Using Qualitative Data to Synthesize a Theory on Post-Traumatic Growth Following Intimate Partner Violence

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Abstract
Theories are an essential part of the knowledge base of each discipline. One of the missions of scientists is to develop theories and to keep on doing more research to further develop or correct theories based on evidence-based research. So, this is a process which never ends. Theories are developed and tested through research and once they have been sufficiently tested, they become part of science. The main research question was: What are the main components of the PTG journey of female IPV survivors? The aim of this paper is to describe the process of how we answered the research question by developing a theory on post-traumatic-growth (PTG) following intimate partner violence (IPV) from the perspective of female survivors. We aim to describe and explain it more comprehensively than is possible in a single paper where a theory is being introduced. We emphasize how we synthesized the theory by using own qualitative research and the accompanying unpublished qualitative data (transcripts) and then used systematic comparison of these to the literature. The method of theory synthesis involves three main steps: (1) specification of the key concepts and key statements of the theory; (2) a review of the literature to identify components related to the key concepts and key statements; and (3) organization of the key concepts and key statements into an integrated description of the phenomena under study. By using qualitative research results and accompanying qualitative data we were able to synthesize a theory describing the PTG journey of female survivors of IPV from their own perspective. In the presentation of the theory, we used text, tables and a figure describing and explaining their journey. We conclude that when synthesizing qualitative data and findings from qualitative studies into theories, a theory synthesis is a valid method. All theories must be tested and revised through concept revision and statement revision in the light of new knowledge. To further develop this theory, more research is also needed due to the gap of research in this field.

Keywords
qualitative research, theory development, theory synthesis, post-traumatic growth (PTG), intimate partner violence (IPV)

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Using Qualitative Data to Synthesize a Theory on Post-Traumatic Growth Following Intimate Partner Violence

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School of Health, Business and Natural Sciences, University of Akureyri, Iceland

Theories are an essential part of the knowledge base of each discipline. One of the missions of scientists is to develop theories and to keep on doing more research to further develop or correct theories based on evidence-based research. So, this is a process which never ends. Theories are developed and tested through research and once they have been sufficiently tested, they become part of science. The main research question was: What are the main components of the PTG journey of female IPV survivors? The aim of this paper is to describe the process of how we answered the research question by developing a theory on post-traumatic growth (PTG) following intimate partner violence (IPV) from the perspective of female survivors. We aim to describe and explain it more comprehensively than is possible in a single paper where a theory is being introduced. We emphasize how we synthesized the theory by using own qualitative research and the accompanying unpublished qualitative data (transcripts) and then used systematic comparison of these to the literature. The method of theory synthesis involves three main steps: (1) specification of the key concepts and key statements of the theory; (2) a review of the literature to identify components related to the key concepts and key statements; and (3) organization of the key concepts and key statements into an integrated description of the phenomena under study. By using qualitative research results and accompanying qualitative data we were able to synthesize a theory describing the PTG journey of female survivors of IPV from their own perspective. In the presentation of the theory, we used text, tables and a figure describing and explaining their journey. We conclude that when synthesizing qualitative data and findings from qualitative studies into theories, a theory synthesis is a valid method. All theories must be tested and revised through concept revision and statement revision in the light of new knowledge. To further develop this theory, more research is also needed due to the gap of research in this field.

Keywords: qualitative research, theory development, theory synthesis, post-traumatic growth (PTG), intimate partner violence (IPV)

Introduction

Theories are used to explain phenomena in a field of study, and they are a way to explain part of the real world (Halldorsdottir, 2021). Theories are the basis for the advancement of knowledge (Kagan, 2006) and provide a fuller picture of reality than factual knowledge alone (Butcher, 2006). A theory is a coherent system of theorems used to explain a phenomenon and reveal a certain reality within each field of study or even across different fields of study. One of the purposes of theories, is increasing understanding and drawing attention to certain important aspects. More theory development is needed to summarize research results into a
single theory that illuminates a larger part of reality than one single study can do (Jaccard & Jacoby, 2020; Walker & Avant, 2021).

Theories are part of the knowledge base in each field of study and that is where scholars of the respective disciplines retrieve the science in their work. Part of the mission of scientists is to keep on doing research to build this knowledge base and from there to develop theories and to keep on doing more research to further develop or correct theories based on evidence-based research. So, this is a process which never ends (Halldorsdottir, 2021). Theories are developed and tested through research and once theories have been tested in sufficient ways, they become part of science.

