



**POST TRAUMATIC GROWTH, MENTAL HEALTH, SOCIAL SUPPORT AND  
COPING STYLES AMONG THE SURVIVORS OF DOMESTIC VIOLENCE**

**ABSTRACT**

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# **POST TRAUMATIC GROWTH, MENTAL HEALTH, SOCIAL SUPPORT AND COPING STYLES AMONG THE SURVIVORS OF DOMESTIC VIOLENCE**

*Keywords: Posttraumatic Growth, Mental Health, Social Support, Coping Styles, Domestic Violence*

The main purpose of the research was to investigate the prevalence and determinants of posttraumatic growth in an Indian sample of female survivors of domestic violence. Domestic violence is the violence that takes place within a household setting and inflicted upon an individual by any person who is or was in a domestic relationship with the individual. According to the global and national statistics, women experience and report more violence in comparison to their male counterparts. Therefore, this study focuses on women survivors only who are more vulnerable to domestic violence throughout history because of different life experiences, various roles adopted by her like the role of wife, mother, and a primary caregiver, unequal power relations between men and women, and social and economic inequality.

The present study also aimed to examine the role of factors like demographic variables (like age, region, religion, and time elapsed since violence), mental health, social support, and coping styles in studying posttraumatic growth. These variables were selected after reviewing the literature. It was found that there is a dearth of studies looking at posttraumatic growth and the other variables in the context of domestic violence in India. In the present study, mental health, social support, and coping styles were the independent variables whereas posttraumatic growth was the dependent variable.

Posttraumatic growth refers to the “positive psychological change experienced as a result of the struggle with highly challenging life circumstances” (Tedeschi & Calhoun, 2004). There are five domains of growth, greater appreciation of life and changed sense of priorities; warmer, more intimate relationships with others; a greater sense of personal strength; recognition of new possibilities or paths for one’s life; and spiritual development. Mental health is defined as “a complete state, i.e., not merely the absence of mental illness but also the presence of mental health” (Keyes, 2005). Social support refers to “an interpersonal relationship within a group of individuals who can rely on each other for emotional support, assistance, and resources in times of need and necessity, provide constructive feedback and share standard values” (Kaplan et al., 1977). Lastly, coping is defined as “the process of coping as constantly changing cognitive and behavioral efforts taken by an individual to deal with the challenging demands of the environment” (Lazarus & Folkman, 1984).

The present investigation utilizes the primary data which was collected from a small subset that can be used to infer things about the population as a whole. The participants for the present investigation consisted of women belonging to Delhi-NCR region who were previously in an abusive household and have experienced any form of violence in the past, viz. psychological, physical, and sexual violence. Purposive and snowball sampling have been adopted considering the sensitive nature of the issue of domestic violence. A total sample of 225 participants in the age range of 18-60 years was selected for the purpose of the present study. The present study was quantitative and was based on a cross-sectional research design.

In order to find significant group differences on posttraumatic growth, four different groups were created. On the basis of age, the participants were divided into three groups: young adults (18 - 35 years), middle adults (36-55 years), and older adults (55 + years). The group was further divided according to the region participants belonged to, i.e., urban and rural. Another classification was based on the religiosity of the participants, where they were classified as believers and non-believers. Lastly, the classification was done on the basis of time elapsed since violence, where the participants were classified on the basis of four groups: more than 8 years, 4-8 years, 1-4 years, and less than 1 year.

The present study was correlational and predictive in nature. For the present study, the variables were classified into dependent and independent variables. The aim of the study was to determine the relationship of independent or predictor variables (i.e., Mental Health, Social Support, and Coping Styles) with the dependent or criterion variable (i.e., Posttraumatic Growth). For the present study, five scales, *Posttraumatic Growth Inventory - Short Form (PTG-SF)*; Cann et al., 2010), *Screen for Posttraumatic Stress Symptoms (SPTSS)*; Carlson, 2001), *Mental Health Continuum Form (MHC-SF)*; Keyes et al., 2008), *Multidimensional Scale of Perceived Social Support (MSPSS)*; Zimet et al., 1988, 2016), and *Brief COPE* (Carver, 1997) were used by the researcher. In addition, a composite questionnaire was also administered to socio-demographic information as well as information pertaining to domestic violence.

