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**An interpretive phenomenological analysis of Posttraumatic Growth
experiences amongst Filipino women in the UK**

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Thesis Abstract

Background: Post-traumatic growth (PTG), meaning the reported experiences of positive change and growth following traumatic events, is gaining increasing attention in the current trauma literature. Research has predominantly been conducted with Western samples. Emerging studies are however, being conducted cross-culturally and have begun highlighting cultural variations in the development and the reported rates and experiences of PTG amongst diverse samples. There is therefore a need to explore PTG amongst non-Western samples in regions such as Southeast Asia (SEA) where there is a high prevalence of traumatic events, and amongst survivors from diverse ethnic and cultural backgrounds to help inform further cultural understandings across different contexts.

Method: A systematic review was conducted that explored reported rates, domains, and factors associated with PTG amongst countries in SEA. A total of 14 studies were identified and quality was assessed with a standardised rating tool. A qualitative study using Interpretive Phenomenological Analysis (IPA) was also conducted that explored the lived experiences amongst Filipino migrants who are survivors of Intimate partner violence (IPV). Six women recruited from the community organisation Kanlungan participated in the empirical study.

Results: The studies included in the systematic review supported the presence of reported PTG amongst their samples, however the representation across several countries and traumatic experiences within SEA were limited. While the studies varied in the factors explored and in their associations with PTG, some patterns were identified as facilitating PTG within this region. The presence of positive change and growth

experiences represented by three personal experiential themes of a *Shift in mindset*, a *Greater sense of self (in relation to self and others)*, and *Greater meaningful relationships* were developed from the qualitative study. PTG amongst the Filipino women occurred within the context of their community.

Conclusion: The presence of positive changes and growth is supported amongst culturally diverse samples, although further research is needed to clarify the domains that contribute to PTG, and associated factors that facilitate its development across further countries in SEA and across different types of traumatic events. Findings also support the nuanced ways in which growth is developed and experienced amongst Filipino survivors of IPV, which highlights the importance of understanding growth experiences across diverse groups and settings.

Note: The systematic review is written in line with author guidelines for submission to Journal of Trauma, Violence & Abuse (Appendix B – excluding word count) & Empirical study following the guidelines of Journal of Qualitative Research in Psychology (Appendix F)

Lay Summary

Posttraumatic growth (PTG) is a concept that describes how some people can experience positive changes and personal growth after going through a traumatic event. Research is now suggesting that trauma survivors have reported more personal strength, greater appreciation for life, closer relationships with others, and a different perspective on life. Research suggests that there may be cultural differences in how individuals may experience and express positive changes and personal growth following traumatic events. Whilst more research is being carried out with individuals from different cultural and ethnic backgrounds, further research is needed. This thesis therefore set out to explore PTG with trauma survivors from countries within Southeast Asia (SEA) and amongst Filipino migrants in the UK. The first chapter is a comprehensive search of the literature that identified studies of people from countries within SEA that measured, reported on rates of PTG, and provided information on what helps develop PTG. Fourteen studies showed that people are reporting personal growth after natural disasters and at different types and stages of cancer. The studies showed that having social support, being a woman, and having certain mindsets such as being optimistic, and having a positive outlook following trauma were related to higher levels of PTG. However, there were also variations in what helped to facilitate these positive changes, most likely due to variations between the different studies. The second chapter describes a study conducted with Filipino migrant women in the UK who had experienced violence in a past relationship. In-depth interviews showed that the women reported changing perceptions of how they view themselves, that they were able to recognise their own personal strengths and boundaries towards others and developed greater meaningful relationships. They found that having support from their Filipino

community and from charity organisations helped in their journey of making sense of and recovering from their traumatic experiences.

Chapter 1: A systematic review of posttraumatic growth in Southeast Asia

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A systematic review of posttraumatic growth in Southeast Asia

Background: Post-traumatic Growth (PTG) characterised by positive psychological experiences of change following a traumatic event beyond pre-traumata levels of functioning, is increasingly recognised in the stress and trauma research. Studies on PTG, whilst mainly conducted with Western samples, are increasingly being conducted cross-culturally, including amongst countries within Southeast Asia (SEA). The current systematic review therefore aimed to explore reported rates and domains of PTG measured by the Post-traumatic growth Inventory (PTGI), and reported factors contributing to development of PTG in this region. **Method:** Fourteen studies were identified via OVID MEDLINE, EMBASE, Global Health, PsycINFO and Web of Science. **Results:** Overall, moderate levels of PTG were observed amongst natural disaster survivors and higher PTG levels amongst participants at various stages of cancer and treatment. Lack of available data precluded reports on the domains contributing to PTG amongst studies. Some overall patterns were observed, with female gender, social support, and higher levels of coping and psychological characteristics (e.g., acceptance, optimism, positive reappraisal) appearing to facilitate PTG amongst samples. Variations in factors explored and their relationship with PTG were also observed which may be attributed to differences relating to culture, type of trauma, and divergencies in samples and study design. **Conclusion:** While this review has begun to shed light on PTG amongst culturally diverse samples, a lack of representation from several countries within SEA was observed and across different traumatic experiences. Methodological limitations were observed and variations in adjustment and reporting of data across studies. Implications for practice, policy, and research are discussed.

Keywords: South-East Asia, post-traumatic growth

Introduction

Southeast Asia (SEA) constitutes over a quarter of the world's global population, according to the World Health Organization (WHO, 2017). A high prevalence of trauma has been reported in this region, as it is particularly vulnerable to natural disasters including severe floods, earthquakes, volcanic activity, tropical storms, and disasters resulting from global warming (Rich et al., 2020; Tang, 2006). Along with human-made events such as political violence, war, terrorism, pollution, and road accidents (Rich & Sirikantraporn, 2020), and universal traumas such as physical and sexual assault, violence, and life-threatening illnesses (Kristof & WuDunn, 2009). Most countries within this region are classified as low-income according to the World Bank criteria (Maramis et al., 2011), and most are faced with significant mental health challenges (Sharan et al., 2017). For example, the prevalence of depression in Cambodia is estimated to be five times higher than the worldwide average (Schunert et al., 2012). In the overall SEA region, 23% of the population is estimated to struggle with anxiety, and 27% with depression (WHO, 2017). There is however a scarcity of data on mental health in SEA, as mental health difficulties tend to be underreported due to shame and stigma surrounding mental health difficulties along with barriers and inequalities in accessing mental health care in this region (WHO, 2016). Despite the psychological, social, and economic burden placed on the SEA population, the majority do not end up accessing treatment (WHO, 2016).

It is furthermore estimated that 23.6 million Southeast Asian migrants live outside of their country of origin, with the majority residing in their continent but also in North America, and Europe (United Nations, 2020). There is a plethora of diverse reasons for migration (Hsu, 2004), including labour migration as a strategy to reduce poverty among different generations, gaining access to education, reuniting with

family members, and escaping political and environmental instability. Pre-migration and post-migration acculturation stressors including adapting to a new culture and language, finding work, financial, racial discrimination, and health care inequalities, have all been identified as potential risk factors for developing mental health difficulties (Hsu, 2004). Posttraumatic Stress Disorder (PTSD), anxiety, depression, adjustment disorders, and somatic and physical disorders have been identified as common mental health difficulties amongst SEA refugees (Nguyen & Bornheimer, 2014). However, most SEA migrants and refugees do not present to mental health services in their host countries (Bernardo et al., 2022). Despite this being a nation with a high prevalence of trauma it continues to be underrepresented in the psychological literature (Bernardo et al., 2022).

Posttraumatic growth

The high occurrence of various traumatic events found within the SEA region, coupled with the low utilisation of mental health services, has resulted in a growing number of studies highlighting the potential role of protective factors and resilience amongst Southeast Asian's (Bonnano, 2004). Emerging studies have suggested that along with the underreporting of mental health difficulties, there may be potential buffers against developing mental health difficulties in the first instance, or an increased ability to cope with symptoms amongst this population (Hussain & Bhushan, 2013; Rich & Sirikantraporn, 2020). For some, trauma may even serve as a catalyst for growth, and an acquired wisdom which exceeds pre-trauma levels of functioning (Calhoun & Tedeschi, 2004; Triplett et al., 2012). Increasing attention has been placed on the concept of Posttraumatic Growth (PTG), characterized by positive psychological experiences of change in five domains following traumatic events, including improved

relationships, increased personal strength, spiritual change, a greater appreciation of life, and seeing new possibilities (Tedeschi and Calhoun, 2004). Growth is posited to occur through the cognitive process of re-appraising and facilitating new meaning from their traumatic experiences which alters their cognitions and beliefs about themselves and the world (Calhoun & Tedeschi, 2014).

PTG correlates have been identified, and relations between environmental, psychological, social, and demographic variables have been indicated across several studies (see Helgeson et al., 2006). According to the findings of recent meta-analyses (Prati & Pietrantonio, 2009; Vishnevsky et al., 2010) relations have been shown between the severity of trauma, individual's responses to distress such as intrusive cognitions and level of perceived stress, level of social support, involvement with religion, rumination, acceptance, positive reappraisal, and reported levels of PTG. There are currently variations amongst studies of the psychosocial variables explored and the direction of correlations found with reported levels of PTG amongst samples, which has been attributed to differences in study designs, methodology, samples used, differing traumatic experiences and cultural differences amongst other reasons (Elderton et al., 2017). Whilst some survivors report growth, others do not, it is therefore important to consider the factors that may relate to positive change across different contexts and samples as this is likely to have implications on reported growth experiences (Calhoun & Tedeschi, 2010).

Posttraumatic Growth cross-culturally

There is a growing recognition in the trauma literature that positive change and growth experiences alongside pathology should be explored to facilitate a more comprehensive understanding of the consequences and impact of traumatic events amongst survivors. Whilst the existing research on PTG has predominantly been conducted with participants from Western countries including the US and Western Europe, with some exceptions of studies conducted in China, Japan, and India (Rich & Sirikantraporn, 2020), a growing number of studies are being conducted cross-culturally (see for example Ho, 2004; Morris et al., 2005; Peltzer, 2000). Whilst evidence has supported the presence of PTG across different cultures, variations in reported levels and scores of PTG have been highlighted (Weiss & Berger, 2010). A higher prevalence of reported PTG was found amongst Latinos and European samples compared with Persian samples (Milam et al., 2005), and more growth was reported amongst a sample of African American youths compared to their European American counterparts (Phipps et al., 2007). It is furthermore recognised that culture will significantly impact conceptual understanding of human strengths and how this is nurtured which will then have a significant impact on a person's wellbeing and success within a particular society (Hashim, 2013). It has been argued that research focusing on PTG in Western countries, may miss out on particular cultural experiences in relation to trauma responses (Rich & Sirikantraporn, 2020).

It has been suggested that the way that PTG in SEA expresses itself may differ from other cultures (Rich & Sirikantraporn, 2020). Distinctions between individualistic cultures and collectivist cultures have been made, and it has been suggested that there may be more of an emphasis on family relations and connection with religious communities in more collectivist cultures compared to individualistic ones, where

instead there may be more emphasis on personal growth (Helgeson et al., 2006; Yang, 2016). Family and faith may instead be more significant for PTG in collectivist cultures (Rich & Sirikantraporn, 2020). It has been argued that these cultural nuances, coupled with the lack of psychological literature on well-being and growth, makes it particularly important to conduct research with populations from different countries within SEA (Rich et al., 2020). Whilst SEA have tended to be grouped together due to their shared experiences and traits, it is equally important to highlight the cultural diversity in terms of language, economics, linguistics, customs, and beliefs about mental health found within this region (Rich & Sirikantraporn, 2020). It is therefore possible, bearing in mind the different types of traumatic events found within this region, that perceptions of PTG and correlates of PTG may vary within this region.

Rationale for systematic review

While the research on PTG is growing, the current literature tends to be based on samples from Western countries, with little attention being paid to cultural and ethnic diversity that may influence how PTG is manifested and the factors that may help facilitate PTG in the first instance. There is currently no systematic review exploring PTG in SEA. As increasing studies on PTG are being conducted cross-culturally, including in SEA, this justifies a review that explores the current literature in this specific region, and one that sheds light on the experiences of individuals from SEA.

To date, there are a range of self-report measures of experiences of PTG, however the most common measure used and validated across a range of studies is the Post-traumatic Growth Inventory (PTGI; Tedeschi et al., 2017). This review will therefore only include studies that have used the Posttraumatic Growth Inventory (PTGI) as a

validated measure of PTG, to reduce variability in measures, and allow for more rigorous and comprehensive comparisons to be made amongst participants from SEA who have experienced traumatic events. While this measure was initially developed within a Western context, it has been validated across different cultures with some adaptations made to the measure to better suit the cultural context (Kashyap & Hussain, 2018).

The current systematic review intends to address the following questions and aims:

What are the reported rates of posttraumatic growth for people from SEA who have experienced traumatic events?

Aims:

- 1) To explore if PTG is reported amongst people from SEA
- 2) To explore what dimensions of PTG has been reported amongst Southeast Asian people who have experienced trauma.
- 3) What factors have been reported to contribute to the development of PTG amongst a Southeast Asian population?

Methodology

A systematic review was conducted to identify studies that (1) explored PTG scores (2) with people from SEA. A systematic search was conducted on the following databases including OVID MEDLINE, EMBASE, Global Health, PsycINFO and Web of Science in accordance with PRISMA guidelines (See Appendix D). To enable greater coverage, references and citation lists of the attained articles and relevant reviews were hand searched. The key words included in the search were grouped into the following categories: (1) Southeast Asia terms, (2) Posttraumatic Growth terms. The complete details of the search can be found in (See Appendix A).

Search strategy and eligibility criteria

The titles and abstracts were initially screened for eligibility by the main author. The full texts were then reviewed against the inclusion and exclusion criteria. An additional author reviewed 10 % of the studies at each stage, to reduce selection bias (Plüddemann et al., 2018). Any discrepancies in the selection of studies were resolved through consensus between the two authors. The following inclusion criteria was applied: (1) peer reviewed studies conducted with adults from countries in SEA, or studies conducted with multicultural groups that presented separate data on people from SEA, (2) used the PTGI to measure PTG, and provided data on PTG and or predictors/factors associated with the development of PTG, (3) conducted with adults who reported experiencing or witnessing traumatic events, and (4) studies published in English. There were no restrictions regarding the type of trauma or symptomatology applied. Studies were excluded if they had a qualitative research design, or solely focused on resilience, healing, or recovery rather than the specific phenomena of PTG. Unpublished reports and reviews were also excluded.

Data Extraction

The following data was extracted from each paper (1) Characteristics such as origin of study, demographic information of participants, (2) the nature of the traumatic experience and time period of assessment, (3) PTG scores and domains reported, (4) correlations /predictors related to the development of PTG (5) Study design and general dynamics of study e.g., information on potential confounding variables and whether, and when, follow up was conducted if applicable. One author independently extracted all relevant data from the studies, while an additional author extracted 10 % of the data. Comparisons were then made of the extracted data, resulting in a high level of agreement between the reviewers. Findings that were deemed applicable to the research question are presented in both a table layout and as a narrative summary.

Assessment of Methodological Quality

The Joanna Briggs Institute (JBI, 2016) Critical Appraisal Tool for Analytical Cross-Sectional studies (Appendix E) was used and adapted to suit the studies included in this review in order to assess study quality as well as any potential bias in its design, conduct and analysis. This tool has been developed and extensively utilised in previous systematic reviews and was chosen for its generic design, and applicability across different study designs and methodologies (Khambalia et al., 2012; Munn et al., 2014). The JBI tool comprises of a checklist where the option of 'yes', 'no', 'unclear', or 'not applicable' can be used to establish whether the criteria has been met. One reviewer conducted the full quality assessment independently, and a second reviewer separately conducted 10 % of the quality rating. Comparisons of the ratings were made, and a high agreement was found. In accordance with other systematic reviews using the JBI tool

(McCutcheon et al., 2015) if all the criteria were met, the study was rated as ‘Low risk of bias’. If one or more items were unclear this was rated as ‘Moderate risk of bias’.

Finally, a ‘High risk of bias’ rating was provided if one or more criteria were not met.

The quality assessment helped inform the interpretation of the results of the study.