A strong theory should be simple and interconnected, able to predict and explain. Theories begin with insights that must be developed into concepts and relationships as Dankasa (2015) points out. These concepts and relationships are then connected and integrated into a whole. Insight alone, without conceptual connections, cannot make a theory (Rindova, 2011). Therefore, developing a theory is more than merely drawing a list of variables; the relationship between or among the variables should be clearly demonstrated (Whetten, 1989). In developing a theory, relationships among variables need to be demonstrated, concepts clearly defined, and elements of the theory explained (Dankasa, 2015).

Suffering intimate partner violence (IPV) is a devastating personal experience. Post-traumatic growth (PTG) is a positive, psychological change in a person, following trauma, such as IPV. When searching for theories on PTG after surviving IPV we found a gap in the literature. A theory of the subject did not exist when we started to develop our theory and yet we saw that it would be helpful for many to have an overview and a deeper understanding of these poorly understood phenomena and how they are interconnected. Qualitative researchers have been encouraged to synthesize research results from qualitative studies, such as through meta-ethnography, thematic synthesis, textual narrative synthesis, meta-study, meta-narrative, critical interpretive synthesis, ecological triangulation, and framework synthesis (Barnett-Page & Thomas, 2009) just to name a few. Then there are those who encourage researchers to synthesize research results into theories e.g., through theory synthesis which is developed by Walker and Avant (2021) and that is the method used in the present theory synthesis and, therefore, presented in some detail in this paper.

**Intimate Partner Violence (IPV)**

Violence against women or gender-based violence (GBV) is known to be a global, serious problem affecting around one in three women (D’Amore et al., 2021; World Health Organization, 2019, 2021). The manifestation of GBV differs and such violence can take place in various contexts, including cultural, social, economic (Alesina et al., 2021), and political (Beck, 2021). Recent research results on the effects of the COVID-19 pandemic on GBV have suggested that the severity of violence against women has risen since the outburst of the pandemic (Abuhammad, 2021; Roesch et al., 2020; Thiel et al., 2022). In the UN Declaration on the Elimination of Violence against Women the serious consequences of such violence were defined and described, and all countries were encouraged to fight against such violence (United Nations, 1994). Therefore, theory development on IPV is particularly important.

In this paper we define intimate partner violence (IPV) as “a pattern of intense aggression used by a person in a close relationship with the intent of dominating the partner through coercive control.” It is the most common form of GBV (World Health Organization, 2021), is a serious human rights violation (Obreja, 2019) and can result in the death of the victim (Halldorsdottir, 2023). Victims of IPV deal with many destructive consequences: they often deal with injuries such as to the head, neck, or face; have elevated risk for experiencing physical health problems such as asthma, gastrointestinal disorders, frequent headaches, and
chronic pain; as well as psychological problems such as anxiety, depression, posttraumatic stress disorder, suicidality, and chronic mental illness (Rivara et al., 2019). IPV victimization leads to physiological changes and researchers have paid attention to the physiological mechanisms behind them. They have found that IPV can lead to hypothalamic-pituitary-adrenal (HPA) axis dysregulation in the victims which explains how IPV leads to ill-health issues (Alhalal & Falatah, 2020). Moreover, women survivors also present neuroendocrine, immune, cognitive, and brain-related differences compared to women who have never been exposed to IPV (Goldberg, 2022) and the experience of such violence directly impacts abused women’s sense of self (Aizpitarte et al., 2023). Anger, emotional dysregulation, and psychopathology are strong correlates for emotional perpetration in IPV (Spencer et al., 2022).

**Post-Traumatic Growth (PTG)**

When enjoying PTG the focus is on the possibility of positive outcomes of the traumatic event instead of focusing on the negative consequences of the traumatic experience (Calhoun & Tedeschi, 2014; Ulloa et al., 2016). The five main changes in a person who enjoys PTG are; positive spiritual changes, increased appreciation of life, feeling of elevated personal strength (Tedeschi & Calhoun, 2004; Tedeschi & Moore, 2021), discovering new potentials in life, and enjoying improved relations to others (Chopko et al., 2019; Tedeschi & Moore, 2021). According to research on the subject, many people have reported PTG following their experience of various types of traumatic events (Wu et al., 2019). Research on PTG have been conducted in many different fields of trauma, e.g. accidents (Abu-Raiya & Sulleiman, 2021; Han et al., 2019), disasters of natural causes (Amiri et al., 2021; Warsini et al., 2022), interpersonal experiences (Kalaitzaki et al., 2022; Okoli et al., 2021), diseases and medical problems (Halldorsdottir et al., 2022; Hegarty et al., 2021), and other traumatic life experiences (Klurfeld et al., 2020; Levi-Belz et al., 2021). In short, PTG has been described as a positive, psychological change in a person who has suffered trauma. More specifically, it has been defined in the following way by the authors:

> Post-traumatic growth can be likened to a personal resurrection in life following psychological trauma. Because of the individual's internal need for change, he or she has managed to process the suffering caused by the trauma. The personal changes experienced include confronting own feelings more freely, consciously nourishing inner strength, having deeper relations to others, experiencing personal growth, living a more wholesome life, and having deeper self-knowledge as well as a stronger self-image. Furthermore, the individual enjoys increased social activity, positivity and patience and has feelings of freedom, power, and energy, without regrets. Moreover, the individual feels like a winner in life, is less stressed, more appreciative of own self, others, and life in general, seeing new possibilities in life having found a new vision as well as deeper inner peace and wisdom. Even though the negative influences of the trauma can be present, the positive factors of post-traumatic growth are dominant. (Bryngeirsottir & Halldorsdottir, 2022a, p. 764)

**Post-Traumatic Growth Following Intimate Partner Violence**

Even though research on both PTG and IPV have been increasing, there is still a lack of research on PTG following IPV as pointed out in the literature (D’Amore et al., 2021; Rahayu & Hendriani, 2019). Since research has shown that enjoying PTG is likely to improve quality of life in various ways for the survivors of trauma, it is important to specifically examine
the possibilities of such growth and positive changes in female survivors of IPV. To do so, we decided to study their experience of IPV and PTG as well as their experience of the facilitators and obstacles to their PTG. Having, thus, developed a knowledge base about PTG following IPV we decided to develop a specific theory on PTG from the perspective of female IPV survivors since it is a vulnerable group and their experience seemed to be different than after other types of traumas, as we found in our first study on the subject (Bryngeirsdottir & Halldorsdottir, 2022a). We developed the theory by combining the findings of three of our own qualitative studies on PTG which were already published (Bryngeirsdottir & Halldorsdottir, 2022a, 2022b, 2022c) as well as the unpublished research data (transcripts) from those studies which were considerable. The theory itself has also already been published (Bryngeirsdottir et al., 2022d). The aim of the present paper, however, is to describe the process of developing the theory more comprehensively, aiming to delineate and explain how the theory was synthesized and how the theory synthesis allowed us to answer the main research question which was “what are the main components of the PTG journey of female IPV survivors?”

**Method**

**Theory Synthesis**

To answer the research question, we chose theory synthesis which is a method for theory development developed by Walker and Avant (2021). It is a useful methodological approach when organizing existing information about certain phenomena involving many important key concepts and key statements into a new theory explaining how these variables are interconnected. As Dunkasa (2015) rightly points out, in developing a theory, relationships among variables need to be demonstrated, concepts clearly defined, and elements of a theory explained, which is also true for theory synthesis. When developing a theory through theory synthesis, research data illustrating the relationships between at least three components used in the theory must be available, but the aim of theory synthesis depends on the available evidence (Walker & Avant, 2021). An overview of the three steps of theory synthesis and what we did in this study is presented in Table 1.

**Table 1**

*An Overview of the Three Basic Steps in the Theory Synthesis*

<table>
<thead>
<tr>
<th>Steps</th>
<th>Description</th>
<th>Overview of what we did</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td>The key concepts and key statements from the studies and the databases, used to develop the theory, are specified, and explained.</td>
<td>We used information, key concepts and key statements, from our own studies and databases (see Table 2 and Table 3) to describe how women who had survived IPV and had reached PTG described their PTG journey, their experience of PTG and how the lingering effects of their prior trauma influenced their PTG.</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td>The key concepts and key statements used to develop the theory are compared to the literature, to identify and define their relation to other components.</td>
<td>Using the key concepts and key statements shown in Table 4 and 6 we compared the key concepts and key statements to the literature of PTG among female survivors of IPV. Most of the research we found in the literature could only be partially related to the components of our theory.</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
<td>The key concepts and key statements of the theory, their relations and interconnection are presented in text, in figure(s) or in table(s).</td>
<td>We compared the detailed descriptions of the women’s journey to PTG following IPV, their experience of the facilitators and the obstacles they met on that journey, as well as their experience of PTG and the lingering effects of their prior traumas on their PTG. We presented the results in text, tables, and a figure.</td>
</tr>
</tbody>
</table>
In all the three steps of the theory synthesis we used abstract thought processes to analyse different ideas, recognize patterns, as well as analyse and synthesize all the information we had. We used reasoning as well as critical and creating thinking while reflecting on the key concepts, statements, and principles, to think symbolically and draw conclusions. Using abstract thinking allowed us to see the link between different ideas and helped us to be creative and develop new ideas. The dialogue we had while working together also stimulated our reflective and deep thinking.

