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Factors Affecting Posttraumatic Growth Among Survivors of Domestic Violence: A Scoping Review

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ABSTRACT

Introduction

Posttraumatic growth (PTG) refers to positive psychological adaptation following the navigation of traumatic experiences. Notwithstanding the aversive and chronic nature of domestic violence (DV), emerging evidence indicates potential for PTG among survivors, though the underlying determinants remain heterogeneous and complex.

Purpose

This scoping review identifies and synthesizes the literature regarding factors influencing posttraumatic growth among survivors of domestic violence.

Methods

A systematic search was conducted across PubMed, PsycINFO, and Scopus for peer-reviewed literature published between January 2022 and January 2024. The review adhered to Arksey and O'Malley's methodological framework and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines. Two independent reviewers screened titles, abstracts, and full texts against predefined eligibility criteria, resolving discrepancies through consensus. Data were extracted and synthesized using a thematic narrative approach.

Results

Seventeen studies met the inclusion criteria. Synthesis revealed five core thematic categories influencing PTG: demographic characteristics, lifelong learning and skill acquisition, cognitive processing mechanisms (including autonomy, self-blame, event centrality, and rumination), social support systems and community connections, and the temporal and typological dimensions of intimate partner violence (IPV).

Conclusion

Posttraumatic growth in domestic violence survivors is multifactorial, shaped by an intricate interplay of psychological, social, and structural dynamics. Trauma-informed intervention programs must integrate these multidimensional elements to foster recovery, mitigate distress, and promote long-term resilience.

INTRODUCTION

Domestic violence (DV) is a pervasive global public health crisis characterized by patterns of physical, sexual, emotional, psychological, or economic abuse perpetrated by intimate partners or family members (World Health Organization [WHO], 2021). Approximately one in three women globally experiences physical and/or sexual violence in their lifetime, predominantly perpetrated by an intimate partner (WHO, 2021). While the adverse physical and psychological sequelae of DV—ranging from posttraumatic stress disorder (PTSD) and depression to chronic somatic conditions—are extensively documented, contemporary literature highlights that survivors can also experience posttraumatic growth (PTG), defined as positive psychological transformation resulting from the struggle with highly challenging life crises (Tedeschi & Calhoun, 2004).

Unlike single-event traumas such as natural disasters or acute medical illnesses, the trauma of DV is characterized by chronic, ongoing threats within relationships where harm is continuous and unpredictable. Survivors frequently face severe barriers to leaving, including forced confinement, economic dependence, and coercive control, which force an acute focus on immediate survival rather than cognitive processing (Herman, 1992/2022). This interpersonal betrayal by a trusted partner is further exacerbated by societal stigmatization and victim-blaming attitudes (Overstreet & Quinn, 2013). Over time, chronic exposure to DV fractures a survivor's fundamental assumptions regarding safety, self-view, and worldview (Tedeschi et al., 2018).

Posttraumatic growth encompasses several domains: enhanced personal strength, the discovery of new life possibilities, deeper spiritual understanding, improved interpersonal relationships, and a heightened appreciation for life (Tedeschi & Calhoun, 2004). Unlike resilience—which denotes the capacity to return to a baseline level of functioning following adversity—PTG represents positive psychological transformation surpassing pre-traumatic functioning levels (Çağış & Akçe, 2025). Although PTG has been extensively investigated in the context of medical illness, combat trauma, and natural disasters, literature examining PTG specifically among survivors of domestic violence remains disjointed and evolving (Johnson & Wood, 2017; Shakespeare-Finch & Lurie-Beck, 2014).

In addition to trauma symptoms, DV survivors navigate severe socioeconomic obstacles, including economic dependence, social isolation, and restricted access to healthcare and legal systems (Overstreet & Quinn, 2013). These complex dynamics raise critical questions regarding the catalysts of PTG following chronic interpersonal abuse. Adaptive coping styles, cognitive reappraisal, religious or spiritual engagement, educational attainment, and perceived social support have been proposed as key predictors of PTG in this population (Aslam et al., 2022). However, a unified theoretical model examining these predictors among DV survivors remains absent.