Methodological quality of studies

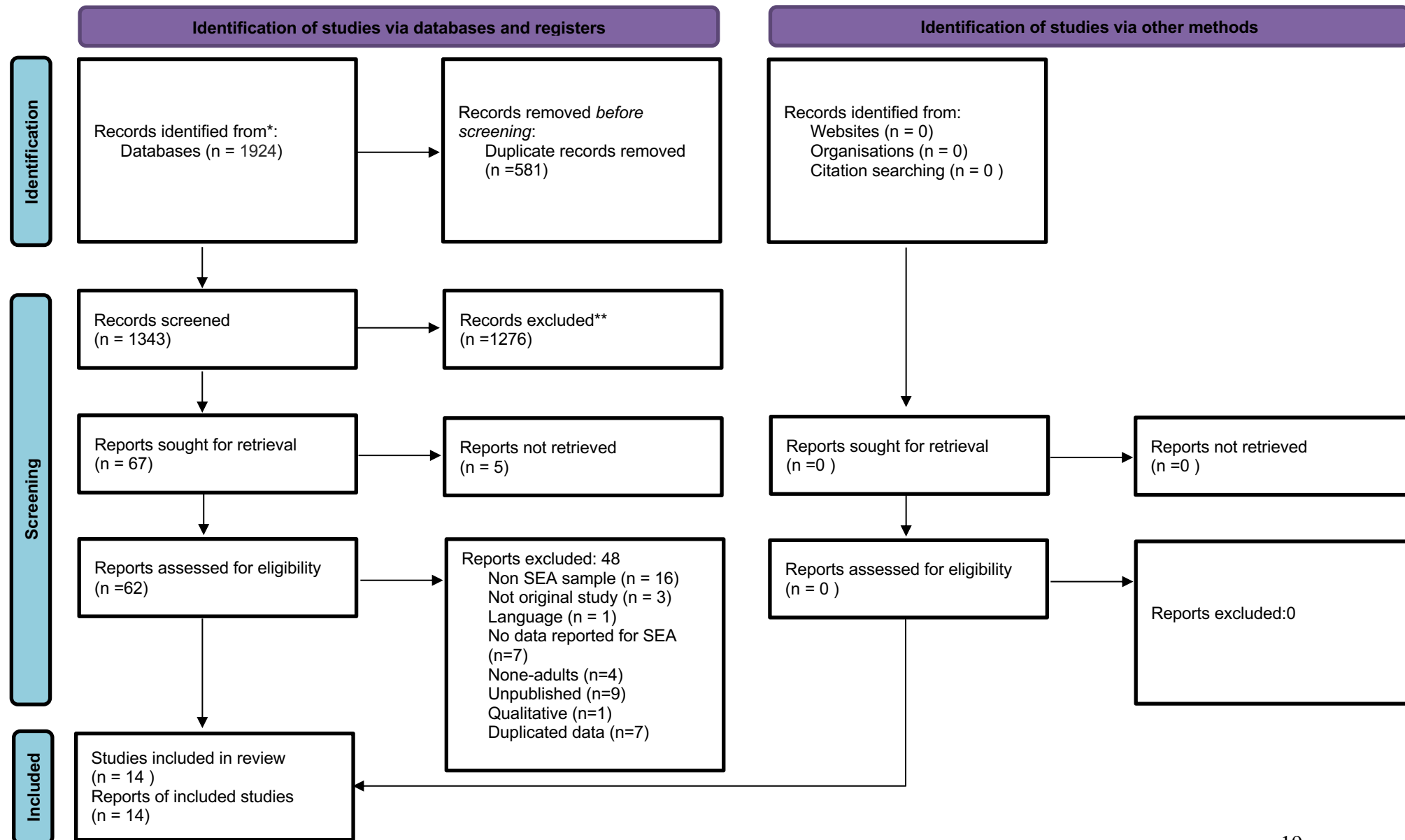
The outcomes of the quality assessment can be viewed in Table 1 and in Appendix C. Generally, the quality of the studies included was varied. Amongst a total of 14 studies, five (35%) fulfilled all criteria and were therefore rated as low in risk of bias, five were rated as moderate risk, and four were rated as high risk of bias. The main reasons for the higher risk of bias were predominantly due to not explicitly specifying the inclusion criteria utilised for study participants. Other reasons included not having specified the type of trauma experienced, and not considering or controlling for potential confounding variables that could potentially influence PTG scores.

Data Analysis

There was a significant degree of heterogeneity between studies regarding the adaptations made to the PTGI, with the majority of studies translating the measurement or making adjustments to the PTGI index in order to accommodate the cultural context. Three studies furthermore used the short-form PTGI version. Some studies reported overall mean PTG scores, a few reported mean scores on individual domains included in the PTGI, and some studies only reported factors associated with or predicting PTG. Therefore, a narrative summary was utilised in line with standard guidelines (Popay et al., 2006).

Corpus of studies: Full details of the screening and exclusion process can be viewed in Figure 1 below. A total of 14 studies are included in this review.

Figure 1. Full Screening process



Results

Details of the main characteristics of the study/participants and results are shown in Table 1 and 2. Ten of the studies reported data on overall mean PTG score for their sample, only three studies provided data on the domains comprising PTG for their participants, and 13 studies explored factors associated with PTG. The studies are grouped according to these findings and structured around target population characteristics, including country of origin and trauma experienced. Most studies had a cross-sectional research design, except for one longitudinal study. Five of the studies were conducted in Indonesia, three in Thailand, three in the Philippines, two in Malaysia, and one in Cambodia. Majority of studies utilised participants who were natural disaster survivors (seven studies), three with cancer survivors, two with survivors of intimate partner violence and interpersonal hurts, and one that did not specify the kind of trauma experienced amongst participants.

Table 1. Study & Participant characteristics

Author and Year of Publication	Trauma experience	Sample	Location (add after sample)	Elapsed time since traumatic event	Study Design	Risk of Bias
Akbar (2014)	Natural disaster (earthquake)	100 (35 male, 65 female)	Indonesia (Yogyakarta Province)	Data collected several years after disasters in 2013	Cross-sectional	High
Mordeno et al. (2015)	Natural disaster (typhoon)	895 (males 346 and females 549)	Philippines	Data collected between 3-30 days after the incident	Cross-sectional	Moderate
Sattler et al., (2014)	Natural disaster (tsunami)	3 months 248 (97 men, 151 female) Different sample at 15 months; 255 (148 men, 107 female)	Thailand	At 3 respectively 15-months post tsunami	Cross-sectional data conducted at (3 & 15-month with different samples)	Moderate
Sattler et al., (2018)	Natural disaster (earthquake)	85 (34 men, 50 female, 1 unknown)	Indonesia (Central Java)	18 months after the earthquake	Cross-sectional	Moderate
Sattler et al., (2023)	Natural disaster (Typhoon)	332 (102 men and 230 women)	Philippines	Distributed 5 weeks after typhoon	Cross-sectional	Moderate
Tang (2007)	Natural disaster (earthquake-tsunami survivors with physical injuries)	271 (44 men and 94 women)	Thailand	6 months post-earthquake	Cross-sectional	Moderate
Subandi et al., (2014)	Natural disaster (Eruption)	90 (gender not specified)	Indonesia (Yogyakarta)	8 months post eruption	Mixed method (cross-sectional and qualitative)	High

Author and Year of Publication	Trauma experience	Sample	Location (add after sample)	Elapsed time since traumatic event	Study Design	Risk of Bias
Abdullah et al. (2019)	Cancer (varied diagnoses)	195 female 142, Male 53	Malaysia	50 % completed treatment, 44% in treatment, and 6% not in treatment yet	Cross-sectional	Low
Hamdan et al., (2022)	Cancer (head and neck)	200 (91 female, 109 male)	Malaysia	Between 1-month and one-year post diagnosis (Baseline & follow up data after 5-7 months)	Longitudinal (cohort study)	Low
Lekdamrongkul et al., 2021	Cancer (non-Hodgkin's lymphoma)	312 (female 172, male 140)	Thailand	At various stages of treatment	Cross-sectional	Low
Arandia et al., (2018)	Intimate partner abuse	217 (female)	Philippines	history of IPA experience within the last 6 months of a previous or current relationship	Cross-sectional	Low
Voytenko et al., (2023)	Interpersonal hurts	217 (gender not specified)	Indonesia	Time since traumatic event unspecified	Cross-sectional	High
Manik et al., (2021)	Traumatic bereavement	301 (129 female)	Indonesia (Bali)	On average, the time since loss was 16 months.	Cross-sectional	Low
Badaracco et al., (2020)	Trauma unspecified (Reported experiencing at least one traumatic event)	67 (37 male, 29 female)	Cambodia	Time since traumatic event unspecified	Mixed method (cross-sectional and qualitative)	High

Table 2. PTG results

Author and Year of Publication	PTG measure	Adjustments	Mean PTG Total Scores (SD) (Classification)	Domains of PTG	Factors significantly associated with PTG	Factors not significantly associated with PTG
Akbar (2014)	PTGI	None	-	-	Approach coping + Social support + Female Gender +	-
Mordeno et al. (2015)	PTGI	Translated	Male sample: M= 57.02 (SD 24.94) Female sample: M=57.41 (SD 26.99). (No Classification)	-	Dysfunctional relationships with family and friends and higher PTG scores +	Level of functionality (work/occupation/domestic chores/leisure activities)
Sattler et al., (2014)	PTGI	Translated (adjustment to scale)	3 months; 4.95 (0.57) 15 months; 4.75 (0.50) (Moderate)	-	Time since event - <u>3 & 15 months:</u> Social support+ Problem-focused coping+ Education + <u>3 months:</u> Prior trauma experience + Somatic problems (headaches, muscle pain) + <u>15 months:</u> Personal characteristic resource loss (e.g., reduced optimism)-	Prior trauma experience (15 months)
Sattler et al., (2018)	PTGI	Translated (adjustment to scale)	4.81 (1.04) (Moderate)	-	Social support+ Energy resource loss (e.g., time for activities) +	Posttraumatic stress
Sattler et al., (2023)	PTGI	Translated (adjustment to items & scale)	4.70 (1.03) (No Classification)	-	Resource loss+ Higher levels of coping + Climate change risk perception+	-

Author and Year of Publication	PTG measure	Adjustments	Mean PTG Total Scores (SD) (Classification)	Domains of PTG	Factors significantly associated with PTG	Factors not significantly associated with PTG
Tang (2007)	PTGI	Translated	34% of participants reported at least moderate levels of PTG	-	<u>Interpersonal & Intrapersonal PTG:</u> Intrusive, hyperarousal, and avoidant states + Perceived family emotional support + Being married + <u>Interpersonal PTG:</u> Younger age - Pre-disaster employment + Adaptive coping pattern + Disaster-related traumatic experiences (witnessing death/injuries) + <u>Intrapersonal PTG</u> Adaptive coping+	Instrumental support from the family and the government
Subandi et al., (2014)	PTGI	(adjustment to items)	-	-	Gratitude separately +	Gratitude & Hope together
Abdullah et al. (2019)	PTGI-SF	Translated	39.87 (± 9.09) (High)	New Possibilities: M=7.95 (SD ± 2.06) Relating to Others: M=8.14 (SD ± 2.03) Personal Strength: M=8.04 (SD ± 2.20) Spiritual Change: M=8.47 (SD ± 2.13) Appreciation of Life: M=7.04 (SD ± 2.31)	Female gender+ Perceived spousal support+ Religion (Islam)+ (Higher mean compared to Hinduism, Buddhism & Christianity) Hope +	Optimism Socio-demographic factors (age, monthly income, education level) Clinical characteristics

Author and Year of Publication	PTG measure	Adjustments	Mean PTG Total Scores (SD) (Classification)	Domains of PTG	Factors significantly associated with PTG	Factors not significantly associated with PTG
Hamdan et al., (2022)	PTGI-SF	Translated	Baseline 33.7 (11.5), Follow-up 39.5 (9.3) (High)	-	Female gender+ age <60 + Time Since event+ Treatment modality (only clinical characteristic) associated with PTG over time* Approach coping styles (planning and acceptance) + Islam & Buddhism + Avoidant coping style (denial) and lower PTG over time - Problems with the senses - Problems with social contact-	Hinduism
Lekdamrongkul et al., (2021)	PTGI	Translated	71.0 (17.7) (High)	PTG results suggested higher reliance on their religious faith (83.4%), greater acceptance of the situation in their lives and the way things worked out (80.9%), from a moderate to a very high degree	-	-
Arandia et al., (2018)	PTGI	Translated (adjustment to scale)	-	Appreciation of life: M=10.6, (SD 5.2) New Possibilities: M=16.7 (SD=6.0) Personal strength: M=14.4 (SD 4.6), Spiritual change: M=7.7 (SD 2.6) Relating to others: M=22.9 (SD 8.2)	Positive cognitive restructuring+ Denial+ Downward comparison+ Regret+ Resolution/Acceptance+	-

Author and Year of Publication	PTG measure	Adjustments	Mean PTG Total Scores (SD) (PTG Classification)	Domains of PTG	Factors significantly associated with PTG	Factors not significantly associated with PTG
Voytenko et al., (2023)	PTGI	translated	72.48 ($\pm$ 17.65) (No Classification).	-	Negative religious coping+	-
Manik et al., (2021)	PTGI – SF	None	18.2 (6.4) (Moderate)	-	-	PTSD symptom class (low or high) Depression & prolonged grief disorder
Badaracco et al., (2020)	PTGI	Translated	-	-	Resilience+	Number of traumatic life events

Note: Positive association +, negative association -

PTG scores

Whilst all studies used PTGI to measure PTG, three studies (Abdullah et al., 2019; Manik et al., 2021; Hamdan et al., 2021) utilised the short-form PTGI version (Cann et al., 2010), and most (12) of the studies had translated and validated their measures in a different language in order to suit the cultural context. The majority of studies provided interpretations of the corresponding growth level, however three did not classify their PTGI score (Mordeno et al., 2015; Sattler et al., 2023; Voytenko et al., 2023). It is therefore not possible to ascertain the growth levels within these studies as the thresholds used varied between them.

Overall, moderate levels of PTG were reported among natural disaster survivors in Thailand and Indonesia (Sattler et al., 2014 & 2018; Tang, 2007) and among a sample of traumatically bereaved family members in Indonesia (Manik et al., 2021). There were significant variations between the times of measurement following the traumatic events. High levels of PTG were reported amongst cancer survivors at various stages of treatment and at various points post-recovery (Abdullah et al. 2019; Hamdan et al., 2022; Lekdamrongkul et al., 2021) in Malaysia and Thailand. Only one study (Tang, 2007) reported on the prevalence of PTG found amongst a sample of tsunami survivors in Thailand and reported that 34 % of participants who had obtained physical injuries reported at least a moderate degree of PTG six months following the tsunami.

Domains reported amongst Southeast Asian's

Most studies included in this review neglected to report on the specific domains that contributed to the overall PTGI scores found amongst their samples. Only three studies reported data on the PTG domains found (Abdullah et al., 2019; Arandia et al., 2018;

Lekdamrongkul et al., 2021). Two studies conducted with Filipino survivors of intimate partner abuse and Malaysian cancer patients reported mean scores for each domain. However they did not provide interpretations on the scoring of each domain. Only one study conducted in Thailand found that non-Hodgkin's lymphoma survivors reported having a more positive view of life, appreciation for and maintaining family relationships, and planning for the future, which contributed to greater levels of PTG (Lekdamrongkul et al., 2021). It is therefore still unclear to what extent the *appreciation of life, new possibilities, personal strength, spiritual change, and relating to others* domains contributes to the levels of PTGI amongst the SEA samples included in this review.

Overview of factors associated/predictive of PTG

Thirteen studies reported on factors associated with PTG amongst SEA samples. Amongst these studies three were conducted in the Philippines, three in Thailand, two in Malaysia, four in Indonesia, and one in Cambodia. The studies included survivors of natural disasters, participants diagnosed with cancer, victims of intimate partner violence, and family members with complex bereavements. Most studies were cross-sectional studies. The findings from these studies are categorised and discussed below.

Socio-demographic factors

The studies differed in the variables explored, and also the findings related to socio-demographic variables and their relationship with PTG. Younger age, being married, and pre-disaster employment was found to predict PTG amongst natural disaster survivors in Thailand (Tang, 2007), as well as level of education (Sattler et al 2014).

Female gender predicted PTG amongst Indonesian earthquake survivors (Akbar, 2014). Level of functionality in areas such as work, occupation, domestic chores, and leisure activities was not associated with PTG in Filipino typhoon survivors (Mordeno et al., 2015). Mixed results were indicated in two studies with cancer patients in Malaysia (Abdullah et al., 2019; Hamdan et al., 2022). While older age predicted PTG in a sample of head and neck cancer patients in Malaysia (Hamdan et al., (2022), no significant association between age, monthly income, education level, and PTG was found in the latter study (Abdullah et al., 2019). Both studies found female gender as significant predictors of PTG, with male respondents reporting lower PTG over time. Notable methodological differences were observed between the two Malaysian studies, with the former utilising a longitudinal study design within the first year after their diagnosis, and the latter a cross-sectional design, conducted with different kinds of cancer and at various stages of treatment.

Social support factors

Seven out of the 13 studies investigated the relationship between social support and PTG. Most of the studies found a positive association between these variables (Abdullah et al., 2019; Akbar 2014; Hamdan, 2022; Sattler et al., 2014 & 2018; Tang, 2007). Amongst survivors of natural disasters, perceived social support from family, friends and significant others was found to facilitate a higher PTG score in an Indonesian sample (Akbar, 2014) and in a sample from Thailand (Tang, 2007). Perceived community support was also related to higher PTG in a sample from Indonesia (Sattler et al., 2018) and from Thailand at 3 and 15 months following the disaster (Sattler et al., 2014). However instrumental support from the family and government was not related to PTG amongst a sample from Thailand (Tang, 2007).

Contrary to the general trend, having more dysfunctional family relations appeared to be associated with higher PTG scores in a Filipino sample (Morden 2015). The latter study was the only study gathering data shortly after the disaster (between 3-30 days). Two studies conducted with cancer patients in Malaysia also found a positive association between perceived social support, particularly spousal support, and growth, as well as a significant association between perceived problems with social contact and lower PTG (Abdullah et al., 2019; Hamdan et al., 2022).

Psychological resources and coping strategies

Nine studies explored the relationship between PTG and psychological resources/coping styles. The evidence generally suggests that ways of coping and responding to distress following an adverse experience are significantly associated with PTG in SEA.

Whereby more adaptive/approach coping styles are related to attempts to engage in active problem-solving, and use of emotional strategies in order to relieve the source of distress, by e.g., engaging in planning and acceptance, or by reframing ones experiences positively, or having a hopeful outlook, and higher levels of reported PTG were observed in natural disaster survivors in Indonesia (Akbar, 2014), the Philippines (Sattler, 2023) Thailand (Sattler et al., 2014; Tang, 2007), in a Malaysian sample with head and neck cancer survivors (Hamdan et al., 2022) and in a Filipino sample with survivors of intimate partner violence (Arandia et al., 2018). In contrast, more avoidance coping styles, specifically denial, predicted lower PTGI scores over time among cancer patients after controlling for other socio-demographic and clinical variables in the Malaysian sample (Hamdan et al., 2022). Higher levels of hope, but not optimism were associated with higher PTG-SF scores amongst cancer patients in Malaysia (Abdullah et al., 2019), but not amongst an Indonesian sample of natural

disaster survivors, where they instead found a positive association between gratitude and PTG (Subandi et al., 2014). A strong positive correlation between resiliency and PTG was found in a different Indonesian sample, however the type of traumatic experience was not specified in this study (Badaracco et al., 2020).

