

Healing After Violence: The Effect of Perception of Social Support on Posttraumatic Growth in Female University Students

Violence Against Women
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Abstract

This study investigated the Turkish validity and reliability of the Healing After Gender-based Violence Scale (GBV-Heal) and the relationship between social support perception, posttraumatic growth in university students who are victims of gender-based violence. The study sample consisted of 167 female students who experienced gender-based violence. The Turkish version of GBV-Heal of Kaiser-Meyer-Olkin value was 0.892; the Bartlett Sphericity Test result was determined as $\chi^2 = 195,053$, and the obtained variables were found suitable for factor analysis. Perception of social support related to post-violence healing in female university students is effective on posttraumatic growth.

Keywords

gender-based violence, healing, posttraumatic growth, social support

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Introduction

The World Health Organization considers violence against women as a global health problem. It emphasizes that violence (physical, emotional, sexual, or economic) experienced by one out of every three women between the ages of 15–49 is committed by their current or former intimate partners, their estranged spouse, or even a person they have never met (World Health Organization [WHO], 2021). Violence against women has significant effects on women's cognitive, physical, and social well-being (Sanz-Barbero et al., 2019). One out of every three women in Turkey, based on location, class, origin and religion are exposed to gender-based violence (GBV) regardless of the variables (TUIK Gender Statistics, 2021). It is reported that isolation and restraint measures increased partner violence during the COVID-19 pandemic (Bradbury-Jones & Isham, 2020; Mahase, 2020; Roesch et al., 2020).

Women who are exposed to violence in Turkey mask the violence they experience because they think that this situation will harm their position in society. They especially have difficulty reporting sexual violence and usually never tell anyone about it (Tekkas Kerman & Betrus, 2020). The tendency to mask violence causes women to wear out and over time, they begin to restrict their relations with their environment and even to isolate themselves from society, as they cannot continue to mask violence. Being exposed to violence for a long time causes women to lose their self-confidence and to get away from social life completely (Çalışkan & Çevik, 2018). In addition to women's economic independence, their social status is important in breaking their silence against violence (Yüksel-Kaptanoğlu et al., 2012). Considering the attitude towards violence in Turkish society, it is stated that the older generation accepts violence, and the younger generation does not adopt violence (Çalışkan & Çevik, 2018). Due to the close relationship between individuals' attitudes toward violence against women and the perception of violence and the use of violence, it is important to determine attitudes toward violence and take necessary actions (Kanbay et al., 2017). Cultural practices such as bride price, forced marriages, honor killings, and virginity testing increase violence in the Turkish family structure, and the attitude toward this violence varies across the country (Tekkas Kerman & Betrus, 2020). Accordingly, the Ministry of Family and Social Policies carries out activities against violence by determining it as "Zero Tolerance" in the 2023 annual report for women (Republic of Turkey Ministry of Family and Social Services, 2023).

In the United States, one out of every five female university students stated that they were subjected to violence by their partner at the end of their emotional relationship, and 30% stated that they could not tell anyone about this violence (Breiding et al., 2014). In a multicenter study that reached 16,000 university students, it was reported that the rate of students exposed to physical violence was 30% (Chan et al., 2008). Unique aspects of the college environment in the United States may contribute to the normalization of violence against women, including a growing conceptualization of a "rape culture," which is defined as an environment in which sexual violence against women is tolerated as part of campus life, due to power dynamics between genders, traditional gender beliefs, and perceived peer support of sexual aggression

in college settings (Boyle & Walker, 2016; Sinko, Burns, et al., 2021). This points to the university setting as an essential place to explore healing.

GBV is based on the dynamics of power and social structure in society and harms the well-being of victims in multiple ways (Mechanic et al., 2008; Rodelli et al., 2021). The degree of harm depends on how women perceive themselves. Women with little control over their emotions may feel less competent and insecure. In addition, shame, guilt, and fear of being judged by others are the emotions experienced (McCleary-Sills et al., 2016; Saint Arnault & Shimabukuro, 2016). These perceptions may force women to respond to society's expectations, avoid being stigmatized as victims, and not appear weak to the people around them (Campbell et al., 2015; Kennedy & Prock, 2018; Stark et al., 2016). Perceptions of self-have an essential role in the healing process as it shapes the thoughts and feelings of women and can affect their behavior. Therefore, women's perception of social support and how others see them may affect their behavior toward seeking help. Depending on these variables, women may experience a revictimization or a successful recovery (Kennedy & Prock, 2018; Sinko, Burns, et al., 2021; Stark et al., 2016; Wozniak & Allen, 2012).

The concept of perceived social support is a subjective evaluation based on the individual's social environment and the personal meaning of the bond she establishes with them. In the literature, studies show that social support positively correlates with mental and physical health (Christenfeld et al., 1997; Uchino et al., 1996; Yildirim, 1997). Studies have found that women exposed to intimate partner violence show fewer psychological symptoms when they perceive a higher level of social support from their environment or when their coping efforts are appreciated (Beeble et al., 2009; Meadows et al., 2005; Prati & Pietrantonio, 2009).