**Step 1 in the Theory Synthesis**

In the first step of synthesizing the theory the key concepts and key statements from the studies and the databases, used to develop the theory, are specified, and explained. So, in this step we used information from our own studies and databases (see Table 2 and Table 3). In Table 3 we report how we had about 300.000 words of research data that we base our theory on in this step. We repeatedly read our already published articles on the subject as well as the unpublished research data, like what we do in phenomenological thematic data analysis. While doing so we wrote comments into the documents. We also used NVivo in the analysis of both the published articles and the research data. We then used the findings of this analysis to describe how women who had survived IPV, and had reached PTG, described their journey to PTG, their experience of PTG and how the lingering effects of their prior trauma influenced their PTG.

**Table 2**

*The Three Published Studies that Were the Basis for the Theory Synthesis in Step I*

<table>
<thead>
<tr>
<th>Studies</th>
<th>Authors and date</th>
<th>Title</th>
<th>Published</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study I</td>
<td>Bryngeirsdottir and Halldorsdottir, 2022a</td>
<td>The Challenging Journey from Trauma to Post-Traumatic Growth: Experiences of Facilitating and Hindering Factors</td>
<td><em>Scandinavian Journal of Caring Sciences</em>, 36(3), 752-768. <a href="https://doi.org/10.1111/scs.13037">https://doi.org/10.1111/scs.13037</a></td>
</tr>
<tr>
<td>Study III</td>
<td>Bryngeirsdottir and Halldorsdottir, 2022c</td>
<td>Fourteen Main Obstacles on the Journey to Post-Traumatic Growth as Experienced by Female Survivors of Intimate Partner Violence</td>
<td><em>International Journal of Environmental Research and Public Health</em>, 19(9), 5377. Special Issue: Violence against Women as an Interdisciplinary Challenge in Public Health <a href="https://doi.org/10.3390/ijerph19095377">https://doi.org/10.3390/ijerph19095377</a></td>
</tr>
</tbody>
</table>
To relate the main content of the three published papers we used as part of the basis to develop the theory in Step 1 we provide following summary of each of the studies:

**Study I.** In this phenomenological study “The challenging journey from trauma to post-traumatic growth: Lived experiences of facilitating and hindering factors” we explored people’s experience of suffering psychological trauma, the personal effects of the trauma and the transition from trauma to PTG. Five men and seven women, aged 34-52, who self-reported PTG after suffering different types of traumas were interviewed. This study provided mapping of the challenging journey from trauma to PTG, where the participants described their PTG as a journey, rather than a destination. Their traumatic experience affected them as persons, influencing their wellbeing, health, and view of life in a positive way. They reported a prologue to their PTG journey, which some participants experienced as hindering effects to their PTG, while others experienced it as a good preparation for their journey to PTG. Six main influencing components on their PTG journey where identified, both facilitating and hindering ones. Participants described the positive personal changes they experienced in respect to their PTG, though the epilogue of their traumatic experience also included negative consequences, such as heavy days. The results suggest that the PTG journey includes a recovery process and specific influencing factors that must be considered.

**Study II.** In this phenomenological study, “I’m a winner, not a victim”: The facilitating factors of post-traumatic growth among women who have suffered intimate partner violence’, we explored the facilitating factors of PTG of female IPV survivors and their experience of PTG. Twenty-two female IPV survivors, aged 23–56, who self-reported PTG were interviewed. The overriding theme of the study, “I’m a winner, not a victim”, describes the women’s experience of PTG, shifting from being suffering victims to becoming winners enjoying PTG. They reported that their positive attitude and personal strengths had been helpful in reaching PTG, as well as acknowledging their experience of being in an abusive relationship. They also thought that forgiving and believing in themselves as well as taking responsibility for their own health and well-being had been helpful. They gained information about violence and the processing of violence, as well as the best ways to respond to triggers. They set boundaries for their perpetrators, minimizing the contact with them. Instead, they chose the company of supportive people and situations where they were not being controlled or coerced. Despite suffering IPV, the participants’ experiences resulted in PTG.

