

Post-traumatic Growth Among Domestic Violence Survivors: A Systematic Review

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Abstract

Violence is an abusive behavior which includes any form of physical abuse, psychological abuse, sexual abuse, or neglect. Indonesia's National Commission on Violence against Women, reports that most violence is experienced by women. A majority of the violence occurs within the household domains, otherwise known as domestic violence. Both community and individual violence will result in the experience of trauma in its victims. Nevertheless, trauma caused by violence varies depending on the case and the proximity of the perpetrator to the victim. Many studies have attempted to explore the struggle experienced by victims of violence even although there are very little cases which specifically research cases of domestic violence. This review aims to examine how past empirical studies explain the struggles experienced by victims of violence, the strategy used in addressing their traumatic conditions, and the factors that contribute to a positive change. Posttraumatic Growth. Empirical studies in this review $n = 25$ which include sources from Psyche, Ebsco, Dissertation unpublsh, etc. Indicates that there are several variables that contribute to the positive change process in individuals experiencing violent cases. Among them are social support, self-disclosure, and coping.

Keywords: Posttraumatic growth, violence survivor, domestic violence.

Received 11 March 2019/Accepted 5 June 2019 ©JEHCP All rights reserved

Introduction

High stress events or living with traumatic events such as the death of a loved one, accident, serious illness, divorce and other traumatic conditions this condition can form a variety of behavior, emotional states, and negative psychological conditions and even tend to lead on destructive behavior and hostility conditions (Taku, Tedeschi, Cann, & Calhoun, 2009). A type of traumatic events that may also cause maladaptive behavior is violence which occurs within the household, otherwise known as domestic violence. Definition of domestic violence is an abuse that occurs involving family members, both victims, and perpetrators having intimate relationships. This definition involves young people aged 16-17 years and includes sexual, physical, emotional, and financial abuse as indicated by controlling, coercive

behavior and honor-based violence (Guy, Feinstein, & Griffiths, 2014). In Indonesia the definition of domestic violence has been contained in article 1 point 1 of Law No. 23/2004 on the Elimination of Domestic Violence (UU PKDRT), and is defined as an act against a person especially women that results in physical, sexual, psychological misery or suffering, and/or irresponsibility towards households, which include unlawful threats to commit certain acts, forcing or deprivation of liberty within the scope of the household.

Based on data from the annual report of Komnas Perempuan or Indonesia's National Commission on Violence against Women, the most prominent type of violence that occurred against women was Domestic Violence / RP which reached 75% or 10,205 cases (Komnas Perempuan, 2017). Domestic Violence was also the highest type of violence recorded against women in 2016. This data suggests that cases of domestic violence are high. Violence against wives was ranked first with 5,784 cases (56%), followed by 2,171 (21%) cases of violence, 1,799 (17%) cases of violence against girls, while the rest of the percentage belongs to violence from ex-husbands, violence from ex-partners (girl/boyfriends), and violence against domestic workers. Still in the realm of personal relations, this year, the data of marital rape (marital rape) showed 135 cases (Komnas Perempuan, 2017).

The high number of domestic violence encourages scientists in the field of psychology in various parts of the world to conduct research related to the impact of domestic violence. Children who experience exposure and become victims of violence have long-term effects such as higher possibility to become a criminal, aggressive, poor academic performance, and other deviant behaviors (Kitzmann, Gaylord, Holt, & Kenny, 2013; Duke, 2005; Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009), short term effect and long term effect of domestic violence (Margolin & Gordis, 2004), and post-traumatic stress disorder (Rossman & Ho, 2000).

Although some studies have reported negative results due to trauma events, some studies have reported a positive side to the coping process due to the violence experienced (Borja, Callahan, & Long, 2006; Cobb, Tedeschi, Calhoun, & Cann, 2006). One of them the term used is posttraumatic growth refers to how an individual's experience of surviving significant

adversity was able to change the perspective of the world to be positive (Tedeschi & Calhoun, 2004).

