-traumatic stress disorder (PTSD), than physical violence. Psychological violence is likely to affect feelings like self-kindness in a negative way (Samios et al., 2020) and even lead to the woman's loss of her internal ego structure (Czerny & Lassiter, 2016).

IPV has been defined as intimate terrorism, the perpetrator being in control, emotionally abusing the partner by using threats, intimidation, economic abuse, and guilt (Johnson, 1995; Johnson & Ferraro, 2000). The dynamics in violent relationships has been described by Evan Stark as coercive control, which captures the multidimensional nature of IPV, psychological violence playing a large role in the controlling and intimidating behavior of the perpetrator, along with the social isolation of the victim (Stark, 2009, 2016). The classifications of IPV varies (Ali et al., 2016; Johnson, 2011; McHugh & Hanson Frieze, 2006), but the consequences of suffering IPV are serious, affecting the woman's physical and psychological well-being in a harmful way (Arabaci et al., 2018; Campbell, 2002; Crowne et al., 2010; Jovanović et al., 2020; Loxton et al., 2017; Monahan, 2019; Yim & Kofman, 2019; Zlotnick et al., 2006), even resulting in the perpetrator murdering the woman (Heise et al, 2002; WHO, 2019; Zara & Gino, 2018). Suffering IPV also affects the victim's social welfare in a destructive way (Krahé, 2018; Russo & Pirlott, 2006), as well as her children's welfare (Chiesa et al. 2018; Krahé, 2018) and the welfare of her loved ones (Krahé, 2018; van Heugten & Wilson, 2008; WHO, 2013).

Women who have suffered IPV, are more likely to suffer various illnesses, and their comorbidity is high. They are in increased danger of being diagnosed with mental illness and are more likely to suffer substance use disorder, than women who have not endured IPV or abuse (Heise et al., 2002; Kisthton et al. 2022; Stewart et al., 2016). Violence against women is now widely considered a serious public health problem (Stewart et al., 2016; Wu et al., 2020), which involves all parts of society, violating human rights (Elghossain et al., 2019; WHO, 2021), regardless of sociodemographic factors like age, marital status, and educational status (WHO, 2005a).

GBV, including IPV, has severe economic costs not only for the victims of violence, but for their community. These costs are due to expenditures to service provision because of violence, lost income for the women suffering GBV or IPV and their families, decreased productivity as well as destructive impacts on future human capital formation, affecting the economic growth in a negative way (Duvvury et al. 2013).

Economic abuse is a well-known, unique form of violence within intimate partner relationships. This type of violence affects the woman's life in an extensive and destructive way, i.e., her mental health and psychological welfare, family formations, parenting methods, children's behaviour, and youth outcomes (Stylianou, 2018).

Suffering IPV is complex and traumatic (Pico-Alfonso et al., 2005; Sinko et al., 2021), where the perpetrator has seized the control of the woman's life and forced her into survival mode (Sinko et al., 2021). Leaving an IPV relationship is a long-term, complicated process, that even continues after the end of the violent relationship (Baholo et al., 2015; Evans & Lindsay, 2008, Flasch et al., 2017). Making the decision of remaining in or escaping a violent relationship is not a simple task (Kim & Gray, 2008; Reisenhofer & Taft, 2013).

Leaving such a relationship means a great transformation in the life of the woman, since she moves from being in a survival mode to being in control when starting a new life after leaving the perpetrator (Dziewa & Glowacz, 2022; Sinko et al., 2021), requiring a tremendous strength of the woman (Anderson et al., 2012). The effects of the post-IPV trauma include negative physical and mental outcomes as well as negative financial consequences, housing instability, and social stigmatization (Flasch et al., 2020).

Research on IPV has mainly been focusing on the negative consequences of the experience (D'Amore et al., 2021). Even though the consequences of IPV are serious, the awareness of the possibility that survivors of IPV can demonstrate considerable strength, resilience as well as other positive resources in their recovery has been emphasized (Bitton, 2014; Bryngeirsdottir & Halldorsdottir, 2021). Even if the process of seeking help following IPV appears to be complex (Lelaurain et al., 2017; Robinson et al., 2021), women who have suffered IPV can recover, but there is a lack of knowledge and understanding about their recovery as well as the recovery process (Brosi et al., 2020; Flasch et al., 2017; UN Women, 2015b). Recent research results suggest that IPV female survivors' recovery is a personal and complex process, happening over time, requiring great deal of support (Carman et al., 2022). Recognizing the violence as a major social problem that negatively affects public health, has progressively changed attitudes toward IPV against women. This has resulted in increased interest in the research area on IPV (Gracia et al., 2020; Wu et al., 2020), leading to steady increase in number of international publications on the subject for the last 20 years (Wu et al., 2020).

1.3 Trauma

Most people suffer psychological trauma at some point in their lives. Research results have revealed that suffering multiple traumas, can in time result in building block effects, increasing the likelihood of damaging psychological results in people suffering multiple traumatic life experiences (Kolassa et al., 2010; Kraemer et al., 2016). The key aspects of psychological trauma are experiencing life threat, uncontrollability, and unpredictability in situations in life (Cai et al., 2014; Weathers & Keane, 2007). Although traumatic experiences can lead to numerous psychological complications (Boals et al., 2013; Brown et al., 2014; Dar et al., 2015), most trauma survivors, including female survivors of GBV (Anderson et al., 2012; Rusch et al., 2015), show immense adaptability when contending with their experience of trauma (Olff et al., 2005; Rusch et al., 2015). The progress of post-traumatic consequences depends largely on the physical and emotional proximity to the traumatic event (May & Wisco, 2016; Pooley et al., 2013; Wozniak et al., 2020).

1.4 Post-Traumatic Growth

Post-traumatic growth (PTG) has been described as a positive, psychological change in a person, following traumatic events and severe difficulties, the focus being on the possible positive outcomes of the trauma instead of concentrating on the negative consequences of the trauma (Calhoun & Tedeschi, 2014; Ulloa et al., 2016). PTG consists of five main components i.e., the person perceives positive spiritual change, appreciates life more, experiences increased personal strength (Calhoun & Tedeschi, 2014; Tedeschi & Calhoun, 2004; Tedeschi & Moore, 2021), sees new possibilities in life, and has better relations to other people (Abel et al., 2014; Chopko et al., 2019;

Tedeschi & Moore, 2021). In a recent study, PTG is explained as a personal resurrection in life following psychological trauma, including persons confronting their own feelings, experiencing intensified inner strength, having deeper relations to others, experiencing personal growth, living a healthier life, enjoying increased self-knowledge as well as a stronger self-image. The authors state:

> Furthermore, the individual enjoys increased social activity, positivity and patience and has feelings of freedom, power, and energy, without any regrets. Moreover, the individual feels like a winner in life, is less stressed, more appreciative of own self, others, and life in general, seeing new possibilities in life having found a new vision as well as deeper inner peace and wisdom. Even though the negative influences of trauma can be present, the positive factors of post-traumatic growth are dominant. (Bryngeirsdottir & Halldorsdottir, 2021, p.13).

Research has shown that many people who have had symptoms of PTSD following trauma, have reported these extensive positive changes in their lives (Barton et al., 2013; Coroiu et al., 2015; de Castella & Simmonds, 2013; Su & Chen, 2015). When estimating PTG all these components are considered (Jin et al., 2014; Purc-Stephenson, 2014; Stagg, 2014; Taku et al, 2015; Tedeschi & Calhoun, 1996). Research on PTG have been conducted in various fields within the literature of trauma, such as transportation accidents or other accidental injuries (Han et al., 2019; Nishi et al., 2010; Salter & Stallard, 2004), natural disasters (Amiri et al., 2021; Bernstein & Pfefferbaum, 2018; Chan & Rhodes, 2013; Sattler et al., 2018; Subandi et al., 2014; Zavala et al., 2022), interpersonal experiences (Brooks et al., 2020; Kılıç et al., 2020; Kim & Han, 2020; Lee et al., 2020; McLean et al., 2013; Mutisya & Owuor, 2018; Pan et al., 2022; Semeijn et al., 2019; Tsai et al., 2015; Veronese et al., 2017; Waugh et

al., 2018; Yılmaz et al., 2018), medical problems (Wiechman Askay & Magyar-Russel, 2009; Chun & Lee, 2008; Cui et al., 2017; Duran, 2013; Feng et al., 2022; Haroosh & Freedman, 2017; Kinsella et al., 2015; Yang & Ha, 2019), and other life experiences (Baillie et al., 2014; Blackie et al., 2017; Chan et al., 2016; Hanetz-Gamliel, 2022). Recent results from a study on PTG, indicated that PTG is a journey rather than a destination, where the persons' need for change inspired them to embark on their journey to PTG (Bryngeirsdottir & Halldorsdottir, 2021). This understanding indicates that more attention should be paid to people suffering psychological trauma in order to minimize or even prevent serious negative consequences of trauma.

1.5 Post-Traumatic Growth Following Intimate Partner Violence

Even though research interest in IPV as well as in PTG has been rising, the main interest of research has been on these subjects separately but not in connection with each other. When it comes to research on PTG following IPV among female survivors it seems to be a gap in the literature (D'Amore, 2021; Rahayu & Hendriani, 2019). Since PTG has shown to improve quality of life in multiple ways, it is important to consider the possibilities of PTG among female IPV survivors. The general nature of PTG theory can be criticized for not being specific enough when being applied to various groups of trauma survivors. We need to better understand the factors facilitating PTG among groups of people with different defined trauma suffering, such as IPV, as well as the obstacles to PTG. This reveals the need for more trauma specific PTG theories.

2 Aims

The overarching aim of the doctoral thesis was to explore PTG from the perspective of Icelandic female survivors of IPV. More specifically: a) to use phenomenology to analyse and describe the main components of their PTG journey, emphasizing the obstacles and the facilitators on that journey, and b) to synthesize a theory of the PTG journey of Icelandic female IPV survivors. This work resulted in three interrelated studies, presented in three peer-reviewed original articles. The objectives of each study were as follows:

Study I

1) To explore the factors that facilitate PTG from the perspective of women who have made the shift from suffering victims of IPV to survivors who enjoy PTG

2) To learn about participants' perceptions of PTG.

The main research question of Study I was: "What are the facilitating factors of PTG among women who have suffered IPV and what is their perception of PTG? "

Study II

1) To explore the main obstacles on the PTG journey as experienced by Icelandic female IPV survivors. The phenomenon was studied from the perspective of women who self-reported had succeeded in reaching PTG following IPV.

The main research question of Study II was: "What are the main obstacles on the journey to post-traumatic growth as experienced by Icelandic female survivors of Intimate partner violence."

Study III

1) To identify and explain the main components on the PTG journey of Icelandic female IPV survivors

2) To develop and introduce a theory of the PTG journey of Icelandic women who have survived IPV.

The main research question of Study III was: "What are the main components of the PTG journey of female survivors of IPV? "

3 Materials and Methods

This doctoral thesis is based on three interrelated studies. *Study I* was a phenomenological study, presenting the facilitating factors experienced by Icelandic female IPV survivors on their PTG journey (article I). *Study II* was a phenomenological study, presenting the obstacles on the PTG journey experienced by Icelandic female IPV survivors (article II). *Study III* was a theory synthesis, introducing the PTG journey of Icelandic female IPV survivors, identifying and explaining the components of that journey. An overview of the studies is listed in Table 1.

Table 1: Overview of the studies in this thesis

Study	Research questions	Participants	Data collection	Methodology
I	1) What are the facilitating factors of PTG among women who have suffered IPV? 2) What is their experience of PTG?	Icelandic female IPV survivors who self-reported their PTG (*n* = 22)	Semi-structured interviews, where a semi-structured interview guide based on the research questions and the literature was used	The Vancouver School of doing Phenomenology

II	What are the main obstacles on the journey to PTG as experienced by Icelandic female survivors of IPV?	Icelandic female IPV survivors who self-reported their PTG (*n* = 22)	Semi-structured interviews, where a semi-structured interview guide based on the research questions and the literature was used	The Vancouver School of doing Phenomenology
III	What are the main components of the PTG journey of female IPV survivors?	Icelandic female IPV survivors who self-reported their PTG (*n* = 22)	Research data from *Study I* and *Study II* Published results from *Study I* and *Study II* Results from *Study 0* (Bryngeirsdottir and Halldorsdottir, 2021) (*n* = 13)	Theory Synthesis

In this section, the materials and methods used in the doctoral thesis are summarized and explained. For further information, see the previously mentioned articles.

3.1 Phenomenology

Phenomenology is referred to as a study of the lived experience, exploring reality of life and living, describing phenomena as they appear to the person experiencing the phenomena (Tan et al., 2009; Tuohy et al., 2013). The word phenomenology can refer to a research methodology, a philosophy, and an approach (Dowling, 2004). When conducting a phenomenological study, there are many approaches to choose from, due to the various descriptions and labels of the schools of doing phenomenological research (Dowling & Cooney, 2012). However, all phenomenological schools share interest in people's lived experiences, and they all originate from the philosophical views of either Husserl (descriptive phenomenology) or Heidegger (interpretive phenomenology) (Tuohy et al., 2013). Edmund Husserl, who is acknowledged as the father of phenomenology, focused on the experience itself, stating that reality was the person's lived experience, and the aim of phenomenology was to find the essence of that experience (Spiegelberg, 1984). To do so, Husserl stated that researchers must put aside their previous knowledge, prejudices, preconceptions, and beliefs about the phenomenon, called bracketing, where no judgement is made (Spiegelberg, 1984). Moreover, researchers should focus on the underlying principles of the person's lived experience, the emphasis being on description, rather than understanding (Dowling, 2004). Phenomenological bracketing is the distinguishing characteristics of Husserlian phenomenology (Dowling & Cooney, 2012). Heidegger, who was a student of Husserl, stated that describing the experiences of others was not enough, so he focused on understanding the experience in question. Heidegger rejected the idea of 'bracketing', stating that it was impossible for a researcher to disconnect description of a phenomena from his or her own interpretation

(Tuohy et al., 2013). Building on the work of Husserl's and others, Heidegger developed hermeneutic phenomenology, which aims are to gain understanding through interpretation and follows a process to clarify the phenomenon at stake in its context (Dowling, 2004), in other words the art and science of interpretation being a suitable methodology for human sciences research (Tan et al., 2009). Heidegger's ideas of hermeneutic phenomenology were further developed by Gadamer, who emphasized the necessity of acknowledging the researcher's social history and culture, which is a popular point of view among many researchers in the field of nursing and midwifery (Dowling & Cooney, 2012). Ricoeur, who was influenced by the work of both Heidegger and Gadamer, offered the most extensive analysis of phenomenology and hermeneutics (Spiegelberg, 1984). Ricoeur's theory of interpretation, sealed the connection between hermeneutics and phenomenology, acknowledging the possibility of the interrelation between the assumptions made when interpretating the information, and what is already known (Spiegelberg, 1984). Containing three levels of data analysis; explanation, interpretation and understanding (Tan et al., 2009), Ricoeur's theory influenced the development of the Vancouver school of doing phenomenology (Halldorsdottir, 2000), which has turned out to be a useful research method to nurse researchers, because of its 12 steps approach (Dowling & Cooney, 2012). The main phenomenological approaches and their philosophical underpinnings are described in Figure 1.

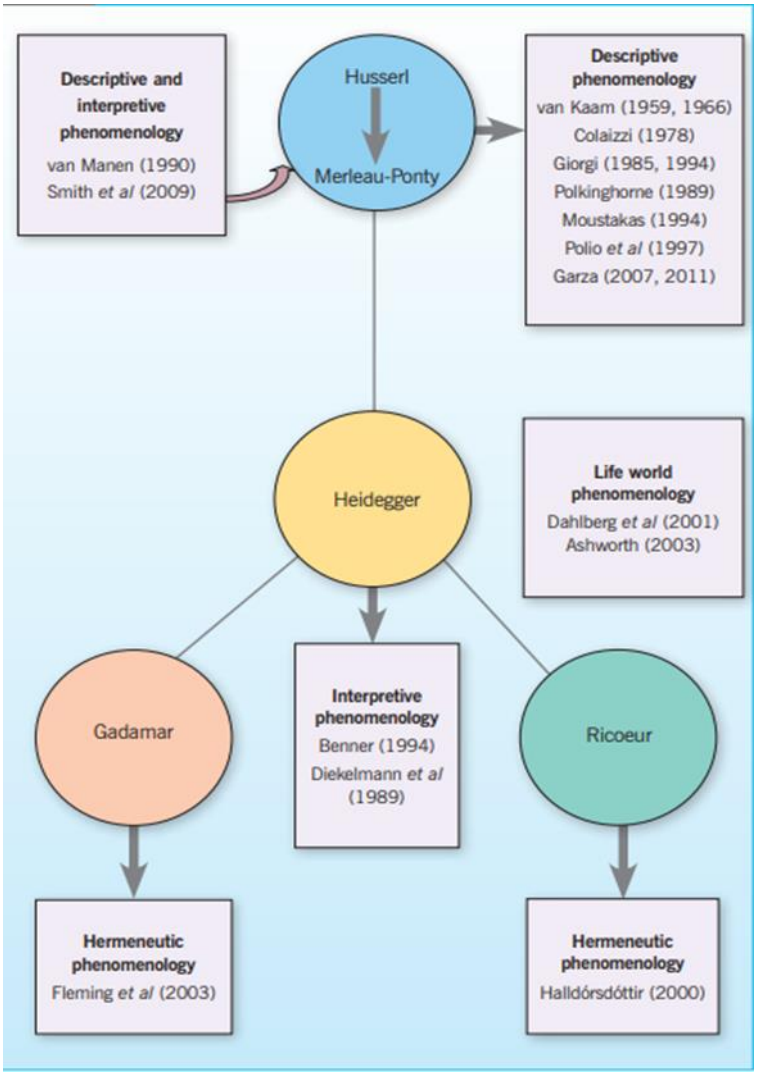

Figure 1: Phenomenological approaches and their philosophical underpinnings (Dowling & Cooney, 2012, p.22.) Used with permission.

There is no one right way to do a phenomenological study, instead the most important thing for researchers is to choose the most suitable approach for the aim of their particular study (Dowling & Cooney. 2012)

3.2 The Vancouver School of Doing Phenomenology

To answer the main research questions in *Study I* and *Study II,* phenomenology was used as a research methodology, more specifically the Vancouver School of doing phenomenology (The Vancouver School). The aim of the Vancouver School as a research methodology is to increase the understanding of a defined human phenomenon. The methodology is a unique combination of the works of: a) Spiegelberg (1984) on phenomenology, emphasising the importance of laying our own assumptions and meaning on the phenomena in question aside, b) Ricoeur's (1980, 1990) hermeneutic phenomenology, emphasizing specific levels of data analysis; explanation, interpretation and understanding, and c) Schwandt's (1994) constructivism, emphasizing the importance of empathic understanding of the meaning of human action. When using the Vancouver School, participants describe their experience of a certain phenomenon, while the researchers try to understand, analyse, and report about the participants' experiences of the phenomenon in question, the ultimate purpose being to advance human services (Halldorsdottir, 2000).

The Vancouver School includes a research process of 12 basic steps, considering each participant as an individual case study. The first steps of the Vancouver's School research process are based on analysing individual cases (steps 1-7) while in the latter steps of the research process an inter-cases analysis is conducted (steps 8-12). The cognitive process (in Figure 2) was followed in each of the 12 basic research steps of the Vancouver School, is a circular process that consists of seven main cognitive factors for the researcher to follow. This circular cognitive process is repeated in every of the 12 basic research steps, throughout the research process. Further explanations of the 12 research steps used in *Study I* and *Study II*, is found in Table 2.

Table 2: The 12 basic research steps of the Vancouver School as followed in *Study I* and Study *II*

Steps	Descriptions of steps	Done in *Study I* and *Study II*
Step 1. Selecting dialogue partners (*the sample*)	Efforts are made to select participants who have both typical and non-typical experiences of the phenomenon.	Twenty-two female IPV survivors, aged 23-56, who self-identified as having reached PTG participated in *Study I* and *Study II*.
Step 2. Silence (*before entering a dialogue*)	Pre-conceived ideas are considered, written down to clear own thinking about the phenomenon.	The doctoral student reflected on her preconceived ideas and consciously wrote them down as detailed as possible.
Step 3. Participating in a dialogue (*data collection*)	One or two interviews are conducted with each participant. The number of participants is not determined in advance, but it is determined by data saturation, often 12-18 interviews.	Each participant was interviewed once by the doctoral student, in all 22 interviews because not much is known about the main obstacles or the facilitators on the PTG journey. In the interviews the doctoral studentlistened reflectively.
Step 4. Sharpened awareness of words (*beginning data analysis*)	All interviews are recorded, transcribed verbatim on a computer, and encrypted. Data analysis starts in the interviews and therefore data collection and data analysis run concurrently. After transcribing the interviews, the transcripts are treated as text and the researcher reads the transcripts reflectively.	All the interviews were recorded, transcribed verbatim on a computer, and encrypted. The doctoral student then repeatedly read the transcripts and analysed them in detail by marking texts and writing comments in the margins, about everything which contributed to answering the research questions. Nvivo 12 was also used in the data analysis.

Step 5. Beginning consideration of essences (*coding*)	The researcher reads the transcripts again, repeatedly pondering on what is the essence of what this participant is saying as well as finding key phrases and their meaning. The researcher then analyses the text into main themes and sub-themes.	Every interview was further analysed through labelling, categorizing, and organizing the data into main themes and subthemes to begin constructing the essence of the experience.
Step 6. Constructing the essential structure of the phenomenon from each case (*individual case construction*)	To understand the overall picture of each individual's experience, the main themes in each participant's story are highlighted and the main points are presented in an analytic model for each individual.	The main themes and subthemes in each woman's story were constructed and the most significant themes were built into an individual analytic model.
Step 7. Verifying each case construction with the relevant participant *(verification 1)*	Each individual analytic model involves the researcher's specific interpretation. Each participant is asked to confirm the researcher's interpretation.	Due to circumstances this step was unfortunately not performed which is a methodological limitation of*Study I* and *Study II*.
Step 8. Constructing the essential structure of the phenomenon from all the cases (*meta-synthesis of all the different case constructions*)	The researcher tries to understand the overall analytic model of the phenomenon itself, to realize what the participants' shared experience is and what is different. The researcher constructs an overall analytic model for all participants.	To construct one main analytic model, all individual analytic models were compared. It was in this final data analysis that the second author stepped in and the two authors reflected on the data and reconstructed part of the preliminary findings together.

Step 9. Comparing the essential structure of the phenomenon with the data for verification *(verification 2)*	The researcher compares the transcripts with the overall analytic model.	For verification, all the interviews were re-read and compared with the final analytic model.
Step 10. Identifying the overriding theme describing the phenomenon (*construction of the main theme*)	The researcher presents the essence of the phenomenon which is a conclusion about the phenomenon in a nutshell. That will be the over-arching theme of the study.	The doctoral student and the main thesis advisor constructed the essence of the journey from IPV to PTG, emphasizing the facilitators and the obstacles.
Step 11. Verifying the essential structure with the research participants *(verification 3)*	The development of an overall analytic model is always based to some extent on the researcher's interpretation. This interpretation needs to be confirmed by some participants.	Due to circumstances this step was unfortunately not performed. This is a methodological limitation of *Study I* and *Study II*.
Step 12. Writing the findings *(multivoiced reconstruction*)	When writing the results of the study, the researcher uses direct quotations from the participants so that their voices can be heard which increases the credibility and trustworthiness of the results. This step results in a multivoiced reconstruction.	The participants were quoted directly to increase the credibility and trustworthiness of the findings and conclusions.

The cognitive process followed in all the twelve steps in *Study I* and *Study II*, is shown in Figure 2.

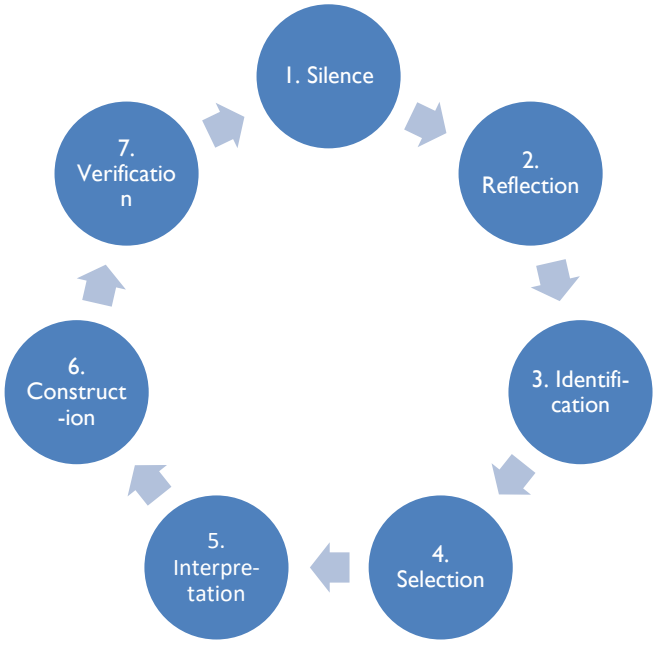

Figure 2: The cognitive process in each step in the Vancouver School's research process (Halldorsdottir, 2000, p. 56). Used with permission. *Note*: This cognitive process is repeated in every of the 12 steps of the Vancouver School.

The Vancouver School has proven to be useful when doing research among various vulnerable groups of people. Due to its 12-steps approach, the Vancouver School has been considered both clear and useful and is a popular research methodology among nurses in the Nordic countries (Dowling & Cooney, 2012).

Inclusion Criteria

The criteria for participation in *Study I* and *Study II* was having self-identified as having reached PTG following IPV, the criteria being an already published definition of PTG (see Table 3), being at least 18 years old female, being able

to understand and read Icelandic, with at least one year having passed since the end of the violent relationship.

Table 3: The working definition of post-traumatic growth (PTG) used in *Study I* and *Study II* (Bryngeirsdottir & Halldorsdottir, 2021, p. 4).

An individual who has reached post-traumatic growth experiences positive personal changes as a result of a struggle with a traumatic event. The individual has increased personal strength, improved relationships with others, experiences positive changes in attitudes and appreciation towards life, and sees new possibilities in life. The experience, though negative in itself, has had positive meaning for the person.

Sample

Purposeful sampling was used in *Study I* and *Study II*, participation being voluntary and anonymous. Participants were recruited by introducing the research in various ways, both verbally and online by handing out flyers. A total of 34 women signed up for interviews on their experience of PTG, but then the COVID 19 pandemic rose. When face-to-face interviewing was considered safe again, twenty-two participants in the age range of 23-56 years old (M = 40,5 years), who self-identified as having reached PTG and still wanted to participate were interviewed.

Data Collection and Data Analysis

A semi-structured interview guide was developed based on the research questions and the literature, providing participants with certain guidance on what to talk about. The interview guide was followed during the semi-structured interviews, which is a flexible interview method, successful in enabling reciprocity between the interviewer and participant, thus being appropriate when doing research on people's experiences about complex or sensitive issues (Kallio et al., 2016). Examples of interview questions are presented in Table 4.