**Study III.** In this phenomenological study ‘Fourteen main obstacles on the journey to post-traumatic growth as experienced by female survivors of intimate partner violence: “It was all so confusing,” we explored the obstacles to PTG of twenty-two female IPV survivors, aged 23-56, who self-reported their PTG according to the working definition used in the research. Fourteen main obstacles were identified. The participants reported feelings of decreased self-worth that affected their lives in a negative way and delayed their PTG. The main theme of the
study was “It was all so confusing,” which portrays the participants’ feelings when describing the obstacles, they came across on their PTG journey. Most of those obstacles were intrapersonal, i.e., negative personal emotions and negative attitude towards themselves. Other obstacles reported by participants were physical and psychological health problems, demanding personal circumstances, the perpetrator, as well as obstruc- ting factors in laws, regulations, and institutional social systems. This study revealed the broad range of obstacles met by the participants on their journey to PTG following IPV.

The key concepts and key statements used to develop the theory in Step 1 are introduced in Table 4.

**Table 4**
The Key Concepts and Key Statements in the Three Papers

<table>
<thead>
<tr>
<th>Concepts</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trauma</strong></td>
<td>A surprising and threatening experience of an individual that he or she cannot control, stop, or influence in any way. Trauma results in negative effects on one’s basic perception of living in a safe and predictable world and can even negatively affect the individual’s view of life.</td>
</tr>
<tr>
<td><strong>Intimate partner violence (IPV)</strong></td>
<td>Controlling, dominating and/or violent behaviours in an intimate relationship that causes the victim physical, psychological, sexual, financial, or social harm.</td>
</tr>
<tr>
<td><strong>Facilitators of PTG</strong></td>
<td>Personal, social and/or systematic constructive components, that are likely to serve as beneficial to the progress of PTG among female IPV survivors.</td>
</tr>
<tr>
<td><strong>Obstacles to PTG</strong></td>
<td>Personal, social and/or systematic destructive components, that are likely to slow down, or prevent the progress of PTG among female IPV survivors.</td>
</tr>
<tr>
<td><strong>Post-traumatic growth (PTG)</strong></td>
<td>Due to the individual’s internal need for change following the experience of trauma, he or she has succeeded to deal with the suffering following the trauma. The personal changes experienced by the person, involve confronting own feelings more freely, consciously nourishing inner personal strength, experiencing deeper relations to others, experiencing personal growth, living a more wholesome life, and enjoying more self-knowledge as well as a stronger self-image. Moreover, the person enjoys increased social activity, positivity and patience and experiences feelings of power, energy, and freedom, without regrets. Moreover, the person feels like a winner in life, experiencing less stress, being more appreciative of own self, others, and life in general, seeing new possibilities in life, experiencing a new view of life as well as deeper inner peace and wisdom. Even though the negative influences of trauma can be present, the positive components of post-traumatic growth are dominant. Post-traumatic growth can be compared to a personal resurrection in life following psychological trauma.</td>
</tr>
<tr>
<td><strong>Lingering effects of IPV</strong></td>
<td>The negative long-term effects of the traumatic experience intertwined with the person’s PTG. The individual becomes aware of these effects, learns to accept them and how to tolerate them, reacting to them in the best and most suitable way for own self, knowing that the negative effects will pass and/or everything will be all right.</td>
</tr>
</tbody>
</table>
Step 2 in the Theory Synthesis

In this step in the theory synthesis the key concepts and key statements used to develop the theory are compared to the literature, to identify and define their relation to other components. Using the key concepts and key statements shown in Table 4 (from Step 1), we compared the key concepts and key statements from the first step of the theory development to the literature of PTG among female survivors of IPV. We found about 160 papers we could use for that comparison. However, when looking for research on each key concept and key statement individually, we mostly found information about the concepts and statements in question in relation to other types of traumas, disasters, or adversities than in the relation of PTG following IPV. The research on PTG in connection to IPV, other than our own research on the subject, proved to be scarce. Therefore, most of the research we found in the literature could only be partially related to the subjects of our theory. However, after analysing the articles and the research data we compared the results with these published papers we found in the literature and categorized the results into eight detailed main categories. The content of the categories describes the detailed descriptions of the women's journey to PTG following IPV, their experience of the facilitators and the obstacles they met on that journey, as well as their experience of PTG and the lingering effects of their prior traumas on their PTG.