In this review, we aim to examine previous studies that address the variables that contribute to post-traumatic growth to obtain a better picture. Many studies have discussed the variables that contribute to post-traumatic growth, but those which specifically refer to domestic violence settings are very limited. This review highlights variables that originate from within the self, namely optimism, the ability to express themselves or self-disclosure, as well as variables that come, are influenced by the environment, namely social support.

Post-traumatic Growth

Based on the understanding that every human being has the ability to stay positive in the face of life problems, Richard. G. Tedeschi and Lawrence. G. Calhoun (Calhoun & Tedeschi, 1999) became interested in exploring how humans can grow and rise a positive collar in the face of adverse events in his life. Calhoun and Tedeschi (1999) found that religion teachings can assist their followers in facing life struggles with a positive outlook. For instance, Islam teaches that surrendering everything to God and ruminating the meaning of every event will result in God elevating their status. In Christianity and Catholicism, the Bible says that patience in the face of life problems will temper a personality to change for the better. Buddhism follows Sidartagautama's teachings that patience in the face of life problems establish good morals in humans. Similar teachings can also be found in Hinduism.

Post-traumatic Growth or PTG is a positive development experienced by individuals after experiencing unfortunate situations in their lives. The term was first popularized by Richard G. Tedeschi and Lawrence G. Calhoun in 1996 by measuring post-trauma development (Tedeschi & Calhoun, 2004). Initially, they used the term perceived benefits, positive aspect, and transformation of trauma to describe post-traumatic growth. Some terms that imply similar definition as post-trauma growth and continues to be used today are “positive emotions” (Folkman & Moskowitz, 2000), “positive psychological changes” (Yalom & Lieberman, 1991), dan “stress-related growth” (Park, Cohen, & Murch, 1996).

In their theoretical studies, Calhoun and Tedeschi (2004) revealed that there are several terms that are also very similar in meaning with the term Post-traumatic Growth. An

example of such a term is resilience, which is often defined as the ability to survive after experiencing difficulty or having difficult lives. Resilience is a combination of innate personality and environmental influences that act to keep individuals from the psychologically harmful effects of traumatic events. Another term is hardiness, which is defined as the tendency to be able to commit, control, and face challenges and respond to traumatic events in life (Kobasa, 1979). Hardiness can also be defined as a type of trait or personality that will allow individuals to remain healthy despite being under pressure or in pain. Meanwhile, optimism, which is another term with almost identical meanings to post-traumatic growth, involves a positive expectation of being able to get out of a certain problem. The last term is a sense of coherence, which is described as the ideal orientation an individual can have in the face of stress as they have the ability to understand the meaning of an adverse event, overcome it and eventually take out a lesson experience.

Ameldon (2005) describes the terms resilience, hardiness, sense of coherence, and post-traumatic growth as a pathway that provides positive change after experiencing trauma. When a person experiences a trauma or crisis, it is possible to undergo "psychological transition" to a positive or negative state, awareness of the opportunity to "stay safe." The type, timing, and level of social support received will affect individuals and groups to break out of their trauma period (Almedon, 2004). The relationship between strength (Strumper, 1995), hardiness (Cobase, 1979), post-traumatic growth (Tedeschi & Calhoun, 1995), recovery (Harvey, 1996), resilience (Rutter, 1985), confidence (Bandura, 1977), and sense of coherence (Antonovsky, 1979, 1987) is very clearly related to social psychology, biosocial science, and health sociology.

Tendeschi and Colhoun (2004) used post-traumatic growth as a concept that describes post-traumatic phenomena because this concept is considered to be more appropriate compared to other concepts that emphasize the experience as an ongoing process or outcome instead of as a way of coping with trauma (coping mechanism). Moreover, Tendeschi and Colhoun (2004) state that post-traumatic growth would become meaningful if it coexists with conditions that threaten or even destroy an individual's fundamental schemas and may also at times coexist with psychological pressure. Individuals experiencing post-traumatic growth do not only struggle from the problem but transform it into a valuable experience allowing

them to grow beyond their previous ability. Post-traumatic growth is a better and deeper experience for individuals who are dealing with traumatic events. The concept of posttraumatic growth is a condition experienced by individuals after surviving significant stressor and individuals are able to benefit from the events described in five domains: (1) personal strength, (2) explore new life possibilities, (3) form meaningful interpersonal relationships, (4) gain appreciation for life, and (5) develop spirituality (Tedeschi & Calhoun, 2006). A review of PTG focusing on domestic violence setting is very limited; hence, in this article, the author attempted to analyze and explore past articles about PTG in domestic violence victims.

