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A QUALITATIVE EXPLORATION OF THE LIVED EXPERIENCES OF INTIMATE PARTNER VIOLENCE SURVIVORS IN MONGOLIA AND HUNGARY

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To all survivors and practitioners

“I'm making a new goal for myself, and things are becoming more clarified.”
A Mongolian participant

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List of abbreviations

CEDAW: Convention on the Elimination of All Forms of Discrimination against Women

IPV: Intimate partner violence

NCAV: National Center Against Violence

PTG: Posttraumatic growth

VAW: Violence against women

List of publications used in this dissertation

Amarsanaa, Khongorzul*;* Kovács, Mónika; and Rácz, József (2024). "I Established a Life; I Can Re-establish It Again": Lived Experiences of Intimate Partner Violence in Mongolia." *Acta Psychologica* (242).

Amarsanaa, Khongorzul; Kovács, Mónika; and Rácz, József (2023). Posttraumatic Growth: Experiences of Mongolian and Hungarian Survivors of Intimate Partner Violence. *Acta Psychologica* (233).

Amarsanaa, Khongorzul; Rácz, József; and Kovács, Mónika (2021). Case Study: Effects of the COVID-19 Lockdown Restrictions on Eight Mongolian Single Mothers. *Journal of International Women's Studies*, 22(12), 82-97.

Amarsanaa, Khongorzul; Rácz, József; and Kovács, Mónika (2024). Exploring Reflections on the Interviewing Process of Intimate Partner Violence in Mongolia: "I felt it was like a torch light showing the way to the future". *Sage Open, 15 (2)*.

Amarsanaa, Khongorzul; Kovács, Mónika; and Rácz, József (2024). "Proud To See Them For Making an Effort": Psychologists' Perspectives on Intimate Partner Violence Survivors' Posttraumatic Growth. *Current Psychology* (under review)

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Preface

My journey to a PhD in Clinical Psychology started with my internship in 2004 at the National Center Against Violence in Mongolia, and then I became a full-time psychologist there. Ever since then, I have never stopped working with survivors of gender-based violence, domestic violence, child sexual abuse, and intimate partner violence. My clinical commitment to survivors made me more eager to learn and contribute to the scientific field. Research about gender-based violence, domestic violence, or intimate partner violence is scarce in Mongolia. Only local NGOs and a few international development agencies conduct such research, but they tend to focus on the survivors' physical well-being rather than their psychological well-being. Academic study in the field is in its early life. I have always wanted to convey the voices of survivors, especially in the scientific world. During my previous two master's degrees, I was involved in clinical work of psychotherapy and research; I became more passionate about pursuing PhD in Clinical Psychology in studying intimate partner violence. I was curious about what makes Mongolian women endure and survive through this human-made adversity.

My clinical experience and interest in researching survival experiences led to this PhD journey. Lived/survival experiences of survivors are plentiful in the field, yet posttraumatic growth of IPV has not been studied well. The growth of Mongolian survivors has not been extensively studied, except in Dr. Marion Oke's qualitative study, published in 2008. Very little research has been conducted that has focused on contributing factors to IPV. In addition, psychologists' perspectives on the posttraumatic growth of their clients have not been studied to this day. Moreover, there are no collaborative studies of Mongolian and Hungarian psychological studies, especially in the field of complex trauma - intimate partner violence.

Thus, my research, which comprises six independent studies, contributes to the scientific field regarding survivors' voices and agency, as well as clinicians' voices and perspectives.

This dissertation is a compilation of the studies conducted during my PhD studies. Study I is a narrative review that explores the dynamics of intimate partner violence (IPV), which extends beyond relationship status and is perpetrated by a current or former partner. Central to IPV is the concept of power, which manifests as dominance or subordination within relationships. The review focuses on Mongolia and mainland China, where collectivistic cultures and prevalent male dominance potentially influence IPV patterns in the name of a

culture of honor. The review synthesizes the literature on IPV and its psychological repercussions in these contexts.

A study II conducted in 2019, 'I Established a Life; I Can Re-establish It Again": Lived Experiences of Intimate Partner Violence in Mongolia," explored the survival experiences of Mongolian survivors of intimate partner violence. In this study, women shared their experiences extensively from enduring the violence and its positive and negative consequences in Mongolia and published as *Amarsanaa, Khongorzul; Kovács, Mónika; and Rácz, József (2024). "I Established a Life; I Can Re-establish It Again": Lived Experiences of Intimate Partner Violence in Mongolia." Acta Psychologica (242)*;

Study III explored Mongolian and Hungarian survivors' posttraumatic growth, how women perceived their growth and its components; posttraumatic growth: Experiences of Mongolian and Hungarian survivors of intimate partner violence, was conducted in 2020-2022 and published as *Amarsanaa, K., Kovács, M., & Rácz, J. (2023). Posttraumatic growth: Experiences of Mongolian and Hungarian survivors of intimate partner violence. Acta Psychologica, 233, 103825.*

After completing study III, I was personally curious about how psychologists perceived their clients' posttraumatic growth. Thus, in 2021, the Study VI idea was developed in the final stage of my PhD study, which explored Mongolian and Hungarian psychologists' self-perception of survivor clients' posttraumatic growth process and how it affects their therapeutic relationship. It was published as "Proud to See Them for Making an Effort": Psychologists' Perspectives on Intimate Partner Violence Survivors' PTG XYZ journal.

When conducting the II and III studies, I encountered an interesting phenomenon where participants felt validated, heard, and empowered at the end of the interviews. Thus, Study V was extracted from Study II and III; in 2021, I was curious to explore how participants felt upon completion of interviews. Researchers interview people for a wide variety of issues that are interesting to us. However, studies do not examine how participants feel when interviewed; sharing their lived experiences may make them feel validated and empowered. Participants in my studies expressed their positive feelings extensively. This was published as Exploring Reflections on the Interviewing Process of Intimate Partner Violence in Mongolia: "I felt it was like a torchlight showing the way to the future" in SAGE OPEN.

Lastly, while I was pursuing PhD, we were affected by the global COVID-19 pandemic. We all experienced lockdowns, which had both positive and negative impacts on us. Thus, Study

IV explored how Mongolian single mothers - Case Study: Effects of the COVID-19 Lockdown Restrictions on Eight Mongolian Single Mothers was conducted in 2021 and was published *Journal of International Women's Studies, 22(12), 82-97.*

Upon publication of the manuscripts, I received emails from readers who resonated with their experiences. The findings align with the survivors' enduring IPV and their survival experiences. Receiving such emails from strangers made me feel more determined to pursue the research and work more on combating VAW and dismantling the patriarchy.

1. INTRODUCTION

Growing up in Mongolia, I witnessed firsthand the detrimental impact of intimate partner violence (IPV) on women's lives. These early experiences provoked my interest in understanding the complexity of IPV and the potential for healing and growth in its aftermath.

Domestic violence and Intimate partner violence

Violence against women includes domestic violence and intimate partner violence (Ellsberg Mary Carroll, Heise et al., 2005). Scholars have been using the terms “domestic violence” and “intimate partner violence” interchangeably. However, some differentiate that domestic violence refers to a pattern of abusive behavior between family members, where one family member may perpetrate violence against another. Whereas others define IPV it as a pattern of sexual, psychological, and physical coercive actions by current or former male partners against women (Sardinha et al., 2022). IPV is a form of domestic violence that focuses solely on current or former partners in intimate relationships. It does not include violence against children or other family members, such as parents or in-laws. Thus, this dissertation solely focuses on IPV.

Sexism

Benevolent sexism is a seemingly positive attitude toward women that can be difficult to detect as sexism. It often disguises itself as compliments or protectiveness, portraying women as warm, kind, and pure but also as weak and in need of protection (Glick & Fiske, 2001). This subtle form of sexism reinforces traditional gender roles and limits women’s opportunities (Glick & Fiske, 2001). Thus, it (L. A. Rudman & Glick, 2021b, p. 33) perpetuates traditional gender roles by portraying women as vulnerable and in need of male protection and support while also emphasizing the importance of heterosexual relationships for women's fulfilment (L. A. Rudman & Glick, 2021b, p. 33).

Heterosexual interdependence is where both women and men rely on each other to fulfill different needs and expectations within a society. This interdependence is shaped by societal factors like cultural norms, gender roles, and socioeconomic conditions, which influence how men and women interact and depend on each other.

Trauma-informed psychotherapy

Trauma-informed psychotherapy is a therapeutic approach that acknowledges the pervasive impact of trauma on individuals, families, and communities. It recognizes the signs and

symptoms of trauma and integrates this knowledge into all aspects of service delivery. Trauma-informed care emphasizes the importance of safety, empowerment, and collaboration in the therapeutic process, aiming to create a safe and supportive environment for survivors to heal and thrive (Bloom, 2013). This approach shifts the focus from "What is wrong with you?" to "What happened to you?" It recognizes that trauma can affect individuals in various ways, including their physical and mental health, their relationships, and their sense of self. Trauma-informed psychotherapy aims to address the root causes of trauma and promote healing and recovery by incorporating this understanding into all aspects of the therapeutic process (Bloom, 2013).

Social Learning Theory

Understanding the complexities of IPV requires the application of various theoretical frameworks, among which social learning theory is particularly relevant. Social Learning Theory, as proposed by Bandura (1977), posits that individuals acquire behaviors, attitudes, and beliefs through observation, imitation, and reinforcement. This theory provides a robust framework for examining multiple dimensions of IPV, including the intergenerational transmission of violence, the development of adaptive or maladaptive coping strategies among survivors, and the influence of cultural norms on the perception and response to IPV. For example, in a culture of honor embedded in societies where familial reputation and traditional gender roles are deeply rooted, social learning processes may shape help-seeking behaviors and societal attitudes toward IPV, often perpetuating cycles of silence and stigma. By integrating SLT into the analysis of IPV, researchers can gain a deeper understanding of how learned behaviors and cultural contexts intersect to influence both the perpetuation of violence and the pathways to resilience and recovery.

This dissertation investigates the lived experiences of IPV survivors in Mongolia and Hungary, examining the cultural and societal factors that shape their experiences and the pathways to recovery and post-traumatic growth (PTG). Additionally, the research explores the unique challenges and resiliencies of Mongolian and Chinese women facing IPV, highlighting the cultural and societal factors that influence their experiences and Mongolian and Hungarian survivors' potential for positive transformation in the aftermath of trauma.

Globally, one in four women experiences physical or sexual violence by an intimate partner in their lifetime (World Health Organization, 2024). This prevalence is reflected in Mongolia and China, where one in three and one in four women experience IPV (National Statistics Office &

UN Population Fund, 2018; Yuan & Hesketh, 2019a). In Hungary, the rate is similarly concerning, with one in four to five women affected (The Advocates for Human Rights et al., 2018).

While extensive research has explored the impacts of IPV, there remains a significant gap in understanding the potential for PTG among survivors, particularly in Mongolian and Hungarian contexts. This dissertation addresses this gap by examining the lived experiences of IPV survivors in Mongolia and Hungary, exploring experiences and the pathways to recovery and PTG.

PTG requires greater attention in the context of IPV. This dissertation emphasizes the importance of survivors' voices and incorporates their experiences into research to enhance existing interventions. It addresses the research gap by examining the social and cultural aspects of IPV, investigating how Mongolian and Chinese women survive and endure IPV, and exploring the survival experiences of Hungarian and Mongolian survivors.

It is crucial to address the lived experiences of IPV survivors and their potential for PTG. Survivors not only suffer but also grow through their survival process. The occurrence of PTG after traumatic events is well-documented (Tedeschi & Calhoun, 2004). Multiple studies explored the positive attitudes of survivors, their defiance of traditional values, the rebuilding of their sense of self, and their experiences of security and self-actualization. Moreover, cross-cultural studies reveal that IPV is a universal phenomenon, and the lived experiences of Mongolian and Hungarian women share similarities despite their cultural and geographical differences. These studies uniquely highlight the growth that survivors undergo. Additionally, it is essential to understand how psychologists perceive their clients' PTG and the factors influencing their growth.

The emergence of the COVID-19 pandemic during this research presented an unexpected circumstance to investigate how the global crisis uniquely impacted the lives of both IPV survivor and non-survivor single mothers in Mongolia. The pandemic and subsequent lockdowns created the resilience and coping mechanisms of single mothers in the face of unprecedented challenges. The research revealed that while both groups experienced heightened stress and uncertainty, their responses and access to support systems differed. IPV survivors, potentially equipped with resilience prepared through past trauma, demonstrated resourcefulness in adapting to the new circumstances. In contrast, non-survivors, particularly those facing economic hardship, struggled with the additional burdens of childcare and financial

insecurity. This divergence underscores the importance of considering pre-existing vulnerabilities and access to resources when examining the impact of crises on different populations. By exploring these differential impacts, the dissertation contributes to a more nuanced understanding of the complex interplay between individual experiences, societal structures, and global events.

This dissertation employs a qualitative methodology across six studies, utilizing thematic and reflexive thematic analysis to delve into the survivors' experiences. Semi-structured interviews were conducted with survivors and psychologists in Mongolia and Hungary, allowing for an in-depth exploration of their lived experiences and perspectives. This approach, grounded in constructivist and feminist standpoint theories, prioritizes the voices and interpretations of participants, particularly women, who are often marginalized in traditional research paradigms (Braun & Clarke, 2006; Charmaz, 2017; Harding, 2001). By concentrating on survivors' narratives and acknowledging the subjective nature of reality, this dissertation aims to challenge dominant narratives surrounding IPV, which are that it is a private matter, that women are to blame, and that it prioritizes the family. This dissertation aims to show how these dominant narratives can silence survivors, perpetuate the cycle of violence, and contribute to a more comprehensive understanding of the phenomenon.

The six studies presented in this dissertation collectively contribute to the field of IPV research by providing novel insights into the lived experiences of Mongolian and Hungarian survivors, the cultural and societal factors of IPV, influencing their recovery, and the potential for PTG in the aftermath of trauma. The cross-cultural comparison of PTG in Mongolian and Hungarian survivors is the first of its kind, addressing a significant gap in regional knowledge. A narrative review of Mongolia and mainland China contributes to the existing literature by providing an in-depth examination of the cultural and social contexts in which IPV is negotiated and understood, a rare type of study in the region. Similarly, the investigation of psychologists' perspectives on their clients' PTG offers novel insights into the therapeutic process and its impact on survivors' growth. The focus on Mongolian women's voices and experiences in the context of IPV, particularly regarding PTG, is a groundbreaking contribution to the academic discourse in Mongolia, where research in this area is limited. Additionally, the exploration of the empowering process within research interviews with IPV survivors' sheds light on the transformative potential of research participation, emphasizing the importance of recognizing and valuing survivors' agency and resilience. This research has the potential to inform the

development of culturally sensitive and trauma-informed policies and interventions for IPV survivors.

The overarching research question is, “How do cultural factors and power relations influence IPV experiences and posttraumatic growth in Mongolia, Hungary, and China? How do psychologists perceive this growth, and what are the implications of the interviewing process on survivors? Furthermore, how do single mothers experience during COVID-19 pandemic?”

2. STUDY I: PSYCHOSOCIAL ASPECTS OF SURVIVAL EXPERIENCES OF INTIMATE PARTNER VIOLENCE IN MONGOLIA AND MAINLAND CHINA: A NARRATIVE REVIEW

2.1. Abstract

This review explores the dynamics of intimate partner violence, a pervasive issue transcending relationship status perpetrated by a current or ex-partner within heterosexual and same-sex relationships. Central to intimate partner violence is the concept of power, manifesting as dominance or subordination within relationships. Intimate partner violence yields enduring psychological impacts, including trauma, depression, and anxiety. The study focuses on Mongolia and mainland China, where collectivistic cultures and prevalent male dominance potentially influence intimate partner violence patterns. The review synthesizes the literature on intimate partner violence and its psychological impacts in these contexts.

Keywords: *intimate partner violence, interpersonal power, trauma, Mongolia, China*

2.2. Introduction

The United Nations has defined violence against women (VAW) as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life" (General Assembly, 1993). In most countries in the world, approximately one in three women are being subjected to violence perpetrated by one or more intimate partners, with most victims subjected to multiple acts of violence over extended periods (Thackeray & Randell, 2011; World Health Organization, 2013). Intimate partner violence (IPV) is defined as one partner violating another through various forms of violent acts (Chester & DeWall, 2017; Thackeray & Randell, 2011). IPV occurs irrespective of one's relationship status, it might be perpetrated by a current or ex-partner within heterosexual or same-sex relationships (Ali & Naylor, 2013; Hine et al., 2020). IPV is documented internationally as being perpetrated against women regardless of their socio-economic background, race, ethnicity, nationality, or spirituality (World Health Organization, 2013). However, research on victims of men of IPV remains scarce, left unexplored, and needs more attention (Hine et al., 2020).

Globally, women are more likely than men to experience physical, psychological, sexual, economic, and social IPV perpetrated by an intimate partner or ex-partner, and these types of violence tend to go hand in hand (Chester & DeWall, 2017; Heise & Garcia- Moreno, 2002; Yuan & Hesketh, 2019b). IPV forms are clustered with the following types:

- Physical: beating, hitting, slapping, or any aggressive behavior;
- Psychological: naming, shaming, and humiliating;
- Sexual: forced intercourse, different forms of coercion, and
- Controlling behaviors: isolating a woman from interpersonal relationships such as with family, friends, and colleagues (Heise & Garcia- Moreno, 2002).

Thackeray & Randell (2011), identified risk factors implicated in becoming a survivor of IPV, including women's educational background, socioeconomic position, and upbringing (Capaldi et al., 2012; Thackeray & Randell, 2011). Betrayal of the primary caregiver or guardian by exposing a child to physical, psychological, and sexual abuse and neglect (Stoltenborgh et al., 2015) and children who experienced or witnessed domestic violence in their home environments are likely to become perpetrators themselves (Thackeray & Randell, 2011). Children who experience or witness domestic violence in their home environments are at a higher risk of becoming perpetrators of IPV themselves. However, it is important to note that this is not a deterministic outcome, and many other factors can influence the development of violent behaviors. Additionally, these children are also more likely to become victims of IPV, as they may be more likely to accept violence as a norm in intimate relationships.

Witnessing or experiencing IPV as a child is a major traumatic event that can have lasting negative consequences (McLeod et al., 2020). Young children are especially vulnerable to the effects of such exposure, which can include mental health problems, cognitive and developmental issues, and behavioral difficulties. Additionally, children exposed to IPV often experience other forms of abuse and neglect, further increasing their vulnerability. These co-occurring adverse experiences can have a cumulative effect on children's well-being, increasing their risk of becoming victims of IPV later in life (McLeod et al., 2020).

According to global studies, women are treated unequally and are often subjected to violence all over the world(Ozaki & Otis, 2017). Worldwide statistics show between 13-61% of women aged 15-49 have experienced physical violence perpetrated by their partner, 13-61% of this age group of women reported having been subjected to physical violence, 6%-59% experienced

sexual violence, and 1-28% of pregnant women experienced physical abuse perpetrated by their partner (World Health Organization, 2005).

The sociocultural background of Mongolia and mainland China is distinct, as they are both geographically located in East Asia but offer a wealth of opportunities for comparative study. In the Human Development Report, China ranked 75th, and Mongolia ranked 96th out of 193 countries on gender equality (United Nations Development Program, 2024, p. 274). Despite the lack of comprehensive data on IPV in China, a report indicated that 8.6% of women had experienced both psychological and physical IPV (China Women's News, 2021). This underscores the ongoing prevalence and significance of IPV within the Chinese context. Similarly, IPV is a significant issue in Mongolia, where it was reported that 31% of women were subjected to IPV between 2005 - 2019 (National Statistics Office & UN Population Fund, 2018). In the Global Gender Gap Report, China ranked 107th, and Mongolia ranked 80th out of 146 countries (World Economic Forum, 2023). Insufficient resources and skills hinder the resolution of gender inequality in policy planning at all levels, which intensifies societal disparities, including employment and income gaps, potentially leading to increased gender-based violence (Government of Mongolia, 2023, p. 46). Domestic violence remains a pervasive issue, affecting families of all income levels and in both urban and rural regions(Government of Mongolia, 2023, p. 46).

In societies where gender equality is less prevalent, patriarchy is often linked with VAW and IPV. Patriarchal societies justify IPV in Mongolia (Amarsanaa et al., 2024) and China (Węziak-Białowolska et al., 2020), are characterized by patriarchal cultural norms. Benevolent sexism and heterosexual interdependence can offer women some protection against male violence (L. A. Rudman & Glick, 2021c). However, this protection is often conditional and can disappear when women challenge traditional gender roles. Paradoxically, the belief that a good man protects his partner may increase the risk of relationship violence for women (L. A. Rudman & Glick, 2021a, p. 262). Patriarchy is linked with IPV and "patriarchal cultural norms, including a belief in male dominance, hostility to women, jealousy, assigning negative attributions to a partner's actions, and violence approval." (Ozaki & Otis, 2017, p. 1093). In these patriarchal societies, women are expected to serve families and communities, and men are expected to achieve in all spheres. Yet, women are often blamed for men's unsuccessful endeavors (Ozaki & Otis, 2017). It is crucial to note that this description does not apply to all societies globally, as in many societies, gender equality is more strongly upheld.

Social groups define acceptable gender norms for women and men, which are shaped by both formal and informal structures that foster and maintain specific norms, attitudes, and behaviors enacted through social interaction. Gender scripts mirror cultural norms, which are widely accepted beliefs about suitable attitudes and behaviors for specific social groups (Cooper et al., 2013). They influence how women can access and benefit from resources and opportunities and how they can exercise their agency, identity, and power (Cislaghi & Heise, 2020). For example, gender roles are socially constructed in a patriarchal structure where men tend to dominate, and women tend to be in subordinated positions (Christ, 2016; Ozaki & Otis, 2017). Due to the superiority of patriarchy at all levels of society, men are expected to be the head of the household (Walby, 1989), and their success is measured according to their portrayal of masculinity. On the other hand, women are expected to serve others and, thus, be inferior. Furthermore, the definition has been expanded beyond gender relations and argues that throughout history, patriarchy-a complex system arising from the convergence of women's control, private property, and war-has justified violence, conquest, rape, plunder, resource exploitation, enslavement (Christ, 2016, p. 216). Thus, a patriarchal system of domination, according to Christ (2016), is sustained by men, who hold power over women, children, other men, and nature.

2.3. Theorizing IPV

The widespread victimization of women by men occurs in the context of gender inequality, where women are subordinated to men in patriarchal societies (Ozaki & Otis, 2017; Renzetti, 2008). Sociocultural norms may glorify and engender violent tendencies that result in IPV. IPV likely results from evolved and socially constructed processes (Chester & DeWall, 2017). At the same time, IPV may also promote existing social gender norms.

Historically, patriarchy has existed in various ways and types worldwide and affected macro and micro relationships (Ozaki & Otis, 2017). In a patriarchal society, women's body is controlled by men, and the social system is subjugating women (Christ, 2016; Ozaki & Otis, 2017). Due to such power imbalances at the macro and micro levels in society, violence against women occurs, and IPV is less likely to disappear (Christ, 2016; Ozaki & Otis, 2017). IPV is seen as a private matter, restricting women from seeking support from others in Mongolia (Tsolmon & Dolgion, 2014) and China (H.-C. Yang, 2011).

Researchers pointed out that the principles of patriarchy are deeply rooted in a culture that upholds and perpetuates these norms (Ozaki & Otis, 2017). Likewise, in the rest of the world, the available research shows that still today, in Mongolia and China, many women remain controlled by men and have to be submissive to their husbands (Cuddy et al., 2015). Such a traditional culture strongly embedded in the society makes the IPV endorsed by the people (H.-C. Yang, 2011). Despite existing legislation in China, the traditional values are still strongly rooted in the society (Leggett, 2017) and yet there is not any solid research; the available research is only based on individual characteristics of perpetrators and victims or both, including age, education, socioeconomic status, history of substance abuse, childhood abuse experience, and marital disputes (Zheng, 2022, p. 13). Excessive emphasis on individual characteristics downplays the significance of societal problems, reducing them to ordinary family matters (Zheng, 2022, p. 13). Similarly, a similar conclusion can be drawn for Mongolia, where women are expected to adhere to traditional culture. Although no study exists on this topic, some initial exploration is found in some research, such as the cost of domestic violence research conducted by developing agencies such as UNFPA Mongolia and Asian Development Bank (Asian Development Bank, 2020; National Statistics Office & UN Population Fund, 2018).

2.4. Intersectionality and social power

The concept of intersectionality emerged due to a lack of recognition and acknowledgment of women's diverse experiences in the Western feminist movement. Kimberlee Crenshaw coined the concept in the early 1990s while analysing identity politics in her "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Colour, "in which she argued that "social power works to exclude or marginalize those who are different" (Crenshaw, 1991, p. 1242). In her pioneering concept, Crenshaw (1991) maintains that women are marginalized and face multiple oppression due to their non-dominant "different" identities. Race, gender, and socio-economic backgrounds tend to be viewed in terms of their positioning in society; thus, if a woman belongs to a minority group, she is more likely to be marginalized. Women's multiple identities lie in the intersections of their experiences (Crenshaw, 1991; De Haene et al., 2010).

Furthermore, women experience violence based on their social identities shaped by their race and class, age, sexual orientation, and socioeconomic background (Hill Collins & Bilge, 2019, p. 27). The concept of intersectionality enables us to analyze and conceptualize how multiple

identities come together into wholesome experiences of oppression or privilege (Hill Collins & Bilge, 2019, p. 8).

Within the framework of VAW, it is essential to acknowledge the diverse aspects that comprise women's identities, including their racial, gender, and socioeconomic backgrounds. Lived experiences of violence are formed by a multitude of interwoven identities (Hill Collins & Bilge, 2019, p. 145). In other words, it means that women might experience multiple marginalization and discrimination based on their different identities.

Since women's status is inferior, they are expected to watch their behavior, follow social expectations, and always be apprehensive about violence. It is paramount for women to exercise caution as they leave home, which is supposed to be their safety zone. Fear of harm and fear of expression, both bodily and psychological, are socially constructed (Phipps, 2009) and deprives women of the ability to perform, live, and express desire as a complete human being (Cahill, 2001, p. 143). Indeed, it affects intimate relationships where women are fearful of men.

Psychological mechanisms play a significant role in dominance, involving a complex interplay of individual traits, social dynamics, and cognitive processes. According to developmental psychology researchers, men's upbringing affects their behaviors in adulthood. Therefore, masculine characteristics learned from a young age depend on a person's environment in which they grew up (Jewkes & Morrell, 2018; L. A. Rudman & Glick, 2021a, p. 239). The notion of masculinity often changes in different contexts, and its characteristics depend on the culture (Jewkes & Morrell, 2018; L. A. Rudman & Glick, 2021a, p. 240). At the same time, there is an expectation within a patriarchal society that encourages men to strive to achieve "real manhood" because manliness is ascribed by peers depending on the culture (Cuddy et al., 2015; L. A. Rudman & Glick, 2021a, p. 240; Vandello et al., 2008). On the other hand, when men diverge from societal expectations of masculinity, they become susceptible to harassment (L. A. Rudman & Glick, 2021a, p. 240). The constant pressure to prove masculinity can lead to anxiety, which must be hidden as it goes against masculinity norms(L. A. Rudman & Glick, 2021a, p. 244). Thus, according to the precarious manhood theory, men repress their fears about manhood, yet anxiety persists and drives them to protect their masculinity against imagined threats (L. A. Rudman & Glick, 2021a, p. 244).

In their cross-cultural study, Cuddy et al. (2015) found that national cultural values significantly shape gender stereotypes. Men are perceived as more collectivistic in collectivist

societies and less in individualistic societies. In societies that prioritize individualism, the focus is not on asserting control over others, but on striving for freedom from external constraints. Likewise, within collectivist societies, the prevalence of a communal perspective does not inherently signify a uniform social framework; rather, it may encompass structured hierarchies that define specific responsibilities and roles among community members. (Cuddy et al., 2015). Furthermore, social learning theory states that dominance is acquired by observation, imitation, and reinforcement within social contexts (Bandura, 1977). Thus, individuals learn to assert dominance by observing others who successfully achieve their goals through dominant behaviors. Dominance is also explained by social identity theory, which suggests that individuals establish and maintain their social identity within a group (Tajfel & Turner, 1986). Through asserting dominance over others, individuals elevate their perceived status and strengthen their sense of belonging within their social circle (Tajfel & Turner, 1986).

Another important aspect is to recognize that power relations play a role not only between a man and a woman but also among men themselves. In order to preserve power, one has to keep a certain extent of masculinity (Schrock & Schwalbe, 2009). Thus, men striving to keep up with the in-group expectations may be subjected to subordination in the patriarchal system (L. A. Rudman & Glick, 2021a, p. 240). Men who do not follow in-group expectations are likely to experience discrimination from the group members, so they are required to perform to meet the group expectations (L. A. Rudman & Glick, 2021a, p. 240). Thus, patriarchal stereotypes encourage men to act as "strong" and "tough" (Tsolmon & Dolgion, 2014). Also, men's access to resources may increase violent behaviors.

Nevertheless, the masculinity traits mentioned above are being challenged by new norms where men take care of their health and focus on well-being and harmonious relationships with themselves and others (Kaplan et al., 2017). Kaplan et al. (2017) argue that this could lead to achieving gender equality as power would be distributed equally to all members of society, and the power can be exercised without abusing women and children. Men's participation must be vital for the elimination of VAW (Flood, 2011). Elimination of VAW is not only beneficial to women but to men too, for family, community, and broader society perspective (Flood, 2011).

2.5. Objectives

This review aims to reveal literature on power distribution in intimate partner relationships and the psychological consequences of IPV in Mongolia and China. These two countries were chosen due to their geographical closeness, bordering each other. Mongolia is

bordering with only Russia and China. On the other hand, China borders 14 countries, including Russia, Mongolia, Kazakhstan, Kyrgyzstan, Tajikistan, Afghanistan, Pakistan, India, Nepal, Bhutan, Myanmar, Laos, and Vietnam. The population of Mongolia is 3.5 million, and China's is a little over 1.4 billion. Regardless of its population and landscape, both countries share cultural similarities. Asia is a continent with diverse cultures and histories that shape social systems. Thus, only Mongolia and China were chosen for the review. Mongolian culture is rooted in nomadic pastoralism, emphasizing kinship ties, horsemanship, and reverence for nature. Thus, historically Mongolian society is organized around clans and tribes with strong communal bonds. The herding lifestyle reinforced gender roles where men managed livestock and women handled household tasks. Confucianism influences Chinese culture, focusing on hierarchical relationships and respect for authority. In Mongolia and China, the father's authority is important and carries lineage. These countries have similarities in their patriarchal social systems, where males are dominated in all spheres of livelihood, including family, politics, and society. Both countries have clear gender roles for men's public life and women's domestic chores.