Table 4. Examples of questions from the interview guide used in *Study I* and *Study II*

Main interview question
Can you describe your experience of post-traumatic growth (PTG) after surviving intimate partner violence (IPV)?
Examples of follow up questions
° Did you experience any obstacles on your PTG journey? If yes: Can you identify and explain those obstacles?
° Did you experience any facilitating factors on you PTG journey? If yes: Can you identify and explain those facilitators?
° How would you explain your experience of PTG?
° What are the main components of your PTG journey in your opinion?
° Is there something you would like to add to what you have already told me?

Both *Study I* and *Study II* were conducted and analysed using the 12 basic steps of the Vancouver School research process, repeating the cognitive process in every of the 12 steps (Figure 2). According to the Vancouver School, the number of participants is not decided in advance, but determined by data saturation, often 12-18 interviews. However, since there is a gap in the literature when it comes to information on PTG among female IPV survivors, it was decided to interview 22 women. Before meeting each participant, the doctoral student reflected on her preconceived ideas of the phenomena and clarified her thinking about them as much as possible. Before the beginning of each interview, the doctoral student introduced the main interview question to the woman, as well as reviewing the working definition of PTG and explaining the purpose of the research. After confirming their understanding by signing the informed consent, the women were encouraged to express themselves freely and openly during the interview. Each participant was

interviewed once, the interviews being in the range of 39-134 min (M = 77 min), the transcripts being in all about 200.000 words. All the interviews were recorded, transcribed verbatim and encrypted. The doctoral student then repeatedly read transcripts, analysing them, searching for answers, by marking texts, writing comments in the margins, and using Nvivo 12, searching for some answers to the research questions. To start constructing the essence of the phenomena, each woman's story was further analysed by labelling, categorizing, and organizing the data, into main themes and subthemes. To understand the overall picture of each woman's experience, the main themes as well as the subthemes of each woman's story were highlighted, and the most significant themes were built into an individual case construction or analytic model, presenting the individual story of each woman. Due to the COVID 19 pandemic rising again following the completion of the interviewing, it was not possible to meet the participants for verification of the individual analytic model, interpreted by the doctoral student. To realize what the participant's shared experience is and what is the difference between them, the doctoral student constructed one main analytic model, where all the individual analytic models were compared and then united in a meta-synthesis of all the different case constructions.

To verify the final analytic model or the meta-synthesis of all the different case constructions, the doctoral student re-read the transcripts and compared them to the final overall analytic model. After that, the essence of the women's experience of PTG and the main obstacles and facilitators on their journey from IPV to PTG was constructed. Since the development of the overall analytic model is constructed based on interpretation to some extent, it should be confirmed by some participants. Due to the circumstances of the COVID 19 pandemic, it was not possible to meet the women for confirmation of the

overall analytic model. To let the women's voices be heard and increase the credibility and trustworthiness of the results, the doctoral student used direct quotations from the participants, resulting in a multivoiced reconstruction.

3.3 Theory Synthesis

The term theory can be defined as a systematic abstraction of reality that serves some purpose', meaning that a theory is developed by using underlying pattern, but the theory is not the reality itself (Chinn & Kramer, 1991). Nursing theory has also been defined as a conceptualization of some facets of nursing reality to describe a phenomenon, define connections between phenomena, predict results, or determine nursing care (Meleis, 2012). When developing a theory there are multiple methodological approaches to choose from. Walker & Avant (2019) have defined theories of nursing into four different categories; metatheories (concerned with the investigation, analysis, or description of theory itself), grand theories (based on broad, abstract and complex concepts), middle-range theories (a set of related ideas that are focused on limited dimension of the reality of nursing) and practice theories (situation specific theories that are narrow in scope and focus on a specific patient population at a specific time) (Halldorsdottir, 2021). When choosing a method to organize existing knowledge into a framework about a certain research question, combining it with databases of the phenomena of interest, to develop a theory on the subject, theory synthesis is an appropriate methodological strategy (Halldorsdottir, 2021; Walker & Avant, 2019). The specific aims of theory synthesis are to represent the components anticipating or influencing a specific health concern; to represent the results of some health-related event or intervention; or to organize different but related, scientific information in a theoretical way. To develop a theory, research data about relationships among at least three components used in the theory must be available. The aim

chosen, depends on the type and amount of evidence available (Walker & Avant, 2019). When answering the research questions in Study III, the methodological approach of theory synthesis was used. An overview of the three steps of theory synthesis in Study III is presented in Table 5.

Table 5: An overview of how theory synthesis was used in *Study III*

Step	Description	Overview of What the Authors did
Step 1	The main concepts from the studies and data used to develop the theory on the phenomenon is defined and explained.	The authors used their own studies and databases (see table 6 and table 7) and analyses of them in the theory synthesis. These are information about how female IPV survivors who had reached PTG described their journey to PTG, emphasizing facilitating factors and main obstacles, as well as how they perceived their PTG and how the lingering effects of their former traumatic experience influenced their PTG. The main concepts used to develop the theory are defined in Table 8.
Step 2	The main concepts used to develop the theory and their relationship, is compared to the literature on the phenomena.	Table 8 from step one was used when comparing the main concepts used in the theory to the literature of PTG among female IPV survivors. Most of the articles from the literature were partially related to the women's journey to PTG, their perception of PTG and the lingering effects of their prior traumatic experience in life on their perception of PTG.
Step 3	The concepts of the theory and their relations are presented in text, in figure(s) or in table(s).	After comparing the detailed descriptions of female survivors' journey to PTG following IPV, emphasizing facilitating factors and main obstacles, as well as their perception of PTG and the lingering effects of their prior traumatic experience on their PTG, we presented the results in text, figures, and tables.

The theory synthesis was developed by using the main concepts identified and described in the authors' published articles of the subject (see Table 6), as well as their research data on the subject (see Table 7), and other published material related to PTG in IPV survivors, that served the purpose to deepen the understanding of the phenomena. The authors' definitions of the main concepts of the theory are found in Table 8.

Table 6: Summary of studies and scholarly works used to develop the theory in *Study III* (step I).

Authors and date	Title	Published
Bryngeirsdottir and Halldorsdottir, 2021	The Challenging Journey from Trauma to Post-Traumatic Growth: Experiences of Faciltiating and Hindering Factors	*Scandinavian Journal of Caring Sciences* 00, 1-17 Doi: https://doi.org/10.1111/scs.13037
Bryngeirsdottir and Halldorsdottir, 2022	"I'm a Winner, Not a Victim": The Facilitating Factors of Post-Traumatic Growth among Women Who Have Suffered Intimate Partner Violence.	*International Journal of Environmental Research and Public Health*, *19*, 1342. *Special Issue*: Environment and Behavior Doi: https://doi.org/10.3390/jerph19031342
Bryngeirsdottir and Halldorsdottir, (2022)	Fourteen Main Obstacles on the Journey to Post-Traumatic Growth as Experienced by Female Survivors of Intimate Partner Violence: "It was all so confusing"	*International Journal of Environmental Research and Public Health, 19,* 5377 *Special Issue*: Violence against Women as an Interdisciplinary Challenge in Public Health Doi: https://doi.org/10.3390/ijerph19095377

Table 7: Summary of research data collected by the doctoral student, used to develop the theory in *Study III* (step I)

Research data	Number of interviews	Main criteria for participation	Word count
Qualitative Interviews	13	Having reached PTG following trauma	90.172 (M=6.936)
Qualitative Interviews	22	Having reached PTG following trauma due to IPV	199.386 (M=9.063)
SUMMARY	**35 interviews**		**289.558 (M=8.273)**

Table 8: The authors' definitions of the main concepts of the theory (step III)

Concepts	Definition
Trauma	An unexpected and threatening event experienced by an individual that he or she cannot stop, control or influence in any way. Trauma negatively affects the basic perception of living in a safe and predictable world and can even negatively affect the individual's world-view.
Intimate Partner Violence (IPV)	Controlling, dominating and/or violent behaviours in an intimate relationship that causes the victim physical, psychological, sexual, financial or social harm.
Facilitators of PTG	Personal, social and/or systematic constructive components, that are likely to be beneficial to the progress of PTG among female IPV survivors.
Obstacles to PTG	Personal, social and/or systematic destructive components, that are likely to cause a delay in, or prevent the progress of PTG among female IPV survivors
Post-Traumatic Growth (PTG)	Following the experience of trauma and through the individual's internal need for change, he or she has managed to process the suffering caused by the trauma. The personal changes experienced include confronting own feelings more freely, consciously nourishing inner strength, having deeper relations to others, experiencing personal growth, living a more wholesome life, and having deeper self-knowledge as well as a stronger self-image. Furthermore, the individual

	enjoys increased social activity, positivity and patience and has feelings of freedom, power and energy, without any regrets. Moreover, the individual feels like a winner in life, is less stressed, more appreciative of own self, others and life in general, seeing new possibilities in life having found a new vision as well as deeper inner peace and wisdom. Even though the negative influences of trauma can be present, the positive factors of post-traumatic growth are dominant. Post-traumatic growth can be likened to a personal resurrection in life following psychological trauma.
Lingering Effects of IPV	The negative long-term effects of traumatic experience intertwined with one's PTG. The person becomes aware of these effects, learns to accept them and how to endure them, responding to them in the best and most suitable way for oneself, knowing that the effects will pass and/or everything will be all right.

Theory synthesis is an evidence-based method for developing a theory, representing the method of converting research and data bases about the subject of interest into a unified whole, allowing the theorist to assemble pieces of knowledge, arranging them, and forming them into a more useful and comprehensible structure. When doing so, the theorist can integrate material from various sources, such as qualitative and quantitative data, available databases as well as research findings already published. In theory synthesis, the salience of the evidence to the phenomenon introduced by the model is of the most importance, rather than the source of the data used to develop the theory. In other words, theory synthesis is useful in combining large number of facts, categorising, and cohering them, thus making it possible to comprehend its content.

Using theory synthesis offers benefits beyond connecting several concepts, a well-built theory exceeds existing knowledge by leading to new and unexpected discoveries (Walker & og Avant, 2019). That said, theory synthesis does not serve as an end of the knowledge of the phenomenon in question, but as a new insight to the subject for being used in both research and practice. The overview of the development of the doctoral study, leading to the doctoral thesis, is shown in Figure 3.

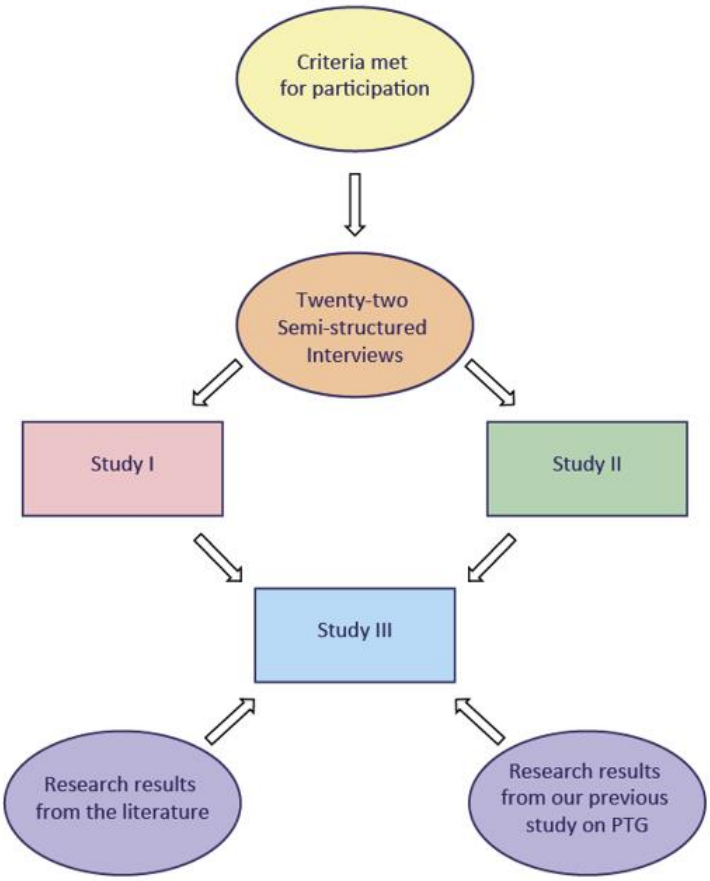

Figure 3. Overview of the development of the doctoral study, leading to the doctoral thesis.

3.4 Research Ethics

The doctoral thesis was guided by the main principles of research ethics, following the guidelines of the Declaration of Helsinki (World Medical Association, 2013). Furthermore, The National Bioethics Committee granted permission to conduct the doctoral study (reference no: VSN-19-166).

Each participant received an introductory letter before deciding to take part, presenting the aims, confidentiality and potential risks and benefits of participating. Participants were informed that their participation was voluntary, and they could withdraw whenever they wanted, without explanation or negative consequences. Because of the participants' vulnerability, their anonymity and the absolute confidentiality was strongly emphasized. To assure the participant's understanding of the research process, as well as their rights and their willingness to participate, this information was repeated before the beginning of each interview. After each interview, participants were offered a personal professional psychological support, if they felt the need, which was free of charge. No participant took advantage of such support. Since female IPV survivors are a vulnerable group, the doctoral student carefully chose a neutral, safe, and private place for interviewing, where there was no chance of compromising their anonymity in this research. Due to the sensitivity of the subject, the doctoral student and the woman were the only one attending the interview each time. All the interviews were recorded, transcribed verbatim on a computer, and encrypted. After that the audio recordings were deleted. All the transcribed interviews and the written consents for participation, were kept in a locked safe place, to which only the doctoral student had access.

To establish trustworthiness, when implementing qualitative research, and enable the reader to verify the doctoral student's influences and actions,

a presentation of a decision trail is appropriate. A decision trail provides a method to explain a researcher's decisions regarding theoretical, methodological, and analytic choices made throughout the study (Koch, 1994). An overview of the decision trail when synthesizing this theory, i.e., what data is the basis for each component is found in Table 9.

Table 9: An overview of the decision trail when synthesizing the theory, i.e., what data is the basis for each component in *Study III*.

Life before IPV	*Study 0* Research data from *Study I* and *Study II*
Broken/Adapted	*Study 0* Research data from *Study I* and *Study II*
Experience of IPV	Research data from *Study I* and *Study II*
Consequences of IPV	Research data from *Study I* and *Study II*
Facilitating Factors	*Study I*
Main Obstacles	*Study II*
PTG following IPV	*Study I*
Lingering effects of IPV	Study 0 Research data from Study I and Study II

3.5 Validity and Reliability

The doctoral student is experienced in working with women and children who have suffered IPV and was, therefore, aware of the significance of her neutrality in the research process of the doctoral study. Therefore, in the research process the doctoral student constantly reflected on her preconceived ideas of the phenomenon and made her preconception as clear in her mind as much as possible. The use of the Vancouver School research methodology was suitable in Study I and Study II, when attempting to prevent

bias impacting the results, particularly due to the researcher's connection to the phenomenon being explored.

The research process of the Vancouver School is designed to increase validity and reliability, e.g., in step 9 where the researcher compares the transcripts with the overall analytic model.

Data saturation was reached when the data was sufficiently dense that the research questions could be answered as judged by the research group.

4 Results

The overarching aim of the doctoral thesis was to explore Icelandic female IPV survivors' experience of their PTG journey. In order to do so, the main components of their PTG journey were constructed and explained, emphasising the main facilitators and obstacles the women met on their journey, as well as their perception of PTG after experiencing IPV.

The eight factors identified on their PTG journey are:

1. *Life before IPV*, i.e., the effects of the trauma and violence participants suffered early in life
2. *Broken/adapted*, i.e., how former traumatic experience served as a certain preparation for their experiences later in life and resulted in them being broken or having adapted through processing the trauma and thus stronger.
3. *Experience of IPV*, i.e., the women's experience of suffering IPV.
4. *Consequences of IPV*, i.e., the consequences the survivors suffered because of IPV.
5. *Facilitating factors to PTG*, i.e., the facilitators the women experienced on their PTG journey.
6. *Main obstacles to PTG*, i.e., the obstacles the women experienced on their PTG journey.
7. *Post-traumatic growth following IPV*, i.e., the survivors' experience of PTG.
8. *Lingering negative effects*, i.e. the lingering effects of IPV on the women's PTG.

The eight components of the PTG journey of female survivors, are described and explained in the following chapters. The findings are shown in Table 10.

Life before IPV	Broken/Adapted	Experience of IPV	Consequences of IPV	Facilitating Factors	Obstacles	PTG following IPV	Lingering effects of IPV
<u>As a child</u> Neglect, poverty, sexual abuse, bullying, IPV, alcohol abuse, illness, death, dependency, divorce, apathetic, or demanding parents, stigmatization, too much responsibility, difficulties at school <u>As a young adult</u> IPV, rape, bullying, assault, threats, oppression, broken trust, infidelity, divorce, custody dispute, neglect of children, post-partum depression, sickness or death of loved ones, financial concerns, accidents, loss of health, codependence, and more	-Destructive reaction to traumas, trouble in processing trauma in a constructive way. -Broken and vulnerable -Adapted to traumatic situations, avoiding confronting the real situations. -Snowball-effects of past and current traumas sometimes ending in traumatic breakdown -Increased danger of being abused, reducing possibilities in leaving violent and life-threatening situations	-Like being held as a hostage -Feels captured, dependent on the perpetrator -Everything is conditional, her "bad behaviour", having serious consequences -Silenced -Gaslighted -Exhausted, always trying to please -Broken boundaries -Vulnerable -Hopeless -Defenseless, can't confide in anyone -Terrified -Poor physical and/or mental health -Reduced well-being -Serious health problems	<u>Intrapersonal:</u> -Fear, grief, anger, shame,helplessness, and betrayal. -Feels broken. -Afraid of acknowledging the violence. -Easily triggered, tired, stressed, suicidal, uncertain about the future. -Suffers insomnia, physical pain, lacks appetite, and more <u>Interpersonal:</u> -Social isolation -Doesn't know how to behave, fakes her feelings and her wellbeing -Emotionally absent, no interest in sex, or intimacy. -Difficulties in usual activities of the daily life, and more	<u>Internal Factors</u> -Personal abilities -Mindset -Social well-being -Former experience of trauma <u>Attitude & reaction</u> -The woman herself -The perpetrator -Children & loved ones -Other people <u>Environmental Factors</u> -Personal social support -Systematic social support -Organized supporting resources	-Feeling of shame -Suicidal thoughts -Broken self-identity -Insecurity -Feeling alone and isolated -Triggers -Mixed negative feelings -Emotional connection to others -Physical & psychological health -Personal circumstances & social surroundings -The perpetrator -The children -Law and institutional social system	-Strength -Self-respect -Appreciation -Boundaries -Tolerance -Awareness -Independence -Selfhood -Happiness -Nurture -Vision -Helpfulness -Resilience -Empowerment -Reinforcement -Determination	-Triggers -'Heavy days' -The perpetrator -Children's suffering -Health problems -Relationships

Table 10. The PTG journey of female survivors of IPV – Overview of the findings.

4.1 Life before IPV

Most of the participating female IPV survivors had as children, adolescents and/or young adults, suffered traumatic events prior to their experience of IPV. Due to young age, a girl or a young woman suffering violence and trauma has not the power or is in control of her life, leaving her in a particularly vulnerable situation. When experiencing a traumatic situation, the only thing that this young and vulnerable woman can do, is to respond in the best way she can, to survive. Suffering traumas early in life is likely to generate serious long-term effects on the victim's identity, damaging her boundaries and harming her selfhood. Some young women, however, appear to be able to adapt to their traumatic situations. In that case, they feel like after their traumatic experience, they are equipped with a shield for their protection when confronting further traumas in life. The feeling of being protected by a shield when confronting traumatic life events, is likely to result in their avoidance in opposing challenging situations, but instead ignoring them, accepting diversity and traumatic situations as their unchangeable reality. In some cases, however, the effects of former traumas that have not been processed, can cause the trauma survivors gradually to become more vulnerable as their life goes on, even resulting in a traumatic break-down of the person. Enduring traumatic experiences without processing them in a constructive way, is likely to weaken the woman's reactions when exposed to future trauma and violence, such as IPV, leaving her more vulnerable than before. Overview of the traumatic prologue and its negative results on the lives of the participating female IPV survivors are found in Table 11.

Table 11: Traumatic prologue and its negative results on the life of the participating female survivors of IPV.

Traumatic prologue as a child or a young adult	Negative results of a traumatic prologue
As a child Neglect, poverty, sexual abuse, bullying, witnessing IPV at home, alcohol abuse by parents, illness or death of a relative, dependent atmosphere at home, parents' divorce, apathetic and absent parents, demanding parents, stigmatization by community (i.e. because of bad conditions at home), taking on too much responsibility for their age, difficulties at school, and more. As a young adult Violent relationship, rape, bullying, assault, oppression, threats, property damage, breach of confidentiality, infidelity, divorce, custody dispute, neglect of children, post-partum depression, sickness of loved ones, death of loved ones, fiancial concerns, accidents, loss of health, codependence, drug abuse by herself or former spouse, alcohol abuse by herself or former spouse, bankruptcy, and more.	Broken self image, less feelings of self-worth, shift in personal boundaries, depressed defensive responses, diminished trust in other people, dependence, excessive feeling of responsibility, shame, anxiety, perfectionism, rebelliousness, forbidden to complain, having to succeed no matter what, insecurity, feeling of rejection, grief, suicidal attempts, muscle tension, fear, stress, feeling of guilt, sleep problems, reticence, nervous breakdown and more.

4.2 Broken/adapted

The impact of traumatic experiences early in life, emerge as the victimized women move on with their lives. They either carry on with broken self-image and fragile personal boundaries, or they move on with their lives feeling stronger, better protected, and even better prepared for life than before. Either way, due to their experience of traumas early in life, the women's personal boundaries have already been moved, twisted, damaged or broken, leaving their personhood in a fragile state. Even though former experience of traumatic events or situations can motivate and build up the inner strength of the survivors.I It is proposed that whether the woman feels broken or has adapted to her situations, she is more likely to experience difficulties in confronting traumas and violence later in life. This puts the woman in a great danger of being violated again in multiple ways as an adult, including suffering IPV. An overview of the influence of a traumatic prologue on the woman's reaction to traumatic situations, including IPV, is presented in Table 12.

Table 12: Influences of a traumatic prologue on the participating women's reaction to traumatic situations

Influences of a traumatic prologue on reacting to traumatic situations	Influences of traumatic prologue on experiencing IPV
Destructive reaction to traumas, trouble in processing trauma in a constructive way. Broken and vulnerable, or adapted to traumatic situations avoiding to confront the real situations. Snowball-effects of past and current traumas sometimes ending in total traumatic collapse.	Increased danger of being abused, reducing possibilities in leaving violent and life threatening situations.

4.3 Experience of IPV

The women who participated in this doctoral study all defined and described their experience of IPV. They all had endured more than one type of violence, the most common manifestation of the IPV they suffered is described in Table 13.

Table 13: Participants' experiences of intimate partner violence

Psychological violence
Gaslighting, everything she did or said was wrong, forced to quit school, threatened to end the relationship if she didn't obey, loss of decision making, threats, noise, humiliation, always crossing her personal boundaries. Lack of respect, provocation, endless calls at all times, interrogation, humiliating her and her loved ones, couldn't meet her friends, jealousy, accused of "showing off" to other men, accused of having an affair, not allowed to talk to or meet with friends, not allowed to talk to other people, not allowed to communicate with loved ones, used things that she had confined with him against her, violent to her child/children, criticized her appearance, told her she was crazy, boring, ungrateful. Spying on her, timing her activities, invited people using drugs into the home against her will, disappeared from the home for a longer time, controlling behaviour, outburst, "I'm the only one you've got".
Physical violence
Forced to get pregnant, forced to work more than she could handle, wasn't allowed to work, threats of physical violence, prevents her from sleeping, ruins things, grabs her by the throat, squeezes arm, slapping, beatings, always had to be there for him, couldn't use the car, prevented her in seeking professional help that she needed, expelled her from the house.
Financial violence
Forced to make great financial commitments, e.g., buy a big house, things she couldn't afford, loss of decision making regarding own finances, forced to put her house in his name, forced to spend more than she earned, he didn't want to work so she was forced to provide for him.
Digital violence
Taking pictures of her and distributing them against her will, took away her phone, took away her computer, tracked her by her phone without her knowledge, activated the camera on her phone to spy on her without her knowledge.

Sexual violence
Having sex against her will, rape, gave her sexually transmitted disease and blamed her for it, sexual torture, holding her down against her will while having sex, disgusted by her appearance while having sex.

A woman suffering IPV is trapped in her relationship with the perpetrator. To survive she is forced to continuously move her personal boundaries until the perpetrator has gained complete control of her life. Even so, the woman often refuses being in a violent intimate relationship. She often makes a great effort in concealing her real situation, thus not seeking help and, therefore, no one can help her. Overview of the participants' experiences of being in a violent intimate relationship are explained in Table 14.

Table 14: Participating female survivors' experiences of being in a violent intimate relationship

Being a female victim of IPV is like being held as a hostage in a violent relationship against her will. She feels captured and completely dependent on the perpetrator, where everything is conditional, him deciding what is "right" and what is "wrong". Her "bad behaviour" having serious, unpredictable consequences. The woman is being silenced, since her opinion doesn't matter, her words do not have meaning, her needs are ignored and her will and her reaction to the situation is not relevant. Due to the perpetrator's gaslighting the woman becomes exhausted and to please the perpetrator, she continuously moves and resets her personal boundaries, breaking a small piece of her self-identity every time doing so. In the end her boundaries are completely crushed, she experiences complete vulnerability and hopelessness, and gives up. She cannot choose whom she meets, she cannot confide in anyone, there is no one to back her up or defend her. The perpetrator has full access to her whenever he wants, threatening her and abusing her in the way he pleases. Even though the woman is terrified, she cannot expect anyone to come and rescue her, the violent situation is concealed, and she feels like she has been sworn to secrecy that no one can know of. The woman's physical and psychological health is systematically threatened as well as her wellbeing. In the end she suffers serious health problems if the situation is long-term or permanent.

4.4 Consequences of IPV

Suffering IPV negatively affects the woman's welfare, health, and her life. The trauma processing following experiencing such violence is unique and individual, not only affecting the female survivor, but also her children if any, her loved ones, as well as her community. Leaving a violent relationship is a complex procedure, the complete ending of it being a long-term progressive task. The post-IPV trauma effects involve various negative effects on the woman's physical and mental health, as well as her social wellbeing, leaving her even more vulnerable than before. Overview of the consequences of IPV experienced by the participating women is found in Table 15.