Religion

Amongst studies examining the relationship between religion and PTG, most found a positive association, but with some mixed findings. This included two studies conducted with cancer patients in Malaysia (Abdullah et al., 2019; Hamdan et al., 2022).

Interestingly, Hamdan et al., (2022), in their sample of head and neck cancer survivors, found that participants affiliated with Buddhism and Islam reported experiencing higher PTG compared to those of other religions. More than 50 % of Buddhist participants furthermore reported engaging with mindfulness and meditation to cope with their difficulties. In contrast, negative religious coping, defined as the struggle with one's religion in relation to the self and others as a consequence of the traumatic event, was found to be positively associated with perceptions of PTG, amongst a sample of interpersonal trauma survivors in Indonesia (Voytenko et al., 2023).

Situational factors

Studies looking at the relationship between PTG over time found contradictory results. One study found a significant increase in PTG amongst head and neck cancer patients after 5-7 months follow up (Hamdan et al., 2022). With 68% of participants reporting an overall higher PTG score over time. However, the overall PTG mean score was lower at 15 months than 3 months among tsunami survivors in Thailand (Sattler et al., 2014). A similar study conducted in Thailand, found that disaster-specific traumatic experiences,

specifically having witnessed death or injuries during the earthquake were significant predictors of interpersonal PTG, defined as changes in interpersonal relationships amongst the survivors (Tang, 2007). They found that Intrapersonal PTG was positively related to the severity of various traumatic earthquake-tsunami experiences. While prior trauma experience was positively associated with PTG at 3 months amongst natural disaster survivors in Thailand (Sattler et al., 2014), no association between number of traumatic life events and PTG were found in an Indonesian sample (Badaracco et al., 2020). Of note, the first study was longitudinal whilst the latter was cross-sectional. The type of traumatic experience was furthermore not specified in the latter study.

Clinical characteristics

Overall, variations between clinical characteristics and reported PTG scores were observed across studies. Whilst no association between PTSD and PTG was found amongst natural disaster survivors 18-months post tsunami, and amongst a sample of bereaved Individuals in Indonesia (Manik et al., 2021; Sattler et al., 2018), a positive association between PTSD symptoms was indicated amongst natural survivors in Thailand 6-months post tsunami (Tang, 2007). PTG did furthermore not appear to be significant factor in the prevalence of prolonged grief disorder, and depression amongst a sample of bereaved family members in Indonesia (Malik et al., 2021). Other clinical characteristics including type and stage of cancer, as well as duration of illness amongst Malaysian cancer patients was not found to be associated with PTG, except for the type of treatment modality received, whereby those receiving treatments such as chemotherapy, surgery combined with chemotherapy, and chemotherapy combined with radiotherapy reported higher PTG compared to those only receiving surgery as a stand-

alone intervention (Abdullah 2019; Hamdan et al., 2022). Somatic issues such as headaches, and muscle aches in a sample of natural disaster survivors in Thailand, was however positively associated with PTG (Sattler et al., 2014), while problems with senses amongst cancer patients was associated with lower PTG over time (Hamdan et al., 2022).

Discussion

This is the first systematic review of studies examining PTG amongst participants from SEA. There are currently 14 studies that met the inclusion criteria of this review and that utilised the PTGI to examine PTG amongst trauma survivors in SEA. Notably, almost half of the studies included were conducted within the last five years, suggesting that until recently, there may have been an insufficient number of studies to conduct such a review. The findings from this review, revealed both methodological weaknesses as well as strengths. The following paragraphs will expand on the findings of this review and reflect on its limitations, as well as provide directions for future research in this field.

Exploring reported PTGI amongst people from SEA.

Based on the current yet limited available studies reporting on PTGI scores and providing classifications on corresponding PTG thresholds, moderate to high average PTGI scores were reported amongst participants in the included studies, which supports the existence of growth experiences following traumatic experiences amongst non-Western samples. Most studies providing sufficient information were conducted in Thailand and Malaysia, which means that our understanding of rates of reported PTG

beyond these countries in SEA remains limited. Studies have suggested differences between different types of traumatic events, perceptions of level of controllability, and levels of growth reported (Hasan & Power, 2004; Kilmer, 2006). Interestingly, moderate PTG levels were observed amongst natural disaster survivors, and higher levels of mean PTG were observed amongst participants at various stages of cancer and treatment. This is congruent with studies conducted outside SEA amongst earthquake survivors (Amiri et al., 2021), and amongst cancer survivors (Cordova et al., 2001; Wang et al., 2014).

Dimensions of PTG

The studies mainly reported on the overall total mean PTGI score amongst their samples. Where data on the separate domains were available, no classification regarding score thresholds were provided. As the studies currently differ depending on the study context, and no official threshold has been validated (Elderton, 2017; Martin, 2016; Sharp 2018) it was beyond the scope of this review to interpret the scores provided. It is therefore still unclear to what extent the *appreciation of life, new possibilities, personal strength, spiritual change, and relating to others* domains contributes to the levels of PTGI amongst the SEA samples included in this review. The studies' tendency to mainly focus on overall PTG scores, while neglecting to explore whether different growth dimensions occur amongst survivors of various traumatic experiences, has been highlighted previously and warrants further research (Shakespeare-Finch & Armstrong, 2010; Taku et al., 2015).

Factors associated with PTG

The studies included in this review varied in the factors explored relating to PTG. While some general patterns were found across the studies there were also some conflicting findings. Studies included in this review suggest that female gender, adaptive coping, social support, and psychological resources are all significantly associated with PTG scores across victims of natural disaster, patients at various stages of cancer and treatment, different countries etc., which is in line with findings from other reviews of factors facilitating the development of PTG in other contexts (Helgeson, 2006; Prati & Pietrantonio, 2009). In terms of gender, it has been suggested that women engage in more deliberate rumination, utilise coping strategies that are more emotion-focused, and more likely to perceive stressors as life threatening. These factors are proposed as core cognitive mechanisms integral to the development of PTG, as they involve actively making sense and working through the traumatic event following the shattering of fundamental schemas, which may explain the higher levels of PTG observed (Tamres et al., 2002; Tedeschi & Calhoun, 2004). The socio-demographic factors explored and associations with PTG varied across studies in this review, which is reflected in the general PTG literature (Linley & Joseph, 2004). It is possible that this could be attributed to the different study designs and samples observed amongst the studies. Other potential confounding factors, such as societal and cultural norms, may also account for the observed variants however this was not thoroughly explored amongst the studies included.

The role of perceived levels of social support from family, loved ones, community, and psychological resources in the development of PTG found in this review has also been supported in the existing literature (Helgeson et al., 2006; Linley & Joseph, 2004). It

has been suggested that social support may promote a more positive appraisal of the event and help facilitate cognitive processing of trauma (Schaefer & Moos, 1998). PTG is argued to occur through additional perspectives and support in constructing narratives regarding the changes that have occurred following trauma which can be integrated into changing schemas (Tedeschi & Calhoun, 2004). Two studies diverged from this pattern, whereby more dysfunctional family dynamics were associated with higher PTG in a Filipino sample within a month following a natural disaster (Moderno et al., 2015). While emotional support played a part in the development of PTG in a Thai sample, more practical/financial support from the family or government did not (Tang., 2007). It is possible that these findings may be attributed to cultural differences in expectations and type of support received (Schwarzer et al., 2006). In collectivist cultures such as in the Philippines, there may be higher expectations of family support (Moderno et al., 2015). The absence of such support following a traumatic event, coupled with the recency of the event, may lead to heightened distress which may instead result in greater adaption of cognitive strategies resulting in PTG (Moderno et al., 2015). It has been argued that in some cultures and religions suffering is viewed as an inevitable part of life. Individuals may be expected to endure the hardship autonomously rather than using external assistance, which may explain the lack of association between PTG and more practical/financial levels of support observed in some settings (Daya, 2005).

The findings of this review highlight a relationship between the use of adaptive coping styles and attempts at actively engaging in problem-solving and other cognitive strategies by engaging in planning, acceptance, positive reappraisal, having a hopeful outlook, and higher levels of PTG. These findings have gained support in other reviews and meta-analyses amongst global samples (Helgeson et al., 2006; Linley & Joseph,

2004; Prati & Pietrantonio, 2009). It has been suggested that these variables promote PTG by endorsing more favourable evaluations of threat, influencing health behaviours, and reinforcing adaptive personal resources (e.g., strength, self-mastery), and by fostering the process of making sense of the event (Prati & Pietrantonio, 2009). One study found that gratitude, not hope positively predicted PTG in an Indonesian sample (Subandi et al., 2014). Interestingly the study also found a high correlation between gratitude and spirituality, whereby the authors concluded that spirituality involves the concept of gratitude. It has been suggested that the concept of hope involves a component of agency, a belief that one can reach desirable goals, and a perception of capacity to create workable routes towards those goals (Snyder, 2002). If religious suffering is viewed as an inevitable part of life, and less emphasis is placed on agency, it may explain why gratitude instead of hope is significant to PTG in some cultures.

Only a limited number of studies explored the role of religion and its relationship with PTG. The studies mainly supported the benefits of positive religious coping, defined as having a secure relationship with one's faith and a compassionate view of the universe and God, coupled with a deep-felt sense of interconnectedness with others and relationship with higher PTG (Voytenko et al., 2023). These findings support the notion that spirituality and religion can act as an important source of support and comfort, and can help attribute meaning to the traumatic event, thereby facilitating an individual's ability to find positive meaning and growth in the aftermath of trauma (Pargament et al., 2000). Findings from one study, indicated that participants affiliated with Buddhism, and Islamic faith reported higher levels of PTG compared to those of other religions (Hamdan et al., 2022). These findings diverge from a study conducted with a primarily Caucasian sample, where instead higher PTG was endorsed amongst those with

Christian faith (Trevino et al., 2012). Others have not supported the relationship between religious affiliation and PTG (Taku & Cann, 2014). This supports the argument that the impact of religion on individuals' posttraumatic growth may be context-dependent (Meyerson et al., 2011). Religious involvement and endorsement of spirituality on the PTGI may be influenced by the prevailing religious practices and beliefs in a specific geographical region, as well as the level of encouragement to utilize religious coping strategies and interpret experiences through a faith-based lens (Kilmer, 2006).

Variations of association between PTSD and PTG were observed in this review. The literature on the relationship between PTG and PTSD is generally varied across different samples and contexts and the direction of this relationship is unclear (Elderton et al., 2017). With some studies finding a positive relationship, others a negative relationship, or no relationship (Helgesen et al., 2006; Elderton et al., 2017) as supported by the studies included in the current review. It has been argued that divergencies in samples, study design, and type of measure used amongst studies, may account for the inconsistencies observed (Elderton et al., 2017). The variations found in this review may also be suggestive of differences in elapsed time since PTSD and PTG were measured, and also potential cultural differences. It is possible that the lack of association found in some studies included in this review, if taken at face value, suggest that PTSD may not be required to develop PTG amongst certain populations (Laufer et al., 2009). Measures used to capture PTSD were furthermore based on self-reported questionnaires such as the Impact of Event Scale (IES), which has been argued may not be culturally appropriate and susceptible to response biases (Elderton et al., 2017).

Altogether, the findings endorse the potential for cultural and contextual factors in shaping the trajectories of PTSD and PTG following trauma.

Limitations and Strengths of studies

All studies utilised the standardised measure of PTGI to rate PTG, which helped enhance measurement reliability amongst the studies included in this review. Many studies translated and made adaptations to the PTGI to better accommodate the cultural context and had undergone rigorous procedures to validate their measures within their samples. Whilst this may have enabled greater cultural sensitivity and enabled these studies to better capture PTG within their samples, it has been argued that the use of translation may introduce the potential for linguistic and cultural variations that can impact the interpretation and comparability of scores across cultural groups (Kashyap & Hussain, 2018). Subsequent findings in relation to PTG should therefore be interpreted with caution (Helgeson et al., 2006). These adjustments to the measurements used, and heterogeneity in terms of design and in the data reported related to PTG precluded a quantitative analysis.

The studies were mostly rated as low to moderate risk of bias, with only four rated as high risk. The main limitations with those rated as high risk were observed in regards to transparency in reporting of inclusion criteria, or specifying the type of trauma experiences, and not taking into account potential confounding variables including ethnicity, religious affiliation, socio-economic status, and so forth which may have influenced the PTGI scores obtained. The results of these studies may therefore be prone to potential bias. However a strength amongst studies was the inclusion of participants from non-Western backgrounds, therefore expanding the generalisability to participants from more culturally diverse backgrounds. The absence of control groups

in all studies, precludes an understanding of attributions and directions that are unique to PTG relative to normal development (Ulloa et al., 2015).

Most studies included utilised cross-sectional designs and were retrospective which increases the risk of recall bias amongst respondents. This, furthermore, only provides a snapshot of PTG in one moment in time, which limits an understanding of the trajectory and development of PTG over time and its relationship with various factors (Ulloa et al., 2015). Most studies did not report data on separate PTG domains, which precludes an understanding of the areas of the separate domains that contributed to the PTGI scores found amongst samples in the current studies.

Limitations and strengths of review

This review has begun to shed light on the existing evidence base for PTG in countries within SEA, and to the authors knowledge is the first systematic review on PTG in SEA. While more research, as highlighted by this review, is being conducted on PTG using non-Western samples there is still a lack of representation from several countries within the SEA region and research on traumatic experiences beyond natural disasters and cancer experiences, which means that the current knowledgebase in these countries is still limited. This may be suggestive of a cultural bias in researching interpersonal trauma. Whilst this review has begun to highlight some patterns amongst studies related to factors associated with PTG, as mirrored in the overall PTG literature, great variations were observed which is likely reflective of the diverse samples, traumatic experiences, and regions included. While on one hand, this illustrates the importance of not simply categorising diverse cultures/regions/ethnicities into an all-encompassing 'Asian' grouping, on the other hand, this review categorized studies mostly in terms of

geographical location, which means that potential within group differences could have been overlooked.

One strength of this review was the use of Joanna Briggs Institute Assessment tool (2016). This tool was selected as it offers a range of various tools for different methodologies and designs. It has also been utilised in other systematic reviews. The current review utilised and adapted the tool, specifically designed for cross-sectional methodologies as this was the design used in most studies included. Whilst utilising a tool specifically designed for each methodology may have enabled more specific quality ratings for each paper, utilising a single rating tool across studies offers the benefit of consistency and comparability in the critical appraisal process.

The current review utilised a comprehensive search which was conducted across several different databases and utilised an extensive list of search terms developed through an iterative process and was informed by the existing literature, which enhances the rigorousness of the search and the articles included. One limitation was the exclusion of grey literature, which may increase the risk of publication bias amongst included studies. The inclusion of published literature on the other hand, may have enhanced the rigour and reliability of the current review.

Implications

The current review has supported the presence of PTG amongst survivors in culturally diverse samples, thereby highlighting the importance of increasing awareness about this phenomenon, amongst survivors of trauma, health professionals, and the general public as this may foster hope. Public health policy may help foster trauma informed systems

and organisations that in addition to strengthening understandings of the distress and pathology associated with trauma, highlight the potential for growth and resilience amongst survivors. The review has endorsed the importance of social support in facilitating PTG in this population which aligns with the existing evidence base relating to PTG more generally. However findings from the included studies suggested that the type of support received and impact on PTG, may be impacted by cultural beliefs and expectations. Recognising cultural nuances may therefore be important when developing interventions and support systems for individuals following traumatic events, as culturally sensitive approaches may better align with the unique needs and ways of coping amongst different populations. Whilst the relationship between religion and PTG is currently varied in the wider evidence-base, the findings from this review endorses the role of religion in facilitating PTG amongst an SEA population. Further studies are needed to explore the role of religion and any mediating factors that may help promote positive changes following trauma in different regions within SEA, as this may have implications when supporting this population.

As highlighted by the current review, while a growing number of studies are being undertaken using non-Western participants, further studies with more diverse samples, and priorities should be given to promote research and funding toward understanding interpersonal trauma. This is needed to understand PTG in various cultures including in regions such as SEA. Furthermore, there is a need for longitudinal studies to understand the trajectory of PTG and associated factors over time. Such studies may further illuminate the findings from this review, suggesting possible differences related to the type of traumatic event and reported overall PTGI scores. The current review was unable to shed light on the domains of PTG that contributed to the PTGI scores within

studies. Future studies should make this more explicit in their reporting in order to shed light on experiences of PTG. Arguments have been made regarding whether the PTGI has cross-cultural applicability, and recommendations have been made for the use of qualitative research to be conducted which may allow for a more in-depth understanding of experiences of PTG which could then help inform more structured assessments in specific cultures.

Conclusion

A growing number of studies are being conducted in non-Western countries including in SEA regions, however as highlighted by this review, only a few countries within SEA are represented in the literature, and these are mostly limited to traumatic events related to natural disasters and illness. The available literature appears to endorse the presence of PTG amongst survivors of trauma in countries within SEA, however due to a lack of available data, we are unable to determine which domains contributed to perceived growth amongst the included samples. Some patterns emerged of factors that appear to be related to PTG, however variations were observed which is in accordance with the wider PTG literature. It is likely that contextual factors such as individual characteristics, cultural differences, variations in the traumatic event experienced, timings of assessment, and study design may account for these divergencies. Further research is needed across diverse samples, using a more rigorous and longitudinal design to enhance the trajectory of PTG and associated factors over time. Studies should be more explicit in their reporting related to the domains contributing to PTG in their samples, and qualitative study designs may be suitable to enhance understandings of PTG in specific cultural contexts.