2.6. Method

A narrative review within the subjectivist and interpretive paradigm (Greenhalgh et al., 2018; Sukhera, 2022; Thorne, 2018), offers flexibility to complex issues (Thorne, 2018). It aims to provide clarity, insights, and an in-depth investigation of contextual factors and diverse viewpoints (Greenhalgh et al., 2018; Sukhera, 2022; Thorne, 2018). Through qualitative synthesis, it considers the broader context and implications of existing evidence (Greenhalgh et al., 2018; Thorne, 2018). In narrative review, authors integrate their unique theoretical perspectives with existing models by synthesizing and interpreting diverse studies. This process includes outlining interpretive positions informed by individual knowledge, followed by identifying dominant themes related to research questions (Sukhera, 2022).

The researcher utilized Google Scholar, international organization websites, current reports, and the EBSCO search engine to access English-language publications. The keywords are intimate partner violence Mongolia, intimate partner violence China, culture of honor, collectivistic culture, VAW, IPV trauma, Mongolian culture IPV, Chinese culture IPV, patriarchy IPV, power imbalance, and interpersonal power. The inclusion criteria were reports on IPV from various non-governmental and international development agencies in Mongolian, Chinese, and English, primarily due to the scarcity of research in both countries. Most reports and research are focused on law enforcement, but studies on the psychosocial aspects and

effects of IPV on survivors are almost non-existent in these countries. The initial search generated a total of 730 studies. After reviewing the titles and abstracts, 150 studies were reviewed in the narrative review. Exclusion criteria were designed to ensure that studies specifically addressed the psychosocial aspects of IPV, rather than domestic violence broadly not to include all domestic violence, but only to focus on intimate partner violence.

In this narrative review, the researcher takes an active role throughout the process of the research (Willig, 2013, p. 450) (Willig, 2013, p. 450). While analyzing, the researcher is influenced by their own biases and beliefs, not limited to the data's description (Willig, 2013, p. 450).

2.7. Results

2.7.1. Mongolia

The Mongolian National Statistics Office and United Nations Population Fund conducted a breakthrough nationwide survey on IPV in 2017-2018 (National Statistics Office & UN Population Fund, 2018). The prevalence of domestic violence, including sexual violence, found that one in every three women experienced IPV (National Statistics Office & UN Population Fund, 2018). It is important to note that while the 2017 national report uses the term "domestic violence," it primarily focuses on violence between intimate partners, which aligns with the definition of IPV used in this dissertation. Therefore, the findings of the national report are relevant to the present research and can be used to understand the prevalence and patterns of IPV in Mongolia. The study employed both quantitative and qualitative research methods. In the quantitative research, 7920 women aged between 15 and 68 were surveyed; more than half of the women interviewed indicated that they had experienced one or more types of IPV in their lifetime. Women between the ages of 25 and 49, who are most likely in their childbearing and child-rearing years, experienced a significant level of physical violence. Emotional and economic violence and controlling behaviors were reported to be as prevalent as sexual and physical violence in Mongolia. A total of 40.3% of respondents reported experiencing emotional violence in their lifetime, and 22.4% experienced emotional violence in their current relationship. Controlling behavior was reported 41.6% experienced in their lifetime, being prevalent among young women, 57% of girls aged between 15-19 reported controlling behavior from a current or former partner (National Statistics Office & UN Population Fund, 2018), indicating that young women's awareness of VAW is higher than older women. They are more likely to stand up for justice. These young women may not be abiding by the traditional culture

of being victimized and abused by intimate partners. Aside from this, very few in-depth studies have been carried out on IPV in the Mongolian context. A recent qualitative study on the experiences of survivors of IPV focused on how Mongolian survivors endured IPV, navigated traditional values, and stood against them, the importance of social support, and the process of remaking a sense of self (Amarsanaa et al., 2024). Another study with the same authors focused on the posttraumatic growth of Mongolian and Hungarian survivors of IPV (Amarsanaa et al., 2023)). In addition, a qualitative study on officer-involved domestic violence highlights the insufficient acknowledgment and protection of survivors, as many incidents involving law enforcement officers remain undisclosed (Gerelt-Od, 2023). During the COVID-19 pandemic lockdown, reports of domestic violence calls decreased by half compared to regular times, likely due to underreporting and restrictions on alcohol sales (National Human Rights Commission of Mongolia, 2021). Furthermore, this indicates a 2.2% increase in femicide resulting from domestic violence alongside a 15% rise in calls to the police department during the 2020 lockdown (National Human Rights Commission of Mongolia, 2021). Another study focusing on the economic impact of domestic violence underscores significant repercussions for women and girls, including healthcare expenses, loss of productivity, hidden costs, out-of-pocket expenses, and unpaid household labor and caregiving (Chadha et al., 2020).

2.7.2. China

Although there is a lack of nationwide surveys on VAW in China, it appears that IPV is a serious issue that is still under-researched in mainland China. According to the available research, 35.7% of women are victims of IPV (Zheng, 2022, p. 12). The research conducted among 2987 women in Chinese seven cities from eastern, central, and western provinces showed a high prevalence of violence, 77% of surveyed women have experienced psychological, 40.2% - physical, and 11% sexual violence, and 52% of the women experienced a combination of these forms of violence in their lifetime (Yuan & Hesketh, 2019b). Similarly, another research stated a high level of prevalence of IPV (39%) among women aged 18-49 years old (Leggett, 2017). Research shows that in China, the risk factors for IPV are education level, socio-economic background, and occupation. The result shows that women who have low education, lack economic independence, and have two or more children are more likely to experience and tolerate IPV (Yuan & Hesketh, 2019b). According to the study, women in the eastern provinces are less likely to experience IPV as compared to the western regions. It was explained that Western regions are less developed, have lower education standards, and adhere to traditional gender roles (Yuan & Hesketh, 2019b).

2.8. Power to disclose

Employment and education levels play a crucial role in the experiences of VAW (An et al., 2019; Jewkes & Morrell, 2018). More educated women and those in formal employment often experience feelings of shame due to various factors such as societal expectations of saving the family's reputation from public shame, which appears to be a priority compared to the woman's dignity and integrity (T. Yang et al., 2019), and stigma surrounding VAW can contribute to shame, as these women may feel pressure to maintain a "successful" image and fear judgment or negative consequences for disclosing experiences. Even women with higher education or formal employment can experience shame due to VAW if they have internalized traditional gender roles that emphasize female subservience. This internalized shame can be compounded by the fear of career repercussions, such as discrimination or job loss, leading to a reluctance to disclose experiences of VAW. While seeking assistance or shelter, they are not only seeking to protect themselves from the perpetrator but also attempting to address other social issues such as security, safety, and children who are affected by this violence (Crenshaw, 1991).

As mentioned in the earlier section, Mongolia and China have a collectivistic culture that has passed throughout history, which lies in their historical roots, cultural norms, and shared values that prioritize group well-being, family honor, and social harmony. In collectivistic societies, the culture of honor exists where one is expected to preserve community reputation and should not put one's interest before the group's interest (Gul & Schuster, 2020), and men are pressured to be tough, manly, and violent (L. A. Rudman & Glick, 2021a, p. 271). As one strives to protect the family name, one has always to avoid any negative and shameful activities that may affect the family's reputation (Gul & Schuster, 2020; T. Yang et al., 2019). Thus, a woman is seen as property (L. A. Rudman & Glick, 2021a), and expected to be aware of the needs of the family and should not assert her own needs before the needs of the family. According to the values of the culture of honor, the victim is more likely to be blamed, and perpetrators are justified. In this culture, gender roles reflect men's superiority and women's inferiority (Gul & Schuster, 2020).

Although no study has been conducted in Mongolia on the culture of honor related to IPV, some aspects have been identified in several research studies. According to these studies, the culture of honor explains that low reporting of IPV by Mongolian survivors barely report IPV due to pressure to save the family and the community reputation (The Advocates for Human Rights &

National Center Against Violence, 2014; Tsolmon & Dolgion, 2014). With regards to cultural practices, most women in Mongolia tend not to share their experiences of violence with others due to stigma, shame, blame, feelings of guilt, and the norm for saving the reputation of the family, in particular, the honor of a husband or father, the patriarch (Benwell, 2006, p. 130; Oyunbileg et al., 2009). It is also believed that silent behavior helps avoid further violence (Oyunbileg et al., 2009). Mongolian women are strongly discouraged from discussing private matters with others.

The patriarchal system has discouraged Mongolian women from seeking external assistance, causing them to believe that family issues are only a woman's problem (Oyunbileg et al., 2009). The culture of honor prevents survivors from seeking formal and informal support. Family matters must be kept secret (Amarsanaa et al., 2024; Tsolmon & Dolgion, 2014), which is deeply engraved in culture. Its silenced nature adds to the stigma, burdening women with surviving through it (Amarsanaa et al., 2024; Oyunbileg et al., 2009). For rural women in Mongolia, the impact is even more harmful, as it is extremely hard to find a support service due to scarcity, as shelters exist only in a few provinces (National Statistics Office & UN Population Fund, 2018). Rural women are stigmatized in their communities and are left to survive on their own or with their close social support, such as parents or extended families (National Statistics Office & UN Population Fund, 2018). Commonly heard proverbs encourage the culture of honor, such as "A broken or cracked bone is better than lost honor or reputation"; "Always smile in front of people and do not show people your weakness"; "Sausage may be broken while cooked, but it is still in our pot" (Oyunbileg et al., 2009), and "Wives and goats have to be beaten once a month. They know well the reason for this beating" (Benwell, 2006, p. 121).

Although during socialism, women's presence in the public domain was visible, domestic violence remained a deeply private matter, and seeking assistance remained restricted (Oke, 2008b). Moreover, survivors did not have sufficient information about available services, and this, coupled with cultural norms (Tsolmon & Dolgion, 2014), led to a reluctance to seek assistance (The Advocates for Human Rights & National Center Against Violence, 2014). Despite the culture of honor, several research found that women who have lower educational backgrounds and those having alcoholic partners were more likely to report to the police (National Statistics Office & UN Population Fund, 2018; Tsolmon & Dolgion, 2014). This phenomenon can be elucidated by considering that women with lower educational attainment, often correlated with limited resources such as housing and income, are more likely to depend

on formal systems for support. Furthermore, the frequency and severity of IPV are exacerbated by alcohol consumption. However, this does not limit that only women from these groups are subjected to IPV.

Likewise, in China, women are inferior to men, who hold authority as the head of the household (Cecilia Chan, 2000; Lin et al., 2018; H.-C. Yang, 2011; Zheng, 2022, p. 6), corresponding to the culture of honor. In the same society Confucian tradition, a woman is expected to self-sacrifice herself, always putting children and family before her interests (Wong et al., 2016; Zheng, 2022, p. 6). Women are discouraged from disclosing IPV due to the tight knot with the traditional value of keeping personal matters within the circle. However, China has been modernized, and the traditional values and beliefs are still strong (Zhang & Zhao, 2018). Women's submissiveness to traditional male dominance positions them in a difficult standing between modernity and traditional cultural setting (Lin et al., 2018). Although women's social status has increased, the traditional cultural norms persist and foster IPV (Yuan & Hesketh, 2019b). Thus, seeking assistance from the police and health system would leave women in an uneasy position. Raising awareness about IPV is important as community members would be encouraged to support survivors, and as a result, survivors would be more likely to report (Leggett, 2017).

It is crucial to note that it is difficult to leave an abusive partner due to multiple tangible and intangible factors, such as availability of housing and economic dependence (Benwell, 2006, p. 122), as well as perceived and anticipated stigma (Murray et al., 2016).

2.9. Interpersonal Power

Social role theory posits that gender stereotypes and expectations originate from social roles rather than biological factors, leading to behavioral differences between the sexes. Social responsibilities can influence biological changes rather than biology solely determining behavior (L. A. Rudman & Glick, 2021a, p. 21). Gender inequality is reinforced by cultural norms and ideas where structural authority is limited (L. A. Rudman & Glick, 2021a, p. 271).

Power dynamics play a crucial role in IPV. In any culture of interpersonal relationships, individual power dynamics are essential in an intimate relationship regarding communicating and negotiating power (Malik & Lindahl, 1998). Often, power is exchanged and communicated in the relationship as dominance or subordination, whereby one party is seen as using power

and control over the other (Malik & Lindahl, 1998). This results in a power imbalance in an intimate relationship.

Dunbar (2015) identifies three main factors in relationship power: power base, power process, and power outcome. These three dimensions illustrate how individuals interact in relationships in terms of influence, dominance, and power. Power base refers to personal resources that individuals bring to the relationship to influence the relationship goal, which is constructed by cultural norms, personality, and traits (Dunbar, 2015). Furthermore, such resource-sharing depends on the power distribution in the relationship (Malik & Lindahl, 1998). Power processes in an interpersonal relationship can enable strategizing, problem-solving, decision-making, and conflict management aspects (Dunbar, 2015). This power process acts similarly to a power base in that patterns of influence distribute one's resources throughout situations where manipulation or dominant behaviors are present (Malik & Lindahl, 1998). It also appears that the person who makes important decisions holds on the power outcome.

Furthermore, within an intimate relationship, power has multiple layers, such as "perceptions of one's own and one's spouse's power, satisfaction with power, and imbalances in power, all of which may or may not be related to observable, measurable absolute levels of power (such as individual income, level of education, and frequency of interrupting behaviors in a couple of discussions)" (Malik & Lindahl, 1998).

As mentioned above, resources of a relationship may not have direct relations with violence; in other words, violence could occur regardless of one's power base differences. However, Malik & Lindahi (1998) concluded that there is a correlation between husbands having higher decision-making power and domestic violence; that can be explained by the fact when violence escalates, wives are likely to either withdraw or be silenced. Control and power do affect family hierarchy (Straka & Montminy, 2008), and power and control play a crucial role in all types of violence.

Thus, in an abusive intimate relationship, controlling the partner is structurally embedded in the cultural norms. However, it does not imply that all individuals engage in such behavior. Violent behaviors are expressed by people who want to display and ensure their dominance in the relationship. This violence can also be expressed by an oppressed individual who wants to accomplish something that has been controlled or to make a change in the power structure. Such power imbalance and struggle for dominance can be seen in a society where men have higher status, and there is a significant wage/income gap between women and men in many countries.

While gender roles are evolving, traditional expectations of masculinity continue to influence men's behavior. 'Good men' norms encourage positive masculinity, 'real man' rules are linked to toxic masculinity. These rules push men to seek dominance, turning social interactions into competitive contests that reinforce patriarchy (L. A. Rudman & Glick, 2021a, p. 258).

The societal discourse of masculinity expects males to be harsh, unemotional, aggressive, and tough, and men are expected to be successors in the family by stressing the reliance on oneself and the avoidance of seeking help from others (Cossins & Plummer, 2018). These attributes of being male make men prone to substance abuse and competitiveness (Jewkes & Morrell, 2018) while pushing them into risk-taking behaviors (Vandello et al., 2008). Occasionally, this behavior is displayed as compensating violence, where certain men engage in aggressive activities in order to assert dominance or recover a sense of control. Unfortunately, these actions perpetuate harmful cycles within intimate relationships.

A comprehensive picture of Asian cultures has revealed that collectivistic culture emphasizes respect for family, parents, elders, community, and ancestors. Thus, collectivistic culture is tightly connected with honoring the reputation of especially male members of the community (Vandello & Cohen, 2003).

Both in Mongolia and China, regarding traditional gender roles, men are seen to be heads of their households, bear responsibility for making major decisions, and are expected to be breadwinners (Begzsuren & Joffre, 2018; Oke, 2008a; Zheng, 2022, p. 7). Women are responsible for caring for the home and social matters, but what constitutes those social matters is unclear (J. Y. Kim & Emery, 2003). While family achievements are celebrated, it is unclear if recognition is equally distributed among all members. It is important for East Asian cultures to save face for both men and women and losing face should always be avoided as much as possible. Family name and reputation are essential; thus, wrongdoings are unacceptable. Women will likely be judged by their wrongdoings, and men's wrongdoings will likely be forgiven. Although both women and men are expected to be obedient to the elderly, such behavioral knots apply to women more strictly.

Mongolian women are perceived to be educated and earn yet subservient to men. It leaves women to endure to meet the expectations of society by being loyal wives, good workers, and good mothers, and yet to tolerate domestic violence by keeping family honor (Benwell, 2006, p. 131). The prevalence of domestic violence against women is linked to the prominence of traditional values of praising men (Yuan & Hesketh, 2019b), women are undermined.

Similarly, in China, the power imbalance between women and men is enforced through the traditional culture that hinders separation; instead, one strives to keep family unity. Wives are expected to serve and be subordinate, and men have authority over women and children. Through cultural values, the normalization of behaviors can lead to women being subjected to IPV (Cecilia Chan, 2000; Wong et al., 2016; Zhang & Zhao, 2018), although it does not imply that all women experience this. Women are expected to be responsible for household matters to maintain family harmony, where one sacrifices health and well-being (Zheng, 2022, p. 8).

Hou et al. (2021) identified several cultural factors related to IPV, including the influence of traditional Confucian culture, which emphasizes female subservience and male dominance. The study discussed the impact of internal migration and the separation of couples, which can lead to decreased communication and increased risk of IPV (Hou et al., 2021). Additionally, the study highlighted the role of traditional gender norms that support violence and the belief that the physical violence of wives is acceptable (Hou et al., 2021).

Another crucial aspect is the predominant concept of "saving face" in Chinese culture, where men's face is preserved in social norms of masculinity, thus imposing a crucial identity pressure to perform in interpersonal relationships. IPV occurs when men fear of losing their face in interpersonal relationships (Chen & Chan, 2019). For example, a man who has been laid off from his job may feel that he has lost face and may become abusive toward his partner in an attempt to regain a sense of power and control. Wang et.al (2024) suggest that interventions to address IPV in China should consider the cultural importance of face and should aim to help men find alternative ways to maintain their sense of self-worth. Boys are raised with notions of being strong, where the display of weakness can signify losing one's face. Such losing-face events consequently lead to growing feelings of shame, which may lead to violence against their intimate partners. In such societies, men who are in charge of the decision-making process may be affected by their feeling of self-worth (Ozaki & Otis, 2017).

To protect and preserve the masculine role and power, a man expected to be seen as a good husband/partner, as a son taking care of his parents and a father in the eyes of the community, while their wives are to be a caregiver and likely to be abused for any wrongdoing that is perceived as such by the culture (Chan, 2009). Consequently, a man would receive respectability, honor, and reciprocate compliance (Chan, 2006). Moreover, it appears that social image plays a crucial role due to the concept of saving face, leading individuals to display temper in situations where they risk potentially losing face. In order to fit into the masculine

gender norms, men strive hard to be competent breadwinners (Chan, 2006). Men need to be seen as reputable and respected among their peers. Furthermore, men feel guilty for not taking a side or being loyal to their parents and, as a result, are fearful of being blamed by their peers (Chan, 2006; Chen & Chan, 2019).

On the other hand, women are encouraged to preserve their faces to avoid social judgment and stigma within a culture of honor. To save face in line with gendered social norms in a collectivistic culture, women tend to be reluctant to inform their parents about abusive relationships rather than portraying having a good family. Thus, she will likely be blamed for a failure (Thurston et al., 2016). In a culture of honor, a woman's actions can significantly influence the family's honor. Negative behaviors can tarnish this honor, while positive actions can enhance the family's standing within the social hierarchy (Vandello & Cohen, 2003). Furthermore, losing face from a man's side may trigger potential abuse his wife (Thurston et al., 2016).

However, at the turn of the 21st century, traditional gender roles started to change. Women have become more career-oriented, and in some incidents, women have started earning more than men (Chan, 2006). The pressure of maintaining traditional masculine gender roles puts more stress on men's faces at home and in society. Existing expectations of gender roles and the pressure to maintain the face of masculinity norms can lead to VAW in intimate relationships. While women predominantly subjected to IPV, Wang et al. (2024) investigated the experiences of Chinese men as victims of IPV and their relationship to masculinity. The study stresses the challenges men face in disclosing their experiences due to societal expectations of masculinity and the cultural emphasis on "face" and family harmony (Wang et al., 2024).

Cao et al. (2023) highlight the "double burden" on Chinese women, who are expected to fulfil traditional roles as caregivers and homemakers while also meeting modern expectations of career advancement. This can lead to IPV as some men may feel threatened by their partner's success or resentful of the increased burden placed on them (Cao et al., 2023). Additionally, women's financial independence may disrupt traditional power dynamics, leading to violence as some men attempt to reassert control.

Power is exercised in relationships and results in influencing behavior. As compared to power, dominance is shown and expressed through various ways, such as touching, voice, facial expression, non-verbal behavior, and gesture (Dunbar, 2016). Dominance aims at creating fear

in victims. In such fearful situations, victims respond with fight or flight, where one may act aggressively or flee the situation (Kar & O'Leary, 2013).

Vall et al. (2016) state that the power and dominance of one partner over the other represent an integral dynamic of intimate partners where IPV is perpetrated. There are three identified dimensions of dominance: first, quantitative dominance can be expressed in the speaker's tone and volume; second, topical dominance can be seen where one introduces a new topic and dominates the subject; and lastly, interactional dominance is shown where one dominates conversations, communications, and responses (Vall et al., 2016).

Concerning controlling behaviors, they warrant in-depth investigation, as men may seclude partners from their interpersonal relationships (Vall et al., 2016). Often, men control women's psychological and physical space based on mistrust and presumed infidelity (L. A. Rudman & Glick, 2021a, p. 281); for example, they may limit their social interaction, such as talking to other men/women and demanding permission from them to seek health care (Vall et al., 2016). Such controlling actions affect women's sexual and reproductive health and their ability for decision-making, in particular over health matters (Vall et al., 2016). Thus, such control and dominance in interpersonal relationships often result in IPV, which leaves women powerless.

While, some religion plays a role in gender roles and embedding social hierarchy and inequality, it is important to note that this is not a characteristic of all religions (King, 1997, p. 648). Male domination and female subordination are observed in some religious practices (Haggard et al., 2018). Such gender roles of subordination and domination put one in an inferior position and the other in a position of power and authority (Haggard et al., 2018; King, 1997, p. 649). Thus, this is a norm in most societies where culture and history were created and identified by men and women following or ascribed to man-made cultural doctrines/practices. This notion is widespread in most religious practices.

After the democratic transition in the 1990s, Mongolia is going through fast change, being exposed to Western culture, which can be explicitly seen in the capital city, Ulaanbaatar (Bareja-Starzynska & Havnevik, 2006, p. 212). Due to the opening, religious freedom was exercised widely, practicing Tibetan Buddhism. Since the introduction of Buddhism into the traditional nomadic society of Mongolia in the 17th century, men as monks have become the dominant role, the highest in the social hierarchy. Under Buddhism, families were obliged to send their sons to learn religious doctrine (Benwell, 2006, p. 124), while daughters stayed home to perform household tasks. Buddhist practice perpetuated unequal gender relations before

Mongolia embarked on the socialist path of development in the 1920s. Although banned during socialism between 1924 and 1990, Buddhism continued its influence on gender roles in society; for example, in the monastery, only men and boys were allowed to study, leaving women out of the picture (Bareja-Starzynska & Havnevik, 2006, p. 228).

Socialist development brought some positive changes in Mongolian society, such as an increased literacy rate of men and women reached 86% and by the 1990s, 96% of women were literate (Bareja-Starzynska & Havnevik, 2006, p. 228), labor participation, women's role in the public sphere. On the collapse of socialism, women were left jobless and marginalized, and single mothers were 25% of low-income households and had become more vulnerable to poverty. The traditional family culture and division of labor within the households in the countryside remained unchanged during the socialist and post-socialist times (Benwell, 2006, p. 112). Meanwhile men are responsible for taking care of the livestock, overall working outside of the household (Benwell, 2006, p. 112)). Moreover, Dugarova (2018) pointed out that women face VAW in all spheres of life, including home, work, and other public spaces. Gender roles, rather than being static, exhibit flexibility. A shift in traditional gender role perceptions can mitigate the tension between professional and domestic responsibilities for women (Townsend et al., 2023).

Meanwhile, China widely practices Confucian beliefs and philosophy and shapes its code of ethics to encourage proper human life. Confucian philosophy promotes value for family and community, where one always has to strive to keep respect and goodness within interpersonal and intergenerational relationships (M. Park & Chesla, 2007). According to Confucianism, women must abide by fathers, husbands, and sons and are responsible for maintaining family harmony (S. Park & Ko, 2020; Wong et al., 2016). Confucianism responds to the patriarchal nature of the social system.

There are similarities between Confucianism and Buddhism: both praise men as the head of the household, breadwinners, and decision-makers. Both encourage a culture of honor where one strives to save face, keeping family honor and reputation. While women take care of the family and obey the head of the household, they are discouraged from participating in family decision-making and are left inferior. In both societies, a culture of honor is prevalent, where benevolent sexism encourages male violence against women.

In Mongolia and China, the deeply ingrained culture of honor significantly shapes the experience of IPV and survivors' subsequent help-seeking behaviors. This culture, characterized

by a strong emphasis on family reputation and social standing, often discourages survivors from seeking assistance, thereby perpetuating the cycle of violence. Survivors may internalize the stigma of victimhood, leading to feelings of shame and self-blame. This can hinder their ability to seek help and access resources. In China, survivors may prioritize maintaining family harmony and face, even at the expense of their wellbeing. This can lead to a reluctance to disclose abuse or seek help outside the family.

Additionally, the fear of social ostracism and damage to a family's reputation can be a powerful deterrent to reporting abuse. However, the strong emphasis on community and collectivism can also provide a source of support for survivors if they can overcome the initial barriers to disclosure. There is a growing awareness of IPV in both countries, along with a shift towards more challenging gender stereotypes, which can create opportunities for social change and healing.

2.10. Psychological consequences of IPV: Trauma

IPV is a worldwide public health problem that impacts women's physical and mental health (Basile & Smith, 2011; Emery et al., 2015; Ozaki & Otis, 2017; Pill et al., 2017). IPV often causes psychological trauma (Kar & O'Leary, 2013; J. Kim et al., 2009). The effects of repeated IPV over time are often referred to as 'complex post-traumatic stress', a more severe form of post-traumatic stress disorder (Herman, 2015, p. 119). The study found that women who experienced IPV often suffered from somatization and hostility and displayed paranoid ideation, psychoticism, and depression (Vilariño et al., 2018).

Not all women who experienced IPV would have trauma in the same way (Pill et al., 2017), thus different life experiences and identities have differing complex trauma development (Baird et al., 2019). Women's intersecting identities, social marginalization, and vulnerability affect the complexity of the trauma (Baird et al., 2019).

A combination of types of violence may lead to accumulated effects on survivors, potentially affecting all aspects of survivors' lives, including their relationships within families and broader society (Ali & Naylor, 2013; Beitchman et al., 1992). It negatively impacts the body, cognition, emotion, and behavior, often resulting in severe long-term complex post-traumatic effects. The long list may typically include the following: intrusive memories and cognitive distortions, sleep disturbances and nightmares, self-harm, isolation, substance abuse, fear, anxiety, phobias, depression, difficulty in relating socially, and difficulty in establishing and maintaining relationships. Additionally, there are strong feelings of shame, self-blame, guilt, loss of respect,

and powerlessness, which in turn may result in depression and suicide attempt (Ali & Naylor, 2013; Beitchman et al., 1992; J. Kim et al., 2009; Rothchild, 2000; Tankink & Richters, 2007; World Health Organization, 2013; Yuan & Hesketh, 2019b).

In collectivistic cultures, women survivors are expected to suppress emotions and feelings, especially ones of despair, disappointment, and sadness. Moreover, they are expected to display calmness regardless of the nature of their emotions in order to show psychological strength (B. S. K. Kim et al., 2001), which leads them to self-sacrifice to keep family harmony (Wong et al., 2016). Generally, people avoid discussing pain and hurtful emotions within the community. Like in all countries, research shows that survivors in Mongolia and China are less likely to seek the mental health support that they may need.

In Mongolia, there are no studies on the psychological consequences of IPV, as most research has been limited to the social aspects of IPV. Nevertheless, Oyunbileg et al.'s (2009) study and the UNFPA's (2018) stress the need to research psychological effects. Also, Oke's research (2008a, b) provides an important contribution to exploring survivors' experiences, and it points out the post-violence survival experiences of IPV survivors. Amarsanaa et al. (2022, 2023) discussed how Mongolian women survive through IPV and post-traumatic growth.

On the contrary, in China, people tend to see psychological issues through their physical symptoms, such as "bodily pain, fatigue, and weakness." (Wong et al., 2016). Another study in China shows that due to IPV, women are likely to experience consequences of violence in the form of depression and anxiety (Lin et al., 2018), where depression prevents them from seeking social support, and children are likely to suffer lifetime consequences (Thurston et al., 2016). It was also noted that due to a lack of support resources, women tend to commit suicide, as this could be linked to feelings of shame that may force them "to hide, disappear, and even die" (Wong et al., 2016).

Cultural norms and social expectations significantly influence the experiences of IPV survivors in traditional societies like Mongolia and China. These norms often uphold family unity and a woman's role in preserving it, potentially leading to the stigmatization of IPV and marginalization of survivors (Wu et al., 2022). This can result in social isolation, economic hardship, and psychological distress. However, some survivors may find support and acceptance within their communities, highlighting the diverse experiences within these societies. Certain cultural traditions and practices even promote healing and resilience in the aftermath of trauma. Further research is crucial to understanding the complex interaction of

cultural norms, social support (Unutkan et al., 2024; Wu et al., 2022) and individual experiences in shaping post-trauma outcomes for survivors in traditional societies (Wu et al., 2022).

2.11. Recommendation for future research: Policy implications

Given the prevalence of the culture of honor in these countries, it is imperative to address the dearth of research on the psychological consequences and effects of intimate partner violence. Therefore, future research endeavors should prioritize investigating the psychosocial aspects of intimate partner violence, specifically within collectivistic cultures.

Mongolia and China face a scarcity of empirical evidence. To advance our understanding and inform evidence-based policies, the following recommendations are proposed:

2.11.1. Research Initiatives:

- Flexible Funding Allocation: Policymakers and funding agencies should allocate flexible resources to support rigorous research on domestic violence and intimate partner violence.
- Local Research Institutions: Encourage local research institutions to engage in empirical investigations actively. Their proximity to the cultural context enables nuanced exploration of the psychosocial dynamics involved.

2.11.2. Policy Strengthening:

- Evidence-Informed Policies: Utilize research findings to inform evidence-informed policies that protect victims, hold perpetrators accountable, and promote gender equality.
- Implementation Focus: Policymakers should prioritize the effective implementation of existing laws related to domestic violence and intimate partner violence. This includes monitoring and evaluation mechanisms.

By fostering collaboration between researchers, policymakers, and non-governmental organizations, we can collectively address these critical issues within collectivistic societies. Strengthening policies and implementing relevant laws will contribute to safeguarding victims and promoting healthier intimate partner relationships.