Table 15: Consequences of intimate partner violence experienced by the participating women

Intrapersonal consequences of IPV	Interpersonal consequences of IPV
Feelings of fear, grief, anger, shame, helplessness, and betrayal. Feeling of not being herself anymore, that she as a person has died, that she has been broken by this marriage. Experiencing fear of acknowledging the violence. Easily triggered, feels tired, stressed, suicidal, feels like she has nothing left, feels uncertain about the future. Suffers insomnia due to anxiety and fear, never knows what will happen next, feels insecure, lacks appetite, suffers pain due to physical injuries. Feels like someone is constantly watching her, feels ashamed of letting the relationship go on for so long, and more.	Experiences social isolation, has stopped seeing friends, has stopped seing family, has stopped communicating with other people. Doesn't know how to behave, fakes her feelings, fakes her wellbeing, pretends to be happy. Feels emotionally absent, has no interest in sex, has no interest in other men. Experiences difficulties in performing usual activities of daily life, and more.

4.5 Facilitating factors to PTG

According to the findings of the doctoral thesis, there are various facilitating factors on the women's PTG journey following IPV. Survivors possessing constructive, personal capacity, including personal abilities they have developed through their experience of life, are more competent in processing their suffering of IPV and to move along towards PTG. Making the decision to seek help, thus confronting and dealing with their experiences of IPV, as well as setting goals for a brighter future are great facilitators on the women's PTG journey. Living in secure circumstances and enjoying social welfare, is essential for female IPV survivors when concentrating on their PTG. Having experience of effective trauma processing, prior to their suffering of IPV, can promote some survivors' inner personal coping skills as well as their strength, facilitating their PTG.

When the woman herself decides to seek help as well as where to seek help, it is likely to produce the best results for her on her PTG journey. Taking the time needed to work on her various tasks, showing herself compassion while doing so is a facilitating factor in the womans' PTG. To take the time to review her attitudes towards herself and the ways she treats herself, can also facilitate her PTG journey. Another facilitator on the PTG journey is if the woman reflects and processes her views regarding her loved ones, other people as well as the perpetrator, setting boundaries and encouraging good relations and communication with others where possible. Experiencing support from her environment as she reconstructs herself after suffering IPV, is a facilitating component on her PTG journey as well. Overview of the main facilitators on the participating women's PTG journey following IPV is found in Table 16.

Table 16: Main facilitators on the participating women's PTG journey following IPV

Facilitators	Examples
Personal competence and skills	Positive attitude, personal strength, resilience
State of mind	Confronting the experience of violence, rejecting current situation, deciding to seek help, settting goals for a better life and PTG, taking control of own life, not being a victim
Social welfare	Safe living conditions, safe place to live, financial security, professional support
Previous experience of trauma	Experience of processing trauma, increased inner strength
Perspective to herself	Chooses where to seek help, has self-compassion, gives herself the time needed, treats herself right
Perspective to loved ones and other people	Considers behaviour towards others and the behaviour from others, encourages good relations, setting boundaries
Perspective to the perpetrator	Sets boundaries, keeps him from being in control
Different kinds of personal support	Informal support, systematic support, organized resources

4.6 Obstacles to PTG

Suffering IPV usually has serious devastating effects on the female survivors' lives, generating various obstacles on their PTG journey. The women often endure negative, diverse feelings towards themselves, due to their suffering of being in a violent relationship. These difficult feelings often prevent them in reporting the violence, as well as in looking for the appropriate help and support, serving as an obstacle on their PTG journey. Survivors of IPV are often easily triggered, the perpetrator often keeps on abusing and harassing them and their children (if any) in numerous ways and those who have children suffer on behalf of their children for experiencing the violence. The women are frequently lonely and isolated, and they often tend to overreact to people and

situations, and experience difficulties in emotionally connecting to other people as well. All these factors affect their health and well-being in a harmful way, serving as obstacles on their PTG journey. After being stuck in the middle of the long-term, stressful situations of a violent relationship, many women suffer severe health problems. Their poor health frequently results in loss of working capacity, undermining their social welfare, serving as an obstacle on their PTG journey. It can be upsetting for a woman who has suffered IPV, to have the perpetrator constantly reminding her of his presence, depriving her of the peace to recover. When it comes to 'the system', laws and regulations, many female IPV survivors have the feeling that the perpetrator holds all the power in the social system. Experiencing that the perpetrator is in a dominating position regarding laws and regulations, makes the women feel helpless, all this acting as obstacles on their PTG journey. Overview of the main obstacles on the women's PTG journey following IPV is found in Table 17.

Table 17: Main obstacles on the participating women's PTG journey following IPV

Obstacles	Examples
Negative feelings towards own self	Feels ashamed, blames herself, feeling of being of less worth, experiences self-stigmatization, suicidal thoughts, injured self-identity, disrupted body image, insecurity, anger, loneliness
Triggers	Sees a car that is similar to the perpetrator's car, hears the perpetrator's favorite song, watches a movie containing IPV
Diverse state of mind	Experiences relief vs. regret, strength vs. vulnerability, joy vs. misery, comfort vs. displeasure
Negative feelings on behalf of their children	Feels sad because of what the children have endured in the violent relationship, feels angry because of the continuing bad behavior of the perpetrator towards the children
Problems in connecting to other people	Experiences lack of trust, avoidance of emotional connections, fear of romantic relations, loss of own social standards,

	overreactions to other people's behaviours, actions, words, mimics, tone of voice and body posture
Health issues	Feels tired, in pain, has trouble sleeping, feels tense, depressed, anxious, suffers physical diseases, physical and/or mental breakdown, burnout
Challenging personal circumstances	Experiences lack of housing, financial problems, loss of working capacity, social isolation
Self-destructive behaviour	Talks to herself in a hostile and hurtful way, blames herself for her situation
The perpetrator	Continues harassing, stalking, showing threatening, frightening, violent behaviour, escalating psychological violence
Mixed feelings towards the perpetrator	Has nightmares, experiences flashbacks, fear, finds it hard to let go, is obsessed with the man
Negative feelings towards laws, regulations and the social support system	Feels powerless, the divorce/separation takes a long time, the division of assets is unfair, the man stays in control, the woman is forced to settle with the perpetrator about their assets and children, she is forced to send the children to the perpetrator against their will, experiences fear of child protection services taking her children away, the perpetrator uses the children to blackmale the woman, while still married to the perpetrator or cohabitated with him by law the woman does not get the support and benefits that she is entitled to as a single mother

4.7 Post-traumatic growth following IPV

Being exposed to a devastating violence such as IPV can result not only in negative and destructive consequences but in a variety of positive outcomes for female survivors, the women being able to see themselves, their lives, and their future prospects in a more positive and constructive way than before. The women described their perception of PTG following their IPV, using

various explanatory concepts. Many of these concepts had also served as facilitators of their PTG journey, although their manifestation in the women's perception of PTG was even stronger. Most of the concepts they chose to describe their PTG, are intrapersonal, i.e., exist or occur within themselves or in their minds, while only a few concepts they used to describe their PTG are interpersonal, i.e., occurring between individuals. Some of the concepts they chose to describe their PTG were both intra- and interpersonal.

When experiencing PTG, the women become aware of their increased inner strength and self-esteem, as they value themselves more, setting boundaries to self and others in order to protect their personhood. The women know themselves better and are more tolerant of other people, feeling free, whole, and happy at the same time. They take good care of themselves, looking forward to a brighter future and want to make a difference by using their experience to help other survivors of IPV. The women feel resilient and in control of their lives, and do not hesitate to seek appropriate help when they need it, being fully aware of their needs and their longings. Overview of the perception of PTG by female IPV survivors is shown in Figure 4.

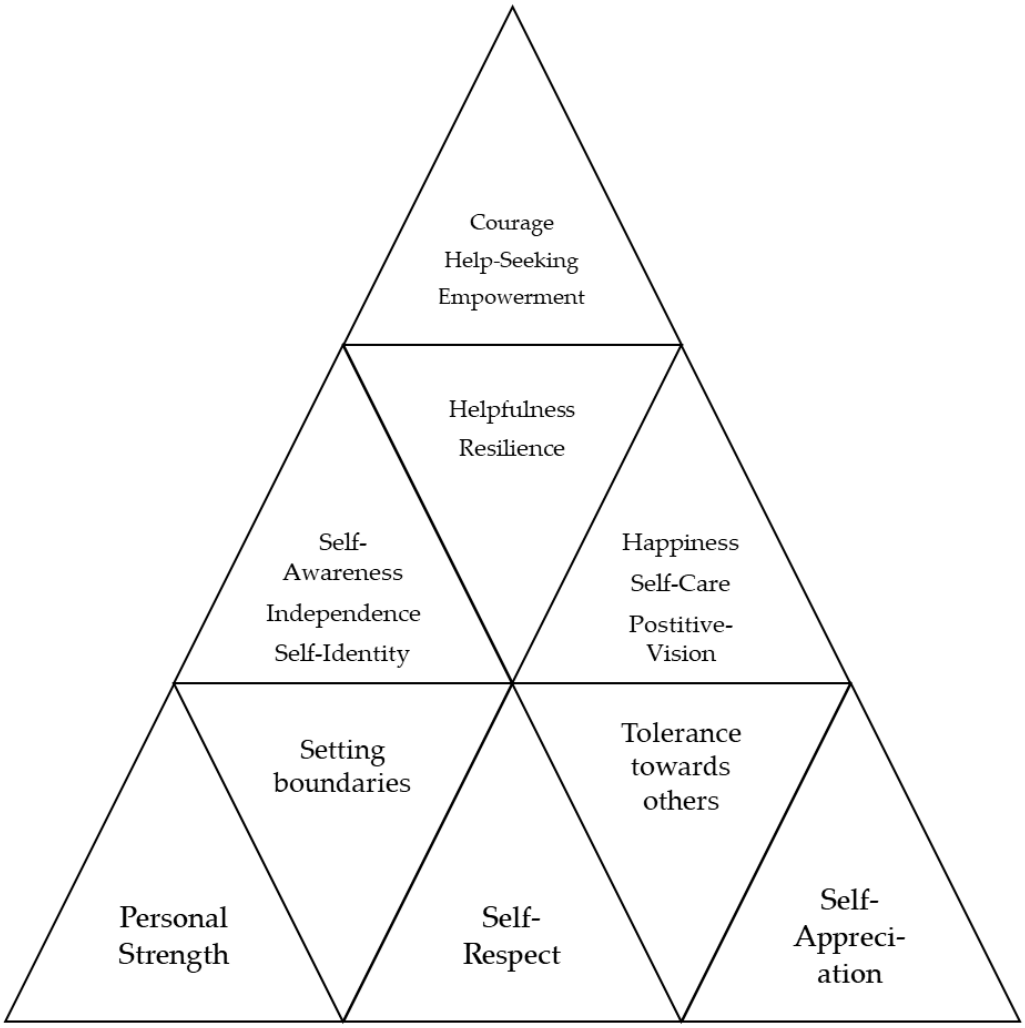

Figure 4: Perception of PTG by female IPV survivors according to the results.

Note: The figure, developed by the authors as part of the present theory, shows the main concepts women use to describe their perception of PTG following IPV. Many of the concepts had also served as facilitating factors on their PTG journey. The most common concepts are at the bottom of the triangle, serving as a foundation for the descriptive concepts above. The second most common concepts used to illustrate PTG following IPV are in the next row above building an additional support for the next row above, etc. In accordance with this figure most of these descriptive concepts are intrapersonal, illustrating that women who enjoy PTG following IPV see themselves in a positive way and have respectful attitudes towards themselves. They also contain some interpersonal concepts, where the women are being respectful of themselves and helpful to others as part of their PTG.

4.8 Lingering negative effects of IPV on PTG

PTG is not a permanent condition, instead the woman who enjoys it must be aware of constantly nourishing and maintaining her PTG. Despite all the positive effects of PTG on the woman's life, the complex effects of IPV are often long-lasting, serving as lingering negative effects on her life and even stretching into her PTG. While enjoying PTG, many survivors of IPV continue to face various triggers, evoking memories of their former violent situations, in which they were trapped, causing them "heavy days" and discomfort, some of them being the remains of the obstacles they met on their PTG journey. However, since enjoying PTG, the woman has become aware of the presence of these negative factors, and has found the best ways for her to react, minimizing the negative effects on her life.

Persistent contact with the perpetrator, as well as experiencing their children's suffering due to the violent relationship, has lingering negative effects on their PTG. The women often suffer various health problems following the violent relationship, which often have major negative effects on their quality of life. Female IPV survivors often lose trust and confidence in other people, making it difficult for them to establish and maintain relationships with other people, as well as negatively affecting their romantic relationships, even after having reached PTG. Overview of the lingering negative effects of IPV in the participating female survivors' PTG is shown in Figure 5.

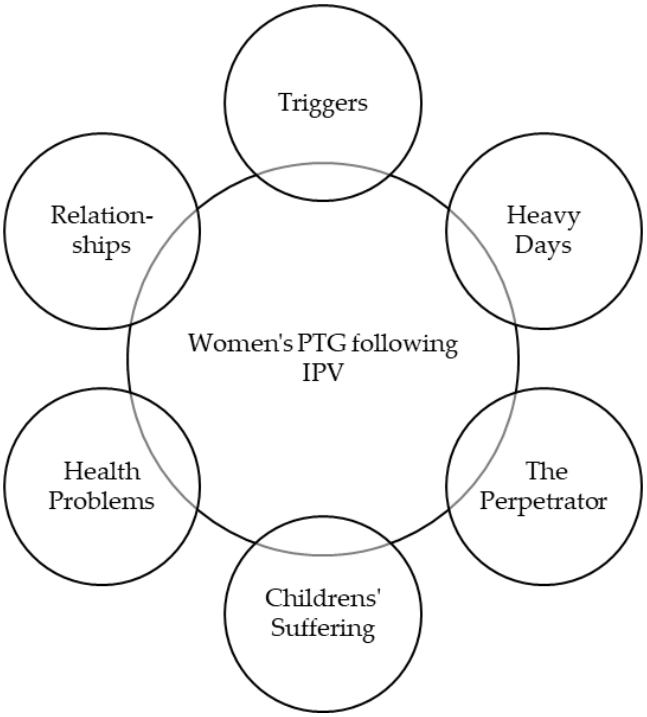

Figure 5: Lingering negative effects of IPV in the participating female survivors' PTG according to the results.

Note: The negative effects of IPV linger into the women's PTG following IPV in an intrusive way, negatively affecting the women's experience of PTG. Some of these negative effects also served as obstacles on the woman's PTG journey. The woman enjoying PTG, is aware of the presence of these negative factors, and has found the best ways to react them, thus minimizing their negative effects on her life.

The participating female IPV survivors who enjoy PTG are aware of the lingering effects of IPV on their PTG. They know that these negative lingering effects of IPV can appear, but having reached PTG they know how to respond to it, knowing that these lingering effects of IPV on their lives are not permanent. The women enjoying PTG are fully aware of their skills to deal with the lingering negative effects of IPV without letting go of their PTG.

The findings introduced in Table 10 which were further introduced in the text above, were used to develop a theory on the PTG journey of female IPV survivors, adding information from the doctoral student's already published

study on PTG (Bryngeirsdottir & Halldorsdottir, 2021), as well as information originating from the data from the doctoral study. The model introducing the theory is found in Figure 6.

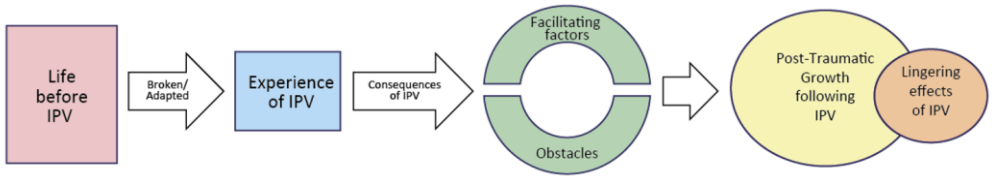

Figure 6: The theory of the PTG journey of female IPV survivors.

Note: Though pictured as a one way process, PTG is a nonlinear, fluid state and regression, e.g. due to triggers, should be taken into account. Even so, according to the theory, a woman enjoying PTG knows how to react to regression in her PTG. She is aware of the possibility of regression, knowing what to be aware of in that matter. She also knows the best ways to react to her regression, fully aware that she will overcome this negative feeling and regain her wellbeing, enjoying her PTG. A woman enjoying PTG knows the importance of maintaining it.

5 Discussion

While the effects of suffering IPV are well-known, researchers have paid less attention to the possibility of survivors of IPV enjoying PTG, leaving a gap in the literature in that field of research (D'Amore, 2021; Rahayu & Hendriani, 2013). This doctoral thesis is a unique contribution to that field, revealing a real possibility for women to enjoy PTG after surviving IPV, despite the continuing lingering negative effects of IPV on their growth. The overarching aim of the doctoral thesis was to explore the post-traumatic growth (PTG) journey from trauma to PTG from the perspective of Icelandic female IPV survivors. The women's PTG journey was highlighted, by identifying and explaining its main components, emphasizing the obstacles and the facilitating factors to PTG, as well as the women's experience of enjoying PTG after suffering IPV. A synthesized theory of the PTG journey of female IPV survivors was developed (Study III), by combining the findings of Study I and Study II and its research data, as well as the results of the author's already published article on PTG (Bryngeirsdottir & Halldorsdottir, 2021), and the research data from that research.

IPV being a global health problem of epidemic proportions (Mitchell et al., 2016; Sharples et al., 2018), emphasizes the necessity of responding to it, by assisting the survivors of IPV in processing their experiences in order to have the best life possible. There is some confusion regarding the concepts PTG, versus that of healing and/or recovery, that are more familiar to many than the concept of PTG. According to the results of this doctoral thesis, suffering IPV forces the female victim into survival mode, her main task being to survive

her situation, which is in line with a recent qualitative meta-synthesis on healing after gender-based violence (Sinko et al., 2021). According to the results of this thesis, the woman finally gets the chance to start healing, after leaving the violent relationship, which slowly leads to her recovery, significantly improving her well-being. The results of a qualitative meta-synthesis on healing after gender-based violence, revealed some discrepancies of the start of their healing process, that it is if women need to leave their violent relationships to start their healing process, if the process can start while still in the relationship, or if it starts long after the end of the abuse (Sinko et al., 2021). This needs to be studied further. Healing has been shown to be comprised of connecting with own self, others, and the world (Sinko & Saint Arnault, 2020). According to the thesis, the most prominent components of the woman's PTG are her intrapersonal changes, which is in line with the definition of PTG being a positive, psychological change in a person, following traumatic events and severe difficulties, the focus being on the possible positive outcomes of the trauma instead of concentrating on the negative consequences (Calhoun & Tedeschi, 2014; Ulloa et al., 2016).

According to the doctoral thesis, the PTG journey has eight main components. Other research results have shown that when suffering personal traumas, there are various risk factors as well as protective factors, which have been categorised as pre-traumatic, peritraumatic and post-traumatic influencing factors in people's reaction to suffering trauma (American Psychiatric Association, 2013; Marchand et al., 2015). This division of influencing factors is supported by the findings of this doctoral thesis, where the women's prior life experiences and their reaction to it, influence the likelihood of them entering a violent relationship as well as their reaction to the violent circumstances.

The women's experience of suffering violence or other traumas as children, adolescents, or young women, prior to their experience of IPV, was likely to weaken their personal defences, when confronting traumas later in life, including IPV. These findings are in line with the results of a recent systematic review on the personality characteristics of victims of IPV, suggesting that women who have experienced violence during their childhood tend to become victims of IPV (Pereira et al., 2020). The results of a recent study of adverse childhood experiences (ACE) and mental health among women experiencing IPV, suggest that IPV survivors are more likely to have multiple and severe ACE's (Li, et al., 2020).

According to the findings, suffering traumas early in life effects the women's preparation for life, either leaving them with broken self-image or adapted to their traumatic situations. Either way, experiencing trauma early in life has made them change or downgrade their mindset to their rights in life, making them more vulnerable than before, and leaving them in a great danger of being violated again. This is in line with the results of a recent study, on PTG of people suffering various traumas, suggesting that even though the participants' reaction to their traumatic experiences varied, their suffering of trauma early in life influenced their lives and reactions to further traumas in a destructive way (Bryngeirsdottir & Halldorsdottir, 2021).

The findings of the doctoral study, suggest that women suffering IPV are trapped in their relationships, feeling like hostages. The perpetrator is in full control, since the women were forced to continuously move their boundaries to survive, resulting in their personhood being broken. Even so, the women try to conceal their violent situations, which prevents them in getting help. These findings are in line with Evan Stark's concept of deconstruction of the woman's personhood and of 'coercive control', which captures the multidimensional

nature of IPV, the most common forms being the perpetrators' strategies of breaking the woman to get full control, through intimidation and social isolation of the victim (Stark, 2009, 2016).

The devastating consequences of IPV to women's physical and mental health, to their overall well-being and quality of life, as well as their children's, is well documented (D'Amore et al., 2021). All the female participants in this doctoral study, had suffered multiple traumas during their violent relationships. These findings reveal the various negative consequences the female participants suffered from their experience of IPV. The consequences were both intrapersonal and interpersonal, affecting the survivors' wellbeing in numerous ways. These results are in line with other research findings, suggesting that suffering multiple kinds of traumas is more likely to affect the victim's physical as well as mental wellbeing. Other research results have suggested that suffering more than one kind of trauma is more likely to adversely affect the victim's, mental and physical wellbeing, than if suffering one kind of trauma (Martin et al., 2013). According to the doctoral thesis, the woman being repeatedly abused and traumatized by her intimate partner, affects her welfare in extremely negative way, gradually decreasing her quality of life. These findings are in line with other studies, reporting that the severity of the post-traumatic consequences depends on how personal the trauma is, as well as the level of intimacy between the perpetrator and the victim (Dar et al., 2015; May & Wisco, 2016; Pooley et al., 2013; Wozniak et al., 2020). Each female survivor of IPV endures and processes her trauma in an individual and unique way (Calhoun & Tedeschi, 2014), not only influencing the woman, but also her children if any, her loved ones, and her community.

According to the findings, there are various facilitating factors on the women's PTG journey following IPV, affecting their progress in a positive way.

The women reported how their inner strength and persistence, resulting in their inner stamina and determination in having a better life despite their experience of IPV, facilitating their PTG. Their clear perspectives of themselves and other people, proved helpful when setting boundaries to self and other people in order to gain and keep the control of their lives, facilitating their PTG. These results are in line with results from a recent qualitative study on themes of healing and PTG, emphasising the awareness and insight of the women being an important theme in healing (D'Amore, 2021). Enjoying social welfare gave them the chance to focus on their wellbeing and was a facilitating factor in their PTG, emphasising the importance of safe housing, safety and trauma-related issues when aiming for long-term success in processing IPV (D'Amore et al., 2021). The women reported having previous experience of trauma and trauma processing as a facilitating factor on their journey to PTG, which is in line with our previous study (Bryngeirsdottir & Halldorsdottir, 2021). According to the doctoral thesis, receiving the proper kind of personal support, facilitated the women's journey to better lives and PTG. These results are in line with the results of another study, indicating that having social support predicts higher level of PTG among female IPV survivors (Žukauskienė, 2021).

According to the findings, there are various obstacles on the women's PTG journey following IPV, effecting their progress in a negative way. As already stated, the devastating effects of IPV on the survivors' and their children's well-being and welfare is well documented (D'Amore, 2021). The women participating in this doctoral research, reported how their negative feelings and destructive state of mind served as obstacles on their PTG journey. They suffered on behalf of their children and had problems with connecting to other people, which were obstacles in their PTG. Their bad health influenced their PTG in a negative way, often leading to their challenging personal

circumstances getting even worse, both serving as obstacles to their PTG. The perpetrator continuing to abuse and oppress the woman, also financially, had extensive, devastating effects on her welfare and served as an obstacle on her PTG journey. These results are in line with the results of Stylinaou's (2018) literature review of economic abuse within IPV, reporting that suffering financial problems are likely to derive both from the financial abuse the women may have suffered during the violent relationship, which often continues even if the relationship has ended, frequently resulting in long-term poverty and even bankruptcy of the woman, effecting her welfare in a negative way. According to the doctoral thesis, laws, regulations and the social support system, often serve as obstacles in the women's PTG, leaving them powerless, preventing them in becoming independent from the perpetrator and constructing or reconstructing their lives. These findings are in line with the results from a recent mini-review of gender-based violence during COVID 19 pandemic, which revealed that the legislatures and services available for victims of IPV are often insufficient, thus worsening their situations (Mittal et al., 2021). The findings of the doctoral thesis are in line with the results of a recent qualitative study on Australian women's experiences of IPV on different stages in their lives. In that research 18 Australian women, aged 50-69, who had left an abusive relationship reported that being in a violent relationship directly affected their physical, mental, social, and financial well-being. During the separation many of them endured continued abuse as well as stress in relation to housing and legal matters (Hing et al, 2021).

According to the findings of the doctoral study, suffering IPV can result in various positive outcomes for the woman in question, such as reaching PTG. These findings are in line with our previous study on people enjoying PTG after suffering various types of traumas (Bryngeirsdottir & Halldorsdottir, 2021). IPV

is a trauma of multidimensional nature (Stark, 2009, 2016) and the trauma recovery is unique and individual, affecting the woman's surroundings. The findings of this doctoral thesis suggest, that PTG among female IPV survivors also is a complex process, largely appearing in their personal reconstruction and inner growth, their PTG infrastructure mostly being built on intrapersonal concepts. Many of the concepts the women used to describe their PTG had also served as facilitators of their PTG journey, although their manifestation in the women's perception of PTG was even stronger. The infrastructure being intrapersonal, illustrates that women who enjoy PTG following the experience of IPV, see themselves in a positive way and have respectful attitudes towards themselves. Their PTG infrastructure also contains some interpersonal concepts, where the women report being respectful of others and being helpful being part of their PTG. The litterature on the PTG of female IPV survivors is sparse, and needs to be studied further.

According to the doctoral study, reaching PTG is not a permanent condition in the lives of female IPV survivors, but requires constant maintainance and nourishment of the women enjoying it. The negative effects of the IPV they suffered, may linger into their PTG. Some of these lingering effects are the remains of the obstacles they met on their PTG journey, but when enjoying PTG they are aware of these negative effects and know how to react to it, without loosing their PTG.

The women confront various triggers in their every day lives, turning on their negative feelings due to their experience of IPV, resulting in the long-lasting and complex negative effects of IPV lingering into their PTG. They also reported experiencing 'heavy days' , despite their PTG, where they experienced difficult feelings due to them suffering IPV, even years after the violence had ended. These findings are in line with the results of our previous

study on PTG among people suffering various traumas, where the participants described their 'heavy days', where they still experienced some days or periods of difficult feelings due to their trauma, even years later (Bryngeirsdottir & Halldorsdottir, 2021).

According to the findings, the perpetrator frequently continues to abuse the woman, as well as the children if any, in various ways after the end of the relationship, e.g. through problematic child custody following the separation, negatively affecting their PTG. This is in line with recent study results, suggesting that due to lack of institutional understanding of IPV, fathers are able to use legal procedures as a weapon, in order to maintain their power and control over their ex-partners and their children (Galántai et al., 2019).

