

Correlates of Posttraumatic Growth in Survivors of Intimate Partner Violence

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The negative consequences of intimate partner violence are well documented. This study investigated the possibility that some survivors of intimate partner violence may also experience posttraumatic growth because of their struggle with this highly stressful circumstance. In addition, the relationships between posttraumatic growth and relationship status, type of abuse, depression, and availability of models of posttraumatic growth were examined. Most women reported posttraumatic growth. Overall abuse experienced and depression were unrelated to posttraumatic growth, but abuse was related to one domain of growth. Contact with a model of posttraumatic growth and having left an abusive relationship were both positively related to posttraumatic growth.

Intimate partner violence (IPV) is a disturbing social problem in the United States that occurs in all levels of relationships, including dating, cohabiting, and married couples (Puzone, Saltzman, Kresnow, Thompson & Mercy, 2000). Estimates suggest that approximately 2 to 3 million women are physically assaulted by their intimate partners each year in the United States (Straus & Gelles, 1990).

Understandably, research on IPV has focused on its negative consequences. Approximately 65% of women involved in a violent relationship reported receiving physical injuries as a result of the abuse, which can lead to disability that prevents work and causes chronic pain (Coker, Smith, Bethea, King & McKeown, 2000; Holtzworth-Munroe, Smutzler & Bates, 1997). In 1998, IPV homicides accounted for 11% of all murders nationwide (Bureau of Justice Statistics, 2000). The psychological consequences of abuse can include a variety of negative psychological outcomes, including lowered self-esteem, increased levels of

anxiety, eating disorders, posttraumatic stress disorder, and sexual dysfunctions (Clements & Sawhney, 2000; Johnson & Ferraro, 2000; McNamara & Fields, 2000). One of the most common negative psychological consequences of IPV is depression, suggesting that it is important for investigations of the psychological consequences of such violence to assess the presence and degree of depression. Like other traumatic circumstances, IPV can also disrupt basic cognitive assumptions. Survivors must work to form new understandings of their world as they recover psychologically (Burke, Stets, & Pirog-Good, 1989; McCann & Pearlman, 1990).

Despite these negative ramifications of IPV, anecdotal reports suggest that many survivors experience some form of growth because of their struggle with abuse (Draucker, 2001; McCann & Pearlman, 1990). Survivors of similar traumas, such as rape and childhood sexual abuse, have reported posttraumatic growth. As early as 2 weeks after

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a sexual assault, survivors have reported positive changes especially in the areas of increased empathy, better relationships, and an increased appreciation for life (Frazier, Conlon, & Glaser, 2001). Adult female survivors of childhood sexual abuse interviewed by Draucker (2001) reported that they learned to look out for themselves, developed stronger relationships with God, felt increased empathy for others who have experienced sexual abuse, and became stronger or better people. In another study, nearly half of women who had been sexually abused as children reported some form of positive change because of their struggle with the experience (McMillen, Zuravin, & Rideout, 1995).

Although posttraumatic growth (PTG) has been empirically examined in traumas similar to IPV (e.g., rape, childhood sexual abuse) there is currently little empirical research on the possibility of posttraumatic growth in women who have left abusive relationships. The available data, however, suggest this possibility. Senter and Caldwell (2002) interviewed 22 women who had left abusive relationships. Qualitative analysis of these interviews suggested that women reported stronger interpersonal relationships, increased ability to accept support from others, increased self-awareness and introspection, stronger faith and religious beliefs, increased likelihood of helping others in a similar situation, and increased perceived control over their lives following the termination of their relationship.

In another study (Follingstad, Brennan, Hause, Polek, & Rutledge, 1991), survivors of IPV perceived their emotional health as better after the abuse than prior to involvement in the abusive relationship; however, similar outcomes did not occur for perceived physical health—survivors reported that it was better prior to the abuse than following the abuse. There is some evidence in the available literature, then, that survivors of IPV can experience posttraumatic growth, but systematic studies of this possibility are still lacking.