In the studies, after intimate partner violence, women have very personal experiences, and their level of recovery varies according to the number of resources they use in their physical, psychological, social, and cultural fields, and trauma victims who survive despite everything and increase their level of well-being are also described as resilient or talented (Allen & Woznak, 2011; Flasch et al., 2017; Schaefer et al., 2018). In the literature, researchers have chosen different concepts to express recovery after GBV. Some of these are "evolving" (Heywood et al., 2019; Taylor, 2004), "reinventing itself" (Oke, 2008), "transformation of identity" (Glumbíková & Gojová, 2019) and "overcoming" (Flasch et al., 2017). According to a metasynthesis that sheds light on the recovery adventure of individuals exposed to GBV, reprocessing the experience, examining the moment of trauma, managing negative emotions, rebuilding one's relationships with oneself and the environment, and regaining hope and strength are turning points in terms of recovery (Sinko et al., 2022).

In addition to academic studies, community service studies are also carried out to prevent violence against women in Turkish society, increasing awareness and reducing violence. In this context, studies are carried out in cooperation with local administrations to raise awareness of Turkish youth and women on these concepts by integrating these subjects into university curricula and to train many academics on this subject in universities across Turkey, and they are shared on national and international scientific

platforms. This study is motivated by these developments in Turkey. The authors have studies on violence against women, women's studies, GBV and recovery after GBV. The first gender attitude scale and dating violence scale in Turkey were developed by one of the research authors (Gönenç et al., 2016; Zeyneloglu & Terzioglu, 2011). Authors, who are health professionals and Turkish, are capable of realizing their goals of being able to initiate studies to determine the recovery after GBV that will contribute to this field by having knowledge of the practices and policies against violence in different cultures.

This study aimed to conduct a validity and reliability study of the Healing after Gender-Based Violence scale (GBV-Heal) in Turkish culture and to determine the relationship between perceived social support, posttraumatic growth, and recovery in female university students who were victims of GBV.

In this context, answers to the following questions were sought in the study:

1. What are the psychometric properties of the Turkish GBV-Heal?
2. Is there a relationship between the mean scores of the GBV-Heal, Posttraumatic Growth, and Perceived Social Support Scale?
3. Is there a relationship between sociodemographic characteristics, exposure to GBV, posttraumatic growth, and perceived social support?

Method

Setting and Participants

This cross-sectional study sample consists of 167 female students exposed to GBV and studying at a foundation university in Turkey. Thus, the first part of the study was to translate, adapt, and test the validity and reliability of the Turkish version of the GBV-Heal measuring survives. The Socio-Demographic Questionnaire developed by the researchers, including demographic characteristics, the Turkish version of The GBV-Heal, Posttraumatic Growth Inventory (PTGI), and the Multidimensional Perceived Social Support Scale, were used in this study. Data was collected online via "Google Forms" between February and April 2022. A sample of 20 female students was chosen to establish the test-retest reliability with a 15-day interval between the first and second assessments. Different psychometric tests have been utilized in this study to assess face, content and construct validity and the scale's reliability in terms of stability and internal consistency. The second part of the study determined and analyzed the relationship between GBV-Heal, posttraumatic growth and perceived social support.

Instruments

The Socio-Demographic Questionnaire form and expert opinions were created in line with the literature (Barroso-Corroto et al., 2022; Sinko et al., 2020). It included variables that included some socio-demographic characteristics of the participants (such

as age, habits, education, occupation, marital status, employment, economic status, having children and partner status, violence characteristics, etc.).

The GBV-Heal was developed by Sinko, Özaslan, et al. (2021) for the psychometric evaluation of healing after GBV. It is a 5-point Likert scale with 0 = “*not at all*” and 4 = “*totally*.” The scale consists of four subdimensions and 18 items: “relating to others,” “regaining hope and power,” “self-connection,” and “trauma processing and reexamination.” Items 6, 7, 8, 9, and 10 are “relating to others”; items 5, 11, 12, 13, 14, and 15 about “regaining hope and power”; items 1, 2, 3, 4 about “self-connection”; and item 16, 17, 18 related to “trauma processing and reexamination.” The scale is used to evaluate two different points of life. Each item is assessed according to the participant’s “lowest point” after experiencing GBV and “current feelings.” The Cronbach’s alpha value for the original total scale was .93. Cronbach’s alpha values of the subdimensions of the scale; “relating to others” was .84, “regaining hope and power” was .85, “self-connection” was .77 and “trauma processing and reexamination” was .71 (Sinko, Özaslan, et al., 2021). In this study, the total Cronbach alpha value was calculated as .90.