In families suffering IPV, children are exposed to the violence, resulting in them experiencing emotional trauma, causing them emotional suffering, as well as leading to various emotional and behavioural problems, affecting their wellfare (Chiesa et al. 2018; Krahé, 2018). According to the doctoral thesis, female survivors who have reached PTG, frequently experience grief and suffering, due to their children's exposion to the IPV as well as their past and present circumstances, resulting in the effects of their experience of IPV lingering in their PTG.

According to the findings of the doctoral study, female IPV survivors often suffer severe and long-term health problems, affecting their well-being in a distructive way, which is in line with research of the effects of IPV in the literature (Arabaci et al., 2018; Crowne et al, 2010).

According to the results of the doctoral thesis, female IPV survivors often have problems in trusting other people, resulting in them experiencing difficulties in relationships with other people, especially romantic

relationships. These findings are in line with the results of a recent study of the impact of IPV on women, where participants reported how their experience of IPV affected their trust and relationships with other people, including romantic relationships, in a negative manner (Hing et al., 2021).

According to the doctoral thesis, the essence of PTG of female IPV survivors, is that after processing their former experience in life, and after meeting and confronting the various obstacles and facilitators on their journey to PTG, the women shift from being suffering victims of IPV to becoming winners in life enjoying PTG. When enjoying PTG the women really thrive, feeling strong, independent, and happy, respecting, appreciating, and taking better care of themselves, setting boundaries to themselves and others, feeling more tolerant and helpful, experiencing resilience as well as empowerment, being determined regarding what they want and what they need. According to the doctoral thesis, the PTG journey is a nonlinear, fluid state, and the possibility of regression should be assumed. The effects of the women's experience of IPV tend to linger into their PTG, causing them negative feelings and even temporary regression. Even so, women who enjoy PTG are aware of the possibility of regression on their PTG journey. They know the best ways to respond to it, being aware that they will overcome these negative feelings and regain their wellbeing, enjoying their PTG. These findings of the PTG journey of female IPV survivors are unique and need to be studied further.

5.1 Strengths and limitations of the doctoral thesis

The large sample size of Study I and Study II (22 participants) is a strength since very little is known about the facilitators and the obstacles on the IPV survivors' PTG journey as well as the many different aspects of that journey. This fact emphasizes the importance of studying all the aspects of the experience in

detail with the different nuances, especially because the aim was also to develop a theory (Study III) on the PTG journey of IPV survivors.

All the participants in this doctoral study self-reported their PTG, which may involve bias in the sample selection. The participants' ability and willingness to explain their PTG journey following their suffering of IPV in words, could also be a limitation of this doctoral study. No information of the participants' socioeconomic situation, family status, occupation, or religion is available, which is a limitation of the doctoral study, as well as the fact that verification by participants was not possible due to COVID 19 circumstances. It is also a methodological limitation of the doctoral study that the criteria for participation were that the women had to be able to understand and read Icelandic, which may have resulted in homogeneity in the sample, leading to bias in the findings. The large sample size in Study I and Study II can also be seen a limitation if the aim had been to elaborate on similarities and differences between participants' stories. The aim of the doctoral study was to expand the knowledge and deepen the understanding of the PTG journey of female IPV survivors with emphasis on the main facilitating factors and the main obstacles on that journey and not to generalize about the findings.

5.2 Conclusion

IPV is a global, serious public health problem, which has been defined as a health problem of epidemic proportions. Suffering IPV is a devastating experience, leaving the victims in a vulnerable situation in many ways, not only negatively affecting their lives but also their loved ones and their communities. Even so, when it comes to research on PTG among female IPV survivors there is a gap in the literature. To contribute to this important field of research, this doctoral study explored the PTG journey among female IPV survivors, emphasizing the main obstacles and facilitators the women experienced on

that journey. According to the findings, PTG is a real possibility for female IPV survivors, being likely to improve their welfare, as well as their quality of life, and the wellbeing of their children, their loved ones, and their community, thereby decreasing the damaging effects of IPV.

The knowledge and understanding provided with this doctoral study can be useful for both female victims of IPV and people who are supporting them. Being aware of the possibility of PTG following IPV, is likely to bring hope to female IPV survivors and their loved ones. Possessing information of the possibility of PTG following IPV, as well as being aware of the components on the PTG journey e.g., the possible obstacles and facilitators on that journey, can also be helpful for professionals and people working with female survivors in the field of IPV. Thus, to minimize the effects of IPV on the female survivors' lives, the importance of aiming for PTG should be emphasized.

Due to the lack of research in the field of PTG among female IPV survivors, further research is needed to establish the components affecting their PTG journey, in attempt to increase the wellbeing and quality of life of female IPV survivors, their children, as well as the overall social welfare in their communities.

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Article I

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Article

"I'm a Winner, Not a Victim": The Facilitating Factors of Post-Traumatic Growth among Women Who Have Suffered Intimate Partner Violence

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Abstract: Post-traumatic growth (PTG) is a positive psychological change following trauma. Intimate partner violence (IPV) is one such trauma. The aim of this phenomenological study was to explore PTG from the perspective of women who have survived IPV as well as their perceptions of PTG. Twenty-two female IPV survivors aged 23–56 who reached PTG, according to the working definition used, were interviewed. The overriding theme of the study was "I'm a winner, not a victim", which describes the essence of the women's experience of PTG. They described their experience as a shift from being suffering victims of IPV to becoming winners who enjoyed PTG. They felt that their positive attitude and personal strengths had helped them to reach PTG as well as to face the fact that they had been in an abusive relationship, thus forgiving and believing in themselves and taking responsibility for their own health and well-being. They sought knowledge about violence, how to process it, and how to respond to triggers. They set boundaries for their perpetrators and were in as little contact with them as possible. They chose the company of positive, supportive, and constructive people and situations where they were not being controlled. It was concluded that, even though suffering IPV is a terrible experience that no one should endure, the participants' experiences had resulted in PTG that they treasured.

Keywords: post-traumatic growth (PTG); intimate partner violence (IPV); gender-based violence (GBV); trauma recovery; healing; rehabilitation; women's health; phenomenology; qualitative research; interviews

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1. Introduction

When confronting the entire range of debilitating effects of trauma, most survivors display a stunning capacity for survival and persistence [1,2]. Leaving an abusive relationship means great changes in life for a survivor of IPV. Some survivors shift from survival mode to starting a new life, going from being controlled to being in control of their own lives [3]. Research on IPV has mostly been focusing on the negative consequences of that experience. Even though that part of their experience should not be minimized, their strength, resilience and other positive resources of their recovery should be acknowledged and emphasized. Women can recover from experiencing IPV, but there is lack of information on how they recover and if their recovery is long-term [1,4].

Gender-based violence (GBV) is a widespread and serious societal problem. Nearly one in three women around the world is affected by GBV, regardless of their social circumstances or ethnicity. The most common type of GBV is domestic violence (30%) [5]. In the UN Declaration on the Elimination of Violence against Women, GBV is defined as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" [6,7]. Victims of GBV are at increased risk of depression, having thoughts of suicide and attempting suicide, physical injury, symptoms of mental disorder, unwanted pregnancy, the HIV virus,

various diseases, and being killed by a spouse [8]. The experience of gender-based violence is also linked to post-traumatic stress disorder (PTSD) [1,9,10], and many GBV victims meet criteria for a range of mental and physical illnesses and suffer medically unexplained symptoms [1,11–13].

Intimate partner violence (IPV) is one of the most common forms of violence against women. IPV is any behavior in an intimate relationship that causes physical, psychological, or sexual harm to the victim of the violence. IPV also applies to controlling behaviors such as isolating the partner from other people, monitoring their doings, and controlling and restricting finances, employment, education, and medical care [14,15]. International research has shown that a woman is more likely to be assaulted, injured, raped, or killed by a current or former partner than by any other person, and the perpetrator is most often a male [9,16]. Psychological aggression is the most common form of IPV and is an even stronger predictor of PTSD than physical violence. Psychological violence is likely to reduce self-kindness and is thus related to less meaning in life, less positive reframing of stressful events, and result in less growth and maturity in the victim of IPV [17]. Victims of IPV also often lose their internal ego structure [18]. Leaving an IPV relationship is a complex process that takes place over time, even after the violent relationship has ended [4]. The post-IPV trauma effects include negative physical and mental outcomes and also negative financial consequences, housing instability, and social stigma [19]. It takes tremendous strength to shift from a survival mode to starting a new life after putting an end to an IPV relationship [1].

Post-traumatic growth (PTG) is a positive psychological change by a person following severe difficulties and trauma. In PTG, the potential for positive outcomes associated with trauma is explored rather than focusing on the negative consequences [20]. In PTG, the person experiences increased spiritual maturity, discovers new opportunities in life, values life more, experiences increased personal strength, and has better relationships with others [21,22]. These individuals also discover new possibilities in life and experience positive psychological changes in themselves [23–25]. In assessing PTG, all these factors are considered [25]. In a qualitative study of PTG, where 12 men and women with different backgrounds, history, and trauma experience participated, PTG was described as a journey rather than a destination. Participants described how their personal factors and their need for change inspired their journey toward PTG [26]. The results from that research indicated that more attention should be paid to people suffering psychological trauma so that serious long-term negative consequences can be minimized or even prevented. However, we need to better understand the factors facilitating PTG among groups of people with defined trauma suffering.

Purpose of the Study and Research Question

This study is part of a larger research project aimed at developing a theory on post-traumatic growth among women who have suffered intimate partner violence. The aim of the present study was twofold: (1) to explore the factors that facilitate PTG from the perspective of women who have made the shift from suffering victims of IPV to survivors who enjoy PTG and (2) to learn about participants' perceptions of PTG. The main research question was: What are the facilitating factors of Post-Traumatic Growth among women who have suffered Intimate Partner Violence and what is their perception of Post-Traumatic Growth?

2. Materials and Methods

2.1. Study Design

The research methodology chosen to answer the research question was from the Vancouver School of Doing Phenomenology (The Vancouver School), which traces its roots to the works of Spiegelberg [27] in a unique blend with Ricoeur's [28,29] hermeneutic phenomenology and Schwandt's [30] constructivism. The Vancouver School aims to understand the experience of participants in a particular phenomenon. Participants describe their

experience of the phenomenon, and the researchers aim to understand and describe their experience. The purpose of this method is to improve human services through increasing the knowledge and understanding of human phenomena [31]. An overview of each of the steps in the Vancouver School research process is found in Figure 1.

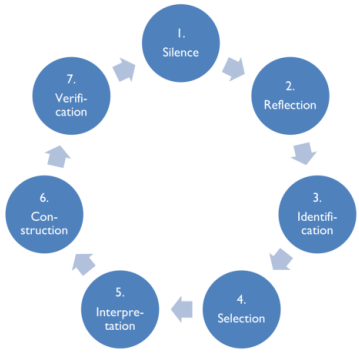

Figure 1. The research process of doing phenomenology from the Vancouver School ([31], p. 56). Used with permission. This cycle is repeated in every one of the 12 steps of the Vancouver School process.

2.2. Participants

A purposeful sampling was used. Participation was voluntary and anonymous. The inclusion criteria were having reached PTG (see working definition used in Table 1), being 18 years or older, and being able to read and understand Icelandic, with at least one year having passed since the end of the violent relationship. A total of 34 women signed up for interviews on PTG, but then the COVID pandemic commenced. When interviewing became possible again, 22 women in the age range of 23–56 years old (M = 40.5) were eventually interviewed.

Table 1. The working definition of post-traumatic growth (PTG).

An individual who has reached post-traumatic growth experiences positive personal changes as a result of a struggle with a traumatic event. The individual has increased personal strength, improved relationships with others, experiences positive changes in attitudes and appreciation towards life, and sees new possibilities in life. The experience, though negative, has had positive meaning for the person.

The researchers based their working definition of PTG on their own definition already published ([26] p. 4).

2.3. Data Collection and Analysis

The 12 basic research steps of the Vancouver School process were followed in the data collection, and the data analysis followed in each of the steps (see Table 2). An interview schedule developed by the researchers based on the research question and the literature was followed, and yet participants were encouraged to express themselves freely and openly. The interviews, ranging from 39 to 134 min (M = 77 min), were recorded and encrypted. The first author conducted all the interviews and did the preliminary data analysis under the supervision of the second author.

Table 2. The 12 basic research steps of the Vancouver School process and how they were followed in the present study.

Steps in the Research Process	What Was Done in the Present Study
Step 1. Selecting dialogue partners (*the sample*).	Thirty-four women who believed they fulfilled the working definition of PTG signed up for interviews on PTG, but in the meantime the COVID pandemic began. When interviewing became possible again, 22 women still wanted to participate and were interviewed.
Step 2. Silence (*before entering a dialogue*).	The researchers reflected upon their preconceived ideas and consciously put them aside as much as possible.
Step 3. Participating in a dialogue (*data collection*).	One interview was conducted with each participant. The first author conducted all the interviews, which were recorded, transcribed verbatim on a computer, and encrypted.
Step 4. Sharpened awareness of words (*data analysis*).	The interviews were read multiple times by the first author. Comments were written in the margins to find the core of the interview and to answer the research questions. Nvivo12 was also used.
Step 5. Beginning consideration of essences (*coding*).	Each interview was analyzed in detail, and main themes and subthemes were constructed.
Step 6. Constructing the essential structure of the phenomenon from each case (*individual case construction*).	The main themes and subthemes of each participant's story were highlighted, and the most important themes constructed into an individual analytic framework.
Step 7. Verifying each case construction with the relevant participant (*verification 1*).	Many participants were very emotional during the interview. Because of the delicacy of the subject participants were not asked to confirm their individual analytic framework.
Step 8. Constructing the essential structure of the phenomenon from all the cases (*meta-synthesis of all the different case constructions*).	All individual analytic frameworks were compared and constructed into one main analytic framework.
Step 9. Comparing the essential structure of the phenomenon with the data for verification (*verification 2*)	For verification, all the transcripts were read over again and compared to the final analytic framework.
Step 10. Identifying the overriding theme describing the phenomenon (*construction of the main theme*).	"I'm a Winner, not a Victim": The Facilitating Factors in Post-Traumatic Growth among Women who have suffered Intimate Partner Violence.
Step 11. Verifying the essential structure with the research participants (*verification 3*).	Many participants were very emotional during the interview. Because of the delicacy of the subject participants were not asked to confirm the final analytic framework or the main theme.
Step 12. Writing up the findings (*multivoiced reconstruction*).	The participants were quoted directly to increase the trustworthiness of the findings and conclusions.

2.4. Research Ethics

The main principles of research ethics guided researchers in the study. The National Bioethics Committee granted permission to conduct the study (reference no: VSN-19-166). Each participant received an introductory letter and signed an informed consent before the beginning of the interview. In the letter, potential participants were informed about the purpose of the study, the research method, and what was involved in participation. They were informed of their rights to participate voluntarily and to withdraw from the study whenever they so wished, as well as of their anonymity and the absolute confidentiality. Participants were offered professional psychological support free of charge if they felt the need. No participant took advantage of such support.

3. Results

The overriding theme of the study was "I'm a winner, not a victim", which described the women's essential experience of PTG. They described their experience as a shift from being suffering victims of IPV to becoming winners who enjoyed PTG. They felt that their positive attitude and personal strengths had helped them to reach PTG, as well as to face the fact that they had been in an abusive relationship, thus forgiving and believing in themselves and taking responsibility for their own health and well-being. They sought knowledge about violence, how to process it, and how to respond to triggers. They set boundaries for their perpetrators and were in as little contact with them as possible. They chose the company of positive, supportive, and constructive people and situations where they were not being controlled. All participants had suffered emotional and psychological IPV as well as verbal abuse and oppression. Many of them also described physical and sexual violence as well as financial abuse. The women had all undergone the shift from suffering victims of IPV to winners who enjoyed PTG, and they described the factors that facilitated their PTG. They saw the journey to PTG as an ongoing process, where certain factors facilitated their PTG. The findings of these facilitating factors among women who suffered IPV are presented in Figure 2.

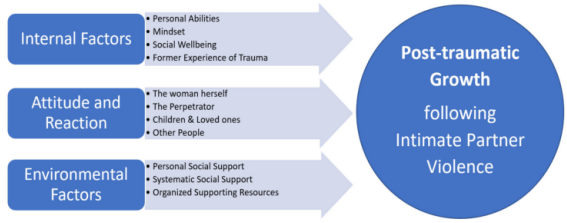

Figure 2. Facilitating factors in post-traumatic growth following intimate partner violence.

The three main facilitating factors in participants' PTG were (1) internal factors: personal abilities and mindset, social well-being, and former experience of trauma; (2) attitude and reaction to herself, the perpetrator, her children, her loved ones, and other people; and (3) environmental factors: social support and organized supporting resources.

3.1. "I Decided Not to Be a Victim": Internal Factors Facilitating PTG Following IPV

Participants explained how their internal factors facilitated their PTG following their experience of IPV. They expressed how possessing positive personal abilities, facing the situation, and being determined in improving their situation, facilitated their PTG. They also described the necessity of meeting their own needs for well-being, so they could focus on their PTG. Most participants considered the experience of dealing with and processing former traumatic events helpful in their PTG and described how that experience had served as some kind of preparation for their traumatic experience later in life.

Personal abilities. The women stated that the congenital, inner personal abilities, along with their personal skills they had developed through life, had been helpful when processing their experience of IPV and finding their way to PTG. Their positive attitude and personal factors turned out to be helpful on that journey to their current situation in life. They described the importance of possessing resilience, where they did not give up despite adversity and continued their journey to PTG, together with personal strengths such as the will to fight, stubbornness, and positivity.

> "*I think it's my resilience, I'm incredibly strong, even though many people have tried to break me, no one has succeeded*" (Norma).

"*I can deal with things that are incredibly difficult and I don't bend, and I stand on my own two feet . . . I have incredible faith in myself*" (Ingrid).

Mindset. The participants reported that their own attitude and opinion about their situation mattered. They described the importance of themselves realizing and facing the fact that they had been in an abusive relationship.

"*Being able to say it out loud that I have been traumatized and I have suffered mental abuse . . . I had a very hard time admitting that to myself*" (Kathy).

They described the importance of making the decision themselves to seek help, to stand by themselves, to believe in themselves, and to take responsibility for their own health.

"*In the end, all the help in the world could not have helped me if I didn't want it . . . I had no plans of being a victim*" (Harriet).

"*As long as you reach out and say, "I need help". We are all different and I need something and someone else needs different things . . . don't ignore that you need to rebuild yourself, both mentally and physically*" (Audrey).

It was important for them to work on forgiving themselves, stop blaming themselves, and returning the shame.

"*I had to understand myself completely. Understand why I made the wrong decisions over the years. I returned the responsibility of the violence and the shame too*" (Audrey).

The women did not want to feel sorry for themselves or to be victims. They wanted to be fearless, have faith in their own abilities, be happy, look toward the future, and move on with their lives.

"*I just wasn't going to become some crumb of bread laying on the earth . . . I was not going to let him defeat me forever like my grandma did. To be a prisoner of a situation that you live with throughout your life*" (Vera).

"*I was going to be happy . . . for me and my kids, the goal was to be healthy in all fields*" (Thelma).

Social well-being. Participants described that meeting their basic needs in life, such as safe living conditions, safe housing, and financial independence, following the IPV led to a certain stability and gave them the opportunity to focus on their journey to PTG.

"*I was able to move immediately in with my mother where it was safe for me and my child so I didn't have to worry about where I lived or that I would be homeless . . . I could be calm. I had my safety net and secure income*" (Joan).

"*I took a loan to fix things in my life and I assumed half a year without income when I took the loan . . . I only gave myself half a year, which turned out to be 9 months*" (Audrey).

Former experience of trauma. Most participants had former experience of trauma or adversity in their childhood, prior to their endurance of IPV. Many women described how their previous experience of trauma and challenging life experiences had strengthened their interpersonal skills, serving as a certain preparation for the traumatic, violent relationship as well as for PTG.

"*This is the mode, the reaction to the violence I experienced as a child, I'm a survivor and not a victim, it also helped me in this. I went into the same mode there . . . survivor of domestic violence*" (Thelma).

"*I think it's also a kind of survival mode I fall into. I think it's something I learned when I was younger to be so hard and cold and I seem to be able to turn off emotions a lot, unfortunately. It's both an advantage and a disadvantage but I think it helped me a lot*" (Paula).

The main facilitating internal factors in participants' PTG are explained in Table 3.

Table 3. Internal factors facilitating PTG following IPV.

Internal Factors	
Personal Abilities	Possessing resilience/strength, the will to fight, stubbornness and ambition. Being positive, optimistic, calm, and peaceful (serenity). Having courage, self-confidence, self-esteem. Consciousness, being organized, possessing social skills, being quick to forgive and let go.
Mindset	Being ready to: face the situation, get help, take responsibility for herself, forgive herself, care for herself. Possessing the will to feel good, finding her own strength, and having faith in better life to come. Not being a victim.
Social Circumstances	Finding a safe place to stay and/or live, financial security.
Former Experience of Trauma	Experiencing adversity in childhood, former processing of trauma, standing strong before the violent relationship.

3.2. "It Doesn't Always Have to Be This Way": Attitude and Reactions to Self and Others Facilitating PTG Following IPV

All participants talked about how they consciously worked on making themselves stronger and described how they responded to themselves, the perpetrator, their loved ones, their children, and other people. The women decided themselves that they were going to have a better life and a life on their own terms. They chose carefully where to seek help and consciously took the time they needed to process their experience and feelings, being kind towards themselves while doing so. They appreciated their loved ones more and consciously nurtured their relations to those people. The women set reasonable goals, chose the company of constructive people, and took control of their lives, always aiming for a brighter future on their own terms.

The woman herself. Participants consciously took action to promote their own recovery and PTG in the aftermath of IPV. They emphasized the importance of sharing and discussing their experience and feelings.

> "*It was really just one, two, three, go, to start talking about this and look at this from a different perspective rather than from the inside of the turbulence somehow*" (Fanny).

They described the importance of processing their experiences and cultivating their mental and physical health.

> "*I want this core, that I am, to shine, so I just started taking stuff from my backpack, relieving it, empowering myself, doing what I think is awesome. On my own terms*" (Ingrid).

The women accepted their feelings and allowed themselves to experience both bad and good feelings, being understanding and caring toward themselves. That way, they came to know themselves again. Many of them made changes in their lives, e.g., started to study, moved to new areas, and found new hobbies.

> "*We should allow ourselves to go into a time of sorrow and when you're in difficult periods in life it is natural that you don't feel well, but then you have to find a way out of it and know that there is a way out of it. It doesn't always have to be this way. That's very important*" (Eve).

> "*I had lost myself in this role of being a wife and mother and I no longer knew who I was. I, the character Georgia, I started trying to find myself again and that was my huge task.*" (Georgia).

The women took control of their lives, looked to the future, and set realistic goals for themselves. They worked on their co-dependence and learned how to set boundaries. They returned their sense of shame for having been abused, took the time they needed to process their experience, and built up their growth in a way that suited them.

"*Focusing on me. Cultivating the body and the soul. Talking about my experience and just fighting. Relaxing and fooling around*" (Ingrid).

"*The focus has become very clear, how I want things to be and what I accept and what I don't . . . Now I set goals and if people can't respect me, they can be somewhere else*" (Norma).

They found it important to gain knowledge about violence and about how to process the experiences of violence, as well as to learn to recognize and respond to what triggered them.

"*I've realized what triggers me. It feels good to have learned to know these triggers, how to deal with them, to give myself time to stop and just think, okay this is it, to understand why I am feeling this way. Instead of just suppressing my feelings and then just explode one day*" (Ursula).

The perpetrator. The women set boundaries for their perpetrators and were in as little contact with them as possible. They decided not to let them control their lives and took that control into their own hands.

"*To not care about what he thinks of me . . . no matter what he's saying about me because you know people do not take him seriously because he's just crazy or he's just sick . . . of course there were difficult times where you might get some distressing emails or . . . [need] to communicate with him . . . but it was so easy for me not to be with him anymore*" (Rose).

"*The only way he is allowed to communicate with me is through e-mail and during one period we were considering that he could just send my brother an e-mail. Just so I wouldn't get distressed when receiving these e-mails. There were all kinds of rules that we set up just so I could have space and peace to recover*" (Joan).

Children and loved ones. Most participants were mothers. Many of them felt bad because of what their children had suffered because of the IPV. They asked their children for forgiveness and forgave others.

"*I can ask them to forgive me, for the mistakes I made, and I know they do. I know they don't judge me. We all make mistakes but sometimes the mistakes are too serious and cost too much*" (Eve).

Most women described how their children were their inspiration in their PTG following the violent relationship.

"*The love for my children is what kept me alive . . . I think I wouldn't have survived without the responsibility for them . . . I want to be there for them, to be a role model*" (Lorna).

They valued their loved ones and their friends more than before and took better care of their supporting network, but they also set boundaries for those people to protect their own independence and remain in control of their own lives.

"*It is extremely important in the recovery process to have people around you who love and respect you, help you . . . you need support*" (Eve).

"*You must be trained in setting boundaries and you have to be trained in maintaining your own hearing or in listening to yourself*" (Joan).

Other people. The women said they chose the company of positive, supportive, and constructive people and situations where they were not being controlled. They sought help in places that felt right for them. They tried not to take things personally and were very much aware of their well-being and feelings when communicating with the opposite sex.

"*I had and I still have very respectful friends. They were not saying "you have to do this". My friends just sat there, "do you want a hug", "shall we talk"? There was never any*

"you must". I just got to be me, being in control, and if I was making the wrong turn someone just guided me gently in the right direction . . . I was really lucky" (Paula).

"It was important to me to learn how to seek support in places where I knew that I would be supported" (Ursula).

The main facilitating factors of attitude and reaction in participants' PTG are explained in Table 4.

Table 4. Attitude and reactions to self and others facilitating PTG following IPV.

	Attitude and Reactions to Self and Others
The Woman Herself	Taking good care of herself; working on mental and physical health, showing herself compassion, allowing herself to be emotional, taking the time needed to process the experience of trauma, heal, and settle with her experience. Taking control in her life; getting to know herself again, finding the purpose in life, setting reasonable goals and looking toward the future. Not taking responsibility for the violence; returning the shame to where it belongs, standing up for herself. Gaining knowledge about violence and methods to process the experience of violence. Finding her competence in doing new things; changing her surroundings, going to school, finding a new job, new hobbies, etc. Acknowledging the triggers of bad memories and learning how to deal with them. Using her own approaches in dealing with her traumatic experiences; prayer and belief in a higher power, doing things that make her happy, relaxing, and fooling around, not drinking alcohol, processing her childhood experiences, etc.
The Perpetrator	Minimizing the communication with the perpetrator as much as possible, setting boundaries (i.e., restraining order, divorce), not minding his opinion, not defending him.
Children and Loved Ones	Asking her children for forgiveness, forgiving others. Cherishing her loved ones, setting the boundaries needed to be in control of her own life.
Other People	Choosing constructive people and situations in her life. Seeking help in the right places, consulting with people with similar experience. Experiencing love from others and not being judged by others. Ending social isolation. Not taking things too personally. Attention from the other sex gave some of the women confidence.