After categorizing the data, we included the contents of the eight categories in our continuing search for research on the subject. The research found, included studies on psychological and physical health, social support, other types of disasters or adversities than IPV, children and parenting, and more. In this step of the theory synthesis, we compared the key concepts, the key statements, and the main components of the model to these approximately 160 published papers. Moreover, we made an overview of the decision trail in the theory synthesis to explain which data was the basis for each component of the eight main components of the theory synthesis (see Table 5).

Table 5
An Overview of the Decision Trail when Synthesizing the Theory

<table>
<thead>
<tr>
<th>Component of the theory</th>
<th>Source of the data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life before IPV</td>
<td>Study I &amp; Research data from Study II and Study III</td>
</tr>
<tr>
<td>Broken/Adapted</td>
<td>Study I &amp; Research data from Study II and Study III</td>
</tr>
<tr>
<td>Experience of IPV</td>
<td>Research data from Study II and Study III</td>
</tr>
<tr>
<td>Consequences of IPV</td>
<td>Research data from Study II and Study III</td>
</tr>
<tr>
<td>Facilitating factors</td>
<td>Study II</td>
</tr>
<tr>
<td>Main obstacles</td>
<td>Study III</td>
</tr>
<tr>
<td>PTG following IPV</td>
<td>Study II</td>
</tr>
<tr>
<td>Lingering effects of IPV</td>
<td>Study I &amp; Research data from Study II and Study III</td>
</tr>
</tbody>
</table>

Step 3 in the Theory Synthesis

In this step in the theory synthesis the key concepts and key statements of the theory, their relations and interconnection are presented in text, in tables and in figures. So, in this step, to answer the research question and present the theory, we developed a model presenting the theory as well as presenting it in text, tables, and a figure. Building on the eight main categories
analysed from our papers and the research data (in Step 2), as well as the literature in the field, we used different abstract thought processes to recognize and draw conclusions about the relationships among the defined concepts describing each of the categories. When building the model we used a metaphor, depicting the theory as a journey, describing the process from IPV (trauma) to PTG from the view of female survivors of IPV. We present the results in text, tables (Table 6 and Table 7), and a figure (Figure 1). In these we present the synthesized theory of the PTG journey of female survivors of IPV and thus answer the research question.

**Results**

To develop a theory from qualitative research results and the accompanying qualitative data, we followed all the three steps of theory synthesis. In Step 1, we were able to specify and explain key concepts and key statements of the PTG of female survivors of IPV, using information from our own studies and our unpublished research data on the subject. These concepts and statements were the foundation of the main components of our theory. In Step 2, when comparing each concept and statement found in Step 1, to the literature, we found that even though the key concepts and key statements could be individually related to the literature, the literature on PTG in connection to IPV was sparse. We further analysed our studies and research data, categorizing the results in eight main categories, that is: Life before IPV; Broken/Adapted; Experience of IPV; Consequences of IPV; Facilitating factors; Obstacles; Post-traumatic growth following IPV; and Lingering effects of IPV. Each category contained detailed descriptions of the women's experiences, serving as building material of the categories. In Step 3, after categorizing the results, we continued the comparison to the literature, by comparing each category to research in the field of each subject. This continuing comparison to the literature resulted in (a) the foundation of the eight components of the theory, (b) our understanding of the interrelationships of the components of the theory, and (c) our understanding of this process being a journey. The overall presentation of the findings is found in Table 6, Table 7, and Figure 1.

**Table 6**

*The Eight Key Components of the Theory on Female Survivors’ PTG Journey Following IPV*

<table>
<thead>
<tr>
<th>Concepts</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life before IPV</td>
<td>The effects of the traumatic events and violence participants suffered early in life.</td>
</tr>
<tr>
<td>Broken / adapted</td>
<td>Former experience of trauma serving as a certain preparation for their future life experiences. Participants either feeling like they were broken or that they had adapted after processing their traumatic life experience.</td>
</tr>
<tr>
<td>Experience of IPV</td>
<td>The participants’ experience of suffering IPV.</td>
</tr>
<tr>
<td>Consequences of IPV</td>
<td>The consequences that the participants suffered due to IPV.</td>
</tr>
<tr>
<td>Facilitating factors to PTG</td>
<td>The facilitators the participants experienced on their PTG journey.</td>
</tr>
<tr>
<td>Obstacles to PTG</td>
<td>The obstacles the participants experienced on their PTG journey.</td>
</tr>
<tr>
<td>PTG following IPV</td>
<td>The participants’ experience of PTG.</td>
</tr>
<tr>
<td>Lingering effects of IPV</td>
<td>The lingering effects of IPV on the participants’ PTG.</td>
</tr>
</tbody>
</table>
Table 7
The PTG Journey of Female Survivors of IPV – Overview of the Findings