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Chapter 2: An interpretive phenomenological analysis of Posttraumatic Growth experiences amongst Filipino women in the UK

Intimate Partner violence (IPV) is one of the main prevailing issues affecting women globally across different cultures and ethnicities. Along with the negative impact related to adversity and trauma following IPV, experiences of positive changes and personal growth have been reported amongst survivors. Very few studies have focused on experiences of IPV amongst Filipino women.

Interpretive phenomenological analysis (IPA) was therefore used to explore the lived experience of change and growth amongst Filipino migrant survivors of IPV. In-depth semi structured interviews were conducted with six women recruited from a charity organisation Kanlungan. The women reported positive changes and growth experiences as a result of processing and coping with their traumatic experiences. The themes of *Shift in mindset*, *Greater sense of self (in relation to self and others)* and *Greater meaningful relationships* were developed from the interview data. The findings revealed the significance of having support from community organisations such as Kanlungan and being in contact with other IPV survivors and members of their Filipino communities during their recovery process. The findings highlight the unique experiences of these women, and the co-occurrence of distress and positive change which may help facilitate hope during recovery. The study findings may be beneficial to Filipino survivors of IPV and to support systems around them. Implications and future research ideas are discussed.

Introduction

Intimate partner violence (IPV) is one of the main prevalent issues affecting women around the world (World Health Organisation, 2021). IPV is defined as abuse, involving physical violence, sexual violence, stalking, and psychological aggression that occurs within the context of current or past romantic relationships (WHO, 2010). As well as physical injury and homicide, IPV has been shown to contribute to a range of significant mental health difficulties, including depression, substance dependence, and posttraumatic stress disorder (PTSD) (Estrellado, 2010; Pico-Alfonso et al., 2008;). IPV affects women globally across cultures, irrespective of social, racial, ethnic, and economic or religious backgrounds (WHO, 2021). It has been argued that particular groups such as migrants may be particularly vulnerable (Prosman et al., 2011; Reina et al., 2013) due to additional challenges, including pre- and post-migration stressors, such as patriarchal social norms, socioeconomic insecurity, cultural and language barriers, fewer social networks, threats of deportation, and navigating support services in their host countries (Briones-Vozmediano et al., 2014; Hyman et al., 2011).

Despite the Philippines being the country with one of the highest numbers of emigrants, with more than six million people residing outside their country of origin (United Nations, 2020), only a limited number of studies have to date explored IPV amongst Filipino women migrants (for example: Estrellado & Lou, 2014; Estrellado et al., 2015). In one study conducted with a small sample of undocumented Filipino women in the US, 20% reported having experienced physical, emotional and sexual abuse, perpetrated by an intimate partner (Hoagland & Rosen, 1990). In a sample of Filipino college students in the US, 31% of female participants reported experiences of violence by an

intimate partner (Agbayani & Flanagan, 2008). A report commissioned by the human rights and equal opportunity Commission in Australia, highlight that Filipino women migrants are highly prone to experiencing domestic abuse, and being victims of homicide at the hands of their intimate partner based on crime statistics (Cunnen & Stubbs, 2002). Most studies on IPV amongst Asian women, tend not to differentiate between ethnic groups (Cunnen & Stubbs, 2002). Whilst Filipino migrants may share similarities to those of other Asian migrant groups, it has been argued that there are distinct cultural attributes such as having a complex history of colonisation by countries including Spain, the US, and Japan (Martinez et al., 2020). The Philippines is also predominantly a Catholic country, which may continue to have a lasting impact and influence the current beliefs surrounding gender roles, power dynamics, and family structures specific to Filipinos. These aspects, in turn, are likely to impact their experiences of IPV (Hsu, 2004; Martinez, 2020).

Despite increased recognition of the adversities faced by Filipino women migrants, coupled with evidence supporting a high prevalence of psychological distress found amongst Filipinos living overseas (Martinez, 2020), help seeking rates amongst Filipinos are generally low compared to the general US and UK population, and lower than other minority Asian groups (Abe-Kim et al., 2007; Oliver et al., 2005). Several barriers have been highlighted, including a greater reliance on informal support from family and friends, a reluctance to use professional services except as a last resort (Brown et al., 2014), generational differences in attitudes towards help-seeking, lack of awareness and stigma around mental health difficulties, unfamiliarity with new healthcare systems, lack of access to insurance, and financial barriers amongst other reasons (Martinez, 2020). An alternative explanation however, has been highlighted by

a few qualitative studies where the low help-seeking amongst the Filipino migrant community, has been suggested as partly being indicative of resilience and self-reliance as adaptive strategies that act as protective mechanism in the experience of trauma (Hechanova et al., 2015; Luthar, 2000). As highlighted by Rich & Sirikantraporn (2020), there is a growing body of literature endorsing reported posttraumatic growth experiences (PTG) amongst Southeast Asian populations following traumatic experiences. Moreover, emerging evidence now supports the experience of PTG amongst IPV survivors who have reported increased self-compassion, greater self-reliance and assertiveness, a greater sense of self and greater purpose in life (Smith, 2003) as well as stronger faith and stronger interpersonal relationships (Bloom, 2021). Studies on PTG amongst IPV survivors is however still limited, particularly amongst minority-ethnic women (Elderton et al., 2017).

Approximately 250, 000 Filipinos have migrated to the UK since the 1980's (United Nations, 2020). Filipinos are furthermore the third-largest group of nationals who work for the National Health Service, where inequalities including higher rates of Covid-19 related deaths due to a lack of access to health care, exploitative working conditions, and abusive employment practices have been reported (Ramos, 2020). Based on discussions with staff members from charity organisations working with Filipino migrants in the UK, many of their members are survivors of IPV and at risk of financial abuse due to their precarious migration status, where they are often dependent on their partner to obtain the right to remain in the UK. To date, very few research studies have focused on PTG and IPV amongst Filipino migrant women (Arandia et al., 2018), and to the authors knowledge no study has been conducted with this population in the UK. Most research on PTG conducted in different cultures has furthermore relied on

quantitative methodologies. A reliance on quantitative measures of PTG, as highlighted by the previous systematic review negates an in-depth understanding of growth experiences following trauma. There is therefore a need for qualitative methodologies which can allow for a greater understanding of PTG in particular contexts and cultures (Splevins et al., 2010). Gaining an understanding of the experiences amongst Filipino women who have survived IPV may help facilitate a more cultural understanding of PTG within this specific population. This is essential for providing adequate support for their growth within a UK context.

The objectives of this study are therefore to:

- 1) Explore aspects of change and growth experiences amongst Filipino migrant women in the UK who are in the process of dealing with the aftermath of intimate partner violence in a past relationship.
- 2) To describe growth experiences and changes in this specific population.
- 3) To understand experiences of participants in light of existing literature.

Aim:

To gain an understanding of aspects of Post Traumatic Growth in this specific context, in order to inform further cultural understandings of PTG.

Research question

How do Filipino migrant women in the UK who have experienced intimate partner violence make sense of changes and growth experiences?

Methodology

Interpretive phenomenological analysis (IPA; Smith et al., 2021) was chosen as it concerns itself with an in-depth understanding of participants experiences and how they make sense of significant events in their lives. There are three theoretical underpinnings of IPA, including phenomenology, concerned with interpreting the essential truths of people's subjective experiences, whilst also recognising that one can only gain access to the participants own interpretation of their subjective world, by the researcher's own interpretations, which relates to the second underpinning of hermeneutics (theory of interpretation; Ezzy 2002). The third, being the idiographic nature of IPA, which is concerned with a small homogenous sample of individuals, to provide a detailed account of convergence and divergence amongst the sample. Immediate claims are therefore restricted to the participants included in this study.

Recruitment

Organisations working with the Asian diaspora in the UK including East and Southeast Asians in Scotland and the UK, Filipino Domestic Workers Association UK, Filipino Women's Association UK, and Kanlungan Filipino Consortium were contacted for the purpose of recruitment. Organisations were approached via telephone, email or via Facebook. The final study participants were recruited from Kanlungan Filipino Consortium as staff members offered to support with recruitment and reported working

with members who would be potential suitable candidates for the current study.

Kanlungan is a registered charity based in London, comprised by several Filipino and Southeast Asian community organisations who are working together to promote the welfare and interests of the Filipino migrants in the UK. This charity also provides befriending groups, and one to one befriending support for Filipino women migrants, many of whom has experience of IPV. Mental health workers and programme managers working with these women were asked to share information regarding the study to potential participants. If the participants expressed interest in taking part in the study, with their consent, the researcher then contacted them by phone, and provided further details of the interview process. If the participants continued to express interest, they were then provided with an information sheet and a survey link (see Appendix G), which directed them to consent forms to participate in the study which they completed prior to the interview. Whilst the study initially utilised purposive sampling (in line with the assumptions of IPA, 2021), snowball sampling was utilised at a later stage to aid recruitment, whereby some of the participants approached other members from Kanlungan to participate in interviews. A total of six women participated in this study, all of them met the inclusion criterion for the current study. While other possible participants were identified by staff members, not all agreed to participate in the study. All potential participants identified met the inclusion criteria.

Inclusion/Exclusion criteria

The following inclusion criteria was applied:

- Filipino women migrants who live in the UK, with or without residency status.

- Adult women (above 18yrs old).
- Past experiences of domestic abuse/intimate partner violence (physical, sexual, emotional, financial, controlling behaviours) that took place either before coming to the UK or whilst in the UK.
- Women not currently in an abusive relationship.

Exclusion criteria

- Non-English speakers
- Women who are experiencing current risk and abuse.

Participants Characteristics

To protect the anonymity of participants only essential details of the overall group characteristics are provided. The women's names have been anonymised and replaced by pseudonyms. Six women between the ages (28– 60 years) met the study criteria. All women were members of Kanlungan and had either attended the befriending group or received one to one befriending support. A total of six women participated in this study, which was in line with the idiographic underpinnings of IPA (Smith, 2021).

Ethical review

The current study as well as all materials used were reviewed and approved by the University of Edinburgh board of ethics. Approvals for health, social, and community care research in the UK are made through the Integrated Research Application System (IRAS). The current study did not recruit participants from the NHS, and IRAS as such no external ethical review board approval was required (*See Appendix G for documents*).

Collection of Data

Materials

The current study utilised a semi-structured interview schedule (See Appendix G) developed following the guidelines by Smith et al. (2021). The interviews were mainly open-ended and explorative, involving prompts to encourage participants to share comprehensive information and expand their views. Specific considerations were made during the development of questions, including discussions with Filipino staff members at Kanlungan, and consolidating the literature, in order to adapt the language and consider cultural norms to make the process more inviting, and accessible to the participants. As an example, this involved facilitating the interview to allow for more of a conversation and inviting questions from the participants to enable an equal relationship, following the guidelines of (Pe-Pua & Protacio-Marcelino, 2000).

Interview procedure

The interviews were conducted on Zoom due to Covid-19 restrictions, and to enable recruitment and reduce costs and constraints in terms of time and travel expenses. Based on feedback from Kanlungan staff members, Zoom was the platform most familiar to the participants. To ensure quality of video recordings and confidentiality, participants were asked to participate in a private room where they would not be interrupted and could speak freely. Each interview was recorded using an encrypted recording device, and transcribed verbatim, one at a time, in line with the idiographic approach of IPA. The interviews lasted between 60-90 min.

Analysis

The data was analysed following the steps outlined by Smith et al., (2021) for IPA. The following steps were undertaken:

Table 1. Descriptions of IPA Steps

IPA Analysis steps	
Reading and re-reading	The author became immersed with the data by reading and re-reading the transcripts and involved listening to the audio to aid the analysis, and to stay with the experience of the participants.
Initial noting	Language and semantic context was examined in an explorative manner. This stage of analysis was approached with an open mind and with curiosity, whilst trying to distinguish between more <i>descriptive</i> comments, <i>linguistic</i> comments, and <i>conceptual</i> comments.
Developing experiential statements	Involved moving away from the transcripts and initial notes to a more interpretive, conceptual level. Statements were developed which reflected an understanding the participants original experiences but also the analyst's interpretation.
Connections across experiential statements	The author explored connections as well as divergencies across these statements, whilst holding the research question and aim in mind, and organising these conceptually. This stage involved the creation of personal experiential themes which grouped the relevant statements.
Moving to the next case	The process was then repeated for each participant, in keeping with IPA's idiographic commitment, the author attempted to set aside experiential statements from the prior cases, to allow for new statements to develop for each individual case.
Exploring patterns across cases	Following analysis of each individual case, the author then explored patterns across cases, which involved reconfiguring and relabelling previously identified experiential statements for individual cases and deciding which of them that represented higher order concepts that the cases shared. These statements were either incorporated underneath experiential statements or made a personal experiential theme if it captured the overarching statements.

Quality assurance

The importance of demonstrating validity and quality in qualitative research have been highlighted (Treharne & Riggs, 2015). This study adhered to the principles outlined by Yardley (2008) and includes *sensitivity to context, commitment and rigour, coherence and transparency* and *impact and importance*. This was done by extensive exploration of the psychological literature in order to aid the understanding of Filipino women migrants' experiences, whilst also discussing the research with staff members of Kanlungan which helped inform the design of the study. The author was conscious of the sensitivity of the topic at hand, and considerations were made regarding any potential impact on participants. The author was sensitive to the commitment and investment of the participants of the study, and adhered to rigour by carefully selecting participants to ensure that they were homogeneous and suitable in light of the research question. The researcher attempted to stay close to the experience of the participants and draw upon quotes from each participant to illustrate each theme. The author has furthermore attempted to stay close to the underlying principles of IPA throughout the process, and being transparent in the write up, whilst also having ongoing conversations with colleagues in order to discuss each stage of analysis and clarify anything that lacked clarity. The author has chosen a topic, that based on the literature and conversation with various gate keepers have been aimed at highlighting important experiences amongst a hard-to-reach group of participants.

Triangulation

To reduce observer bias and ensure that the data analysed is not solely based on the researcher's own perspective and understanding of the phenomenon at hand, triangulation of data was used (Yardley, 2008). This meant ongoing discussions with

supervisors, to gain their views and insights on the interpretive process of the data and on emerging themes. The participants were furthermore invited to comment on the themes to incorporate their views and feedback to increase the transparency of the analysis, and to enable a more in depth understanding of the researcher's analysis (Yardely, 2008).

Reflexivity

Reflexivity involves acknowledging and reflecting on how the researcher's own experiences, beliefs and assumptions can impact the research process with the aim to establish rigour and transparency (Watt, 2007). The researcher therefore practiced reflexivity when considering her own role in the development of the study and during the research process. A part of this involved being mindful of any potential power dynamics inherent between the researcher and the participants who were part of a minority ethnic, and hard to reach population. The researcher was mindful of her competing roles as both an outsider (as an objective researcher), but also as an insider due to the researcher's own minority ethnic background of being of mixed ethnicity (White/Asian Filipino).

Acknowledging these diverging roles meant that the researcher recognised on one hand the limits of their own understanding of the phenomena. Which meant that the researcher was mindful of using a methodology that would shed light on this homogenous group of hard-to-reach people and aimed to empower them to give voice to their experiences as this is often absent in the literature and in the overall dominant discourse. On the other hand, having lived experience and being of Filipino heritage, meant that the researcher's own understandings of issues faced by the Filipino

community prompted interest in shedding light on these issues/but also the strengths observed in this community. Being of mixed ethnicity, enabled the researcher to connect with Filipino gatekeepers/organisations, and participants through a shared understanding of cultural norms/values, whilst also being tentative during interviews to enable an equal relationship, and being attuned to the participants to facilitate a more equal power dynamic.

The researcher also recognised that their prior clinical, research experience, interest as well as pre-existing reading of the trauma literature likely impacted the development and process of the current study. The researcher's prior experience of using a qualitative research methodology with participants from diverse background's is likely to have impacted the design of the current study, as they had prior knowledge of the lack of evidence base available in the psychological literature relating to ethnic minorities. The researcher was also aware that qualitative methods is a suitable approach in terms of empowering and giving voice to the experiences of study participants. The researcher took caution to ensure that the chosen methodology was suitable for the study aims and purpose.

Prior to conducting the study, the researcher comprehensively explored the PTG literature to ensure that they had an in-depth understanding of the topic at hand. While the researcher had knowledge of PTG literature and trauma more generally, they took care to discuss their interpretation and analysis in supervision. This was to ensure that the themes developed were derived from the study participants and not based on prior assumptions or reading. Whilst some of the themes from the interviews coincided with what has been found elsewhere in the PTG and IPV literature, the researcher was

surprised by the level of PTG reported by the participants. Having some prior personal and academic knowledge of Filipino culture, as well as evidence suggesting a reluctance amongst Filipinos to share private information outside of the immediate family, the researcher was surprised by the level of vulnerability and openness shared by the women during the interview process. This enabled a deeper understanding of their inner experiences and helped shape the study findings.

Study findings

The aim of the current study was to explore Filipino migrant women's lived experience of growth experiences and change following interpersonal violence in a former relationship. The following three personal experiential themes were interpreted from the data: *Shift in mindset*, *Greater sense of self (in relation to self and others)*, and *Greater meaningful relationships*. All women experienced positive changes and growth following the process of dealing with adversity. These personal experiential themes and experiential statements are discussed below.

Shift in mindset

All women reported a shift in mindset following their traumatic experiences, whereby a general change in perspective and outlook on life was observed in their narratives.