PTGI developed by Tedeschi and Calhoun (1996) was adapted into Turkish by Kağan et al. (2012). The 6-point Likert-type scale consists of 21 items and a five-factor structure and is scored between 0 and 5. The total score that can be obtained from the scale varies between 0 and 105. The internal consistency of the three subscales of the measurement tool was 0.88 for change in self-perception, .78 for change in philosophy of life, .77 for change in relationship, and .92 for the overall scale. The 15-day test-retest correlation coefficient was .83 for total scores and between .70 and .85 for subscales. High scores on the scale indicate that posttraumatic growth is high. In the reliability analysis of the Turkish version of the scale, the total internal consistency coefficient was determined as 0.93 (Kağan et al., 2012). In this study, the Cronbach alpha value was found to be .95.

The Multidimensional Scale of Perceived Social Support (MSPSS): The revised form of the MSPSS, which was developed by Zimet et al. (1988) and adapted to Turkish by Eker et al. (2001). The MSPSS consists of 12 items. Scale items are rated on a 7-point scale. Subscale scores are obtained by summing the scores of the four subscale items. The total score of the scale is obtained by summing all subscale scores. A high total score means high perceived social support. The Cronbach’s alpha reliability of the scale was determined as .85, .88, and .92 for the subscales of family, friends, and a significant other, respectively, and .89 for the full scale (Eker et al., 2001). In this study, the Cronbach alpha value was found to be .88.

Analysis

The operational phases are as follows: in the first phase, the original GBV-Heal is translated into Turkish and translated back into English; in the second stage, content analysis is made by experts; in the third stage, pretest and psychometric tests (factor analysis, reliability coefficient, and correlations between items) were performed.

Language Validity. The back translation method was used to ensure language validity in the study. Three experts translated the scale into Turkish using the Brislin method (Brislin et al., 1973). A single form was created by examining the consistency between the translated scale forms. Back translation into the original language was provided by an expert fluent in both languages.

Content Validity. The scale, translated into Turkish, was sent to seven experts, and they were asked to evaluate each item in terms of content and score them between 1 and 4. The researcher used the “Davis technique” for scale evaluation. The rating criteria of the Davis technique are for each item; it is scored as 1 point: *not suitable*, 2 points: *the item needs to be adapted*, 3 points: *appropriate but minor changes are necessary*, and 4 points: *very appropriate* (Davis, 1992). In the Davis technique, the number of experts who marked “*appropriate* (3) and *very appropriate* (4)” is divided by the total number of experts to obtain a Content Validity Index for each item. The Content Validity Index of the scale used in the study was 0.90.

Pilot Application. After developing the scale, a pilot study was conducted using participants selected from the target population to test the psychometric properties of equivalence, reliability, and score distribution. For the pilot application of the scale, it was applied to a sample of 20 women who met the inclusion criteria. According to the results of the pilot application, the scale items were accepted with minor changes.

Internal Consistency and Homogeneity. Item analysis was performed to select highly correlated items in each scale and reduce the number of items as much as possible without reducing internal consistency. In this study, items 11 and 14 in the original scale were excluded due to low internal consistency (lower than .40). The scale was prepared with 16 items.

Test–Retest Reliability. To determine the scale’s reliability against time, the scale was reapplied to 20 people who agreed to fill out the questionnaire for the second time 15 days after the first application, and the correlation coefficient was calculated.

Construct Validity. Explanatory factor analysis (EFA) and confirmatory factor analysis (CFA) were applied for construct validity. Kaiser-Mayer-Olkin (KMO) and Barlett Sphericity Test were conducted to evaluate the appropriateness of data analysis in EFA. Factor loads and variances for each item and subdimensions were calculated with principal components analysis and the Promax rotation method.

Evaluation of Data. SPSS 22.0 and LISREL 8.7 package programs were used for statistical analysis of the findings obtained in the study. The normality test of the scales was tested with the univariate normality test (Shapiro–Wilk) and multivariate normality test (Henze-Zirkler) methods on the data. Since the data set did not show a normal distribution, it was decided to use nonparametric tests. In addition, the relations

between the variables and the scales of mean scores were examined with Spearman's (rho) correlation analysis, and the results were evaluated in the 95% and 99% confidence intervals.

Results

Descriptive Statistics on Socio-Demographic Variables

The mean age of the participants was 21.70 ± 5.98 , 92.22% were single/widowed, and 76.05% were undergraduates. Half the participants stated their income status as equal for income and expenses. It was determined that approximately two-thirds of them did not use cigarettes, and four-fifths did not use alcohol. It was found that 77.84% of the participants lived with their families, and 82.63% did not have any chronic diseases. According to the current feelings of GBV-Heal, the mean score was 46.07 ± 13.90 . The mean score of the PTGI was 62.62 ± 23.82 , and 59.24 ± 16.75 for MSPSS (Table 1).

There was a significant difference between marital status, education, economic status, chronic disease, and GBV-Heal ($p < .05$). There was a significant difference between education, economic status, chronic disease and PTGI ($p < .05$). There was a significant difference between marital status, economic status and living people in MSPSS ($p < .05$). There was no significant difference between smoking and using alcohol and living people and GBV-Heal ($p > .05$). There was no significant difference between marital status, living people, smoking, and using alcohol and PTGI ($p > .05$). There was no significant difference between education, chronic disease, smoking, and using alcohol and MSPSS ($p > .05$; Table 1).