3.3. *"To Get This Opportunity . . . ": Environmental Factors Facilitating PTG Following IPV*

The women talked about the importance of a supportive environment when building a better life, on their own terms, and processing PTG following IPV. To communicate with supportive and warm people whom they trusted, and to get the help they needed, encouraged them in making positive changes in their lives, thus enhancing their PTG. They emphasized the importance of their informal support (e.g., friends, family, coworkers), systematic support (e.g., the public system), and organized resources providing formal support, which they used to deal with the aftermath of IPV and to work their way to PTG (e.g., the Women's Shelter, and other resources for women who suffer IPV).

"I consulted in friends and relatives, especially friends to talk and talk, to relatives for help with the children. I turned to the social services for financial support so I could provide more for my children, enabling them to practice sports beside the sports at school. I turned to charity agencies for food, I also looked for all possible ways in the system to get help" (Anna).

Informal support. The participants described the importance of experiencing various support from their family and friends, new spouses, colleagues, neighbors, other people, and even their pets, when working on their PTG.

"To feel that my people would love me even though I went through all this. I was always afraid that people would look at me differently, that people would see me as a victim or

think: "what was she thinking, she can blame herself, should I feel sorry for her?" I have never received such a response from anyone" (Fanny).

"*My current husband has been very helpful, he has helped me to find purpose in life and to enjoy life*" (Urma).

"*To come home after work . . . and there she is, so happy to see me, just "hi mom where have you been? Can we go outside?" . . . my dog, I put all my trust in her and she really got me through this. Because she was always there for me . . . We were very close*" (Ingrid).

Systematic support. The women described various useful public resources they found helpful when working on their PTG. Some women found the public system very useful and even described groundbreaking moments when communicating with professionals in the system, such as psychologists, doctors, nurses, physical therapists, social workers, social services, family therapists, police, priests, lawyers, as well as various professionals in rehabilitation resources and social services.

"*I got a lot of support from the police . . . they drove past my workplace and my home; you saw the police on the move*" (Eve).

"*Finally, I went to my physician and told him everything . . . and of course he saw how I felt. That's how it all started . . . he prescribed antidepressants and applied for rehabilitation program for me . . . I was really lucky to meet such an understanding physician*" (Lorna).

Organized supporting resources. Even though the support from their loved ones, friends, and the system was helpful, it was important to obtain help from people who knew IPV or were specialists in that field. Participants also described several organized supporting resources that had been useful for them when processing PTG. Often those resources worked together with or without the public system when helping the women.

"*It's not always enough to talk to a friend or a relative, because there is so much violence in families that no one is aware of. Talk to someone who knows violence. When I told my mum that I was getting a divorce because my husband was violent to me, she just said: "But what about the house?"* (laughter)" (Ursula).

"*The staff at the Women's Shelter helped me go to this trauma team at the hospital . . . I went there for interviews... for a year and a half. It also helped me, strengthened me a lot*" (Mona).

"*Attending this rehabilitation program and meeting with this consultant supported me a lot . . . I went to all kinds of interviews... I met a psychologist, went to physical therapy, to the gym . . . I was just finding myself back there*" (Lorna).

The main facilitating environmental factors in participants' PTG are explained in Table 5.

Table 5. Environmental factors facilitating PTG following IPV.

	Environmental Factors
Informal Support	The women's closest family, relatives, friends, children, new spouse, and pets provided them with informal support. Their manager at work, colleagues, job, and neighbors could also be sources of informal support.
Systematic Support	The public support system: the health care system, social services, the police, rehabilitation pensions, etc., provided them with systematic support.
Organized Supporting Resources	Psychological interviews, organized special resources and peer support, trauma processing (CPT, HAM, EMDR, etc.), vocational rehabilitation, 12-step work (Al Anon, Coda, Bible School), courses processing, e.g., social anxiety, self-empowerment, etc. One participant talked about her lawyer being a "buffer" between her and the perpetrator.

3.4. "Now I Can Get through Anything . . . ": Participants' Perceptions of PTG Following IPV

All participants described their perceptions of PTG following IPV. The women identified 16 descriptive concepts when describing their perceptions of PTG following IPV. The concepts identified were cited by at least half of the participants of this research.

Participants agreed that, although suffering IPV was a terrible experience, which no one should have to endure, their experience had resulted in positive outcomes in many ways. An overview of the women's perceptions of PTG following IPV are presented in Table 6.

Table 6. Participants' perceptions of PTG following IPV as described by majority of the women.

Perceptions of Post-Traumatic Growth		
Aspect	**Description**	**Quotes from Participants**
Strength	Experience enormous personal strength. Even if the hindrances pile up in their lives they know that they can conquer. Not afraid anymore.	*"I can do so much more than I thought I could. If you are willing to work on your life, even though it takes time and can be really scary and tough... at the end you will get what you worked for"* (Kathy).
Self-Respect	Respect themselves. Enjoy their own company. Proud of themselves.	*"I really enjoy my own company and my soul is peaceful most of the time. I have learned how important it is to take good care of myself. I'm really proud of myself"* (Ursula).
Appreciation	Accept themselves as they are.	*"At last I love my self... I think I deserve all the best"* (Norma).
Boundaries	Set boundaries for themselves and others. Are only responsible for themselves, not others.	*"It has become clear to me, how I want things to be, what I accept from other people and what I do not accept"* (Norma).
Tolerance	More tolerant toward others. More humble. Kind. Patient. Understanding.	*"I have learned to be humble towards other people and to respect their experience"* (Harriet).
Awareness	Have learned a lot about themselves and know themselves better	*"I have learned so much about myself. Who I am, how I feel, what I want, what I need and so on. I've also learned what I don't want in my life"* (Ursula).
Independence	More independent and brave.	*"I can make a big decision and make it happen, I don't need permission from anyone. I can do everything I want to, I'm an independent and good person"* (Beth).
Selfhood	Difficult experience that made them who they are. They are whole.	*"This experience made me the woman that I am today... I could be drinking and whining every day but I choose not to. I figured things out instead and became so strong and happy... I became me"* (Paula).
Happiness	They are happy and enjoy life. Feel good most days.	*"I'm so happy, I feel really good. Even though I feel sad some days... I know the best ways to handle those feelings and work on my welfare"* (Mona).
Nurture	Take better care of themselves. Work on their happiness. Love themselves.	*"I know I have to take good care of myself and I do. I have this routine, that I need to feel good, the more I take care of myself, the better I feel"* (Lorna).
Vision	The future is bright.	*"The future... there is so much I can do... I really look forward to it"* (Olivia).
Helpfulness	Want to use their experience to help others.	*"I really want to use my experience to help other people who have suffered violence... that's why I am participating in this study"* (Rose).
Resilience	Difficult experience that resulted in positive things.	*"To be in a violent relationship is a terrible experience. Even so, the growth that followed is so enormous, so precious... I wouldn't want to be without that growth"* (Joan).
Empowerment	Feel in control of their lives.	*"I have learned so much. I feel so empowered. I'm in control of my life... that is the things that are controllable. I know I will get through everything. I will never give up"* (Ingrid).
Reinforcement	Seek help when needed. Important to get the right help.	*"To seek help when you need it...in places where you know you will get the help and support that you need...that was a very important lesson to learn"* (Ursula).
Determination	Know what they want for themselves in intimate relationships. Focused on what they want and what they need. Fight for justice.	*"If I will find another partner in the future one thing is clear: I'm not going to fix you, I'm not going to be your mother, I want a spouse that is my equal"* (Georgia).

Strength. Participants emphasized their enormous personal strength. They described how their personal strength had grown, giving them the feeling that they could overcome all difficulties in life. They said they were not afraid anymore.

"*I can do so much more than I thought I could. If you are willing to work on your life, even though it takes time and can be really scary and tough . . . at the end you will get what you worked for*" (Kathy).

"*I just know, that after this experience I can get through anything*" (Harriet).

Self-Respect. The women got to know themselves better than before, accepting the person they are today. They said they respected themselves and enjoyed their own company. They were proud of what they had accomplished in life.

"*I really enjoy my own company and my soul is peaceful most of the time. I have learned how important it is to take good care of myself. I'm really proud of myself*"

(Ursula).

Appreciation. Participants described how they had got to know themselves and appreciated themselves more than before. They said they accepted themselves as they are.

"*At last I love my self . . . I think I deserve all the best*" (Norma).

Boundaries. Participants were aware that they were not responsible for what other people do, say, or think. The women said that they were also aware of what they wanted in their lives and what they did not want, which is why they consciously set boundaries toward other people and themselves.

"*It has become clear to me, how I want things to be, what I accept from other people and what I do not accept*" (Norma).

"*You just learn so much about yourself. You deal with it when other people treat you badly and you set boundaries towards them. You listen to yourself and have to learn when you must set boundaries for yourself . . . it's okay to be yourself, to have normal communication with others and yourself*" (Joan).

Tolerance. The women described how they had become more tolerant toward other people. They said that they were humbler towards others, they showed more kindness, and were more patient and understanding of other people.

"*I have learned to be humble towards other people and to respect their experience*" (Harriet).

Awareness. Participants described how they had learned to know themselves, realizing and accepting their own needs. They said that they took better care of themselves than before.

"*I have learned so much about myself. Who I am, how I feel, what I want, what I need and so on. I've also learned what I don't want in my life*" (Ursula).

Independence. The women said that they feel more independent and braver. They can do what they want to do without getting permission from someone else.

"*I can make a big decision and make it happen. I don't need permission from anyone. I can do everything I want to, I'm an independent and good person*" (Beth).

Selfhood. Participants said they felt whole. They emphasized that their difficult experience of IPV had made them the people they are today.

"*This experience made me the woman that I am today . . . I could be drinking and whining every day, but I choose not to. I figured things out instead and became so strong and happy . . . I became me*" (Paula).

Happiness. Despite their difficult experience of violence, the women said that most days they feel good, are happy, and enjoy life.

"*I'm so happy, I feel really good. Even though I feel sad some days . . . I know the best way for me to handle those feelings and work on my welfare*" (Mona).

"*Life is so much more beautiful and better since I got out of this [violent relationship] . . . I really appreciate myself . . . some days I fake it till I make it, I admit that, but most days life is so much better for me*" (Mona).

Nurture. Participants took better care of themselves than before. They loved themselves and worked on their own happiness.

"*I know I must take good care of myself and I do. I have this routine, that I need to feel good, the more I take care of myself, the better I feel*". (Lorna).

Vision. The women saw their future as bright and joyful and felt that they were in control of their lives.

"*My future is maybe unclear, but it's bright. Now I have the strength to build a good life for myself and my children*" (Thelma).

"*The future... there is so much I can do . . . I really look forward to it*" (Olivia).

Helpfulness. Many participants described their need for using their experience of IPV to help other people suffering violence. That was, in many cases, the reason for their participation in the study.

"*I really want to use my experience to help other people who have suffered violence . . . that's why I am participating in this study*" (Rose).

Resilience. Participants described their experience of IPV as a difficult experience. However, many of them stated that they would not want to be without that part of their lives, since that experience had resulted in so many positive things for them.

"*To be in a violent relationship is a terrible experience. Even so, the growth that followed is so enormous, so precious . . . I wouldn't want to be without that growth*" (Joan).

Empowerment. The women described how they had grown to feel in control of their own lives.

"*I have learned so much. I feel so empowered. I'm in control of my life . . . that is the things that are controllable. I know I will get through everything. I will never give up*" (Ingrid).

"*I'm whole now. It's like the pieces of me have been glued together again. I'm responsible for my actions, my needs, my well-being and what I do to preserve my well-being. Other people are responsible for their well-being and actions, that's not my responsibility*" (Norma).

Reinforcement. Participants were aware of and responsible for their own well-being. They emphasized the importance of seeking help when they needed it in places that they felt were right for them.

"*To seek help when you need it . . . in places where you know you will get the help and support that you need . . . that was a very important lesson to learn*" (Ursula).

Determination. When it came to current and/or future intimate relationships, the women knew what they wanted. They were determined to focus on their needs and their desires in their new or future intimate relationships. In general, the women were ready to fight for justice.

"*If I will find another partner in the future one thing is clear: I'm not going to fix you, I'm not going to be your mother, I want a spouse that is my equal*" (Georgia).

The main concepts that at least half of the participants used to describe their perception of PTG following IPV are portrayed in Figure 3. The size of the concepts shown in this picture depends on how many participants reported it as a part of their PTG, the most common descriptive concept being the largest one.

Figure 3. Participants' perception of PTG following IPV.

Ten of the descriptive concepts of PTG were intrapersonal, where the women described how they saw themselves and their personal feelings toward themselves in a more positive way (strength, self-respect, appreciation, awareness, independence, selfhood, happiness, nurture, empowerment, and reinforcement). Two concepts were interpersonal and reflected their changed behavior and feelings toward others (tolerance and helpfulness). Four concepts were both intrapersonal and interpersonal, where their self-reflection possibly included and affected other people (boundaries, vision, resilience, and determination).

4. Discussion

This article is a valuable contribution to the field of research on IPV and PTG. The results reveal that, in spite of serious and often long-term consequences of IPV, participants succeeded in having good lives and enjoying PTG. It is important for both victims of IPV and people supporting them to be aware of the possibility of PTG, as well as the factors facilitating that growth. To be aware of this fact can in that way bring hope to survivors of IPV, their loved ones, and professionals working in the field of IPV. This article is also an important contribution to the field of PTG, since the results reveal that the expression of PTG, as well as the facilitating factors in PTG, can differ, depending on types of trauma.

While trauma effects following IPV are well-known, researchers have paid less attention to the facilitating factors of healing from trauma and the possibility of PTG for survivors of IPV, although such literature is increasing. Healing has been shown to be comprised of connecting with the self, others, and the world [32], while PTG seems to also involve that the person experiences increased spiritual maturity, discovers new opportunities in life, values life more, experiences increased personal strength, and has better relationships with others [21]. Since IPV is of an intimate, complex, and chronic nature, the trauma recovery is unique [19], and some researchers have described it as unlikely and even undesired [33]. The purpose of this study was dual: to identify the factors facilitating PTG among female survivors of IPV and their perception of PTG following IPV. The results of this study were based on the descriptions of 22 female participants in the phenomena. The overriding theme of the study was "I'm a winner, not a victim". Those words describe the core of the participant's experience of PTG, where they shifted from being suffering victims of IPV to becoming winners who enjoyed PTG. The participants in the study were determined not to let their experience of violence affect their whole lives in a negative way. They did what they had to do to take the control of their lives and consciously promoted their recovery and PTG in the aftermath of IPV. They described how their positive attitude and personal strengths had been helpful in reaching PTG and confronted the fact that they had been in an abusive relationship. Many participants reported safe living conditions and support as important factors in PTG, asserting that being free of those worries gave

them the peace they needed to work on their growth. Similarly, the importance of safe housing along with addressing concerns such as safety and trauma-related issues were important factors for long-term success in processing IPV, as was reported in another study [34]. Many of the women reported that their previous experiences of trauma and difficult life experiences had often been helpful when dealing with their circumstances, thus contributing to their PTG. Similarly, in a qualitative study of PTG among people with a history of various types of trauma, participants described how their earlier traumatic experiences turned out to be helpful in dealing with their traumatic experience later in life and reported this as a facilitating factor in their PTG [26]. Participants consciously worked on their attitudes and reactions to themselves and others. They forgave themselves and others, believed in themselves, and took responsibility for their own health and well-being. They sought information about violence, how to process it, and how to realize and respond to triggers related to their experience of IPV. Moreover, the women set boundaries for other people, which resulted in better relations with the people they wanted in their lives and fewer interactions with their perpetrators. In a similar way, a qualitative study on themes of healing and PTG in female survivors of IPV described how participants sustained and created new limits on others, resulting in improved relationships with their loved ones [35]. Participants in the present study described the importance of a supportive environment and chose the company of positive, supportive, and constructive people and situations where they were not being controlled. Likewise, in a literature review of informal social support for survivors of IPV, a connection was found between positive social reaction and psychological health benefits and fewer negative health symptoms [36], and in a study on the role of social support for PTG among female victims of IPV, the results indicated that social support predicts higher levels of PTG [37]. The women discussed the importance of getting different kinds of systematic support from the public system and organized resources for working their way to PTG. They emphasized the importance of receiving the right kind of support from different organized resources on their own terms.

The participants in this research described their perception of PTG following IPV, where 16 descriptive concepts of PTG were identified. These descriptive concepts of PTG reflected that the women saw themselves, their lives, and their future from a new and more positive perspective. They had also discovered that they had their rights in life and were allowed to be happy, like everybody else, so they did what they had to do to take the control of their lives. They chose their company carefully and set boundaries, which led to better relationships with other people. Even though several studies have shown that previous traumatic experiences could be associated with revictimization in IPV [38,39], that was not the case by the women in this study. When discussing current and/or future intimate relationships, they sounded determined to focus on what they want and what they need in that regard. Participants agreed that even though their experience of IPV had been difficult, it was valuable to them, since it had made them the people they are today. It was an interesting outcome of this study that the majority of the concepts used by the women to describe their PTG were intrapersonal (strength, self-respect, appreciation, awareness, independence, selfhood, happiness, nurture, vision, resilience, empowerment, and determination) or both intrapersonal and interpersonal (boundaries and reinforcement), when only two concepts describing PTG were interpersonal (tolerance and helpfulness). This outcome suggested that women who have suffered IPV perceive PTG to a large degree as a personal, inner growth and reconstruction of themselves. This was a different focus from the working definition of this study (see Table 1) where the factors constructing PTG seem to have equivalent relevancy when describing PTG.

The results of this study emphasized the complexity of PTG among survivors of IPV and the necessity that all these factors be considered in a holistic way when supporting survivors of IPV on their journey to PTG. Equally important findings of this study were the participants' descriptions of their perceptions of PTG following IPV, the main focus being on their own intrapersonal factors.

Limitations of the Study

Participants self-reported their PTG, and therefore, the sample selection may involve a bias in that regard. The participants' willingness and ability to express themselves regarding their experience of the factors facilitating PTG and their perception of PTG following IPV could be a limitation to this study. The authors do not have information about the participants' socioeconomic status, religion, family status, or occupation, which could be a limitation of the study. It could also be a limitation that one of the criteria for participation in this study was being able to read and understand Icelandic, which may have led to bias due to possible homogeneity in the culture of the sample.

5. Conclusions

The current study illustrates findings that provide a deeper understanding of the journey to PTG following IPV. The results suggest that encouraging and assisting survivors of IPV to systematically work on specific facilitators not only motivates them but also results in their PTG. This information can be useful when guiding and supporting women who have suffered IPV to start and/or continue their journey toward PTG. Furthermore, the results indicate that the same definition of PTG does not apply to all groups of people. The results reveal that participants of this study, who all enjoyed PTG following their experience of IPV, were well-aware of what they wanted from their current and/or future intimate relationships, which suggests diminished danger of them being revictimized. It could be useful to do a future research on that subject, in order to reveal the possibility of PTG being a protective factor in revictimization of women who have suffered IPV. In this study, the women described their perceptions of PTG and the factors facilitating PTG. A description of the factors hindering PTG among these women would create a clearer picture of the development of PTG in this group. Thus, it would be useful to perform further research on the factors hindering PTG among women who have survived IPV.

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Article II

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Article

Fourteen Main Obstacles on the Journey to Post-Traumatic Growth as Experienced by Female Survivors of Intimate Partner Violence: "*It Was All So Confusing*"

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Abstract: In this study, we identified 14 obstacles experienced by female survivors of intimate partner violence who had, nonetheless, reached post-traumatic growth (PTG), which is a positive psychological change by a person following serious difficulties or traumatic events. Intimate partner violence (IPV) is such a trauma. The purpose of this study was to analyze the obstacles to PTG as experienced by women who have succeeded in reaching PTG following traumatic IPV. Participants were twenty-two women aged 23–56 who self-reported their PTG according to the working definition used. The participants reported feelings of diminished self-worth that had negatively influenced their lives and how these negative feelings delayed their PTG. The overriding theme of the study was "It was all so confusing", which expressed the essence of the participants' feelings when describing the obstacles they encountered on their journey to PTG. Most of those obstacles were intrapersonal, i.e., negative personal feelings and negative perspectives towards themselves. Other obstacles reported by participants were physical and psychological health problems, challenging personal circumstances, and the perpetrator, as well as laws, regulations, and institutional social systems. This study reveals the broad range of obstacles encountered by women on their journey to PTG following IPV, emphasizing the necessity of an interdisciplinary approach when holistically considering their situation and supporting them on their journey towards PTG.

Keywords: post-traumatic growth (PTG); intimate partner violence (IPV); gender-based violence (GBV); trauma recovery; public health; rehabilitation; women's health; interdisciplinary approach; phenomenology; qualitative research

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1. Introduction

When facing the broad range of diverse debilitating effects of gender-based violence, most survivors demonstrate a remarkable capability for survival and endurance [1,2]. Leaving an abusive relationship results in transformative changes in life for survivors of IPV, as they move from being controlled to being in control of their own lives [3,4]. Even though research on the aftermath of IPV has mainly focused on the adverse consequences of that experience [5], the awareness of the possibility of positive changes following IPV has risen, where the strength, resilience, and other positive resources of survivors of IPV are realized and emphasized [6–8]. Some women can recover from their experience of IPV, but there is a lack of information on how they recover and whether the recovery is for the long term [7,9].

Gender-based violence (GBV) is an extensive and serious social problem globally, affecting approximately one in three women, regardless of their social circumstances or ethnicity. Domestic violence is the most common kind of GBV [5,10]. According to the UN Declaration on the Elimination of Violence against Women, GBV is defined as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion

or arbitrary deprivation of liberty, whether occurring in public or in private life" [9,11]. Victims of GBV are at an increased risk of having serious physical, mental, sexual, and reproductive health problems. They are also at an increased risk of being murdered by their intimate partner [10].

Intimate partner violence (IPV) is one of the most common types of violence against women [10]. The definition of IPV is any behavior in an intimate relationship that causes the victim of the violence physical, psychological, or sexual harm [10,12,13]. IPV also refers to controlling behaviors such as isolating the spouse from other people, monitoring their actions, and dominating and restricting their finances, education, occupation, and health care [12,13]. Globally, research has shown that women are more likely to be assaulted, injured, raped, or killed by a current or former spouse than by anyone else, and the perpetrator is most often a male [14,15]. Psychological aggression is the most common type of IPV. That kind of violence in intimate partner relationships is likely to have a long-term devastating effect on the psychological health of the victim, resulting in depression, anxiety, post-traumatic stress disorder (PTSD), and reduced self-kindness, thus leading to less positive reframing of stressful events in life, less meaning in life, and less growth and maturity [16], as well as a loss of internal ego structure among the victims [17]. IPV has been described as "intimate terrorism", where the perpetrator is in control, abusing the partner emotionally using threats, intimidation, economic abuse, and guilt [18,19]. The dynamic in violent relationships has been described by Dr. Evan Stark as "coercive control", which captures the multidimensional nature of IPV, wherein psychological violence plays a large role in the controlling and intimidating behavior of the perpetrator, along with the social isolation of the victim [20]. To leave an IPV relationship is a long-term, complicated process, even after the end of the violent relationship [21–23], and it also takes tremendous strength to start a new life after leaving a violent relationship [1]. Besides the negative physical and mental outcomes of IPV, such an experience often includes adverse economic consequences, housing instability, and social stigma [24]. The process of help-seeking after experiencing IPV appears to be very complex due to various individual and social factors [25,26].

Post-traumatic growth (PTG) is a positive psychological change by a person following serious difficulties and traumatic events where the focus is on the possible positive outcomes of experiencing trauma rather than focusing on the negative outcomes [27]. According to the definition of PTG by Calhoun and Tedeschi [28] and Tedeschi and Moore [29], the person discovers new opportunities in life, values life more, enjoys increased spiritual maturity, experiences increased personal strength, and has better relationships with others. PTG has been described as a journey, where one's internal factors and need for change are the motivation for PTG [8]. According to the theoretical definition of PTG by Bryngeirsdottir and Halldorsdottir, PTG is explained as a personal resurrection in life following psychological trauma, including the person confronting their own feelings, experiencing intensified inner strength, having deeper relations to others, experiencing personal growth, living a healthier life, enjoying increased self-knowledge as well as a stronger self-image. The authors state:

> "Furthermore, the individual enjoys increased social activity, positivity and patience and has feelings of freedom, power, and energy, without any regrets. Moreover, the individual feels like a winner in life, is less stressed, more appreciative of own self, others, and life in general, seeing new possibilities in life having found a new vision as well as deeper inner peace and wisdom. Even though the negative influences of trauma can be present, the positive factors of post-traumatic growth are dominant". [8] (p. 13)

Experiencing IPV is likely to result in extensive, long-term devastating effects on the survivors' health and her life as a whole. Furthermore, IPV is likely to also affect her friends and family as well as her community in a negative way. That said, aiming for PTG following IPV in order to enjoy the best life possible, is not only in favor of the survivor of IPV but also her loved ones and her society as whole.

In a study of women who self-reported their PTG following IPV, participants expressed their perception of PTG as a "personal, inner reconstruction of themselves", where they emphasized the intrapersonal concepts that described their PTG, focusing less on the interpersonal factors [30] (p. 15). Discovering and addressing the hindrances and the facilitating factors on the journey to PTG following the experience of IPV is essential in order to support female survivors of IPV on their journey to PTG and better lives.

The participants of this study were Icelandic female survivors of IPV. According to a national survey in Iceland since 2020, where the prevalence of hospital visits and nature of injuries because of IPV against women and associated costs were analyzed, the lifetime prevalence of sexual and/or physical IPV against women in Iceland was at 22.4% and the current prevalence at 1.6% [31]. An older study from 2010 showed similar results, the prevalence of sexual and/or physical IPV being 22% [32]. These Icelandic results are comparable to results on the subject from one of the largest face-to-face interview studies ever conducted with 42,000 women, on women's experiences of violence in 28 European countries, where the results showed that 22% of participants had experienced physical and/or sexual violence in an intimate relationship [33]. The authors did not find any statistics regarding the prevalence of other forms of IPV among Icelandic survivors of IPV. Overall, there seems to be severe lack of information regarding PTG among survivors of IPV, in Iceland.

1.1. Rational for Conducting the Study

IPV is of multidimensional nature and so is the trauma recovery that follows. The results of IPV are well documented, while the possibilities of PTG following such trauma have not had much attention in the literature, though the attention to possible PTG following IPV is growing. Finding and analyzing the obstacles to PTG among female survivors of IPV is essential in order to be able to support women when working their way to PTG following IPV.