Three experiential statements constituted this personal experiential theme, including:

Greater self-awareness (Ongoing process), Acceptance/Understanding, Realistic Optimism for the future.

Greater self-awareness (Ongoing process)

There was an overall sense following their experiences of IPV, that while the women acknowledged the struggles they had faced and were aware of the impact of trauma on their mental health, that they now felt more aware of their internal worlds and felt secure in how to manage their difficulties. While the women reported greater self-awareness, the interpretation was that this was not something they had attained, but rather that facilitating greater self-awareness entailed an ongoing process, and as described by one participant (*Hilda*), this involved actively engaging in self-improvement:

“So now I can manage myself already, even with the panic attacks. I know how to handle it, because I have asthma, and now I can determine whether I'm having an asthma attack or panic attack (Hilda 227-228)”.

Based on the women's accounts, this self-awareness was facilitated by the support they had received with Kanlungan. Having had a non-judgemental place to share their stories enabled them to vocalise and make sense of their difficulties, which was aided by the psychological understanding, and experience amongst staff members of working with the Filipino community and trauma survivors. It appeared that this enabled a feeling of safety amongst the women, which further empowered a more confident understanding of themselves and how to manage their difficulties, as indicated by the language used by *Hilda* “*I can manage*”, “*I can determine*”. Whilst the women had obtained greater self-awareness and understanding, rather than having reached a destination or outcome, they viewed self-awareness as a journey that acquired continuing exploration and

development of skills, as well as continuing to utilise support from Kanlungan as reflected in this statement by Rose:

“I’m still in the process of you know, myself, because that’s why I love attending the counselling session. But I still need more knowledge, support, skills, all those stuff. I’m still hungry for all those stuff” (Rose 734-736)

Acceptance/Understanding

All women’s reported accounts conveyed having come to terms with their experiences of interpersonal violence. They were now able to recognise and accept that what they had experienced was in fact domestic abuse at the hands of their partner, while also accepting and processing the pain and trauma that they had endured. Over time, with experience, information and support from people around them including work colleagues, friends, and organisations such as Kanlungan, and domestic abuse organisations, they came to learn about the signs of IPV and what classifies as abuse/violence within an intimate relationship *“I understand it now and this is why I was able to forgive and live with my life” (Susie 78-79).*

This new way of conceptualising their experiences of IPV and having others validate their experiences, helped the women develop more confidence in themselves, as reflected in the comment by Hilda: *“I think now I’m more confident telling my story. I think because the acceptance, the acknowledgement of what I’ve been through” (984-985).* For many women, gaining more acceptance and confidence, appeared to represent a shift in mindset from former experiences of doubt and self-blame, which prevented the women from sharing their difficulties with others due to shame and not knowing if

their experiences were justified. Coupled with the former self-doubts, there was also a reported psychological shift from denial to greater understanding:

“Well I know there are signs of abuse since day one. So when I just came out of the airport I know, I felt something really different and I thought it was just like, I was In the denial because I was just thinking, ah it’s just because we’re new to this, we’re new to each other” (Rose 27-30).

Rose’s use of “*denial*” seems to imply a reluctance to accept her reality at the time, which, in contrast to “*I know there are signs of abuse since day one*” suggested a changing view and greater acceptance of her traumatic experience. There was a general sense that this process involved coming to terms with their initial hopes and dreams for the relationship, views of their partner, and over time and by their lived experiences, to now recognising their partners as perpetrators of abuse.

Realistic Optimism for the future

Optimism and aspirations for the future emerged as an experiential statement for the women, albeit with a sense of seeing the world through a realistic lens as opposed to an idealistic view of the future resulting from their experiences of adversity. This was reflected in the comment made by Lily (“*Actually, I’m not dreaming anymore. I’m just living now. I will work as soon as I can so that I can survive. I’m just thinking of myself, you know, near the beach*” (Lily 722-723)). What was interpreted from her statement, and reflective amongst the women more generally, was that rather than a pessimistic view of their futures, was instead a focus on the possibilities lying ahead of them, which at the same time depended on their pursuit and willingness to seek out these

opportunities and actively work towards them. There appeared to have been a shift in their mindset, from former feelings of being trapped within their relationships and being restricted, to a regained sense of freedom. This appeared to have been enabled by leaving their abusive relationships, and through their support from Kanlungan, which helped them to develop confidence in actively seeking out these opportunities:

“I think now, because I've learned a lot from Kanlungan, that I just don't need to hide in the dark anymore. I just need to be brave and be out there. Because there's a lot more to see and there is still a lot more to experience” (Hilda 182-184)

Greater sense of self (in relation to self and others).

This personal experiential theme appeared significant for the women whereby there appeared to be a strong sense of identity following their experience of trauma and shift from initially feeling as though they were lacking agency to now developing a strong sense of self. The following experiential statements contained within this theme were:

Personal strength, Sense of purpose, and Understanding boundaries.

Personal strength

There was a shared understanding amongst the women, that surviving their traumatic endeavours and hardships, and recognising their capacity to deal with adversity, consequently enabled a stronger sense of self and feelings of self-worth as reflected by one of the women:

“Oh yes, definitely like I'm stronger now it's really difficult that time and now I get more strength because I'm a fighter...like bring it on (laughing)” (Rose, 127-128).

The phrase used by Rose: *‘I’m stronger now’* appeared to contain a temporal element, suggestive of having obtained a level of strength which is different from before having experienced IPV. The use of *“I’m a fighter”*, may have served to position herself as someone who is separated from a former “less strong” self in juxtaposition to her previous statement. This juxtaposition from a former less strong/less wise self to a current stronger/wiser self was interpreted across the women’s experiences.

The recognition of their strong inner qualities were acquired through their lived experience of trauma, which appeared to facilitate an intrinsic source of strength reflected in the metaphor provided by Susie *“‘I feel like you’re like a diamond under pressure’ (357-358)*. The growing recognition of their intrinsic strength was facilitated by the women being provided a platform through sources such as Kanlungan to develop their own narrative and share their lived experiences with others which helped them to feel empowered.

Sense of purpose

Having obtained a strong sense of purpose, and clearer understanding and determination to live their lives on their own terms, in line with what matters to them, appeared present in the women’s reported accounts. The women appeared to have re-gained a new perspective on life, and sense of opportunities to explore new ways of living. As reflected in the comment made by Sally:

“But now, not just being a mom, I have a purpose as a migrant, as a Filipino woman who survive everything and who experience a lot of things like discrimination and

abuse. And I'm here standing and I'm still alive and willing to share my story with people (Sally 179-181)

This statement reflects a sense of empowerment inherent across the experiences amongst the women, whereby their identities as survivors of IPA and other forms of trauma added to a newfound sense of self comprised of multiple identities, and a purpose to voice their stories and shed light on their unique experiences. For all women there was an altruistic drive and a clear purpose of wanting to help other IPA survivors. While a prior propensity towards engaging with altruistic behaviours before and during their abusive relationships was present for the women, what had change following their relationship, was a drive towards helping others not simply to attend to other people's needs, but also for their own self-fulfilment:

"But now I'm like, I'm putting myself first. ...So I'm thinking of doing care work and volunteering, and it will make me happy (Susie 626-631).

Understanding boundaries

A greater understanding of healthy relationships, and boundaries emerged for all the women. Following their experiences of IPV, the women reported a greater understanding of what constitutes a healthy relationship, and developed different expectations about how they want to be treated by others moving forward. Having gained a clear sense of their personal boundaries following IPV, enabled a greater sense of self amongst the women as demonstrated in the comments by Lily;

“You can understand or you will know what a partnership should be. There must be respect. You have to respect boundaries you have to respect his or her likes or dislikes”
(Lily, 408-410)

There’s a strong sense of reclaimed agency inherent in Lily’s comments, which is reflected across the experience amongst the women, demonstrated by an understanding of their personal boundaries. Within this understanding, there is a shift from previously lacking agency to a sense of reclaimed power, an ability to decide how they want to be treated by others, and what kind of relationships they want in their lives moving forward. Most of the women were open to the possibilities of entering new relationships, although now with a clear understanding of what qualities they expect from a partner, whilst also having a clear understanding of the signs of abuse and what constitutes a toxic/unhealthy relationship, as demonstrated by Rose:

“With my new partner now we talk about things like if there are things we don't agree we tell each other our opinions and we sit down and we talk about it there's no blame it's not that I'm a bad person.” (Rose 269-271).

Greater meaningful relationships

The strong affiliation and support network within the Filipino community was evident amongst the women, which was further endorsed following their experiences of IPV. All women, reported that the support received after leaving their abusive relationships, enabled them to re-connect with the Filipino migrant community and access available resources within the community. It appeared however, that their relationships with others became more open and vulnerable compared to what they were prior to their

traumatic experiences. This personal experiential theme contained the experiential statements of *Connecting with others differently*, *Vulnerability and Openness with others*, and *Greater connection with spirituality*.

Connecting with others differently

Many of the women had been isolated from friends and family, and as migrants found themselves in a different country away from their families in the Philippines. This amplified feelings of isolation and a lack of belonging during their relationship.

Following their experience of IPV and gaining support from organisations such as Kanlungan, the women developed a strong sense of belonging and relatedness to other survivors of IPV from the Filipino community. This was enabled through shared cultural norms, increased connections, and more frequent interactions with other Filipino migrants through organisations like Kanlungan as reflected in the comments by Rose:

“The Filipino community is really a big help for me... you feel like the belongingness and the oneness that you are one with them” (Rose, 51-52).

Having experienced IPV, and then witnessing the support provided by the Filipino community during a period of vulnerability enabled an opportunity, as stated by one of the women *“the bayanihan hand is still alive” (Rose)*, to further realise the strength inherent within their community, which appeared reflective of a deep-rooted cultural norm of helping one another as fellow Filipinos. What further endorsed a strong sense of connection was connecting with other Filipinos, not just through a shared cultural understanding, but through shared experiences of IPV enabled through Kanlungan,

Church and online Facebook groups for Filipino migrants which further reduced feelings of alienation, facilitated compassion, and forming new relationships:

“So I also had a chance to meet other church mates, and two of them also had also a victim of domestic violence. So I feel to myself, it's just not only me” (Hilda, 604-605).

Vulnerability and Openness with others

For most women, there was an initial reluctance to share their difficulties, and they found it hard to trust others due to feelings of shame regarding the abuse they experienced. As a result, the women initially kept their difficulties to themselves and did not tell people outside of their immediate family. Over time, and with increasing support and non-judgment from others, the women started to open up and share their stories with others. For all women, there appeared to be a realisation that keeping their difficulties to themselves prevented them from moving forwards and to coping with their difficulties:

“Yes, because when you just keep it to yourself, the more that you want, you cannot move on easily. But if you express, open it, then you can let it go. What is inside” (Lily, 792-793)

There was a realisation amongst the women, due to connecting with their Filipino community and other survivors of IPV, that they did not have to cope with their difficulties in isolation and that asking for help did not equal being “*helpless*” or a “*victim*” as stated as by one of the women. Whilst the growing ability to trust others, occurred through the realisation of needing support and not dealing with difficulties in

isolation, the changing views regarding help-seeking appeared to be enabled through other people providing them the space and opportunity to be vulnerable as demonstrated by the following quote:

“Because of my abuse before, I actually never trusted anyone. I just kept it myself for years and the only person that knows about my experience is my family and my best friend and nobody else. And it's the first time I opened up to Miss (Kanlungan support worker) about it when she gave me one on one therapy” (Hilda 83-86).

Following their traumatic experiences, the women created deeper connections with others through vulnerability and willingness to share their stories and trust others, which was enabled by the support systems surrounding them.

Greater connection with spirituality

For three of the women, their experiences of trauma enabled a more profound sense of connection with their religion, they reported feeling closer to God, and begun to practice their religion more frequently following their traumatic experiences. There appeared to be a sense of comfort knowing they were not alone in their journey of dealing with their trauma:

“There's still some struggle, but I know that there is a path... It's clearer now, I mean, just realising that all this happened to me because God has a plan and then he put me here and then now he's leading me to the right way” (Hilda 611-613).

What appears inherent in their statements and was reflected amongst the women who were religious, is the notion that there is a greater purpose and meaning to their life experiences. Surrendering to their faith and having greater trust in this purpose seemed to elicit a sense of connectedness to something beyond themselves and faith enabled them to make sense and attribute meaning to their experiences.

There were some contrasting narratives to the role of religion amongst all participants. For two participants their relationship with God remained strong, and unchanged, whilst for another participant who did not identify with any religion, this was not part of her narrative. However what was shared across their reported experiences was an element of spirituality as reflected in the following quote:

“I feel like everyone you meet in life contributes something to your whole being, whether positive or not” (Susie, 379-381).

Susie’s use of “*whole being*” appears reflective of a belief shared amongst all women that there is a greater purpose and meaning beyond their direct experiences, which appeared endorsed by having survived their trauma. This belief appeared to provide a sense of comfort and strength during their struggles, and further enabled the women to make connections with others through church, and with the Filipino community more generally.

Discussion

Summary of main study findings

The current study aimed to explore how Filipino migrant women in the UK make sense of positive changes and growth following IPV. Six women who had experienced IPV in a former relationship participated in semi-structured interviews. The interviews were transcribed and analysed using IPA. The findings suggest three prominent personal experiential themes that developed from the analysis including; *Shift in mindset*, *Greater sense of self (in relation to self and others)*, and *Greater meaningful relationships*.

Following their traumatic experience of IPV, the women described a general shift in mindset which involved greater self-awareness and management of their difficulties, as well as an acceptance of their traumatic experience and associated difficulties. They described a realistic view of their perceived hopes for the future. Inherent in the women's narratives, was a recognition of their strength as survivors of IPV, but also a clearer sense of purpose and direction in life, and an understanding of personal boundaries. Following their traumatic experiences, the women found meaningful connections with other survivors of IPV, and greater openness and vulnerability resulting in meaningful connections with other members of the Filipino migrant community. For some women, they felt a greater connection to their religion following having coped with trauma. While this was not shared by all women, a sense of a greater meaning to their life experiences was evident across their reported accounts.

It is important to note that while the current findings highlight positive changes and growth experienced, these were not due to the traumatic events that the women had experienced, but a result of how they made sense and coped with their experiences which was enabled through support from the community organisation Kanlungan. What

was evident in their account was the co-occurrence of distress and difficulties alongside their experiences of growth. The study findings will be viewed through the lens of the relevant literature, followed by a discussion of the limitations and strengths of the study, as well as the implications of the findings.

Feedback from participants

The themes were shared with the study participants. Only two women responded, however their feedback validated the identified themes. The women expressed agreeing with and relating to the overall findings. One woman expressed that the themes validated her experience and reported that *“they captured her and other friends who are survivors ability to look towards the future, rather than being pre-occupied with their past experiences”*. She also emphasised that coping through prayers is a reality for the people around her.

Exploring findings in light of the existing PTG literature

Shift in mindset

The study findings indicate the presence of positive change and growth experiences following experiences of dealing with traumatic life events, which is consistent with the existing literature (see the following review Weiss & Berger, 2010), and amongst survivors of IPV (Elderton et al., 2017). The study participants reported greater self-awareness in terms of being more aware of their internal worlds, and secure in how to manage their difficulties, which has also been reflected in other studies (Brosi et al., 2020). What appeared to have greatly facilitated this deepened self-awareness was the befriending support provided by Kanlungan, and staff who were psychologically aware

and had experience working with trauma survivors in the Filipino community. One of the predominant theoretical models (Tedeschi et al., 2017), suggests that PTG occurs through the cognitive processing that results in the reconstructed schematic structures that were shattered by traumatic events. Psychological support has been suggested as supporting the cognitive processes resulting in PTG (Hassija & Turchik, 2016).

Interestingly, the support from a Filipino community organisation and not the general health care system appeared to have facilitate the cognitive shifts reported by the women. The preference amongst minority ethnic individuals to seek support from members of shared ethnic community groups, rather than utilising statutory services has been supported in the literature (Femi-Ajao, 2020; Martinez et al., 2020).

The shift from “*denial*” to that of “*acceptance*” and coming to terms with their experiences of IPV was evident across the interviews. For the women, this acceptance was having come to an understanding that they had in fact experienced IPV and accepting their resulting pain and emotions. Acknowledgement of their circumstances and the abuse experienced as a theme indicative of women survivor’s journeys and experiences of healing and growth, have been found in other qualitative studies (Senter & Caldwell, 2002; Taylor, 2004). The initial struggle coming to terms with this acknowledgement, reflected in the participant accounts and in the existing literature, was due to the initial hopes and dreams of what their relationship with their partners would entail (Senter & Caldwell, 2002), but also letting go of shame which appeared facilitated by increased understanding of IPV and enabled through connecting with other IPV survivors and the Filipino migrant community. This endorses the findings of positive social reactions from informal social support networks and associated psychological health benefits during disclosure of abuse (Sylaska & Edwards, 2014).

What had changed based on the women's narratives, was their ability to speak about their traumatic experiences from place of greater understanding and hindsight.

Evidently, the women engaged in diverse cognitive processes which resulted in new meaning and insight facilitated by their engagement with their community, and support from others, which as reflected in the general literature have been shown to predict PTG (Borja & Long, 2006). There was a sense of optimism and new aspirations as well as actions inherent in their accounts, which differed from their initial experiences of feeling restricted in their freedom and overall perspective of the future possibilities in life as echoed by one of the women *"When I was with (partners name), for me, the things that I wanted to do, it's very limited for myself. But now I can see bigger things"* Ruth (344-345). There was a new re-gained sense of empowerment after having left their relationship and connecting with their community as reflected in other qualitative studies with IPV survivors where similar themes have been found (Taylor, 2004). As mirrored in a previous PTG study with refugees (Hussain & Bhushan, 2013) the women viewed their opportunities as dependent on their pursuit and willingness to seek out these opportunities. The increased sense of agency, and control over their lives have further been supported by research with other women who are survivors of IPV and have been shown to play an important part of facilitating greater psychological well-being (Campbell et al., 1998). It has been argued that optimistic individuals in the context of trauma, are more likely to view their experience and their abilities to cope in a more positive light, which generates hope for the future and subsequent experiences of growth (Prati & Pietrantonio, 2009).