Data on Violence

Table 2 shows the distribution of information related to violence. According to this, 48.10% of the participants were exposed to emotional violence, 37.13% to controlling behaviors, 10.97% to physical violence, and 3.79% to sexual violence (Table 2).

Construct Validity

EFA. "KMO" and "Bartlett test" were applied to evaluate the scale's EFA suitability. In this study, the KMO coefficient and Bartlett sphericity test were statistically significant (Table 3).

There are 18 statements in the GBV-Heal scale. Factor analysis was applied to these items, and our subdimensions were examined. According to Table 3, factor analysis was conducted on the dimensions of "relating to others, regaining hope and power, self-connection, and trauma processing and reexamination." Since the factors are related, the statistic was carried out using the "PROMAX" oblique rotation method. Factor analysis was performed on the questions related to the statements: As a result of the first-factor analysis, the items "GBV-Heal 11" and "GBV-Heal 14" with

Table 1. Distribution of Demographic Data (n = 167).

| Variables | n = 167% | M ± SD | GBV-Heal (my current feelings) | | PTGI | | MSPSS | |
|--------------------------------|-------------|--------------|--------------------------------------|--------|--------|--------|--------|--------|
| | | | Test | p | Test | p | Test | p |
| Age (M-SD) | | 21.70 ± 5.98 | | | | | | |
| Marital status | | | | | | | | |
| Single/widowed | 154 (92.22) | | -2.446 | .016* | -1.619 | .107 | -2.869 | .005 |
| Married | 13 (7.78) | | | | | | | |
| Education | | | | | | | | |
| Associate degree | 127 (76.05) | | -2.602 | .011* | -3.561 | .001 | -0.946 | .346 |
| Undergraduate | 40 (23.95) | | | | | | | |
| Economic status | | | 4.833 | .009** | 3.913 | .022** | 3.458 | .034** |
| Income less than expenditure | 70 (41.92) | | | | | | | |
| Income equal to expenditure | 84 (59.30) | | | | | | | |
| Income higher than expenditure | 13 (7.78) | | | | | | | |
| Smoking | | | | | | | | |
| Yes | 56 (33.53) | | 0.726 | .469* | 1.269 | .206* | 0.474 | .636* |
| No | 111 (66.47) | | | | | | | |
| Alcohol use | | | | | | | | |
| Yes | 31 (18.56) | | 0.023 | .982* | -0.779 | .437* | 1.728 | .086* |
| No | 136 (81.44) | | | | | | | |
| The person with whom | | | | | | | | |
| Alone | 5 (2.99) | | 2.148 | .062** | 1.979 | .085** | 3.674 | .004** |

(continued)

Table 1. (continued)

| Variables | n = 167% | M ± SD | GBV-Heal (my current feelings) | | PTGI | | MSPSS | |
|--------------------------------|-------------|---------------|--------------------------------------|-------|--------|-------|--------|------|
| | | | Test | p | Test | p | Test | p |
| With friends | 20 (11.98) | | | | | | | |
| With parents | 130 (77.84) | | | | | | | |
| With family | 12 (7.19) | | | | | | | |
| Chronic diseases | | | | | | | | |
| Yes | 29 (17.37) | | -2.311 | .022* | -2.275 | .024* | -0.583 | .56* |
| No | 138 (82.63) | | | | | | | |
| GBV-Heal (My current feelings) | | 46.07 ± 13.90 | | | | | | |
| PTGI | | 62.62 ± 23.82 | | | | | | |
| MSPSS | | 59.24 ± 16.75 | | | | | | |

Note. % = percent; SD = standard deviation; GBV-Heal = The Healing After Gender-based Violence Scale; PTGI = Post Traumatic Growth Inventory; MSPSS = Multidimensional Scale of Perceived Social Support; p = p value.
 *Independent sample t test; **one-way anova test were used.

Table 2. Distribution of Violence Experience Types of the Participants.

| Types of violence | <i>n</i> * | % |
|-----------------------|------------|--------------|
| Physical violence | 26 | 10.97 |
| Sexual violence | 9 | 3.79 |
| Emotional violence | 114 | 48.10 |
| Controlling behaviors | 88 | 37.13 |

Note. Bold indicates the significance of the values given draws attention to the most common type of violence in the study.

*Obtained by marking more than one option.

factor weights below 0.40 were excluded from the study. After removing the questions, the remaining 16 items supported the original four-factor solution. The KMO value was found to be 0.892, and it was obtained as $\chi^2 = 195.053$ ($p < .001$) according to the Bartlett Test of Sphericity (Table 3). According to these values, it was determined that the items were suitable for factor analysis. The four-factor structure explained 65.01% of the total variance of the scale.

