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Personal Growth after Domestic Abuse:

A Pilot Study

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Abstract

Background: Evidence suggests that survivors of domestic abuse can experience post-traumatic growth (PTG), and that in other populations, social support is a factor which is positively linked with growth. However, the evidence base for the existence of PTG in survivors of domestic abuse is poor, and there are many feasibility aspects of research into this topic which have not been studied.

Methods: This study involved two phases, a preparation phase and a feasibility study. In the preparation phase, qualitative data was collected during interviews with staff members from Women's Aid, in order to inform the second phase of the project. In the feasibility study, 13 Women's Aid service users were recruited with the assistance of Women's Aid staff. Participants were asked to complete a set of materials, including the Psychological Well-Being Post-Traumatic Changes Questionnaire (PWB-PTCQ), Multidimensional Scale of Perceived Social Support (MSPSS), and acceptability questionnaires relating to each of these and to their experience as a participant in the study.

Results: Involving Women's Aid in the preparation phase allowed the study design to follow the WHO's recommendation on safeguarding participants during research into violence against women, and facilitated recruitment of service users. Indeed, recommendations made based on staff members' feedback during the preparation phase anticipated needs and comments of participants during the feasibility phase. The internal reliability and acceptability of both the PWB-PTCQ and MSPSS were confirmed for use with survivors of domestic abuse. However, comments suggest that quantitative research should be supplemented by a narrative interview-based approach, as the study materials did not seem to encompass fully the participants' experience of growth or social support. The findings of this study also provide information on realistic recruitment expectations for future studies in this field. Exploratory results of the correlation between Social Support and PTG in this sample are also presented.

Conclusions: This study has shown that it is feasible and acceptable to conduct research into Post-Traumatic Growth in survivors of domestic abuse. The preparation phase of this study showed that it is possible, and based on the study's findings recommended, to work in partnership with specialised third-sector parties to carry out research. It is hoped that the results of the study will facilitate further research in this field, and allow for research into PTG in survivors of domestic abuse to be conducted in other populations, such as LGBTQI+ survivors of domestic abuse, and populations with different cultural backgrounds.

Introduction

Domestic Abuse (DA) is a worldwide social issue which affects one in three women (WHO, 2017). DA has also been referred to in the literature as intimate partner violence (IPV), to distinguish it from abuse against the elderly or children in domestic settings. The United Nations defines DA in the context of a romantic relationship as "behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours" (WHO, 2017, *Introduction*).

Research has found that Post-Traumatic Growth (PTG) occurs in many survivors of DA (Anderson et al, 2012). As will be explained further in the literature review below, PTG aims to measure whether individuals who have lived through a traumatic event can move beyond a pre-trauma level of functioning (Splevins et al, 2010). Within a PTG framework, a traumatic experience represents a potential catalyst for positive psychological and interpersonal growth (Grubaugh & Resick, 2007). There is evidence that social support is a vital aspect of recovery from a traumatic event. As DA is a pervasive problem which affects over a million women a year in the UK alone (ONS, 2017), research into how best to promote growth in survivors of DA is of great importance.

Little research has been done on PTG in survivors of DA, and even less on the role social support plays in potentially fostering PTG in this population. The paucity of literature addressing this topic means that there is little information as to the reliability and acceptability of measures used to study PTG in populations of survivors of DA, or as to other practical feasibility factors such as the levels of support participants may require or how many participants can reasonably be expected to be recruited within a given time frame. This paper aims to fill these gaps in the literature, and it is hoped the results of this study will facilitate further research in this field.

Post-Traumatic Growth and Social Support in Survivors of Domestic Abuse: A Literature Review

i. Post-Traumatic Growth

Post-Traumatic Growth (PTG) has been described in the literature using multiple terms, including "perceived benefits", "positive psychological changes", and "stress-related growth" (Joseph and Butler, 2010). All of these terms have been used in research to examine whether individuals who experience a traumatic event can move beyond a pre-trauma level of functioning, a concept which exists in many cultures and religions, such as Buddhism or Christianity, and which sets PTG apart from traditional concepts in trauma recovery (Splevins *et al*, 2010). However, the scientific concept of PTG has only gained traction in recent years due to a rise in popularity of the positive psychology movement. Positive psychology is the study of wellbeing, which includes positive character and emotions, and aims to understand why certain individuals thrive in challenging circumstances, rather than focus on pathology and negative consequences, which are more commonly studied in the field of mental health (Seligman and Csikszentmihalyi, 2000).

PTG is rooted in Janoff-Bulman's social-cognitive approach (see Janoff-Bulman, 1989, 1992), which states that an individual's development and behaviour are determined by a set of core assumptions they possess about the self, the world, and the meaningfulness and randomness of events. Traumatic events can affect these core assumptions, making them amenable to change in the process. However, Janoff-Bulman herself has stated that the core assumptions which are present in her approach are reflective of an individualistic Western society (Janoff-Bulman, 1992). This does not mean that the concept of PTG cannot be applied cross-culturally, only that the nature of the core assumptions which are challenged during, and following, a traumatic event, may be different from the ones put forward by Janoff-Bulman. Evidence of PTG has been found in a variety of trauma-affected populations, including survivors of sexual assault (Borja, Callahan, and Long, 2006), survivors of terrorist attacks (McCormack and McKellar, 2015), and cancer patients (Occhipinti *et al*, 2015).

ii. Post-Traumatic Growth and Social Support

a. Positive and Negative Reactions and Social Support

Social support can be defined as the psychological and material assistance which is available to an individual through members of their social network, such as friends and family (Barth, Schneider, and Känel, 2010). Support received from sources such as law enforcement officers, counsellors, and medical professionals is not usually included under the umbrella of 'social support', however it is often studied under the term 'formal sources of support' (Ullman, 1996). Existing research on PTG has identified that social support is a vital aspect of recovery from a traumatic event (Schulz and Mohamed, 2004). Evidence of a positive relationship between high levels of perceived social support and higher levels of PTG has been found in studies examining PTG in survivors of cancer (Cormio *et al*, 2017) and in populations which have lived experiences of conflict-related trauma (Bhat & Rangaiah, 2015). Research studying 'positive adjustment' in survivors of sexual assault found that adjustment was positively linked with the availability of positive social support (Borja, Callahan, and Long, 2006). However, this relationship has not been consistently found across the literature.

It has been suggested that it is difficult to define sources of 'positive support', as individuals experience support in different ways, but they frequently include reactions which survivors hope to receive following a traumatic event, such as others believing their story, being told they are not to blame, or being given useful information or being directed to other sources of support (Ullman, 1996, 1999). On the other hand, negative reactions, such as being blamed for the event or being told to move on, may be upsetting or distressing to the survivor, as they invalidate the victim's story, which may increase their feelings of shame, confusion, and fear about any future decision they may make (Lepore, 2001). Negative responses such as the ones outlined above have been linked with an increased risk of developing Post-Traumatic Stress Disorder (PTSD) (Ullman and Filipas, 2001; Andrews, Brewin and Rose, 2003). In short, whether or not the social support received by an individual can be defined as either positive or negative depends on the nature of the reactions to which the individual is exposed. An individual who reaches out for support and experiences reactions which they find helpful would classify the support as positive, whereas if they experience reactions which go against their expectations and upset or distress them, they would classify the support as negative.

The source of support is also important. Sources can be divided into informal and formal groups, where informal support include family, friends, and romantic partners, while formal support is made up of individuals who provide support in a professional capacity, such as charity or agency workers. Research has found that the impact of responses depends on the importance of the source of support relative to the survivor, as well as the availability of the support (Ullman, 1996). Borja, Callahan and Long (2006)

studied the relationship between positive and negative adjustment and social support in sexual assault survivors. In their sample of 517 female college students, 115 of whom disclosed experience of sexual assault, they found that positive reactions from both formal and informal sources were linked to increased levels of growth following trauma. Negative reactions from informal sources of support were also found to be linked to higher levels of post-traumatic distress. The fact that negative reactions from formal sources were not linked with increased post-traumatic distress seems to be in line with the Ullman's view outlined above on the modulating nature of the relative importance of the source to the survivor. It is possible that negative reactions from individuals close to the survivor are damaging as they represent a betrayal of trust, whereas this is not the case with formal support providers, as there is no personal and emotionally charged relationship between the two actors.

b. Perceived and Received Social Support

Social support can also be divided into received social support and perceived social support. Received social support includes all the support received by an individual in the past, which they remember as being useful in coping with their stressful experience (Balliet, 2010). On the other hand, perceived social support encompasses the sources of support an individual believes they can call upon should they need it in the future, and is known to be a positive moderator of both health and psychological outcomes (Suls, 1982). As yet, no research has been done on the relationship between received social support and PTG. However, research has found perceived social support to be positively correlated with PTG in populations of individuals affected by conflict-related trauma (Bhat & Rangaiah, 2015) and cancer survivors (Schroevers *et al*, 2010).

iii. Measuring Post-Traumatic Growth

The majority of research on PTG has been conducted using Tedeschi and Calhoun's PTG Inventory (PTGI; 1996). The scale includes five factors (Personal Strength, Relating to Others, New Possibilities, Spiritual Change, and Appreciation of Life), which were determined by principal component analysis, and according to the authors encapsulate all possible areas of growth. However, the PTGI has been criticised as representing a Westernised, individualistic understanding of PTG, and of skewing results as it only offers participants the chance to answer neutrally or positively to the statements included within it (Splevins *et al*, 2010). It has also been suggested that the five domains identified by Tedeschi and Calhoun are not an exhaustive list of the areas in which individuals report growth following a traumatic event (McMillen, 2004). Other positive changes reported in the literature include positive

health behaviours (Siegel & Scrimshaw, 2000) and psychological preparedness (Janoff-Bulman, 2004). As a result, there have been calls to use other instruments to measure PTG (Karagiorgiou & Cullen, 2016), such as the Psychological Well-Being – Post-Traumatic Changes Questionnaire (PWB-PTCQ; Joseph *et al*, 2012). This questionnaire is believed to offer a more accurate representation of PTG, though again it has not been tested for its cross-cultural validity. The PWB-PTCQ aims to evaluate both perceived negative and positive changes in psychological wellbeing in the aftermath of a traumatic event.

iv. Psychological Outcomes of Domestic Abuse

The Scottish Government defines DA as abuse "[…] perpetrated by partners or ex partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family or friends)" (Scottish Government, 2000, p.5). DA, also known as intimate partner violence, may involve exposure to multiple acts of interpersonal violence, including physical, sexual, and psychological abuse over a period of time. The burden of DA is overwhelmingly borne by women, with 30% of women worldwide reporting they have experienced an event of physical or sexual violence by an intimate partner during their lifetime (WHO, 2017). It has been reported that 85% of all violent crimes experienced by women in the United States are cases of DA, compared to only 3% of violent crimes experienced by men (Rennison, 2003). Thus, while men can be victims of DA, it is a social problem which disproportionately affects women.