One model of posttraumatic growth (Calhoun & Tedeschi, 1998, 2004, 2006; Tedeschi & Calhoun, 2004) indicates that the possibility of growth is triggered by a highly stressful event that seriously challenges, or invali-

dates, the individual's assumptive world (Janoff-Bulman, 1989, 1992, 2004). The threat to the assumptive world sets in motion a process of rumination, i.e., cognitive engagement with the event, its meaning, and the personal changes the individual is experiencing. More severe threats lead to more rumination and are expected to lead to higher levels of reported posttraumatic growth. The model also suggests that proximate cultural factors (Calhoun & Tedeschi, 2004, 2006), such as the availability of role models who have experienced posttraumatic growth, can play a role in the process of growth and available evidence indicates that the accessibility of such models increases the likelihood of posttraumatic growth (Weiss, 2002). Posttraumatic growth may occur after the primary resolution of the trauma (Calhoun & Tedeschi, 1998). However, some of the women in this study were currently involved in an abusive relationship, whereas others were no longer involved in an abusive relationship. It is useful to examine abused women's experiences with growth in this cross-sectional manner because abused women tend to leave their abusive partners multiple times before permanently separating from the relationship (Barnett, 2001; Rose, Campbell, & Kub, 2000). However, it seems reasonable to expect that women who are no longer involved in abusive relationships will report more posttraumatic growth than those who are currently involved in such relationships.

The experience of violence in an intimate relationship can clearly lead to psychological distress. However, the relationship between psychological distress and posttraumatic growth remains unclear. Although some studies have found a negative relationship between distress and growth, some have found none, and a few have found a positive relationship between these two variables (Park, 1998; Park & Lechner, 2006; Tedeschi & Calhoun, 2004). These contradictory findings suggest that the investigation of psychological distress is still important in trying to understand posttraumatic growth in general and growth in the context of the struggle with being a survivor of violence in particular. Because one form of psychological distress, depression, has been found to be a common occurrence in survivors of IPV (Clements & Sawhney, 2000; Johnson & Ferraro, 2000; McNamara & Fields, 2000) it was viewed

as an appropriate way to evaluate psychological distress in this group of women.

The present study was designed to determine whether survivors of IPV would report posttraumatic growth, and the possible relationships between abuse severity, depression, relationship characteristics, and posttraumatic growth. It was expected that women who had experienced more severe abuse would report more posttraumatic growth and that those who said they were not currently involved in an abusive relationship would report significantly more posttraumatic growth. Women who reported knowing another person who had grown from her struggles with abuse, and who could therefore serve as a model, were expected to report more growth than those who had no role models. Finally, the relationship between the different components of posttraumatic growth and the variables being examined was explored. The available evidence suggests that posttraumatic growth has more than one component (Tedeschi & Calhoun, 1996) and other variables may covary differently with these separate domains of posttraumatic growth (e.g., Bellizzi & Blank, 2006; Janoff-Bulman, & Yopyk, 2004). Therefore, an additional focus of the present study was on an examination of the correlates of the different domains of posttraumatic growth.

METHOD

Participants

Sixty-one women utilizing shelter services volunteered for participation. One of the participating shelters was located in an urban area and the other was in a rural area, but there were no statistical differences between the two locations. Potential participants were told that the purpose of the study was to examine personal changes that women may experience following abuse by a partner. One participant failed to complete the measure of posttraumatic growth, so the final sample size was 60. All participation was voluntary. Only two women who were approached about participating in the study chose not to participate. Women were eligible to participate in the study if they read English and had been or were currently involved in

a violent intimate relationship. To qualify for participation, women had to score higher than 10% of the maximum score on the Index of Spouse Abuse (ISA)-Physical Abuse component or higher than 25% of the maximum score on the ISA-Nonphysical Abuse component (Hudson & McIntosh, 1981). These cutoff percentages were derived from the cutoff scores established by Hudson and McIntosh (1981) based on the ability of these scores to minimize false-positives and false-negatives in classifying individuals as abused.