2.12. Conclusion

IPV is a worldwide public health issue that occurs between current and ex-partners. The IPV types include physical and psychological violence, which often arise from controlling

coercive behavior, often leaving women with severe psychological harm such as complex PTSD, depression, fear, or anxiety. IPV occurs in the context of power and control in an intimate relationship. One partner, usually the man, dominates, and the woman is often silenced, becoming withdrawn. This phenomenon is cross-cultural, as violence from husband to wife is universal in all patriarchal societies.

This literature review included Mongolia and China due to their similarities in societal and cultural aspects. Intimate partner violence, power relations in the intimate relationship, and culture of honor were inclusion criteria.

In these two countries, patriarchal power and control are firmly embedded in collectivistic cultures as well, where men are unlikely to admit feelings of vulnerability or weakness.

These two countries share common traits, root causes, and consequences of IPV. Their old-age traditional values may contradict the emerging new roles shaped by modernity. As women are gaining more equal place in households and society at large, they still experience physical, sexual, and psychological violence. Despite the high prevalence of IPV, there is a dearth/shortage of empirical research in these countries on IPV's impact on the well-being of women in general and on their mental health.

Risk factors for IPV are similar for Mongolia and China. Educational level, substance abuse by partner, employment or income generation status, and overall socio-economic background have been identified as key factors for IPV for both becoming a survivor and perpetrator of IPV (Nations & Fund, 2018; Zhang & Zhao, 2018). These countries struggle to combating VAW within the context of strongly embedded cultural norms.

The above-mentioned Asian countries still endorse patriarchal ideology, where men continue to dominate while women are subordinate. Women are expected to perform all household chores, yet they must also pursue their careers and meet the demands of modern development. Such traditional psychosocial views on the roles of men and women remain strong in society and are likely to be followed at all levels. In Mongolia and China IPV is still considered a private matter. Thus, women are expected to keep family issues within the home to preserve their husbands' or the community's reputation and uphold community values (J. Y. Kim et al., 2016; Oyunbileg et al., 2009).

To conclude, it is important to recognize that the harmful psychological effects of IPV, such as PTSD, depression, and anxiety, occur regardless of whether the incidents are kept private or disclosed. This underlies the universal need for robust strategies to prevent and address all IPV.

3. STUDY II: “I ESTABLISHED A LIFE; I CAN RE-ESTABLISH IT AGAIN”: LIVED EXPERIENCES OF INTIMATE PARTNER VIOLENCE IN MONGOLIA

3.1. Abstract

Violence against women persists globally, transcending intersecting backgrounds, such as race, gender, socio-economic status, education, and ableness. The reality remains that women across diverse intersections continue to endure various forms of violence. According to a nationwide study, 30 % of women experience intimate partner violence during their lifetime in Mongolia. The present research adopts an intersectional lens to comprehensively address the survival experiences of Mongolian women who had lived through intimate partner violence. In-depth semi-structured interviews were conducted with 21 participants recruited through purposive sampling, most of whom had ended a relationship involving intimate partner violence. Thematic analysis was used to identify patterns and themes among survival experiences. Although women's experiences varied, intimate partner violence confronted them with the dilemma of maintaining or going against traditional values, including family unity when seeking protection (and safety) for themselves and their children. The women's survival experiences included a combination of building a sense of community and rebuilding a sense of self, while self-contentment was achieved when the women ceased to blame themselves. This study highlights a critical shift in mindset and behavior by investigating the survival experiences of women who defy social norms, prioritizing family unity over personal well-being. Recognition of survivors' efforts to cease self-blame and seek support signifies a crucial advancement in the survival process. The findings suggest a positive trend toward self-empowerment and a willingness to access the necessary resources and support systems. From a practical standpoint, these findings advocate for strengthening current interventions that empower survivors to challenge norms, cease self-blame, and actively seek assistance.

3.2. Introduction

Intimate partner violence (IPV) is prevalent worldwide and is defined as “behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors” (World Health Organization, 2019). Studies have shown that 27 % of women globally are subjected to physical or sexual IPV and non-partner sexual violence, and one in four women experienced IPV (Sardinha et al., 2022; World Health Organization, 2021).

Survival experiences include the use of strategies of many kinds to attain safety and put an end to abuse that is overwhelmingly painful (Oke, 2008b). Although individual experiences of IPV survival vary women from different backgrounds share common experiences (Pill et al., 2017). Survivors utilize different coping strategies for which they require sufficient strength. Survival involves reflection on one's lived experience. Survivors of IPV go through the phases of "entrapment, escape, and elevation" (Goodfriend & Simcock, 2022). Entrapment refers to how a person enters into a relationship that becomes violent and how that impacts the self (Goodfriend & Simcock, 2022). In the escape phase, the survivor plans to leave the violent relationship safely. Lastly, in the elevation phase, "survivors psychologically grow from their experience and become strong, happier selves" (Goodfriend & Simcock, 2022, p. 4).

Enduring IPV means experiencing repeated, prolonged traumatic events that affect one's "adaptation to life" (Herman, 2015, p. 33). Survivors mainly focus on survival and self-protection (van der Kolk, 2004). Trauma results in physiological reactions, cognitive dysfunction, and emotional and memory disturbances (Herman, 2015, p. 34; World Health Organization, 2019). Among physiological symptoms, "tension headaches, gastrointestinal disturbances, and abdominal, back, or pelvic pain are extremely common" (Herman, 2015, p. 86). Psychological symptoms include a sense of helplessness, shame, guilt, self-blame, stigma, isolation, numbness and withdrawal, persistent distrust, hopelessness, loss of control, fear, and despair (Herman, 2015, p. 121; van der Kolk, 2004), as well as adverse emotions such as anxiety, confusion, and depression (Oke, 2008a; Sardinha et al., 2022). Coercive control affects survivors' interpersonal and intrapersonal relationships, giving rise to intense fears and affecting their sense of autonomy (Herman, 2015, p.77). Besides psychological trauma, survivors are more likely to experience physical injury (van der Kolk, 2004).

Qualitative research on IPV experiences from an intersectional perspective has shown that, during a violent relationship, many women's experiences are not acknowledged. They are blamed for the violent relationship, or they are not taken seriously, thus, seeking acceptance from their families and social services is part of their survival experience (Baird et al., 2019). One study on the narrative identity of Mongolian and Australian IPV survivors found that the participants' sense of self had been affected, even to the extent of losing their sense of self, due to the overwhelming emotions experienced in IPV (Oke, 2008a, 2008b).

The experience of IPV affects not only the woman herself but also her family, community, and society. Feeling disconnected from one's community is one of the main experiences of

psychological trauma. Thus, the survival process includes forging connections with others. IPV contributes to an environment of fear and mistrust, hindering community members' sense of safety and social interaction. Recovery is thus not achieved alone but rather through the creation of connections (Herman, 2015, p. 133). When survivors have strong relationships with others, the perpetrators' control is restricted, so perpetrators are likely to try to isolate their survivors psychologically (Herman, 2015, p. 80). IPV perpetuates harmful gender norms and stereotypes that shape the attitudes and behavior of community members. Thus, it is essential to note that IPV is not only a survivors' issue but also a broader social impact issue. Consequently, survivors can become dependent on perpetrators for various reasons, including their emotional and physical needs; the perpetrator becomes their source of information (Herman, 2015, p. 77) and influences their decision-making (van der Kolk, 2004). Another consequence of IPV is increased demand for healthcare systems due to the physical and mental health effects experienced by survivors. Furthermore, economically, it can result in decreased productivity and increased absenteeism. Thus, breaking the cycle and fostering safer, more resilient communities for everyone is crucial.

Social norms shape coping and response to IPV and promote approaches to engagement or disengagement (Dwarumpudi et al., 2022). Survivors who actively oppose violence seek assistance from outsiders and exit from relationships are taking an engagement approach, thus, they experience engagement and experience a sense of agency (Dwarumpudi et al., 2022). In contrast, those survivors who adopt a disengagement strategy to avoid further violence are less likely to confront and exhibit silence (Dwarumpudi et al., 2022). In patriarchal societies, women are not encouraged to seek social support, but rather, they accept the experience of violence (HAN ALMIS¸ et al., 2020). This gender norm informs a disengagement strategy that survivors' actions are aimed at preventing further violence (Dwarumpudi et al., 2022). However, it will likely be accepted in the community setting (Dwarumpudi et al., 2022). In IPV-prevalent cultures, where women are shamed, they are concerned about being accused (HAN ALMIS¸ et al.,2020) and being stigmatized for speaking up and are less likely to seek formal support (Hu et al., 2021). Seeking formal assistance often burdens the survivors, not because of their reluctance but because of the systemic and structural barriers they face (Barrett et al., 2020). Conversely, informal support promotes psychological well-being by alleviating anxiety, depression, and loneliness. It can also protect against further violence (Gregory et al., 2019).

Mongolia has a population of over 3 million, 51 % of whom are women. According to a nationwide study, IPV is prevalent in the country: 30 % of women experience IPV during their

lifetime (National Statistics Office & UN Population Fund, 2018, p. 13). Mongolia is a patriarchal society, and men are likely to be dominant in intimate relationships, the workforce, and public spaces (Dugarova, 2018). In intimate relationships, men are considered to be the head of the household and are likely to make important decisions (Oke, 2008a). This determines women's inferior status within the family, leading to a greater likelihood of being subjected to gender-based violence (Oke, 2008a). Power imbalance within an intimate partner relationship often results in violence (Carter, 2015; Mitchell & Vanya, 2009, p. 21; National Statistics Office & UN Population Fund, 2018, p. 18). Although Mongolia upholds human rights and ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1981 the patriarchal system still persists in which men are dominant, and females are subordinate in all spheres of life. This gives rise to violence in intimate relationships, public spaces, and workplaces. Traditional gender norms and family structure still dictate how everyday life is lived. In rural areas, for example, three generations of a family reside together, and as caregivers, women are expected to look after the children and household matters (Dugarova, 2018). Women continue to be principal caregivers even when earning an income that contributes to the household finances (Robinson & Solongo, 2000). Power relations between women and men continue to be unequal: women participate in decision-making on minor household matters, while men still assume the main role in decision-making (Dugarova, 2018).

3.3. Method

The present research aims to explore the survival experiences of Mongolian women, their understanding of the "survival process," and the availability of different support systems.

Few studies have been carried out on the experience of IPV survival among Mongolian women. In this research, investigating women's experiences was valuable and unique due to their subjective voices (Creswell, 2007), the researcher's subjective position, and the social context (Hill Collins, 1997).

3.3.1. Participants and data collection

Participants were recruited using purposive sampling through local non-governmental organizations (NGOs) who received psychological or legal counseling in Mongolia and the first author's former clients. The participants in the present research were 21 Mongolian women residing in the capital city at the time of the interview. Inclusion criteria were women aged 18 or above who had experienced IPV. The exclusion criterion was currently living in an IPV

relationship, although two of the participants indicated that their husbands/partners had stopped abusing them. The women's experiences of IPV did not focus on a specific category of violence but rather encompassed all types, including physical, psychological, economic, social, and sexual violence. Notably, no woman experienced a single type of violence but endured multiple types.

Initially, the local NGOs approached the survivors and informed them about the research, and the survivors provided permission to contact them for further research details. Thus, the first author approached 31 survivors to introduce the goals of the research, 21 of whom expressed an interest in participating with no hesitation. Due to the nature of IPV, out of 31 survivors, eight who had been approached did not attend the appointment; in some cases, the women's phone numbers had been changed or switched off, and two women refused to participate.

At the start of the research, the participants' informed consent was obtained. Information about the research was introduced, explained, or read out to the participants, and if they had any questions, the first author/interviewer provided a clear answer. Due to the participants' diverse backgrounds, some were illiterate, and some had a disability, thus, to maximize participation and to avoid discrimination, the first author/interviewer read out the information when obtaining the participants' consent. The participants were aged between 25 and 60. Their level of education varied: 14 had completed tertiary education (four of whom had a postgraduate degree awarded abroad); one participant had completed the first year in primary school, two had secondary education, and four had a high school or vocational education. One of the participants had a visual impairment.

According to the intersectional approach, a person's level of education, socioeconomic background, disabilities, and different identities interact and influence their lived experiences. Women thus experience IPV differently based on their various identities and social positions (See table 1).

Table 1 Demographic information about the participants

Table 1
Demographic Information about the Participants (n = 21).

Demographic information	Number of participants
Age (years)	
20–29	4
30–39	12
40–49	2
50–59	3
Sexual orientation	
Straight	21
LGBTIQ+	
Region/origin	
Ulaanbaatar	10
Rural/other cities	11
Level of education completed	
Primary/secondary school	3
College certificate	4
University (undergraduate & postgraduate)	14 (4 foreign education)
Literacy	
Literate (can read and write)	20
Illiterate	1
Disability identified	
None identified	20
Physical disability (visual impairment)	1
Mental health disability	
Religion identified	
Non/not identified	20
Buddhist	
Christian	1
Years in an abusive relationship	
Less than 1	
1–9	18
10–19	1
20–29	2
Number of children	
0	3
1	5
2	10
3 <	3
Occupation	
Administrative/office	1
Professional	11
Self-employed, informal	7
Not employed/pensioner	2

Interviews were conducted in the counseling room at a local NGO Beautiful Hearts Against Sexual Violence (Beautiful Hearts). Beautiful Hearts is a Mongolian local organization that provides trauma-informed psychosocial services to survivors of child sexual abuse and their family members, raises awareness, and advocates for eliminating domestic violence and child sexual abuse.

The validity of the qualitative study aligns with the research objectives. Validity assurance encompasses diverse approaches, including soliciting participant feedback (Willig, 2013). The research process must be open and comprehensively elucidate the procedural aspects at all stages of the study (Anfara et al., 2002). The confirmability was achieved through the researcher (first author), a qualified psychologist specializing in trauma, having worked with survivors of IPV for over 15 years. Transferability is reached through the first author/researcher inviting two former clients, with whom the researcher's therapeutic relationship had ended 5 and 10 years ago, respectively, to participate in the interviews.

The rigor and trustworthiness of this study lie in reflexivity during the interview, and a member checked by reading the transcript aloud to the participants. All three authors were actively engaged throughout the study process.

Semi-structured interviews explored two main areas - the support system and the survival experience. The interviews began with the following guiding questions: “Tell me about yourself”; “Have you ever received social support?”; “How would you describe your social support?”; “Who do you rely on as social support?”; “How does your social support or the social services help you in your life?”; “How would you describe your life now?”; “What has been helpful in your life?”; and “What has influenced your life?” During the interview, all the participants provided detailed information about their survival experiences, and the researcher encouraged them to talk from whichever angle they wanted to express themselves. The interviews lasted between 60 and 90 min. To elicit the women's survival experiences, the researcher gave each participant space to reflect on their experiences (van Manen, 2014).

3.3.2. Data analysis

The study employed a qualitative paradigm within both political and constructionist approaches to better understand the survival experiences of Mongolian survivors of IPV. Both approaches allow us to emphasize the importance of context, interpretation, and the influence of social and power dynamics, as these provide complementary perspectives that can enhance the depth and richness of qualitative research.

Researchers in this study realized how power dynamics influence the construction of meaning, in doing so, it allowed us to understand how social, political, and cultural factors shape participants' interpretations (Creswell, 2007), uncovering the underlying power structures that influence how people communicate and make sense of their experiences. Personal experiences were heard and analyzed, leading to empowerment (Wang & Geale, 2015).

Through the constructionist perspective, we analyzed narratives while contextualizing them within broader political and social contexts where individuals create meaning within power-laden discourses (Creswell, 2007). Researchers interacted ethically with the participants throughout the study by recognizing and addressing power imbalances in the research relationship.

The individual interviews were audio recorded with the participants' written consent, transcribed into Mongolian, and then translated into English by the first author. The English

translation was discussed with the second and third authors. The second and third authors were involved in the coding process.

The analysis process commenced with data organization, followed by reduction through coding and synthesizing into themes, culminating in the representation of findings in the discussion (Creswell, 2007). The thematic analysis allows for including participants' voices and identifying existing patterns in the dataset that correspond to the research's overall aim and question (Braun & Clarke, 2006). The researcher provided the women with a space to share their survival experiences, while ultimately, the women found their own meanings. The first author used reflexive thematic analysis - that is, the first author's own experience and interpretation were incorporated into the analysis, making it a “situated interpretative reflexive process” (Braun & Clarke, 2020, p. 7).

In the reflexive thematic analysis, the first author conducted the coding of the dataset involved in-depth reading; the second and third authors collaborated in the coding process with consent. This was followed by after the first stage of coding, patterns, and themes were confirmed in the second stage of coding. It was double-checked with the second and third authors. This process was followed by categorizing and developing themes, then by defining and naming the themes, after which the final stage involved writing the report. Rather than being consecutive, these stages were part of a back-and-forth process (Braun & Clarke, 2020). Themes were the “final outcome of data coding and iterative theme development” (Braun & Clarke, 2020, p. 7). Throughout the process of analyzing, all three authors were constantly sharing their ideas and thoughts.

3.3.3. Ethical considerations

The research team obtained ethical permission from the Ethics Committee of Eötvös Loránd University (2019/165-2). To ensure confidentiality and maintain the participants’ anonymity, the participants have been coded as P1, P2, etc.

All participants were offered trauma-informed counseling upon completion of the interview. One of the participants approached the counseling service.

3.4. Findings

During the thematic analysis, the first author created the following five themes[1]: 1) Enduring IPV; 2) Reassessing the relationship; 3) Opposing the traditional values of preserving family unity; 4) A sense of social and community support; and 5) A sense of self-rebuilding. Table 2 presents the themes and subthemes.

Table 2 Themes and subthemes identified during the thematic analysis

Themes and subthemes identified during the thematic analysis.

Theme	Subtheme
Enduring IPV—"The relationship was suffocating"	• Types of IPV experienced • Psychological, physical, and social effects • Ambiguous effects on children
Reassessing the relationship—"I hoped he would change"	• Cessation of self-blame
Opposing the traditional values of preserving family unity—"I can't keep the family together"	• Family expectations • Lack of support from family
A sense of social and community support—"She's there for me, no matter what"	• Informal social support • Formal support
A sense of self rebuilt—"I established a life; I can re-establish it again"	• Sense of survivorhood • Sense of affirmation and achievement • Affirmation of social values • Knowing one's limitations • Aspirations

Participants were in a violent relationship between 2 and 19 years and were divorced, separated, or widowed at the time of the interview. Participants' divorce and separation duration varied, some were separated for one year at the time of the interview, while others were divorced 5-15 years ago. They had various education levels and diverse socio-economic backgrounds; 14 participants had university degrees, four had vocational or college degrees, one had primary, and two had secondary education. Eleven participants had formal employment, seven were self-employed, one had an administrative job, one was unemployed, and one was a retiree. Twenty

[1] Following five themes identified subthemes. The first theme, Enduring IPV, includes subthemes such as the identification of types of IPV, the kind of psychological adversities, ambiguous effects on children who witnessed the IPV, and how survivors overcame self-blaming. The second theme -Reassessing the relationship theme survivors extensively described their family expectations. The third theme - opposing traditional values of family unity - survivors discussed their experiences of a lack of family support. The fourth theme - a sense of social and community support - survivors identified both the informal and formal support they received. Lastly, a sense of self was rebuilt – survivors described their journey to survivorhood, including a sense of affirmation and achievement, affirmation of social values, and how they came to realize their limitations and aspirations.

participants identified themselves as non-religious, and one was part of a religious community. Eighteen participants had children, and three participants did not have any children. One participant identified as disabled, and twenty did not identify any disability. Participants' age varied between 20 and 60.

3.7.1. Theme 1: Enduring IPV "The relationship was suffocating"

All the participants experienced unbearable physical, psychological, economic, social, and sexual violence. IPV is a complex interplay of physical, psychological, emotional, and social impacts that collectively undermine survivors' well-being and fundamental rights. Such violence has psychological, physical, and social effects on survivors. Furthermore, IPV affects not only women but also their children.

The participants confirmed that the various types of violence were inseparable and always went hand in hand. The participants did not differentiate between the types of violence, but they clearly described how they had survived the violence. Although the interview questions did not investigate details of the violent relationship, most women voluntarily shared how they had endured the IPV. It was apparent that without sharing their violence experience, it was impossible for them to narrate their survival experience.

Most participants explained that their survival experience had started from the very moment of experiencing violence. They had been subject to repetitive violence over the course of the relationship, lasting from 1 year to 27 years. Sharing traumatic events was part of their survival experience. Some women said they had never disclosed the full details of the violence to anyone before the interview. Most participants had had only one violent relationship, although some had endured a second marriage/partnership that had also involved violence. Due to the nature of the patriarchal society, the women were expected to put up with the violence.

3.4.1.1. Types of IPV Experienced

The participants had experienced continuous physical, psychological, sexual, economic, and social violence during their relationships. One participant explained that "he doesn't only hit me, he also insults me." Although the women did not make a clear distinction between types of violence, it was clear that they had experienced more than one type of violence at a time. Participants mentioned physical violence, including hitting, hair pulling, and using a knife or other implements. The survivors also shared how the psychological violence that occurred constantly had included blaming, shaming, name-calling, and jealousy. Sexual violence

involved marital or partner rape. One participant mentioned, “It is shameful to say that my husband raped me. As a wife, I do not have an option to oppose his sexual desire.” The social violence experienced by participants involved being isolated from family and friends. Regarding economic violence, several participants had been prevented from working and earning or had not been given money, while the perpetrators had used the formal or informal incomes of other participants. The various types of violence went hand in hand, and the women had experienced multiple forms of violence simultaneously.

Some participants described their partner as “a good person, only he drinks,” or they explained that “he doesn't drink, therefore he's a good person.” For example, P18 shared that “he never drank, but his psychological abuse was unbearable. I survived it with my mother.” In the case of P20: “My first husband never drank, but his psychological abuse was horrendous. He was a negligent person. My second husband used to abuse me when he was drunk. When he was sober, he was fine.” According to those participants who mentioned their partners' drinking behavior, violence was expressed in anger, hostility, rage, shaming, resentment, and jealousy when drunk.

Some of the women and their children had been aware of an extramarital affair during the abusive relationship, and, according to the participants, the perpetrators had admitted their infidelity and used it to psychologically abuse the women. Infidelity is a form of humiliation and psychological abuse; it was taking place at home, in front of their children and, in some cases, in front of the survivors.

3.4.1.2. Psychological, physical, and social effects

Psychological effects were experienced during the violent relationship, as P17 stated: “Every night I used to hide the knives; it was a constant worry and anxiety.” The women had been constantly fearful and anxious about when the perpetrator would turn up, and whether or not he would be drunk. They had planned every single detail of their behavior to avoid violence, as a way of coping. However, behavioral change of this kind had proved unsuccessful. Eventually, the women had experienced mood swings and aggressive behavior. As P19 explained, for example: “My mood was unstable; I became forgetful and got upset very easily. I became very angry, and I started to hit him back.” Constant abuse led the women to be aggressive, as they could find no other way to express their feeling of powerlessness. Perpetual abuse may explain their gradual behavioral change toward aggression.

A feeling of despair was common among the participants. For various reasons, they were unable to leave the perpetrator as they wished. As P18 explained, for example: “I wanted to separate from him, but with three young kids, where could I go? I can't read or write, so I can't find a job. My husband didn't let me out.” Continuous, prolonged abuse inevitably affected the women's sense of self and identity.

Most of the participants shared that they had been the main bread- winner in the relationship. As P16 noted: “I was the breadwinner; he wanted my money and good food. The marriage was calculated.” Like- wise, P9 stated: “I never had a shortage of work; I always worked and fed him and my children.” To minimize violence at home, P5 chose to work in the mining sector. She worked 30 days at the mining site and was at home for only 10 days.

While they were living through the violence and trying to cope with unpredictable abuse, all the women mentioned that they neglected their sense of self, since they were responsible for the household chores, keeping themselves and their children safe, and earning an income. Living in a violent relationship involves surviving by moments, hours, and days. As P7 explained: “I was constantly thinking about debt and money. I neglected myself.” To avoid violence, they constantly begged their partner to stop the physical abuse, negotiating and changing their behavior accordingly. However, these efforts had proved unsuccessful. Having endured extreme violence for many years, at the time of the interview the women explained that although they had hoped to change the perpetrator's behavior, they now regretted not ending the relation- ship earlier. Some of them described feeling content about ending the relationship eventually.

3.4.1.3. Ambiguous effects on children

According to the women, their children's psychological well-being and behavior was affected by witnessing the violence at home. As P15 explained: “My daughter once attempted suicide when she was in 10th grade. She is such a good girl. I devoted my whole life to her. She left a note for her father. I never read it.” According to the participant, her daughter was a bright girl and was doing well academically and socially and never opposed her father. She had graduated from high school and had won a scholarship to study abroad.

3.7.2. Theme 2: Reassessing the relationship “I hoped he would change”

In the case of most participants, as long as they were hopeful of changing their partners' behavior, they contemplated returning to the relationship. However, when they saw no change,

they lost their trust and regretted the time they had spent with these men, or they had already lost hope during the time they were together with their abusers. Reassessing the relationship is connected with blaming oneself for the violent relationship. Self-blame may involve the woman feeling unable to change her partner's behavior, as well as her own. At the beginning of the relationship, women were likely to see themselves as not sufficiently brave to end the relationship. However, the women had come to the realization that they could end the relationship at a later stage, once they had ceased to blame themselves.

3.4.1.4. Cessation of self-blame

Self-blame was expressed in various ways - in terms of the women's own behavior, physical appearance, educational and employment background, or income level. According to one participant: “At the time, I thought I was responsible for his behavior, but eventually, whatever I did wouldn't change him. That's when I stopped blaming myself.”

The women tended to blame themselves for the perpetrators' violent behavior, or for not divorcing earlier. During the violent relationship, the women were in a state of confusion, unable to determine whether the abuse was due to their own wrongdoing. As P6 stressed: “I don't know what's happening, what it is that I've done wrong” (at the time of the interview, this participant was awaiting a final court hearing).

As most of the women were the breadwinners in their household, they cited this factor, blaming themselves for earning higher wages or being the breadwinner, as if their status as breadwinner had contributed to feelings of insecurity and inadequacy in their male partners. In other cases, the women referred to their behavior as a contributing factor. As P20 stated: “If I hadn't provoked his anger, he wouldn't have abused me”; while for P7: “I used to think that I was wasting his life because I couldn't divorce him.”

On the other hand, some women acknowledged that they did not deserve such a violent, toxic relationship, and this had helped them to stop blaming themselves. Some participants had stopped blaming themselves after receiving psychotherapy. As P1 stated: “I stopped victimizing myself, stopped blaming myself, as a result of my psychotherapy sessions.” Although the participants may not have been aware that the psychotherapy had been trauma-informed, half of all the participants confirmed that the psychological service had been helpful.

3.7.3. Theme 3: Opposing the traditional values of preserving family unity “I can't keep the family together”

The traditional value of preserving family unity was strongly expressed during the interviews. The women were expected to maintain family unity while experiencing violence at home. Nevertheless, all of them were opposed to the traditional expectation that women should keep the family together. Family expectations were among the sub- themes expressed by the participants: “I had to listen to my parents and stay together.” Another noted: “My marriage was my choice, so I couldn't do anything at the time.” Another subtheme explored below is the lack of family support.

3.4.1.5. Family expectations

The survivors explained that they had been expected to endure violence at home, to maintain family unity, and to meet the expectations of their parents and society. The women were expected to protect the family's reputation. Many of the participants shared that they had received no support from family members or friends. They had simply been told: “You chose this man.” This had resulted in participants resigning themselves to their situation. This was expressed by P1: “My parents were forcing me to obey the traditional values; they told me to be tolerant, and that this marriage was my choice.”

Attitudes varied among the women's immediate family members. For example, in the case of P7, “apart from my father, my siblings and mother wanted me to put up with him.” Furthermore, P20 also mentioned her father's support for the separation. Such support from fathers is more likely to be rare than the other participants. Family members blamed the participants. As P6 said: “My mother was angry with me. She asked if I had a mental illness. She advised me to send my children to her in the countryside so that he would come to a realization.”

3.4.1.6. Lack of support from family

Some of the survivors had experienced a lack of support from their family. Some had chosen not to inform their family members, to avoid placing a burden on them. As P8 stated: “I believe my family would have helped me, but I didn't want to tell them.” Another shared: “My parents are barely making their own livelihood; I didn't want to put an extra burden on them.” According to P14: “People don't want to be friendly when someone's going through hardships.” Some participants had experienced a negative attitude on the part of family members, which

confirmed their negative feelings, including shame, embarrassment, self-blame, fear, and anxiety.

By contrast, other participants and their family members had been against the idea of maintaining family unity despite the violence. As P20 stated: “Maintaining family unity is a fake concept. Although we say that we're staying in the family for the sake of the children, the children are not happy. My child doesn't want to see her mother being mistreated. I don't want to live in constant fear whilst maintaining family unity.” In fact, she stated that “my father and siblings always stand by me. They always insisted I should divorce.”

3.7.4. Theme 4: A sense of social and community support “She's there for me, no matter what”

All the participants had sought assistance from others while they were in a violent relationship or upon separation. They identified informal support as including family, friends, and spiritual or other communities. Formal support included the police, local NGOs, shelters, and medical services. These social support organizations played a major role in their survival experiences. Social support had both positive and negative consequences for the survivors.

3.4.1.7. Informal social support - family and friends

Family support included help from parents, siblings, and members of the extended family. As stated by P1, for example: “My parents were there for me. Especially my mother. She's there for me, no matter what.” This type of support gave them a sense of belonging, security, hopefulness, and feeling supported, energized, motivated, and determined. When the violence had first started, the participants had not informed their family and friends due to negative feelings such as embarrassment, shame, self-blame, fear, worry, and anxiety, which are largely the byproducts of a patriarchal society that expects women to uphold the family and preserve their husband's honor.

Several participants expressed a sense of belonging and security due to the support they received. Members of the extended family helped when survivors escaped from an abusive relationship. For example, P14 described how “my paternal aunt let me stay at her place for 3 years. I was working at her kiosk; although I was not paid for the work, I and my daughter had secure housing and food.”

Family support also represented a guiding principle in life, as expressed by P16: “All of them genuinely wished me happiness and helped me to find inner peace. Their words were principles

for me." Several participants described a sense of hopefulness and a feeling of being heard. As P11 shared: "I had a meaningful talk with my mother. And my father told me to be bold, be strong, you're not glued to him." Likewise, P20 explained: "…it's because of my family's support that I'm here today. I survived because I'm surrounded by good people."