Survivors of interpersonal violence suffer from higher rates of PTSD when compared to survivors of other kinds of trauma (Resnick *et al*, 1993), with some studies suggesting they are up to 10 times as likely to develop PTSD (Breslau *et* al, 1999). It has been suggested that this difference is rooted in the meaning of the experiences as suffered by the survivors, as victims of natural disasters can attribute blame to God and other non-human forces, whereas victims of interpersonal violence can interpret their experience as a social betrayal which challenges how they view themselves, and the position they believe themselves to have in the world (Morris, 2015). Sexual and physical assaults on women have been linked with a range of negative mental health outcomes in addition to PTSD, including anxiety, depression, and substance abuse (Briere and Jordan, 2004). Similar outcomes have been observed in victims of stalking (Mechanic *et al*, 2008). In her review of the impact of psychological aggression on women's mental health and behaviour, Follingstad (2009) found that psychological mistreatment by a partner led to several mental disorders, including depression, lower self-esteem, and PTSD. However, the author also stated that findings in this field should be looked at with scrutiny, as there are many

methodological issues which affect research into psychological aggression and mental health, such as a lack of longitudinal studies and inconsistency in measures used.

These studies are typical of research into the psychological outcomes of survivors of DA. Indeed, research has mainly focused on a small number of specific outcomes (including PTSD, suicide, depression, and anxiety) and an equally small number of types of assaultive trauma, primarily sexual assault (Briere & Jordan, 2004). Abuse experienced by women, including sexual and physical assault, stalking, psychological mistreatment by a partner, and sexual torture, has been linked with a range of negative psychological outcomes, including anxiety, depression, substance abuse, somatisation, and cognitive disturbances. Women's experiences of DA, and of the aftermath of the abuse, will differ as they will be mediated by the nature of the abuse they were subjected to, the relational context in which the abuse took place, and by pre-existing psychological characteristics (Goodman *et al*, 1997). As such, the psychological outcome experienced by a female survivor of DA is unique to her, as it is the result of interactions between prior trauma exposure, the relational context of the abuse, and current victimisation experience. An individualised response is therefore required to ensure that survivors of DA receive the care they need, as well as to be able to place them in an environment which promotes their recovery and growth.

It has been suggested that treatment and care providers should move away from a 'catch-all' model of post-victimisation diagnosis but attempt instead to encompass the wide-ranging effects of DA, as any given post-victimisation response is likely to be complex and hard to predict and may easily involve phenomena and risk factors that go well beyond the traumatic event itself (Yehuda & McFarlane, 1995). Experience of DA can result in a range of negative psychological outcomes, though this does not mean that there exists a syndrome or cluster of symptoms which encompasses all these negative outcomes, as the post-victimisation experience is modulated by factors which lead to each experience being unique to the individual survivor.

v. Post-Traumatic Growth and Domestic Abuse

As stated previously, most research into the psychological outcomes of survivors of DA have focused on negative outcomes (Grubaugh & Resick, 2007). A search of the literature was performed in order to review the existing knowledge base on PTG and DA. The following search terms were used: "Domestic Abuse AND Post Traumatic Growth", "domestic violence AND Post Traumatic Growth", and "domestic assault AND Post Traumatic Growth". "Post Traumatic Growth" was replaced by "benefit finding" and "stress-related growth", and "domestic violence" was replaced by "intimate partner violence". These search terms were used on MEDLINE, PsycINFO, GoogleScholar, and PILOTS.

Reference lists were also checked to identify relevant studies. This search detected 5 relevant studies, as summarised below.

Grubaugh and Resick (2007) examined PTG in a sample of 100 treatment-seeking female assault victims in the United States. They measured PTG using the PTGI, as well as symptom severity of PTSD and depression. In their sample, 77% of participants reported experiencing a moderate degree of change or more. Their results show that there does not appear to be a direct relationship between PTG and post-traumatic distress, meaning that one can, but does not always occur in the presence of the other. This finding is supported by Borja, Callahan, and Long's (2006) study on positive and negative adjustment in survivors of sexual assault, which is mentioned above. However, Grubaugh and Resick did not state how many of the women were victims of violence in a context of DA. Furthermore, as stated previously, the use of the PTGI is problematic, especially since the authors state that this is the first time it was used with this specific population, and that it was not checked for acceptability.

Anderson, Renner, and Danis (2012) studied recovery and resilience in a sample of 37 women formerly in an abusive relationship. Semi-structured interviews focused on the contexts in which participants found solutions which helped them recover and grow following their experience of DA. These interviews were then analysed using a grounded theory approach. This analysis found evidence that some of the women did experience growth in the aftermath of their abusive relationship. There were no questions relating specifically to growth, but growth was an aspect of recovery from DA which became apparent during the analysis of the qualitative data. However, it is unclear in the study whether growth was an outcome which was being specifically studied by the authors, as the methods state that the interviews were designed to allow participants to "narrate their own recovery stories" (Anderson, Renner and Danis, 2012, p.1284). In the results the authors state that the "qualitative inquiry addressed the contextual specificity of the solutions these women found to recover ***and grow*** in the aftermath of DA" (Anderson, Renner and Danis, 2012, p.1288, *emphasis added*). Results focused more on the factors behind the growth, which included the role of spirituality and social support, which was found to be central to many women's recovery. It is possible that more of the participants would have reported growth had more questions which explicitly aimed to find evidence of growth been asked. A qualitative study by Senter and Caldwell (2002) found similar results in a sample of 22 women who had left abusive relationships. In their study, results suggested women reported stronger interpersonal relationships and increased control over their lives, amongst other signs which are seen as demonstrating growth. While these studies are promising in that they suggest survivors of DA do experience growth, quantitative research is needed in order for results to be more easily comparable and generalizable, as it would allow for studies with larger sample sizes to be conducted.

Finally, Cobb and colleagues (2006) studied the correlates of PTG in survivors of intimate partner violence (IPV) in a sample of 60 women utilising shelter services in the United States, who were either

in an abusive relationship or had left one. This was the first study to examine quantitatively PTG in survivors of IPV specifically, as opposed to Grubaugh and Resick's (2007) sample which did include survivors of IPV but did not set out to study them specifically. In their study, Cobb and colleagues (2006) found that 67% of the participants reported at least a moderate degree of change in relation to PTG, showing that growth was experienced in this sample. PTG was measured using the PTGI, and was tested for reliability, but not for acceptability. Severity of abuse did not appear to be correlated with levels of growth, however this may be due to the majority of participants reporting high amounts of abuse, as measured by the Index of Spouse Abuse though exact scores were not provided (Hudson & McIntosh, 1981), leading to lack of variability in the levels of abuse suffered in the sample.

The studies discussed above clearly illustrate the gaps in the literature when it comes to the study of PTG and DA. First, there is very little literature regarding studies on PTG and DA. Furthermore, in the two quantitative studies on PTG and DA, the PTGI was not checked for acceptability, which is especially important considering the vulnerability of the population being studied. Obtaining information as to the acceptability of the measures used in these studies would allow for the relevance of the items included in the measures to be confirmed, as well as to identify aspects of PTG which many not be included in the measures. The studies summarised above also give little information as to the ethical issues which are involved in this field, and to the steps taken by the authors to ensure safeguarding of the participants. However, the evidence-base which has resulted from these studies is promising.

Research Aims

The research conducted for this dissertation was a pilot study of PTG and social support among DA survivors who were accessing support services in the west of Scotland. This research aimed to contribute to the literature in this field by:

- Providing an estimate of the size of the sample which could be recruited in the given time frame.
- Providing guidance on how to ensure safeguarding of potentially vulnerable participants while conducting research in this field.
- Obtaining feedback on the proposed scales and research methods, from professionals with experience in working with survivors of DA.
- Obtaining feedback from survivors of DA on the research materials and methods (which were modified based on the professional feedback mentioned above).
- Exploring the possible relationship between PTG and social support in survivors of DA.

It is hoped the results of this study will facilitate future studies in this field.

Overview of Methods

This pilot study employed a mixed-methods design in order to explore the relationship between PTG and social support in female survivors of DA, and to provide information and guidelines for future research on this topic in this specific population.

The study was divided into two stages, both of which were approved by the College of Medical, Veterinary and Life Sciences Ethics Committee (reference 200170106). The main data collection phase was preceded by a planning phase, in which feedback was gathered from our organisational partner Women's Aid regarding different aspects of the project. This phase allowed for the materials to be modified in order to make them as relevant and non-distressing as possible for the service user participants, as well as to determine best practice in terms of safeguarding participants. The recommendations made by Women's Aid were then implemented, and the data collection phase was initiated. In this phase, Women's Aid service users were recruited. The methods and results of each of these phases will now be described in turn.