CFA. The regression coefficients were calculated using the “Robust Maximum Likelihood” estimation method in CFA. The GBV-Heal showed standardized coefficient values (0.59–0.88), and it can be said that all items were significant ($p < .001$). The Cronbach’s alpha value of the whole scale was found to be .90. Considering the Cronbach alpha values of the subdimensions of the GBV-Heal, it was determined that .86 for relating to others, .76 for regaining hope and power, .78 for self-connecting, and .71 for trauma processing and reexamination (Table 4). According to the reliability results, it can be said that it is quite reliable since the Cronbach alpha values are more significant than 0.70. In addition, the CFA model path diagram for GBV-Heal is given in Figure 1.

According to the CFA model fit index values of the GBV-Heal in Table 5, it can be said that the CFA model is valid since all values are acceptable and within reasonable agreement limits.

Test–retest results are given in Table 6. According to these values, it can be said that there is no statistically significant difference between the time one and time two mean values of the “relating to other,” “regaining hope and power,” “self-connection,” and “trauma processing and reexamination” factors ($p > .05$). In this case, it can be said that the “relating to others” factor has a very strong relationship between time one and time two ($r = .798$). In addition, the relationship between time one and time two of the “regaining hope and power” factor is moderate ($r = .632$). On the other hand, it can be said that there is a weakly statistically significant difference between the mean values of time one and time two of the factor “self-connecting” ($r = 0.328$). Last, a strong statistically significant difference exists between the time one and time two mean values of the “trauma processing and reexamination” factor ($r = 0.741$).

Correlations Between Scales. Table 7 shows statistically positive and moderate correlations between GBV-Heal, PTGI, and MSPSS ($p < .01$).

Table 3. Exploratory Factor Analysis Table of the Healing After Gender-Based Violence Scale (GBV-Heal).

| | Subdimensions | | | | Initial eigenvalues | |
|----------------------------------------|--------------------|--------------------------|-----------------|-------------------------------------|---------------------|---------------|
| | Relating to others | Regaining hope and power | Self-connection | Trauma processing and reexamination | Total | % of variance |
| GBV-Heal 6 | 0.647 | | | | 6.654 | 41.590 |
| GBV-Heal 7 | 0.655 | | | | | |
| GBV-Heal 8 | 0.598 | | | | | |
| GBV-Heal 9 | 0.876 | | | | | |
| GBV-Heal 10 | 0.864 | | | | | |
| GBV-Heal 12 | | 0.670 | | | 1.505 | 9.409 |
| GBV-Heal 13 | | 0.810 | | | | |
| GBV-Heal 15 | | 0.433 | | | | |
| GBV-Heal 5 | | 0.603 | | | | |
| GBV-Heal 1 | | | 0.708 | | 1.197 | 7.480 |
| GBV-Heal 2 | | | 0.507 | | | |
| GBV-Heal 3 | | | 0.490 | | | |
| GBV-Heal 4 | | | 0.578 | | | |
| GBV-Heal 1 | | | | 0.463 | 1.045 | 6.534 |
| GBV-Heal 17 | | | | 0.781 | | |
| GBV-Heal 18 | | | | 0.656 | | |
| Total | | | | | | 65.012 |
| KMO | | | | | | 0.892 |
| Bartlett test of sphericity chi-square | | | | | | 1195.053 |
| SD | | | | | | 120 |
| <i>p</i> | | | | | | 0.000 |

Note. The significance of the values given “*p*” values of the statistically significant were shown as bold. KMO = Kaiser-Meyer-Olkin; SD = standard deviation; *p* = *p*-value

Table 4. Confirmatory Factor Analysis Results of the GBV-Heal Scale.

| GBV-Heal of subdimensions | B | Standardise B | Standard error | t | p | R ² | AVE | CR | Cronbach's alpha |
|--------------------------------------------|------|---------------|----------------|-------|---------|----------------|-------|-------|------------------|
| Relating to others | | | | | | | | | |
| GBV-Heal 6 | 1.51 | 0.84 | 0.059 | 25.41 | <.00001 | 0.70 | 0.632 | 0.894 | .865 |
| GBV-Heal 7 | 1.19 | 0.81 | 0.063 | 18.91 | <.00001 | 0.66 | | | |
| GBV-Heal 8 | 0.99 | 0.61 | 0.11 | 9.12 | <.00001 | 0.37 | | | |
| GBV-Heal 9 | 1.52 | 0.88 | 0.056 | 26.94 | <.00001 | 0.78 | | | |
| GBV-Heal 10 | 1.50 | 0.81 | 0.065 | 22.98 | <.00001 | 0.66 | | | |
| Regaining hope and power | | | | | | | | | |
| GBV-Heal 12 | 1.34 | 0.69 | 0.11 | 12.68 | <.00001 | 0.48 | 0.511 | 0.806 | .769 |
| GBV-Heal 13 | 1.53 | 0.77 | 0.087 | 17.62 | <.00001 | 0.59 | | | |
| GBV-Heal 15 | 1.48 | 0.77 | 0.095 | 15.67 | <.00001 | 0.59 | | | |
| GBV-Heal 5 | 1.34 | 0.62 | 0.17 | 7.96 | <.00001 | 0.38 | | | |
| Self-connection | | | | | | | | | |
| GBV-Heal 1 | 1.50 | 0.81 | 0.1 | 14.81 | <.00001 | 0.65 | 0.567 | 0.838 | .783 |
| GBV-Heal 2 | 1.07 | 0.64 | 0.13 | 8.07 | <.00001 | 0.40 | | | |
| GBV-Heal 3 | 1.12 | 0.80 | 0.072 | 15.65 | <.00001 | 0.63 | | | |
| GBV-Heal 4 | 1.18 | 0.75 | 0.087 | 13.61 | <.00001 | 0.56 | | | |
| Trauma processing and reexamination | | | | | | | | | |
| GBV-Heal 16 | 1.07 | 0.73 | 0.084 | 12.78 | <.00001 | 0.53 | 0.517 | 0.759 | .711 |
| GBV-Heal 17 | 1.58 | 0.82 | 0.086 | 18.38 | <.00001 | 0.68 | | | |
| GBV-Heal 18 | 0.89 | 0.59 | 0.11 | 7.86 | <.00001 | 0.35 | | | |