3.4.1.8. Informal support - spiritual and other communities

The survivors described how a sense of community had helped them to survive the trauma and violence during and in the aftermath of separation. In the case of P15: "The church community was supportive, we used to pray together. My pastor supported me. Every day I pray for forgiveness. God is above us, looking upon us." Although the church community encouraged the women to stay in the violent relationship and forgive the perpetrator, the survivors described feeling a sense of inner peace and belonging when praying together. Others noted that spirituality helped them to attain a sense of calm and brought clarity of mind. The spiritual community and space helped the women to survive and rebuild their sense of self. This overlapped with Theme 5: "A sense of self rebuilt."

Some of the survivors were part of women's rights and human rights groups, and others belonged to community-led organizations. As members of such groups, the women felt a sense of belonging and, as P2 described, "the atmosphere of sisterhood was important to me. Through my participation, I was contributing to the wider community." The "atmosphere of sisterhood" was further explained: "as part of this local community-led organization, I feel part of a change-making process." Through involvement in community-based organizations, the women felt empowered and gained a sense of security. In the case of P18: "Through my local human rights organization I have been a local community leader for the past 15 years. I've learned to plant vegetables and have upgraded my living conditions."

3.4.1.9. Formal support - NGOs, shelters, police, and courts

Many of the participants had sought formal assistance, while the state services had been challenging for some, they had proved helpful for others. Some of the women explained that reporting to the police was unsafe, placing an extra burden on them. As P16 stated: "The police did not maintain confidentiality; they included the caller's phone number in the report. What if he sees it? Witness protection is fragile." Likewise, P11 explained: "The police were unethical and slow. They fined him; no further action was taken." This left the women with a sense of insecurity and anxiety.

Most of the survivors had received formal support to some extent. Some had reported to the police on several occasions, appealed to the court for divorce, or approached and registered with relevant organizations. However, not all experiences with these services have been positive. Negative experiences had induced further hopelessness and affected the family finances since the women had to pay fees for the sobering station when their husbands were drunk and had to pay for the official documents for the divorce. This represented a financial burden on the women, as several survivors expressed.

The psychological counseling provided by local NGOs had helped the women find inner peace and had taught them coping strategies. By contrast, some of the participants described negative experiences of being at a shelter, as well as miscommunication with service providers. This had contributed to self-blame, feelings of numbness, and a tendency not to seek other forms of support.

Physical violence had been severe in case of women who reported a range of experiences from bruises to physical damage, some sought medical assistance. One participant mentioned, “when he fractured my ribs, I went to the hospital, I suffered a lot”, another participant said, “he injured my brain, I went to the hospital.” Some participants mentioned that perpetrators are so tactical that they know how not to leave visible damage and injury. One participant mentioned that “he hits only in my head area that is not visible to others, but my head is swollen and painful. At some point, I couldn't even comb my hair, nor lift my head”. Although participants mentioned that they needed medical assistance for their injuries, most of them said that doctors did not discuss domestic violence with them.

Incompetent formal support from public services had made the women feel that “vulnerable women do not deserve to seek justice.” Another survivor noted that “the government should encourage women to get their lives back.” According to the participants, some service providers had even blamed them and imposed their own values on them.

3.7.5. Theme 5: A sense of self rebuilt “I established a life; I can re-establish it again”

Having separated from the perpetrator, the women had begun the new journey of rebuilding their sense of self, which they had previously neglected. The women's sense of survivorhood was described as a feeling of independence, liberation, and security, aspirations, and a sense of affirmation and achievement. Affirming their social value also contributed to rebuilding their sense of self, while spirituality also had a role to play.

3.4.1.10. Sense of survivorhood

The women had a good understanding of the survival process as relearning how to reintegrate with their old selves, friends, and colleagues and equipping themselves with new knowledge and skills to reclaim their identity. For P11: “Before the violent relationship, I used to be open-minded, outgoing, hardworking, active, determined, and decisive. Over the years I noticed I was changing to the opposite. Now I'm getting back to my old self.”

Having lost their trust in men in general, many of the women expressed how their lives were now being changed or transformed. Over the years, the women were made to believe they were weak and subordinate to men. Later, they came to the realization that all these messages originated from external parties and from the perpetrators in particular. In the case of P8, for example: “I used to neglect myself because my husband was the breadwinner. I always underestimated myself. However, after seeing a psychologist I realized that I was trying to win myself. I learned to be patient and resilient; I'm reliable, trustworthy, and always conscientious and hardworking. I've always earned a good reputation from any employment.” All the participants stressed how separation from their husband/partner had made them feel independent and liberated; they no longer felt the fear and anxiety associated with the violence or the uncertainty of daily life. The women were able to make choices and decide for themselves and for their children without any of the barriers of their intimate relationships. As P20 stated: “I didn't want my children to have a powerless mother, and I didn't want to be dependent on anybody. I separated when I was five months pregnant…” Formerly unemployed women started to earn an informal income using their skills, such as producing handmade accessories. For example, P19 stated: “I learnt to make accessories to sell to Mongolians abroad. In the summertime, I sell milk, which my parents send me from the countryside.” The importance of values was expressed by P17: “People should earn an income only through honesty. I do not lie or steal, and I'm an honest person. That's why I always gain trust and earn an income.”

The women had also learnt to change their negative thoughts, as P19 stated: “Now I'm focusing on detaching myself from my negative thoughts and fully concentrating on my income from making accessories.”

Self-reliance had engendered a sense of security, as P17 stated: “I did not remarry, I re-established my life all by myself for my kids. It was self- reliance and good discipline.”

3.4.1.11. A sense of assertiveness and achievement

The women expressed their achievements on their own terms. For some women, achievement was related to work, while for others it was related to making decisions about their own livelihood. For P4: “Now I receive positive energy from my work. I also receive gratitude from my colleagues. This helps me think I am contributing to my work.” Likewise, for P18: “My colleagues have acknowledged my efforts and hard work; I've received recognition and awards on many occasions.”

A sense of assertiveness was expressed by many of the women. In the case of P18, for example: “I used to be like a puppet but now I'm more assertive than before. My life has led me to change; I'm learning from my mistakes.” Most of the women shared the view expressed by one participant: “I cannot help others all the time; I have to know my own limitations.” For example, P18 stated: “I tell people NO if I can't do what they're asking, or if what they're asking is beyond my limits.” This indicates how the women have become assertive.

The women expressed experiencing a sense of satisfaction with their lives. Several participants mentioned participating in local NGOs that focus on human rights and gender equality. As P18 shared: “I am satisfied with my life now. I was nominated to be chair of the community association. I've been working for others for many years. I'm satisfied with my community-led micro-credit group, church community, and family.” Writing a book about her survival experience contributed to one participant's sense of achievement. As P9 stated: “I published a book about my survival experiences, and I've now sent a letter to a member of parliament to get funding for the book's second edition.”

During the IPV, the women had little or no time for themselves, as described by P16: “During my marriage, I used to read only five books a year. Now I've read six books in the first half of the year. I'm making time for myself now… I'm making a commitment to myself.”

3.4.1.12. Affirmation of values

Having separated from their partners, the women had reconfirmed their own values. Some participants mentioned that their parents had encouraged them to recognize their value. For P5: “My parents were role models for my values, such as always being genuine, just, hardworking, and responsible. I always strive to live up to my values and be responsible.” Many women referred to their family, friends, and children as valuable; others stated that “year by year I feel life is valuable.”

The women had come to realize a sense of their own power and valuing themselves at different points in their lives, typically after experiencing a particular or extreme incident that had compounded the violence they had suffered. One participant noted that “after having a miscarriage I gained a sense of power, which was the turning point for me to leave the relationship.” As P18 stated: “I behave in the same way to everybody; I believe if one treats others well it comes back to you. I'm so happy being myself because I'm such a good person. That's why people come back to me. I appreciate myself; I recognize who I am, and I know how I should treat other people.”

3.4.1.13. Aspirations

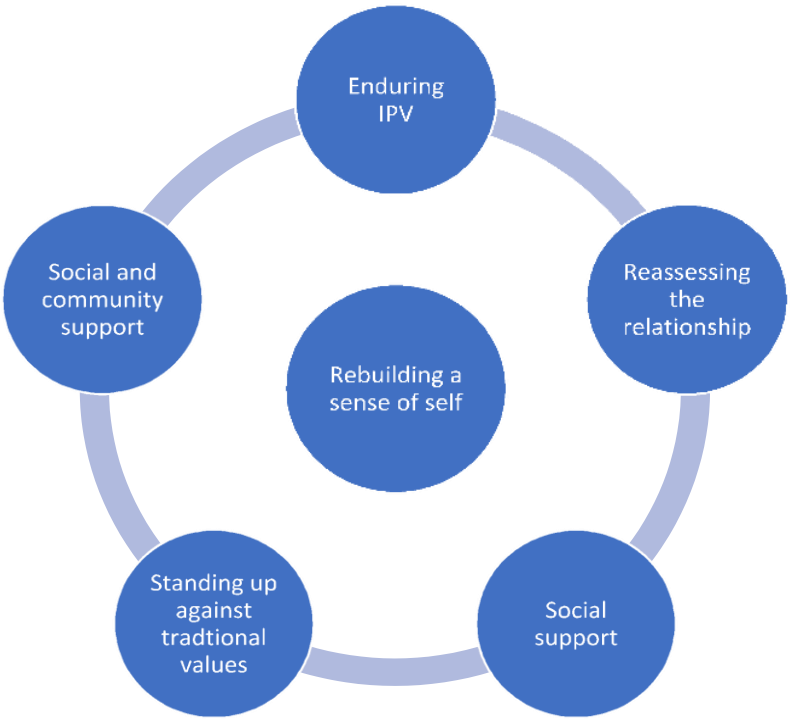
After their separation, the women had started setting new goals and having a forward-thinking attitude. They were eager to learn new things. One participant stressed that “I am desperate to grow,” while another noted “I'm making a new goal for myself, things are becoming more clarified.” In the case of P6: “I'm making time for myself every day to learn English; it's nice to learn a foreign language.” Others described finding courage from books, while P7 described how “after the separation, I went on a driving course and learnt to drive a minibus. To me, trying to learn new things seems easy and possible. I also started sewing clothes with my friends, and it feels nice to see people wearing the clothes I've made on TV.” Others wanted to share their survival experiences. For example, P9 stressed: “I would like to include my current life in the second edition of my book.”

The women described how they had started making long-term plans for themselves as well as for their children. As P18 stated: “I'm always eager to learn new things, make friends, and become more sociable. I have long-term plans for myself and for my children. I never think of negative things, that's why I've achieved what I have today.” Having aspirations also meant having a life, as P15 stated: “I want to be alive for the next few years for my children.”

3.5. Discussion

The present research examined survival experiences embedded in a patriarchal society, including enduring IPV and reassessing relationships by opposing traditional values, including preserving family unity. For the survivors, social support contributed significantly to rebuilding a sense of self, self-awareness, and self-actualization during the post-trauma and post-separation phases of the survival experience. Fig. 1 illustrates the survival process, as documented by the present research.

Figure 1 The survival process, as documented by the present research



The prominent themes among the participants were reassessing relationships, challenging traditional values, and rebuilding a sense of self. It is essential to note that the endurance of IPV and the pursuit of social support are equally significant components of complex survival experiences. These themes collectively constitute a cohesive process, are interdependent with each other, and emphasize the dynamic nature of both surviving IPV and rebuilding the sense of self.

3.7.6. Standing up against social norms

Although the goal of the research did not involve investigating the women's experience of violence, the women openly shared how they had endured their IPV. Patriarchal social norms play a crucial role in the persistence of IPV. As confirmed by all the participants, this type of violence is socially accepted in a male-dominated society, where women end up blaming themselves. This is also confirmed by the nationwide research conducted by the National Statistics Office (National Statistics Office & UN Population Fund, 2018). It is significant to note that the women's survival experiences cannot be separated from the financial burden imposed on the women. Participants from a less advantaged socioeconomic background mentioned how making official payments to the sobering stations where their husbands were detained or filing for divorce, represented financial pressures that were part of enduring the IPV.

Psychological, social, and economic violence are less likely to be acknowledged in the formal system, where evidence from survivors is required.

In a patriarchal society, women are expected to fulfil the duty to keep family unity, which contributes to the culture of survivor blaming and the failure to seek social support (Kennedy et al., 2012). An important aspect of this study centered on reassessing the relationship by women who actively confronted abuse, sought social support, and exited from the relationship. While navigating societal expectations such as preserving family unity and conforming to traditional gender roles, survivors demonstrated active resistance to abuse.

Women are expected to obey their husband's orders, for example, thus, disobedience may result in IPV. In this study, self-blame was observed both explicitly and implicitly, although it is always likely to originate from stereotypes based on internalized social expectations of women. Although having children with the perpetrator added to the complexity of their situation, those women who had made the decision to leave the relationship did so in the hope of a better future for their children. It was important for them to be assertive and to leave the violent relationship keeping in focus their children's interests.

The present research found that the need to uphold their husband's honor and their family's reputations led women to avoid seeking support from family, friends, and outsiders. Any public admission of IPV was viewed as shameful to the woman in question and as an indication before the society of her inability to comply with her husband's demands. This observation aligns with prior research conducted in Mongolia, highlighting the pivotal role of traditional values and cultural norms in perpetuating IPV (Oyunbileg et al., 2009). Thus, patriarchal expectations left women with feelings of despair, self-blame, and shame. However, the participants did not justify the IPV: they also expressed their own need to feel respected. As confirmed in Karakurt et al.'s (2021) research, it is important to emphasize that survivors do not rationalize the IPV, rather, they make efforts to overcome fear and gradually build self-confidence.

Several participants adopted an engagement strategy by challenging traditional values, which subsequently yielded relief, contentment, and inner peace. This transformative process was accompanied by the development of empathy and self-compassion among some participants. Remarkably, as they stood up for themselves, these women ceased self- blaming for the abuse, recognizing that it was not their fault but rather the result of the power and control dynamics in the relationship and in society. Their defiance of traditional norms facilitated the attainment of rebuilding the sense of self, fostering qualities of empathy, self- compassion, and inner peace.

Although not all the violent relationships experienced by the participants had involved the consumption of alcohol by the perpetrator, it is important to mention that substance abuse often contributes to IPV[2]. A previous study conducted in 2009 in Mongolia found that alcohol consumption increases the risk of IPV (Oyunbileg et al., 2009). The consumption of alcohol is an expectation in Mongolian patriarchal society, where the group judge men who do not drink and end up as outcasts. However, some of the participants mentioned that even though the perpetrators do not consume substances, they still engage in IPV.

Violence was experienced not only in the hands of partners and husbands but also on the part of in-laws. Participants described how living together with in-laws or siblings exacerbated IPV. In Mongolian society, it is common for people to live in extended families, with their in-laws or parents. This touches on the where the identity of the "good wife" or "good daughter-in-law," which is directly connected to the culture of honor. The situation is exacerbated when the in-laws adopt the role of bystanders or engage in violence themselves. The culture of honor is strongly embedded in Mongolian society, and both women and men are responsible for upholding the family's name. A married woman thus strives to preserve the reputation of both family names (Oyunbileg et al., 2009). Honor is more important than physical and psychological well-being, thus the expectation is that dysfunctional relationships will be tolerated.

3.7.7. Importance of external resources

The benefits of social support were stressed by all the participants since a sense of belonging is an important aspect of the survival experience. To preserve disconnected relationships, survivors seek support from their immediate social circle including family and friends (Dziewa & Glowacz, 2021; Hayati et al., 2015). External support includes informal support offered by family and friends, and by spiritual, religious, or other communities, while formal support includes NGOs, shelters, the police, and the courts, and these were consistent with other research findings. Women in this study who were affiliated with a religious community were likely to feel confused about the conflict between religious encouragement to stay in violent relationships and their own desire to leave. Women have felt that they might bring dishonor to their religious community if they decide to leave the relationship. Conversely,

[2] Although alcohol abuse is not a direct cause of IPV, the participants of this study expressed that alcohol contributed to the IPV.

a qualitative study in the USA revealed that clergy often expressed distress in response to women's choices to remain in abusive relationships (Zust et al., 2017).

3.7.8. Rebuilding the sense of self

Although the women had endured violence for a certain period of time, they had all reached a turning point that prompted them to end the relationship. Previous research also had shown that survivors have decision point to end the abusive relationship and proceeded to recovery (Dziewa & Glowacz, 2021; Wu et al., 2022). The impetus to leave the relationship had occurred at various times, depending on the social and systemic support the women had received. For some, it had come after 1 year, while others had remained in the relationship for between 5 and 20 years. Likewise, the previous study mentioned that unmet hopes for perpetrators' behavior change, availability of formal and informal support (Karakurt et al., 2021), factors that contributed to the women leaving the relationship included the desire to have a safe and secure livelihood. This was followed by the women rebuilding their sense of self, which involved realizing their independence and liberation, experiencing a sense of survivorship and security, aspiring to a future with hope, defining their achievements, clarifying their values, acknowledging their limitations, and drawing on spirituality. The recent research confirms survivors' sense of agency, enabling them to reclaim positive identities and deepen their understanding of domestic violence during recovery (Wu et al., 2022).

There is an ongoing debate among scholars and activists concerning the use of the term “victim” and “survivor.” Studies have shown that women who have experienced intimate partner abuse are less likely to endorse the label “victim”, women prefer to be identified as “survivors” (Romero-Sanchez et al., 2020), a word that has positive associations with strength, empowerment, and recovery (Anderson & Gold, 1994). Thus, according to scholars, “victim” refers to a woman who is still in an abusive partner relationship, while a “survivor” is a woman who has left the abusive relationship (Romero-Sanchez et al., 2020). Being a victim implies being weak, helpless, and passive (Leisenring, 2006).

However, the women who choose to remain in abusive relationships are not indicative of weakness but rather display resilience and strength. A myriad of internal and external factors exist that contribute to women's decisions to stay in such relationships (Hayati et al., 2015) and they wouldn't want to be labelled as victims. These factors encompass a complex interplay of individual, interpersonal and socio-cultural elements within the complexities of the decision-making process (Barrios et al., 2021). They include, but are not limited to, concerns for the

protection of their children, limited access to alternative housing, economic dependency, apprehension of retaliation, restricted social support, cultural or religious beliefs, hopes that abusers may change, complex emotional attachment and dynamics characterized by feelings of guilt, shame, fear of escalated abuse, as well as the influence of social and cultural norms that impose stigma and judgment upon survivors (Barrios et al., 2021).

Previous research shows that women who remain in an abusive relationship often employ multiple strategies to cope and mitigate abuse, such as minimizing the abuse and attempting to manage the abusers' behavior. Indeed, the concept of survivorhood expresses a subjective attitude toward women's survival experiences. To date, no studies have been conducted on the use of the word “victims” versus “survivors” in the Mongolian language. Mongolian activists and civil society organizations predominantly use the term “survivors,” while the word “victims” is commonly used in the legal context. In our research, most of the participants referred to themselves as “survivors,” possibly because most of them had left the abusive relationship and identified themselves as having overcome partner abuse and as being in the process of recovery.

Survival is a process rather than a single event. Being a survivor is an ongoing journey and is “often associated with strength and recovery from the experience” (Schwark & Bohner, 2019, p. 2). The survivors in the present research self-identified as survivors. None of them thought of themselves as “victims,” or of the violence as passively coming to an end. All of them described themselves as permanently striving toward the future. One survivor clarified the difference between “victim” and “survivor,” explicitly identifying herself as a survivor. However, by identifying themselves as “survivors,” they were not suggesting that they had overcome the consequences of the traumatic IPV, but rather that it is a process that lasts a lifetime.

The women in the present research shared a new sense of self, self- actualization, increased self-awareness, self-determination, and self- efficacy. The survivors continued rebuilding different aspects of their sense of self, such as feelings of independence and freedom, acknowledgment of their achievements, aspirations for the future, and the cultivation of a sense of security. One important aspect of women's sense of security is their lack of economic and housing resources when leaving a violent relationship. In the present research, the survivors had obtained their own housing after the separation, and some had found secure employment.

Most importantly, rebuilding a sense of self helps the survivors to cope with their post-traumatic experiences, own their identity, and improve their overall quality of life.

Women experience and survive partner violence and play a major role in their partner's feelings. Men are not taught to express themselves healthily; their only form of expression is to misuse the power they hold, while women are expected to take care of men's feelings as well as their own (Bartky, 1997, p. 181).

3.6. Limitations and strengths

One limitation of this qualitative research is that the results cannot be generalized due to the low number of participants. The research findings are unique to the Mongolian sociocultural context. Another limitation is that several of the women were recruited via local NGOs, thus they were better informed about IPV, human rights, and a sense of community. Furthermore, all participants had experienced separation, divorce, or the death of their abusive partners and widowhood, thus rendering their survival experiences distinctive to this specific population.

An innovative aspect of the research was that the participants were from diverse backgrounds and shared their common experience of survival in their own, individual terms. The research can be replicated elsewhere, taking the participants' sociocultural background into consideration.

3.7. Conclusion

The research focused on the survival experiences of Mongolian survivors of IPV. The survivors in this research came from diverse socio-cultural and socioeconomic backgrounds. These different backgrounds and intersecting identities illustrate a wide range of experiences while at the same time highlighting the common experiences of IPV. Survival experiences and processes were explained as standing up against traditional family values and standing up for oneself, with the support of either family and friends or the formal support service in Mongolia. The women had acquired a sense of self and independence due to various factors. Most importantly, the women were rebuilding their livelihoods after separating from their abusive partners.

Seeking both formal and informal support is challenging in patriarchal Mongolian society. Families often expect women to uphold traditional values and preserve family unity, and women are typically blamed for their marriage choice. Survivors are also blamed when seeking formal

support. The police and other social services tend to blame and shame women or fail to provide comprehensive information about the relevant laws.

All the women had embarked on a process of rebuilding their sense of self and overcoming patriarchal expectations. The women had ultimately been able to experience independence, liberation, a sense of security, and aspirations for the future. Women's identity as survivors was an important aspect of their survival experiences. Self- awareness, self-recognition, and self-acknowledgement were recurrent themes throughout the research.

4. STUDY III: POSTTRAUMATIC GROWTH: EXPERIENCES OF MONGOLIAN AND HUNGARIAN SURVIVORS OF INTIMATE PARTNER VIOLENCE

4.1. Abstract

Purpose: The purpose of this study is to compare posttraumatic growth (PTG) of Mongolian and Hungarian survivors of intimate partner violence.

Methods: The study employed semi-structured interviews with fifteen women – ten Mongolian and five Hungarian survivors. Thematic analysis identified patterns and themes regarding survivors' PTG.

Results: PTG occurred in all participants, and identified themes were; positive changes, strengthened or new relationships and role models, personal strength, interest in advocacy for social change, and newfound appreciation of life. Along with learning new skills and knowledge, a sense of security and caring for children were apparent as positive changes as well. Participants acknowledged interpersonal relationships through communities, including parents, colleagues and friends. Personal strengths, such as being trustworthy and optimistic, also contributed to the PTG with realized independence, increased self-confidence, assertiveness and being brave. Participants identified as individuals striving for social justice and being social change agents by involvement in local non-governmental organizations. Appreciation of life was enhanced or encouraged by supportive parents, community and believing in oneself[3].

Conclusion: Similarities between Hungary and Mongolian survivors are more than the differences in post-traumatic growth for survivors of intimate partner violence. Posttraumatic growth includes acquiring new skills, aspiring for the future, interpersonal relationships, perseverance, and being social change agents. A sense of security, a sense of autonomy, independence and self-worth were significant common features found in this study.

Keywords: *Posttraumatic growth, Intimate partner violence, Domestic violence*

4.2. Introduction

Intimate partner violence (IPV) includes physical, psychological, sexual, and economic forms of violence. Statistics indicate that one in three women worldwide experience IPV at least

[3] Although it was a comparative study, both Mongolian and Hungarian participants/survivors identified similar experiences, despite their cultural differences.

once in their lifetime (World Health Organization, 2013). In Mongolia, the prevalence data are similar, showing that 30 % of women are survivors of IPV (National Statistics Office & UN Population Fund, 2018). In Hungary, one in four or five women are subjected to domestic violence (The Advocates for Human Rights et al., 2018).

4.2.1. Mongolia and Hungary

Mongolia is a North Asian country with a population of 3.3 million, with half of population residing in the capital and half of the population residing in rural areas (National Statistics Office & UN Population Fund, 2018). Even though the country has experienced rapid urbanization in recent decades, the Mongolian population adheres to its nomadic cultural practice that places women in charge of intra-household matters and men in charge of tasks mainly outside of household and tasks that require physical strength and mobility. This patriarchal tradition is passed to this day, where men are considered to be a head of household, and principal breadwinners (Oke, 2008; Oyunbileg et al., 2009). Between 1921 and 1990 Mongolia was part of the socialist system where gender equality was promoted in both private and public spheres (Dugarova, 2018), however, women remained to be subservient to men. It was taboo to discuss and disclose family matters to others, thus domestic violence or intimate partner violence had been normalized in this culture (Oyunbileg et al., 2009).

Hungary has a population of 9.2 million, located in the Central Europe. Likewise, Mongolia, during the socialist system female presence in the Hungarian social sphere was equal, for example in attaining education and obtaining employment, at the same time, child rearing roles were given to women (Scharle, 2015; Szabo´ & Vira´g, 2022). Gender roles are prominently indicated in the social policies, including family and employment policies (Eros, 2022).

Both countries have been influenced by socialist rule and post socialist transition. However, Mongolian traditional nomadic lifestyle and recent urbanization may bring different experiences as compared to Hungarian urbanized culture and living condition.

During the socialist era in Hungary and Mongolia, IPV not only existed but was tolerated and rationalized (Marcus, 2009). Domestic violence lies within the culture where it is believed as a family matter both in Hungary (Eros, 2022; Scharle, 2015; The Advocates for Human Rights et al., 2018), and in Mongolia (Oyunbileg et al., 2009). Traditional gender stereotypes are widespread in both countries. Men in patriarchal societies are expected to follow strict rules of masculinity, otherwise they risk losing one's status (Rudman & Glick, 2021b), as a power holder (Cooper et al., 2013). Such group rules require men to be tough, dominant, brave, and a

breadwinner for his family (Rudman & Glick, 2021a). Thus, patriarchal social norm encourages male dominance and female subordination (Rudman & Glick, 2021a). For example, the Mongolian proverb describes a masculine norm that “a man must beat up a wife once a month” (Oyunbileg et al., 2009), to exercise power and control. It explicitly endorses male violence against women (Rudman & Glick, 2021a), and exists in both Mongolia and Hungary.

In patriarchal societies, the value of honor is crucial where men's honor must be protected through aggressive behavior against threats (Rudman & Glick, 2021a). Such honor culture is prevalent in herding nomadic culture where men expected to use force in protecting themselves and their families or from what - threats (Rudman & Glick, 2021a). Furthermore, the cause of gender-based violence lies in women's absence of power in the patriarchal system (Rudman & Glick, 2021a).

Psychosocial support services are now available in both countries in differing levels. In Mongolia, trauma-informed psychosocial services and trauma specialized psychologists are a relatively new phenomenon. Only in 1995, the first local nongovernmental organization (NGO) National Center Against Violence (NCAV) was established to support survivors of domestic violence. It carries out psychosocial assessment and intervention, provides legal and psychological counselling and shelter house to women and children. Until recently, NCAV was the sole service provider in the country, which advocated for establishment of special unit within the government to combat domestic violence, for shelters, a hotline and other support services. As result of the NGO's consistent advocacy in the past decades, the government established its own one stop services, including shelters, legal aid and psychosocial counselling in Mongolia. Currently the support services to survivors of IPV are offered by NGOs and public service providers (National Statistics Office & UN Population Fund, 2018).

Likewise in Hungary, NANE, a national NGO, established in 1994, is the only service provider, operating a hotline and advocating for elimination of domestic violence. Pioneering in advocacy and raising public awareness about domestic violence nationally, NANE cooperates with international organizations for strengthening the commitment of national government (Fabian, 2014). In Hungary, child protection services, several hotlines and shelter houses are currently available to survivors (Hera & Szego″, 2021). The cooperation between government support services is well aligned. Social services do not require evidence of violence from survivors, allowing crucial reference to necessary for receiving relevant benefits (Hera & Szego″, 2021, p. 208; Szabo´ & Vira´g,2022).

In Mongolia the cooperation among police, health care and psychosocial support providers is relatively new, thus Mongolian service providers need more education to change the prevailing attitudes of victim blaming toward recognition of IPV and be equipped with trauma- informed standard of provision and practice.

It is interesting to note that to this date Hungary has not ratified the Council of Europe Convention to combat domestic violence (often referred to as Istanbul Convention), yet it considers domestic violence as a crime under the Criminal Code since 2012 (Hera & Szego″, 2021). On the other hand, Mongolia passed its first Domestic Violence law in 2004 and introduced important amendments in 2017. These include crimination of domestic violence and established multi agency councils to combat domestic violence at local and national levels (National Statis- tics Office & UN Population Fund, 2018). Yet, despite of strong legal and policy measures, in both countries, government run support services lack capacities for adequate implementation of these measures. The capacities are hindered by lack of understanding, knowledge, skills of staff, as well as by limited physical facilities and budget.

4.2.2. Consequences of IPV

Women who survive IPV experience tremendous psychological distress as well as physical reactions (Bryngeirsdottir et al., 2022). Psychological distress includes anxiety, fear, numbness, and depression that results in physical reactions such as muscle tension, gastrointestinal symptoms, headaches, and other symptoms (Herman, 2015, p. 121). Struggling with trauma may lead to negative experiences, as some people may question their place in the world and experience a state of fear, loss of control, and threat to their sense of wellbeing, all of which are crucial drivers of posttraumatic growth (PTG) (Tedeschi & Calhoun, 2004; Wu et al., 2022).

Women survivors of IPV experience prolonged and repetitive trauma. Such lengthy trauma fractures the self and relationships around the self (Bryngeirsdottir et al., 2022). The adverse experience of coping with trauma makes women resilient (Anderson et al., 2012; Brosi et al.,2020). Resiliency is the ability to return to normal in a distressing situation; however, it does not include growth. Resiliency has been observed among women who have various resources at their disposal, such as social support, a determination to change, pride in themselves, and an ability to recognize their own achievements (Anderson et al.,2012; Brosi et al., 2020).

4.2.3. Posttraumatic growth

Posttraumatic growth (PTG) is a positive psychological change that can occur after a traumatic experience. It is the ability to visualize a positive future without extensive planning or expectation (Bryngeirsdottir & Halldorsdottir, 2022; Tedeschi et al., 2018, p. 5; Ulloa et al., 2015). It encompasses having a sense of new purpose; having a plan; cultivating or maintaining relationships; appreciating life; recognizing personal strengths, new possibilities, and the influence of spirituality in life; and, lastly, striving for social justice (Tedeschi & Calhoun, 2004). In PTG, change is transformative and takes place in cognitive, emotional, and behavioral ways (Tedeschi et al., 2018, p. 5).