Preparation Phase

Methods

Participants and Recruitment

The aim of this phase was to gather information from our organisational partner, Women's Aid, on different aspects of the study design and logistics. Women's Aid is a community based local Non-Governmental Organisation which specialises in supporting survivors of DA. Initial contact with organisations was facilitated by a study supervisor. The MSc student then engaged with the service to discuss the research project and invite potentially interested staff members to take part. The aim was to recruit between four and six staff members, the eligibility criteria being that they were employed by Women's Aid, had professional experience working with survivors of DA, were fluent in English, and had the capacity to consent to research. Two local services in the West of Scotland agreed to take part.

Materials

An interview guide was developed in order to maintain consistency of topics covered within each staff interview (see Appendix III for Semi-Structured Interview Questionnaire; full transcripts of the interviews available on request). Topics covered included logistical aspects of the research, such as the

main challenges in researching this topic in this population, and questions aimed at exploring instances of personal growth that staff members may have encountered in their career. The Women's Aid staff also reviewed and commented on the data collection materials that had been drafted for use with the service user participants. This data collection pack included the following: Service User cover letter, Service User participant information sheet, and scales and questionnaires to assess PTG, social support and other information (see Phase 2 description below, and Appendix IV for Service User Data Collection Pack).

Procedure

The representatives of Women's Aid who expressed interest in taking part in the study were sent an information sheet regarding their own participation, as well as the data collection pack to be used with the service users in the second phase of the research project. Feedback was collected during individual face-to-face interviews at the Women's Aid centres, which were recorded and then transcribed by the MSc student. All staff members gave written informed consent.

Data Analysis

A simple descriptive analysis was conducted in which key issues identified by participants were summarised, and then grouped based on similarity to identify the main themes within all the interviews. The results of this analysis were then used to inform the study process and materials for Phase 2.

Results

Participants

Senior Women's Aid staff members showed an interest in both assisting with the study and in the study itself from the early stages of collaboration. However, the working relationship between the research team and the Women's Aid centres was facilitated by the interest shown in the study by members of management within Women's Aid, a willingness on the part of the research team to accommodate any needs and requests Women's Aid staff may have, and the offer of delivering a presentation based on the results of the study to any staff who may be interested, as well as a copy of the report itself. The importance of these factors in negotiating access to Women's Aid, and indirectly their service users, and in building a successful working relationship with Women's Aid staff, is in line with Van Maanen and Kolb's view that "gaining access to most organisations is […] a combination of strategic planning, hard work and dumb luck" (1985, p.11).

Four Women's Aid staff members agreed to take part. Information as to whether any staff members were asked to take part but declined was not recorded. The interviews lasted between 25 and 35 minutes.

Perceived Recruitment Challenges

"Sometimes women don't want to relive it"

In three interviews, participants stated that they believed getting the women to participate might be difficult as some may not want to relive or discuss their experiences. However, one participant disagreed, and said the main challenge would be to get the participants to provide in-depth answers to open-ended questions, as they might find it difficult to put their thoughts and feelings into words.

"It might be better researching while they're still being supported by us"

Half the participants emphasised the importance of conducting research through organisations, as this would allow for the identification of participants who were able to cope with the potentially distressing nature of the study and would increase the chances of the identified women taking part. In terms of increasing the likelihood of participants providing in-depth answers to open-ended questions, a narrative approach was suggested, which would allow the women to tell their story without feeling there is a "right" answer they need to provide.

Support for Participants

"I would rather they chose what's best for them"

All participants agreed that offering an online option which could be completed in an unsupervised environment was acceptable. There was also a common theme of allowing the participants to choose which of the three options they were most comfortable with.

Identifying an Anchor Point

"Most women will tell us how life was before they met them and how life had changed to the way they thought it would be."

The PWB-PTCQ relies on participants being able to identify a pre-trauma anchor point of functioning to which they can compare their current psychological well-being. As such, it was necessary to ask participants if they were able to identify such a pre-trauma anchor point. All of the participants agreed that this was an acceptable question to ask. They also all agreed that most of the women identified

should be able to identify an anchor point. One participant highlighted the potentially distressing nature of having to "take yourself back there".

On whether our research materials were adequate for use with survivors of DA

"I think they're all okay. […] They're encouraging a bit of thought about her life and how she's feeling about things."

All of the participants agreed that the materials were acceptable for use with this population. However, the potentially distressing nature of the questionnaires was highlighted, as was the possible difficulty in getting participants to provide detailed answers to open-ended questions.

Feasibility Study

Methods

Participants and Recruitment

Staff from Women's Aid identified potential service user participants from within their respective case-loads. The following eligibility criteria were applied:

- Aged 18 or older
- Meets the Scottish Government definition of having experienced DA, and is using Women's Aid services at time of approach
- Capacity to consent to research (as determined by Women's Aid staff)
- Able to read and write in English
- Must be at least 5 months post-relationship, as psychological and physical health continues to deteriorate immediately after separation.

Informed consent was obtained by Women's Aid staff, who then discussed the study with potential participants. Potential participants were contacted a maximum of three times within a two-week period, in-line with existing Women's Aid practice. If no contact was established within that time frame, no further attempts were made. There was no set target in terms of sample size, as one of the aims of the study was to estimate how many participants could be recruited in the 5-week timeframe.

Materials

Sociodemographic Questionnaire

Participant background factors included age, education level, current relationship status, whether they had children, and how they rated their overall well-being when compared to before their experience of DA on a 5-level scale ranging from "A lot worse" to "A lot better".

Anchor Point

Participants were asked to answer the following question:

"Are you able to think back to an anchor point of how you felt before your experience of DA? 'Anchor point' means a time in your life, before the abuse began, that you can remember and compare yourself to now."

This was necessary to ascertain as the PWB-PTCQ relies on participants being able to identify such an anchor point in order to complete the questionnaire.

Psychological Well-Being – Post-Traumatic Changes Questionnaire (PWB-PTCQ)

The PWB-PTCQ is a self-report measure to assess perceived changes in psychological well-being following traumatic events. The questionnaire contains 18 items and is divided into six subscales represented by three items each. The subscales are self-acceptance, autonomy, purpose in life, relationships, sense of mastery, and personal growth. These six subscales are based on Ryff's conceptualisation of psychological wellbeing (Ryff, 1989; Ryff & Singer, 1996), and were confirmed by factor analysis (Joseph *et al*, 2012). Each item is rated on a 5-point Likert scale ranging from 1 (*Much less so now*) to 5 (*Much more so now*). Possible total scores range from 18 to 90, with higher scores indicating greater increases in psychological well-being. The internal reliability of this scale was confirmed for use in two general population samples ($\alpha = 0.87$ and $\alpha = 0.93$ respectively) and one clinical traumatised sample ($\alpha = 0.95$), all in the United Kingdom, by Joseph and colleagues (2012).

Open-Ended Questionnaire on Growth after DA

This was a purpose-designed questionnaire based on the existing literature, developed to allow participants who could not identify an anchor point to contribute to the study. The questions related to the participant's personal experience of growth following DA, such as whether their experience of DA changed the way they viewed others, and whether or not they experienced increases in self-confidence in the aftermath of their experience of DA. These were all open-ended questions.

Multidimensional Scale of Perceived Social Support (MSPSS)

The MSPSS (Zimet *et al*, 1988) is a 12-item self-report which measures how supportive an individual perceives their relationships to be, and includes romantic partners, friends, and family. Each item is rated on a 7-point Likert-type scale, with the options ranging from "Strongly Disagree" to "Strongly Agree". The total score is the mean across all 12 items in the scale, while the subscales scores are the means of the items related to each subscale. The reliability of the MSPSS was established using a sample of university students in the USA, with the authors reporting an acceptable internal consistency coefficient of 0.88 and good test-retest coefficient of 0.85 over a 3-month period.

Acceptability Questionnaires

To assess acceptability, participants were asked to complete purpose-made questionnaires after completing the PWB-PTCQ and the MSPSS, as well as a questionnaire which aimed to elicit the

participants' opinions on their general experience of taking part in the study. The questionnaires contained items related to whether the items included in the standardised scales were upsetting to the participants and relevant to their experience, if the items and instructions as to how to answer them were clear, and if the participants would be interested in taking part in future research based on their experience in the present study. Participants were also invited to give additional comments and suggestions in these questionnaires.

Ethical Considerations

A number of considerations were taken into account in advance of data collection, as the research topic represents a 'sensitive issue', as defined by Lee (1993). In light of this, specific actions and considerations were taken in order to ensure that the study design adhered to the ethical principles of nonmaleficence, beneficence and confidentiality (Beauchamp & Childress, 2013).

Nonmaleficence was ensured by multiple actions. Firstly, in order to minimise potential distress, the recruitment of participants for the feasibility study was carried out by Women's Aid, which meant that participants were not required to discuss or disclose details about their experience of abuse with the researcher. Furthermore, working with Women's Aid also ensured that staff members had the necessary training and professional experience to provide support to participants before, during, and after the study, which is line with recommended practice when researching sensitive issues (Bergen, 1993; Liamputtong, 2007). The work undertaken in collaboration with Women's Aid in the preparation phase allowed the study design and materials to be modified in order to minimise the potential distress the research could cause participants.

In terms of beneficence, evidence suggests that women survivors of abuse often find participating in research on abuse to be a beneficial experience (Newman *et al*, 1999; Becker-Blease & Freyd, 2006). Additionally, to maximise the benefits, the results of the study, and its resulting dissertation, was shared with the Women's Aid centres to allow them to disseminate the research within the Women's Aid network. A presentation of the findings of the study was also delivered to staff members from both Women's Aid centres.

To ensure confidentiality, care was taken in reporting, as data were anonymised, and the Women's Aid centres were not named in the project report.