The mean age of participants was 33 years ($SD = 10$). The sample included 29 White (48.3%), 23 African American (38.3%), 1 Hispanic (1.7%), and 7 women who either failed to indicate their nationality or chose other (11.7%). The women averaged 12 ($SD = 3$) years of education and 1.8 children ($SD = 1.2$). Current relationship status included 16 (27%) women who reported they were married, 18 (30%) who were separated or divorced, 23 (38%) who were unmarried but living with men in a relationship, and 3 (5%) who were dating. At the time of the study, 40 women (67%) reported no longer being involved in an intimate relationship that currently included physical psychological or sexual abuse and 20 (33%) reported they were presently involved in an abusive relationship. The 40 women who were no longer in an abusive relationship had been out of the relationship an average of 2 months ($SD = 2$). Forty-one women (68%) reported residing at an IPV center, 16 (27%) in their own home or apartment, and 3 (5%) were living with a friend or family member at the time of the study. The average length of the current abusive relationship was 5 years ($SD = 4$) with a range of 0.2 to 23.4 years. The women reported having left their current relationship an average of 2.6 times ($SD = 1.5$). Forty-eight women indicated they had participated in at least some counseling sessions dealing with the abuse in the relationship.

Twenty-nine participants (48%) reported that they perceived a threat to their life upon leaving their relationship (five women did not answer this question). Of the women in this sample, 32 (53%) reported knowing or having known someone who had experienced positive change following an abusive relationship. With

respect to other traumatic experiences during the past year, 20 (33%) reported none other than the abuse, whereas 40 (67%) reported at least one other traumatic experience.

Procedure

Potential participants were offered the opportunity to participate by counselors at the IPV shelter, who read a statement provided by the researcher. Participants either completed the measures on site or returned them to their counselor when completed. The sequence of the inventories was randomized for each participant.

Measures

The Index of Spouse Abuse. The Index of Spouse Abuse (ISA; Hudson & McIntosh, 1981) is a 30-item self-report questionnaire that measures the severity of physical and nonphysical abuse perpetrated by a partner. Eleven items comprise the Physical Abuse Index (ISA-P). Items on the physical index include threatening with a weapon, slapping, and forcing participation in sexual acts. Nineteen items make up the Nonphysical Abuse Index (ISA-NP). Items on the nonphysical index include being belittled, insulted, shamed, and isolated from friends. Respondents indicate the extent to which these behaviors have occurred in their current relationship by rating how often they have occurred from 1 (*never*) to 5 (*very frequently*). Each item is weighted to differentiate more serious forms of abuse. Hudson and McIntosh (1981) demonstrated good reliability and validity for the ISA. Reliability of the ISA in this study was very good ($\alpha = .95$).

The Center for Epidemiologic Studies Depression Scale. The Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) is a 20-item self-report questionnaire that measures the depressive symptomatology the individual is currently experiencing. Participants report how often they have experienced depressive symptomatology over the past week on a scale of 0 to 3 with 0 = *rarely or none of the time (less than one day)* and 3 = *most or*

all of the time (five to seven days). Sample items include “I had crying spells” and “I thought my life had been a failure.” The reliability and validity of the CES-D is well established (Radloff, 1977). The reliability of the CES-D in this sample was adequate ($\alpha = .74$).

The Posttraumatic Growth Inventory. The Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996) is a 21-item scale that measures positive outcomes experienced by those who have been through a traumatic event. In this study, directions specified that women should rate the degree to which change occurred in their life as the result of their experience in an abusive relationship. The scale consists of five factors: New Possibilities, Relating to Others, Personal Strength, Spiritual Change, and Appreciation of Life. For each of the 21 items, respondents rate the degree to which a certain change occurred in their life because of a traumatic experience. The PTGI has acceptable construct validity, and test-retest reliability over a 2-month interval is .71 (Tedeschi & Calhoun, 1996). Ratings are made on a Likert scale from 0 (*I did not experience this change as a result of my crisis*) to 5 (*I experienced this change to a very great degree as a result of my crisis*). Reliability of the PTGI in this sample was good ($\alpha = .95$). The factors showed adequate reliability in the present sample: New Possibilities ($\alpha = .85$), Relating to Others ($\alpha = .88$), Personal Strength ($\alpha = .83$), Spiritual Change ($\alpha = .84$), and Appreciation of Life ($\alpha = .77$).