Although PTG involves positive change following a traumatic experience, the process is painful and challenging, as the individual is affected by the trauma (Bryngeirsdottir et al., 2022; Tedeschi et al., 2018, p. 7). Studies show that there are barriers to grasp the growth for survivors as it depends on existence of multiple factors which may include an ongoing relationship with the perpetrator, other interpersonal relationships, care taking of children, and physical and psycho- logical effects of IPV (Anderson et al., 2012; Bryngeirsdottir et al., 2022). Scholars revamped the theory of PTG journey by introducing a new concept of trauma-informed IPV PTG (Bryngeirsdottir et al., 2022).

Survivors' childhood experiences, peri trauma, traumatic experiences, departure from traumatic experiences play an important role in PTG journey. PTG enhances not only survivor's quality of life but also of her children and contributes to betterment of wider community as a whole (Bryngeirsdottir et al., 2022).

PTG is both a process and an outcome, in the context of which the individual undergoes a traumatic experience that is a mixture of “cognitive, emotional, and social processes” (Tedeschi et al., 2018, p.25). Positive change, interpersonal relationships, and personal strengths can contribute to positive growth (Tedeschi & Calhoun, 2004). Furthermore, studies have shown that religion and spirituality also play a role in cognitive processing by offering social support, creating new narratives, and functioning as coping strategies that can initiate PTG (Tedeschi et al., 2018, p. 16). This process of growth is likely to occur when a survivor perceives that she has a locus of control (Ulloa et al., 2015; Zeligman et al., 2019).

Survivors with internal locus of control are likely to put effort into acquiring new coping strategies (Zeligman et al., 2019). Furthermore, growth is likely to happen when survivors become independent of the trauma (Smith, 2003), as departure from IPV enhances chance to

get to the PTG (Bryngeirsdottir & Halldorsdottir, 2022). Survivors are likely to establish healthy boundaries with oneself and others, so they aspire to better quality livelihoods in both physical and psychological terms (Bryngeirsdottir et al., 2022). Unlike resiliency, which allows the individual to return to their normal state, PTG is a transformative change that goes "…beyond pretrauma levels of adaptation" (Tedeschi & Calhoun, 2004). The effort made to battle through trauma is an important aspect of PTG (Tedeschi & Calhoun, 2004).

According to the present study, the positive exploration of self and of interpersonal relationships is likely to take place sometime after the end of exposure to violence in an intimate relationship (Bakaityte˙ et al., 2020). Many IPV related studies tend to focus on negative consequences, however, it is important to explore growth, (re)-gaining strength through survivors' experiences. Such knowledge may provide valuable guidance for improved support to survivors and service providers.

4.2.4. Significance of the study

Although there are separate studies available on PTG and IPV, the IPV related PTG research is scarce globally (Bryngeirsdottir et al., 2022; Sinko & Saint Arnault, 2020; Wu et al., 2022). The study of PTG in survivors of IPV in Mongolian context is the first qualitative study of exploratory nature. Likewise, Hungary has a fair amount of research on PTG, however, not on IPV survivors. Thus, this study reveals the previously unexplored patterns of PTG in Mongolian and Hungarian survivors of IPV through individual experiences women of different cultural backgrounds.

4.3. Method

The research question addressed the examination of PTG among women survivors of IPV. The study employed a qualitative paradigm within a constructivist approach that allowed for a better understanding of the experiences of Mongolian and Hungarian survivors of IPV. In the research, the experiences of the women were valued as unique and as explained by their different subjective positions, voices, and knowledge within their social context (Hill Collins, 1997). Personal experiences were heard and analyzed following a subjective, political approach, allowing the researcher to better understand the participants (Wang & Geale, 2015). Each participant shared their experience from their own unique individual perspective.

Conceptualized by Braun and Clarke (2006), thematic analysis was used to ensure that the voices of participants were always present and to identify patterns in the dataset.

4.3.1. Participants

The participants were recruited using a purposive sampling method. Ten Mongolian women and five Hungarian women, all of whom were residing in their respective countries at the time of the interview, participated in the research voluntary and anonymous. The inclusion criteria were to identify oneself as a female, being above 18 years of age, and having past experience of IPV in the range of 2-19 years of partner violence, who are divorced or separated while the exclusion criteria were being female who are currently experiencing IPV. More than half of the Mongolian participants indicated the length of an abusive relationship up to nine years, while three of them indicated 10-19 years. Among Hungarian participants, two persons indicated being in an abusive relationship up to 9 years and three identified the length up to 15 years. Both Mongolian and Hungarian participants' period of divorced years varied, some Mongolian participants were divorced in the past one year prior to the interview, while some were divorced 5-15 years ago, likewise Hungarian participants were divorced 4-10 years ago.

At the time of the recruitment for interviews, all Mongolian participants were residing in the capital city; half of them had migrated from rural areas. Among Hungarian participants, three resided in the capital city and two in a different city.

The educational level of participants also varied, with four Mongolian participants having college or vocational education and six women had higher, university degrees. Meanwhile, three Hungarian participants had college or vocational training, and two had higher educational degrees. The occupations of participants also varied as six Mongolian participants had professional employment, while two were in informal and casual work; similarly, four Hungarian participants held professional work, and one was self-employed.

None of the participants from Mongolia and Hungary identified any type of disability. Spiritual religious practice was mentioned by seven Mongolian participants, with six following Buddhism and one Christianity, and three identified themselves being non-religious. Two Hungarian participants identified themselves as non-believers, and three practiced Christianity.

All Mongolian and Hungarian participants, with the exception of one woman, had children with a median of two per person.

All 15 participants expressed an interest in participating in the research, with no hesitation. Participants were aged between 25 and 60. One participant was a transgender woman, while the others identified as cisgender.

Table 3 presents demographic information about the participants. In the interests of maintaining confidentiality and anonymity, the Mongolian participants are coded M-P1, M-P2, and so on, while the Hungarian participants are coded H–P1, H–P2, and so on.

Table 3 Demographic information about the participants

Demographic information about the participants.

Demographic information	Participants
Age (years)	
20–29	H-P:1
30–39	M-P:6; H-P:1
40–49	M-P:2
50–59	M-P:2; H-P:3
Sexual orientation and gender identity	
Cisgender/straight	M-P:10; H-P:4
LGBTIQ	H-P:1
Region/origin	
Ulaanbaatar/Budapest (capital cities)	M-P:5; H-P:3
Rural/other cities	M-P:5; H-P:2
Level of education completed	
Primary/secondary school	
College/vocational certificate	M-P:4; H-P:3
University (undergraduate & postgraduate)	M-P:6; H-P:2
Disability identified	
None identified	M-P:10; H-P:5
Physical disability	
Mental health disability	
Religion identified	
None/not identified	M-P:3; H-P:2
Buddhist	M-P:6
Christian	M-P:1; H-P:3
Years in the abusive relationship	
Less than 1	
1–9	M-P:7; H-P:2
10–19	M-P:3; H-P:3
20–29	
Number of children	
0	H-P:1
1	M-P:2; H-P:1
2	M-P:5; H-P:2
3<	M-P:3; H-P:1
Occupation	
Administrative/office worker	M-P:2
Professional	M-P:6; H-P:4
Self-employed, casual worker	M-P:2; H-P:1
Unemployed/pensioner	

4.3.2. Data collection

As the validity of qualitative research is fluid in nature, the researchers have to disclose the process openly and widely in the research stages (Anfara et al., 2002). This validity must encompass credibility, transferability, dependability and confirmability (Anfara et al., 2002).

This study achieved confirmability as the interviewer was a qualified psychologist with fifteen-year practice with survivors of IPV. Transferability is attained through two of her previous Mongolian clients invited for an interview, the therapeutic relationship with one of them had ended seven years ago, and in of other client it had ended 10 years ago. All the participants in this study were recruited through local NGOs and peers. Data collection was carried out both online and offline. Due to the Covid-19 pandemic restrictions in 2020 and 2021 the first author was not able to travel to Mongolia, thus the data collection of Mongolian participants was held online, whilst all the Hungarian participants were interviewed in person. The Hungarian interviews took place at the local NGO office or at a place chosen by the participant.

Data triangulation was undertaken in the study by comparing two country studies. Theories of trauma and positive psychology were used to confirm triangulation.

To maintain the study's rigor and trustworthiness, the first author conducted reflexivity during the interview, and had a member checked by reading out the transcript to the participants. Throughout the process of this study all three authors were engaged, and the first author debriefed the two other authors upon completion of each interview.

Semi-structured interviews were used in the research, beginning with an open-ended question such as “What has influenced your life?”; “How would you describe your life?”; “What do you hope for in the future?”; “Are there any new things happening in your life?”; and “What qualities have had an impact on your life?” The interviews lasted between 60 and 90 min.

4.3.3. Data analysis

Having obtained the participants' written consent, the individual interviews were audio recorded and transcribed anonymously. The Mongolian interviews were conducted in the Mongolian language and transcribed into Mongolian before being translated into English by the researcher. The Hungarian interviews were conducted in Hungarian and translated into English by translators experienced in working with survivors of IPV. The translators were recruited either by NGOs or via acquaintances.

Thematic analysis was used to identify patterns in response to the overall aim of the research and the research question. The researcher used reflexive thematic analysis - that is, analysis based on the researcher's own experience, involving interpretation in the analytical process - making it a "situated interpretative reflexive process" (Braun & Clarke, 2020, p. 7). As part of the reflexive thematic analysis, a coding dataset made it possible to identify patterns and collate them into an initial set of themes, which were further developed by defining and naming them. The final stage of the analysis involved the writing of a report (Braun & Clarke, 2006). These stages did not take place in a linear fashion but rather took the form of a back-and-forth process (Braun & Clarke, 2020). The identified themes were the "final 'outcome' of data coding and iterative theme development" (Braun & Clarke, 2020, p. 7).

4.3.4. Ethical considerations

The researcher obtained ethical permission for the study from the Ethics Committee of Eötvös Loránd University (2019/165-2).

At the beginning of the research, an informed consent form was presented, explained, or read out to participants, and any questions were answered by the researcher. The informed consent form was signed by all the participants and the translators.

4.4. Findings

The Mongolian and Hungarian survivors expressed their agreement as to the importance of this research and their eagerness to share their experiences. Table 4 shows the themes that were identified among both the Mongolian and Hungarian survivors[4].

[4] This study identified five themes and subthemes. Positive changes theme – consists of plans for the future, which made them feel a sense of security and caring for children as a subtheme. Relationship and Role Model theme - identified professional relationships and new intimate relationship subthemes. Strength theme - participants shared spirituality as a subtheme. Advocacy for social change and Appreciation of life themes do not have subthemes.

Table 4 The subthemes

Themes	Sub-themes
Positive changes: "I will be like fire in the future."	Plans for the future Sense of security Caring for children
Relationships and role model: "My colleagues are very supportive."	Professional relationships and friendships A new intimate relationship
Strength: "After 20 years I can say I am not afraid anymore."	Spirituality
Advocacy for social change: "I want to help other survivors out there."	
Appreciation of life: "I have good karma walking along the street, or even drinking a cup of tea."	

These themes focus on positive changes in the survivors' lives, importance of interpersonal formal and informal relationships, personal strength and survivors' advocacy for change and, lastly, appreciation of life. All these themes were apparent in interviews of both Hungarian and Mongolian participants.

4.4.1. Themes

4.4.1.1. Positive changes: "I will be like fire in the future."

This theme is comprised of issues about acquiring new skills and knowledge through informal and formal ways. They included learning a new language, career improvement, discarding unhelpful thoughts and behaviors, planning the future, enhancing own sense of security and caring for children. Despite daily challenges participants showed determination for positive changes. Table 4 illustrates the subthemes.

All the survivors emphasized the importance of learning new things in life, which had given them a sense of confidence. Several survivors described how learning had given them a sense of independence and liberation. This sense of independence had allowed them to focus on improving different aspects of their lives. Furthermore, the Mongolian and Hungarian survivors mentioned that they had stopped blaming themselves for the abusive relationship, indicating that the abuse had stemmed from the perpetrator's own insecurity.

Plans for the future: During the post-separation stage, all the survivors had striven to learn new skills through formal and informal learning platforms and had dedicated time and effort to lifelong learning. The survivors had decided for themselves to make a change, and these changes were continuing to make a positive contribution to their lives. New skills had been learned, and positive changes had been made, especially at the beginning of their separation

from the violent relationship. Participants who had separated more than 10 years earlier indicated that their lives had become more stable.

As H-P1 explained: “I'm studying psychology now; I've already obtained a law degree.” Likewise, M-P9 said “I'm learning a new language”, and M-P4 shared that “I'm earning now, I have a secure job. I got a driving license to drive a van and a bus.” Several of the Mongolian participants mentioned wanting to learn foreign languages. As M-P1 put it: “Now all I think about is just growing and growing.”

Although the women expressed the wish to make positive changes in their lives, they were sometimes unable to consistently pursue the goals they had set for themselves due to various life circumstances, such as the need to raise children as a single mother and the need to remain in a secure job. For example, M-P1 explained how “although I want to see positive changes in my life, I cannot realize them steadily. I would need some time out in my life. A recent change in my life was that I went to India, where I became a certified yoga teacher, but I still cannot remain consistent.”

Positive psychological changes have also been observed. As one participant put it: “I'm learning not to be too harsh on myself, so I have become content within myself. I have come to the realization that I have done everything to fix the abusive relationship.” Another participant stressed how “after separating from my husband I learnt many things that were impossible before. I got a new flat for myself by getting a mortgage. I was proud of myself. My relatives were happy for me. Now I have a normal life with my two children, a stable job, and a home.”

Many survivors described how independence and a sense of being strong had helped them to make a positive change. For example, H–P2 mentioned that “many times I pushed myself down, but later I came to the realization that I can be strong. And being independent helped me to go through divorce.”

On the other hand, some Hungarian participants explained how they did not want or need changes in their current lives, as they had been out of the violent relationship for more than 10 years. For example, H–P5 mentioned that “I don't want to change anything. I am happy with my current life.” Also, H–P4 described how “I just want to remain in the current life that I'm living in at present.”

Sense of security: A sense of security was articulated by participants in personal and professional areas of life, including their employment, attitude toward IPV, and ownership of property.

All the participants had plans and goals for the future, which involved having a sense of security (housing, a stable income, and a better future for their children). Although the survivors expressed their wishes for the future, some were still having difficulties making solid plans. As M-P1 put it: “I have many wishes for my future; however, right now I don't have a particular plan. I'm working on it.” The fact that she was unable to articulate her plans may have been due to her emotional state on the day of the interview.

One participant, M-P5, had published a book about her survival and had sold every copy in the first print run. She was in the process of raising funds for a second print run and described how “I wanted people to learn from my life experience, and through my income from this book I want to invest in my housing.” The publishing of a book also belongs under the theme “Advocacy for social change.” Another participant, MP9, stressed: “I see a bright future; I want to have my own plot of land and a house.” This was echoed by several other Mongolian participants, who were planning to make vegetable gardens on their land. Housing was seen as providing a sense of security, as the women would no longer be experiencing abuse, nor would they feel fear and anxiety in their own, safe homes. Their homes would not be invaded or dominated by the perpetrator(s), and they would feel autonomous, safe, and secure.

Owning land or housing was seen as providing a sense of “home” and increased self-confidence, self-worth, and independence, thus the women were more likely to feel empowered. They were building a safe haven for themselves for a secure future.

Similarly, H–P2 emphasized how “In two years' time, the current issue will be resolved, and I can look back and talk about it.” She was hopeful that she would overcome her current situation and become more autonomous and independent. Likewise, H–P1 stated: “I would like to work as a lawyer after I complete my degree.” Having a degree and working as a professional would contribute to her sense of security and independence. In the words of H-P5: “I have a job now, and through this job I am looking forward to my future financial independence.” In the case of M-P4: “Now I have a secure job; I would like to save money.” Another participant noted that “I want to save regularly for my future.” Another described how “I always write down my plans. However, sometimes it is hard to follow them, as there are unexpected expenditures, but I have managed to buy a new oven and a sewing machine for myself.”

Several participants mentioned plans to improve their current jobs and expand their professional expertise. In the words of M-P2: “In five years' time I want to be recognized in my field. To achieve such goals, I plan to pursue a postgraduate degree in the near future.” Achieving solid recognition in one's professional field contributes to a sense of security and ensures a secure income.

Several of the Hungarian and Mongolian survivors were planning to live abroad, as this would involve them in new life experiences. They imagined having new possibilities and opportunities that would contribute to their new beginnings.

Caring for children: All the participants described their plans for their children. They all wished for and focused on their children's psychological and physical wellbeing and education. As H–P2 put it: “I'm always thinking about good things for my children.” In the words of H-P3: “Currently, I am going through a court case involving child abuse, the perpetrator was my ex-partner and I would like to win this case. I must protect my son at all times.” By means of the court case, she wanted to protect her child in any way possible. Likewise, the Mongolian survivors stressed that they wanted a bright future for their children that included pursuing tertiary education and learning foreign languages, and they wanted their children to acquire multiple skills. Furthermore, they wanted their children to feel complete. For example, one Mongolian survivor described how “my son is studying abroad, and when he returns, he will have a decent job.” Another explained: “Now I'm focused on my children's education.” Other Hungarian participants mentioned that their children had a good relationship with their mothers and were doing well. The children were independent and taking care of themselves as well as their mothers. For example, H–P4 mentioned how “every morning my sons send me messages saying, ‘have a nice day’. Occasionally they send me gifts. It's nice to see that my children are doing well.”

4.4.1.2. Relationships and role model: “My colleagues are very supportive.”

Relationships and role models are inseparable from PTG. All the survivors shared extensively about the importance of relationships in their growth. Through these interpersonal relationships, they confirmed the value of human relationships, such as those within the family and the community and with friends, having neglected them while involved in the violent relationship with their intimate partner. Community relationships included relationships with colleagues or involvement in a political party or recreational activity group, such as dancing, yoga, or hiking group.

Professional relationships and friendships: Being in a position to make new interpersonal relationships, and even friendships, had improved their self-esteem. The survivors had become more outgoing and open to socialization. Some women stated the importance of gaining inspiration from public figures, who can be looked up to as role models. However, several of the Mongolian survivors mentioned that self-belief was important and that having a role model was not so significant for them. Although the Hungarian survivors did not mention role models,[5] they explicitly mentioned the importance of the friends and family members who had significantly influenced their lives.

Expressing the importance of her relationships, M-P9 said: "My parents were my role models, they were caring and kind." In the case of M-P5, "I have a role model. He is making a change in society. I look up to him." Some women suggested that they were role models for themselves as well as for their children. They wanted to demonstrate how hardworking and determined they were.

For H-P2, friendship was particularly significant: "I always consult with my friend, who advises me a lot, but just lately I've stopped sharing my details because I don't want to burden her too much. She has her own life." Similarly, H-P3 expressed her reliance on help: "My colleagues understand me and help a lot. They are very supportive. Also, I have a good lawyer. They help me." In the case of H-P1, having psychological counselling and being in touch with the local NGO had helped her overcome the trauma of IPV.

In the words of M-P5: "When survivors are at the shelter, they don't realize the importance of friendship or of being proud of the social workers. Maybe it's because they're afraid of their abusive relationships. Now, many survivors, including me, are proud of these women who have devoted their lives to improving the livelihoods of survivors of IPV. These advocates have devoted their whole lives to us."

In the case of some of the Mongolian survivors, their growth had been supported by a spiritual network. Praying together with a church had helped them to feel part of a community and had helped bring a sense of inner peace.

A new intimate relationship: Several Mongolian and Hungarian survivors talked about wanting to have a new intimate relationship in the future. While some were still considering

[5] Some Mongolian participants mentioned that they do not have any role models; rather, they believe in themselves. Some Hungarian participants emphasized the importance of role models, while others highlighted the significance of family and friends. Participants had differing experiences with their role models.

involvement in a relationship, others expressed skepticism about an existing relationship. As H-P2 said: “In the future, I want to have a life partner. My previous relationships were not so successful; they were abusive. Now I want a peaceful life with someone. I'm just fantasizing about having a peaceful life.” By contrast, M-P1 was undecided: “Currently I'm in a relationship with someone who lives abroad. He wants me to join him. I don't know what to do. Thinking about my children, I want to go, but I don't know yet. He is a good man.” Several other Mongolian survivors said that they did not want to have a new romantic relationship.

Both H-P4 and H-P5 explained that they were in intimate relationships but lived separately from their partners. Both described their current living conditions as good. In the words of H-P5: “We don't live together, but we stay at each other's place every week.”

4.4.1.3. Strength: “After 20 years I can say I am not afraid anymore.”

Personal strength was identified by all participants. The shared ideas about positive psychological and mental traits were self-confidence, assertiveness, bravery, optimism, independence, and trustworthiness. All these characteristics were mentioned by the participants in some way.

The survivors talked about how they were now self-confident, independent, genuine, patient, brave, and assertive. Some survivors mentioned how earlier they had been afraid to make mistakes again but were now focusing on strengthening their psychological wellbeing. They were now able to stand up for themselves. As M-P2 put it: “I finally told my ex-mother-in-law how badly she had raised her son. I felt like I said what I'd planned to say, and it felt very good.” Similarly, H-P2 described how “after 20 years I can say I am not afraid anymore.” Stating that “now everything seems clear to me”, H-P3 also mentioned that “my strength is my child.” Likewise, M-P3 stated that “I have survived and achieved what I have today because of my current strength.”

Optimism was a personal strength mentioned by the survivors during the interviews. As M-P1 said: “Because I am an optimistic and charismatic person, I attract people to myself.” Having a positive outlook was seen as a significant contributing factor to their livelihood and growth.

The sharing of knowledge and expertise with colleagues and young people was also mentioned by several of the survivors. In the case of MP1: “My colleagues always ask questions, and I don't hesitate to share my knowledge and experience.” Sharing one's knowledge and experience with others is likely to increase self-confidence and self-esteem.

Participants also shared their personal qualities during the interviews. For example, M-P6 stated that “I am a trustworthy person; this quality really brings good things in my life. People always help me because they trust me.” In the case of H-P2: “I don't rely on anybody. My life is like a chessboard. I'm always calculating what to do next.” Their sense of strength had helped these women to find themselves by trying out different things in life, as expressed by H-P2: “I found myself while I was working abroad. It helped me to realize my independence. This was due to my planning skills.” Similarly, H-P5 stated that “I just believe in myself”, while H-P4 claimed that “I only trust myself and I have built my life all by myself.”

Spirituality: Equally important for participants were their experiences of spirituality. These included religion and ways of practice where one finds both interpersonal and intrapersonal connections.

For H-P3: “If there is a merciful God, I will do everything.” Having a spiritual, intrapersonal relationship was important to some of the participants. In the case of M-P1: “I believe in karma, and I also believe in my own thoughts. If my thoughts are negative, it will affect me. I don't really think about what other people will think or say.” In the words of M-P4: “If your thoughts are good, your destiny will be good. I believe that if you do good things, your life will be good. If one spreads love, he or she will receive love. Unconditional love for others is important.” One Mongolian survivor mentioned that “doing grounding exercises, being in the present moment is important for me right now.”

By contrast, H-P5 shared: “I don't believe in God, and I was never baptized.” She also stated that “I just believe in myself. I believe in my own power.”

Spirituality also has overlaps with the Relationships and role model theme, in terms of the participants' social networks in their spiritual community.

4.4.1.4. Advocacy for social change: “I want to help other survivors out there.”

All the Mongolian and Hungarian survivors indicated the importance of advocacy for social justice. Most of the survivors mentioned the significance of justice and raising awareness among the public, as they did not want to see other women experience what they had been through. Several survivors were raising awareness by means of active participation in community-led human rights organizations, engaging with other female members to discuss issues affecting women's lives.

As M-P1 stressed: “Through this research we can make a better society, and we can influence policy. We can change the current attitude of the public; we can change attitudes that normalize IPV.” Similarly, the Hungarian participants described how they were agents for social justice. In the case of H-P1, for example, “I am volunteering at the local NGO part-time, I want to help them out.” In her interview, H-P3 suggested that “You need to summarize your research and send it to everyone to raise awareness. Through this research I want to be part of this process. When I was abused, I didn't have any evidence, and the justice system didn't work for me. Now I have all the evidence. We should change this structural issue.” Similarly, H-P1 stated: “I want to work as a lawyer at the local NGO. It's my dream. I would like to contribute to justice.”

Several of the Mongolian survivors belonged to local NGOs working on social justice issues and participated in their advocacy campaigns. As M-P2 mentioned: “I am part of this Mongolian NGO; I feel that solidarity is important for raising awareness. Also, at work I initiated an advocacy program for the elimination of domestic violence.” In the case of M-P9: “I am a leader who has been part of the human rights organization for 15 years now. It really helps me to engage with members of the community.” As M-P5 explained: “I established a survivors' help center along with 10 other survivors. We were part of the Survivors' Leadership Program at the National Centre Against Violence. Our aim was to help IPV survivors with legal counselling and other necessary information. My dream is to have an extra room in my house where any survivor can come to rest, change clothes, take a shower, and so on. I think this is very important for survivors. Also, through the second edition of the book I wrote, I plan to influence public opinion about domestic violence.”

The survivors mentioned that it is not enough to take part in advocacy. There is a need to increase awareness among men and get them engaged in the elimination of violence against women. As H-P3 said: “We have to raise awareness among men, as they should stand against this system.”

4.4.1.5. Appreciation of life: “I have good karma walking along the street or even drinking a cup of tea.”

Appreciation or gratification in life is an important component of PTG. Appreciation of one's efforts, of being, of interpersonal relationships was acknowledged and recognized by all participants. Most participants indicated appreciation for what they currently had in their lives, including family and friends. In addition, the Mongolian survivors talked about their own good karma. Appreciation of one's own strength was mentioned by several survivors. The Hungarian

survivors talked about feeling gratitude to family, colleagues, and friends, while the Mongolian survivors mentioned appreciating things in life that had once been taken for granted. As one Mongolian survivor put it: “I appreciate that I'm alive. I have good karma walking along the street or even drinking a cup of tea.” Another Mongolian noted that: “I am grateful for my parents. They helped me to grow into who I am today.” Likewise, H-P5 expressed her appreciation of her mother: “She was the main pillar in my life.” In the case of H-P1: “Everyone is taking care of me. The lawyers and psychologists treat me like a human being. This is how it should be.” Being given formal support by specialist professionals had helped the women to appreciate their own lives. Both the Hungarian and Mongolian participants mentioned the importance of their past livelihoods. For H-P4, for example: “Although I had a very difficult life, I am not bitter about the hardship I've suffered. Because of this hard life I have a good relationship with my children.”

4.5. Discussion

The aim of the present research was to explore PTG among Mongolian and Hungarian survivors of IPV. There are efforts in place to eliminate violence against women in both countries. Although geographically Mongolia and Hungary are in different continents and have different social, legal, and cultural backgrounds, the participants in the research mentioned more similarities than differences. The theory of PTG is applicable to people experiencing the aftermath of IPV (Tedeschi, 1999), and survivors going through multiple stages in the PTG process, however, the research on PTG experiences among survivors of IPV in both countries is scarce. This study serves to promote further research in PTG of IPV. Our study suggests that participants believed that the acquired control over own lives lead them to further growth (Zeligman et al., 2019).

In the present cross-cultural, qualitative study, all the survivors identified a sense of new purpose in their lives in terms of having a plan, making positive changes, embarking on a new relationship, appreciating life, recognizing personal strengths and the influence of spirituality in their lives, and striving for social justice. All the participants expressed the aftermath of IPV. The current study's result aligns with previous research findings.

As a prolonged and repetitive severe traumatic experience, IPV had made the survivors re-evaluate their lives and had led them to make a decision to find a new purpose in life (Bryngeirsdottir et al., 2022; Wu et al., 2022). One Hungarian participant was studying psychology having obtained a law degree. The Mongolian survivors expressed the desire to

acquire new skills, such as learning foreign languages, planting vegetables, or making clothes, all of which demonstrated a positive psychological change and a forward-looking outlook.

The survivors proudly expressed themselves about being agents of social change in their communities. Several Mongolian survivors described how they were actively engaged in social change movements, including women's rights collectives and self-sufficiency groups in peri-urban and urban areas in the capital city. Those women who were already members of a social change movement were better informed about zero tolerance for violence against women[6]. Likewise, Hungarian participants who were involved in social change explicitly talked about the importance of participating in the research. Their involvement in social change may have contributed to their self-determination and PTG. Being agents within a social justice movement reactivated their identity and allowed them to recognize their strengths and their meaningful relationships.

Similar findings were highlighted in recent research (Wu et al., 2022). This study shows that spirituality is one of main components of the PTG. Although both countries have different spiritual and religious backgrounds, most participants expressed importance of spiritual connection. Spirituality was mentioned mainly by the Mongolian participants, who believed in karma: “If you do good, it will come back to you.” Some Hungarian participants expressed belief in God, while others did not discuss religious practice, instead expressing a strong belief in their own power. Since spirituality does not necessarily refer to religion, those survivors who identified one's power relate to existentialism (Tedeschi et al., 2017).

One of the main findings of this study was the sense of security encompassing both personal and professional areas. The participants identified that obtaining a degree, owning a property, having secure employment and planning for the children's future were key components for their sense of security. Importance of a secure living space was also brought up by both Mongolian and Hungarian participants in the research (Bryngeirsdottir et al., 2022), which added evidence to support previous studies.

Although in the present research there was no explicit indication of how long ago the women had separated from the abusive relationship, there were differences among the survivors in terms of the time of the separation. Women who had been separated from the relationship for less than five years were likely to demonstrate clear positive changes, compared to survivors

[6] Those participants who were part of the social change movement may have adopted a new social value zero tolerance for violence against women. This value served to determine and commit them to the cause.

who had had a longer period of separation. These latter women were likely to have more stable livelihoods: they had undergone positive changes at the beginning of their separation from the abusive relationship, and over the years they had developed a more established lifestyle, to the point where they no longer wished to change anything. This factor has also been mentioned in earlier research, where the duration of the women's separation affected the positive changes, they had undergone (Bakaityte et al., 2020). Significantly, this study revealed the role of recognition and acknowledgment of positive changes by women survivors of IPV. Their experiences demonstrated/showed the importance of the process where one becomes aware of these changes and reflects.[7]

4.6. Strength and limitation

The strength of this study lies in enriching the global body of knowledge on PTG by filling the existing gap in knowledge about PTG of Mongolian survivors of IPV, particularly in specific legal, social economic and cultural areas context. Similarly, this study contributes to the limited studies on IPV in Hungary and fills the current gap in study of PTG of survivors of IPV. Although research on patriarchal society, gender norms and IPV studies have universal findings applicable to many different contexts, this study provides valuable insights that compares the specific Mongolian experiences with another country. The limitation of this research is that it was affected by the COVID-19 pandemic. Although the researcher approached several organizations and individuals in Hungary to maximize Hungarian participation, due to the lockdown it was challenging to reach out to survivors. In addition, most of the participants had been involved in human rights-based nonprofit organizations or had accessed psychosocial services in their countries. This may imply that those who sought the help of social services were more likely to be aware of the availability and accessibility of these services, which may have contributed to their PTG. Participants who were recruited via local NGOs may have been biased in terms of the extraction of themes such as being “agents of social change”, although it is interesting to note that participants who were not involved in any community-led organization also held similar opinions. Despite this bias, the study included women from diverse backgrounds to give a wider understanding of women's experiences of PTG following separation from abusive relationships. Due to scarcity of research on this topic, more studies are required in this field.