All of these actions and considerations are in-line with the WHO's 'Ethical and Safety Recommendations for Intervention Research on Violence Against Women' (2016).

Procedure

Participants selected one of three options to complete the study: in a local Women's Aid centre with a support worker present in the room, in the centre with a support worker available if help was needed, or in another place of their choosing using either a paper copy or the online version of the study materials, without a support worker. The online version of the data collection was set up using BOS, and the link to it was then given to the Women's Aid staff.

In each of these settings, the participants were first asked to read the information sheet and affirm that they consented to take part. Participation was anonymous with regard to the researchers (who were not present during data collection); each questionnaire had a pre-completed identity number and the participants were not asked to provide any identifying information. They then completed the data collection pack, which included the materials described above, in the order given above. Participants who could not identify an anchor point were asked to complete the Open-ended questionnaire and omit the PWB-PTCQ and associated acceptability questionnaire.

Each participant was given a £5 gift card as a thank you gift for completing the study.

Data Analysis

Descriptive analysis was conducted to show the following characteristics of the PWB-PTCQ, MSPSS and demographic variables of the study: median, 25^{th} and 75^{th} percentiles, and range. Categorical measures were summarised as N and percentages.

Frequencies and percentages of the participant acceptability scores were calculated in order to assess the acceptability of the scales and overall study design.

Spearman Rank Correlation tests were conducted in order to examine the relationship between PTG and Social Support, and between the categorical demographic variables (age group and qualification level) and growth.

The relationship between binary demographic variables and growth was examined using a point-biserial correlation analysis.

All of the data analysis was conducted using R.

Results

Participants

A total of 13 women were recruited for this study.

Both Women's Aid centres were asked to record information on the total number of service users approached to take part in the study, however this proved too time consuming and the information was not recorded. Centre 1 reported that three women refused to take part when approached, however Centre 2 did not record this information. Anecdotal evidence from a staff member at Centre 2 suggests that about 50% of women who met the eligibility criteria for the study were deemed ineligible by staff members.

Centre 1 recruited eight participants, seven of whom completed a paper copy of the study materials in a supervised environment, while the other participant completed an online version in a non-supervised environment. Of the seven participants who chose a supervised environment, two asked for support to be present in the room with them while they completed the materials, one asked for support to be available close by, and the other four made no specific requests as to availability of support, though they were aware support was available should they need it.

Centre 2 recruited five participants, all of whom chose to complete a paper copy of the study materials in a supervised environment, though no further information was recorded as to which option the participants chose in way of support.

Sociodemographic Characteristics

The median age category of the participants was 45-49 years old. Table 1 provides the sociodemographic characteristics of the sample.

Descriptive Statistics

Anchor Point

All of the participants (N=13) stated that they could identify a pre-trauma anchor point. Thus, 100% of the participants completed the PWB-PTCQ and associated Acceptability Questionnaire.

Table 1: Demographic Characteristics of the Sample

Characteristics	*N*	*Percentage (%)*
Women's Aid Service		
Centre 1	8	61.5
Centre 2	5	28.5
Age		
[18-24]	0	0
[25-29]	1	7.7
[30-34]	1	7.7
[35-39]	3	23.1
[40-44]	1	7.7
[45-49]	1	7.7
[50-54]	2	15.4
[55-59]	3	23.1
[60-64]	1	7.7
[65+]	0	0
Highest Qualification		
No Qualifications	2	15.4
GCSE/O-Level	1	7.7
A-Level	1	7.7
College Certificate / Diploma	5	38.5
Undergraduate Degree	2	15.4
Postgraduate degree	2	15.4
Are you in a new relationship since you left the abusive relationship?		
Yes	8	61.5
No	5	38.5
Do you have children?		
Yes	12	92.3
No	1	7.7
How would you rate your overall well-being, compared to before your experience of DA?		
A lot worse	1	7.7
A bit worse	1	7.7
About the same	0	0
A bit better	2	15.4
A lot better	9	69.2

PWB-PTCQ

i. Descriptive Statistics

The PWB-PTCQ Totals and Sub-Scale scores did not follow a normal distribution. The median score and 25% and 75% percentiles will be given. See Table 2 for median scores, percentiles, and Cronbach's α results. Overall, Cronbach's α of the PWB-PTCQ was high (> 0.90), even when considering the lower bound of the 95% Confidence Interval. The Cronbach's α for the questionnaires sub-scales were all high, though some of the lower bounds of their 95% Confidence Intervals dipped below the acceptable limit of 0.70.

ii. PWB-PTCQ Acceptability

Eleven of the participants (84.6%) felt the items included in the scale reflected their experience of growth and change. One of the participants who answered 'No' commented that the scale made her feel that she "should be more confident and be more empowered and strong", which was not in line with her experiences in the aftermath of their abusive relationship. The second participant who answered negatively felt that "bunching up [her] feelings of life into a 5-number scale was inaccurate to say the least", and that "after dealing with abuse the turmoil of feelings cannot be confined to a number scale". The same participant found the experience of completing the questionnaire to be "slightly frustrating".

All of the participants (100%) agreed that the instructions on how to fill in the questionnaire were clear and easy to understand.

All of the participants (100%) found all of the items in the questionnaire clear. One participant stated the questions were "all clear", while another said they were all "easy to understand".

Two participants provided general comments. One stated that "the statements were valid", but the process of reflection involved in completing the questionnaire was subjective and "may not completely reflect the extent of post-traumatic growth experienced by the person later in life". The other felt that the questionnaire was "easy to fill out and nice to answer", but she thought this was because she was "happy with [her] life and relieved that the past is well and truly in the past".

Table 2: Descriptive Statistics of the PWB-PTCQ

	Median	25th-75th Percentile Range	Range	Cronbach's α	95% CI for Cronbach's α
Total Score	76	59 to 87	40 to 90	0.97	0.94 to 1.00
Self-Acceptance	12	9 to 15	4 to 15	0.96	0.91 to 1.00
Autonomy	12	9 to 15	5 to 15	0.90	0.80 to 0.99
Purpose in Life	13	11 to 15	6 to 15	0.96	0.92 to 1.00
Relationships	13	11 to 15	9 to 15	0.72	0.45 to 0.99
Sense of Mastery	13	9 to 15	5 to 15	0.77	0.57 to 0.97
Personal Growth	12	9 to 15	8 to 15	0.80	0.65 to 0.96

MSPSS

The MSPSS Total and Sub-Scale scores did not follow a normal distribution, therefore a median and 25th-75th Percentile range will be given. See Table 3 for median scores, percentiles, and Cronbach's α results.

All of the participants (N = 13) completed the MSPSS. However, one participant did not answer any of the statements relating to the Significant Other sub-scale. As such only 12 participants fully completed the MSPSS, and this dataset of full answers was used to calculate the mean total score as well as the Significant Other sub-scale. Furthermore, due to an administrative error, item 10 of the 12-item MSPSS was omitted from the questionnaires. Therefore, the denominators when calculating the mean Total and Significant Other subscale were adjusted accordingly.

The internal reliability of the MSPSS, as well as of its subscales, was high (> 0.70), even when considering the lower bounds of the 95% Confidence Intervals.

Table 3: Descriptive Statistics of the MSPSS

	Median	25th-75th Percentile Range	Range	Cronbach's α	95% CI for Cronbach's α
Total Score	6.18	5.87 to 6.57	4.73 to 7.00	0.85	0.75 to 1.00
Significant Other	7	6 to 7	4 to 7	0.97	0.93 to 1.00
Family	6.75	6 to 7	2 to 7	0.97	0.94 to 1.00
Friends	6.5	6 to 7	3.5 to 7	0.98	0.96 to 1.00

MSPSS Acceptability

All the participants (100%) completed the MSPSS Acceptability questionnaire.

Twelve of the participants (92.3%) felt the items included in the scale were relevant to them. The one participant who did not feel the items were relevant commented that she "[does] not have any surviving family members". Two other participants commented to express their gratitude for the help their sources of support provided them, with one thanking her mother, and the other her "true friends and family". One participant, who felt the items were relevant stated that it is important to remember "there is only so much friends and family can do", and that it's still "the survivor who cries into the pillow alone at night, who truly understands what they are going through".

All of the participants (100%) agreed that the instructions explaining how to fill in the MSPSS were clear and easy to understand.

Ten of the participants (83.3%) responded that they could not think of any other sources of support which should be added to the MSPSS. One participant did not provide an answer to the question, but did provide the following comment: "I get my support from my new husband. I am remarried, happily". Another participant suggested that "social support groups and networks could have been included", while another held a similar view that "addiction support meetings (Alcoholics Anonymous etc…) [and] the Church" could have been added.

Twelve of the participants (92.3%) found all of the items in the MSPSS to be clear. The only participant who found an item unclear commented that they were "unsure on the definition of the term 'special person' as friends and family are already mentioned".

Two participants provided general comments. One participant echoed the comment about the term 'special person', stating that she was "not sure why you would use the word special". The other participant felt filling in the MSPSS had given her reassurance and shown them that her "life had done a full 360 from where it was".

Study Acceptability

All the participants (100%) completed the Study Acceptability Questionnaire.

All the participants (100%) felt the aims of the study had been clearly explained to them.

All the participants (100%) responded that their experience of taking part in the study had been in line with their expectations. One participant provided a further comment, stating they "felt very comfortable answering the questions".

All the participants (100%) felt they had been well looked after while they were taking part in the study. One participant provided a further comment, describing the surroundings as "cosy".

All the participants (100%) stated that they would take part in future research into this topic. One participant provided a further comment in which they wrote that "research of this type is very important and informative and […] should be carried out to a greater degree".

Correlational Analysis

Correlation between Social Support and PTG

The data from the participant who did not fully complete the MSPSS was omitted during computation of this analysis.