Greater sense of self (in relation to self and others)

All participants in the study expressed a greater sense of self and feelings of self-worth due to their recognition of the trauma they had survived, as well as identifying with a new role of ‘survivors’, and a shift as demonstrated by one of the participants of viewing herself formerly as “*weak*” as opposed to currently viewing herself as “*tough*”. The perception of changing personal qualities being indicative of growth within the women’s account, reflects an interesting finding, and one which could be argued, aligns with the dominant PTG model and Western understanding of personal strength (Vignoles et al., 2016). This is perhaps contradictory to what has been argued to be likely distinctions between individualist and collectivist cultures, whereby individuals from Western cultures may assume more personal responsibility for any negative or positive changes in the aftermath of trauma through its emphasis on free will and agency, whilst in Eastern cultures individuals through a more deterministic understanding of events, through concepts such as ‘karma’ and ‘destiny’ may be more likely to adjust to events and feel less responsible; therefore leading to less effort in attempting to identify personal changes following adversity (Kashyap & Hussain, 2018). Whilst there was a sense of accepting difficult events as being part of life, it was also evident that the women evaluated their own contributions and personal developments as part of their growth experiences.

Similar to other qualitative studies with survivors of IPV (See Smith 2003; Dickerson, 2011), alongside this new sense of empowerment and identification with their roles as survivors, the participants reported a greater sense of purpose and a newfound sense of direction in their lives. Apparent in their narratives was an ability to visualise a future, and an understanding of how they want to live their lives moving forward. This supports

the predominant domain of ‘new possibilities’ as part of the dominant model of PTG (Tedeschi et al., 2018). What is not captured by the items within this domain and is perhaps more reflective of findings from qualitative studies (Smith, 2003) was the propensity amongst the participants to see their purpose through engaging in altruistic behaviours and ability to help other people. Literature on Filipino Indigenous culture has emphasised the concept of “Bayanihan” meaning the act of helping others, particularly during times of need, which continues to influence their practices today (Ealdama, 2012). Whilst there was an overall sense that this is something the participants had adhered to throughout their lives, the drive that motivated them towards altruistic behaviours, appeared not solely driven by the needs of the collective, which has been argued is often the case in collectivist cultures (Cohen & Hoshino-Browne, 2005), but what had changed following their experiences of trauma, was a greater sense of being driven by self-fulfilment and personal interest as opposed to being driven solely by other people’s happiness.

Gaining a clear sense of their personal boundaries following IPV, enabled a greater sense of self amongst the women. This endorses the findings in other qualitative studies suggesting that the internal and psychological experiences found amongst IPV female survivors, were situated and influenced by interpersonal and social practices (Flasch, & Robinson, 2019). The participants understanding of healthy boundaries, as supported by the literature (Dickerson, 2011), was enabled through their past experiences of being as stated by one of the women “*in a toxic relationship*”, which helped the women identify what they did not want, as well as the qualities of a relationship and of a partner they wanted in future/or in their current relationship with a new person. Being in a new relationship enabled the women to experience different forms of communication and

boundaries that were different from their prior experiences of no power or control whilst in the abusive relationship. Empowerment, and having self-efficacy, mastery, and the ability to exert influence over one's life, along with perceived control over ones recovery, has been shown to facilitate experiences of growth amongst other survivors of IPV (Song, 2012).

Greater meaningful relationships

After leaving their relationships, and through organisations such as Kanlungan and Facebook groups, the participants were able to re-connect with their Filipino communities, particularly with other victims of IPV. As stated by one of the women, “*the Bayanihan hand is still alive*”, which was evident in the women's emphasis of the “*oneness*” and “*empowering each other*” thereby endorsing an essential feature of Filipino culture in terms of working together as a group towards a common goal, which enabled a shared sense of identity, and in turn facilitated growth (Marshall, 2018). It has been argued that some of the items included on the PTGI such as ‘putting efforts into my relationships’ may be redundant in collectivist cultures where no special effort or agenda is needed to cultivate relationships with others (Splevins et al., 2010). For the participants, helping others appeared to be an integral part of their cultural identity as opposed to a personal effort. What appeared to have changed was not their experiences of increased effort, but rather increased identification with a changing social role as someone who supports other IPV victims, which was facilitated by re-connecting with the Filipino spirit of ‘Bayanihan’.

The participants reported greater vulnerability and openness that enabled closer connections with other survivors of IPV. Current literature suggests that the Filipino

cultural value of “saving face”, results in behaviours orientated towards maintaining their family’s integrity and avoiding shame which may result in non-disclosure of Filipino IPV survivors outside of their immediate family (Vahabi, 2017). Whilst the reluctance to share their experiences outside of their families was reflected in the participants narratives, and for many utilisation of professional support only as a last resort (Ho et al, 2018). For the women, it appeared as though being in proximity to other Filipino migrant IPV survivors, and charity organisations supporting survivors of IPV, enabled the women a safe and non-judgemental space to open up about their experiences. It has been argued that the social norms and rules of the primary reference group influences subsequent coping behaviours, and desirability of disclosure following trauma (Frazier et al., 2004). This furthermore supports literature highlighting the role of the acculturation process whereby cultural characteristic are negotiated and challenged, which has been argued may result in more favourable attitudes to help-seeking due to a reduction in mental health stigma (Tuliao et al., 2016). Being in proximity to role model with similar traumatic experiences (Cobb et al., 2006), along with social support has furthermore been shown to be related with higher growth levels amongst other survivors of IPV (Frazier et al., 2004).

For some of the participants, having survived IPV, resulted in greater connection with their religion and specifically with their relationship to God. It has been argued that for many Filipino migrants religious practices and ethnic identity are closely intertwined and continue to carry on in an adapted form in their host countries (Nadal, 2009). As captured by one of the participants *“I become more prayerful and give time to pray really and when things are getting better slowly I know that my prayers are being answered and with the help that I get from Filipino community so I still think the*

Bayanihan his still alive". What is evident in statement is the practice of religion as not only being conducted in church or in the form of prayers, but also in the spirit of *Bayanihan* and the reciprocal support within one's community (Nadal, 2009). Religion appeared to play more or less of a role in the participants accounts of growth following IPV depending on the participants prior religious affiliation, which has been evidenced in the literature (Calhoun et al., 2010). What appeared to be a commonality was the spiritual element of something greater than the self as a resource which enabled growth and greater connections with others. It has been argued that the Filipino expression of "*bahala na*" closely tied to a cultural understanding of "it is in God's hands", appeared present in the participants accounts of seeing their life experiences of being part of God's greater plans (Nadal, 2009). It appeared that this notion for some of the participants helped them to make sense and create greater connection with a spiritual element that having experienced trauma was part of a greater plan, which is closely inter-twined with their identities.

Strengths and limitations of study

The current study helped shed light on the experiences of a homogenous sample of a minority ethnic and hard-to-reach group of individuals, who's voices have primarily remained absent in the literature. In the idiographic and phenomenological spirit of IPA, it is recognised that the findings of this study are only reflective of the subjective views of the participants and of the researcher themselves and should therefore not be generalised to all Filipino migrant women IPV survivors in the UK. The purposive sampling from member of Kanlungan enabled the researcher to recruit participants that are otherwise hard to reach, however simultaneously increasing the risk of bias as the women recruited were recipients of support from Kanlungan and possibly more inclined

to speak about their experiences of IPV. It is possible that this negated data on other Filipino migrant survivors of IPV who have not had support from charity organisations such as Kanlungan and who are at different stages in their recovery. It is also possible that the very nature of positive change and growth, may have appealed to women who identified with this topic. At the same time, the focus on positive change and growth, from an ethical standpoint, enabled greater access to participants, and reduced the risk of re-traumatisation. One further limitations of the study was the exclusion of non-English speaking participants, as practical elements and ethical considerations prevented the inclusion of translators. There was also limited information provided regarding the study participants, further information regarding their relationship status, the type of violence experienced, whether they had children, and when the violence occurred would have provided some further context for the study. This may warrant further exploration in future studies.

To the researcher's knowledge, this is the first qualitative research study on PTG conducted with Filipino migrant women in the UK, and therefore contributes to a current gap in the literature concerning Filipinos more generally. The predominant research on PTG is furthermore conducted using standardised measures such as the PTGI. The qualitative researcher's methodology enabled a more bottom-up approach that gave voice to a unique group of women and enabled a more nuanced understanding of their lived experiences following IPV. Another strength of this study was the use of triangulation and the incorporation of a second authors input during the analysis stage, along with including participants views on the study findings. Nevertheless, it is acknowledged that the personal experiential themes and experiential statements identified are not the only interpretation of the data (Jordan et al., 2007), however this is transparent when utilising IPA as a methodology, in its recognition that the researchers

own subjective interpretation of the data will be influenced by their prior knowledge, beliefs and assumptions (Watt, 2007).

The number of participants was small, however according to the stance of IPA it still adhered to the aim of the study methodology and was in line with the recommended sample size (Smith et al., 2021). Whilst considerations were made to further attempt recruitment outside of Kanlungan, this was deemed to potentially jeopardise the homogeneity of the sample, and therefore the level of confidence in making inferences regarding their subjective experiences. However it is still important to acknowledge that there were some heterogeneity within the sample regarding age, length of stay in the UK, English language proficiency, length of the abusive relationships and different times since their relationships ended. Some of the participants furthermore had settle status, whilst some were still in the process of obtaining this.

Implications

Professionals, along with friends and family supporting Filipino migrant survivors of IPA may benefit from the findings highlighted in this study. The findings of the current study highlight the co-occurrence of growth experience and positive change alongside distress, which may facilitate hope amongst those recovering from traumatic events. What was highlighted by the women in this study, was the benefits gained from being in proximity to other IPV survivors from their Filipino communities and receiving support from members of shared ethnic community groups such as Kanlungan. Their growth experiences appeared to occur within the context of community and facilitated by their supportive relationships and having their practical needs met after leaving their abusive relationships.

Being able to share their stories with other professionals, survivors of IPA, and in this study, helped the women feel empowered, which highlights the importance amongst the women of being provided with different platforms where they can share their stories and lived experiences with others. Helping others and re-engaging in activities such as volunteering or supporting other Filipino members in their community was important to the women in this study, which appeared reflective of Filipino culture and may be particularly important amongst Filipino survivors of IPV in their recovery, as this enabled a greater sense of purpose and facilitated greater confidence, and feelings of self-fulfilment.

The findings highlight the importance amongst Filipino survivors of IPV to be aware of available organisations within their communities, and how to connect with other Filipino migrants through community organisations, social media platforms, or through church, as this may help reduce feelings of social isolation, which as reflected by the participants, may be further amplified by being away from their family and friends in the Philippines.

Future research

The findings from this study highlight the unique experiences of Filipino women migrant survivors in the UK. More importantly, it sheds light on the importance of conducting research, which moves away from generalised dichotomies of West versus East, and individualistic versus collectivist cultures when exploring perceptions of self-actualisation and what it means to “have grown” across different cultures, particularly amongst a migrant population who have been observed in this study to have their own unique ways of coping with trauma and experiencing growth. As demonstrated by the participant’s perceptions of growth through an increasing sense of autonomy and

personal freedom coupled with self-actualising by helping other IPV survivors in the Filipino migrant community (Splevins et al., 2010).

The nuanced findings of growth experiences and positive change following IPV the current study, sheds more light on the importance of further research using qualitative research methodologies with diverse populations, to allow for a more in-depth and bottom-up understanding of PTG in different cultures. Future studies may benefit from utilising IPV as a methodology as this enables their participants to share their lived experiences and have their voices heard, which is particularly essential among ethnic minorities, including the Filipino population whose voices tend to be absent in research literature. This study was conducted with women who had access to support and appeared to be in a particular stage of their recovery following trauma. It would therefore be useful to conduct further research with Filipino migrants at various stages of trauma recovery to aid a more nuanced and generalisable understanding of their experiences.

Exploring practical needs and benefits of specific interventions was beyond the scope of the current study, however this would warrant further exploration in future studies to better help inform clinical practices serving this particular community. The findings support the utilisation of community organisations as opposed to general mental health services, whilst this may reflect the recruitment procedures of this study, future research could explore potential barriers or enablers to accessing psychological support amongst the Filipino community.

Conclusion

The current study was the first qualitative study conducted with Filipino migrant women survivors of IPV in the UK. IPA was used as a methodology to help shed light on their experiences and give voice to the participants as this is often neglected in the current research. The personal experiential themes of *Shift in mindset*, *Greater sense of self (in relation to self and others)*, and *Greater meaningful relationships*, along with experiential statements, were developed from the data, which supported the co-occurrence of positive changes and growth alongside distress following their experiences of IPV. The study highlighted the ability for recovery and PTG amongst the women, which occurred within the context of their Filipino communities, along with the particular needs that may be considered when supporting Filipino survivors of IPV.

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APPENDIX A - Searches conducted separately for each database

Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations and Daily <1946 to January 27, 2023>

1 (Asia* or "Southeast* Asia*" or Burm* or Cambodia* or Lao* or Thai* or Vietnam* or Indonesia* or Malaysia* or Filipino* or Philippin* or Singapore* or borne* or brunei or myanmar or "timor-leste" or "east timor" or indochin* or "sunda islands").mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms] 493985
2 ((posttrauma* adj3 growth) or ("post trauma*" adj3 growth) or "personal growth" or "positive adjustment*" or "positive chang*" or PTG or "growth after trauma*").mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms] 13935
3 Posttraumatic Growth, Psychological/ 597
4 asia/ or asia, southeastern/ or borneo/ or brunei/ or cambodia/ or indochina/ or indonesia/ or laos/ or malaysia/ or myanmar/ or philippines/ or singapore/ or thailand/ or timor-leste/ or vietnam/ 139645
5 1 or 4 493985
6 2 or 3 13935
7 5 and 6 311

APA PsycInfo <1806 to January Week 4 2023>

1 (Asia* or "Southeast* Asia*" or Burm* or Cambodia* or Lao* or Thai* or Vietnam* or Indonesia* or Malaysia* or Filipino* or Philippin* or Singapore* or borne* or brunei or myanmar or "timor-leste" or "east timor" or indochin* or "sunda islands").mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word] 81972
2 ((posttrauma* adj3 growth) or ("post trauma*" adj3 growth) or "personal growth" or "positive adjustment*" or "positive chang*" or PTG or "growth after trauma*").mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word] 17187
3 posttraumatic growth/ 2163
4 southeast asian cultural groups/ or asians/ or vietnamese cultural groups/ 13503
5 1 or 4 81972
6 2 or 3 17187
7 5 and 6 314

Embase Classic+Embase <1947 to 2023 January 27>

1 (Asia* or "Southeast* Asia*" or Burm* or Cambodia* or Lao* or Thai* or Vietnam* or Indonesia* or Malaysia* or Filipino* or Philippin* or Singapore* or borne* or brunei or myanmar or "timor-leste" or "east timor" or indochin* or "sunda islands").mp. [mp=title, abstract, heading word, drug trade name, original title,

device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word] 668536
 2 ((posttrauma* adj3 growth) or ("post trauma*" adj3 growth) or "personal growth" or "positive adjustment*" or "positive chang*" or PTG or "growth after trauma*").mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word] 18401
 3 "posttraumatic growth (psychology)"/ 399
 4 southeast asia/ or borneo/ or brunei darussalam/ or cambodia/ or indonesia/ or laos/ or malaysia/ or myanmar/ or singapore/ or thailand/ or timor-leste/ or viet nam/ 153307
 5 southeast asian/ or asian/ or burmese/ or cambodian/ or "filipino (citizen)"/ or indonesian/ or laotian/ or malaysian/ or singaporean/ or "thai (citizen)"/ or vietnamese/ 107458
 6 1 or 4 or 5 670780
 7 2 or 3 18401
 8 6 and 7 398

Global Health <1910 to 2023 Week 04>

1 (Asia* or "Southeast* Asia*" or Burm* or Cambodia* or Lao* or Thai* or Vietnam* or Indonesia* or Malaysia* or Filipino* or Philippin* or Singapore* or borne* or brunei or myanmar or "timor-leste" or "east timor" or indochin* or "sunda islands").mp. [mp=abstract, title, original title, heading words, cabicodes words] 994464
 2 ((posttrauma* adj3 growth) or ("post trauma*" adj3 growth) or "personal growth" or "positive adjustment*" or "positive chang*" or PTG or "growth after trauma*").mp. [mp=abstract, title, original title, heading words, cabicodes words] 2561
 3 south east asia/ or asia/ or borneo/ or brunei darussalam/ or east timor/ or indochina/ or indonesia/ or malaysia/ or myanmar/ or philippines/ or singapore/ or sunda islands/ or thailand/ 808431
 4 1 or 3 994464
 5 2 and 4 496

Web of Science search

5
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[405](#)
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 4
 #2 OR #1
[15,754](#)
 Add to query
 linkeditnotifications
 3
 TS=(Asia* or "Southeast* Asia*" or Burm* or Cambodia* or Lao* or Thai* or Vietnam* or Indonesia* or Malaysia* or Filipino* or Philippin* or Singapore* or borne* or brunei or myanmar or "timor-leste" or "east timor" or indochin* or "sunda islands")

[948,118](#)

Add to query

linkeditnotifications

2

TS=("personal growth" or "positive adjustment" or "positive change" or PTG or "growth after trauma")

[12,321](#)

Add to query

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1

TS=((posttrauma* near/3 growth) or ("post trauma*" near/3 growth))

APPENDIX B – Submission guidelines for Journal of Trauma, Violence, & Abuse

Trauma, Violence, & Abuse

Manuscript Submission Guidelines:

TVA accepts comprehensive reviews of research or legal reviews that address any aspect of trauma, violence or abuse. Reviews must be based on a sufficient number of studies to justify synthesis. Reviewed literatures may come from the social or behavioral sciences or the law.