Method

Search strategy.

The search strategy for the term psychological growth in this study emphasizes concepts that have almost the same meaning as personal growth, positive adjustment, PTG, post-traumatic growth, positive change and resilience paired with key terms for domestic violence, sexual abuse, violence in couples intimate, child abuse and multiple traumatic events. In this review used search engines with Web of Science, PsycARTICLES PsycINFO, PubMed, and Google Scholar Searches and account in Perpunas. Also, the main source for the reference page looks for relevant articles as additional sources. Included in the present study, see Table I.

The main purpose of this article is to summarize the concept of PTG in victims of domestic violence. A secondary aim of the current review was to analyzed and explored the factors that related to the psychological growth in domestic violence and multiple violence.

Additionally, the reference pages of the primary sources were searched for relevant articles, and cited reference was also explored to yield additional sources. Articles reviewed in the present study can be seen in Table I.

The primary purpose of the current review was to summarize the current standing of the literature on domestic violence and subsequent trauma that relates to psychological growth.

A secondary aim of the current review was to analyze and explore the factors that relate to the psychological growth in domestic violence and multiple violence.

Result

This case of increasing domestic violence is reflected in data released by the WHO described in the background section of this article. However, research on this subject that is specifically linked to PTG is extremely rare. The researcher scanned 34 articles that have been stored in the Mendeley program, but only 3 meet the PTG criteria. Furthermore, 73 literature was screened for PTG cases related to interpersonal violence, but only 19 were included in the category of multiple traumatic events. For the term “perceives benefit” and “post-traumatic life change,” 3 journal articles were found. Hence a total of 25 journal articles were eventually included in the study meeting the bare minimum criteria of 20 journal articles.

Based on the review results, there are several factors that contribute to post-traumatic growth, among others are rumination (Calhoun, can, Tedeschi and Mc.Millan., 2000; Triplett, Tedeschi, Cann, Calhoun and Reeve., 2011, Groleau, Calhoun, Cann, and Tedeschi., 2013), self-disclosure (Lindstrom, Cann, Calhoun, & Tedeschi, 2013; Pietruch & Jobson, 2012; Taku, Tedeschi, Cann, & Calhoun, 2009), social support (Patricia Frazier, Tashiro, Berman, Steger, & Long, 2004; Su & Chen, 2015; Wolfe & Ray, 2015), personality trait (M. J. J. Kunst, 2011), and coping (Dekel, Mandl, & Solomon, 2011; Wolfe & Ray, 2015).

Based on the literature review, the writer underlines the biggest contribution to PTG in cases of violence. This review focuses on self-disclosure, coping, and social support as the most prominent factors that contribute to PTG.

Discussion

Self Disclosure

Wheeless and Grotz found that there is a positive relationship between how honest and deep a person’s self-disclosure is with their levels of trust in a certain relationship. It has

been further revealed that healthy individuals self-disclose more positive information to friends and significant others. Good communication and the ability to self-disclose about deep thoughts such as feelings of trauma, pressure, and depression in close relationships for example as with family and friends can help provide positive support and advancement in relationships with the environment. The present study from Lindstrom et al. (2013) present some information about the impact of self-disclosure regarding individuals who experience traumatic events

Some research shows that individuals who disclosure about the negative consequence of events traumatic was associated only with deliberate rumination aftermath of the event. But some participants reported positive impact if they disclosed about their struggle to overcome the traumatic event, deliberate rumination soon after the event and less current stress related to the event than those who reported no such disclosure.