As both sets of data did not follow a normal distribution, a Spearman Rank Correlation test was conducted.

The correlation coefficient between the PWB-PTCQ and MSPSS total scores was ***r = 0.426***

(95% CI of **-0.195** to **0.804**) with *p = 0.167* (see *Fig.1*).

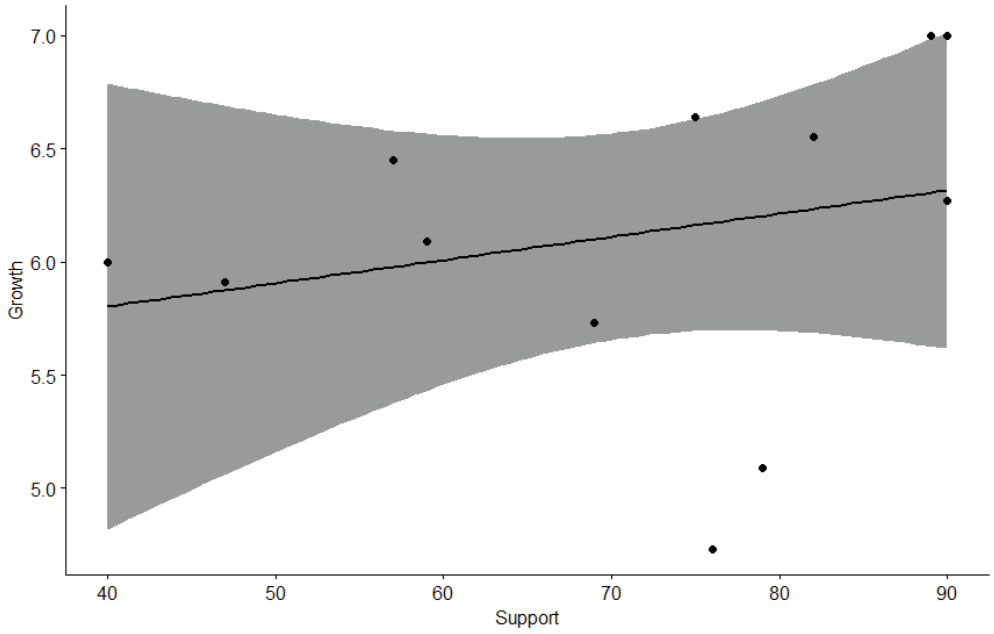

Figure 1: Scatterplot showing the correlation between MSPSS and PWB-PTCQ Total Scores, showing the regression line and 95% CI.

Correlation between Demographic Factors and PTG

Table 4 shows the result of correlation analyses which examined the relationship between the sample's sociodemographic factors and PWB-PTCQ Total Scores.

None of the correlations calculated were statistically significant ($p > 0.05$).

Table 4: Correlation between Sociodemographic Factors and Total PWB-PTCQ Scores

	Age	**Highest Qualification**	**Do you have any children?**	**Are you in a new relationship?**	**Total PWB-PTCQ Score**
Age Group	1.00	-0.09*	-0.16**	0.03**	0.54*
Highest Qualification	-	1.00	-0.12**	0.04**	-0.03*
Do you have any children?	-	-	1.00	0.36**	-0.25**
Are you in a new relationship?	-	-	-	1.00	-0.07**
Total PWB-PTCQ Score	-	-	-	-	1.00

*=Spearman Correlation

**=Point-Biserial Correlation

Sample Size Calculations for Future Studies

Sample sizes were calculated based on several possible correlation coefficients of the relationship between Social Support and PTG and are reported in Table 5. For the purpose of these calculations, a two-tailed α of 0.05 and a power of 0.8 were used. The correlation coefficient obtained by Bhat and Rangaiah (2015) in their study on conflict exposure, PTG, and social support was included for comparison.

Table 5: Results of Sample Size Calculations Based on Correlation Coefficients from Different Sources

	Correlation Coefficient	Sample Size
Point Estimate of Correlation Coefficient from the Present Study	**r = 0.426**	**N = 41**
Upper Bound of 95% CI of the Correlation Coefficient from the Present Study	**r = 0.804**	**N = 9**
Correlation Coefficient from Bhat & Rangaiah's (2015) study	**r = 0.251**	**N = 122**

Discussion

i. Summary of Results

The results of this study show that it is feasible to conduct research into PTG (PTG) in survivors of DA, and that tools which have been used when studying PTG in other trauma-affected populations are acceptable for use in this population. Thirteen women were recruited in a 5-week timeframe with the help of two local Women's Aid centres in the West of Scotland, and all of them scored both the materials and the overall study experience highly in the respective acceptability questionnaires. The study materials were completed, at least partially, by all of the participants which suggests they did not find the experience distressing to a degree which would have prevented them from continuing the study. Our findings also suggest that survivors of DA experience PTG, with 11 of the 13 participants (85%) reporting a score of 54 or higher, with a score of 54 indicating the presence of positive change (Joseph *et al*, 2012). The successful preparation phase also showed that it is possible to work in collaboration with organisations to carry out research in this field.

ii. Preparation Phase

Four specialist workers responded enthusiastically to the invitation to participate. The staff were motivated by the opportunity to share their experience and perspective and because the results of their participation would inform the second phase of the study, and thus minimise the potential distress to service users taking part. Overall, the feedback received from the staff members during the preparation phase accurately anticipated the service users' experience during the feasibility study. Indeed, all feasibility study participants were able to identify an anchor point. The large majority of participants also agreed with the staff members that the study materials were acceptable for use in a population of survivors of DA, and used all three of the options offered to them in terms of completing the study materials. This suggests that involving organisational partners in research projects not only facilitates recruitment of participants in target populations, but also adds to the quality of a study, as the professional experience of the organisation's staff members allows them to provide valid and useful feedback. Furthermore, working alongside a specialist organisation like Women's Aid also ensured that the study was in-line with the relevant WHO recommendations on researching violence against women (WHO, 2017).

In both phases, limitations associated with a questionnaire-based approached were identified by participants. During the feasibility phase, few participants chose to provide optional further comments in addition to their YES/NO answers in the acceptability questionnaires, which was an issue predicted by a staff member during the preparation phase. This issue was further illustrated by a comment made

by a participant during the feasibility study that "after dealing with abuse the turmoil of feelings cannot be confined to a number scale". This suggests that pursuing a narrative approach may be of interest in future studies on this topic, as this may uncover aspects of recovery from DA which were not included in the study materials, and which the participants were not able to put into words. A narrative interview-led approach may give survivors of DA the opportunity to tell their stories in their own words, without the pressure of having to answer a set question.

iii. Feasibility Study

A total of thirteen women were recruited in a five-week timeframe, with the help of two local Women's Aid services in the West of Scotland.

All of the participants completed the study materials, at least partially, which suggests participants did not find the experience of taking part distressing enough to stop them from participating. The internal consistency coefficients for both the PWB-PTCQ and MSPSS were high ($\alpha = 0.97$ and $\alpha = 0.85$, respectively). This study is the first recorded use of the PWB-PTCQ in a population of women survivors of DA, and confirms both its acceptability and internal consistency in this specific population. Furthermore, participants largely found the PWB-PTCQ to be reflective of their experiences in the aftermath of DA, and the MSPSS to include items which were relevant to them. These results suggest that both of these measures are appropriate for use with survivors of DA.

Both the MSPSS and PWB-PTCQ had high Cronbach's α in this study. However, the Cronbach's α for the MSPSS subscales were very high, even when considering the lower bounds of the α's 95% CI (> 0.90). Similarly, high Cronbach's α were observed for the Self-Acceptance and Purpose in Life subscales of the PWB-PTCQ. These results suggest that the items within these subscales are redundant and are testing the same question but in different wording (Tavakol & Dennick, 2011). As stated earlier, it is possible that there are factors and aspects of both Social Support and PTG which are not covered in the MSPSS and PWB-PTCQ respectively. Uncovering these factors, and adding items which measure for these factors may provide scores which are more reflective of the post-traumatic experiences of survivors of DA. For example, women with breast cancer who come into contact with other women survivors of cancer have been found to be more likely to experience PTG (Weiss, 2002). This idea of having access to a network of individuals who have been through a similar experience is not explicitly present in the MSPSS, and is a concept which should be explored further in future studies.

The findings of this study support evidence in the literature that women who survive DA can experience PTG (Cobb *et al*, 2006), as well as evidence in the wider literature that women who are subjected to episodes of gender-based violence can experience PTG (Grubaugh & Resick, 2007; Borja, Callahan & Long, 2006).

Many of the survivors of abuse who participated in this study commented on the fact that it had been a significant period of time since they had left their abusive relationship, which had given them the time and opportunity to deal with the challenges which survivors of DA have to face. This suggests that time elapsed since the end of the relationship may be a factor which modulates the levels of growth experienced by survivors of DA.

iv. Correlational Analysis

The point estimate of the correlation between Social Support and PTG was high (**r = 0.426**), but the confidence interval was wide, and the p-vale was 0.167. The wide confidence interval and high p-value recorded in this study are likely due to the small sample size (**N = 13**).

The correlational analysis between the sociodemographic factors and PTG did not reveal any statistically significant relationship between the variables. The lowest p-value was for the relationship between older age groups and higher PTG (**r = 0.54**, with $p = 0.06$). While this result is likely to be a false positive in this small sample, such a relationship has been identified in the literature on PTG (Bhat & Rangaiah, 2015; Tallman, Altmaier, & Garcia, 2007; Kurtz, Wyatt, & Kurtz, 1995). A future study with a larger sample size may provide more accurate and reliable information as to the relationship between age and PTG.