[7] An interesting distinction was in the expressions of appreciation between the participant groups; Hungarian participants highlighted their gratitude for social relationships, while Mongolian participants emphasized a renewed appreciation for previously overlooked aspects of daily life.

4.7. Conclusion

This qualitative study aimed to investigate PTG among Mongolian and Hungarian survivors of IPV. Participants were recruited through local NGOs and peers in both countries. Thematic analysis was used to identify common patterns and themes. Five themes were identified: positive changes, relationships and role models, personal strength, advocacy for social change, and appreciation of life.

Although Hungary and Mongolia have different cultures, the similarities in the research findings between the two countries outnumbered the differences. Learning new skills and aspirations for the future were significant to one's PTG. This is followed by a sense of security where survivors strive to own either housing or land. Such ownership increases a sense of autonomy, independence, self-worth and self-confidence. Interpersonal relationships and personal strength are likely to contribute to PTG. Communities around survivors, including parents, friends, and colleagues, substantially influence their growth. Sharing one's expertise with the community increases self-confidence. Being genuine, brave, and assertive were also observed in this research.

In addition, survivors are likely to contribute to and participate in the social change process through local organizations. Being an advocate for social change makes a significant contribution to growth, while appreciation for life can be explained in various ways. This research reiterates the need for justice, raising awareness among the public, and engaging men and boys for the cause.

5. STUDY IV: CASE STUDY: EFFECTS OF THE COVID-19 LOCKDOWN RESTRICTIONS ON EIGHT MONGOLIAN SINGLE MOTHERS

5.1. Abstract

This article discusses a comparative case study of eight single mothers' lockdown experiences during COVID-19 in Mongolia. The case study investigated single mothers' experiences and the psychological impact of the lockdown. Semi-structured interviews were conducted with eight single mothers, four of whom were survivors of intimate partner violence. All interviews were carried out online. Thematic analysis identified patterns and themes regarding lockdown experiences. The four months (from late January to early May 2020) of lockdown had both positive and negative psychological consequences for these single mothers. For both survivors and non-survivors of single mothers, uncertainty was the primary psychological state reported, followed by other adverse effects such as worry, anxiety, insecurity, and frustration. Lockdown and the government's uncertain policies have added more workload on women. They have been looking after the children, household chores, and managing their paid workload. Their relationships (both official and family) have also been affected. An extra burden on women is the loss of income and employment because of the lockdown. Positive psychological outcomes were increased creativity, newly acquired life skills, community care, and a reminder of values.

Keywords: *Burden, COVID-19, Lockdown Experiences, Mongolia, Psychological Impact, Women.*

5.2. Introduction

COVID-19, the novel coronavirus, originating from China, has quickly spread worldwide since December 2019. The World Health Organization announced COVID-19 as a pandemic on March 11, 2020 (World Health Organization, 2020). As of August 2021, more than 200 countries have been affected by it, with over 200 million confirmed cases and more than 4 million deceased (World Health Organization, 2021). The pandemic wreaked its havoc in Mongolia where the first case was registered on March 10, 2020. The domestically transmitted cases were initially recorded in November 2020 (Urandelger & Otgonsuren, 2021). As of August 19, 2021, there were a total of 184,950 cases and 884 deaths (World Health Organization, 2020).

Because Mongolia borders China, by late January 2020, the Mongolian State Emergency Committee (SEC) took an early emergency preventative response (Erkhembayar et al., 2020). These preventive measures included the closure of all educational institutions, including kindergartens, schools, vocational colleges, universities, and training centers with online and television classes introduced (Erkhembayar et al., 2020; Tumenbayar, Anuurad, and Enkhmaa, 2020). During lockdown, only essential services, such as the police force, hospitals, and grocery stores were operating. Moreover, during the traditional celebration of the Lunar New Year in February 2020, large gatherings were prohibited, and people were encouraged to have online celebrations (Bayasgalan, Anuurad, & Byambaa, 2021; Erkhembayar et al., 2020; Tumenbayar et al., 2020). These preventative measures were continued in 2021.

Both internal and international borders were closed between March 2020 to early 2021. Quarantine for all returnees from abroad was made mandatory initially for 14 days at designated quarantine camps and later for 21 days at the camp, followed by 14 days of isolation at home (Erkhembayar et al., 2020; Tumenbayar et al., 2020). The Mongolian government's timely and early preventive measures stopped the spread of the virus, and Mongolia reported no deaths until August 2020 (Erkhembayar et al., 2020). It should be noted that these early measures proved to be very effective in containing community spread of the virus in Mongolia (Erkhembayar et al., 2020) until recent local outbreak.

Although early measures prevented the outbreak in 2020, the lockdown caused many uncertainties. It affected businesses and institutions negatively (Urandelger & Otgonsuren, 2021), however there existed no studies on its impact on people’s personal lives. No one could predict the dates for the reopening of kindergartens and schools, or the resumption of internal travel and the return of income. Children were not allowed in public areas. There is growing evidence from research conducted globally that women and children are particularly severely affected by the lockdown (Farré, Fawaz, González, & Graves, 2020; Wang, Zhang, Zhao, Zhang, & Jiang, 2020).

The gradual relaxation of the nationwide strict lockdown measures started in June 2020 with the opening of restaurants and businesses. However, children were still not allowed to go into public places such as grocery stores, restaurants, and training centers. A second strict lockdown in Mongolia was imposed in November 2020 that lasted until December 2020 (World Health Organization, 2020b). Schools and kindergartens remained open only between September and

November 2020 and transitioned to home-schooling that included online learning, and lessons were even broadcasted on TV.

Physical and social isolation can negatively impact psychological wellbeing, including stress and depressive symptoms (World Health Organization, 2020a), fear, anxiety, and insecurity due to uncertainty (Yin et al., 2020). This pandemic has had an effect on people's mental health and social life (Holmes et al., 2020). Studies show that such constraints, including being restricted from seeing friends and limited physical activity leading to increased screen time affect children's psychological wellbeing (Wang et al., 2020).

Globally, women tend to have more responsibilities in all spheres of life: child rearing, household chores, careers, taking care of the elderly, as well as other contributions to the community (Farré et al., 2020; McLaren, Wong, Nguyen, & Mahamadachchi, 2020; Yavorsky, Qian, & Sargent, 2021). For single mothers it is more challenging to manage everything singlehandedly, including employment, childcare, household duties, and taking care of other family members (Hertz, Mattes, & Shook, 2020; Kallitsoglou & Topalli, 2021), and these tasks affect the psychological wellbeing of single mothers (Kallitsoglou & Topalli, 2021). Due to the battery of lockdowns, many women suffered a heavier burden through loss of income and employment (Farré et al., 2020; Malik & Naeem, 2020). Working from home via online platforms blurred the boundary between work and home (Yavorsky et al., 2021) and put an extra burden on mothers (Schieman, Badawy, A. Milkie, & Bierman, 2021). In addition, collective care and support is crucial during quarantine (Wang et al., 2020). Although single mothers may receive social support (Harknett, 2006), during the pandemic it was hard to seek support at home (Guo, Carli, Lodder, Bakermans-Kranenburg, & Riem, 2021).

Intimate Partner Violence (IPV) is defined as "self-reported experience of one or more acts of physical and/or sexual violence by a current or former partner since the age of 15 years" (World Health Organization, 2013). It also includes psychological and social violence ranging in occurrence (Buttell, Cannon, Rose, & Ferreira, 2021). Survivors of IPV are likely to have adopted resiliency (Buttell et al., 2021) and develop multiple strategies to prevent violence at home (Bejenaru, 2011). These strategies range from personal preparedness to seeking informal or formal support from appropriate sources.

It is thus important to make space for women's voices to be heard, including for each individual experience to be heard, as well as identifying commonalities, that is, how the women's

stories/experiences intersect with each other (Baxter & Jack, 2008). There is scarcity of research on effects of COVID-19 on single mother households, particularly Mongolian single mothers.

This research is a comparatively small case study investigating the psychological effects of the COVID-19 lockdown on eight Mongolian single mothers, out of which four single mothers were survivors of IPV and four single mothers had no experience of IPV. The primary focus of this research is to look at the psychological wellbeing of single mothers and the secondary focus is to explore whether there is a difference between survivors and non-survivors single mothers.

5.3. Method

This descriptive case study aims to give voice to and document the experiences of eight Mongolian single mothers. Single mothers who are IPV survivors chosen for this study are likely to have had prior survival skills gained in dealing with domestic violence and managing their own and their children's lives alone and/or with social support. Therefore, it is possible that these women, having already survived unforeseen violent and/or other difficult situations, would have acquired skills that aided their survival through the COVID-19 lockdown. Single mothers who are not IPV survivors may also have dealt with difficult life situations that equipped them with various life skills.

The in-depth semi-structured interviews were carried out online. Interview questions included “how would you describe your experience during lockdown”, “how do you think your children have taken lockdown?”, and “what kind of supports do you think have helped you through lockdown”. These questions guided participants to reflect on their experiences of lockdown. The interviews took around 45-90 minutes.

5.3.1. Study Participants and Data Collection

In this qualitative study, eight semi-structured interviews were conducted with participants from diverse backgrounds. Participants P1-P4 are single mothers, separated or divorced due to intimate partner violence; participants P5-P8 are single mothers for reasons other than IPV. Non-IPV survivor participants were selected due to the research interest in how mothers in Mongolia are experiencing lockdown single-handedly.

The survivor single mothers are all separated or divorced from their husbands or partners and three out of the four do not have any contact with them. These eight women all have children aged between 4 and 25 years and are either self-employed or have secure employment.

This case study used the purposive sampling method and participants were recruited through local non-governmental organizations and colleagues. IPV survivor participants were former clients of the researcher whose therapeutic relationship ended 11 years prior to this research. The inclusion criteria were women above the age of 18. The exclusion criteria were women who currently live with the perpetrator. Informed consent was introduced and explained to each participant, and they had an opportunity to ask questions from the research if they had any. Table 5 summarizes participants' background. Qualitative data were collected from May to July 2020. As a result of the pandemic, all interviews with participants were conducted via Skype.

Table 5 Lockdown Experiences of IPV Survivors Single Mothers

	Age	Residence	Employment	IPV Background	Children
P1	50	Ulaanbaatar, originally countryside. She has been living in the capital city for more than 20 years.	Non-profit sector.	Widow, 20 years of IPV	4 children, 2 eldest children are adults
P2	47	Ulaanbaatar	Public sector. Due to long lockdown, she received no salary.	9 years of IPV, divorced	2 children, lives with the grandparents in the countryside
P3	30	Ulaanbaatar, originally from countryside, has been residing in the capital city more than 10 years.	Non-profit organisation	1 year of IPV, divorced.	1 child
P4	39	Ulaanbaatar	Public sector	12 years of IPV, relationship on-and-off.	4 children
P5	48	Darkhan	Private sector	Divorced	1 child
P6	42	Ulaanbaatar	Private sector	Separated	1 child
P7	30	Khentii	Public sector	Separated	2 children
P8	38	Ulaanbaatar	Non-profit	Divorced	1 child

5.3.2. Data Analysis

This study employed thematic analysis to identify main patterns and themes (Braun & Clarke, 2019). Thematic analysis is used to bring out themes from the socially constructed experiences of lockdown that respond to the research question. For this, the researcher used an intersectional approach for women who have experienced intimate partner violence who have diverse backgrounds (Crenshaw, 1991). The qualitative research allowed for researcher's subjectivity, interpretation, and meaning making of the data (Braun & Clarke, 2019).

The data analysis involved transcribing, coding, and drawing out main themes as overarching conceptual patterns that emerged (Braun & Clarke, 2019). Upon completion of transcription, the data set was coded by the researcher which involved identifying repeated patterns that are apparent in the data set. Thereafter, the ongoing process of analysis took place by second coding and extracted the main themes with their significant patterns. Lastly, these patterns were included in the research result.

5.4. Findings

The results were different for the two diverse populations. The tables below show how IPV survivors and non-survivors single mothers experienced the lockdown.

Table 6 Lockdown Experiences of IPV Survivor Single Mothers

IPV survivor single mothers: Themes	
Negative effects of lockdown	Uncertainty
	Change in income
	Children
	Access to health services
	Access to information
	Stigmatisation and blaming attitude
Positive effects of lockdown	A creative process and acquiring/strengthening life skills
	A reminder of values
	Collective care

Below, Table 7 shows themes of non-IPV survivor results.

Table 7 Experiences of Non-IPV Survivor Single Mothers

Non-IPV survivor single mothers: Themes	
Negative effects of lockdown	Uncertainty
	Change in income
	Children
	Food
	Debt
	Work
	Health
	Collective care
Positive effects of lockdown	Health
	Ceased impulsive expenditure
	Personal development
	Benefits of pets

5.4.1. IPV Survivor Single Mothers: P1-P4

5.4.1.1. Negative Effects of the COVID-19 Lockdown

Uncertainty: Feelings of uncertainty during quarantine and lockdown have been reported almost everywhere globally (Torales, O'Higgins, Castaldelli-Maia, & Ventriglio, 2020), including Mongolia. People are unable to make plans, as certainty of things ceased to exist anymore. Uncertainty causes feelings of anger, expressed in frustration, hurt, aggression, irritation, and sadness, which can in turn be expressed in despair and depression. Loneliness or feelings of surprise bring about a sense of confusion or shock and lastly fear that manifests as feelings of being insecure, anxious, and scared (Liu et al., 2020; Torales et al., 2020).

During the interviews, all four IPV survivor participants reported having experienced similar psychological distress, feelings of uncertainty, which brought a range of feelings such as frustration, rage, worry, anxiety, a sense of stagnation, and insecurity.

Uncertainty also affected participants' long-term plans. P2 expressed, "I was planning to move to another country with my children; however, due to COVID-19, I decided not to leave the country and instead look for a secure job in Mongolia." This decision made her feel more secure and at the time of the interview, she was employed with a secure job at a government agency.

P2 stated that she has parents living in the countryside taking care of her young children. She was frustrated as she was not able to visit them, especially since it was not certain when the restriction of movement within the country would be lifted. The only medium of

communication with her children and elderly parents was via audio and video call. She stressed how important it was to have the possibility of "talking to the children in person and having meaningful conversations so that I can contribute to their cognitive and mental development." She described this uncertainty as leading her to feel out of control, anxious, and worried about herself, her children, and her elderly parents.

P4 was aware that she was going to be quarantined for 21 days at the quarantine camp, followed by 14 days of home isolation upon arrival from overseas. During her mandatory isolation at the quarantine camp, things at home were uncertain since she did not have childcare for her four children. She shared these feelings: "I was worried about my children. I felt helpless and anxious during isolation."

Change in income: Due to the prolonged lockdown, some of the women experienced a change in income while others could rely on their savings Moreover, while all could access food, some were forced to purchase daily while others could buy in bulk.

P2 started looking for alternative solutions and tried several options to earn informal income over the past few months, for example by driving a taxi. Driving a taxi informally is common in Mongolia for those who own a car. However, due to insecure income, she failed to pay her rent and had to move out of her dwelling to live with her sister's family while her children remained living in the countryside with their grandparents. This loss of dwelling had a huge impact on her, causing her to feel insecure, unsafe, anxious, and more worried.

P4 explained that her income significantly dropped, and it became uncertain when she would be back to her normal income. She reported that her savings and income helped her to survive through this hard time, giving her some sense of security, during the mandatory quarantine time.

Children: The lockdown resulted in all educational institutions switching to the online learning method; however, availability of internet and computers varied. The participants reported that primary school children were not equipped with self-study skills, therefore requiring continuous attention from mothers and caretakers.

Only one of these four women received partial support from her husband. Children in Mongolia were restricted from going out anywhere and parents were fully engaged with their children, household chores, and their work. Thus, some women noted increased burdens in managing household chores, taking care of children, their schoolwork and own work responsibilities. Such an increase in workload significantly added to their uncertainty, exhaustion, and desperation.

Access to health services: Mental health assistance was not available at the Mongolian public health services at the time of this study. P4, feeling the need for professional support, approached the local health care center for advice, however they failed to provide any information and seemed unaware of mental health first aid. Furthermore, P4 discovered that other hospitals and health care institutions were all preoccupied with the COVID-19 infection and failed to prioritize mental health issues. This indicates that Mongolia was not ready to provide support and services with regards to psychological wellbeing of the population during the COVID-19 situation.

It appears that Mongolian heath care services have restructured their priorities, focusing on COVID-19 and failing to address other illnesses and health issues. P4 stated that patients in quarantine were encouraged to notify doctors if they had COVID-19 symptoms and were not allowed to seek medical assistance for other illness or symptoms. P1 expressed similar concerns and explained that she was not able to see a dentist or eye doctor, as all hospitals had long queues and had not yet resumed regular services. Due to this long queue, P1 had to visit the hospital several times during the lockdown.

Additionally, there was a lack of information or guidelines for people who had young children at the quarantine camp. P4 shared a quarantine room with another woman who had a toddler. This woman was not able to go outside to the toilet as there was not any facility for childcare as such. Thus, only those also in quarantine could help her out during this time.

All participants mentioned that their children's incidence of pneumonia and flu significantly dropped in comparison to previous years. Air pollution and harsh cold winter usually causes various respiratory diseases among children in Mongolia, with pneumonia being the second most prominent disease. In 2015, 435 children under the age of five died of pneumonia in the capital city Ulaanbaatar (Gheorghe et al., 2018). Reduced city traffic and social distancing during lockdown are likely causes of the reduction in pollution related and infectious illnesses.

Access to information: According to participants, information during the COVID-19 emergency was limited. They stated that the mass media only focused on negative news that tended to raise anxiety and frustration among the public. Most media outlets were either not providing positive news or it skipped their focus. P1 expressed that she could not get information from the church at the beginning of the lockdown nor from the non-governmental organization with which she was associated.

Stigmatization and blaming attitudes: Psycho-social services are generally lacking in Mongolia. During the pandemic, there has not been enough psycho-educational material available in the Mongolian language. P4 stressed that she was blamed and shamed for seeking information from respective authorities. Her colleagues and friends blamed her for wanting to know where she should seek mental health assistance, and she was ashamed for seeking such information and assistance. As discussions about psychological wellbeing are not widespread in Mongolia, it appears that blaming and shaming during COVID-19 may have increased. There was a certain level of stigmatization of people who were quarantined, regardless of their test results. The public tended to blame repatriates who "brought the disease" to Mongolia from abroad, and they were blamed for causing disruptive changes to the economy and to the way of life. Public naming and shaming became so widespread such that repatriates protested in the capital Ulaanbaatar by holding posters with a message, "We're not COVID-19, we're human beings!"

At the time of the interviews for this research as there had been only imported cases of COVID-19, Mongolia had gradually returned to a new "normal." These four women (IPV survivors) expressed their intense fear of the potential spread of the disease in the country. This constant fear in their minds affected their quality of life, causing anxiety and insecurity. The above-mentioned experiences all contributed to these four participants experiencing a sense of insecurity, anxiety, fear, worry, and frustration. Perturbing thoughts about potential devastating impacts on work, incomes, and their children's education dominated the women's minds while at the same time they struggled to find solutions to challenges.

5.4.1.2.Positive Effects of Lockdown

A creative process and acquiring/strengthening life skills: All four survivor participants stated that this lockdown had been a life lesson. The lockdown experience, according to all participants, was an opportunity to equip oneself with life skills. For example, "I learnt to make things myself, such as do-it-yourself", said one participant. Another stated, "due to lockdown, I learnt to look at things through the lens of how I could make whatever I was looking at by myself." These life skills might prove useful in the future.

P3 observed that looking for alternative ways of making things around the house improved her creativity. Her creative thinking benefited other spheres of her life, such as stress management and self-care. For instance, she mentioned do-it-yourself activities at home with her son, and other participants mentioned how cooking helped them overcome anxiety.

Some participants stated that as the world is going through a time of an uncertain future, they have put their best efforts into planning for the next few weeks and months. Planning goals included their current income, savings, and child-rearing.

A reminder of values: P2 mentioned that "Things became more valuable that were previously taken for granted". Another noted that "Now I'm paying more attention to my loved ones." All women stated that they were paying more attention to their children and spending quality time with them despite the immense pressures of lockdown.

Collective care: Although COVID-19 required people to take physical distancing measures, participants reported becoming spiritually and emotionally closer to the extended family and other community members than before. P1 asserted that her spirituality helped her to overcome the difficulties of this uncertain time. Her church community made a schedule to pray for each other and other countries in addition to their home country. For example, P1's son currently resides in South Korea, her son-in-law in Russia, while another relative was in the USA. Therefore, she was praying for those countries apart from Mongolia. In this community praying activity, social media has played a significant role, bringing people together into one platform.

P3 mentioned that her siblings were helping her to take care of her child that strengthened the bonds between them. P4 expressed that her colleagues and friends were voluntarily sending food and money to her children while she was quarantined and later under home-isolation. She reflected: "This uncertain time made us united like we're in this together." Likewise, other participants had social support from their family members, such as taking care of the children or sending food.

5.4.2. Non-IPV Survivor Single Mothers

5.4.2.1. Negative Effects

Uncertainty: All four non-IPV survivor women, as with the IPV survivors, identified with the fear, worry, irritation, and anxiety of uncertainty. They were worried about what would happen in the future, when things would return to normal, and about their children and the elderly.

Change in income: For some participants, it was uncertain whether they would get any salary as some of their salaries had been on hold since the lockdown started. For example, P7 shared that she used to work at two places: a project in the provincial center and her main job in the public sector. Due to lockdown, her project in the province center was suspended, thus affecting her total income. P5 stated that as a teacher, even though she had been teaching online

since the lockdown, she had not been paid since March 2020 and was informed by her employer that they did not know when the next payday would be. As of the day of the interview (September 20, 2020) she and her colleagues had not been paid. This lack of regular income affected them greatly and added to their stress levels.

On the other hand, P8 and P6 did not have any income change, and both continued their work as before. P8 explained that she had two jobs and said, "luckily none of my jobs have been affected by the lockdown. Initially I was extremely worried about my income because I am a single mother, and I have bank loans to pay on time. Thankfully, I could pay my bank loans on time."

Children: All four non-IPV survivor women expressed that the lockdown affected their children's behavior and the relationships between them and their children that added to their worries. According to these participants, the online learning or televised lessons were not a good experience for their children. Children were left tired and exhausted, which affected their social skills. For example, P8 expressed that "lockdown made our relationship fragile. At times we were irritated and annoyed with each other. Because my daughter is an only child, she did not have anyone to play with, she was very lonely. Thus, I was very worried about my daughter and feeling overwhelmed."

Working mothers were sometimes left without choices. For example, all participants mentioned that sometimes they had to leave their children without adult supervision due to an unplanned call from work. This was a major worry and led to anxiety. Working from home also affects women's relationships with their children. Mothers were simultaneously overloaded with household chores, work, and childcare, which had a negative effect on the relationship with their children, leaving them irritated, anxious, and stressed.

Food: Some of the non-IPV survivor women reported that a decrease in income affected them to a great extent. Some of them expressed that they could not buy food in bulk, and that their friends were not able to buy weekly groceries and were forced to take out loans from local corner shops. Also, a shortage of hand sanitizer and masks contributed to anxiety.

Debt: Another major stressor for all these four non-IPV survivor women was the bank loans, and it was hard to make loan re-payments. Those who experienced a lack of income all said they were worried about paying their household bills. P5 said, "We are taking loans to pay other loans and when we receive our salary, we end up empty-pocketed again. At the end of the day, we have nothing left."

Work: Working from home was an extra burden for these women. They had to manage paid work and household chores. Some were working online for extensive hours such as from early morning to 2-3 am the next morning. P8 said that she was working online, making lunch for her daughter, then doing the house cleaning, and working again. She said this was a "Never ending process. I would rather work at the office. I like to be surrounded by my colleagues as I get my energy and motivation from them. But we did not have such support while working online." P5 expressed that, as she is a teacher and was working online from 10 am until 2-3 am, during the day she taught online, then she had to prepare for the next lesson and other unprecedented administrative jobs. This extensive work-home environment made women exhausted and made it hard to draw a line between work and home life.

Although P8 and P6 stressed that their income was not affected, they were under added stress. For example, P6 stated that she experienced pressure and rumors from her colleagues because of the government's uncertain policy on childcare during lockdown. She reflected that it was uncertain whether people with children under the age of 12 should be working from home or not. Her workplace was not well informed, which caused her to experience pressure and to become a victim of rumors at work.

During the lockdown, public servants were ordered to go on patrols at random hours. Some were patrolling until the middle of the night during the cold winter. P7 shared that as a public servant she had to go on patrol either at the *soum* (village) borders or any designated locations. She had to do it regardless of her living situation. Thus, she was unsure about her as to when she needed to ask for people's help to look after her children.

Health: Because of this uncertainty, extensive feelings of worry, fear, and anxiety affected the participants' sleep patterns. P5 expressed, "Some nights I could not sleep thinking about the future. How to carry on a life in this situation, there were many thoughts come to my mind." P5 stressed that she noticed her daughter's immunity had become very weak that made her prone to illness. She explained it was due to virtual learning and lack of fresh air.

Collective care: Participants were also worried about their community. P5 shared that she was worried about her friends who were also single mothers, since they did not have any community support. P8 expressed, "looking at my extended family, I really worry about them. Several of them lost their jobs and cannot provide food for their children. I try to help as much as I can, but I am a single mother, how much can I help them? Unfortunately, my sister became a single

mother during this lockdown, and she has two young children, so I had to look after her financially and emotionally."

5.4.2.2. Positive Effects of Lockdown on Non-survivor Participants

Health: Although participants expressed negative effects on health, all participants stated that during the lockdown they tried to eat healthily to maintain their immunity as much as possible. Some reported that it was impossible to stock up on food. "I tried to feed my children as healthy as possible", said P7. Further, P5 stressed "I receive organic vegetables and meat from the family farm. My parents run a family farm in the countryside, so I usually do not worry about food supply. If I didn't have such family support food would have been another worry."

All participants reported that because they were healthy their children did not get flu during lockdown. This benefited them as they did not need to spend money on medicine. Furthermore, adults and children learnt to wear masks, and it became a regular routine for everybody. Participants expressed that wearing masks and washing hands properly gave them a feeling of security.

Ceased impulsive expenditure: Non-IPV survivor participants stated that the pandemic, restricted from buying food and goods impulsively. For example, P8 expressed that "I started using online shopping and became more conscious of what I'm buying. Previously, I used to spend money impulsively and would regret it later. Now, I choose items wisely and make a decision based on want and need." Further, P5 said that she and her daughter stopped buying unhealthy food items such as "items that contain too much unnatural sugar or processed food, because now I have almost no income due to the delay of my income, so I do not buy things that are unnecessary."

Personal development: During lockdown, some non-IPV survivor women learnt new skills to help them work more smoothly. P5 expressed that she had learnt new tools to teach online. Other participants mentioned that they learnt to work on online platforms more effectively. P8 mentioned that she learnt to cook.

Benefits of pets: Participants who were pet owners expressed those pets helped to overcome loneliness, especially for children. They reported that pets enhanced their children's empathy and skills required to take care of the pet. Pets further improved their children's ability to bond and develop authentic relationships.

5.5. Discussion

Participants for this case study expressed their experiences and feelings of living through the COVID-19 lockdown, following early measures imposed by the Mongolian Government. The long four months (from late January to early May 2020) of lockdown had both positive and negative psychological consequences for these single mothers. For both survivors and non-IPV survivors single mothers, uncertainty was the major psychological state reported by all participants followed by other negative effects such as worry, anxiety, insecurity, and frustration. Lockdown has added more workloads on women. The government's uncertain policies added to the anxiety, worry, and fear manifesting in various relationships including work and family life.

This research goes in junction with other research studies that have been conducted in other countries. Although numerous studies have been done on women and mothers, the research on single mothers and in particular survivors of IPV are scarce. Women's intersectional positions and identities affect their lived experiences (Crenshaw, 1991). Thus, for this research single mothers expressed how their daily life had been affected.

IPV survivors identified stigmatization and blaming attitudes, which they probably were more likely to have experienced from the community prior to the pandemic. On the other hand, none of the non-survivor participants identified blaming and stigmatization. Single mothers are more likely to experience labelling, stigmatizing, blaming, and shaming due to their marital status and condition.

The key insight of this research is that, unexpectedly, all participants identified the positive side of lockdown. Although each group identified different patterns, they all had a positive outlook on life. It could be interpreted that their living conditions of being single mothers made them responsible for everything by themselves and the lived experience itself contributed to personal development and may provide a turning point for moving forward and establishing a new way of life to cope with COVID-19.

Interestingly, both groups identified collective care, however, survivor single mothers indicated that the collective care during lockdown was negative, which on the other for non- survivors was enormous. This can be interpreted that collective care is important for mothers, especially to single mothers who need extra assistance in child rearing and household management.

Another significance of this research is that all participants had a space to reflect back on their lockdown experiences. Reflection served to identify important aspects of their life and express their negative or unpleasant experiences and feelings.

5.6. Conclusion

International reports confirm that while the COVID-19 pandemic is having psychological effects on people around the world, women and children are the hardest hit (Graves, 2020; McLaren et al., 2020). To date, a study on the psychological effects of COVID-19 on women in Mongolia has not been carried out. Studies so far have covered economic and political situations in the country, but the psychological wellbeing of people, in particular single mothers and what they have been going through during this pandemic, have been severely neglected.

Lockdown has impacted on women's psychological wellbeing, feelings of uncertainty, insecurity, worry, fear, anxiety, and frustration. This study confirms that these experiences, though unique in their own terms, share a commonality with global research on the effects of COVID-19. There are numerous side effects of lockdown that were expressed by participants. It is crucial to have a sense of security, hope for the future, and to have control over what is happening in one's life. However, in these unprecedented times, it is challenging for people to have a sense of control over one's life. Despite the possible negative effects on people, some positive effects of lockdown were reported by participants of this study; for example, women equipped themselves with life skills such as looking for alternative income sources such as becoming taxi drivers, learning do-it-yourself skills and enhancing creative thinking. Also, participants learned to strengthen pre-existing resilience and reminded themselves of important values.

Clear and concise leadership information to the public would ensure a sense of shared identity and collective care (Jetten et al., 2020, p. 37) to avoid potential risks of adverse psychological impact. Unfortunately, to this date the government has not taken initiative to manage or reduce people's stress affected by COVID-19. The public needs to be well informed about maintaining regular healthy routines and needs to be given factual, scientific information to decrease current stress.