Tabel 1

Finding Based on Literatur Review about Factor Post-traumatic Growth

| Study | Design | Sample | Setting | Measure | Main Finding |
|--|--------------|---|---------------------------|--|---|
| (Calhoun, Cann, Tedeschi, & McMillan, 2000) | Quantitative | 54 (Female = 35, Male = 19) Age= 22,5 years old | Multiple traumatic events | The Post-traumatic Growth Inventory (PTGI) | This study explains that individuals who do rumination immediately after the occurrence of a traumatic event will have the ability to handle trauma better so they can achieve better PTG. This is indicated by the relationship between rumination and the level of PTG. |
| (Triplett, Tedeschi, Cann, Calhoun, & Reeve, 2011) | Quantitative | Female = 333 (Age = 27,4) | Multiple traumatic events | PTGI | This study emphasizes the results that the belief core leads to the intrusive and rumination deliberate. Intrusive rumination directs individuals in the process of searching for meaning to be disturbed when a traumatic event takes place so that it is difficult to obtain immediate meaning that the process takes longer. In contrast to rumination deliberates, where individuals try deliberately to get meaning to events that occur. In this process, individuals reach PTG faster. |
| (Cobb et al., | | | | | This study was conducted on women who |

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|------------------------|--------------|--|---------------------------|------|---|
| 2006) | Quantitative | Female=60 (Age=33) | IPV | PTGI | experience physical abuse, non-physical, or both. Research shows that individuals who experience severe abuse experience more positive changes in their lives; this is indicated by the high one of the PTG domains that is the appreciation of life. |
| (Groleau et al., 2013) | Quantitative | Total=187 (Female =115, Male =72) Age = 21,4 years old. | Multiple traumatic events | PTGI | The centrality of the event is a unique factor that affects PTG. This study shows a significant influence between the centrality of event and PTG. The centrality of events leads to how individuals can focus on their traumatic conditions, so they try to understand the meaning of each event that occurs. |
| (Harris et al., 2010) | Quantitative | 327 (Female = 228, Male = 95, Transgender = 1) | Multiple traumatic events | PTGI | Some studies focus on the influence of prayer when dealing with traumatic events. This includes research that emphasizes how prayer for calm and focus can predict PTG. This research was conducted on individuals who experience nonpersonal trauma such as war. In this study, it turned out that prayer did not become a major and significant predictor of PTG. This is very likely to be influenced by local religious and cultural beliefs. |

Arikan dan Karanci (2012) Quantitative Female= 258, Age 18-32 Multiple traumatic events PTGI

The significant predictor value of attachment anxiety disappeared in the last step of the regression analysis after we added coping styles into the equation. This might have indicated a possible mediation effect of coping styles between attachment style and PTG.

(Duan, Guo, & Gan, 2015) Quantitative 142 (Female= 76 dan Male= 19) Multiple traumatic events PTGI

This study revealed that PTG was positively and significantly associated with virtues but negative for PTSD and frequency of trauma. This study compared two groups, namely PTSD and non-PTSD. Trait resilience accounts for 14% of PTG in the Ptsd group and 3% in the nation PTSD group. This shows that the symptoms are the moderator for trait resilience to PTG.

(Laufer, Raz-Hamama, Levine, Solomon, & Zahava, 2009) Quantitative Total 1482 Age = 16. Jewish. Exposed event terror PTGI

This study compared PTG in secular youth and traditional youth. PTG in youth who experience trauma events is higher in traditional youth than secular youth. In this case, religiosity is not significantly different. Religiosity is predicted to affect PTG in both groups