Given the disparate nature of current research regarding methodologies, population demographics, and PTG operational definitions, synthesizing available evidence is essential to identify core individual, relational, and contextual predictors. This global scoping review was designed to map the research literature on PTG variables among survivors of domestic violence, providing an empirical foundation to inform future research, clinical interventions, and policy frameworks aimed at empowerment and trauma recovery. Furthermore, this review serves as foundational groundwork for an upcoming interventional study within a South African context.

METHODS

Search Strategy

This investigation utilized a scoping review methodology to systematically identify and synthesize current literature regarding posttraumatic growth in survivors of domestic violence, following the methodological framework established by Arksey and O'Malley (2005), enhancements by Levac et al. (2010), and reporting guidelines set forth by the PRISMA-ScR (Tricco et al., 2018).

Eligibility Criteria

The literature search targeted peer-reviewed studies published in English between January 2022 and January 2024. This specific timeframe was selected to capture contemporary advancements in trauma-informed care, recovery-oriented practices, and shifts in service delivery following the COVID-19 pandemic, thereby minimizing

conceptual heterogeneity from evolving historical definitions of PTG.

Electronic databases, including PubMed, Scopus, and PsycINFO, were systematically searched using a combination of controlled vocabulary (MeSH terms) and free-text keywords: *("Posttraumatic growth" OR "PTG" OR "positive psychological change") AND ("Domestic Violence" OR "Intimate partner violence" OR "IPV") AND ("Intervention" OR "Healing")*. Grey literature was searched via Google Scholar and organizational websites (WHO, UN Women) to capture non-indexed reports.

Inclusion criteria:

- Adult survivors of domestic or intimate partner violence aged 18 years and older.
- Empirical research utilizing qualitative, quantitative, or mixed-methods designs investigating or referencing determinants or correlates of PTG.
- Systematic reviews, scoping reviews, and meta-analyses meeting the temporal criteria.

Exclusion criteria:

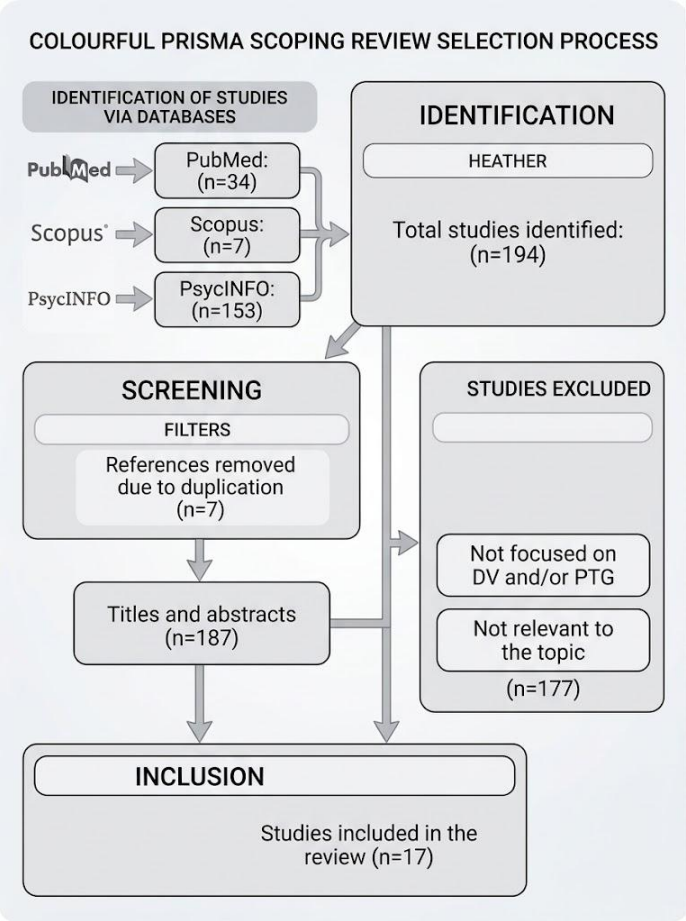
- Studies focusing on general trauma without specific examination of DV or IPV.
- Studies addressing PTSD or general resilience without explicit measurement or discussion of PTG.
- Editorials, meeting abstracts, non-peer-reviewed university theses, and publications in languages other than English.
- Studies focusing exclusively on child survivors or indirect exposure.