Each manuscript must:

- be prepared using APA style, and be **no longer than 40 double-spaced pages**, including references, tables, and figures;
- include an abstract of up to 250 words describing the topic of review, method of review, number of research studies meeting the criteria for review, criteria for inclusion, how research studies were identified, and major findings;
- begin with a clear description of the knowledge area that is being researched or reviewed and its relevance to understanding or dealing with trauma, violence, or abuse;
- provide a clear discussion of the limits of the knowledge that has been reviewed;
- include two summary tables: one of critical findings and the other listing implications of the review for practice, policy, and research;
- include a discussion of diversity as it applies to the reviewed research.*

All manuscripts are peer reviewed and should be submitted with a letter indicating that the material has not been published elsewhere and is not under review at another publication. Manuscripts should be submitted electronically to <http://mc.manuscriptcentral.com/tva> where authors will be required to set up an online account on the SAGE Track system powered by ScholarOne. Inquiries may be made by email at jiv@u.washington.edu.

Authors who would like to refine the use of English in their manuscript might consider using the services of a professional English-language editing company. We highlight some of these companies at <http://www.sagepub.com/journalgateway/engLang.htm>.

Please be aware that SAGE has no affiliation with these companies and makes no endorsement of them. An author's use of these services in no way guarantees that his or her submission will ultimately be accepted. Any arrangement an author enters into will be exclusively between the author and the particular company, and any costs incurred are the sole responsibility of the author.

Please note:

Reviews of issues related to trauma, violence, and/or abuse are not appropriate for *TVA* unless they are based on a comprehensive review of research. *TVA* does not publish case studies or reports on individual research studies.

TVA does not respond to author inquiries regarding the interest of the journal in their manuscript or on the suitability of their manuscript for *TVA*. The mission and parameters of *TVA* are clearly stated above and *TVA* assumes that authors are in the best position to know if their work is consistent with the aims and scope of the journal.

***Journal policy on addressing diversity in manuscripts:** *TVA* requires all submissions to include a discussion of diversity as it applies to the reviewed research (e.g., nature of the sample, limitations of the measurement). The discussion should address the body of knowledge reviewed as it addresses or fails to address issues of diversity. Diversity concerns are not a criteria for publication but must be addressed. The nature of the discussion and amount of space devoted to the discussion is the responsibility of the author(s).

TVA understands diversity to include all aspects of human differences such as socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, ability, age, and culture.

Diversity as a core value embodies inclusiveness, mutual respect, and multiple perspectives and serves as a catalyst for expanding knowledge and practice with all human beings. While science seeks knowledge that can be generalized, it must appreciate that specific findings, while important in understanding the unique experiences of individuals or groups, are not necessarily applicable to all.

Each manuscript must:

- be prepared using APA style, and be **no longer than 40 double-spaced pages**, including references, tables, and figures;
- include an abstract of up to 250 words describing the topic of review, method of review, number of research studies meeting the criteria for review, criteria for inclusion, how research studies were identified, and major findings;
- begin with a clear description of the knowledge area that is being researched or reviewed and its relevance to understanding or dealing with trauma, violence, or abuse;
- provide a clear discussion of the limits of the knowledge that has been reviewed;
- include two summary tables: one of critical findings and the other listing implications of the review for practice, policy, and research;
- include a discussion of diversity as it applies to the reviewed research.*

Manuscript Preparation

Manuscripts should be prepared using the APA Style Guide, and should be no longer than **40 double-spaced pages, including references, tables, and figures**. Text must be in 12-point Times New Roman font. Block quotes may be single-spaced. Manuscripts must include margins of 1 inch on all sides and pages must be numbered sequentially. All files should be in Word (.docx or .doc).

The manuscript should include five major sections (in this order): Title Page, Abstract, Main Body (blinded, with all author names and identifying information removed for peer review), References, and Author Biographies.

Sections in a manuscript may include the following (in this order): (1) Title page, (2) Abstract, (3) Keywords, (4) Text, (5) Notes, (6) References, (7) Tables, (8) Figures, (9) Appendices, and (10) Author Biographies.

1. Title page must be uploaded as a separate file. Please include the following:

Full article title

Acknowledgments and credits

Each author's complete name and institutional affiliation(s)

Grant numbers and/or funding information

Conflict of interests, if any

Corresponding author (name, address, phone/fax, e-mail)

2. Abstract. Copy and paste the abstract (150 to 250 words) into the space provided, headed by the full article title. Omit author names. Abstract must describe the topic of the review, method of review, number of research studies meeting the criteria for review, criteria for inclusion, how research studies were identified, and major findings.

3. Keywords. 5-7 keywords must be included in the manuscript.

4. Text. Begin text headed by the full article title. Text must be blinded, with all author names and other identifying information removed, for peer review.

a. Headings and Subheadings. Subheadings should indicate the organization of the content of the manuscript. Generally, three heading levels are sufficient to organize text.

Level 1: centered, boldface, upper & lowercase

Level 2: flush left, boldface, upper & lowercase

Level 3: indented, boldface, lowercase paragraph heading ending with a period

Level 4: indented, boldface, italicized, lowercase paragraph heading ending with a period

Level 5: indented, italicized, lowercase paragraph heading ending with a period

b. Citations. For each text citation there must be a corresponding citation in the reference list and for each reference list citation there must be a corresponding text citation. Each corresponding citation must have identical spelling and year. Each text citation must include at least two pieces of information: author(s) and year of publication. Following are some examples of text citations:

(i) Unknown Author: To cite works that do not have an author, cite the source by its title in the signal phrase or use the first word or two in the parentheses. For example, "The findings are based on the study of students learning to format research papers" ("Using XXX," 2001)

(ii) Authors with the Same Last Name: Use first initials with the last names to prevent confusion. For example, "L. Hughes, 2001; P. Hughes, 1998."

(iii) Two or More Works by the Same Author in the Same Year: For two sources by the same author in the same year, use lowercase letters (a, b, c) with the year to order the entries in the reference list. The lower-case letters should follow the year in the in-text citation. For example, "Research by Freud (1981a) illustrated that..."

(iv) Personal Communication: For letters, e-mails, interviews, and other person-to-person communication, citation should include the communicator's name, the fact that it was personal communication, and the date of the communication. For example, E. Clark, personal communication, January 4, 2009. Do not include personal communication in the reference list.

(v) Unknown Author and Unknown Date: For citations with no author or date, use the title in the signal phrase or the first word or two of the title in the parentheses and use the abbreviation "n.d." (for "no date"). For example, "The study conducted by the students and research division discovered that students succeeded with tutoring" (Tutoring and APA, n.d.).

5. Notes. If explanatory notes are required for your manuscript, insert a number formatted in superscript following almost any punctuation mark. Footnote numbers should not follow dashes (—), and if they appear in a sentence in parentheses, the footnote number should be inserted within the parentheses. The footnotes should be added at the bottom of the page

after the references. The word "Footnotes" should be centered at the top of the page.

6. References. Basic rules for the reference list:

- The reference list should be arranged in alphabetical order according to the authors' last names.
- If there is more than one work by the same author, order them according to their publication date – oldest to newest (therefore a 2008 publication would appear before a 2009 publication).
- When listing multiple authors of a source use "&" instead of "and."
- Capitalize only the first word of the title and of the subtitle, if there is one, and any proper names – i.e., only those words that are normally capitalized.
- Italicize the title of the book, the title of the journal/serial and the title of the web document.
- Manuscripts submitted to TVA should strictly follow the current APA style guide.
- Every citation in text must have the detailed reference in the Reference section.
- Every reference listed in the Reference section must be cited in text.
- Do not use "et al." in the Reference list at the end; names of all authors of a publication should be listed there.

Here are a few examples of commonly found references. For more examples, please check the APA style guide:

APPENDIX C – RISK OF BIAS

Author (s)	1. Clearly defined inclusion criteria?	2. Detailed description of study subjects & setting?	3. Valid/reliable measure of predictive/associated variables?	4. Standard criteria used for measurement of the traumatic experience?	5.Confounders identified?	6.Confounders controlled for?	7.Valid/reliable measure of PTG?	8.Use of appropriate statistical analysis?	Risk of bias
Abdullah et al. (2019)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Akbar (2014)	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Arandia et al., (2018)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Badaracco et al., (2020)	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	High
Hamdan et al., (2022)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Lekdamrongkul et al., 2021	Yes	Yes	Yes	Yes	Not applicable	Not applicable	Yes	Yes	Low
Manik et al., (2021)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low
Mordeno et al. (2015)	Yes	Yes	Unclear	Yes	Yes	Yes	Yes	Yes	Moderate
Sattler et al., (2014)	Unclear	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Moderate
Sattler et al., (2018)	Unclear	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Moderate
Sattler et al., (2023)	Unclear	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Moderate
Tang (2007)	Unclear	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Moderate
Subandi et al., (2014)	No	No	Yes	Yes	No	No	Yes	Yes	High
Voytenko et al., (2023)	Unclear	Yes	Yes	No	Yes	Yes	Yes	Yes	High

APPENDIX D – PRSIMA CHECKLIST (2020)



PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	

Section and Topic	Item #	Checklist item	Location where item is reported
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	
Study characteristics	17	Cite each included study and present its characteristics.	
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	
	23b	Discuss any limitations of the evidence included in the review.	
	23c	Discuss any limitations of the review processes used.	
	23d	Discuss implications of the results for practice, policy, and future research.	

OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	
Competing interests	26	Declare any competing interests of review authors.	
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: <http://www.prisma-statement.org/>

**APPENDIX E – CHECKLIST FOR
CROSS SECTIONAL STUDIES**

CHECKLIST FOR ANALYTICAL CROSS SECTIONAL STUDIES

Critical Appraisal tools for use in JBI Systematic Reviews

INTRODUCTION

JBIR is an international research organisation based in the Faculty of Health and Medical Sciences at the University of Adelaide, South Australia. JBIR develops and delivers unique evidence-based information, software, education and training designed to improve healthcare practice and health outcomes. With over 70 Collaborating Entities, servicing over 90 countries, JBIR is a recognised global leader in evidence-based healthcare.

JBIR Systematic Reviews

The core of evidence synthesis is the systematic review of literature of a particular intervention, condition or issue. The systematic review is essentially an analysis of the available literature (that is, evidence) and a judgment of the effectiveness or otherwise of a practice, involving a series of complex steps. JBIR takes a particular view on what counts as evidence and the methods utilised to synthesise those different types of evidence. In line with this broader view of evidence, JBIR has developed theories, methodologies and rigorous processes for the critical appraisal and synthesis of these diverse forms of evidence in order to aid in clinical decision-making in healthcare. There now exists JBIR guidance for conducting reviews of effectiveness research, qualitative research, prevalence/incidence, etiology/risk, economic evaluations, text/opinion, diagnostic test accuracy, mixed-methods, umbrella reviews and scoping reviews. Further information regarding JBIR systematic reviews can be found in the [JBIR Evidence Synthesis Manual](#).

JBIR Critical Appraisal Tools

All systematic reviews incorporate a process of critique or appraisal of the research evidence. The purpose of this appraisal is to assess the methodological quality of a study and to determine the extent to which a study has addressed the possibility of bias in its design, conduct and analysis. All papers selected for inclusion in the systematic review (that is – those that meet the inclusion criteria described in the protocol) need to be subjected to rigorous appraisal by two critical appraisers. The results of this appraisal can then be used to inform synthesis and interpretation of the results of the study. JBIR Critical appraisal tools have been developed by the JBIR and collaborators and approved by the JBIR Scientific Committee following extensive peer review. Although designed

for use in systematic reviews, JBI critical appraisal tools can also be used when creating Critically Appraised Topics (CAT), in journal clubs and as an educational tool.

JBI CRITICAL APPRAISAL CHECKLIST FOR ANALYTICAL CROSS SECTIONAL STUDIES

Reviewer_____
Date_____

Author_____Year_____Record
Number_____

	Yes	No	Unclear	Not applicable
1. Were the criteria for inclusion in the sample clearly defined?	☐	☐	☐	☐
2. Were the study subjects and the setting described in detail?	☐	☐	☐	☐
3. Was the exposure measured in a valid and reliable way?	☐	☐	☐	☐
4. Were objective, standard criteria used for measurement of the condition?	☐	☐	☐	☐
5. Were confounding factors identified?	☐	☐	☐	☐
6. Were strategies to deal with confounding factors stated?	☐	☐	☐	☐
7. Were the outcomes measured in a valid and reliable way?	☐	☐	☐	☐
8. Was appropriate statistical analysis used?	☐	☐	☐	☐

Overall appraisal:
Include ☐
Exclude ☐
Seek further info ☐

Comments (Including reason for exclusion)

EXPLANATION OF ANALYTICAL CROSS SECTIONAL STUDIES CRITICAL APPRAISAL

How to cite: Moola S, Munn Z, Tufanaru C, Aromataris E, Sears K, Sfetcu R, Currie M, Qureshi R, Mattis P, Lisy K, Mu P-F. Chapter 7: Systematic reviews of etiology and risk . In: Aromataris E, Munn Z (Editors). *JBIManual for Evidence Synthesis*. JBI, 2020. Available from <https://synthesismanual.jbi.global>

Analytical cross sectional studies Critical Appraisal Tool

Answers: Yes, No, Unclear or Not/Applicable

1. Were the criteria for inclusion in the sample clearly defined?

The authors should provide clear inclusion and exclusion criteria that they developed prior to recruitment of the study participants. The inclusion/exclusion criteria should be specified (e.g., risk, stage of disease progression) with sufficient detail and all the necessary information critical to the study.

2. Were the study subjects and the setting described in detail?

The study sample should be described in sufficient detail so that other researchers can determine if it is comparable to the population of interest to them. The authors should provide a clear description of the population from which the study participants were selected or recruited, including demographics, location, and time period.

3. Was the exposure measured in a valid and reliable way?

The study should clearly describe the method of measurement of exposure. Assessing validity requires that a 'gold standard' is available to which the measure can be compared. The validity of exposure measurement usually relates to whether a current measure is appropriate or whether a measure of past exposure is needed. Reliability refers to the processes included in an epidemiological study to check repeatability of measurements of the exposures. These usually include intra-observer reliability and inter-observer reliability.

4. Were objective, standard criteria used for measurement of the condition?

It is useful to determine if patients were included in the study based on either a specified diagnosis or definition. This is more likely to decrease the risk of bias. Characteristics are another useful approach to matching groups, and studies that did not use specified diagnostic methods or definitions should provide evidence on matching by key characteristics

5. Were confounding factors identified?

Confounding has occurred where the estimated intervention exposure effect is biased by the presence of some difference between the comparison groups (apart from the exposure investigated/of interest). Typical confounders include baseline characteristics, prognostic factors, or concomitant exposures (e.g. smoking). A confounder is a difference between the comparison groups and it influences the direction of the study

results. A high quality study at the level of cohort design will identify the potential confounders and measure them (where possible). This is difficult for studies where behavioral, attitudinal or lifestyle factors may impact on the results.

6. *Were strategies to deal with confounding factors stated?*

Strategies to deal with effects of confounding factors may be dealt within the study design or in data analysis. By matching or stratifying sampling of participants, effects of confounding factors can be adjusted for. When dealing with adjustment in data analysis, assess the statistics used in the study. Most will be some form of multivariate regression analysis to account for the confounding factors measured.

7. *Were the outcomes measured in a valid and reliable way?*

Read the methods section of the paper. If for e.g. lung cancer is assessed based on existing definitions or diagnostic criteria, then the answer to this question is likely to be yes. If lung cancer is assessed using observer reported, or self-reported scales, the risk of over- or under-reporting is increased, and objectivity is compromised. Importantly, determine if the measurement tools used were validated instruments as this has a significant impact on outcome assessment validity.

Having established the objectivity of the outcome measurement (e.g. lung cancer) instrument, it's important to establish how the measurement was conducted. Were those involved in collecting data trained or educated in the use of the instrument/s? (e.g. radiographers). If there was more than one data collector, were they similar in terms of level of education, clinical or research experience, or level of responsibility in the piece of research being appraised?

8. *Was appropriate statistical analysis used?*

As with any consideration of statistical analysis, consideration should be given to whether there was a more appropriate alternate statistical method that could have been used. The methods section should be detailed enough for reviewers to identify which analytical techniques were used (in particular, regression or stratification) and how specific confounders were measured.

For studies utilizing regression analysis, it is useful to identify if the study identified which variables were included and how they related to the outcome. If stratification was the analytical approach used, were the strata of analysis defined by the specified variables? Additionally, it is also important to assess the appropriateness of the analytical strategy in terms of the assumptions associated with the approach as differing methods of analysis are based on differing assumptions about the data and how it will respond.

Qualitative Research in Psychology

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Your paper should be compiled in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list).

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Updated 17th March 2023

APPENDIX G – EMPIRICAL STUDY MATERIAL

Recruitment email:

Dear,

You are being invited to take part in research on Filipino women migrants experiences of dealing with the aftermath of intimate partner violence. Anthonette Angmark (trainee clinical psychologist) at the University of Edinburgh is leading this research.

The purpose of the study is to explore how Filipino women migrants make sense of their experiences of domestic abuse (often referred to as intimate partner violence). The study is interested in looking at possible changes and growth experiences that may or may not have occurred in their lives as a result of having gone through these difficult experiences.