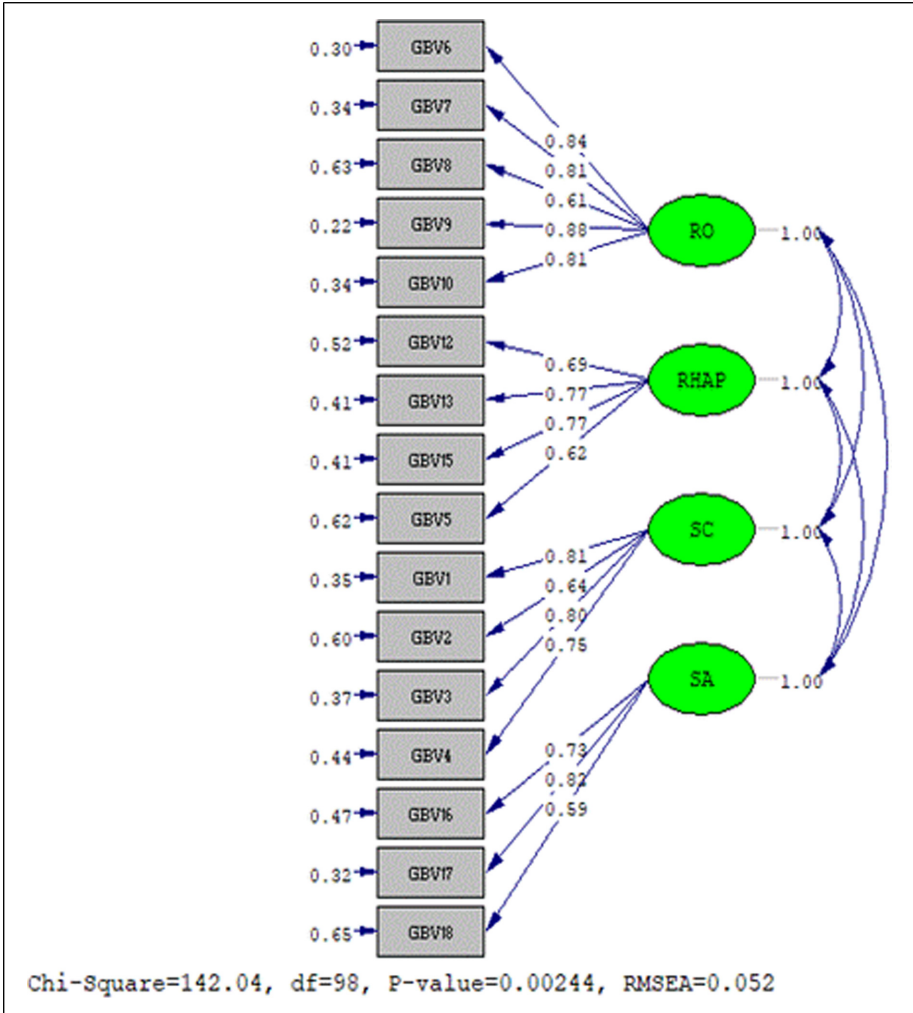


Figure 1. Confirmatory factor analysis results of the GBV-Heal.
Note. GBV-Heal = The Healing After Gender-based Violence Scale.

Discussion

The primary aim of this study is to adapt and validate the GBV-Heal to Turkish society and culture, and secondarily to determine the relationship between perceived social support, posttraumatic growth, and recovery in university students who are victims of GBV. Violence against women is a global public health problem. WHO (2021) shows that approximately 1/3 of women (30%) have been exposed to violence from physical and sexual relationships or nonspousal sexual violence during their lifetime.