<table>
<thead>
<tr>
<th>Life before IPV</th>
<th>Broken/Adapted</th>
<th>Experience of IPV</th>
<th>Consequences of IPV</th>
<th>Facilitating Factors</th>
<th>Obstacles</th>
<th>PTG following IPV</th>
<th>Lingering effects of IPV</th>
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<tbody>
<tr>
<td>As a child: Neglect, poverty, sexual abuse, bullying, IPV, alcohol abuse, illness, death, depression, divorce, apoptosis, demanding parents, stigmatization, too much responsibility, difficulties at school</td>
<td>- Restrictive reaction to trauma, trouble in processing trauma in a constructive way</td>
<td>- Broke and vulnerable - Adapted to traumatic situations, avoiding confronting the real situations. Non-real effects of past and current trauma sometimes ending in traumatic breakdown - Increased danger of being abused, reducing possibilities in making violent and threatening situations</td>
<td>- Life being held as hostage - Feel trapped, dependent on the perpetrator - Everything is conditional; her “bad behavior”; having serious consequences - Frustration - Envy - Extracted always trying to please - Broken boundaries - Vulnerable - Hopelessness - Devaluation, can’t confide in anyone - Tired - Poor physical and mental health - Social isolation - Serious health problems - Internal factors: - Personal attributes - Family relations - Social well-being - Former experience of trauma - Attitude &amp; reaction: - The woman herself - The perpetrator - Children &amp; friends - Other people - Environmental factors: - Personal social support - Systematic social support - Organized supporting resources</td>
<td>- Feeling of shame - Social thoughts - Bereavement - Intimacy - Feeling alone and isolated - Triggers - Mixed negative feelings - Emotional connection to others - Physical and psychological health - Personal circumstances &amp; social surroundings - The perpetrator - The child - Law and institutional social system</td>
<td>- Strength - Self-esteem - Appreciation - Sympathies - Tolerance - Awareness - Independence - Self-care - Happiness - Support - Vision - Helpfulness - Resilience - Empowerment - Enforcement - Determination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a young adult: IPV, rape, bullying, assault, threats, oppression, broken trust, infidelity, divorce, custody dispute, neglect, death of loved ones, financial concerns, accidents, loss of health, co-dependence, and more</td>
<td></td>
<td></td>
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</table>

Notes. (Bryngeirsdottir, 2022, p. 34). Used with permission.

This theory development resulted in the synthesis of the theory on PTG following IPV shown in Figure 1. The aim of the theory development itself was to describe and explain the PTG journey of female IPV survivors from their own perspective. The model includes the main concepts described in Table 6, as well as reflecting on the interconnection of these concepts. The theory is explained in a simple way, but we chose to write a note under the model, to explain its complexity.

Figure 1
The Theory of the PTG Journey Following IPV

Notes. (Bryngeirsdottir, 2022, p. 49). Used with permission.

Even though presented as a simple, one-way process, the PTG journey following IPV is nonlinear, fluid state and the possibility of regression should be considered, i.e., due to triggers. According to the theory, PTG is not a permanent state in life, but those enjoying PTG are aware of the possibility of regression in their PTG, know how to react to such regression, and how to nourish and maintain their growth. The figure is used with permission.

Discussion

In this paper we have described the process of developing the theory of PTG following IPV from the perspective of female survivors. Our main aim for writing this paper was to describe the process of developing a theory using theory synthesis more comprehensively than is possible in a single paper where the theory itself is being introduced. We had developed the theory in question using theory synthesis and, therefore, we aimed in this paper to describe and
explain how we synthesized a theory by using qualitative research and qualitative data with systematic comparison to the literature. Our theory development had worked, and the paper got published so we were confident enough to venture to describe the process more comprehensively in a separate paper.

As stated before, in developing a theory, relationships among variables need to be demonstrated, concepts clearly defined, and elements of a theory explained (Dankasa, 2015). As already pointed out, we used our own published studies and large qualitative databases (transcripts about 300,000 words) and analyses of them in the theory synthesis. In this paper we have described the process more comprehensively than is possible in a single paper when presenting a theory, explaining, and demonstrating in more detail how the theory was synthesized. Firstly, we defined all key concepts and key statements pertaining to the PTG journey following IPV from our data. Secondly, we examined the literature and after that we demonstrated the relationship among the key concepts and key statements and the interrelationship of these i.e., on how women who have suffered IPV and have reached PTG described their journey to PTG, how they experienced their PTG and how the lingering effects of their prior traumas influenced their PTG. The main concepts in this regard were trauma, IPV, PTG, facilitators of PTG, obstacles to PTG, and lingering effects of IPV. We also described the interrelationship of the different components.