Although this study is small scale and cannot be generalized, its findings are interesting, worthwhile, and in accord with reports from some other parts of the world. It indicates a need for further larger scale research to be conducted in Mongolia, particularly regarding issues such

as the effects of lockdown, needs of single parents, and the need for psychological support in general. It also indicates a need for the Mongolian Government to investigate and address reported difficulties arising in quarantine facilities, including their likely effect on the Mongolian people from all walks of life.

It is recommended that the Mongolian Government adopt measures such as a mental health hotline, improved availability of psychological counselling and improved capacity and skills of multidisciplinary service providers in mental health first aid (Duan & Zhu, 2020; Torales et al., 2020). Advocacy materials like posters about mental health to provide psycho-education accessible to everyone (not singling out women, children, people with disabilities, and single parents) should be offered. Particularly, there appears to be an urgent need for mental health services to be made available, with well-trained professionals for dealing with the effects of the pandemic and its related issues.

Although it is best to keep informing the public about the pandemic in a timely manner, Mongolian media coverage should emphasize scientifically proven information about the pandemic and provide practical tips to the public, rather than adding to psychological distress by only focusing on increasing numbers of COVID-19 victims and other distressing information. This can be done in collaboration with the private sector. For example, the health sector could collaborate with the private sector. As of when this research has been conducted, there was a public discussion that Mongolian hospitals lack ventilators. Thus, this can be ameliorated through private sector procurement. Studies show that employing effective crisis and risk communication would contribute to transparency, accountability, and eventually building trust and honesty (Ataguba & Ataguba, 2020).

As a psychologist, I produced a series of podcasts with my colleague in Mongolia about possible psychological distress associated with COVID-19 and domestic violence (Amarsanaa Purvee, 2020a). I also included stress management strategies (Amarsanaa & Purvee, 2020b) and information about how adults can support and encourage their children's wellbeing (Amarsanaa & Purvee, 2020c). These podcasts are available on both local and international Android and iOS systems, major online platforms. Moreover, we produced a poster giving practical tips to the public, which is being distributed widely on social media.

6. STUDY V: EXPLORING REFLECTIONS ON THE INTERVIEWING PROCESS OF INTIMATE PARTNER VIOLENCE IN MONGOLIA: "I FELT IT WAS LIKE A TORCH LIGHT SHOWING THE WAY TO THE FUTURE"

6.1. Abstract

The widespread occurrence of violence against women takes place across diverse backgrounds, highlighting the importance of research on the survivors' experiences. However, a notable gap exists between this research and the analysis of the survivors' reflections made during these research interviews. Similarly, this research gap is visible in Mongolia, where the prevalence of intimate partner violence affects one in every three women.

This qualitative study examined the Mongolian survivors' reflections on the interview process involving research on intimate partner violence. The study is based on semi-structured interviews with 10 Mongolian IPV survivors. A thematic analysis found common patterns and themes among the survivors. The women in this study revealed that these interviews facilitated reflection, validated their survival experiences, made them feel heard, and provided a platform to express themselves. This reflective process engendered a profound sense of liberation, calmness, and contentment among participants, fostering a positive outlook for their future. The study highlights the pervasive adverse impact of violence on survivors, underscoring the need for continued efforts to address and mitigate its detrimental effects. The interview process empowers the survivors; this is achieved through an open, egalitarian relationship between the researcher and the participants.

The study emphasizes the value of qualitative research, understanding the depth of intimate partner violence, and facilitating a healing and empowering process for survivors during the interviews. This approach could be vital for researchers and practitioners to consider incorporating into their interview process in order to enhance support mechanisms and interventions for survivors.

Keywords: *Interview Experiences, Intimate Partner Violence, Post-Interview Reflections*

6.2. Introduction

IPV is a global public health issue. Worldwide, one in every four women subjected to IPV experiences physical, psychological, sexual, social, and economic violence (World Health Organization, 2021). The prevalence of IPV is similarly concerning in Mongolia, affecting one in three women (National Statistics Office & UN Population Fund, 2018).

Mongolia is a vast territory, sandwiched between Russia and China, with a population of only a little over three million, comprising 51% of women. The deeply ingrained in patriarchal social structures in Mongolian society, contributing to the normalization and acceptance of gender-based violence, including IPV. In this context, men often hold dominant role, while women are subordinate to them and follow their commands (Oke, 2008a). This power imbalance manifests in various aspects of life, including decision-making process at home; where men are the head of the household and responsible for providing income and making the major decisions (Oke, 2008a). The cultural context in Mongolia further complicates the issue of IPV. Survivors are expected to keep household issues private to protect the reputation of the family, particularly the name of the husband and the father (Oyunbileg et al., 2009). Women who experience IPV are likely to be blamed, shamed, and left alone due to multiple factors. The reputation and honor of the family need to be safeguarded at all times. There are several widely used proverbs in daily life, such as "a donkey should not interfere between a man and a woman", "the father is a king and the older brother is the king of the youngest", "even a bad man is better than a woman", "any man, including a bad man, should rule over a woman", "a woman should be beaten up once a month" and "the broken head is in the hat, the broken sausage should be left in the pot." Stigma related to IPV persists in society. It is considered an internal family matter, and women are often blamed for disclosing incidents of IPV outside the family (Oyunbileg et al., 2009).

Although IPV is expected to be kept a secret within the confines of the house in Mongolia, in recent years, we have observed an increased disclosure on public platforms, particularly in the rapidly developing social media (G.Odonchimed, personal conversation, 18 October 2023). Paradoxically, despite this heightened visibility, women who disclose their experiences of IPV continue to face societal stigmatization and blame perpetuated by both the public and the media. This prevailing discourse further exacerbates the deeply ingrained shame associated with being a survivor of IPV. Consequently, such societal and media-driven responses dissuade survivors from seeking support from their communities and public services (G.Odonchimed, personal conversation, 18 October 2023).

Research about IPV is crucial for understanding its causes, consequences, effective prevention and response systems, and improving delivering services to survivors. While numerous studies have explored the negative impacts of IPV, there is a growing number recognition of the potential for positive outcome and empowerment through research participation (Cattaneo & Goodman, 2015; Draucker et al., 2009). Research, in particular, can provide a safe and empowering space for survivors to share their experiences, validate their feelings, and reclaim a sense of agency.

Scholars have noted that despite the distress shown during interviews in trauma-related research, the participants were not withdrawn; rather, they were eager to contribute to the research (Draucker et al., 2009). One of the primary protocols for interviews on a sensitive topic is to have a list of community resources for participants which would be helpful to them (Newman & Kaloupek, 2004). A recent scoping review of 300 full texts and extracts of 145 articles found that trauma-related studies are not harmful, but there is not enough standard for guiding "trauma-informed public health research" (Jefferson et al., 2021).

Thus, it is also important to focus on the participation process expected to benefit the survivors. Scholars have underlined the empowering components such as "social justice values, personal choice, finding a voice, a focus on strength versus deficit. and transcending oppression" (Cattaneo & Goodman, 2015, p.85).

Empowerment is moving forward with a goal, regularly checking on it, equipping oneself with a sense of security, realizing one's resources, and identifying one's needs (Cattaneo & Goodman, 2015). The empowerment process varies from person to person. According to Cattaneo & Goodman (2015), empowerment is defined as a "… meaningful shift in the experience of power attained through interaction in the social world" (p.84). Scholars argue that empowerment is a process and not a one-stop station; it depends on several factors, such as the availability of resources, achievements, aspirations, and a sense of agency (Nazneen et al., 2014) (Nazneen et al., 2014). Therefore, empowerment is not limited to the survivors' psychological state of mind; it is seen in relation to their social relationships (Cattaneo & Goodman, 2015). It is important to provide a sense of autonomy and safety where participants can withdraw at any time during the study (Newman & Kaloupek, 2009). An earlier study of 327 women who had been through traumatic situations found that, generally, participants did not have adverse experiences during the interviews. Their experience was relatively positive; only 13% of the women were distressed, and 4% regretted participating in the research (Walker

et al., 1997). This may indicate that trauma research is less traumatizing than it is believed to be. Other researchers report that no harm was caused to the participants; rather, their participation benefitted them (Campbell et al., 2010; Snyder, 2016). Meta-analysis examined 70 case studies, conducted between 1967 and 2014, which analyzed the reaction of those participating in trauma-related research involving 73,959 participants; it found that such experiences are generally not traumatizing, and participants do not regret being a part of these studies. However, qualitative studies tend to be distressing for participants who are suffering from PTSD or trauma history. Although the trauma-related study was distressing, at the end of the research, the participants reported that the experience was beneficial (Jaffe et al., 2015). A recent study addressed the effects of researching violence on the psychological well-being of the participants; it reported that IPV research questions made participants feel distressed. However, it is also concluded that it is essential to conduct such research (Hamberger et al., 2020). Moreover, qualitative interviews of IPV survivors offered them a sense of agency, a feeling of being heard, meaningfulness, and healing by sharing their lived experiences and owning their livelihoods (Bredal et al., 2022).

While comprehensive research on IPV is abundant in various global regions, in Mongolia, there is a significant dearth of research on IPV, primarily the interview process with survivors of IPV. In particular, qualitative research focusing specifically on empowerment, and the healing process remains limited in the East Asian region, including Mongolia. Consequently, the exploration of participants' reflections on the interviewing process within the context of the IPV study represents a pioneering endeavor in Mongolia. It is crucial to emphasize that understanding survivors' psychological processes during the interviews contributes significantly to their healing, growth, and empowerment.

6.3. Method

This study, conducted in Mongolia, explored the reflections of participants during interviews for the IPV research to assess and analyze the significance of the interviewing process. The research question addressed how participants felt during their interview for the IPV study; it utilized a qualitative framework that embraced a constructive methodology to gain deeper insight into the ordeals of IPV survivors. The study placed significant value on the distinct experiences of women, which were viewed as those shaped by their personal circumstances, viewpoints, and understanding within the social milieu (Hill Collins, 1997).

6.3.1. Participants

Participants were invited through purposive sampling; 10 survivors of IPV were interviewed for this study. The participants were recruited through a leading local NGO that specialized in delivering psychosocial and legal services to survivors of IPV, also through the first author's personal network. In addition, the first author sent out invitations to her former clients, whose sessions with the therapist had ended more than 11 years ago. The survivors' experiences of IPV were broad-based as they had not been subjected to a single type of violence, but a combination of physical, psychological, sexual, and economic violence.

This study was part of a larger study that focused on the survival experiences of women subjected to IPV. The "survival experiences" study was conducted with 21 Mongolian participants a year earlier in 2019. For this study, 10 participants with diverse socioeconomic backgrounds and differing levels of education were randomly selected. Six participants had higher university degrees and four had a vocational or college degree. Six participants were in professional employment, two were self-employed and two held administrative jobs.

Seven participants identified themselves as spiritual; one participant did not have any spiritual leanings. Nine participants had children, while one participant did not. None of the participants identified with a disability. The participants were aged between 30 and 60 years. The table below shows the demographics of the participants.

Table 9 Demographics of the participants

Demographic information	**Participants**
Age (years)	
20-29	
30-39	6
40-49	2
50-59	2
Region /origin	
Ulaanbaatar (capital city)	5
Rural/ other cities	5
Completed educational level	
Primary/secondary school	
College/certificate	4
University (undergraduate & postgraduate)	6
Spirituality identified	
Non/unidentified	3
Buddhist	6
Christian	1
Tengri	
Years in an abusive relationship	
Less than 1	
1-9	7
10-19	3

20<	
Number of children	
0	1
1	1
2	5
3<	3
Occupation	
Administrative/office	2
Professional	6
Self-employed, informal	2
Not employed/ on pension	
Psychosocial services received	
Psychological counseling	4
Legal counseling and services	4
Social welfare services	1
All services	0
None of the above	3

6.3.2. Ethical and safety considerations

It is important to address ethical concerns, and one must "be prepared to accept feelings of discomfort in a given situation" (Sperling, 2022, p. 3). For this study, the first author/interviewer prepared a list of contact details for locally available psychological services.

The researcher obtained informed consent from all participants, written in Mongolian, and a verbal explanation was given to each participant before they signed the consent document. Thus, participants were able to ask questions about consent and the overall research.

This study received ethical permission from the Ethics Committee of (university name removed) (code removed). To ensure confidentiality, the identity of the participants was not revealed, and their names were coded as P1, P2, P3, and so forth.

6.3.3. Data Collection

The first author formulated interview questions, sent invitations, and conducted the interviews.

Qualitative research aims to establish mutually supportive relationships, benefit the research with enhanced and comprehensive information, and assist the participants in local matters (Kang & Hwang, 2021). As per the World Health Organization recommendations, 2016, the participants were fully informed about the research goals and questions, and each one was given an open space to withdraw at any time during the interview.

Qualitative research allows the researcher to subjectively explore a participant's experiences and identify the reasons behind their reactions and behaviors. This method is most suitable for a marginalized population (Braun & Clarke, 2013, p.6), particularly for women like those participating in this research who have experienced IPV. A qualitative study "captures the complexity, mess, and contradictions that characterize the real world, yet allows us to make sense of the pattern of meaning" (Braun & Clarke, 2013, p.10).

Since the validity of qualitative research can be affected by the researcher's subjectivity, they need to be transparent about their methods throughout the research process (Anfara et al., 2002). Anfara et al. (2002) proposed four key components of validity: credibility, transferability, dependability, and confirmability. These factors should be considered to ensure the research is conducted rigorously and reliably. The first author/interviewer builds a rapport with the participants to provide them with a safe and secure environment where they can express themselves while relating any distressing or unpleasant experiences during the interview (Sipes et al., 2022).

In this study, member checking was employed to validate the interviewer's interpretation of the responses of participants; this ensured accuracy and alignment with their actual experiences. Credibility was established through various methods, including data triangulation and ongoing discussions among researchers/three authors. Transferability was achieved by providing detailed information about the study methodology, the recruitment of participants, and data collection. Additionally, all authors of this study ensured transparency and rigorously maintained the audit trail by documenting the research process, including coding, making decisions of analysis, and ensuring consistency.

In such studies, authority is given to the participants; for example, they can withdraw from the research anytime during the interview (World Health Organization, 2016; Draucker et al., 2009). For this study, all interviews were carried out in Mongolian. The first study was conducted in person in Mongolia between May and June 2019. The interviews were 45 to 90 minutes long, while the revisit interviews took place online in 2020 via Skype because of the restrictions imposed during the COVID-19 pandemic. Such technological aid assisted us in continuing with the research, regardless of the global lockdown. Interviewing via Skype is relatively simple for participants, especially for people who do not have restricted access to the internet, thus creating an easy environment for them (Sipes et al., 2022).

The revisit involved reading out the transcript and allowing the participants to make changes. This approach is widely used in narrative research (Oke, 2008b); the participants feel safe and have the power to make a change if anything has been misinterpreted or misunderstood by the researcher (Knox & Burkard, 2009; Rosenthal, 2016; Rowlands, 2021). During their revisit for this research, participants were not hesitant or reluctant, and the interviewer felt that a relationship based on trust had already been built.

A narrative inquiry allows participants to explore and interpret their experiences through stories ((Bhattacharya, 2017, p.93). The interview method involved the interviewer asking questions that prompted the participants to reflect on their responses; for example, queries such as "how do you feel after listening to your interview after a year?", "how did the interview make you feel?", "what were your insights?", and "is there anything you want to add to the interview?" made the participants contemplate over their response. Reflective questions assist the interview process more meaningfully (Bhattacharya, 2017, p.93).

In the qualitative interview process, the interviewer ensures an egalitarian relationship where the power equation between the interviewer and the survivors is equal (World Health Organization 2016). The interviewer assumes that interviews conducted via Skype may have played a role in balancing the power where the participants had the agency to choose either to have a video or an audio call or to end the call (Sipes et al., 2022). This guideline was followed throughout the research process. As a consequence of the exchange of ideas and feelings, hierarchy, and power dynamics were removed.

The interviewer and the participants exchanged views, shared knowledge, talked about the experience of living in a patriarchal system, their feelings about IPV, trauma, and social injustice, and discussed how IPV is normalized in society. It led to the perception that the interviewer was also one of them, not an outsider or an evaluator. The interviewer allowed the survivors to see her point of view as well. To ensure an egalitarian relationship during the interview, the interviewer gave the participants the agency to decide if they were ready to respond to questions and disclose details about their abusive relationship.

6.3.4. Data analysis

Qualitative data analysis is inseparable from the researchers' subjectivity that is influenced by lived experiences, values, beliefs, and perspectives (Braun & Clarke, 2013, p.36). The value of reflexivity lies in data collection and analysis (Willig, 2013, p.94). Thus, the

analysis of this research is heavily influenced by and reflected in the research interests, values, and beliefs.

Throughout the research and its analysis, researchers employ an interpretative paradigm that involves the "… assumption that phenomena are driven by the way social actors interpret their experiences…" because it is important to capture the distinctive qualities of the experience of interviewing (de Villiers et al., 2021). This research followed the same approach while conducting this study.

For this qualitative study involving survivors of IPV, the researcher employed thematic analysis to detect regularity in the participants' responses, co-relating it to the research's overall objective. Specifically, the researcher used reflexive thematic analysis, which involves interpretation by the researcher during the analytic process, based on their own experience.

An inductive approach is utilized for analysis. The researchers do not have theories prior to coding (Braun & Clarke, 2006, p 83; Willig, 2013, p. 184), and they link themes together and draw conclusions (Willig, 2013, p. 185). The first stage is reading through the data set and then coding them. This is not a linear approach; rather, it takes several times of back and forth (Braun & Clarke, 2006, p. 86). Through empathic interpretation, the researcher identifies common patterns within the data (Willig, 2013, p. 146). The initial step involves identifying the main patterns through multiple levels of coding and then categorizing and making a connection between them. Next, the main themes are identified, reviewed, and named based on the patterns that are apparent in the data (Braun & Clarke, 2006). Themes are constructed rather than emerge from the data (Braun & Clarke, 2006, p. 80). Similarly, while conducting the study, all the authors exchanged ideas throughout the analysis process.

6.4. Findings

The following themes were extracted based on the responses of the survivors during the interviews. The findings indicate the participants' feelings at the end of the interview. The table below shows the themes.

Themes
Theme 1: State of being liberated
Theme 2: State of content and calmness
Theme 3: Sharing difficult experiences: participants' reflections: - Emotional processing during the Interview - Fostering connection: the role of the interview in building rapport - Interview as a catalyst for self-reflection

Theme 4: Future

Table 10 Themes

At the time of the interview, all participants were residing in Ulaanbaatar, the capital of Mongolia. Five participants were from the capital city and five from rural areas. To be included as a participant in this study, the women had to be over 18 years of age and no longer in a situation where they were being subjected to IPV. Survivors still living with their abusive partners were excluded from the study; only participants who were no longer in violent relationships since the last 2-19 years and divorced, separated, or widowed were included in the study.

Distribution of psychosocial and legal services among participants reveals varied patterns; four participants sought psychological counseling, four received legal counseling, one sought social welfare services, and three did not access any of these services. Moreover, three participants did not receive a combination of all services, illustrating the diverse spectrum of service-seeking experiences among the participants.

Theme 1 - State of Liberation:

At the end of the interview session, all participants stated they felt comfortable. To them, this sense of liberation felt like a relief from a psychological burden. For example, P1 expressed that this interview made her "feel free." P3 stated: "I have never had psychological counseling before; thus, I feel released." Furthermore, P8 shared: "All my life, I lived following someone else's orders, and this interview made me realize what liberation is." P7 said that she "felt released from a burden." The women appreciated the comfortable environment in which the interviews were conducted.

Theme 2 - A state of contentment and calmness:

Most survivors, including P8, indicated that the interview made them feel "relieved"; P9 stated: "I feel calm now." All the survivors stated that they felt validated and heard; for example, P10 shared that she felt "heard", and P3 stated: "I never shared my issues with others" and that this conversation made her feel comfortable in the environment created to share her feelings with the researcher. Furthermore, P2 said that it helped her to "realize my lived experience", P8 felt a sense of "contentment", and P9 noted that she "felt secure". P4 said that the interview "seemed therapeutic when I shared my feelings with someone that I can trust", and P2 reflected, "I had never thought about what I had gone through" and felt "relieved and

released" at the end of the interview. Participating in the research and sharing their IPV survival experiences helped the women collectively experience "inner peace." Several participants articulated identical feelings for the interview process and termed it "insightful." Therefore, their collective voice highlighted a common theme, emphasizing contentment and calmness.

Theme 3 - Sharing difficult experiences: participants' reflections:

Emotional processing during the interview

The survivors stated that they had expected a formal interview, but this interview process proved to be easy; P1 termed it "comfortable" while P2 shared: "I got all the information I wanted about dealing with IPV; because of our friendly conversation, it did not feel overwhelming."

During the interviews, some participants wept, and P2 mentioned that "it felt like I was released from all my suppressed feelings while I was crying." When the participants got upset, the interviewer provided comfort with empathy and compassion and offered to discontinue the interview. However, the women were eager to proceed. For women who had not had a counseling session before, this was the first time they were sharing their survival experiences. For example, P2 revealed, "I went through a lot; the abuse was hard to bear at the time." Thus, it was important for the women to be heard and validated. Although the research did not focus on any violent experience, many women were willing to share their ordeals of abuse. The interviewer did not interfere during the process of reflection. P8 questioned the interviewer to find out why the latter had not inquired about her IPV experience. When the interviewer gave the survivor the choice to disclose what she went through, she chose to share. P8 stated, "I want to talk about it. Although it is painful, I want you to know." A majority of the participants emphasized the importance of sharing the nature of the abusive relationship and acknowledged surviving the consequences of abuse.

Fostering connection: the role of the interview in building rapport

Another important aspect of this process was the survivors' sense of belonging. This feeling was engendered either through an informal or formal support network. To some extent, all women had social support; this indicates that they were engaging with their close networks. According to P10, this interview "made me realize the extent of my social support"; P5 stated: "I have supportive colleagues"; and P1 acknowledged: "My parents always support me."

Interview as a catalyst for self-reflection

Some participants asked the interviewer to explain the difference between “survivor” and “victim.” They were told that a survivor survives the consequences of abuse and violence, even during the most violent episodes. The participants were keen to be identified and referred to as survivors. For example, P1 noted: “I never considered myself a victim; throughout my abusive relationship, I was surviving.” After realizing the distinction between a victim and a survivor, P2 firmly responded, “Oh, then I’m a survivor.” P4 shared: “I am in a survivors’ conference; I felt we’re strong survivors.”

Theme 4 - Future:

Many participants stated that the interview gave them a sense of “hope” and “empowerment.” For example, P10 asserted: “I always had hope, my participation in this study demonstrates my hopefulness for the future.” Participant P5 noted: “…the questions really made me think of the future. It is nice to share my plans with someone."

According to P7, this interview made her feel like a torchlight had been shone to show her the way to the future and that this was something she had never reflected on earlier. Many survivors could now think about their future and plan. P3, who had never had any formal support service before this session, said: “I can clearly plan my future now”, and P6 noted: “Earlier, I was not able to articulate anything about my future, but now I can plan”. In the follow-up interview, some participants like P3 referred to the first interview and stated that “everything went as planned”. P4 confirmed: “I changed my plans since we last spoke, but everything’s going as I wished.”

6.5. Discussion

This study shows the importance of validating the experiences of IPV survivors during the research interviews. Although there is previous research available about the participants’ reactions to IPV studies, there is a gap in how these interviews acknowledged the participants’ sense of liberation, calmness, contentment, and realization for the future. The interviewer did not expect the participants to acknowledge that the interview had been a positive experience; they stated that it had been insightful. The interview process acted as a catharsis and a means to rejuvenate the spirit of the survivors. The participation of survivors in IPV research is important, both for researchers and participants. Research on IPV is considered a sensitive domain and has to undergo a rigorous ethical review, mainly due to the potential psychological risks involved (Campbell et al., 2013). A large part of the research on IPV focuses solely on the reactions of the survivors to the negative effects and consequences of the victimization

(Edwards et al., 2014), rather than on the process of an interview itself. The reflections of survivors of IPV research interviews have been under-researched (Edwards et al., 2014). It is vital for survivors to open up to a trustworthy person who provides them the space to release the psychological tension withheld within themselves (Hamberger et al., 2020). The interviewer ensures an egalitarian relationship by removing all power hierarchy, and survivors are given open space to share their lived experiences. Through this process, both the researcher and the survivors become part of the social transformation process to attain social justice and for the co-creation of knowledge.

It is important for women to share their experiences with someone who is interested in their account of what they have been through (Campbell et al., 2010b); a narration of their experiences gives them a sense of agency and ownership of their survival (Hanmer & Klugman, 2016). These shared experiences are their own truth, discovered by exploring how they stood against oppression, and the feeling of being heard as a community (Hanmer & Klugman, 2016). All participants in this research study stated that these interviews brought them inner peace, a sense of calm, and an insight into their own situation. It provided them with a strong push, a confirmation of their lived experiences where they felt they were heard, supported, and validated.

The significance of this study pertains to the uniformity in the participants' reflective experiences during the interview process, despite the variations in the psychosocial services they received. Participants exhibited analogous responses regardless of the extent of services received: some received no services, some received only psychological or legal services, and only one participant received social welfare services. Participants consistently described the interviewing process as therapeutic and conducive to personal growth, underlining the profound impact of this approach on survivors, irrespective of the support services they accessed.

Although the participants in this research displayed distress during the interview, they did not discontinue the process; rather, they indicated it was a healing process where they realized things that were not obvious earlier and found it important to do so. It is important to engage with empathy, compassion, and respect. As a result, the women can fully engage with the interviewer (Campbell et al., 2010c; Oke, 2008a). This was reflected in our study, too. Reflexive interviewing allowed the women to express themselves, and the interviewer's congruence and her compassionate, empathic nature may have appeared therapeutic. This also

suggests that survivors of IPV would like to share their experiences, not only for research purposes but also because the interviews assist the women in constructing their present and future self.

When the women shared their survival experiences, they expressed their sadness and regret in losing time over dysfunctional relationships. The interviewer did not interfere in the process and focused on the women's feelings (Campbell et al., 2010c). Without disclosing their background related to IPV and establishing an egalitarian relationship by reducing hierarchy, the interviewer would have felt a barrier when connecting with these women (Campbell et al., 2010c; Nazneen et al., 2014). Thus, sharing the interviewer's own background results in unfolding the experience, together, making it a meaningful one (Nazneen et al., 2014). It is a crucial part of the interview where the interviewer shares her professional experience.

In this research, the interviewer used the co-authorship strategy; she contacted the participants after a year to reconsider and refine the story. Nanzneen et al (2014) addressed this by closely examining the narrative's components "revise and revisit the narrative." As a result, the survivors confirmed and updated the earlier narratives they shared with the interviewer. The participants were invited to review their previous narratives and make any necessary modifications (Oke, 2008a). Most importantly, women felt validated to hear their own stories after a year. It was a structured exploration for survivors where they reflected upon the process of IPV, taking into account their position in society (Nazneen et al., 2014).

This empowering process would not have been achieved without active listening, where the interviewer was aware of other unspoken lines, which enabled both her and the survivors to fully acknowledge and have survival experiences (Nazneen et al., 2014). It is not enough to be aware only of the words spoken by the survivors, but also to be fully attentive and attuned to the sounds, body language, and untold lines. Thus, listening between the lines benefitted both the research and the women interviewed.

By participating in IPV research, survivors can reflect on and give meaning to their experiences, which results in them becoming psychologically resilient (Snyder, 2016). In the current study, the emotional process during the interview process, fostering connection and the meaning-making process are all likely to contribute positively to their lives. This process helped the women to feel a sense of liberation, and to understand and accept themselves as "survivors."

Furthermore, the interviews helped some survivors identify that they needed psychological counseling; for others, it confirmed that their previous counseling had been beneficial. The survivors becoming agents of social change, imbued with a sense of belonging and agency, was significant to the interview process. By narrating their current achievements, experiences, and future goals, the women demonstrated that they were in the process of feeling empowered.

6.6. Strengths and Limitations of Research

This research aimed to make valuable contribution by addressing the gap that exists in accepting the significance of focusing on the interviewing process in IPV research. Globally, the interviewing process in research is an area that is not extensively studied, which is also true for Mongolia. This study provides valuable insights into the experiences of IPV survivors during the interview process. While examining the experiences of IPV survivors is crucial, this research offers suggestions and perspectives for researchers to consider when conducting interviews with survivors.

A notable limitation of the study is that all participants had exited abusive relationships, thus recounting their experiences retrospectively. This presents a potential limitation compared to survivors currently residing with their perpetrators, whose perspectives and experiences might differ due to their current ongoing situation.

Another limitation is that it is a relatively small study with only 10 participants. Therefore, it cannot be generalized. Due to the global geographical restriction on the overall research body, finding relevant literature in the field was challenging.

6.7. Conclusion

IPV is a sensitive subject and may retraumatize the survivors due to the nature of the research focus. Most research centers on the negative impact and the consequences of the violence that the survivor has endured. However, a study conducted on survivors of IPV can have several benefits for those affected. It is vital to note the importance of the interview process to understand how it makes the women feel afterward. The interviews give the survivors insight, a sense of agency, ownership, and belonging, and act as agent of social change. It helped them to reflect and comfort them with the assurance of being heard and validated. The sense of empowerment that the women had during the interview process was achieved through an egalitarian, open relationship between the researcher and the participants, where the researcher demonstrated empathy and compassion and showed an interest in the

participants' situation. It is crucial for the researcher to share her/his own background and create a common ground in the interview process. It is essential to be empathetic and humane during the interviews so that the participants are fully engaged and comfortable in sharing their innermost feelings.

7. STUDY VI: "PROUD TO SEE CLIENTS MAKING AN EFFORT": PSYCHOLOGISTS' PERSPECTIVES ON INTIMATE PARTNER VIOLENCE SURVIVORS' POSTTRAUMATIC GROWTH

7.1. Abstract

Intimate partner violence affects a significant proportion of women globally, with one in three women experiencing its detrimental effects. Psychologists play a crucial role in offering psychotherapeutic interventions to survivors. Research is scarce on how psychologists' perception of the posttraumatic growth of intimate partner violence survivors, especially in Mongolia and Hungary. Thus, this study aims to explore the perspectives of Mongolian and Hungarian psychologists on posttraumatic growth in clients who have experienced intimate partner violence.

A total of ten psychologists from Mongolia and Hungary participated in this qualitative study, employing thematic analysis as its research methodology. Findings revealed that participants' perceptions commonly identified the psychosocial intricacies associated with the process of separation, emphasizing its profound impact on clients' posttraumatic growth. Additionally, therapists' responsiveness emerged as a crucial factor in fostering growth, highlighting the significance of therapeutic support in the aftermath of intimate partner violence. The role of the therapeutic alliance was also emphasized, with participants recognizing its influential contribution to clients' posttraumatic growth.