RESULTS

Posttraumatic Growth

All 60 women met the inclusion criteria on the ISA ($M = 76.12$, $SD = 25.95$ for physical abuse; $M = 87.23$, $SD = 25.27$ for nonphysical abuse). Total scores on the PTGI ($M = 68.08$, $SD = 24.95$) indicate that growth was experienced. As further evidence of reported growth, item ratings on the 5-point scale (0 to 5), averaged above 3 (*moderate degree of change*) for 67% of the sample. The mean PTGI total score in the present study was higher than that reported by Weiss (2002) in a sample of breast cancer

Table 1. Means and Standard Deviations for Posttraumatic Growth and Correlations Among Subscales

Factor	M	SD	Correlations			
			NP	PS	SC	AL
Relating to Others (RO)	21.67	9.07	.69	.74	.53	.52
New Possibilities (NP)	16.57	6.75		.87	.65	.69
Personal Strength (PS)	12.33	5.57			.66	.76
Spiritual Change (SC)	6.37	3.49				.53
Appreciation of Life (AL)	11.15	3.92				
Total PTGI	68.08	24.95				

Note. Possible scores for each measure are as follows: Relating to Others, 0 – 35; New Possibilities, 0 – 25; Personal Strength, 0 – 20; Spiritual Change, 0 – 10; Appreciation for Life, 0 – 15; Total PTGI, 0 – 105. All correlations significant at $p < .001$.

survivors ($M = 60.2$, $SD = 18.8$), $t(59) = 2.45$, $p = .05$, and higher than that reported by Peltzer (2000) in a sample of victims of violent crime ($M = 40.3$, $SD = 20.30$), $t(59) = 8.63$, $p < .001$. Means for the entire sample on the PTGI subscales, along with correlations among the subscales, are shown in Table 1. The relationships between amount of counseling received (in weeks) and PTGI scores (total and factors) were examined and none were significant (all r s = .18 or less, all p s = *ns*).

Predicting Posttraumatic Growth

The hypothesis is that posttraumatic growth will be greater with more abuse, for women who have left the abusive relationship, and who have a role model who experienced growth following abuse. The ISA physical abuse and non-physical abuse indices were combined into a single index of abuse because they were highly correlated ($r = .76$). The three predictors remaining were not correlated with each other (all r s < .22, all p s = *ns*). The abuse index was entered as a predictor of growth along with dichotomously coded variables for current relationship status (1 = *still in the abusive relationship*, 2 = *left the relationship*) and available role model for growth (1 = *yes*, 2 = *no*). All regression analyses reported have power of .68 to detect a moderate relationship ($R^2 = .13$). The first dependent variable was the total PTGI score. The overall model was significant, and both relationship status and role model were individually significant (see Table 2). Women still in an

abusive relationship ($n = 20$) showed less overall growth ($M = 57.05$, $SD = 28.43$) than did those who had left ($n = 40$, $M = 57.05$, $SD = 21.31$). Women who had a role model ($n = 32$), someone they knew who had experienced growth after abuse, showed more growth ($M = 75.22$, $SD = 21.33$) than did women without a model ($n = 28$, $M = 59.93$, $SD = 26.61$).

To better examine what domains of growth were associated with the predictors, separate regressions were conducted on each of the five factors of the PTGI (see Table 2). The overall model was significant for all of the factors except Spiritual Change. Contributions of individual predictors changed across the four significant models. For Appreciation for Life only the ISA was significant. Women who experienced more abuse reported more growth. For both Personal Strength and New Possibilities only the availability, or not, of another survivor who had experienced growth, was significant. Women who reported having a model for growth reported more growth ($M = 13.81$, $SD = 4.58$ for Personal Strength, $M = 18.25$, $SD = 6.38$ for New Possibilities) than those who did not ($M = 10.64$, $SD = 6.18$ for Personal Strength, $M = 14.64$, $SD = 6.76$ for New Possibilities). For the Relating to Others factor, both relationship status and model were significant contributors. Women still in an abusive relationship showed less growth in Relating to Others ($M = 17.80$, $SD = 9.28$) than did those who had left ($M = 23.60$, $SD = 8.43$). Women who had a role model showed more growth ($M = 24.28$, $SD = 7.04$) than did women without a role model ($M = 18.68$, $SD = 10.27$).