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|---------------------------|--------------|---|---------------------------|---------------------|---|
| (Pietruch & Jobson, 2012) | Quantitative | Participants (N = 34; male n = 22), aged 14–35 years. | Multiple traumatic events | PTGI | This study was conducted on individuals who experience psychosis. It is suspected that one of the self-disclosure variables was significantly related to PTG after going through the recovery variable. This study found that open people are easier in the recovery process so they can reach PTG. |
| (Wolfe & Ray, 2015) | Quantitative | 175 adult men (n= 74) and women (n = 101) in the age range of 18–55 years | Multiple traumatic events | PTGI | This study has two variables, namely resilience, and PTG that compare between male and female participants. Standard multiple regression analysis in this study shows that event centrality, individual factors (coping and mastery), and social factors (social support) are positively and significantly related to PTG and Resilience. The resilience of these factors accounted for 34.5% and accounted for 38.4% of PTG. |
| (Dekel et al., 2011) | Quantitative | 103 Israeli Soldier | Community Violence | PTGI and PTSD scale | In this study, the research subjects were prisoners of war. This study shows that the predictors that most influence PTG in prisoners of war are combat exposure and self controllability. While other |

variables such as sociodemography are not significant, experience in prisoners contributes 6.7%. Also, active coping contributes significantly to the high PTG

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|---------------------------|--------------|------------------|---|------|---|
| (Grubaugh & Resick, 2007) | Quantitative | 100 participants | Treatment-seeking female victims | PTGI | The subjects of this study were women victims of violence who were in the process of treatment. The results of this study indicate that PTG is not significantly associated with PTSD and depression. But PTG relates to demographics (age and education). Women who have an older age tend to report higher levels of PTG than young age. Higher education is not significant; low education contributes to PTG. |
| (Lindstrom et al., 2013) | Quantitative | N = 84 | The stressful event experienced in the past | PTGI | Disclosure or disclosure of negative events is related to reflection. Individuals who experience trauma then reveal events that are experienced and directly contemplate when experiencing these events will have a more positive impact than those |

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|--|--------------|--------|---------------------------------|--|---|
| | | | Two years. | | who did not do it directly. self-disclosure or self-disclosure is difficult to connect with the sociocultural and PTG context because there are several cultures that individuals tend to find difficult to express problems. |
| (Frazier, P. et al., 2004) | Quantitative | N=171 | Female sexual assault survivors | life change scale used by Frazier et al. (2001), | Respondents in this study were medical personnel who accompanied victims of sexual violence. This study reports that PTG is influenced by coping strategies that focus on the recovery of conditions which are controlled by themselves. Religious coping has the role of increasing positive processes. Other factors of social support that are carried out in the counseling process also increase the positive direction process or PTG |
| (M. J. J. ; Kunst, Winkel, & Bogaerts, 2010) | Quantitative | N= 640 | DV | PTGI | Symptom severity at initial assessment predicted symptom severity six months later. No main effects were found for revictimization and PTG. An interaction effect was found between |

revictimization and PTG.

| | | | | | |
|----------------------|--------------|--|--------------------------|--|--|
| Kunst. M.J.J, 2011 | Quantitative | N=133 | DV | PTGI | In this study, there was no linear relationship between the symptoms of post-traumatic stress and post-traumatic growth; there was a negative relationship between victims with low levels of stress symptoms and post-traumatic growth. But High affective personality type was found to be a significant predictor of PTG. |
| (Borja et al., 2006) | Quantitative | N=115 participants | Sexual assault survivors | The Perceived Benefits Scale (PBS) is a 38-item, | Formal and informal support were investigated in predicting positive and negative psychological adjustment. Both forms of informal support were found to be associated with positive outcomes |
| (Su & Chen, 2015) | Quantitative | N=110 undergraduate students who had experienced a potentially traumatic event | Multi traumatic Event | PTGI | The results of the study analyzed using hierarchical regression showed that pre-trauma coping style contributed 6.8% to PTG after demographic and post-traumatic cognitive processes were controlled. This shows that coping plays a very important role in PTG besides rumination, which is a cognitive |

process is an important component of PTG.