The scoring for all the measures was done with the help of the guidelines suggested by the scoring keys. The raw scores were tabulated and then subjected to various statistical analyses. The analyses for the present study were conducted using the Statistical Package for the Social Sciences (SPSS version 26.0; SPSS, Inc.). As per the data requirement, parametric statistics were employed in the study. Univariate descriptive statistics were performed to describe each variable of interest, whereas, bivariate analyses were performed to explore the relationships among the study variables. The statistical analyses used in the present study

include t-test, ANOVA, correlation, and regression analysis. Some of the ethical considerations for the present study included institutional approval, informed consent to research, anonymity and confidentiality, debriefing, and managing distress of the participants.

One of the objectives of the present study was to find the prevalence rate for the study variables among the women survivors of domestic violence. In the present sample, it was found that about half of the participants experienced “none-to-low” posttraumatic growth whereas the other half experienced “moderate-to-high” posttraumatic growth. The occurrence of posttraumatic growth was also assessed dimension-wise, which suggested that most of the women survivors of domestic violence experienced growth in the Appreciation of Life domain. In the present study, it was found that more than half of the participants met the criteria for PTSD. Most of the women survivors of domestic violence showed Reexperiencing symptoms. It was found that about half of the participants fell under the category of moderately mentally healthy. This suggested these individuals were neither languishing nor flourishing in their lives. Only a few participants fell under the category of mentally healthy or flourishing. Flourishing is associated with complete mental health and high levels of well-being. In the present sample of survivors of domestic violence, most of the women reported low perceived social support, whereas some reported high perceived social support. Majority of the women reported having received social support from friends and significant others, while their families provided them with least social support. In the present study, the survivors of domestic violence had adopted both adaptive and maladaptive coping styles. Half of the participants scored high on the adaptive coping style (e.g., use of active coping and acceptance), while the other half of the participants scored high on the maladaptive coping style (e.g., use of self-distraction and self-blame).

The second objective of the study was to explore the relationships of various demographic variables (age, region, religion, and time since violence) with posttraumatic growth. The results of the present study suggested that there are no significant differences among the three age groups on PTG and its five domains. No significant differences were obtained between the participants belonging to urban and rural regions. No significant differences in posttraumatic growth among the survivors of domestic violence classified as believers and nonbelievers. However, on the Spiritual Change domain, a significant difference was obtained where believers showed more spiritual changes in comparison to non-believers. Lastly, no significant differences were obtained in posttraumatic growth among the survivors of domestic violence with varying time elapsed since violence.

The next set of hypotheses focused on obtaining significant associations of mental health, social support, and coping style with posttraumatic growth. The correlational analyses

revealed some mixed findings with respect to mental health, suggesting that the posttraumatic growth was unrelated to negative mental health (posttraumatic stress symptoms), whereas it was found to be significantly and positively correlated with positive mental health (well-being). Posttraumatic growth was significantly and positively associated with total perceived social support, indicating that the greater posttraumatic growth among the survivors of domestic violence is associated with greater perception of social support. The correlational analyses revealed that the adaptive coping style was significantly and positively correlated with posttraumatic growth and its dimensions. However, maladaptive coping style was found to be not significantly associated with PTG and its dimensions.

The last set of hypotheses focused on obtaining a significant effect of the independent variables on the dependent variable of posttraumatic growth. The regression analysis revealed that posttraumatic stress symptoms and maladaptive coping style were unrelated to PTG, whereas, total well-being, total perceived social support, and adaptive coping style were found to be separate significant predictors of PTG.

The present study aimed to shed light on the experiences of growth among women survivors of domestic violence, by exploring the factors associated with the posttraumatic growth in the Indian context. By gaining in-depth knowledge in these areas, appropriate interventions can be planned to cater the individual needs of the survivors. This also serves to reduce the biases and stigma associated with domestic violence in particular and gender-based violence in general, by providing awareness, hope, and encouragement to adopt an optimistic and positive outlook towards life after trauma. The findings obtained from the present study aim to fill the gap in Indian literature in terms of in-depth understanding of psychological as well as social aspects of domestic violence and to highlight the experience of positive growth and adjustment following domestic violence in the Indian context.