1.2. Purpose of the Study and Research Question

This study aimed to explore the obstacles on the journey to PTG as experienced by female survivors of IPV. The phenomenon was studied from the perspective of women who succeeded in reaching PTG following IPV. The main research question was: "*What are the main obstacles on the journey to post-traumatic growth as experienced by Icelandic female survivors of intimate partner violence?*"

2. Materials and Methods

2.1. Study Design

To answer the research question, the Vancouver School of Doing Phenomenology (Vancouver School) methodology was used. This research method aims to increase the understanding of the participant's experience of a particular human phenomenon and is a combination of the works of Spiegelberg [34] on phenomenology, Ricoeur's [35,36] hermeneutic phenomenology, and Schwandt's [37] constructivism. The Vancouver School is popular among nurse researchers in the Nordic countries because of its 12-step approach, which has been found clear and useful [38]. It has been proven to be an excellent research methodology when the participants belong to a vulnerable population. When using this research method, participants report their experience of a certain phenomenon, and researchers try to comprehend and describe their experience, with the purpose of advancing human services through expanding knowledge and understanding of human phenomena [39].

2.2. Participants

Purposeful sampling was used in this study and participation was anonymous and voluntary. One criterion for participation was having reached PTG following IPV. Participants self-reported their PTG, according to the working definition used in this study (see Table 1).

Table 1. The working definition of post-traumatic growth (PTG) used in the study ([8], (p. 4)).

An individual who has reached post-traumatic growth experiences positive personal changes as a result of a struggle with a traumatic event. The individual has increased personal strength, improved relationships with others, experiences positive changes in attitudes and appreciation towards life, and sees new possibilities in life. The experience, though negative in itself, has had positive meaning for the person.

The criteria for participation in this study also included the participants being at least 18 years old, being able to understand and read Icelandic, and status of at least one year since their violent relationship ended.

2.3. Data Collection and Analysis

Participants in this study were recruited by introducing the research in numerous ways. During the recruitment the researchers promoted the research, e.g., by verbally introducing it in various places, introducing it online, using social media and various webpages, by handing out flyers, and sending e-mails to groups of different women's associations. Thirty-four female survivors of IPV, who self-reported their experience of PTG (based on the working definition of PTG, see Table 1), signed up for participation in the study. However, before the interviewing began, the COVID-19 pandemic started, making face-to-face interviewing impossible. When face-to-face interviewing was considered safe again, twenty-two women, aged 23–56, who still wanted to participate in the study were interviewed. The data collection and the data analysis were conducted by following the 12 basic research steps of the Vancouver School (see Table 2).

Table 2. The 12 basic research steps of the Vancouver School process and how they were followed in the present study.

Steps	Description of Steps	What Was Done in This Study
Step 1. Selecting dialogue partners *(the sample)*	Efforts are made to select participants who have both typical and nontypical experiences of the phenomenon.	Twenty-two female survivors of IPV, aged 23–56, who self-identified as having reached PTG participated in the study.
Step 2. Silence *(before entering a dialogue)*	Preconceived ideas are considered, written down, and deliberately set aside.	The researchers reflected on their preconceived ideas and consciously set them aside as much as possible.
Step 3. Participating in a dialogue *(data collection)*	One or two interviews are conducted with each participant. The number of participants is not determined in advance. It is determined by data saturation i.e., how many participants are interviewed and how many interviews are conducted, often 12–18 interviews.	Each participant was interviewed once by the first author, in all 22 interviews because not much is known about the obstacles to PTG. In the interviews, the first author who conducted all the interviews listened reflectively.
Step 4. Sharpened awareness of words *(beginning data analysis)*	All interviews are recorded, transcribed verbatim on a computer, and encrypted. Data analysis starts in the interviews and therefore data collection and data analysis run concurrently. After transcribing the interviews, the transcripts are treated as text and the researcher reads the transcripts reflectively.	All the interviews were recorded, transcribed verbatim on a computer, and encrypted. The first author then repeatedly read the transcripts and analyzed them in detail by marking texts and writing comments in the margins, which contributed to answering the research question. Nvivo 12 was also used in the data analysis.

Table 2. *Cont.*

Steps	Description of Steps	What Was Done in This Study
Step 5. Beginning consideration of essences *(coding)*	The researcher reads the transcripts again, repeatedly pondering on what is the essence of what this participant is saying together with finding key phrases and their meaning. The researcher then analyzes the text into main themes and subthemes.	Every interview was further analyzed through labeling, categorizing, and organizing the data into main themes and subthemes to begin constructing the essence of the experience.
Step 6. Constructing the essential structure of the phenomenon from each case *(individual case construction)*	To understand the overall picture of each individual's experience, the main themes in each participant's story are highlighted and the main points are presented in an analytical model for each individual.	The main themes and subthemes in each woman's story were emphasized and the most significant themes were built into an individual analytic framework.
Step 7. Verifying each case construction with the relevant participant *(verification 1)*	Each individual analytic model involves a specific interpretation of the researcher. Each participant is asked to confirm the researcher's interpretation.	Owing to circumstances, this step was not performed, unfortunately, which is a methodological limitation of the study.
Step 8. Constructing the essential structure of the phenomenon from all the cases *(meta-synthesis of all the different case constructions)*	The researcher tries to understand the overall analytic framework of the phenomenon itself, to realize what the participants' shared experience is and what is different. The researcher constructs an overall analytic framework for all participants.	To construct one main analytic framework, all individual analytic frameworks were compared. It was in this final data analysis that the second author stepped in and the two authors reflected on the data and reconstructed part of the preliminary findings together.
Step 9. Comparing the essential structure of the phenomenon with the data for verification *(verification 2)*	The researcher compares the written interviews with the overall analytic model.	For verification, all the interviews were re-read and compared to the final analytic framework.
Step 10. Identifying the overriding theme describing the phenomenon *(construction of the main theme)*	The researcher presents the essence of the phenomenon, which is a conclusion about the phenomenon in a nutshell. That becomes the main theme of the study.	The first author constructed the essence of the experience of obstacles on the journey from IPV to PTG: "It was all so confusing".
Step 11. Verifying the essential structure with the research participants *(verification 3)*	The development of a holistic analytic model is always based to some extent on the researcher's interpretation. This interpretation needs to be confirmed by some participants.	Owing to circumstances, unfortunately, this step was not performed. This is a methodological limitation of the study.
Step 12. Writing the findings *(multivoiced reconstruction)*	When writing the results of the study, the researcher uses direct quotations from the participants so that their voices can be heard, which increases the credibility and trustworthiness of the results. This step results in a multivoiced reconstruction.	The participants were quoted directly to increase the credibility and trustworthiness of the findings and conclusions.

An overview of the research process followed in each step of the Vancouver School method (see Table 2) can be found in Figure 1.

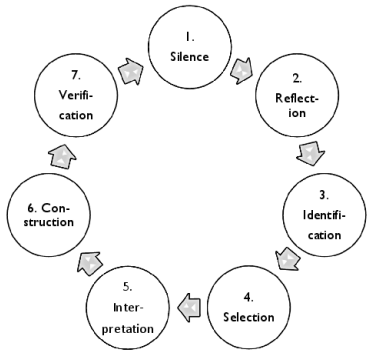

Figure 1. The research process of phenomenology in the Vancouver School ([39], p. 56). Reprinted with permission from Ref. [39]. 2000, Sigridur Halldorsdottir. This cycle is repeated in every step of the research process of the Vancouver School method.

2.3.1. Data Collection

The researchers developed an interview guide based on the research question and the literature that was followed during the semi-structured interviews. Each participant was interviewed once by the first author, in a neutral, quiet, and safe place chosen by the researcher, with no one else present. Since very little is known about the obstacles on survivors' journey to PTG following IPV, the authors wanted to study all aspects of it, as well as the nuances of the experience in detail; therefore, 22 interviews were conducted.

All the interviews were recorded, transcribed verbatim on a computer, and encrypted, their duration being 39–134 min (M = 77 min). Before the beginning of each interview, the first author introduced the main interview question and the working definition of PTG, and explained the purpose of conducting the research. Each participant confirmed her understanding and signed an informed consent. The first author encouraged each participant to express herself freely and openly during the interview. At the end of each interview, the participant was given the name of a professional (a psychologist and a psychiatric nurse) who she could contact and have a free therapeutic session if she felt she needed that after disclosing her experience of the obstacles to PTG following IPV.

The main interview question and examples of follow-up questions from the semi-structured interview guide used in this study are shown in Table 3.

2.3.2. Data Analysis

The first author implemented preliminary data analysis under the supervision of the second author. The first author repeatedly read the transcripts and analyzed them in detail by marking texts and writing comments in the margins, which contributed to answering the research question. NVivo 12 was also used for the same purpose during the data analysis. Every interview was further analyzed through coding, categorizing, and organizing the data into main themes and subthemes to construct the essence of the participants' experience, using the research process of the Vancouver School (see Figure 1). The main themes and subthemes in each woman's story were emphasized and the most significant themes were built into an individual analytic framework. For verification, all the interviews were re-read and compared to the final analytic framework, resulting in the following overriding theme, describing the phenomenon: "It was all so confusing", which expresses the core of the participants' feelings when describing the obstacles on their

journey towards PTG. When writing the findings, the participants were quoted directly to increase the credibility and the trustworthiness of the findings and conclusions.

Table 3. Examples of questions from the interview guide used in this study.

Questions From the Interview Guide
Main interview question Did you experience obstacles on your journey to PTG? If yes, please describe these. ***Examples of follow up questions***
• Can you identify some of your own personal feelings and state of mind you felt were obstacles to your PTG?
• Did you experience that your physical and psychological health in some way were obstacles to your PTG?
• Did you experience any other obstacles to PTG?
• Is there something you would like to add to what you have already told me?

2.4. Research Ethics

The researchers in this study were guided by the fundamentals of research ethics. The National Bioethics Committee authorized the study (reference concealed for review). All the participants received an introductory letter, where they were informed about the purpose of the study, the research method, and what their participation entailed. They were informed of their right to participate voluntarily and to withdraw from the study whenever they wanted, as well as the anonymity and confidentiality of their participation. This information was repeated before the beginning of each interview, to ensure the understanding of the woman and her willingness and consent to participate in the research. Throughout the study the researchers emphasized deidentifying and minimizing the risk of harm to the participants, by recording each interview and transcribe it verbatim. All interviews were kept in a locked area. Because of the vulnerability of the participants, anonymity and confidentiality to the women was emphasized. To further ensure the rights and welfare of the participants following the interviews, all of them were offered psychological support from a professional without charge if they felt they needed it, without any of them using that offer.

2.5. Validity and Reliability

The motivation for conducting this research comes from the first author's work as a vocational rehabilitation counselor in Iceland, and from her work with women living in a halfway home for women and children following IPV, which is run by the Icelandic Women's Shelter in Iceland. The second author is a professor with extensive experience in qualitative research, mostly around violence and psychological trauma. The authors have conducted prior research on PTG with Icelandic people, suffering various types of traumas, resulting in a new theoretical definition of PTG [8]. When combining those research results and the first authors' experience of working with women following IPV, the authors decided to conduct this research. The authors find it not acceptable, that a woman who has been violated against by her intimate partner endures long time suffering due to that experience, without a hope of possible positive changes in her life. All this resulted in the authors' interest in doing research on identifying the obstacles on their journey to PTG.

The authors were aware of the importance of reflexivity in the research process of this study, especially due to their prior experiences explained above. The research process of the Vancouver School is designed to increase validity and reliability, where the researchers constantly reflect on their preconceived ideas of the phenomenon and consciously put them aside as much as possible. Thus, the research method used in this study is suitable

in the attempt to prevent bias impacting the results, particularly when the researchers are connected to the phenomenon being explored as explained above.

Data saturation was reached when the data was sufficiently dense and both authors agreed that the research question could be answered.

3. Results

The overriding theme of the study was "It was all so confusing", which describes the participants' essential experience of the obstacles on their path to post-traumatic growth following intimate partner violence, together with the immense destructive effects that the violent relationship had on their lives. The participants experienced various obstacles on their journey to PTG that resulted in a delay of their PTG following their experience of IPV. The women explained how hard it was for them to confront and process their own negative, personal feelings towards their experience of violence and how their negative attitude and feelings reduced their chances of achieving PTG. They felt distressed, and many of them reported difficulties in starting to process their experience of IPV. The participants' psychological and physical health was not good in general, and many of them described their overall situation as being difficult, which influenced their path to PTG in a negative manner. Their personal circumstances and social surroundings were demanding, and many participants experienced a lack of support and felt like they were being judged at the time, resulting in decreased possibilities of PTG. Many of the perpetrators continued their harassing behavior, and when it came to supporting the women in reconstructing and continuing with their lives or breaking their connection to the perpetrator, the law and institutional social systems were often not helpful.

There were fourteen main obstacles identified in the women's accounts. These obstacles tended to keep the women in a survival mode, which kept them from processing their immensely negative experience to recover, to heal, and to reach PTG. Our findings regarding the fourteen obstacles on the journey to PTG as experienced by female survivors of IPV are shown in Table 4.

Table 4. Overview of the fourteen main obstacles on the participants' journey towards PTG following IPV.

	Main Obstacles on the Journey towards PTG Following IPV
Feeling of Shame	Self-blaming thoughts, fear of losing credibility, fear of being stigmatized, prevented from finding appropriate support, feeling of less worth (i.e., all my fault, should have seen this coming, could not ask anyone for help, did not belong anymore).
Suicidal Thoughts	Difficulties of finding purpose in life, burden of responsibility for the violence, feeling of things being better in their absence (i.e., always doing the wrong things, will ruin the child, best to end this).
Broken Self-Identity	Negative attitudes and severe self-criticism. Destructive behavior towards self and body image (i.e., do not deserve anything good, have an appalling body, allowed the violence to happen).
Insecurity	Feeling anxious and insecure. Difficulties in knowing who they were, feeling aimless in life (i.e., similar to free fall, did not realize she could "fly").
Feeling Alone and Isolated	Isolation and feeling of loneliness leading to increased vulnerability (i.e., no one was left anymore, uncomfortable to be all alone).
Triggers	Triggers related to their experience of IPV that led to bad feelings and had negative effects on wellbeing. Needed to be processed (i.e., yellow car, pregnancy, column in the paper).
Mixed Negative Feelings	Variety of negative feelings that needed to be processed (i.e., grief, anger, regret, fear, vulnerability).
Emotional Connection to Others	Problems with trusting other people, triggers in later romantic relationships, difficulties in starting new romantic relationships (i.e., always waiting for something bad to happen, overreacting to triggers, feeling of not belonging or not being equal to others).
Physical and Psychological Health	Various health problems due to severe, long-term stress, and gaslighting in the violent relationship (i.e., various physical diseases, broken spirit, feeling of fatigue, reduction or loss of working capacity, and hostility towards self).

Table 4. *Cont.*

	Main Obstacles on the Journey towards PTG Following IPV
Personal Circumstances and Social Surroundings	Financial troubles, social isolation, continuing codependency, fear of others judging them and victim-blaming them. Diminished working capacity and other traumatic events (i.e., poverty, lack of security net, troubles in setting boundaries, fear of confiding their feelings to others, loss of routine, loss of a loved one).
The Perpetrator	Continuing harassment and threats, flashbacks, increased psychological violence, constant reminder. (i.e., stalking, scaring children, complaining, trying to force themselves back into back into their lives).
The Children	Sorrow and anger on behalf of the children because of the violence (i.e., witnessing violence against their mother, previous and current violence against the children themselves, reminders of their own childhood experience of violence).
Law and Institutional Social System	Forced to communicate and settle with the perpetrator regarding assets, children, and divorce. Children obliged to meet their father. Fear of child protection (i.e., took a long time, gave the perpetrator certain powers, participants could not access their assets, did not get the financial and social support they were entitled to, children were often afraid of their father, perpetrator used children and lawyers as weapons in the battle with the woman).

The women experienced various negative personal feelings following their experiences of violent intimate relationships, which had immense destructive effects on their lives. They described how hard it was for them to confront these negative feelings and how afraid they were of starting to talk about their experience of IPV, because of their fear of being stigmatized. This resulted in a delay in them starting to process their experience of IPV, which were obstacles on their journey towards PTG.

> *When you face yourself, you can break and become vulnerable. I was really late in starting to process my experience of my violent relationship, I was the hindrance in starting this process. I should have started earlier, then possibly I wouldn't have lost my health.* (Frida)

> *At first, I downplayed the violence and took the blame and responsibility of the situation. I did that to survive.* (Ursula)

Feeling of shame. The majority of the participants experienced a heavy feeling of shame, both during the violent relationship and after the relationship had ended. Many of them found the feeling of shame the hardest part to endure and it had great negative effects on their lives and wellbeing, which delayed their PTG. They blamed themselves for being in a violent relationship and felt that they should have known better. Some of them said they had been warned in the beginning of their relationship and were ashamed that they did not listen.

> *I always thought this relationship could work. It was a great defeat and really hard to face the fact that it didn't. I had been warned, this was all my fault. Right there I made a great mistake, that contributes to being so ashamed of all this.* (Frida)

Others felt that their social status, job, or education was such that they should have known better. They assumed that they would lose their social and personal credibility if they reported that they had been in an abusive relationship.

> *I didn't picture myself as a woman or a girl who would ever be in such a relationship. That's why I couldn't think of it as a violent relationship at the time. And all I felt was just feeling of shame, a shame of being in this situation.* (Iris)

This strong feeling of shame caused them to avoid sharing their experiences with others, thus negatively affecting them in processing their experience of IPV. They feared that by sharing their experience with others, they would lose their credibility and would be stigmatized by their community and by society.

> *I only shared some small pieces of my experience. I was so ashamed of it.* (Bella)

The fear of admitting the whole thing, the violence, it was enormous. I thought I should have known better or something. I am not sure what it was. Enormous shame, the fear of talking about this and to share it with someone in our small community, was so enormous. (Cecilia)

Some participants described how their feelings of shame, because of their experience of IPV, prevented them from finding appropriate support to start processing their experiences.

I couldn't find the best way to start processing this. There was so much shame involved. I was so functional in one part of my life, my work, my study . . . and so dysfunctional in another part of my life, my private life. I was so ashamed; I couldn't ask anyone for help. (Julia)

In some cases, this feeling of shame influenced the women in a negative way when they started dating again. They felt like their worth was less after being in a violent relationship and were afraid that other people felt the same.

I felt ashamed and felt like I didn't belong anymore, that I didn't have the same worth as other people. That feeling affected me when I tried to start dating again. "What if he knows about me and my experience of violence?". I really had to process that feeling. (Wilma)

Suicidal thoughts. Many women described their difficulties in finding a purpose in life after their experience of IPV, which delayed their PTG. They blamed themselves for all kinds of things and some of them reported suicidal thoughts after the end of their violent relationship.

I was standing in the shower, thinking: "I'm always fucking everything up for myself, I will ruin my child's life and he will end up as fucked up as I am . . . I really should end this and take my own life." I thought that everything would be better if I didn't exist. (Vanessa)

After this relationship, I felt like I was the scum of the earth, I just wanted to kill myself. (Phoebe)

Broken self-identity. Participants described their negative attitude and anger towards themselves following their experience of IPV. Their self-identity was broken, and their body image was distorted. They continued to bash themselves, accusing themselves of being inadequate, and criticizing themselves in many destructive ways, resulting in delay of their PTG.

This thought, it just stuck with me, that I could have left this violent relationship, and since I didn't, I just got what I deserved, it was all my fault. I didn't deserve anything good in life. (Grace)

Even after the divorce, I never looked at my body in a mirror, because I thought my body was appalling. (Natalie)

I was angry with myself, that I had allowed this relationship to go on for such a long time, that I had allowed this to happen. (Therese)

Insecurity. Some women reported that they felt anxious and insecure after their violent relationships had ended. They did not know who they were anymore, felt aimless in life, and did not know what to do next.

I was in free fall actually; I didn't know how to behave or know who I was. I had been living in some kind of drama theater, where everybody was supposed to play their role. And then one night it was over. The play had ended. (Eva)

My life had become so small, and I had become so secluded, all my life had been built around this one man. It took time to enlarge my life in a secure way, it took some time for me to realize that I could fly. (Ursula)

Feeling alone and isolated. Many participants felt alone and lonely, since they had either been isolated by their perpetrator or had isolated themselves during their violent

relationship. This feeling of loneliness was uncomfortable and made them even more vulnerable, thus delaying their PTG.

> *At the end, somehow, there was no one left there for me, there was no one around anymore.* (Cecilia)

> *Somehow, I was all alone after this relationship. I hadn't yet reconnected with my friends.* (Grace)

Triggers. Some participants explained how different events or things could trigger bad feelings related to the violence they had endured. Even though the nature of triggers differed between the participants, all the triggers had negative effects on their wellbeing and needed to be processed. Triggers delayed the women's' PTG in many cases.

> *When I am driving, years later, and I see a yellow jeep, like he [the perpetrator] used to have, I still feel a bit triggered.* (Julia)

> *In my second pregnancy I experienced many triggers, due to my ex-husband's behavior during my first pregnancy. I had to say to myself that my current spouse would not treat me like my ex-spouse did during my pregnancy. I really had to explain that out loud to myself, multiple times.* (Kimberly)

> *There is this man, who sometimes writes horrible things about women in the newspaper. I know what this man has done to other women, and to read the columns he writes, triggers me, I get angry and upset.* (Vanessa)

Mixed negative feelings. After the end of the violent relationship, all kinds of feelings came up, such as relief, grief, anger, regret, fear, and vulnerability. Those feelings were difficult and needed to be processed, before the women were able to continue their journey to PTG.

> *At first, I felt relieved and embraced the thought of me never going back to this situation, but when I started to think about it in depth, I experienced such a strong feeling of grief. When I finally realized what had happened. I experienced all kinds of feelings* (Ursula).

> *I felt so sad after all this, I experienced so much grief and regret because of my broken dream, the dream about my future happy family that I had wished for, but I didn't get after all .* (Bella)

> *At first, I went through a typical process of grief; denial, anger and all the feelings that are related to grief. (Yvonne)*

> *Sometimes I regret all the years that I wasted on this relationship.* (Rachel)

Emotional connection with others. Some of the women described problems in trusting and/or connecting emotionally with other people after their experience of IPV. This lack of trust applied to people in general, both men and women, and delayed their PTG.

> *I just don't trust other people anymore, especially not men.* (Phoebe)

They also explained how some innocent use of words by their new spouse, the tone of their voice, or some situations in their new romantic relationship could be triggering for them. Their reaction sometimes could be hard for their current spouses to endure and understand.

> *After my experience of IPV, I was always insecure and afraid in romantic relationships. I was always waiting for something bad to happen. So, I was not good in being in relationships after that.* (Vanessa)

> *My current husband, who is the sweetest man on Earth, once said some innocent words to me when we had guests, words, that somehow triggered me. After our guests left, I just snapped. I was so angry with him. Just because the words he used reminded me of something bad from my former violent relationship. My poor, adorable husband, he was shocked [laughter].* (Yvonne)

It could be difficult for the women to enter a new romantic relationship due to their changed or lost social standards and the feeling of shame and stigmatization felt after being a victim of IPV.

> *When I entered a house in my old, fancy neighborhood, that belonged to a man I was dating, it came so clear to me. I had an old car, I had no money and I was officially a victim of IPV. I didn't belong there, we weren't equals . . . So I left. I couldn't date him.* (Wilma)

Physical and psychological health. Participants described how their experience of intimate partner violence affected their physical and psychological wellbeing in a negative way, even though they had left the relationship, resulting in a delay of their journey to PTG. They blamed their health problems on the severe and long-term stress they endured in their violent relationships, where they always had to be alert, trying to please the perpetrator in an attempt to prevent him from being violent.

> *Around six months after this relationship ended, I got very sick, physically. I ended in a hospital where I was diagnosed with an intestinal disease, some bleedings in my stomach and my intestines, fibromyalgia and more. And mentally, I was just broken my spirit was extremely broken after this relationship (silence). I had a really tough time there.* (Frida)

Many participants talked about being tired all the time following the end of their relationship and some of them had so little energy that they could not work.

> *I went to see my doctor, who did some blood tests and more to find out why I was so tired all the time. There was nothing physically wrong with me, my constant fatigue was due to long-term psychological stress.* (Lydia)

> *My health got worse after my divorce. And after my divorce I had to take care of everything on my own, the household, the children. After all that had been going on, I didn't find the energy to do that.* (Phoebe)

Some of the women reported that their former spouse gaslighted them in order to make them do and behave as he pleased, resulting in them not comprehending the severity of the violence until after the relationship had ended. This was one of the reasons why they did not realize their health problems until after the end of the relationship—they did not have enough space to realize it before.

> *I didn't realize how severe the psychological violence had been or how badly it had affected my health until long after our separation. He had gaslighted me for such a long time, and I just agreed because I wanted to have peace in our home.* (Heidi)

Some participants continued to treat themselves in a destructive way after the end of their relationship due to their long experience of violence.

> *I was really relieved after I got divorced, but even so, I was psychologically violent and hostile towards myself for many years after the divorce. I'm slowly getting over these feelings towards myself, but I still feel fragile when it comes to this.* (Natalie)

Personal circumstances and social surroundings. Participants' personal circumstances were often difficult after the end of the violent relationship due to their social circumstances, financial status, and other traumatic occurrences that arose in their lives after the violent relationship had ended, delaying their PTG.

Many women described how their ex-spouse had isolated them and how they themselves had pushed other people away for their own good. Thus, when their relationship finally ended, they felt they were alone.

> *When the relationship ended, I realized how isolated we had become. We were isolated from my loved ones, family and friends and people in general. I know they were worried about me, but they had been pushed away, he always gave me trouble when I wanted to see them. So, I didn't have any security net at first after the divorce.* (Bella)

I didn't have any real friends after all the years that I lived with him. I just stayed home, taking care of him and raising the children, and little by little I lost the few friends I had. (Wilma)

Some described their continuing codependency resulting from their family of origin, their violent relationship, or both, which affected their PTG in a negative way. They had trouble setting boundaries with other people, resulting in bad choices of friends and relationships with others.

I was so codependent, I was having real trouble in setting boundaries to others, a lot of things had to go on before I said "stop" to someone. (Frida)

I was very young when I learned to please other people and if I felt that something was not right, I just learned to suppress my opinion and say nothing. (Kimberly)

The women blamed themselves and were ashamed of their situation at first. They were afraid of talking about their situation or asking for help because they feared that their loved ones and other people would also blame them and judge them for their circumstances.

I was always afraid that people would see me differently, see me as a victim or think: "she can blame herself, what was she thinking? Should I feel sorry for her now?" I have never had such negative reaction from anyone. (Grace)

I think it's the same feeling by all people who have suffered violence, you blame yourself, you are afraid that no one will believe you and you are afraid of the reaction you will get. And in some cases, you are right to feel that way. There is still so much prejudice out there. (Iris)

Some of the participants were not able to work due to health issues following their violent relationship, resulting in them taking sick leave or even facing long-term disability. To be in that situation turned out to be difficult for them; they lost their routine and some of them became socially isolated.

I was always tired, just worn out. So, I couldn't work. I have always been able to work and take care of myself so it was very hard for me to face the fact that I couldn't anymore. I was worried that I would go insane at the time. (Marianne)

I have always had a job, I need my routine. I lost my routine, just when I needed it the most, just when I was starting to process my trauma. I realized later that it was good for me, but it was really hard at the time. (Eva)

Many participants reported great financial difficulties after the end of their violent relationship, which delayed their PTG. The exact reasons for their poor financial status varied, but they were all direct consequences of the relationship. In some cases, the women described their financial problems as permanent.