Table 2. Regression Results when Predicting Posttraumatic Growth and Depression

Criterion	Predictors								
	ISA abuse index		Relationship status		Role model		Overall Model		
	β	<i>sr</i>	β	<i>sr</i>	β	<i>sr</i>	<i>F</i> (3, 56)	<i>R</i> ²	<i>R</i> ² adj
PTGI Total	.11	.11	.28*	.27	-.31*	-.31	4.58*	.20	.15
PTGI—AL	.31*	.30	.22	.22	-.23	-.23	4.92*	.21	.17
PTGI—SC	.20	.19	.15	.15	-.23	-.23	2.50	.12	.07
PTGI—PS	.17	.16	.24	.23	-.30*	-.30	4.15*	.18	.14
PTGI—NP	.06	.06	.21	.21	-.27*	-.26	2.72*	.13	.08
PTGI—RO	-.06	-.05	.30*	.29	-.29*	-.28	4.19*	.18	.14
CES—D	.34	.33	.10	.09	-.01	-.01	2.86	.14	.09

Note. *sr* = semi-partial correlations. The factors of the PTGI are Appreciation for Life (AL), Spiritual Change (SC), Personal Strength (PS), New Possibilities (NP), and Relating to Others (RO). Relationship status was coded 1 for Still in Abusive Relationship and 2 for Left Abusive Relationship. Role model was coded 1 when there was a role model and 2 when there was not. CES-D is the Center for Epidemiologic Studies Depression Scale.

* $p \leq .05$.

Depressive Symptoms

The women in this study did report depressive symptoms, as evidenced by a higher mean CES-D score ($M = 32.47$, $SD = 9.11$) than the clinical sample reported by Radloff (1977; $M = 24.42$, $SD = 13.51$), $t(57) = 6.61$, $p < .001$. A regression analysis predicting CES-D, using the same three predictors used to predict Growth, yielded a significant overall model, $F(3, 54) = 2.86$, $p < .05$, $R^2 = .14$. Of the three predictors, only the ISA Abuse Index was significant ($\beta = .340$, $sr = .33$). Women who had experienced more overall abuse reported higher levels of depression. Correlations were conducted among all five PTGI factors, the PTGI Total score, and the CES-D score. None of the PTGI factors or the PTGI Total was significantly correlated with CES-D score (all $r_s < .26$, $p_s = ns$) indicating that there was not a relationship between depressive symptoms and posttraumatic growth.

DISCUSSION

This appears to be the first study to quantitatively examine posttraumatic growth in survivors of IPV. Findings suggest that it is possible that in the struggle with abuse, women can experience posttraumatic growth. Mean scores on the PTGI suggest that women in this study reported higher growth scores than a sample of breast can-

cer survivors (Weiss, 2002) and victims of violent crime (Peltzer, 2000). These results indicate that women coping with the aftermath of relationship violence, like persons struggling with the consequences of a wide range major life crises, are capable of experiencing posttraumatic growth.

Only the posttraumatic growth domain of appreciation of life was related to severity of abuse. Women who experienced higher levels of abuse also reported greater positive changes in appreciation of life. The majority of women in this study reported high amounts of physical abuse, non-physical abuse, or both, so lack of variability in abuse scores may have attenuated relationships between abuse severity and dimensions of posttraumatic growth.

Women's current relationship status, still in or currently out of the abusive relationship, was related to overall growth and the specific dimension relating to others. These results support the expectation that the most significant growth may occur after the primary resolution of the trauma (Tedeschi & Calhoun, 1995). Growth in survivors of IPV appears to be more likely once the abusive relationship has been terminated. However, those who said they were still in an abusive relationship and reported some degree of growth is noteworthy because many women leave and return to an abusive relationship numerous times (Barnett, 2001; Rose et al., 2000; Tan, Basta, Sullivan, & Davidson, 1995). However, the question assessing this in the present study

may have had different meanings for different participants, suggesting caution in interpreting these results—indicating that one is out of the relationship, for example, may not necessarily indicate that IPV, or the threat of it, is indeed over. One possibility is that the growth these women are reporting occurred during one of the periods away from the abusive relationship and may have persisted as they have reentered the relationship. Ulrich (1998) has hypothesized that growth must occur before a woman leaves an abusive relationship. Prospective studies examining posttraumatic growth in women as they go through the repetitive cycle of leaving and returning to an abusive relationship are needed to determine when the growth occurs in this cycle, the degree to which it persists once women have reentered the relationship, and the role it may play in allowing women to finally leave such relationships.