Limitations

A number of study limitations must be considered. Firstly, in terms of performing statistical analyses on the results in order to explore a potential relationship between Social Support and PTG, the final sample size was too small to be able to draw conclusions. This also applies to the correlational analyses performed in order to explore potential relationships between the sample's sociodemographic factors and PTG. However, drawing conclusions as to these relationships was not the primary objective of this study, as estimating how many participants could be recruited within a five-week timeframe was one of the research aims.

As stated previously, item 10 of the MSPSS, which is part of the Significant Other subscale, was omitted from the study due to an administrative error. As such, the Cronbach's α values obtained for both the MSPSS overall and the Significant Other subscale may not be fully valid, and should be recalculated in a future study.

Furthermore, the results of the study showed that while the measures used were relevant and acceptable to the sample population, there may be aspects of both PTG and Social Support which are not included in the measures used in this study.

As participants were recruited from Women's Aid services, and were recruited by Women's Aid staff members who decided whether or not women who met the eligibility criteria would be able to cope with the potentially distressing nature of the study, there is potential for sampling bias. Additionally, not all survivors of DA attend services such as Women's Aid. As such, this study may be missing the experiences of women survivors of DA who do not, or are not able to, access support organisations. However, as was outlined in the methods, the research team believed that the positives of working in partnership with Women's Aid outweighed the drawbacks of this bias and enhance the feasibility of conducting research on a larger scale sample.

Future Directions for Research on this Topic

First, it has been shown that both the PWB-PTCQ and MSPSS are acceptable for use with survivors of DA, and the internal reliability of both measures has been confirmed in this population. Future studies can therefore use these scales in their research. However, the findings of the present study also suggest that the items included in these measures, while relevant to the sample population and reflective of their experiences, did not fully encompass either aspects of PTG or sources of social support. Future studies could therefore employ a mixed-methods approach, in which the results from the PWB-PTCQ and MSPSS are supplemented by qualitative data recorded using a narrative approach.

The study has also shown that it is possible to engage positively with specialist, third-sector agencies, like Women's Aid, and that research of this type is of interest to both Women's Aid staff and service users. Future studies should therefore strongly consider working with an organisational partner such as Women's Aid when conducting research in this field.

The present study showed that a sample size of around thirteen could reasonably be expected to be recruited within a five-week period, if two Women's Aid centres were to assist in the recruitment process. The sample sizes calculated in the results section ranged from 9 for a correlation of 0.804 between social support and PTG, to 122 for a correlation of 0.251. Based on the findings of this study, it would take 47 weeks to recruit a sample of 122 with the assistance of two Women's Aid centres. However, given the successful working relationship which was established with the Women's Aid centres, and the interest they showed in the study, it is likely that future studies could work in association with a larger number of Women's Aid centres, or other specialist DA services which would greatly

accelerate recruitment. For example, should a future study manage to work in partnership with six Women's Aid centres, recruiting a sample of 122 participants would take 15.5 weeks.

As outlined above, future studies should be able to recruit larger samples based on the guidelines put forward in this study. These larger sample sizes would provide more accurate and reliable information on the relationship between the variables reported in this study. Furthermore, conducting further statistical investigations, such as hierarchical regression analysis, could provide more information as to how much of an effect these variables have on PTG, when considered jointly as well as on their own.

As stated in the literature review, while the concept of PTG is cross-cultural in nature, the version of PTG which is presented in measures such as the PTGI or the PWB-PTCQ represent a westernised conception of PTG which may not be applicable cross-culturally. Therefore, it seems plausible that the experiences of survivors of DA, as well as how they experience growth and the factors which may promote it, may also vary across cultures. A cross-cultural approach to studying PTG in survivors of DA would be beneficial to the field. Working in partnership with specialist organisations in this field could also inform and support development of research of this nature.

Another approach which may be of interest for future studies is one that looks at the experiences of survivors of DA in homosexual relationships. Evidence suggests the individuals in non-heterosexual relationships experience DA differently to individuals in hetero-sexual couples, in both the experience of abuse and in access to support (Donovan & Hester, 2014). Again, it seems plausible that the post-traumatic experience of homosexual survivors of DA will differ from that of heterosexual survivors. Studying PTG and DA across sexuality would also be of interest in the future.

Conclusion

In conclusion, this study has shown that is it feasible to conduct research into PTG in female survivors of DA. More specifically, the results of this study have provided an estimate of how many participants can realistically be expected to be recruited within a given time frame when studying PTG and DA, as well as confirmed the acceptability and internal reliability of both the PWB-PTCQ and MSPSS for use with women survivors of DA. Furthermore, the study provided some insight as to aspects of the materials used and of the study design which could be modified in future research, such as including a narrative interview-based approach to support the quantitative data. Lastly, this study has shown that it is possible to work in partnership with specialist third-sector agencies like Women's Aid to conduct research into PTG and DA. Working with Women's Aid facilitated recruitment, and also resulted in feedback which informed the feasibility phase, as well as ensuring that the ethical principles of nonmaleficence, beneficence, and confidentiality were followed.

It is hoped that the results of this study will facilitate future research into this topic, which is sorely needed at the present time, given the paucity of existing research and the scale of DA as a social problem.

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Appendix I – Instructions for Authors of the Journal of Loss and Trauma

About the journal

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References

References should be cited parenthetically in the text by author surname(s) and year, in accordance with *APAPublication Manual* guidelines:

1 author	(Smith, 2010)
2 authors	(Smith & Jones, 2010)
3 to 5 authors	(Smith, Jones, & Smythe, 2010) first mention; (Smith et al., 2010) thereafter
6 or more authors	(Smith et al., 2010)

When available, page numbers should be included in citations of direct quotations (e.g., (Smith, 2010, p. 25)).

References should be listed in a separate section at the end of the main text. All references in the list should be ordered alphabetically by the first author's surname. Examples of common reference types appear below.

Journal article	Taylor, J., & Ogilvie, B. C. (1994). A conceptual model of adaptation to retirement among athletes: A meta-analysis. *Journal of Applied Sport Psychology, 6*(1), 1–20. doi:10.1080/10413209408406462
Book	Duke, J. A. (2001). *Handbook of phytochemical constituents of GRAS herbs and other economic plants*. Boca Raton, FL: CRC Press.
Edited book chapter	Gordon, S. (1995). Career transitions in competitive sport. In T. Morris & J. Summers (Eds.), *Sport psychology: Theory, applications and issues* (pp. 474–493). Milton, Australia: Wiley.
Online/Website	United States Census Bureau. (2014). *American housing survey: 2013 detailed tables.* Retrieved from http://www.census.gov/newsroom/press-releases/2014/cb14-tps78.html
Dissertation/Thesis	Allison, N. (1981). *Bacterial degradation of halogenated aliphatic acids* (Doctoral dissertation). Trent Polytechnic, Nottingham, UK.
Conference presentation	Alfermann, D., & Gross, A. (1997, January). *Coping with career termination: It all depends on freedom of choice*. Paper presented at the 9th Annual World Congress on Sport Psychology, Netanya, Israel.
Paper/Report	Grigg, W., Moran, R., & Kuang, M. (2010). *National Indian education study* (NCES 2010-462). Washington DC: National Center for Education Statistics.

Checklist: what to include

1. **Author details**. All authors of a manuscript should include their full name and affiliation on the cover page of the manuscript. Where appropriate, please also include ORCiDs and social media handles (Facebook, Twitter or LinkedIn). One author will need to be identified as the corresponding author, with their email address normally displayed in the published article. Authors' affiliations are the affiliations where the research was conducted. If any of the named co-authors moves affiliation during the peer-review process, the new affiliation can be given as a footnote. Please note that authorship may not be changed after acceptance. Also, no changes to affiliation can be made after your paper is accepted. Read more on authorship here.

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This work was supported by the <Funding Agency #1> under Grant <number xxxx>; <Funding Agency #2> under Grant <number xxxx>; and <Funding Agency #3> under Grant <number xxxx>.

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Appendix II – Research Project Outline

'Exploring the relationship between Post-Traumatic Growth and Social Support in Women Survivors of Domestic Abuse in Glasgow'

Student matriculation number:

University Research Supervisor (and Field Supervisor, if applicable):

Dr. Breda Cullen and Dr. Clare McFeely.

A potential Field Supervisor will be identified if possible within the supporting organisation.

Brief summary of existing literature:

Posttraumatic growth has been described using multiple terms: "perceived benefits", "positive psychological changes", "stress-related growth". All of these terms aim to measure whether individuals who have lived through a traumatic event can move beyond a pre-trauma level of functioning (Splevins *et al*, 2010). Within a posttraumatic growth framework, a traumatic experience represents a potential catalyst for positive psychological and interpersonal growth (Grubaugh & Resick, 2007). Post-traumatic growth is based on the idea that an individual's core assumptions about both the self and the world are challenged during and after a traumatic event, becoming amenable to change in the process (Splevins *et al*, 2010). The concept of post-traumatic growth is culturally neutral, as the nature of these core assumptions are not specified, and as such could potentially be applied cross-culturally.

Women survivors of domestic abuse are subject to multiple incidences of trauma, over a prolonged period, and as a result suffer many psychological and physical health consequences. However, research has found that Post-Traumatic Growth occurs in many survivors of domestic abuse (Anderson *et al*, 2012). As domestic abuse is a pervasive problem which affects over a million women a year in the UK alone (ONS, 2017), research into how best to promote recovery in survivors of domestic abuse is of great importance.

There is evidence that social support is a vital aspect of recovery from a traumatic event, and evidence of the positive relationship between high levels of perceived social support and higher levels of Post-Traumatic Growth has been found in survivors of cancer (Cormio *et* al, 2017) and individuals who have lived experiences of conflict-related trauma (Bhat & Rangaiah, 2015). Little research has been done on Post-Traumatic Growth in survivors of domestic violence, and even less on the role social support plays in potentially fostering Post-Traumatic Growth in this population. This project would therefore fill a gap in the research, as well as provide a valuable starting point for further research on this topic.