All the money I had was spent during this relationship. When the relationship ended, I had nothing, I was completely bankrupt, financially, psychologically, and physically. I can't work anymore because I have lost my health. I must live from benefits from now on. (Marianne)

As soon as we got divorced, the financial violence started. He took everything away from me. I was always poor after our divorce. (Heidi)

The financial violence. I was stuck. He was determined to ruin me financially. He knew what he was doing. (Wilma)

Some of the women endured other traumatic events after their relationship had ended, such as the loss of their loved one, violence against their loved one, sickness, ruined housing, etc., which caused them sorrow and further difficulties in life.

The perpetrator. A great majority of the women said that their former spouses kept causing them problems after their relationship had ended, which negatively affected their PTG. The men harassed them and behaved in threatening ways to frighten them and sometimes to frighten their children.

For months he kept on stalking me, using every chance he got to harass me and threaten me. He showed up at my home, threatening me, sometimes he even showed up inside my house. My children were very scared. At the end he attacked me in my workplace (Frida).

Sometimes, when I met him after our divorce, he grabbed me when I was holding our child and started to shake me, with the crying child in my arms. It was terrifying for both of us. (Kimberly)

This behavior sometimes led to nightmares and flashbacks for the women. They were also afraid of the perpetrators coming back to hurt them or to force themselves back into their lives in a violent way.

I used to have flashbacks and nightmares about him stalking me. I was really afraid of him at the time. (Grace)

Some of the women reported that the psychological violence became worse after the end of the relationship, which delayed their PTG. A few participants reported finding it hard to let go of their former spouses, since the men constantly reminded them of their existence, which served as an obstacle on their journey to PTG. A few said they had tried to hold on to the good sides of the men, even feeling obsessed with them.

When he was not trying to get me back, he was threatening me. He constantly called me, threatening to shoot himself, saying that he had no money because he had to pay me child support, that I had ripped him off, complaining about me having such a nice life. (Heidi)

For a few years he was everywhere, sending me messages, telling me how disgusting I was, sending messages to my friends and my new boyfriend. No matter what I did, he was there somehow, harassing me. I was really tired of this behavior, but a part of me had difficulties in letting him go. I didn't really get the opportunity to let him go and move on with my life. (Lydia)

After the end of the relationship and I had been alone for a while, I started to feel like I had been sailing alone in a very turbulent sea with a great storm blowing against me. I desired to find my harbor, just falling down on my knees and relax. I had been working so hard to survive. I still wanted to fall into his arms and collapse there to stop fighting for a while, it felt really tempting. I felt really bad at that point. (Phoebe)

The children. Many participants said they were sad and angry on behalf of their children because of what the children had witnessed and the violence that some of them had to endure, these negative feelings serving as a delay in their PTG. Some women described their feelings of anger because of the perpetrator's continuing bad behavior towards the children after the abusive relationship had ended.

I was so angry with him because of his behavior towards the kids through the years. I see it now, after the kids have grown up, that I used a lot of energy in being angry with him on their behalf. (Yvonne)

I always regret, that my child had to witness all this. You know, him yelling at me in front of the child. I always regret that. (Sarah)

I feel sorry for my children, that they had to endure these violent circumstances because I remember so clearly how I felt, when I was a child, living in a violent home. (Rachel)

The law and the institutional social system. Participants described their negative experiences of the institutional social support system. They reported how regulations and laws made their lives difficult in many ways, leading to challenging circumstances and feelings, which delayed their PTG.

Of course I am angry about our system, the rules in our society, angry about that one person can decide that he is going to keep all your assets, both assets that you have in common and your personal assets and no matter what you say, he can get away with it!. (Wilma)

> *The system is not welcoming you. I can understand it up to some point, when you are getting a divorce and have a child and all that, but to have to settle things with your perpetrator, sitting there beside him, confronting him, talking to him, trying to find a solution there and describing the violence in your relationship, they just didn't care.* (Kimberly)

For many participants, it took a long time to end their marriages or cohabitations since the perpetrators did not agree to do so. This could cause the women great problems that negatively affected their lives in various ways.

> *It took a very long time to end our cohabitation, which caused me great financial problems. You didn't have the legal rights as a single mum, such as discount of the kindergarten fees, financial support as a single mum.* (Kimberly)

> *Since it took such a long time to end it formally, by law, I couldn't get the help we needed from the social services. I didn't want to go there, going down on my knees and whine about the violence to get what I needed for us. I just wanted to end the relationship by law and have my rights like everybody else.* (Heidi)

The majority of the women were forced by law to communicate with the perpetrators due to the children they had with them. They were also forced to send their children to these men, even though they did not trust them, and in some cases even the children were afraid of their father.

> *Since we have a child together, I am forced to communicate with him, even though I don't want to.* (Grace)

> *They don't want to go to their father. I managed to defend my children when we were together, but now they have to meet him without me defending them, every second weekend, and his new girlfriend doesn't want my children, she is not nice to them. I don't trust these people.* (Phoebe)

> *My children are afraid of their father, he has been violent to them after our divorce. And they have to live with him every second week, because he didn't beat me enough I guess our system is so broken, it has so many flaws.* (Rachel)

Some women reported their fear of the child protection services coming and taking their children away from them. Additionally, some of the men tried to control the women's lives by using the children as weapons in that battle; threatening to take the children away from them, threatening to start a custody dispute that would last years, etc. These circumstances often caused delay to their PTG.

> *I was terrified that Child Protection would take my child away from me, because of him being violent to me in front of the child after our divorce.* (Kimberly)

> *He used his lawyer to control me, threatening to take the children away from me if I didn't agree to what he wanted. I was so scared that he would get the custody of the children, I agreed to everything.* (Heidi)

4. Discussion

The purpose of this study was to identify the obstacles to PTG as experienced by female survivors of IPV. The overriding theme of the study was "It was all so confusing", which expressed the core of participants' feelings when describing the obstacles on their journey towards PTG. The results demonstrate that the majority of the obstacles that participants met during their PTG were intrapersonal, i.e., their negative personal feelings and their negative perspective towards themselves. Other obstacles reported by the participants were physical and psychological health problems, challenging personal circumstances, the perpetrator, and the law and institutional social systems. Participants reported experiencing feelings of diminished worth in the fields they described as obstacles in their PTG, which influenced their lives in a negative way, setting them back to survival mode that kept them from the phases of recovery and healing and delayed their journey to PTG. This feeling of

diminished personal worth was based on their inner experience of themselves and their situation, but it was also based on the negative actions and reactions they endured from their surroundings and the system.

The nature of IPV is complex, intimate, and chronic, and the trauma recovery is unique [21]. Even though the effects of such trauma are well known, the possibility of PTG following IPV is less known, though the literature on PTG is growing. In the results of a recent qualitative study among women who had experienced PTG following IPV, the factors that facilitated their PTG following IPV were described [30], which is very important information when attempting to help female survivors reach PTG. To further promote PTG among women following IPV, it is important to be aware of the obstacles they may meet on their journey towards PTG. When combining these two aspects in building PTG, obstacles and facilitators, it is possible to get a clearer overall picture of what should be encouraged and what one should be aware of when assisting survivors of IPV on their journey towards PTG.

In a study on the meaning of life among eight women following psychological IPV, the results indicated that the participants possessed less self-kindness, which was related to less positive reframing, less growth, and less of a sense of meaning in life [16], which the findings of this study support. When looking at the perception of PTG among women who have reached PTG following IPV, strength, self-respect, and appreciation of self are three of the sixteen most valuable aspects participants described as part of their PTG [30] (p.15). When adding the results of the current study, the importance of supporting female survivors of IPV in processing their negative personal feelings and their negative perspectives towards themselves should be emphasized when guiding them on their journey to PTG. The results of a recent study of Salvadoran women who had survived IPV revealed a higher prevalence of mental disorders, somatoform disorders, and somatic complaints, along with suicidal thoughts, among them than in those who had not endured IPV [40]. According to the literature in the field of IPV, negative emotions similar to PTSD, such as shame, fear, and guilt, can be influencing factors in maintaining the violent relationship [4], and have negative effects concerning help-seeking [41] and processing the trauma [42], which also reflects the feelings of the participants of this study following their experience of IPV, adding information on how the negative impact of their symptoms following IPV served as obstacles to their PTG. In a study of post-traumatic effects and IPV, the results revealed that even though the victim's violent partner was absent, or the danger was not real, the terror remained in the woman's life [42]. These results are supported by the results of this study, with participants describing how their perpetrator kept "hovering around them like a fly". Leaving a violent partner has been reported in the literature on IPV not only as an important risk factor for deadly violence and injury but also for the health of the woman herself. Women separating from a violent spouse are at great risk of stress and experiencing mental and physical health problems, as well as enduring great conflict over their children, being concerned about their safety. They also tend to have economic, structural, psychological, and social barriers to help-seeking [43]. In another recent study, where women who had suffered IPV described the facilitating factors on their path to PTG following IPV, most of the facilitating factors in their PTG were intrapersonal [30]. The results of this study are parallel to these results, since most of the concepts the participants used to describe the obstacles to their PTG were also intrapersonal.

The results of this study reveal the broad range of obstacles encountered by women on their journey towards PTG following IPV. These findings emphasize the necessity of considering each woman's life and circumstances in a holistic way when supporting them on that journey, which requires an interdisciplinary approach. It is significant for the victims of IPV, their loved ones, and professionals supporting them to be aware of those possible obstacles, to keep on going, and not to give up when meeting them on their journey towards PTG. Because of the high international prevalence of IPV, it is useful for communities and authorities to be aware of the obstacles to PTG in order to identify changes that could

be made to institutional systems and routines to reduce the obstacles to PTG for female survivors of IPV.

Considering these findings, there is a reason to review the resources already available for female survivors of IPV to better promote their PTG. This could be accomplished, e.g., by focusing on both intra- and interpersonal factors and their interaction.

Limitations of the Study

Participants self-reported their PTG, which may involve a bias in the sample selection. The participants' willingness and ability to verbally describe their experience of the obstacles on their journey towards PTG could also be a limitation of this study. The authors do not have data regarding the participants' socioeconomic situation, family status, occupation, or religion, which is a limitation of the study, and the fact that verification by participants was not possible due to circumstances. A further limitation of this study could be that the criteria for participation were that participants had to be able to understand and read Icelandic, which may have led to homogeneity in the sample and to bias in the research results. The large sample size of the study can be seen as a limitation when drawing out the complexities of the phenomenon in detail. Thus, it could be useful in future studies of this phenomenon, to use a smaller sample in order to better elaborate on similarities and differences between participants' stories.

The aim of the study was to increase the knowledge and deepen the understanding of the phenomenon and not to generalize about the findings.

5. Conclusions

The results of this study apply to the field of research on women who have experienced PTG following IPV and help to represent the factors that are likely to be obstacles for women on their path towards PTG. The results address the importance of assisting survivors of IPV in confronting and working their way through the hindrances reported by the participants and can play a valuable role in promoting their growth. To achieve PTG following the experience of IPV is not only valuable for the women themselves but also their children, their loved ones, and their community.

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Data Availability Statement: The data presented in this study are accessible only to the corresponding author. Due to anonymity, ethical, and personal reasons, the data are not publicly available.

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Article III

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Article

The Post-Traumatic Growth Journey of Women who have Survived Intimate Partner Violence: A Synthesized Theory

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Abstract: Intimate partner violence (IPV) has been identified as a health problem of global epidemic proportions. Suffering IPV is a devastating personal experience, leaving the victims in a vulnerable situation. Female IPV survivors often suffer severe and long-term health problems. Post traumatic growth (PTG) is a positive, psychological change in a person, following trauma. There is a gap in the literature when it comes to research and theories on PTG after surviving IPV. The aim of this study was to synthesize a theory about the PTG journey of female IPV survivors. According to the theory, their PTG journey includes eight main components, including obstacles and facilitators they confront on their journey. According to the findings, PTG is a real possibility for female IPV survivors, being likely to improve their mental health, well-being, and quality of life, as well as that of their children, loved ones, and communities, thereby decreasing the damaging effects of IPV. Due to the lack of research in this field, further research is needed to establish this theory.

Keywords: post-traumatic growth (PTG); intimate partner violence (IPV); gender-based violence (GBV); mental health; trauma recovery; rehabilitation; women's health; public health; theory synthesis

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1. Introduction

Gender-based violence (GBV) is a serious, societal problem [1-5], affecting about 1 in 3 women all around the world [1-3]. The forms of GBV vary and the causes are multidimensional, including social, cultural, economic, and political [5-6]. Intimate partner violence (IPV) is the most common type of violence against women [1-3,5,7] and includes physical and psychological aggression, controlling behaviour and/or sexual coercion, the perpetrator most often being a current or former intimate partner [2,7]. Global research has revealed that women are more likely to be assaulted, injured, raped, or killed by their male spouse or male ex-spouse than by anyone else [8-10]. Even though the typologies of IPV vary [11-13], the consequences of suffering IPV are often serious, affecting the woman's physical and psychological health in a destructive way [2,5,14-19] and even resulting in her being murdered by the perpetrator [15,20]. Suffering IPV also affects the victim's social wellbeing in a negative way [4-5,9,21], as well as her children [4,5,7,9,21-22] and loved ones [5,9,21,23]. Women who have suffered IPV, endure higher illness burden, and their comorbidity is high. They are more likely to be diagnosed with mental illness and are in increased danger of substance use disorder, than women who have not experienced IPV or abuse [7,15,24].

Violence against women is now widely considered as a serious public health problem [7,21,25], which concerns all sectors of society, violating human rights [2,7,21,26-27]. According to WHO's study on women's health and domestic violence against women, conducted in fifteen settings in ten countries, sociodemographic factors like age, marital

status, and educational status, did not explain the differences found between the settings of the research [21]. GBV, including IPV, has severe economic costs not only for the victims of violence, but for their community. These costs are due to expenditures on service provision because of violence, lost income for the women suffering GBV/IPV and their families, decreased productivity as well as destructive impacts on future human capital formation, affecting the economic growth in a negative way [27]. Economic abuse is a unique form of abuse, well known within intimate partner relationships, which negatively affects the victim's life in an extensive way, i.e., her mental health and psychological well-being, family formations, parenting practices, children's behavior, and youth outcomes [28].

A large proportion of people experience psychological trauma sometime in their lives. The key aspects of psychological trauma are life threat, uncontrollability, and unpredictability [29-30]. Even though traumatic experience can lead to various psychological problems [31-33], most trauma survivors show enormous adaptability when coping with their experience [34,35]. The development of post-traumatic outcomes depends largely on the physical and emotional proximity to the traumatic event [33,36-38]. Suffering IPV is a complex traumatic experience [39-40], where the perpetrator has forced the victim into survival mode, by taking over the control of her life [39]. Therefore, making the decision of staying in or leaving a violent relationship is also complex [41-42]. Leaving such a relationship means great changes in the life of the female survivor of IPV, since the woman moves from survival mode to starting a new life where she is in control [39]. In a qualitative online survey, 665 female survivors of IPV described their experiences and definitions of their long-term recovery following IPV. When defining their recovery, the women focused on their lived experience of the phenomenon instead of psychological and academic concepts commonly used by researchers. The five themes they used to describe their definition of recovery were safety and survival, having their freedom, moving on, having a better life, and issues with children and parenting. Many of them also described relapses, digressions and highs and lows as a part of their recovery. The themes described were woven together in their description of their journey to recovery. According to this, the nature of recovery following IPV can take a long time and is both individual and multidimensional, requiring a great deal of support [43].

Post-traumatic growth (PTG) has been described as a positive, psychological change in a person, following traumatic events and severe difficulties, where the person focuses on the possible positive outcomes of the trauma instead of focusing on the negative consequences [44]. PTG consists of five main components i.e., the person perceives positive spiritual change, sees new possibilities in life, appreciates life more, experiences increased personal strength and has better relations to other people [44-45]. Research has shown that many people who have had symptoms of PTSD following trauma, have described these extensive positive changes in their lives [46-54]. When estimating PTG all these components are considered [50-55]. Most PTG work has been on a variety of trauma and very little is known about PTG after IPV. The general nature of PTG theory can be criticized when being used for various groups of trauma survivors such as for female survivors of IPV and, therefore, a trauma specific PTG theories are needed.

Recognizing the violence as a major social problem that negatively affects public health has progressively changed attitudes toward IPV against women [25,56]. This has resulted in increased interest in the research area of IPV [25,56] leading to international steady increase in number of publications on the subject for the last 20 years [25]. Research on PTG have been conducted in various fields of the literature of trauma, such as transportation accidents or other accidental injuries [57-59], natural disasters [60-65], interpersonal experiences [66-78], medical problems [79-86], and other life experiences [87-90]. Even so, when it comes to research on PTG following IPV among female survivors, there seems to be a severe lack in the literature [91]. Since PTG has been shown to improve quality of life in multiple ways, the possibility of PTG among female survivors of IPV should is important. The main question of this article is *What are the main components of the PTG journey of female survivors of IPV?* The authors will answer this main question by

developing a theory synthesis using the main concepts revealed in the authors' published articles, as well as published material pertaining to PTG in IPV survivors.

Purpose of the Study and the Main Question

This study is part of a larger research project aimed at exploring post-traumatic growth of female survivors of IPV. The aim of the theory synthesis was twofold: (1) To identify and explain the main components on the PTG journey of Icelandic female IPV survivors 2) To develop and introduce a theory of the PTG journey of Icelandic women who have survived IPV. The main question was: *What are the main components of the PTG journey of female survivors of IPV?*

2. Materials and Methods

2.1. Study Design

When organizing existing knowledge into a framework about a certain phenomenon, combining it with databases of the phenomena of interest to develop a theory on the subject, theory synthesis, is an appropriate and well-known methodological strategy. When developing this theory, the theory synthesis method was used. After pulling together available knowledge of the components of the journey of PTG among female survivors of IPV, as well as our databases of the subject, concepts and statements were organized into a synthesized theory. Since only a part of the research data has already been published, the authors have access to a large amount of data that they have collected on the phenomenon, which gives them the opportunity to present an even deeper understanding of the subject. When doing various studies on the same phenomena from different angles, researchers can gain more insight on the research data, by using the research results from these studies, which is the aim of theory synthesis [92].

2.2. The method of theory synthesis

The method of theory synthesis involves three steps, where the main concepts of the synthesized theory are specified; the literature is reviewed to identify factors that relate to the main concepts as well as specifying the nature of that relation; and concepts and statements are organized into an integrated description of the phenomena [92]. The three main steps of the theory synthesis, as it was used in this study are described in Table 1.

Table 1. Theory synthesis: an overview of how the method was used in this study.

Step	Description	Overview of what the authors did
Step 1	The key concepts and key statements from the studies and the databases, used to develop the theory, are specified, and explained	The authors used their own studies and databases (see Table 2 and Table 3) and analyses of them in the theory synthesis. These are information about how female survivors of IPV who had reached PTG described their journey to PTG, how they perceived their PTG and how the lingering effects of their former traumatic experience influenced their PTG. The main concepts used to develop the theory are explained in Table 4
Step 2	The main concepts used to develop the theory are compared to the literature, to identify and define their relation to other factors	Table 4 from step one was used when comparing the main concepts used in the theory to the literature of PTG among female survivors of IPV. Most of the articles from the literature were partially related to the women's journey to PTG, their perception of PTG and the lingering effects of their prior traumatic experience in life on their perception of PTG

Step 3	The concepts of the theory and their relations are presented in the text, in figure(s) or in table(s)	After comparing the detailed descriptions of female survivors' journey to PTG following IPV, their perception of the facilitators and the obstacles on the journey as well as of PTG and the lingering effects of their prior traumatic experience on their PTG, we present the results in text, figures, and tables

Table 2. Summary of studies and scholarly works used to develop the theory (stage I).

Authors and date	Title	Published
Bryngeirsdottir and Halldorsdottir, 2021	The Challenging Journey from Trauma to Post-Traumatic Growth: Experiences of Facilitating and Hindering Factors	*Scandinavian Journal of Caring Sciences* 00, 1-17
Bryngeirsdottir and Halldorsdottir, 2022	"I'm a Winner, Not a Victim": The Facilitating Factors of Post-Traumatic Growth among Women Who Have Suffered Intimate Partner Violence	*International Journal of Environmental Research and Public Health* 19, 1342. Special Issue: Environment and Behavior
Bryngeirsdottir and Halldorsdottir, 2022	Fourteen Main Obstacles on the Journey to Post-Traumatic Growth as Experienced by Female Survivors of Intimate Partner Violence	*International Journal of Environmental Research and Public Health* 19, 5377. Special Issue: Violence against Women as an Interdisciplinary Challenge in Public Health

Table 3. Summary of research data collected by the first author, used to develop the theory (stage I).

Research data	Number of interviews	Main criteria for participation	Word count
Qualitative Interviews	13	Icelandic men and women who self-reported PTG following trauma	90.172 (M=6.936)
Qualitative Interviews	22	Icelandic female IPV survivors who self-reported PTG	199.386 (M=9.063)
SUMMARY	**35 interviews**		**289.558 (M=8.273)**

Table 4. The authors' definitions of the main concepts of the theory.

Concepts	Definitions
Tranma	An unexpected and threatening event experienced by an individual that he or she cannot stop, control or influence in any way. Trauma negatively affects the basic perception of living in a safe and predictable world and can even negatively affect the individual's worldview
Intimate Partner Violence (IPV)	Controlling, dominating and/or violent behaviors in an intimate relationship that causes the victim physical, psychological, sexual, financial, or social harm
Facilitators of PTG	Personal, social and/or systematic constructive components that are likely to be beneficial to the progress of PTG among female survivors of IPV
Obstacles to PTG	Personal, social and/or systematic destructive components, that are likely to cause a delay in, or prevent the progress of PTG among female survivors of IPV
Post-Tranmatic Growth (PTG)	Following the experience of trauma and through the individual's internal need for change, he or she has managed to process the suffering caused by the trauma. The personal changes experienced include confronting one's own feelings more freely, consciously nourishing inner strength, having deeper relations to others, experiencing personal growth, living a more wholesome life, and having deeper self-knowledge as well as a stronger self-image. Furthermore, the individual enjoys increased social activity, positivity and patience and has feelings of freedom, power, and energy, without any regrets. Moreover, the individual feels like a winner in life, is less stressed, more appreciative of one's own self, others, and life in general, seeing new possibilities in life having found a new vision as well as deeper inner peace and wisdom. Even though the negative influences of trauma can be present, the positive factors of post-traumatic growth are dominant. Post-traumatic growth can be likened to a personal resurrection in life following psychological trauma
Lingering Effects of IPV	The negative long-term effects of traumatic experience intertwined with one's PTG. The person becomes aware of these effects, learns to accept them and how to endure them, responding to them in the best and most suitable way, knowing that the effects will pass and/or everything will be alright

2.3. Steps in the Theory Synthesis

Step 1. The bases of the theory are lived experiences of female survivors of their journey to PTG following IPV. When developing the theory, their traumatic experiences earlier in life are considered, as well as the facilitators and obstacles affecting their journey to PTG. The women's perception of PTG and the lingering effects of IPV on their growth, are also included in the theory. An overview of the studies and research data used in the first step of the theory synthesis can be found in Table 2 and Table 3. The key concepts from the studies and research data used to develop the theory and answer the primary question are defined and described in Table 4.

Step 2. After working through the evidence base constructed in the first step of the theory synthesis, we analyzed the results of the studies along with the academic writing used to form the literature background in our own studies in the field of post-traumatic growth following intimate partner violence. To deepen the understanding of the phenomena, the authors repeatedly read their research data on the subject. This was done so the authors could come to a joint conclusion about the female survivors' journey to PTG following IPV, including the influencing factors on that journey and the lingering effects of IPV on their PTG. By conducting this analysis, we found confirmation of our findings in step 1. Above all, we found that PTG is possible despite the lived experience of IPV. Former experience of traumatic events earlier in life should, however, be considered when processing the experience of IPV, aiming for PTG, as well as the facilitators and obstacles met by the survivors of IPV, affecting their journey to PTG. It is likely that when a female

survivor of IPV reaches PTG, she also experiences some lingering, negative effects of her experience of IPV, even if enjoying PTG.

Step 3. In this final step, we present the results using methods that are the most appropriate for the subject. We chose to present the theory by using text, figures, and tables.

3. Results

The primary question this theory answers is "What are the main components of the PTG journey of female survivors of IPV"? When presenting the results, we begin with describing the theory. Then we define and explain the eight major concepts and components of the theory, using text, tables, and figures. These include the traumatic prologue prior to the female survivors' experience of IPV, the influences that the prologue has on their experience of IPV, the women's experience of IPV, the obstacles and facilitators survivors experience on their journey to PTG, and at last we explain the survivors' experience of PTG as well as the lingering components of IPV affecting their perception of PTG.

The main concepts of the theory are described in the authors' published articles of the subject. Additionally, the authors used their research data to deepen their understanding of the phenomena, when synthesizing the theory.

3.1. Description of the theory

This theory aims to answer the main question by explaining main components of the PTG journey among female survivors of IPV. The theory includes the effects of the trauma and violence they endured early in life, and how that experience served as a certain preparation for their later life experiences. The women's experience of IPV as well as the consequences they suffered because of it are considered when theorizing about the PTG journey, as well as the facilitators and obstacles. Some women enjoy more facilitators on their journey while others meet more obstacles, affecting their possibilities of reaching PTG. The theory includes the survivors' perception of PTG while considering the lingering effects of IPV on their lives after reaching PTG. Though pictured as a one-way process, PTG is a nonlinear, fluid state and regression, e.g., due to triggers, should be considered. Even so, a woman enjoying PTG knows how to react to regression in her PTG. She is aware of the possibility of regression, knowing what to be aware of in that matter. She also knows the best ways to react to her regression, fully aware that she will overcome this bad feeling and regain her wellbeing, enjoying her PTG. A woman enjoying PTG knows the importance of maintaining it. An overview of the theory is shown in Figure 1.

Figure 1. Perception of the post-traumatic growth journey by female survivors of intimate partner violence.

3.1.1. Life before IPV

According to the theory based on our former findings, as well as our research data on the subject, a great majority of women who suffer IPV have already suffered traumatic events, as children and/or young adults. When experiencing violence and traumas as a child, as an adolescent or a young adult, the female victim has neither the power nor the control in her life, as she would have as an adult, making her more vulnerable and fragile. The only thing that this person can do is to react in the best way she can, to survive. Suffering traumas early in life is likely to produce serious long-term effects on the victim's selfhood, resulting in her broken boundaries and broken selfhood. Some women, however, seem to adapt to their traumatic situation and their experience of suffering trauma early in life, feeling like they have a certain shield for their protection. The feeling of being

protected by a shield seems to result in their avoidance in confronting difficult situations, but instead ignoring them, accepting them as their unchangeable reality. In some cases, however, the 'snowball' effects of previous traumas that have not been processed, can gradually make survivors of traumas more vulnerable as the size of the 'ball' grows, possibly resulting in a traumatic break-down. If traumatic experiences are not processed in a constructive way, the results of traumatic experiences are likely to undermine the future reaction of the woman, when facing further trauma and violence such as IPV, leaving her more vulnerable than before.