The availability of a role model who reported growth associated with dealing with an abusive relationship was significant in predicting overall growth and the individual dimensions of personal strength, new possibilities, and relating to others. Over half of the women in this study indicated that they knew someone who had been in an abusive relationship and had grown in some way from the struggle with that experience, and those women reported higher levels of growth than women who did not have this type of model. These results are congruent with available data (Weiss, 2002), and together these findings are congruent with models of posttraumatic growth that take into account relevant elements of the individual's social network and proximate culture (Calhoun & Tedeschi, 2004, 2006). Work on posttraumatic growth has so far been focused on variables internal to the individual (e.g., mood, well-being, cognitions), but these and other (Weiss, 2002) findings underscore the importance of expanding the investigation of growth to include sociocultural elements as well. Having relevant models for posttraumatic growth in one's social network might facilitate recognizing and appreciating the positive correlates of struggling with a traumatic event.

Depressive symptoms were positively associated with the overall level of abuse experienced, but relationship status and role models were not significant as individual predictors. In addition, depressive symptoms were unrelated

to reported posttraumatic growth in this group of women. This indicates that depression is likely to increase with abuse, but that it is possible for battered women to experience posttraumatic growth independently of their depressive symptoms. This finding is consistent with research that has found no relationship between growth and adjustment (Park, Cohen, & Murch, 1996; Tedeschi & Calhoun, 1996), but is inconsistent with findings that posttraumatic growth or benefit is positively associated with psychological adjustment following the trauma (McMillen, Smith, & Fisher, 1995; Thompson, 1985). The reasons for these inconsistent findings in the posttraumatic growth literature are still unclear.

This study has some limitations that must be noted. The variables studied all relied on participants' self-reports. Independent evidence of levels of abuse and psychological growth would be informative, but would be extraordinarily difficult to obtain. Longitudinal studies of the process of growth tend to be preferable to cross-sectional methods; however, in the present context a cross-sectional approach can also be useful because abused women tend to leave their abusive partners multiple times before permanently separating from the relationship (Barnett, 2001; Rose et al., 2000, Swift, 1988; Tan et al., 1995). The majority of women were from a restricted range of socioeconomic conditions, the sample size was relatively small, and the creation of subgroups meant that some of the analyses were performed with low statistical power to detect moderate or small effects. Although depressive symptoms were assessed, the addition of measures specific to symptoms of posttraumatic psychological distress would have been useful. Participants were seeking services at an IPV agency, and they were volunteers as well, factors that may limit the generalizability of the findings. The participants in this study were associated with a shelter, and had already accessed a variety of supportive options; a community sample of women exposed to interpersonal violence might be expected to show different patterns of response, to the extent that accessing services might alter the continuing negative impact of such violence. Despite these limitations, present findings suggest that the personal suffering that relationship violence causes and the struggle to survive psychologically may lead

to some important changes that are regarded by those who experience them as positive in nature.

This study demonstrates that survivors of abusive relationships can experience certain aspects of posttraumatic growth, despite their psychological and physical suffering. Furthermore, more severe physical abuse, as well as contact with a model of growth led to higher levels of perceived growth from the abuse, providing some support for available models of posttraumatic growth (Calhoun & Tedeschi, 1998, 2004, 2006; Tedeschi & Calhoun, 2004). These findings should not be viewed as suggesting that IPV is good or desirable. Rather, despite the highly negative consequences that it can produce, the present findings suggest that a woman's struggle with IPV can, in some ways, also lead to significant positive transformation.

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