We theorized from our three published papers (Bryngeirsdottir & Halldorsdottir, 2022a, 2022b, 2022c) as well as our dense raw data (transcripts) of approximately 300,000 words. Large part of our raw data is unpublished, which is a limitation. However, the interviews in the three studies used for the theory development were in all 35. This large number of qualitative interviews in the studies used to develop the theory is a strength, especially due to the gap in the literature when it comes to research and theory development on PTG following IPV. To establish validity and reliability we presented a decision trail, explaining what data the basis for each component of the theory is. We hope that readers find this a well-crafted theory that supports logical thoughts and helps to make sense of the reality that we as researchers have been struggling to present, in a similar way to what Dankasa (2015) describes.

Even though researchers have paid attention to the consequences of suffering IPV, research on the connection between PTG and IPV is sparse, leaving a gap in the literature in that field (D'Amore et al., 2021). Moreover, we did not find any theory on this important connection. The aim of this paper was, therefore, to demonstrate and explain how to synthesize a theory by using qualitative research and accompanying qualitative data (transcripts), and to synthesize a theory of a subject of research, that has not been paid much attention to. In our analysis, using the methodology of theory synthesis to develop a theory of such an important subject as PTG following IPV is possible. We, therefore, encourage other qualitative researchers who are interested in developing theories of important matters to use research results and their own data bases (transcripts) about the subject of interest into one whole, arranging the pieces of knowledge and forming them into a useful and understandable model. One of the things that is mentioned as an example of abstract thinking is to form a theory about why something happens. We claim that to develop a theory using theory synthesis the theorist must have a well-developed abstract thinking, which most academics have probably consciously developed. The theory synthesis is not the end of knowledge but serves as a new insight into the phenomena in question, which can be used to further research and practice as well as further theory development.

Our analysis is, therefore, that a theory synthesis is a valid method to synthesize findings from qualitative studies and the rich qualitative data (transcripts) available from such studies into theories. We also found that two scholars are better than one when synthesizing a theory. It is good to have a dialogue on the many decisions developers of a theory must make
along the decision-trail. Finally, we concur with Dankasa (2015) that it is essential for scholars and researchers in various academic fields to develop strong skills in theory development.

The presentation of this method contributes to the current scholarship on theory synthesis. At our university we have used theory synthesis before with good results (Halldorsdottir, 2008; Halldorsdottir & Karlsdottir, 2011; Sigurdardottir & Halldorsdottir, 2021; Skuladottir & Halldorsdottir, 2008) and the current theory adds to the experience that a theory development using theory synthesis makes an important and welcomed contribution to the literature. There are other methods available to summarize research results into a single theory but if researchers have already published papers on some important subject, we think that using theory synthesis is a good choice.

This theory is an important contribution to the literature on IPV and how to study IPV. According to our theory, experiencing trauma and violence early in life can strongly influence the rest of a girl’s life. This is supported by the fact that multiple and severe adverse childhood experiences (ACE) are more likely to have taken place in the early lives of women who have been through IPV (Li et al., 2020). To be able to identify women who are exposed to suffering IPV, we assert the need for future research on the connection of suffering ACE and suffering IPV. We, as a research community, also need to study women who have experienced IPV in much more depth to help them to reach PTG. We hope that our model of this journey from childhood trauma to PTG gives women who have been through IPV the hope that good things can be ahead of them. The theory can be an excellent framework for both qualitative and quantitative research in this regard. Moreover, the theory and how it is developed can not only inspire researchers, but also clinical practitioners who are attending to girls and women who have experienced trauma early in life. The theory can also be useful for women who have survived IPV, by serving as a map to their PTG, helping them to find their location in that process and the best ways to proceed on that journey. Finally, we hope the theory will be an inspiration to further theory development of other researchers.

Conclusions

We conclude that when synthesizing qualitative data and findings from qualitative studies into theories, a theory synthesis is a valid method. All theories must be tested and revised through concept revision and statement revision in the light of new knowledge. To further develop this theory, more research is also needed regarding the various shades of this complex human experience due to the gap of research in this field.

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