Table 5. Model Fit Results.

| Model fit results | Goodness-of-fit | Acceptable-of-fit | Model |
|-------------------|-----------------------------|-----------------------------|-------|
| χ^2 / df | $0 \leq \chi^2 / df \leq 2$ | $2 \leq \chi^2 / df \leq 5$ | 1.45 |
| CFI | $0.97 \leq CFI \leq 1$ | $0.95 \leq CFI \leq 0.97$ | 0.99 |
| NNFI/TLI | $0.97 \leq NNFI \leq 1$ | $0.95 \leq NNFI \leq 0.97$ | 0.99 |
| NFI | $0.95 \leq NFI \leq 1$ | $0.90 \leq NFI \leq 0.95$ | 0.96 |
| SRMR | $0 \leq SRMR \leq 0.05$ | $0.05 \leq SRMR \leq 0.08$ | 0.062 |
| RMSEA | $0 \leq RMSEA \leq 0.05$ | $0.05 \leq RMSEA \leq 0.08$ | 0.052 |

Note. RMSEA = root mean square error of approximation; CFI = comparative fit index; NNFI/TLI = Tucker Lewis index; NFI = normed fit index; SRMR = standardized root mean square residual.

Table 6. Test-Retest Reliability ($n = 20$).

| | Items | Internal consistency Cronbach's alpha | | <i>t</i> | <i>p</i> | Two-week test-retest correlation ($n = 20$) |
|-------------------------------------|-------|------------------------------------------|--------------------------|----------|----------|-----------------------------------------------------|
| | | Time 1 ($M \pm SD$) | Time 2 ($M \pm SD$) | | | |
| GBV-Heal | | | | | | |
| Relating to others | 5 | 11.10 \pm 5.22 | 11.26 \pm 6.40 | -0.178 | .861 | 0.798 |
| Regaining hope and power | 4 | 8.55 \pm 3.16 | 9.33 \pm 4.33 | -0.974 | .344 | 0.632 |
| Self-connection | 4 | 9.45 \pm 3.39 | 9.55 \pm 3.50 | -0.112 | .912 | 0.328 |
| Trauma processing and reexamination | 3 | 6.15 \pm 2.87 | 6.15 \pm 3.89 | 0.000 | 1.000 | 0.741 |

Note. *t* = paired *t* test; *SD* = standard deviation.

* $p < .05$, ** $p < .01$.

Table 7. Relationships Between Scales.

| | | 1 | 2 | 3 |
|------------|----------|---------------|---------------|---|
| 1-GBV-Heal | <i>r</i> | 1 | | |
| | <i>p</i> | | | |
| 2-PTGI | <i>r</i> | .598 | 1 | |
| | <i>p</i> | .000** | | |
| 3-MSPSS | <i>r</i> | .534 | .480 | 1 |
| | <i>p</i> | .000** | .000** | |

Note. The significance of the values given “*p*” values of the statistically significant were shown as bold.

GBV-Heal = The Healing After Gender-based Violence Scale; PTGI = Post Traumatic Growth Inventory; MSPSS = Multidimensional Scale of Perceived Social Support; *p* = *p*-value; *r* = correlation coefficient.

**Spearman correlation analyses.

Since the data collection phase of the study coincided with the pandemic period, when the studies conducted during the pandemic period were examined, Rayhan and Akter (2021) found that 44.12% of women were exposed to emotional, 15.29% of physical, 10.59% of the partner violence, and 19.22% of them were physically or sexually abused. Akel et al. (2022) stated that the most seen violence types in women are psychological abuse, physical abuse, and sexual abuse, respectively. In parallel with the literature, it was found that the most common type of violence in our study was emotional violence. In contrast, other types of violence were found to be controlling behavior, and physical and sexual violence, respectively.

Women exposed to GBV face negative physical, psychological, social, and economic consequences. Therefore, the recovery process after GBV gains importance. Self-care, finding inner peace, seeking justice, and working on relationships promote healing (Sinko, Goldner, & Saint Arnault, 2021). However, an individual's gender role and idea as a victim of GBV, and their belief in how they meet society's expectations make the posttraumatic recovery process more accessible or more challenging (Sinko & Saint Arnault, 2020). Women who have experienced violence are generally afraid that self-disclosure will be met with an unsupportive, judgmental, or critical accusation (Kita et al., 2022; Williams & Mickelson, 2008). They hide their violent experience as violence is culturally accepted or normalized in cultures with patriarchal family structures, and they do not receive social support. This inhibits posttraumatic growth. Turkey has a patriarchal family structure. Especially in rural areas of Turkey, patriarchal structures are more prominent, and the risk of domestic violence may increase. According to the results of the Turkey Demographic and Health Survey (2018), some women consider it normal for their husbands to inflict violence on them for reasons such as refusing sexual intercourse, cooking, and neglecting the care of the house and children. Although official marriage is a legal obligation under Turkish civil law, some tribes may live together with more than one woman through imam marriage. In addition, in cases reflected in the Turkish Penal Code, women may be subjected to violence by their partners resulting in death in the name of "honor killings" when they divorce their husbands, marry another man without the family's consent, or have extramarital affairs. Based on civil marriage, the characteristics of the husband are most strongly associated with women's current risk of intimate partner violence. Although only civil marriages are legal in Turkey, it is considered socially legitimate for some men to have a civil marriage and several religious marriages. However, if a woman behaves in a similar way, she is at risk of being killed in the name of honor (Uskul & Cross, 2019). Although violence against women is publicly recognized by the state, there is still a strong belief in Turkey that it should be seen as a private family matter and should be hidden (İnan-Budak et al., 2023; Yüksel-Kaptanoğlu et al., 2012).