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|-----------------------------------|--------------|-------|---------------------------|-----------------------------------|--|
| (Taku et al., 2009) | Quantitative | N=395 | Multiple traumatic events | PTGI | Finding a point to the importance of Disclosure and perceived recipients reactions to disclose in the PTG and distress |
| (Frazier, Conlon, & Glaser, 2001) | Quantitative | N=171 | Sexual assault survivor | Post-traumatic life change Scale. | This research was conducted on violence respondent respondents. After two weeks of the attack, there were reported positive changes. Positive changes increase every time, while negative changes tend to decrease. Nevertheless, there is a dominant change that is significant individual variability. Both of these changes are associated with distress in expected ways, even though the relations with negative changes were stronger. |

Self-disclosure is strongly influenced by culture. Kennedy and Stanton et al., (in Lepore, Fernandez-Berrocal, Ragan, & Ramos, 2004) said that many mental health professionals in western culture, it is believed that expressing emotions and thoughts after a traumatic event will have a positive effect on physical and mental health. Conversely, the inability to express emotions will damage the physical and mental. This is also illustrated in research conducted by Taku et al. (2009) report that Japanese students who experience traumatic events have a tendency to be closed or not open to telling others. Nevertheless, the outcome from his research was findings confirm the benefits of disclosure and perceived recipients' reactions in alleviating PTG and distress. Based on several literatures, it is found that self-disclosure has an important role in overcoming trauma conditions, although in cases of domestic violence, PTG is also influenced by cultural factors.

Social Support

Social support refers to what extent individuals perceive that they are safe due to the presence of companions in their environment. It is often used interchangeably with the term social engagement, which refers to positive and negative relationships or engagements with family members, peers, community members, local institutions and the broader community (Canadian Council on Social Development 2007 in Bozo, Toksabay, & Kürüm, 2009).

Prati & Pietrantonio (2009) conducted a meta-analysis and found that social support increased posttraumatic growth. This shows that high social support (subjective, informational, emotional, and instrumental) will reduce the cognitive impact of trauma. There is a possibility that individual social support can regulate negative emotions, control dysfunctional behavior, improve useful activities, and solve practical problems better. Another study conducted by Wolfe & Ray (2015) has found that posttraumatic growth is significantly influenced by social factors by 39.5 %.

Social support, in this case, is described as information support, emotional support, material assistance, and independence from interpersonal relationships (Moak & Agrawal, 2010). This suggests that social support more life-changing positive after the individual experiences a traumatic event (Patricia Frazier et al., 2004). Su and Chen (2015) examined post-traumatic

factors affecting posttraumatic growth, such as core belief challenge, deliberate rumination, and social support (Su & Chen, 2015).

Based on the literature, social support is a factor that strongly contributes to the development of PTG and overcoming trauma conditions. Social support allows victims to make use of the support given by their environment to get out of trauma.

Coping with Traumatic Events

The term coping appears as a process to deal with stress. Stress is a dynamic and multidimensional form, which is considered a serious challenge (Wong & Wong, 2006). Cognitive and behavioral efforts to deal with stressful things can be by trying to master, reduce, or tolerate the internal and external demands from these challenges; this is a coping strategy. Coping has two major functions: dealing with the problem causing the distress (problem-focused coping) and regulating emotions (emotion-focused coping) (Rajandram, Jenewein, McGrath, & Zwahlen, 2011).

Dekel (2011) found that PTG is also influenced by active coping abilities, based on active coping research can increase PTG and reduce PTSD. One example of active coping is social support. Positive social support is especially active coping in the face of prolonged trauma. Social support as an active coping tends to increase personal strength so that individuals can live their lives after the trauma. An evidence-based review of coping strategies related to post-traumatic growth was performed, which identified key coping strategies and factors that enhance coping processes (Rajandram et al., 2011). Coping strategies are ways that individuals deal with stressors or conditions that cause stress. Each individual has a different way of dealing with the problem. Positive support will direct individuals to minimize or overcome pressing situations.

Conclusion

Research on PTG has been conducted by many researchers in a various academic institution. However, research in PTG that specifically focus on domestic violence is very rare. Based on this literature review, it is found that it is difficult to find a PTG study directly related to the DV setting. Hence researchers of this study expanded the keyword range by including terms of multiple traumatic events that include DV. This review focuses on only three variables:

self-disclosure, social support, and coping of PTG. This does not mean that other variables are not important, but because it is not yet possible to discuss every variable simultaneously in this paper.

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