Study Selection and Data Extraction

Citations identified through database searches were imported into EndNote for duplicate removal. Titles and abstracts were screened independently by two reviewers against the inclusion and eligibility criteria. Full texts of potentially relevant articles were subsequently evaluated. Disagreements were resolved through discussion and consensus with a third reviewer.

Data extraction was executed using a standardized, pilot-tested form capturing author(s), publication year, study setting, research design, target population, PTG variables, and major empirical findings. A narrative thematic synthesis was subsequently conducted.

Figure 1:
PRISMA-ScR flow diagram detailing the literature identification and screening process



RESULTS

The scoping review synthesized evidence from 17 peer-reviewed articles encompassing diverse European, Asian, and North American geographic and methodological contexts. The included literature comprised 9 qualitative studies (6 primary, 3 secondary), 6 quantitative primary studies, and 2 mixed-methods longitudinal primary studies.

Table 1 summarizes the characteristics of the included studies.

Table 1:
Summary of Studies Included in the Scoping Review

Authors and Year	Study Design	Population	Key Themes and Findings
Bryngeirsdóttir & Halldórsdóttir (2022a)	Qualitative (Primary)	Icelandic women	Facilitating factors include identity reconstruction from victim to survivor, reclaiming personal agency, social support, meaning-making, hope, spirituality, altruism, and empowerment.
Bryngeirsdóttir et al. (2023)	Qualitative (Secondary)	Synthesized literature	PTG is a dynamic, non-linear journey navigating barriers. Facilitating factors include safety, supportive relationships, cognitive processing, and empowerment; ongoing abuse hinders growth.
Machinga-Asaolu (2024)	Systematic Review (Secondary)	Synthesized literature	PTG is promoted by social support, adaptive coping, resilience, optimism, self-efficacy, spirituality, and deliberate rumination. Psychological distress acts as an inhibitor; growth coexists with trauma symptoms.
Doherty & Scannell-Desch (2023)	Qualitative (Primary)	Female nurses	Participants reported increased personal strength, improved relationships, life appreciation, new possibilities, and spiritual growth despite persistent psychological distress.
Bryngeirsdóttir & Halldórsdóttir (2023)	Qualitative (Secondary)	Synthesized literature	PTG develops iteratively through escaping abuse, rebuilding safety, cognitive restructuring, meaning-making, identity reconstruction, and empowerment.
Bryngeirsdóttir & Halldórsdóttir (2022b)	Qualitative (Primary)	Icelandic women	Fourteen barriers identified, including fear, shame, self-blame, confusion, economic dependence, social isolation, ongoing abuse, and identity loss, which delay but do not prevent growth.
Bryngeirsdóttir (2022)	Qualitative (Primary)	Icelandic women	IPV survivors experience severe long-term health impacts; while PTG enables better emotional handling, temporary regression is common.
Amarsanaa et al. (2023)	Qualitative (Primary)	Hungarian and Mongolian women	Five themes identified: positive life changes, positive role models, personal strength, social change advocacy, and appreciation of life.
Kita et al. (2022)	Qualitative (Primary)	Japanese women	Recovery is a gradual process of identity integration. Themes included reclaiming self-worth, restoring relationships, meaning-making, and developing a renewed self-concept.
Bakaitytė et al. (2022a)	Quantitative (Longitudinal)	Lithuanian women	Length of time, identity exploration, and future-oriented thinking significantly predicted PTG trajectories.
Jónsdóttir et al. (2022)	Quantitative (Primary)	Icelandic women	Moderate levels of posttraumatic stress symptoms significantly encouraged PTG compared to null or extreme symptom levels.
Edwards et al. (2022)	Quantitative (Primary)	Sober living home residents (mostly White, 89.8%)	Demographic variables were unassociated with PTG, potentially due to sample homogeneity; trauma recency did not directly alter PTG.
Bakaitytė et al. (2022b)	Quantitative (Primary)	Lithuanian women	Deliberate rumination positively predicted PTG, whereas intrusive rumination and self-blame hindered growth. Event centrality influenced PTG indirectly via cognitive processing.
Claeson et al. (2024)	Quantitative (Primary)	Swedish women	Formal support services facilitated PTG by enhancing safety, validation, empowerment, and opportunities for reflection and meaning-making.
Bakaitytė et al. (2022c)	Quantitative (Primary)	Lithuanian women	Distinct profiles demonstrated that PTG, resilience, and trauma symptoms coexist; high resilience and adaptive cognitive processing correlated with greater PTG.
Dyjakon & Rajba (2022)	Mixed Methods (Longitudinal)	Polish women	Over 1.5 years of therapy, self-perception and interpersonal relating scores slightly decreased, while life appreciation increased; maintaining contact with perpetrators limited PTG.
Giesbrecht et al. (2022)	Mixed Methods (Longitudinal)	Indigenous women (Saskatchewan)	Culturally grounded artistic interventions fostered healing, empowerment, cultural identity, connectedness, resilience, and reduced isolation.