In our study, the scores obtained from the PTGI and MSPSS were average. In other words, after the traumatic event, positive changes such as taking steps for better functioning and self-realization in one's life and increasing the sense of closeness in interpersonal relationships are neither good nor bad. This situation suggests that the restrictions applied to minimize exposure to the virus during the pandemic prevent

socialization and access to valued people such as family and friends. The necessary support cannot be fully received. When the studies conducted in our country related to the types of violence are examined, it has been determined that university students are exposed to emotional violence the most, similar to our study (Durmuş, 2020; Ertuğrul & Duran, 2021; Karatay et al., 2018; Şimşek, 2019). People who experience emotional violence may have a decreased sense of meaning in their lives, which may cause the victims' mental health to be adverse (Samios et al., 2020). In this context, posttraumatic growth and social support gain importance in the recovery processes of victims of violence. In a meta-analysis study conducted by Prati and Pietrantoni (2009), it was determined that social support increases posttraumatic growth. Social support can help regulate negative emotions, control dysfunctional behaviors, develop practical activities, and solve practical problems.

In this study, the factor loads of two items (items 11 and 14) were removed because their factor load was less than .40. Item 11 was "I am hopeful that recovery will be possible over time," and item 14 was "I can feel peaceful when I am alone." Reports discussing postviolent recovery reveal essential criteria, such as the importance of relating to others, feeling safe, and reevaluating oneself in the trauma recovery process (Draucker et al., 2009). The fact that three-quarters of the women in our study live with their families, and the high rate of people who state that their income is less than expenses, is also noteworthy. These findings are thought to reflect the situation of women in our country. In Turkish society, Zonp et al. (2022) state that the coping strategies for women victims of GBV are "forgetting about their problems and being busy with other things," "being strong in their life and being a good mother to their children." In this context, it is thought that the factor loadings of the 11th and 14th items in the original scale were lower than .40 and that they were removed from the scale due to cultural characteristics.

The nature of healing consists of interactive reconnecting with oneself, others, and the world (Sinko & Saint Arnault, 2020). There was no significant relationship between the GBV-Heal subdimensions "relating to others" and "regaining hope and power." Among the reasons survivors do not seek help from official sources, they reveal violence due to the perception of "normal/not serious," emotional investment in the relationship, protecting children, and embarrassment (Murray et al., 2015; Sinko & Saint Arnault, 2020). Social values and expectations, normalization of violence, and responses to violence against women indicate no relationship in items such as a particular person, "regaining hope and power," and "self-connection." In their qualitative study, Sinko and Saint Arnault (2020) showed embarrassment, self-blame, fear of being judged, and the importance of the person's internal dialog about recovery and seeking help afterward. Similar to our study, Cundiff (2021) found that recovery was associated with social support and posttraumatic growth in his study with university students on partner violence.

Conclusion

This study aimed to determine the relationship between perceived social support, posttraumatic growth, and recovery in university students who were victims of GBV

secondary to the adaptation of the original GBV-Heal developed by Sinko et al. into Turkish and Turkish culture. In light of the findings, the four-factor and 16-item structure of the original scale was confirmed in Turkish culture. In addition, the results and goodness-of-fit values showed that this scale and its Turkish version are valid and reliable measurement tools that can be used in Turkish culture. As a secondary result, the perception of social support related to postviolence recovery in female university students effectively affects posttraumatic growth.

Limitations and Recommendations

Limitations

The research was limited to female participants at Kocaeli Health and Technology University. It cannot be generalized to other university students and other regions of Turkey. Female students over 18 who experienced GBV were included in the study. During the research process, the participants have the same type and/or different types of GBV again, which is seen as a limitation. Within the scope of the man–woman relationship, violence perpetrated against women by men was questioned. It does not cover different sexual orientations and sexual preferences.

Recommendations

The experience of GBV can affect women physically, emotionally, and spiritually and can change how women perceive themselves. Although recovery is undoubtedly possible, different research designs are needed to capture the differences in the recovery paths survivors can experience in their recovery adventure and how to increase their posttraumatic growth and perceived social support.

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Author Contributions

RB, FT, SUY, and MA designed the study; RB, FT, SUY, and MA collected data; RB, SUY, and ZZ conceived and analyzed the data; FT, ZZ, DSA, and LS contributed data; RB, ZZ, DSA, and LS performed the analysis; RB, FT, SUY, MA, and ZZ wrote the manuscript; and all authors confirmed the final version of the manuscript.

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Informed Consent

All students who participated in this study gave written consent.

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