3.1.2. Influences of former traumas on the experience of IPV

According to the theory, the results of traumatic experiences early in life, appear as the victims move on with their lives, either carrying their broken selfhood, leaving their personal boundaries behind, or them adapting, feeling stronger, better protected, and even better prepared for life. The authors theorize that in both cases the women's personal boundaries have been moved, twisted, damaged or broken, leaving their personhood fragile. Even if prior experience of traumatic events can motivate and increase the inner strength of the survivors, we propose that whether the woman feels broken or adapted, she is more likely to experience difficulties in confronting traumas and violence later in life, thus being in great danger of being violated in many ways as an adult, including IPV.

Overview of the former trauma women can suffer prior to their experience of IPV, and its long-term negative consequences are shown in Table 5.

Table 5. Former traumas and their long-term negative consequences on the life of the female survivors of IPV according to the theory.

Former traumas as a child or young adult	Negative results of former traumas	Influence of former traumas on reacting to traumatic situations	Influences of former traumas on IPV
As a child Neglect, poverty, sexual abuse, bullying, witnessing IPV at home, alcohol abuse by parents, illness, or death of a relative, dependent atmosphere at home, parents' divorce, apathetic and absent parents, demanding parents, stigmatization by community (i.e., because of bad conditions at home), taking on too much responsibility for their age, difficulties at school As a young adult Violent relationship, rape, bullying, assault, oppression, threats, property damage, breach of confidentiality, infidelity, divorce, custody dispute, neglect of children, post-partum depression, sickness of loved ones, death of loved ones, financial concerns, accidents, loss of health, codependence, drug abuse by herself or former spouse, alcohol abuse by herself or former spouse, bankruptcy	Broken self-image, less feelings of self-worth, shift in personal boundaries, depressed defensive responses, diminished trust in other people, dependence, excessive feeling of responsibility, shame, anxiety, perfectionism, rebelliousness, forbidden to complain, having to succeed no matter what, insecurity, feeling of rejection, grief, suicidal attempts, muscle tension, fear, stress, feeling of guilt, sleep problems, reticence, nervous breakdown	Destructive reaction to traumas, trouble in processing trauma in a constructive way. Broken and vulnerable, or adapted to traumatic situations avoiding confronting the real situations. Snowball-effects of past and current traumas sometimes ending in traumatic breakdown	Increased danger of being abused, reducing possibilities in leaving violent and life-threatening situations

3.1.3. Experiencing IPV

According to the theory the woman in a violent relationship is trapped. To survive she gradually moves her personal boundaries resulting in the man gaining full power over her life. The authors theorize that the woman often denies that she is in a violent relationship, hiding what is really going on, thus not seeking help and, therefore, no one being able to help her. Female survivors' experiences of IPV according to the theory are described in Table 6.

Table 6. Female survivors' experiences of intimate partner violence according to the theory.

Being a female victim of IPV is like being held as a hostage in a violent relationship against one's will. She feels captured and completely dependent on the perpetrator, where everything is conditional, him deciding what is "right" and what is "wrong", her "bad behavior" having serious, unpredictable consequences. The woman is being silenced, since her opinion doesn't matter, her words don't have meaning, her needs are ignored and her will and her reaction to the situation is not relevant. Due to the perpetrator's gaslighting the woman becomes exhausted, ever trying to please the perpetrator. She continuously moves and resets her personal boundaries, breaking a small piece of her self-identity every time doing so. In the end her boundaries are completely crushed, she experiences complete vulnerability and hopelessness, and gives up. She cannot choose whom she meets, she cannot confide in anyone, there is no one to back her up or defend her. The perpetrator has full access to her whenever he wants, threatening her and abusing her in the way he pleases. Even though the woman is terrified, she cannot expect anyone to come and rescue her, the violent situation is concealed, and she feels like she has been sworn to secrecy, that no one can know of the violence. The woman's physical and psychological health is systematically threatened as well as her wellbeing. In the end she suffers serious health problems if the situation is long-term or permanent.

3.1.4. Consequences of IPV

According to the theory, IPV negatively affects the woman's well-being, health, and her life. The trauma process is unique and individual, not only influencing the survivor, but also any of her children, her loved ones, and her community. Leaving a violent relationship is a complicated process, the completion of it taking place gradually over time. The post-IPV trauma effects also involve various negative influences on the woman's physical and mental health, as well as her social wellbeing, leaving her even more vulnerable. Overview of the consequences of IPV according to the theory is shown in Table 7.

Table 7. Consequences of IPV according to the theory.

Intrapersonal consequences of IPV	Interpersonal consequences of IPV
Feelings of fear, grief, anger, shame, helplessness, and betrayal. Feeling of not being herself anymore, she has been broken by this relationship and she as a person has died. Experiencing fear of acknowledging the violence. Easily triggered, feels tired, stressed, suicidal, feels like she has nothing left and feels uncertain about the future. She suffers insomnia due to anxiety and fear, never knows what will happen next, feels insecure, lacks appetite, suffers pain due to physical injuries. Feels like someone is constantly watching her, feels ashamed of letting the relationship go on for so long	Experiences social isolation, has stopped seeing friends, has stopped seeing family, has stopped communicating with other people. Doesn't know how to behave, fakes her feelings, fakes her wellbeing, pretends to be happy. Feels emotionally absent to other people, has no interest in sex, has no interest in other men. Experiences difficulties in performing usual activities of daily life

3.1.5. Obstacles on the PTG journey

According to the theory, the experience of IPV generally has severe destructive effects on the survivors' life, creating various obstacles on their PTG journey. The authors propose that women often suffer negative and diverse feelings towards themselves, because of their experience of being in a violent relationship, which often prevents them reporting the violence and seeking appropriate help and support, serving as an obstacle in their PTG. They often are easily triggered; those who have children suffer on behalf of their children, the perpetrator keeps on abusing and harassing them and their children in various ways, they feel lonely, tend to overreact, and have difficulties in emotional connection to other people. All these factors influence their health and well-being in a negative way, serving as obstacles on their PTG journey. After being in the long-term, stressful situations of a violent relationship, many female survivors of IPV suffer severe health problems, often leading to loss of working capacity, thus undermining their social welfare, creating obstacles on their PTG journey. It can be confusing for the woman when the perpetrator constantly reminds her of his presence, taking away her peace to recover. Many survivors of IPV also feel powerless when it comes to 'the system', laws and regulations, feeling that the perpetrator has all the power of the social system in his hands, as well as laws and regulations, which acts as an obstacle on the women's PTG journey. Overview of the obstacles on the journey to PTG following IPV is shown in Table 8.

Table 8. An overview of the main obstacles on the women's PTG journey following IPV according to the theory.

Main obstacles	Examples
Negative feelings towards own self	Feels ashamed, blames herself, feeling of being less worthy, experiences self-stigmatization, suicidal thoughts, injured self-identity, disrupted body image, insecurity, anger, loneliness
Triggers	Sees a car that resembles the perpetrator's car, hears the perpetrator's favorite song, watches a movie containing IPV
Diverse state of mind	Experiences relief vs. regret, strength vs. vulnerability, joy vs. misery, comfort vs. displeasure
Negative feelings on behalf of their children	Feels sad because of what the children have endured in the violent relationship, feels angry because of continuing destructive behavior of the perpetrator towards the children
Problems in connecting to other people	Experiences lack of trust, avoidance of emotional connections, fear of romantic relations, loss of own social standards, overreactions to other people's behaviour, actions, words, mimics, tone of voice and body posture
Health issues	Feels tired, in pain, has trouble sleeping, feels tense, depressed, anxious, endures physical diseases, physical and/or mental breakdown, burnout
Challenging personal circumstances	Experiences lack of housing, financial problems, loss of working capacity, social isolation
Self-destructive behaviour	Talks to herself in a hostile and hurtful way, blames herself for her situation
The perpetrator	Continues harassing, stalking, showing threatening, frightening, violent behaviour, financial abuse, escalating psychological violence
Mixed feelings towards the perpetrator	Has nightmares, experiences flashbacks, fear, finds it hard to let go, can be obsessed with the man

Negative feelings towards laws, regulations, and the social support system	Feels powerless within 'the system', the divorce/separation takes a long time, the division of assets is unfair, the man stays in control, the woman is forced to settle with the perpetrator about their assets and children, she is forced to send the children to the perpetrator against their will, experiences fear of child protection services taking her children away, the perpetrator uses the children to blackmail the woman, while still married to the perpetrator or cohabitated with him by law the woman does not get the support and benefits that she is entitled to as a single mother

3.1.6. Facilitators on the PTG journey

According to the theory, there are various facilitators on the women's PTG journey following IPV. Survivors who demonstrate positive personal competence, along with personal skills they have advanced through their experience of life, are better qualified to process their experience of IPV and move along their way to PTG. Deciding to seek help, thus confronting, and processing their experiences of IPV, as well as setting goals for a better future are great facilitators. To live in secure circumstances, enjoying social welfare is important for survivors of IPV when concentrating on their PTG. For some survivors of IPV, having earlier experience of trauma followed by effective trauma processing can increase their inner personal coping skills as well as their strength, which facilitates their PTG.

According to the theory, it is most effective when the woman herself decides where to seek help, taking the time she needs to work on her task, being self-compassionate while doing so, reviewing her attitudes towards herself and the ways she treats herself. One of the facilitators on the PTG journey is for the woman to consider and work on her perspectives regarding her loved ones, other people, as well as the perpetrator, setting boundaries as well as encouraging good relations where possible. To experience support from her surroundings when building a better life following IPV is a facilitating component on her PTG journey. The absence of the health care system in most of the participating women's accounts reflects their experience that they did not expect the health care system to intervene in order to facilitate their PTG.

Overview of the facilitators on the journey to PTG following IPV is shown in Table 9.

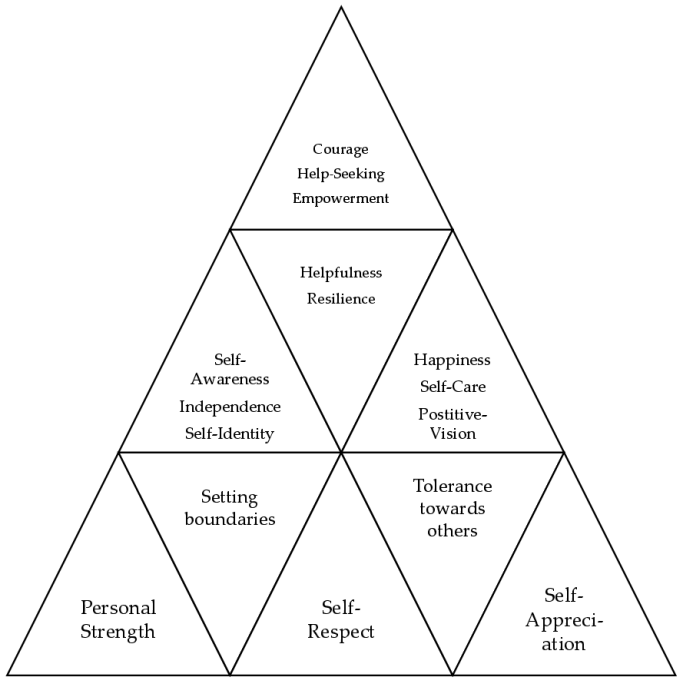
Table 9. An overview of the main facilitators on the women's PTG journey following IPV according to the theory.

Main facilitators	Examples
Personal competence and skills	Positive attitude, personal strength, and resilience
State of mind	Confronting the experience of violence, rejecting current situation, deciding to seek help, setting goals for a better life and PTG, taking control of own life, deciding not to be a victim
Social welfare	Safe living conditions, safe place to live, financial security, professional support
Previous experience of trauma	Earlier experiences of processing trauma, resulting in increased inner strength
Self-perspective	Chooses where to seek help, has self-compassion, gives herself the time needed, treats herself right
Perspective to loved ones and other people	Considers behaviour towards others and the behaviour from others, encourages good relations, setting boundaries
Perspective to the perpetrator	Sets boundaries, prevents him from being in control
Various personal support	Informal support, systematic support, organized resources

3.1.7. Post-traumatic growth following IPV

According to the theory, suffering and surviving terrible violence like IPV can result in various positive outcomes for female survivors, the women being able to view themselves, their lives, and their prospects in a more positive and constructive way than before. Their perception of PTG following IPV, is described by various explanatory concepts, most of them being intrapersonal, i.e., existing or occurring within themselves or in their minds, while only a few of the concepts used in describing PTG are interpersonal, i.e., occurring between persons, or both intra- and interpersonal. When perceiving PTG, the women sense their increased inner strength and self-respect, where they appreciate themselves more and set boundaries to self and others to guard their self-identity. The women know themselves better and are more tolerant towards other people, feeling free, complete, and happy at the same time. They take good care of themselves, are looking forward to their bright future and want to do good by using their experience to help other survivors of IPV. The women feel resilient and in charge of their lives, not hesitating in seeking appropriate help when they need it, being fully aware of what they need and what they want for themselves. Overview of the perception of PTG by female survivors of IPV is shown in figure 2.

Figure 2. Perception of post-traumatic growth by female survivors of intimate partner violence.



Note. The figure, developed by the authors as part of the present theory, shows the main concepts women use to describe their perception of PTG following IPV. The most common concepts are at the bottom of the triangle, serving as a foundation for the descriptive concepts above. The second most common concepts used to illustrate PTG following IPV are in the next row above building an additional support for the next row above, etc. In accordance with this figure most of these descriptive concepts are intrapersonal, illustrating that women who enjoy PTG following IPV see themselves in a positive way and have respectful attitudes towards themselves. They also contain some interpersonal concepts, where the women are being respectful of themselves and helpful to others as part of their PTG.

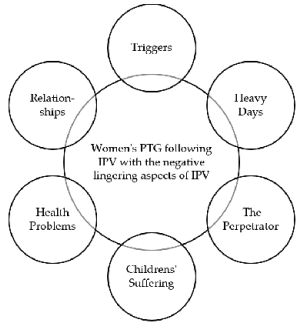
3.1.8. Lingering effects of IPV in PTG

According to the theory, PTG is not a permanent condition. It needs to be continuously nourished and maintained by the woman enjoying it. Despite all the positive effects of PTG on the woman's life, the complicated effects of IPV are often long-lasting, serving as lingering negative effects in the PTG of female IPV survivors. While enjoying PTG many survivors continue to experience various triggers, bringing back the memories of

the violent situation that they were stuck in, causing them "heavy days" and discomfort. Ongoing communication with the perpetrator as well as experiencing their children's suffering because of the violent relationship also has lingering effects on their PTG, as well as their various health problems following the violent relationship, which often has an extensive negative effect on their quality of life. After suffering IPV women often lose confidence and trust in other people, causing them difficulties in establishing and maintaining relationships with other people, also negatively affecting romantic relationships, even after having reached PTG.

According to the theory, survivors of IPV who have reached PTG are aware of the lingering effects of IPV on their PTG. Having reached PTG they know that these negative effects of IPV can appear, they know how to react to them, and they know that these lingering effects of IPV on their PTG are not permanent. They are aware of their capability to process the lingering effects of IPV without letting go of their PTG. Overview of the lingering negative effects of IPV in female survivors' PTG is shown in Figure 3.

Figure 3. Lingering effects of IPV in female survivors' PTG.



Note. The figure, developed by the authors for the present theory, shows the negative lingering effects of IPV in female survivors' PTG. The figure illustrates women's PTG following IPV in the middle of the figure, where the effects of IPV are lingering from the sides into the area of PTG. Despite the lingering effects of IPV, the survivors' PTG is strong, since the women enjoying PTG are not letting the effects of IPV overtake their PTG. They are aware of the lingering effects of IPV and know how to handle the situation, still enjoying PTG.

4. Discussion

The theory introduced in this article is a valuable contribution to the field of research on PTG and IPV. Being the most common type of violence against women worldwide, IPV has been defined as a global health problem of epidemic proportions [93,94] being a widespread, serious public health problem, violating human rights in all sectors of society. Suffering IPV is a complex traumatic experience [39-40] that affects the wellbeing of its victims, as well as their children and loved ones, and can lead to severe suffering and economic costs, not only for the victim but for their community as well. Due to the high

prevalence and serious consequences of IPV it is important to provide for some potential of a better life for the survivors. Aiming for PTG after suffering IPV is one of the passable ways to do so.

The purpose of this research is to answer the main question, by identifying, defining, and explaining the major concepts of the PTG journey of female survivors of IPV, as well as developing a theory of women's perception of that journey. The analysis supports the theory that the PTG journey of female survivors of IPV consists of eight main components, involving the survivor's former life experiences and the consequences on her identity before suffering IPV, her experiences of IPV, the sequela of her suffering IPV, as well as the facilitating and hindering factors to PTG, describing her perception of PTG as well as recognizing and describing the lingering effects of IPV on her PTG. When reflecting on people's reaction to suffering personal traumas, research results have revealed various risk factors, as well as protective factors. These influencing factors have been divided into three categories: pre-traumatic i.e., former experience of trauma; peritraumatic i.e., severity of the trauma; and post-traumatic i.e., the person's reaction to the trauma as well as the reaction of his or her surroundings. Social support is helpful in all these stages [95,96]. This division of influencing factors on reaction to trauma supports our theory, where the woman's life before IPV influences both the probability of her entering a violent relationship as well as her experiences of the violence and how she reacts to the violent situation. According to our theory the most important facilitating factors on the woman's PTG journey are her intrapersonal factors, even if social support is always helpful.

According to the theory, the woman's life as a child and/or a young adult affects the way she is prepared for life. Experiencing trauma and violence early in life, either leaves her broken, where she must move or break her boundaries to survive; or she adapts to her traumatic situation which results in her avoiding confronting difficult situations, but accepting them instead, feeling strong. Either way, to survive the woman has changed and downgraded her basic human rights, leaving her more vulnerable than before. If she is fortunate, she gets to know and interact with genuine and good people in life, but we note that women with prior traumatic experience, become the perfect prey for perpetrators of violence and abuse. Accumulated load of prior traumas can result in "building block effect", thus increasing the probability of negative psychological outcome in victims of trauma [97,98]. Accordingly, the characters and future defenses to traumatic events as adults as well as their psychological outcome, can be linked to their childhood experiences of trauma.

Research results suggest that when suffering more than one kind of trauma it is more likely to affect the victim's mental and physical wellbeing in a negative way, than when suffering one kind of trauma [99]. However, the severity of the consequences depends on how personal the traumatic event is and how intimate the perpetrator is with the victim [33,36-38,99]. According to this, being violated and traumatized by one's intimate partner has a great negative effect on the person's welfare, and repeated violent behaviour is likely to gradually decrease the victim's well-being, health, and quality of life. Being in a relationship, where the perpetrator is in charge and constantly needs to be pleased, is a lot of work. This often results in the woman not taking care of her health, she cannot rest and constantly feels anxious and alert, resulting in a constant decrease of her wellbeing, often

causing her long-term or chronic health problems. Each female survivor of IPV suffers and processes her trauma in an individual and unique way [43], which not only influences the surviving woman, but also her children, her loved ones, and her community.

According to the theory, female survivors of IPV meet various obstacles as well as facilitating factors on their PTG journey. Those with more facilitators and less obstacles are more likely to move forward on the PTG journey. Leaving a violent relationship is a complicated, exhausting, and time-consuming process, taking place gradually over time. After leaving the perpetrator, the woman confronts various negative feelings, as well as health problems and poor social status due to her experience of IPV. All this can result in their loss of working capacity, which again leads to loss of routine, loss of social interaction with others and loss of income. Loss of working capacity is one of the reasons behind financial problems that are very common among female survivors of IPV, leading to continuing various other problems, such as lack of housing and other necessities, undermining their welfare. The experience of financial problems is not only due to the loss of the women's working capacity, but to the financial abuse during their violent relationship, which often continues even if the relationship has ended, sometimes resulting in long-term poverty and even the woman's bankruptcy [28]. Continuing harassment by the perpetrator can be very confusing for the woman, reducing her chances to let go of him and recover, serving as an obstacle to her PTG. According to the theory many survivors of IPV feel powerless when it comes to the law, regulations, and social system, feeling like the perpetrator holds all the power in his hands. While not divorced, the woman does not get the benefits nor the financial support that she is entitled to by law as a single mother, even though she is providing for the children. The perpetrator has many ways in using the law, regulations, and social system, to delay the separation or divorce, as well as the division of assets and custody of children. Since the woman is forced by law to let the perpetrator meet the children, even against the children's will, the perpetrator often uses the children to control the woman. Waiting to have the power over their lives, having the perpetrator continuously harassing them in various ways, as well as experiencing the feeling of powerlessness towards laws, regulations and the social system, affects the woman's mental and physical health in a negative way, often leaving them in an even more vulnerable position to the perpetrator than before, thus delaying their PTG. These findings support the findings of a recent qualitative study; 18 Australian women in the age range of 50-69, who had left an abusive relationship, were interviewed about their experiences of IPV at different stages of their lives. They reported that being in the violent relationship directly affected their physical, psychological, and financial wellbeing in an extensive way. During the period of separation, many women experienced continuing abuse as well as stress due to housing, legal matters, and financial difficulties. After the separation they felt lonely and traumatized, their economy was weak, and they had problems due to damaged relationships with other people [100]. In a recent mini-review of gender-based violence during COVID 19 pandemic, the research results revealed that the legislatures and services available for victims of IPV are often insufficient, thus worsening their situations [101]. The results of a recent study of adverse childhood experiences (ACE) and mental health among women experiencing IPV, suggest that IPV survivors are more likely to have multiple and severe ACE's [102].

According to the theory, a woman making an independent decision of changing her circumstances for the better, is likely to motivate her in considering her perspective to herself, working on her courage, and processing her traumatic experience of IPV, aiming for PTG. Being able to meet her and her children's basic needs and experience the feeling of security in life, is an essential facilitating factor in PTG, since it gives her the opportunity to concentrate on other things than to survive. Possessing earlier experience of trauma and trauma processing can serve as a helpful preparation when dealing with the traumatic experience of a violent relationship, the former experience of trauma serving as a promoter, when rebuilding the woman's personal skills and her inner strength. The authors theorize that experiencing personal support from the woman's surroundings as well as from other resources is a valuable factor in her PTG. By considering her perspectives to her loved ones and other people, and vice versa, the woman can analyze the patterns of communication with others, deciding if the relation with others is healthy and helpful for her or if she needs to set some boundaries to be in control of her life. The woman setting boundaries to the perpetrator is also an important task for the woman to seize and hold on to the control of her own life. According to the theory, the most valuable support provided is the support that meets the personal needs of the woman; getting the help she needs, when she needs it, as well as communicating with kind, respectful and supportive people when dealing with the consequences of IPV and working her way towards PTG. This personal support can be in various forms; informal, formal, organized resources, or all these types. The absence of the health care system in the findings suggests a need for improvement in that system. These results are in line with the results of a recent systematic review of the facilitators of the recovery from GBV, that revealed that to recover it is important for the woman to reconnect with themselves, their surroundings, and the world in general, by having support from both formal and informal networks, as well as from other people. According to this systematic review, it is important not to blame the woman, to emphasize the possibilities for her to change her situation and to address and work on her reflection to affect intimate relationships [102].

PTG has been defined as positive, psychological change in a person, focusing on the possible positive outcomes, following traumatic experience [44,73]. According to our theory, suffering and surviving IPV can result in various positive outcomes for the woman at stake, like in reaching PTG. The authors suggest that a great part of the PTG in female survivors of IPV emerges in their personal, inner growth and the reconstruction of themselves. The foundation of their PTG is intrapersonal i.e., possessing positive feelings and respectful attitudes towards themselves, taking the actions needed to preserve that attitude and to be in control of their lives. When enjoying PTG the women know themselves better and experience various positive feelings towards themselves, feeling resilient and in charge of their lives. They know what they want, know what they need and seek for the appropriate support when needed. Although their experience of PTG increases tolerance towards other people, they do not hesitate to set boundaries at the same time, to protect their self-identity and control of their own lives.

According to the theory, proposed here, even though reaching PTG following the experience of IPV is a great achievement for female survivors, it is neither a simple nor a permanent condition. Life goes on, with its ups and downs, and the survivors' life is not

always perfect. Survivors of IPV have experienced serious traumas and breakdown in their violent relationships [1] and the effects of IPV linger into their PTG. The 'triggers' are all around in their environment and many of the women endure 'heavy days' in between, where they are feeling down, going through complicated and negative feelings and discomfort in relation to their experience of IPV. The authors theorize that the frequently continuing harassment of the perpetrator is making their life hard, the women suffer on behalf of their children's endurance of the former and often ongoing violence, and the women's health problems are extensively affecting her life in a negative way [100]. Besides all this, female survivors of IPV often have troubles in trusting other people which diminishes their possibilities in having healthy romantic relationships. According to the theory these negative effects of IPV are likely to linger into their PTG, but having reached PTG, survivors of IPV can recognize these lingering effects of IPV and find the best ways to process them without losing their PTG.

4.1. Limitations of the study

The participants' competence and readiness to describe their PTG journey following their experience of IPV in words, could also be a limitation of this study. The authors do not possess data regarding the participants' socioeconomic situation, family status, occupation, or religion, which is a limitation of the study, as well as the fact that verification by participants was not possible due to circumstances. It also could be a limitation of this study that the criteria for participation were that participants had to be able to understand and read Icelandic, which may have resulted in homogeneity in the sample and to bias in the research results. The large sample size of the study can be seen as a limitation when distinguishing the components of the theory in detail. Thus, it could be useful in future studies of this research topic, to use a smaller sample to better clarify the similarities and differences between participants' stories. The aim of the study was to increase the knowledge and deepen the understanding of the research topic and not to generalize about the findings.

5. Conclusions

When it comes to research in the field of PTG among female survivors of IPV, there is a gap in the literature. The results of this study contribute to that field in an important way by introducing a theory of the PTG journey of female survivors of IPV, emphasizing the importance of PTG to minimize the effects of IPV on female survivors' lives. According to the theory, PTG is a real possibility for female survivors of IPV, which is likely to result in their increased wellbeing and quality of life, as well as the wellbeing of their children and loved ones, and the community as whole, minimizing the destructive effects of IPV. This information can be useful for people and professionals when guiding female survivors of IPV on the way to better lives, promoting their recovery and healing, aiming for PTG. The absence of the health care system in the findings suggests a need for improvement in that system. Due to the lack of research in the field of PTG among female IPV survivors, further research is needed to establish the factors affecting their PTG journey, to increase their wellbeing and quality of life as well as of their children and the overall social welfare in the community.

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Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki, and approved by the National Bioethics Committee (reference no: VSN-19-166).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data presented in this study are with the corresponding author. Because of anonymity and ethical and personal reasons, the data are not available.

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