The reason for why this study is being conducted is to shed light on the experiences of Filipino women migrants in the UK, as this is often underrepresented in the existing research. This will potentially help inform existing psychological clinical practice and enhance our understanding when working with Filipino women migrants who are accessing mental health services.

If you are interested in further information, please read the information sheet attached to this email.

Please click on the link below and complete the consent form if you would like to participate in the study:

https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_3sn7OlaeMwV6sOG

Kind regards,

Anthonette Angmark
Trainee Clinical Psychologist

Debrief email

Dear,

Many thanks for taking part of the study. Your input has been really helpful in terms of shedding light on the experiences of Filipino women migrants in the UK, who have experienced intimate partner violence. Particularly exploring possible changes and growth experiences that may or may not have occurred as a result of having gone through these difficult experiences. The result of the study may help clinicians to gain an understanding of how to help support Filipino women who have experienced domestic abuse when they are accessing mental health services.

Feel free to contact me if you have any further questions regarding the study.

Kind regards,

Anthonette Angmark
Trainee Clinical Psychologist

PARTICIPANT CONSENT FORM

Posttraumatic Growth experiences among Filipino migrant women in the UK: A qualitative investigation

Anthonette Angmark

Participant ID: _____

Please tick box

1. I confirm that I have read and understood the Participant Information Sheet (Version 1 dated 30/09/2021) for the above study. ☐
2. I have been given the opportunity to consider the information provided, ask questions and have had these questions answered to my satisfaction. ☐
3. I understand that my participation is voluntary and that I can ask to withdraw at any time without giving a reason and without my affiliation with Kanlungan being affected in any way. ☐
4. I understand that my anonymised data will be stored for a minimum of 3 years and may be used in future ethically approved research. ☐
5. I agree to my interview being audio recorded and for this to be stored for up to one month after the interview. ☐

6. I understand that relevant sections of my data collected during the study may be looked at by individuals from the Sponsor (University of Edinburgh), where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.

☐

1. I understand

7. that I have until the 1st of July 2022 to withdraw my data from the study. After this date the data will be anonymized and

☐

included in analysis. It will no longer be possible to withdraw my data at this stage.

8. I agree to take part in the above study and for the researcher to contact me via telephone and email.

☐

Name of person giving consent

Date

Signature (please tick box)

☐

Name of person taking consent

Date

Signature (please tick box)

☐

Please provide the following information below:

Telephone number: _____

Email address: _____

PARTICIPANT INFORMATION SHEET

Posttraumatic Growth experiences among Filipino migrant women in the UK: A qualitative investigation

You are being invited to take part in research on Filipino women migrants experiences of dealing with the aftermath of intimate partner violence. Anthonette Angmark (trainee clinical psychologist) at the University of Edinburgh is leading this research. Before you decide whether to take part it is important you understand why the research is being conducted and what it will involve. Please take time to read the following information carefully.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of the study is to explore how Filipino women migrants make sense of their experiences of intimate partner violence. The study is interested in looking at possible changes and growth experiences that may or may not have occurred in their lives as a result of having gone through these difficult experiences.

The reason for why this study is being conducted is to shed light on the experiences of Filipino women migrants in the UK, as this is often underrepresented in the existing research. This will potentially help inform existing psychological clinical practice and enhance our understanding when working with Filipino women migrants who are accessing mental health services.

WHY HAVE I BEEN INVITED TO TAKE PART?

You are invited to participate in this study because you are a Filipino woman above age 18 who has migrated from the Philippines to the UK and you have previous experience of domestic abuse in a past relationship either before or after arriving in the UK.

DO I HAVE TO TAKE PART?

No – it is entirely up to you. If you do decide to take part, you are still free to withdraw at any time during the interview stage and will be able to withdraw your contribution to the study before 1st of July 2022 without giving a reason. After this date your data will become anonymised and it will no longer be possible to withdraw from the study. Deciding not to take part or withdrawing from the study will not affect your membership and involvement with Kanlungan in any way.

WHAT WILL HAPPEN IF I DECIDE TO TAKE PART?

If you do decide to take part, please keep this Information Sheet. You will be asked to complete and electronically sign an Informed Consent Form to show that you understand your rights in relation to the research, and that you are happy for your contact details to be shared with the researcher. One of the staff members of Kanlughnan will provide you with a weblink that will take you through to the consent form if you decide to take part. Once you have agreed to be contacted, the researcher will give you a phone call to provide further information and to answer any questions that you may have regarding this study. If you are happy to take part, the researcher will organise a date and time that is best for you to take part in an online interview held on Zoom.

You will be asked a number of questions regarding how you have made sense of your experiences of intimate partner violence and if you have experienced any changes in your life. The interview will take place in a safe environment at a time that is convenient to you. Ideally, we would like to audio record your responses (and will require your consent for this), so the location should be in a fairly quiet area. We will store your recordings for a maximum of one month, after this period the recording will be deleted. The interview should take around 60 minutes to complete.

You will be provided a written copy of your interview via email once this has been transcribed. If you wish to make any changes to this, please respond within 2 weeks. If we do not hear from you, we will assume that you are happy with the transcript. Withdrawal of the data is not possible once this has become anonymised.

You will also receive a draft copy via email of the overall themes generated from the anonymised data once this has been analysed. You are welcome to provide feedback on these themes. The feedback will be anonymised and stated as a general comment in the final discussion section of the written report.

WHAT ARE THE POSSIBLE BENEFITS OF TAKING PART?

There are no direct benefits, but by sharing your experiences with us, you will be helping Anthonette Angmark and the University to better understand the experiences of Filipino women migrants who have experienced violence in a relationship.

ARE THERE ANY RISKS OR DISADVANTAGES ASSOCIATED WITH TAKING PART?

There are no significant risks associated with participation. Everything that you disclose during your interview is confidential. The only time confidentiality would be broken, is if any immediate risk to you or towards others are disclosed. If you do become upset during the interview you can ask to pause or stop the interview at any time. There is also a list of support services at the end of this information sheet if you feel you need further support.

WILL MY TAKING PART BE KEPT CONFIDENTIAL?

All the information we collect during the course of the research will be kept confidential and there are strict laws which safeguard your privacy at every stage.

If any current abuse or current risk to self or others are reported prior or during the interviews. The researcher will then have a duty to inform staff members at Kanlungan. In any event of immediate safety issues, the researcher will contact relevant crisis services in order to ensure the safety of participants.

HOW WILL WE USE INFORMATION ABOUT YOU?

We will need to use information from your interview for this research project. This information will include your name and contact details. People will use this information to do the research or to make sure that the research is being done properly. We will delete your contact details on the 1st of January 2023.

People who do not need to know who you are will not be able to see your name or contact details. Your data will have a code number instead.

We will keep all information about you safe and secure.

If you consent to being audio recorded, all recordings will be destroyed once they have been transcribed. Your data will only be viewed by the researcher. All electronic data will be stored on a secure online database that is password protected. Your consent information will be kept separately from your responses in order to minimise risk.

Once we have finished the study your identifiable data will be deleted. We will write our reports in a way that no-one can work out that you took part in the study. What are your choices about how your information is used?

- You can stop being part of the study at any time, without giving a reason, but we are unable to remove your data once this has become anonymised.

Where can you find out more about how your information is used?

You can find out more about how we use your information:

- at <https://www.ed.ac.uk/records-management/privacy-notice-research>
- by sending an email to Anthonette Angmark
- by emailing the University of Edinburgh Data Protection Officer at dpo@ed.ac.uk.

The University of Edinburgh is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. The University of Edinburgh will not keep identifiable information about you after the study has finished. Your anonymised data will be stored for a minimum of 3 years and may be used in future ethically approved research.

WHAT WILL HAPPEN WITH THE RESULTS OF THIS STUDY?

The results of this study will be included in a doctoral thesis and may be summarised in published articles, reports and presentations. You will not be identifiable from any published results. Quotes or key findings will always be made anonymous in any formal outputs unless we have your prior and explicit written permission to attribute them to you by name. A summary of the overall themes from the study will be made available to all members of Kanlungan and presented in a lay report or in a Webinar. No individual findings will be shared.

WHO IS ORGANISING AND FUNDING THE RESEARCH?

This study has been organised by Anthonette Angmark, undertaking the Doctorate in Clinical Psychology and sponsored by the University of Edinburgh.

WHO HAS REVIEWED THE STUDY?

The study proposal has been reviewed by the School of Health in Social Science Ethics Committee and by the Programme Manager for Mental Health, Welfare and Employment Advice Services at Kanlungan.

WHO CAN I CONTACT?

If you have any further questions about the study, please contact the lead researcher, Anthonette Angmark .

If you would like to discuss this study with someone independent of the study please contact Helen Griffiths () Senior Lecturer in Clinical Psychology .

If you wish to make a complaint about the study, please contact: the Research Governance Team cahss.res.ethics@ed.ac.uk or [Matthias Schwannauer](mailto:Matthias.Schwannauer@ed.ac.uk) headofschool.health@ed.ac.uk.

Support services available

If any distress arises as a result of taking part of the study there are services available that you can access including Kanlungan who offer free mental health support. There are also Improving Access to Psychological Therapies (IAPT) services available throughout England that you can access through your GP who can also advise you of other existing services in the community.

Kanlungan

Free mental health support for Filipino, Indonesian and Vietnamese women-survivors of gender-based violence in London

Contact:

Mobile: 07399666245 (ref: VAWG)

Email: |

Samaritans

Contact: [116 123](tel:116123)

Available IAPT services in the UK:

<https://www.nhs.uk/service-search/find-a-psychological-therapies-service/>

Women's aid

If you are in need of information and support, please email us at helpline@womensaid.org.uk or contact a local domestic abuse service by using our Domestic Abuse Director <https://www.womensaid.org.uk/>

Posttraumatic Growth experiences among Filipino migrant women in the UK: A qualitative investigation

Thank you for agreeing to take part in this research. We are interested in your experience of dealing with the aftermath of interpersonal violence.

We expect the interview to last between 45 and 90 minutes, but we can stop to take a break at any point, and you can finish the interview at any time without giving an explanation.

[If participant has consented to be recorded, switch on the recorder]

May I double-check that you are happy for this interview to be recorded?

[Continue recording, if participant has confirmed their consent.]

Outline questions

Tell me about your life since having been in a difficult relationship with a partner who was abusive?

(prompts; How is it different? What has changed since then? What does your life look like now that you are no longer in the abusive/controlling/difficult relationship? How do you feel looking back at this experience?).

Has your experience of the abusive relationship changed anything in your life?

(Potential prompts: the way you view yourself, relationships with family/friends/Filipino community, romantic relationships) In what way has it changed? Has your life changed in any positive ways that you have noticed? How have you overcome your abuse?

(Prompts: where are you in this journey of overcoming abuse; what has been helpful e.g., family support, religion, support from services? What has helped you to heal following this experience? What do you think will continue to help you heal from this experience?)

Can you tell me about your view of the future?

(Prompts; where do you see yourself going/doing? What do you think your life will look like in a few years' time?).

Closing question/debrief

Is there anything else you would like to discuss that has not already been covered?

Thank you very much for taking part in this interview. Your input has been really helpful in terms of shedding light on the experiences of Filipino women migrants in the UK, who have experienced intimate partner violence. If you have any further questions, you can email:



University of
Edinburgh College of Arts,
Humanities and Social Sciences
Research Governance Office
55 George
Square

23rd November 2021

Anthonette Angmark
c/o Health in Social Science
University of Edinburgh

Dear Anthonette

Study Title: Posttraumatic Growth Experiences among Filipino women in the UK: A Qualitative Investigation

Sponsor number: CAHSS2110/09

Under the requirements of the UK policy framework for health and social care research, the University of Edinburgh agrees in principle to act as Sponsor for this project. Sponsorship is subject to you obtaining institutional ethics for the project.

As Chief Investigator, you must ensure that the study does not commence until all applicable approvals have been obtained. Following receipt of all

relevant approvals, you should ensure that any amendments to the project are notified to the Sponsor.

Yours sincerely

Charlotte Smith

Research Governance Manager

On 10 Feb 2022, at 13:49, HISS Research Ethics <ethics.hiss@ed.ac.uk> wrote:

Dear Anthonette

Thank you for your revised application. Based on your responses the application meets the standards for favourable opinion from the Clinical Psychology (as well as the recommendation in red below), University of Edinburgh Ethics Committee. The signed ethical response sheet/application is attached – please note that this is fine to attach to your dissertation etc. If you require a formal letter of ethics approval (this is only required if you are approaching third parties, NGOs etc) then please contact the new ethics mailbox (ethics.hiss@ed.ac.uk) requesting this and a formal letter of approval will follow in due course. If you need to make any changes to the study, you should return your amendment to the new ethics email - ethics.hiss@ed.ac.uk, cc'd above with the changes clearly noted in the relevant section of the form.

****Please add support networks to the debrief document that you will send to the participants. These should be ones recommended for this specific group and also general mental health support.**

Good luck with your project.

Best wishes,
Karri

CONCLUSION TO ETHICAL REVIEW – to be completed by Ethics Lead

The applicant's response to our request for further clarification or changes has now satisfied the requirements for ethical practice and the application has therefore been given a favourable opinion.

****Please add support networks to the debrief document that you will send to the participants. These should be ones recommended for this specific group and also general mental health support.**

Signature:

Position: Lecturer in Applied Psychology/Ethics and Integrity Lead

Date: 10.2.22

that a favourable opinion has been provided for this project (for example as an attachment to MSc dissertations).

NOTE: Once reviewed please include the page on which this box appears as a formal document demonstrating that favourable opinion has been provided for this project (for example as an attachment to MSc dissertations).

APPENDIX H - Sample of Analysis

Normal text = Descriptive comments; *Italics* = Linguistic comments; Underlined text = Conceptual and interpretative comments (Smith et al., 2021)

Original Transcript	Exploratory comments	Experiential Statements
I: hearing from people that they want to understand your story, write about your story, how does that make you feel? H: Yeah, before, if I was (referring to self) like before, I would think like embarrassed, and I will feel so little about myself because I don't have that confidence, and I'm ashamed of my experiences before. That's why I didn't really tell anyone about it apart from my family. But now people are getting interested of hearing my story. It somehow makes me feel happy and makes me feel like I have a purpose, and which is before the purpose that I know about myself is just to provide for my family. I: Right. H: But now, not just being a mom, I have a purpose as a migrant, as a Filipino women who survive everything and who experience a lot of things like discrimination and abuse. And I'm here standing and I'm still alive and willing to share my story with smart people. So I'm quite proud of myself that I'm here today and I'm doing this research with you. I'm participating on a research like this. So I'm happy. I think now,	<i>Language used 'before' and past reference to self appears to indicates a distinction between her former self and current self</i> Communicating past feelings of embarrassment and shame <u>Who is Hilda now, the experience appears embedded in time, has she developed a new way of relating to herself?</u> Experiences of greater purpose of being heard by others <u>Identification with multiple-identities distinguished from one sole identity/purpose in life</u> <i>Use of language emphasises positive qualities and strength, positioning self as a survivor?</i> <u>Increasing identification with being a survivor and recognising own personal strength – changes in self to self relating</u> Feeling proud Attributing changes to support from Kanlungan	Shift in identity Greater sense of purpose Recognising multiple identities Recognising inner strength Connecting with others/community

because I've learned a lot from Kanlungan, especially from X, that I just don't need to hide in the dark anymore. I just need to be brave and be out there. Because there's a lot more to see and there is still a lot more to experience. I: What enabled you to shift that perspective? Because you mentioned beforehand, you know the past (referring to self) would be not confident that they would feel embarrassed. H: Actually, that happened the shift happened when I had a conversation with Miss X(referring to staff at Kanlungan). So at first I was like it took us, like, a lot of therapies, like, sessions before I came out of my shell and started to accept what happened to me in my life. And it took a bit of time for me to be out again and be open to people. I think (befriending) group helped me a lot. Because I know that there are other moms there who experience the same thing, although it's a different story. But we have similarities of experiences and also because some of the (members of group), she reached out to me to give me, like, support. That kind of support is to have someone to talk to when I'm feeling down, when I'm feeling anxious, depressed. Which really helped me to realise that not all people are like my old friends. I can still trust somebody who will be just there, listening, and not judging me. So slowly I trusted people within the community. In addition to that, Miss X keeps on checking on me and then we're having sessions and then I think it took like almost a year for me	<i>Use of language appears to indicate a shift in perspective from 'hiding' to being 'brave'</i> Expresses openness to new experiences <u>Continued distinction between past self/current self?</u> Expresses being able to trust and confide in others through one-to-one and group support <u>Development of new close relationships with other survivors?</u> <u>Significance in being able accept her trauma?</u> <u>Shift in perspective how she relates to her experience?</u> Connecting with other Filipino Survivors <u>Developing closer relationships through shared experiences? Is there greater vulnerability inherent in her new connections with others</u> <u>Vulnerability enabling closeness with others?</u> Experiences of increasingly being able to trust others through non-judgemental support <i>Distinguishing former relationships from current relationships</i> <u>Formation of personal boundaries?</u> Recovering from trauma as an ongoing process	Connecting with others/development of close relationships Greater vulnerability/openness? Healthy versus non healthy relationship? Ongoing process of dealing with trauma
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to finally be free with my trauma. Although sometimes when I think about it, I've got tears in my eyes. But I would say that I'm braver and I'm brave enough to think about the story, about what happened and then all this and that.	<u>Is there a sense of trying to escape her trauma/difficult feelings?</u> Equates being brave by confronting and talking about her traumatic experiences <u>Difference in the way she relates to her trauma?</u>	Confronting/acceptance of trauma
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