Ethical Considerations

As this study is a scoping review utilizing secondary published literature, it did not involve direct human participant recruitment by the authors. Ethical approval for the broader institutional project was granted by the Sefako Makgatho Health Sciences University Research Ethics Committee (SMUREC/H/353/2024:PG).

Thematic Findings

1. Demographic Characteristics

Demographic variables demonstrated inconsistent direct predictive power regarding PTG, showing stronger associations with posttraumatic stress severity. While Jónsdóttir et al. (2022) and Dyjakon and Rajba (2022) reported no significant association between age, gender, or education level and PTG outcomes, Bakaitytė et al. (2022b) found that higher educational attainment positively predicted PTG. Formal education may enhance cognitive processing of trauma by exposing individuals to diverse perspectives and critical thinking frameworks (Golden, 2023). Conversely, lower education levels were associated with higher posttraumatic stress and constrained coping capacity (Bakaitytė et al., 2022b). Furthermore, age influenced survivor profiling; older individuals were more frequently categorized within a "distressed growth" profile,

experiencing simultaneous psychological distress and personal development (Bakaitytė et al., 2022c).

2. Lifelong Learning and Skill Acquisition

Engaging in skill acquisition and lifelong learning provided DV survivors with enhanced independence, self-efficacy, and confidence (Amarsanaa et al., 2023). Learning new proficiencies catalyzed future-oriented thinking, self-forgiveness, and cognitive shifts that relocated blame from the survivor to the perpetrator. Educational engagement served as a platform for structured reflection and positive worldview reconstruction (Amarsanaa et al., 2023).

3. Cognitive Processing Mechanisms

Cognitive appraisal and processing styles played a central role in facilitating or inhibiting PTG:

- **Autonomy and Tangible Resources:** Tangible symbols of autonomy, such as secure housing or land ownership, provided environments of physical safety that fostered self-worth and future-oriented planning (Edwards et al., 2022).
- **Self-Blame and Shame:** Feelings of shame and self-blame constituted primary barriers to recovery (Bryngeirsdóttir & Halldórsdóttir, 2022b). However, initial self-blame occasionally provided survivors with a perceived locus of control, prompting a transition from involuntary intrusive rumination to deliberate, constructive rumination (Bakaitytė et al., 2022b). Self-forgiveness subsequently emerged as a vital milestone for emotional healing (Amarsanaa et al., 2023).
- **Event Centrality:** Event centrality—the degree to which a traumatic event defines an individual's identity—exerted a complex effect. High event centrality strongly correlated with both intrusive and deliberate rumination, driving PTG when cognitive processing was adaptive (Bakaitytė et al., 2022b). Conversely, moderate symptom severity and moderate event centrality optimized the conditions necessary for transformative growth (Jónsdóttir et al., 2022).

4. Social Support Systems and Community Connections

Supportive interpersonal networks, peer groups, and formal psychological services significantly enhanced PTG (Claeson et al., 2024). Survivors emphasized that peer support from individuals with shared lived experiences of IPV offered irreplaceable validation (Bryngeirsdóttir & Halldórsdóttir, 2022a). Formal psychotherapy served as a vital catalyst for cognitive reframing, helping survivors re-evaluate interpersonal boundaries and cultivate emotional intelligence (Dyjakon & Rajba, 2022).

Spirituality and faith-based communities additionally provided existential grounding, purpose, and community belonging, contributing directly to spiritual development domains of PTG (Amarsanaa et al., 2023). Furthermore, many survivors channeled their recovery into social activism, engaging with NGOs and public advocacy to foster community transformation and redefine their identities as agents of change (Amarsanaa et al., 2023).