Aims, research questions and hypotheses:

The aim of this research is to explore Post-Traumatic Growth in women survivors of domestic abuse in Glasgow, as well as its relationship with perceived social support.

The research question this project aims to answer is therefore: is there a relationship between levels of perceived social support and levels of Post-Traumatic growth in women survivors of domestic abuse?

Proposed methodology:

This will be a quantitative study. The sample will be comprised of women survivors of domestic abuse who will, ideally, have been identified and introduced to us by a partner organisation which works with survivors of domestic abuse. The participants will be asked to fill out: a form to provide us with basic demographic information (age, gender, current employment status, education level, current relationship status, duration since end of abusive relationship), the Psychological Well-Being - Post Traumatic Changes Questionnaire (see Joseph *et al*, 2012), and the Multidimensional Scale of Perceived Social Support (see Zimet *et al*, 1988). The data will be examined using statistical analysis.

For this study, we will use the UK government definition of domestic abuse:

"Any incident or pattern of incidents of controlling2, coercive3, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. It can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional"

(UK Government, 2013)

Certain criteria will be applied to potential participants:

- Must be at least 3 months post-relationship as psychological and physical health continues to deteriorate immediately after separation.
- Must have been in the relationship for at least 6 months, and cannot be experiencing ongoing harassment/stalking.

There are two stages to the proposed methodology:

1. Pilot phase: the plan is to incorporate a pilot phase to the project in which we meet with our organisational partner to discuss the project and get their feedback and ideas on different aspects of the project, including the best way to ask participants to fill in the forms (online, face-to-face with a researcher, face-to-face with a familiar member of staff?) and the content of the forms, as it is possible some of the questions or statements may not be appropriate.
2. Once we have implemented the feedback from the pilot phase, identified a partner organisation and the final materials have been agreed with them data collection will commence.

Consideration of potential barriers to the success of the project:

There are many ethical issues in play with this project, as the subject matter is distressing and very personal. Here are some of the issues which we have identified so far and our potential solutions:

- Issues around confidentiality and potential distressing nature of the study:
    - We believe that by asking a supporting organisation to identify potential participants from their service users, we will not need to establish whether or not our participants have suffered traumatic experiences, as their involvement with the organisation signifies that they have.

    - The pilot phase will allow us to modify the scales used to make them as non-distressing as possible, as well as discussing how to plan for situations where the experience may be too distressing for the participant.
- There is a risk of selection bias, as we will be relying on a supporting organisation to identify our participants, and as such our sample may not be representative of the general population.
    - We believe that the benefits of going through an organisation in terms of confidentiality and participant safeguarding outweigh the risk of bias.
- How will we distinguish between growth, and a return to the norm, as well as PTG from the freedom of leaving an abusive relationship?
    - We will ask our participants to compare themselves with an anchor point of how they felt pre-trauma. A question will be included asking the participant if they can identify a pre-trauma anchor point. Should they not be able to, we will include a series of open-ended questions, to ensure the participant will still feel useful to the study. These answers could also be the basis for a more narrative study in the future.
    - Even in the very early stages of this project, we have already faced questions on how we can distinguish between PTG following the traumatic experience of an abusive relationship and the benefits of the freedom which follows the exit from such a relationship. However, we do not believe they are distinct: the benefits of freedom are important aspects of recovery following an abusive relationship, and also allow for potential PTG.

Proposed timetable:

- ✓ November 2017-January 2018: Pre-pilot planning with organisational partner(s).
- ✓ Mid-January 2018: Submit Research Proposal to Ethics Committee.
- ✓ February 2018: Begin pilot phase; meet with organisational partner and other professionals who work in the field to provide feedback and advice on proposed methods and scales.
- ✓ February-End of March 2018: Finalise methods and scales to be used.
- ✓ April-May 2018: collect data from participants.
- ✓ June-July 2018: Analyse results and write-up of dissertation.

Plan for obtaining Research Ethics Committee approval (if required):

Ethics approval is not needed for pre-pilot phase.

The aim is to have submitted all of the necessary documents and proposals by mid-January 2018.

We have already identified potential ethical issues and found solutions to them. We also hope that the pre-pilot planning phase will allow us to identify potential ethical barriers and how to best overcome them, information which will in turn be included in our proposal to the ethics committee.

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Zimet, G.D., Dahlem, N.W., Zimet, S.G. and Farley, G.K., 1988. The multidimensional scale of perceived social support. *Journal of personality assessment*, *52*(1), pp.30-41.

Appendix III – Semi-Structured Interview Questionnaire for Preparation Phase

Semi-structured Interview (for Researcher's use)

1. **What do you think the main challenges are in involving survivors of domestic abuse in research?**

2. **Can you think of ways in which future research in this area could be presented in such a way that survivors of domestic abuse are more readily willing to take part?**

3. **In your opinion, what level of support do you think we should provide to participants of the study? (options include: face-to-face with a known support worker; making participants fill out the forms in Women's Aid centers so support is available if necessary; allow participants to take questionnaires home/fill them in online and provide a telephone support line number)**

4. **Do you have any comments on the participant information sheet we plan on providing the potential participants?**

5. **Having read through the research materials, do you think:**

    a. **Do you think the question about identifying a pre-trauma anchor point is appropriate?**
    b. **The Psychological Well-being – Post-Traumatic Changes Questionnaire is appropriate for use with this population? If not, ask to provide further detail.**
    c. **The Multidimensional Scale of Perceived Social Support is appropriate for use with this population? If not, ask to provide further detail.**
    d. **The Acceptability Questionnaire provides enough scope for the participant to give feedback on their experience of the study?**

6. **In your professional experience of working with survivors of domestic abuse, can you think of any aspect of:**

    a. **Personal Growth you have witnessed in survivors of domestic abuse which are not covered in the PWB – PTCQ?**
    b. **Social Support which survivors of domestic abuse receive which are not covered by the MSPSS?**

7. **General Comments.**

Appendix IV – Service User Data Collection Pack (Feasibility Study Phase)

Dear Participant,

I invite you to take part in this research project entitled 'Personal Growth after Domestic Abuse: a Pilot Study'. The purpose of this research is to find out if it is practical and possible to conduct research on this issue. The information you share with us will also allow us to explore the relationship between social support and personal growth.

The questionnaires you will be asked to complete have been designed to collect information on:

- Basic non-identifying personal information about you.
- Any changes you may have felt following your experience.
- Support and your social support network.
- Your opinion of the questionnaires we used in this study, and of your experience of the study.

Your participation in this research project is completely voluntary. You may decline altogether or leave blank any questions you don't wish to answer. Please feel free to take a break or seek support from the support worker present. Your responses will remain confidential and anonymous. Data from this research will be kept under lock and key and reported only as a collective combined total.

If you agree to participate in this project, please answer the questions on the questionnaires as best you can. Completing the questionnaires should take around 30 minutes. Once you have completed the questionnaires, please give them to the support worker present.

Should you have any questions about this study, please feel free to contact main researcher and MSc Global Mental Health student, at

Thank you for taking the time to read through this cover letter, and should you choose to take part, for helping us run this research project.

Sincerely yours,

'Personal Growth after Domestic Abuse: a Pilot Study'

PARTICIPANT INFORMATION SHEET (service user)

You are being invited to take part in a research study. This research is being carried out by researchers from the University of Glasgow, with help from Women's Aid. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the study?

Partner abuse can involve experience of psychological, emotional and physical trauma, over a prolonged period, and this can result in mental and physical health problems. Research has also found that some women report a change in the way they react to stress or challenges after the abuse has ended. For some this can be a positive change, called personal growth. Personal growth, also called Post-Traumatic Growth (PTG), is based on the idea that after we experience trauma, the way we see ourselves and the world around us is challenged and this can result in changes in the way we think and act. Importantly, research on PTG has found that people with social support were more likely to experience a positive change. We would like to explore this further.

We would like you to take part in a pilot study where we find out if it is practical and possible to do research on this issue. By taking part, you would help us to find out if we are asking relevant questions about your social supports and well-being in the right way. We will also use the information you share with us to explore the link between social support and personal growth.

Why have I been invited to take part in this study?

You have been invited to take part because you have experienced domestic abuse and are a user of Women's Aid services.

Do I have to take part?

No. It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to complete a consent form. You can withdraw from the study before your completed questionnaires are passed to the researchers, without giving a reason and without consequence.

What would my taking part involve?

Should you choose to take part in the study, we will ask you to fill in questionnaires, in addition to some basic information about you. This should take about 30 minutes. The first questionnaire is about changes you may have felt after your experience, and the second is about support and your social network. After each of these, we will also ask you to give your opinion on the questionnaires used, as well as any other comments you may have. You may have heard about this research from staff at Women's Aid who are supporting this

research. Your decision about whether to take part will not affect the support you receive from Women's Aid.

Are there any risks involved?

This study will not require you to disclose any information about your experience of domestic abuse. Support from Women's Aid will be available to you both during and after your participation in the study should you wish to use it.

What will happen to the information collected?

All information that you provide will be kept strictly confidential and will be stored within a locked filing cabinet or on a secure computer. We will not ask you to provide your name or any other identifying information, and as such your participation will be completely anonymous. If you decide to withdraw from the study before you have finished completing the questionnaires, you can simply discard your responses and no information will be passed to the researchers. It will not be possible to withdraw from the study after your completed questionnaires have been given to the researchers, because these will be fully anonymous, and the researchers would not be able to identify which responses to withdraw.

The researchers will write a report based on the study results, which will be shared with other interested parties, including researchers and Women's Aid. A report will also be submitted to the University of Glasgow as part of MSc degree.

What if I have any complaints about the study?