5. Time Since Last Incident and Trauma Typology

The temporal distance from the most recent abusive incident significantly influenced recovery trajectories. Survivors who experienced IPV within the preceding two years exhibited lower initial PTG and elevated posttraumatic stress symptoms (Bakaitytė et al., 2022a). Over time, event centrality remained a consistent long-term predictor of PTG. Cumulative trauma severity—particularly sexual abuse and severe interpersonal violence—showed robust positive correlations with PTG among survivors who had achieved baseline safety (Jónsdóttir et al., 2022). However, ongoing contact with abusers or recent acute victimization severely constrained growth trajectories by perpetuating hyperarousal and depressive symptoms (Edwards et al., 2022; Dyjakon & Rajba, 2022).

DISCUSSION

The findings of this scoping review emphasize that although domestic violence causes profound psychological and physical trauma, it can catalyze substantial personal transformation under supportive conditions. In alignment with Tedeschi and Calhoun's (2004) foundational model, PTG operates as an interdisciplinary phenomenon driven by internal cognitive processing, interpersonal relational support, and broader sociocultural contexts.

Cognitive processing and intentional rumination emerged as primary drivers of posttraumatic growth. Survivors capable of engaging in deliberate cognitive reappraisal successfully integrated traumatic memories into coherent

life narratives, facilitating personal transformation (Park, 2022). These cognitive mechanisms operate in tandem with relational frameworks, such as relational-cultural theory, which underscores that psychological healing is rooted in mutually empathetic connections (Jordan, 2018). Culturally grounded and community-based interventions—such as those evaluated among Indigenous populations—further demonstrate that collective identity restoration and cultural pride are vital for marginalized survivors (Giesbrecht et al., 2022).

Professional interventions, including trauma-informed psychotherapy and specialized shelter services, significantly increased PTG by establishing physical safety and emotional validation (Claeson et al., 2024; WHO, 2022). Conversely, systemic barriers, societal stigmatization, legal roadblocks, and ongoing contact with perpetrators severely impeded recovery (Bryngeirsdóttir et al., 2023; Machinga-Asaolu, 2024). These findings corroborate emergent literature indicating that PTG is not merely a product of individual willpower, but is heavily mediated by intersectional vulnerabilities, structural support systems, and sociocultural norms (Žukauskienė et al., 2021).

Strengths and Limitations

A key strength of this review lies in its comprehensive methodological synthesis, integrating qualitative insights with quantitative metrics to evaluate PTG across diverse international populations. However, several limitations must be acknowledged. First, the majority of included studies relied on qualitative designs with predominantly female cohorts from high- and middle-income nations (e.g., Iceland, Sweden, Japan, Lithuania), potentially limiting generalizability to culturally diverse settings. Second, the inclusion of secondary data sources introduced potential author biases and data overlap. Third, restricting the search to English-language publications may have excluded relevant regional literature. Finally, scoping reviews map existing literature without performing formal methodological quality grading, indicating that the empirical strength of individual studies varies.

CONCLUSION

This scoping review demonstrates that posttraumatic growth among domestic violence survivors is a multifactorial process shaped by educational attainment, cognitive processing styles, temporal factors, and robust social support networks. Survivors actively reconstruct their identities by transitioning from intrusive rumination to deliberate cognitive reappraisal, reframing event centrality, and establishing autonomy. Because PTG frequently coexists with ongoing psychological distress, trauma-informed interventions must avoid focusing exclusively on symptom reduction. Instead, clinical practice and policy frameworks should adopt flexible, long-term, and culturally sensitive approaches that validate survivor resilience, foster community engagement, and address structural inequities over time.

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Authors' Contributions:

i. **SZ:** Conceptualization, Methodology, Writing – Original Draft, Writing – Review & Editing.
ii. **MBR:** Methodology, Formal Analysis, Writing – Review & Editing.
iii. **MHH:** Methodology, Formal Analysis, Writing – Review & Editing.

Data Availability Statement: The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request.

Ethical Approval: As this study is a scoping review utilizing previously published literature, it did not involve direct human participant recruitment or primary data collection by the authors. Ethical clearance for the broader institutional project was granted by the Sefako Makgatho Health Sciences University Research Ethics Committee (SMUREC/H/353/2024:PG).

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