This research project has been approved by the University of Glasgow College of Medical, Veterinary & Life Sciences Ethics Committee. If you are unhappy about any aspect of the study and wish to make a complaint, please contact a member of the research team.

We'd like to take this opportunity to thank you for considering taking part in this study! We believe participants' contributions will lead to a better understanding of recovery for survivors of domestic abuse. Should you have any questions, please feel free to get in touch:

Dr Breda Cullen – breda.cullen@glasgow.ac.uk

Project Number: 200170106
Subject Identification Number for this study:

CONSENT FORM (service users)

Title of Project:

'Personal Growth after Domestic Abuse: a Pilot Study'

Name of Researcher(s):

Dr Breda Cullen
Dr Clare McFeely

	Please tick box
I confirm that I have read and understand the information sheet dated 10.05.18 (version 4) for the above study and have had the opportunity to ask questions.	☐
I understand that my participation is voluntary and that I am free to withdraw before my responses are given to the researchers, without giving any reason, without my legal rights being affected.	☐
I agree to take part in the above study.	☐

(1 copy for participant; 1 copy for researcher)

ID Number

INFORMATION ABOUT YOU

Age | 18-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65+ |

Please indicate your highest qualification:

No formal qualifications ☐ Standard grade / GCSE / O-Level ☐ Higher / A level ☐

College certificate/diploma ☐ Undergraduate degree ☐ Postgraduate degree ☐

Are you currently in a new relationship since you left the abusive relationship?

Yes ☐ No ☐

Do you have children? Yes ☐ No ☐

How would you rate your overall well-being, compared to before your experience of domestic abuse? Please tick one answer.

A lot worse ☐

A bit worse ☐

About the same ☐

A bit better ☐

A lot better ☐

There are no right or wrong answers in the following questionnaires. The answers you provide will reflect your personal experiences of personal growth and social support.

Are you able to think back to an anchor point of how you felt before your experience of domestic abuse? 'Anchor point' means a time in your life, before the abuse began, that you can remember and compare yourself to now.

YES ☐ NO ☐

If you have answered yes, please proceed to page 7.

If you answered no, please proceed to page 8.

Please feel free to take a break at any time. There is no time limit to how long you can take to provide your answers.

Psychological Well-Being: Post-Traumatic Change Questionnaire (PWB-PTCQ)

Think about how you feel about yourself at the present time. Please read each of the following statements and rate how you have changed compared to an anchor point of your psychological wellbeing before your experience of domestic abuse.

5 = Much more so now

4 = A bit more so now

3 = I feel the same about this as before

2 = A bit less so now

1 = Much less so now

____1. I like myself.

____2. I have confidence in my opinions.

____3. I have a sense of purpose in life.

____4. I have strong and close relationships in my life.

____5. I feel I am in control of my life.

____6. I am open to new experiences that challenge me.

____7. I accept who I am, with both my strengths and limitations.

____8. I don't worry what other people think of me.

____9. My life has meaning.

____10. I am a compassionate and giving person.

____11. I handle my responsibilities in life well.

____12. I am always seeking to learn about myself.

____13. I respect myself.

____14. I know what is important to me and will stand my ground, even if others disagree.

____15. I feel that my life is worthwhile and that I play a valuable role in things.

____16. I am grateful to have people in my life who care for me.

____17. I am able to cope with what life throws at me.

____18. I am hopeful about my future and look forward to new possibilities.

Personal Growth after Domestic Abuse

1. **Did you experience an increase in self-confidence after your experience of domestic abuse? Please provide a description or example to help explain your answer.**

_____

_____

_____

_____

_____

_____

2. **Did your experience of domestic abuse change the way in which you view others? Please provide a description or example to help explain your answer.**

_____

_____

_____

_____

_____

_____

3. **After your experience of domestic abuse, did you feel like you had a clearer idea of what you wanted from life? Please provide a description or example to help explain your answer.**

_____

_____

_____

_____

_____

_____

4. **Did members of your social support network tell you about any changes they've noticed in your personality or behaviour? Please provide a description or example to help explain your answer.**

_____

_____

_____

_____

_____

_____

5. **Did you notice these changes yourself? If not, please tell us which changes were mentioned to you that you had not been aware of. Please provide a description or example to help explain your answer.**

_____

_____

_____

_____

_____

_____

6. **Please feel free to share any other experiences of personal growth after your experience of domestic abuse which were not covered above.**

_____

_____

_____

_____

Acceptability Questionnaire – Part 1

Please circle either YES or NO in response to the following statements. Should you have any comments, or if you would like to give a more detailed answer, please use the 'Comments' spaces below the statements.

Psychological Wellbeing – Post-Traumatic Changes Questionnaire

Did you feel the items included in the Questionnaire reflected your experience of growth and change?	**YES**	**NO**
Comments:		
Were the instructions as to how to fill in the questionnaire clear and easy to understand?	YES	NO
Comments:		

Did you find any of the items distressing? If yes, please give details below.	YES	NO
Comments:		
Did you find any of the items unclear? If yes, please give details below.	YES	NO
Comments:		
General comments:		

Multidimensional Scale of Perceived Social Support

This scale is designed to only measure support received from friends and family, and other possible members or your social circle.

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**
Circle the "2" if you **Strongly Disagree**
Circle the "3" if you **Mildly Disagree**
Circle the "4" if you are **Neutral**
Circle the "5" if you **Mildly Agree**
Circle the "6" if you **Strongly Agree**
Circle the "7" if you **Very Strongly Agree**

		Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1.	There is a special person who is around when I am in need.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
2.	There is a special person with whom I can share joys and sorrows.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
3.	My family really tries to help me.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
4.	I get the emotional help & support I need from my family.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
5.	I have a special person who is a real source of comfort to me.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
6.	My friends really try to help me.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
7.	I can count on my friends when things go wrong.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
8.	I can talk about my problems with my family.	**1**	**2**	**3**	**4**	**5**	**6**	**7**

		Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
9.	I have friends with whom I can share my joys and sorrows.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
11.	My family is willing to help me make decisions.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
12.	I can talk about my problems with my friends.	**1**	**2**	**3**	**4**	**5**	**6**	**7**

Friends and family are only two of many possible sources of social support.

Support is always available from agencies and organisations, including Women's Aid.

Acceptability Questionnaire – Part 2

Multidimensional Scale of Perceived Social Support

Did you feel the items included in the Scale were relevant to you? If not, please give further detail below.	**YES**	**NO**
Comments:		
Were the instructions as to how to fill in the Scale clear and easy to understand?	YES	NO
Comments:		

Were there aspects of social support which you feel were missing from the Scale? If yes, please give details below.	YES	NO
Comments:		
Did you find any of the items unclear? If yes, please give details below.	YES	NO
Comments:		
General comments:		

Your experience as a participant in this study

Did you feel the aims of the study were clearly explained to you?	**YES**	**NO**
Comments:		
Was your actual experience of taking part in line with your expectations, based on the information sheet you received and explanations from the researchers or Women's Aid representatives?	YES	NO
Comments:		

Did you feel looked after well enough while you were taking part in the study?	YES	NO
Comments:		
Would you be interested in taking part in potential future research on this topic?	YES	NO
Comments:		
General comments:		

WE WOULD LIKE TO THANK YOU FOR GIVING US YOUR TIME AND FOR TAKING PART IN THIS STUDY.

Appendix V – Research Ethics Committee Approval Letter

Dear Dr Dr Breda Cullen

MVLS College Ethics Committee

Project Title: *Personal Growth after Domestic Abuse: a Pilot Study*
Project No: 200170106

The College Ethics Committee has reviewed your application and has agreed that there is no objection on ethical grounds to the proposed study. We are happy therefore to approve the project, subject to the following conditions.

- The application is towards the initial phase research and we look forward to reviewing the materials for the next phase.
- Project end date as stipulated in original application.

The data should be held securely for a period of ten years after the completion of the research project, or for longer if specified by the research funder or sponsor, in accordance with the University's Code of Good Practice in Research:

(http://www.gla.ac.uk/media/media_227599_en.pdf)

- The research should be carried out only on the sites, and/or with the groups defined in the application.
- Any proposed changes in the protocol should be submitted for reassessment, except when it is necessary to change the protocol to eliminate hazard to the subjects or where the change involves only the administrative aspects of the project. The Ethics Committee should be informed of any such changes.
- You should submit a short end of study report to the Ethics Committee within 3 months of completion.

Yours sincerely

Terry Quinn
FESO, MD, FRCP, BSc (hons), MBChB (hons)
Senior Lecturer / Honorary Consultant

College of Medicine, Veterinary & Life Sciences

Institute of Cardiovascular and Medical Sciences

New Lister Building, Glasgow Royal Infirmary

Glasgow

G31 2ER
terry.quinn@glasgow.gla.ac.uk
Tel – 0141 201 8519

The University of Glasgow, charity number SC004401

Dr Terry Quinn

From: MVLS Ethics Admin
Sent: 21 May 2018 11:12
To: Breda Cullen <Breda.Cullen@glasgow.ac.uk>; MVLS Ethics Admin <mvls-ethics-admin@glasgow.ac.uk>;
Cc: Clare Mcfeely <Clare.McFeely@glasgow.ac.uk>
Subject: RE: Re-Submission of Updated Documents following Phase 1 of Project 200170106, "Personal Growth after Domestic Abuse: a Pilot Study"

Hi all

This was approved by the committee this morning. Please treat this email as evidence of said approval. We will keep a copy of it and your submitted amendment on file for reference

Regards
Neil

Neil Allan
MVLS Ethics Administrator

Direct line: 0141 330 5206

Institute of Infection, Immunity & Inflammation
College of Medical, Veterinary & Life Sciences
Glasgow Biomedical Research Centre
Room 314, Sir Graeme Davies Building
University of Glasgow
120 University Place
Glasgow G12 8TA
The University of Glasgow, charity number SC004401