This research contributes to a deeper understanding of the nuanced factors influencing posttraumatic growth among survivors of intimate partner violence, incorporating insights from psychologists in both Mongolian and Hungarian cultural contexts. The implications of these findings for therapeutic practice and future research are discussed.

Keywords*: Intimate partner violence, Therapeutic relationship, Posttraumatic growth*

7.2. Introduction

Violence against women, encompassing physical, sexual, and psychological abuse, is a pervasive global pandemic with devastating consequences for individuals, families, and communities. Globally, one in four women experienced violence in their lifetime, which has profound impacts on women's physical and mental well-being, economic security, and overall

quality of life (Meyer et al., 2024). Similarly, high rates of intimate partner violence (IPV) are reported in Mongolia and Hungary. According to the research, one in three women experience IPV in their lifetime in Mongolia (National Statistics Office & UN Population Fund, 2018), while a recent research surveying 2002 women in Hungary has highlighted the prevalence of IPV in the country, with 54.6% of participants experiencing IPV in their lifetime (FRA et al., 2024). These statistics indicate the need for comprehensive and effective interventions and support services for IPV survivors.

While the phenomenon of posttraumatic growth (PTG) has been recognized in various trauma survivor populations, there remains a significant gap in understanding how mental health professionals perceive PTG within the context of IPV. This study addresses a gap by investigating psychologists' perspectives in two distinct cultural contexts: Hungary and Mongolia. Both countries share a high prevalence of IPV but differ in their cultural norms and support systems for women, offering a unique opportunity to explore potential cross-cultural influences on PTG perception among practitioners.

IPV is deeply intertwined with patriarchal social systems, which are prevalent across societies. Patriarchy often exhibits male dominance and control in social, economic, and political structures and perpetuates traditional gender roles and expectations that lead to unequal power dynamics between men and women. This power imbalance and its misuse are fundamental drivers of intimate partner violence (L. Rudman & Glick, 2021). In societies with strong patriarchal norms, men often feel entitled to exert control and dominance, while women are expected to be submissive and obedient to their partners. This creates a ground for IPV, where women may be less likely to challenge abusive behavior or seek help, and men may feel justified in using violence to maintain control.

Despite the challenge posed by patriarchal norms, psychological support services play a crucial role in empowering IPV survivors and facilitating their recovery. Psychological support services exist in both Mongolia and Hungary. However, the scope of the service may differ. National Center Against Violence established the very first anti-domestic violence non-government organization in 1995 in Mongolia; up until recently, it was the only organization that raised awareness, advocated for policies, and provided psychological and legal counseling and shelter to the survivors of IPV, as well as building the capacity of service providers. Shelters provide survivors with legal and psychological counseling, medical care, and livelihood assistance. Likewise, Hungary has a national non-governmental organization, NANE

established in 1995 which provides psychosocial services, hotlines, and shelters, as well as raises awareness and advocacy. A national crisis hotline service provides initial assessment and tele-counseling to survivors of domestic violence and, if required, refers them to shelters (HÉRA & SZEGŐ, 2021, p. 208). This hotline works with interdisciplinary stakeholders to prevent and provide services (HÉRA & SZEGŐ, 2021, p. 209). Moreover, nationwide shelters have regular experience-sharing activities among service providers, strengthening current practices (HÉRA & SZEGŐ, 2021, p. 210).

The consequences of IPV are enormous, affecting women's well-being and livelihood, including psychological, economic, and social dimensions and health. Prolonged and repeated trauma can occur only when the survivor is confined, unable to escape, and under the complete control of the perpetrator (Herman, 2015). Treating trauma can be complex and challenging due to the client's unique circumstances, the severity of traumatic symptoms, and other ongoing life situations. Various elements like existential concerns, family dynamics, cultural influences, socioeconomic factors, gender-related issues, and spiritual considerations can further complicate trauma treatment (Cameron, 2019).

Through psychological intervention, psychologists assist clients in re-establishing connections between their current experiences and past traumatic events (Leithner, 2006). Trauma therapy requires ongoing adjustments and may encounter obstacles, sometimes moving back and forth, gradually attaining more excellent stability and progress (Cameron, 2019). This re-establishment of connection prompts clients to pursue resolutions previously considered unbearable (Leithner, 2006).

According to the self-perception theory, individuals develop beliefs regarding their attitudes and emotions through observing their behavior within specific situations (Bem, 1972). Thus, the therapist’s self-perception is crucial for fostering a therapeutic relationship with their clients. The self-perception of a therapist is likely to influence their empathy, authenticity, and self-esteem, which is a crucial aspect of the therapy outcome. Therapists’ lived experiences are essential to therapeutic relationships and outcomes (Aponte, 2022).

Psychotherapy is essential in facilitating PTG for survivors of IPV, creating an environment that acknowledges and addresses the impact of IPV, enabling survivors to navigate their healing process and cultivate personal growth. PTG refers to the positive psychological changes that can occur after experiencing trauma, and it involves an ability to have a positive outlook on the

future without relying heavily on detailed planning or specific expectations (Tedeschi et al., 2018, p. 5; Ulloa et al., 2015).

Safety is essential for survivors of trauma recovery (Herman, 2015, p. 134). Thus, psychological and physical safety is the core of trauma therapy. During the journey of therapy for survivors, the psychologist's presence is essential. The clinician must have a sense of safety, preparedness, atonement, connection, patience, creativity, flexibility, and emotional depth (Cameron, 2019). These attributes are essential in creating a therapeutic environment that promotes healing and growth for survivors (Cameron, 2019). Providing choice, autonomy, agency (Herman, 2015, p. 135), psychoeducation, a safety plan, availability displaying congruence, unconditional positive regard, and having a choice in the therapeutic process are core components of trauma therapy. This sense of control for the therapy contributes to its efficacy (Cameron, 2019).

The cornerstone of the therapeutic relationship lies in authenticity and genuineness, wherein the practitioner demonstrates the capacity and willingness to be true to oneself within the relationship by being open, honest, and sincere. The positive outcome of psychotherapy or the healing process depends on the culturally attuned practice (Wampold & Imel, 2015, p. 55). However, a few studies have been conducted in which clinicians voice their perspectives on their clients' growth and relationships.

Engaging with a clinician represents a proactive stance toward seeking viable solutions, a perspective often viewed favorably by clients (Wampold & Imel, 2015, p. 58). The client actively contributes to the therapeutic process by incorporating the prescribed components of the treatment, following mutual consensus on the therapeutic objectives (Wampold & Imel, 2015, p. 60). This collaborative involvement stresses the therapeutic alliance's dynamic and participatory nature, highlighting the client's role in shaping the course of their treatment journey.

A study conducted in Australia found that 114 participants and clinicians agreed with the mental health consequences of family violence; they refer clients to various organizations without any proper guidance. Only 20 percent of the participants were confident in referring, supporting, and screening the clients (Soh et al., 2021).

Meta-analysis of 201 studies on the therapeutic alliance of over 14000 clients found that therapist effect and alliance are contributing factors to the outcome of psychotherapy (Horvath

et al., 2010, p. 5). In a recent meta-analysis conducted in 2021, encompassing 34 studies, it was discovered that there exists a significant positive correlation between therapeutic alliance and the treatment of PTSD (Howard, 2021).

7.3. Methods

The current study aims to provide psychologists' perspectives on their clients' experiences of PTG and the effect of trauma counselling on their relationships. It is crucial to document psychologists' experiences in the trauma field to identify the impact of trauma caused by IPV.

7.3.1. Participants

Participants were recruited through purposive sampling, where the first author/interviewer sent an invitation to participate in local organizations in Mongolia and Hungary. The inclusion criteria were only a psychologist or psychotherapist who provides psychotherapy to the survivors of IPV with a minimum of two years of work experience. The exclusion criteria were a psychologist who does not work with survivors of IPV in Mongolia and Hungary because the first author is a Mongolian national based in Hungary, and IPV PTG of survivors' research was conducted in both Mongolia and Hungary. The focus of this research is unique to both countries. This study included five Mongolian and five Hungarian psychologists from governmental and non-governmental organizations. All participants are qualified psychologists who were trained in psychotherapy. Their work experience ranges between 5 to 20 years. Of the participants, nine are female, and one participant is male. All ten psychologists expressed their interest in participating in the study without hesitation.

Mongolian participants are M-P1, M-P2 etc; and Hungarian participants are H-P1, H-P2 etc.

Table 11 Demographic Information about the Participants

Demographic information	**Participants**
Age (years)	
20–29	M-P:1; H-P:1
30–39	M-P:3; H-P:4
40–49	
50–59	M-P:1
Region/origin	
Ulaanbaatar/Budapest (capital cities)	M-P:5; H-P:5
Rural/other cities	
Employment Governmental organizations Nongovernmental organizations	 M-P 1; H-P 1 M-P 4; H-P 4

Years of Work experience	
1-5	M-P:1; H-P:2
5-10	M-P:3; H-P:3
10-15	
15+	M-P:1

7.3.2. Data Collection

Data collection for this study involved both online and in-person interviews. All Mongolian interviews were held online, and four Hungarian interviews were conducted in person, and one conducted online. Hungarian in-person interviews occurred at the psychologists' office or the authors' institution. The interviews lasted between 45 to 90 minutes. Mongolian interviews were conducted in Mongolian and translated into English, and Hungarian interviews were taken in English. The interviews were audio recorded and transcribed.

The study employed a semi-structured interviewing method, in which participants were asked open-ended questions, such as, "How would you describe your clients' posttraumatic growth?" "How do you see clients plan their future?" "To what extent do survivors plan for their future?" "How do you feel when you notice your clients' PTG?" etc.

7.3.3. Data Analysis

The study used thematic analysis, which aligns with the research questions and allowed systematic examination of the data to identify, analyze, and report a deeper understanding of their perspectives and beliefs and to identify common patterns in the data collected (Braun & Clarke, 2006). This study employed thematic analysis, which is advantageous for thoroughly analyzing data and uncovering meaningful insights. This method enables comprehensive documentation of participants' experiences, how they construct their realities, and the specific meanings they convey (Braun & Clarke, 2006). The researcher utilized reflexive thematic analysis, which allows the interviewer's experience and enables interpretation in the analysis process (Braun & Clarke, 2020, p. 7). The beginning stage involved familiarizing and getting to know the depth of the data. The first author actively read the transcript multiple times and engaged with the data. Two-stage coding occurred in the reflexive thematic analysis, where the first author conducted and categorized the codes. In the next stage, categories were put into themes with names that defined each theme's context. Although it may sound linear, it was a back-and-forth process where the first author returned to the coding and categories to ensure all themes were identified. Semantic analysis captures the surface of the data, and latent coding

reveals the authenticity, which brings out hidden ideas that cannot be discussed in the culture. Latent coding and semantic approach go together in this research (Braun & Clarke, 2006), the identified themes are the outcome of this study. The last stage was to write the analysis.

To ensure trustworthiness, the author had read the transcription several times before and during coding and categorizing. The identified categories and themes were then discussed among the research team.

7.3.4. Ethical considerations

The researchers obtained ethical permission for the study from the university's Ethical Committee (2021/552). At the beginning of the study, the first author developed informed consent in Mongolian and English, which was presented to all participants at the time of the interview and ensured autonomy, anonymity, and confidentiality.

7.4. Findings

The themes are participating psychologists' perspectives on the complexity of the separation process from IPV and their responsiveness to survivors' overcoming self-blame, a sense of security and agency, and resources. Finally, the therapeutic alliance was explained by all participants where they identified therapeutic pride, hopes for the future, remaking of the self, and clinician's competency.

Table 12 below shows the themes identified by the Mongolian and Hungarian psychologists.

Table 12 Psychosocial complexity of separation

Theme	Subthemes
1. Psychosocial complexity of separation	• Psychological complexity • Social complexity support and family background
2. Therapists' responsiveness	• Overcoming self-blame • Sense of security, agency • Resources (internal and external)
3. Therapeutic alliance	• Therapeutic pride • Hopes for the future • Remaking a self • Competency

Participants highlighted the significant psychosocial complexities faced by IPV survivors when separating from abusive relationships. These complexities result from the trauma experienced, leading to a mix of adverse emotions that impact survivors' sense of self. Additionally, the social complexities of separation were emphasized by the participants as they noted that some survivors lacking support systems while others benefited from them.

Theme 1: Psychological complexity

Interviews revealed that psychological consequences of IPV include complex trauma symptoms, which leave women vulnerable and fragile. H-P5 explained, "Survivors' narrative is fragmented; there are things that do not just depend on them (…) make them more vulnerable."

All interviewees felt that IPV separation complexities leave women with a mixture of intricate feelings. Both Hungarian and Mongolian participants shared that survivors go through the complexities of deciding while experiencing fear, betrayal, grief, confusion, doubt, shame, blame, posttraumatic stress, sadness, anxiety, loss of hope, guilt, regret, desperation, a sense of insecurity, a state of confusion because of complex trauma.

For example, M-P3 mentioned: "Survivors, at the beginning of separation, are likely to feel intense fear and negative feelings." H-P5 expressed the state of confusion: "Women are left confused (…) they cannot make good impressions on judges who make decisions (…) she must convince judges, also on the other hand, she must show that she is defenseless, and traumatized. How can she be both?", M-P2 shared that the "separation process is complex; women go through a blend of complex feelings of guilt, regret, betrayal at first, survivors feel down." M-P3 expressed: "In the first half year or a year, women go through much emotional turmoil, and once they overcome them, it becomes easy to carry on the process."

Many participants pointed out that survivors always question themselves about separation; M-P4 expressed that "survivors have to consider many things upon separation: have I made the right decision? How will I carry on my life? What are the advantages and disadvantages of separation?" M-P1 shared: "A court procedure leaves women blamed, and as a result, women are left with more confusion."

Some participants mentioned that this confusion also comes from thinking about the perpetrator who once was the love of women; H-p4 shared: "Women feel grief because they already had a picture of themselves, that these men are the love of their life. It was just an illusion…what you feel is not you feel."

Participants extensively discussed how IPV affects one's nervous system. H-P4 shared that "they find themselves in a dissociative state, and they are on a flight, fight, and flee state … IPV affects women's nervous system; it affects emotions; they are prone to intense emotions and outbursts." Furthermore, M-P2 expressed that "survivors go through with an alarm in the

amygdala, women survive with their survival /existential instincts using flight, fight, and flee mode."

Participants explained fear in survivors in several ways: "While most survivors are fearful of physical safety from the perpetrator, some were fearful of action of the perpetrator when they find them, and lastly, the fear of future loneliness, i.e., what if the survivor cannot find a partner again," M-P2 expressed. Survivors often feel insecure and look for cures for threats; likewise, H-P4 said, "They are alert and seek out indicators of potential danger, and this affects their trust in other people."

Most participants shared that survivors rush into changes at the beginning of the separation process, which often do not come through as wished, further prolonging their confusion. H-P5 explained: "Initially, I slow down the women to let them see the present moment." A Mongolian participant, M-P4, said, “When things do not go as they wish, they are confused.”

Participants noted that survivors felt insecure at the beginning of the separation process, linked to limited psychological, financial, and physical resources. For example, M-P1 expressed that "survivors worry about how they would live. It is hard to see the future in the beginning".

Separation is a process in which survivors go through various non-linear stages. H-P5 explained: "Women can spend various time on separation, and it can go back and forth." After the first stage of confusion and complex feelings, "they are likely to realize how and why women tolerated the violence," explained M-P 2.

Social complexity support & family background

Participants emphasized the critical role of social support systems in the separation process, contrasting survivors who benefit from robust support with those who lack it. The absence of adequate support often exacerbates the challenges faced by survivors.

Most participants expressed the importance of a support system and family background for the separation process. M-P5 expressed: "Women who have a support system are more likely to move on with life," furthermore, H-P5 stated, "Women who have supportive families can cut the tie with the abuser, and it looks like if the family physically farther, the better."

On the other hand, participants also mentioned that survivors who have poor support from their family or friends are likely to be left with a more confused state of being. M-P5 stated that a "poor social support system leaves women more vulnerable and fragile." Furthermore, M-P4

stressed that "without social support, women are likely to consider returning to the abuser." This notion was expressed further by H-P5: "When the family is against the survivors, women are left alone."

Due to the nature of the IPV, perpetrators generally isolate survivors from their support system, friends, and family. Such isolation negatively affects women's sense of self, such as self-blame, and they become less likely to seek assistance. H-P1 expressed, "Women lack existing connections to others… it is hard for them to ask for help, survivors are made to believe that no one hears from them. Eventually, women blame themselves."

Participants noted that survivors with children experience complications and worry a lot for the future, H-P4 "thinking about children's future, especially they are very risky and likely to be more vulnerable." Mongolian participants also shared similar experiences, M-P1: "Women worry about their children."

As a result of a lack of a trauma-informed support system, women are likely to experience a cycle of IPV, such as getting back together with the perpetrator and going into a new unhealthy relationship. Psychological separation from the perpetrator is challenging for survivors. Women's survival experiences of IPV and separation are likely to become a pattern of the cycle of violent relationships; M-P1 stated, "Survivors are left with no choice of going back to violent relationships." Some Hungarian participants mentioned that Hungary has an excellent formal social support system where survivors with children are protected, and self-referrals are high in number.

The separation process without any support causes a double burden to women, as expressed by participants. Some survivors tend to feel like giving up, returning to the violent relationship when there is a lack of informal and formal support; M-P1 shared: "During the separation process when survivors are not supported by family or formal system, they often think about getting back to the relationship." Furthermore, it is harder for survivors with children to separate, M-P1 expressed: "Women have to consider who will take care of their children, how will they manage everything."

On the other hand, only a few survivors with full support from their families are likely to decide to separate. H-P4 "Women have a place to go," which would serve as her sense of safety. M-P1 said, "With full support, survivors will likely decide faster. They see their future."

Theme 2: Psychologists' responsiveness

All participants expressed the importance of influencing factors that help overcome complex feelings of self-blame and reach a sense of security and agency through internal and external resources. Through trauma-informed psychotherapy, survivors can tackle self-blame and process the healing journey. As a result, according to our participants, survivors are likely to gain a sense of security and recognize and acknowledge their internal and external resources. However, survivors experience the separation process differently depending on their resources. There are not any "one size for all" recipes.

As all participants shared, one of the main qualities of a helping professional is empathy for their clients' vulnerability and complexities. For example, M-P1 shared, "I empathize with my client about difficulties in leaving the relationship."

Overcoming complex feelings and self-blame

Participants' differing therapeutic tools and approaches assist survivors in acquiring skills and transforming cognition, where survivors cease self-blame and start their healing journeys. Such tools and approaches help survivors reach PTG, where women start to see a change in their relationships and broader life, for example, as explained by H-P5: "After separation, women get a psychological space to realize oneself," and by M-P2: "discharging all the feelings through their narrative and allowing vulnerable feelings such as crying."

Sense of security

Participants expressed that most survivors reach a sense of security, agency, and confidence. M-P4 expressed: "After the separation, women's financial status plays a significant role. If women have a stable income or formal employment, they are likely to have security and a sense of agency". All participants mentioned the importance of stable income, H-P1 further elaborated: "Due to complexity and uncertainty of divorce from the perpetrator, finances are the main issue for survivors, i.e., mortgage, housing, managing daily livelihoods and costs of court proceedings."

Regular trauma-informed psychotherapy assists in survival experiences. M-P1 expressed, "In the first few sessions, it is hard for women. After several sessions of grounding and building a trusting relationship, women feel content and grounded." This trusting relationship with the psychologist helps survivors stabilize their emotions and feelings. As a result, survivors are likely to feel secure and confident.

As PTG occurs, survivors become agents of their lives, and women tend to become assertive and stand up for themselves. For example, H-P5 states, "Women cease to accept abuse, set boundaries, and learn new perspectives in life." Survivors start to see opportunities and decide for themselves and their children, resisting the perpetrator's power imbalance. M-P2 states, "... then women reach financial, psychological, and physical independence."

Internal and external resources

Participants expressed the importance of internal and external resources for survivors. Internal resources include coping strategies and resilience; external resources include women's family and friends or formal support.

Survivors possess numerous internal resources to navigate and overcome the consequences of IPV. For example, H-P 4 explained: "Clients have special skills, but they do not know how to use them", and further elaborated, "Resiliency is an influencing factor for a coping mechanism." Mongolian participant M-P4 expressed: "Women's family background plays a strong role in their resiliency and internal power. For example, women who grew up in a healthy or functional family are more likely to be resilient as compared to women who witnessed or lived through domestic violence. The latter women are less likely to have healthy internal resources."

In contrast, some participants said, "Although women respond to therapy sessions, it is challenging for them to keep up the homework", stressed by M-P2. This was explained by H-P5: "Women's adaptive process differs; through certain therapy techniques, women learn coping strategies, adaptation and survival skills".

While some survivors have external resources, others may lack such support, M-P2: "Women who do not have proper support are likely to relapse to the violent relationship". Similarly, this was noted by Hungarian participants.

Participants shared that the therapeutic approach has to be flexible. As emphasized by H-P1, "Sometimes it is important to cut off the therapeutic relationship, because PTG is not linear and cannot last longer, later there might be setbacks. Thus, we should give a space for women to experience this growth."

Several participants mentioned psychologists' role as a type of external support, H-P1 explained: "Professional therapeutic help from a psychologist is important because society does not talk about the abuse; some families do not want to accept that their daughters are being

abused. Thus, women need to have a real conversation with validation of their lived experience."

Some participants mention the importance of keeping informal community support. Survivors' support groups were highlighted; for example, H-P1 states: "Joining a support group makes women confident, less likely to relapse because they do not want to be in the victimhood again." Also, the importance of feminist support was mentioned by Hungarian participants. In addition, social media plays a role as a support for women where survivors talk to each other and subscribe to professional organizations' accounts. However, the downside of social media is also mentioned by H-P1: "Survivors often do not know how to differentiate fake and factual information; some of them do not realize that their experiences are not universal, thus likely to affect them negatively."

Participants stressed the importance of trauma-informed services. Formal support in both countries responds differently to survivors. All participants shared the critical role of psychosocial support and law enforcement.

All Mongolian and some Hungarian participants mentioned that a lack of a trauma-informed support system, particularly insensitive to trauma law enforcement, negatively affects women's survival experiences and their PTG. As M-P1 pointed out "Rather, the system retraumatizes women," and H-P1 expressed, "the process of law enforcement system is slower than the women's psychological progress (…) going back to the judicial system over and over, after a certain period women are psychologically not there, it is tough for them". Some other Hungarian participants expressed that lacking trauma-informed judicial and law enforcement system and psychosocial service leaves women lonely, helpless, and hopeless. Also, a "social welfare multi-stakeholder team at the local level must provide trauma-informed service where client regularly receives services for themselves and children's health, education and psychological well-being," elaborated by M-P1. On the other hand, a Hungarian participant mentioned that the formal system is well established, especially for women with children, and the social services are responsive. Also, participants noted that survivors need to be aware of the available services.

Although IPV is an issue in society, it still has not been recognized as a real problem; H-P1 mentioned, "Some educated people still believe that domestic violence does not exist in Hungary; this really affects women to reach out for support."

Theme 3: Therapeutic alliance

A sense of pride resonated throughout the participants' narratives as they reflected on their clients' journeys toward healing and growth. They emphasized the profound impact of forging strong therapeutic relationships built on trust and rapport, highlighting this connection as a cornerstone of their client's progress and a source of professional fulfillment.

Therapeutic pride

In the therapeutic alliance, psychologists expressed a shared experience of pride in witnessing their clients' progress and resilience. All participants extensively expressed their pride in witnessing their clients' PTG. For example, H-P4 "Inside, I feel like a football fan. I believe in processes; the growth process starts as soon as women decide to leave the violent relationship."

All participants expressed that therapeutic relationships could be the main source of growth, H-P4 explained: "I have a good rapport with every client; I do not discriminate against my clients based on whether this person has a growth or not." Moreover, the feeling of pride was expressed by all participants, M-P1: "Survivors start to see things from different angles, they feel being empowered, although it is a lifetime process," and H-P4 described "there are moments of joy, sadness, and horror experienced by clients (…), amidst a sea of sadness and violence there is an island. This island can grow." Psychologists felt "pride to see survivors making an effort (…) they have power in their hands (…) they are independent and strong", expressed H-P4. "It is fulfilling to see the change," shared H-P1. Further, "Therapeutic sessions are where I mirror them and reflect them; sometimes they do not realize that PTG is taking place, so I make them aware," explained H-P1.

It is not easy for participants to end the therapeutic relationship with their clients, and the process of healing and recovery for women is ongoing. Therefore, survivors require the continued support of a psychologist. H-P1 pointed out, "Life is about encountering new obstacles so that survivors would need psychological help; most importantly, clients learn to take challenges due to the therapy.", H-P2 further explained, "Considering practical terms, we have to let them go and experience the world. Yet, it is not the end of the process, and we can continue supporting them."

As psychological services are relatively new in Mongolia compared to Hungary, some Mongolian participants mentioned that survivors go through the process of building trust in a psychologist, which takes longer. As M-P4 stressed, "building a trusting relationship is one of the crucial aspects because mainstream society does not support it."

Hopes for the future

Within the therapeutic alliance, participants emphasized the importance for clients to develop hopes and aspirations for their future.

Looking towards the future, survivors have several factors to check, as M-P2 enlisted: "whether women feel safe, is there any threat or not, do they have financial independence, what is her status in the community and the society (…) then women see their future."

Some participants mentioned that survivors have different means for the future. As H-P4 pointed out, "Some clients have dreams, and some others plans." Due to the availability of internal and external resources, "some clients can not materialize these dreams," shared by H-P4. A Mongolian participant, M-P5, mentioned that "Planning is essential, whether short—or long-term. Survivors constantly plan their lives."

In contrast, according to the participants, some survivors face challenges in having hope for the future, M-P2 shared that there are complexities involving "women with children if the perpetrator is currently threatening them. If women are financially dependent on perpetrators are just some examples of complexities of the planning." Furthermore, some survivors are likely to be socially isolated as part of the IPV; it will be hard to have confidence in the future.

Remaking a self

Hungarian and Mongolian participants mentioned a sense of remaking of self in clients through the therapeutic relationship. H-P4 shared that "growth moments keep women in the process. On the other hand, when women do not experience growth, "they would drop out of the sessions," explained H-P4.

H-P5 further elaborated: "Client believes in herself. She is something else than she thought to be." Remaking her sense of self is a process, according to H-P5: "It's a big journey to the sense of self. Women connect to the self, emotions, and skin; in the process, they figure out what they like. In a violent relationship, the sense of self is not destroyed, but hidden somewhere."

Once the survivors learn and educate themselves with skills and own them, "they reach emotional stability, they feel safe …" H-P5 expressed that as part of the growth, "there is the root in your life, culture… you can become something wholesome." Furthermore, M-P2 explains that "women take the initiative in their livelihood, becoming independent, getting a sense of agency and becoming empowered."

Making new relationships, being validated, and being believed during the therapeutic relationship influences the growth process, further explained by H-P5: “Women tell their stories, they are believed here, they are safe here…somehow survivors see things from a different angle, different perspective.” H-P1 expressed that “self-actualization is good for growth,” which “comes as a process,” further explained by M-P2. As part of remaking themselves, women start to question that “you do not deserve abuse … narrative came to be untrue for most survivors”, explained by M-P3.

Competency:

Several participants mentioned the importance of psychologists’ competency. For example, a Mongolian participant mentioned: “A psychologist who keeps boundaries, continuously learns and strives to be competent are more likely to influence PTG.” Another Hungarian participant stressed, “Although survivors’ growth depends on other factors, our skills and competency are important.”

7.5. Discussion

This study examined psychologists’ perspectives on the PTG process of IPV survivors. Participants enthusiastically agreed to participate, highlighting the need for research exploring psychologists' experiences in this area.

This study underscores the interconnectedness of therapeutic alliance, cultural competence, and trauma-informed practices in fostering PTG. A strong therapeutic alliance, characterized by empathy, presence, and congruence, creates a safe space for survivors to heal and grow (Cameron, 2019). Culturally competent interventions are also crucial, as cultural norms and expectations can influence how survivors perceive and engage with therapy. However, the study reveals a critical inconsistency: while trauma-informed psychotherapy can facilitate PTG, legal and law enforcement systems in both Mongolia and Hungary often lack this approach, potentially retraumatizing survivors. This highlights the urgent need for trauma-informed practices to be integrated across all systems interacting with survivors.

Participants extensively discussed the complex dynamics of separation from an abusive relationship. Survivors navigate psychological and social complexities, including fear, grief, shame, and isolation. Through trauma-informed psychotherapy, clinicians empower survivors to overcome self-blame, cultivate security and agency, and recognize their internal and external

resources (Herman, 2015, p. 147). This aligns with previous research emphasizing the crucial role of therapeutic relationships in facilitating positive outcomes (Norcross & Wampold, 2019).

Participants identified clients' internal and external resources as essential components of PTG. Tedeschi (1999) suggests that releasing emotional strain entails managing intrusive thoughts and actively working through the reflective process. The psychologist and survivor work together toward the common goal of recovery. This collaborative connection, characterized by trust and mutual understanding, contributes to PTG (Pederson et al., 2022).

The study also highlights the role of cultural factors in shaping survivors' experiences and pathways to PTG. Cultural norms, such as the emphasis on family honor and shame in Mongolia, can influence how survivors perceive and engage with therapy, emphasizing the need for culturally sensitive interventions.

Participants have a self-perceived sense of therapeutic accomplishment or therapeutic pride. They felt proud when clients experienced growth, signifying that the therapeutic relationships and interventions effectively facilitated positive change. This aligns with findings that practitioners who value their work and therapeutic relationships are more likely to have positive outcomes (Michalchuk & Martin, 2019).

Finally, PTG is contingent upon psychologists' competence, upheld through adherence to professional codes of conduct, ongoing education, and proficiency in trauma-informed psychotherapy practices. The participants in this study were experts in the field who had been providing psychotherapy to survivors for several years. The interviewer (first author) did not feel intimidated or experienced any power imbalance during the interviews. Clinicians usually ask questions, but in this study, they were asked in-depth questions about their clinical work (Ullman, 2005). All participants pointed out that they had never had an opportunity to be asked such questions, especially about their relationship with the client, and expressed appreciation for such an opportunity.

This study provides valuable insights into psychologists' perspectives on IPV survivors' PTG process. It highlights the importance of therapeutic alliance, cultural competence, and trauma-informed practices across all systems interacting with survivors. Future research could explore the development and implementation of trauma-informed training for legal and law enforcement professionals, paving the way for a genuinely supportive environment that fosters healing and growth for IPV survivors.

7.5.1. Implications for practice, research, and policy

Based on the insights from participants, the study derives the following implications for both countries:

- Advocacy is needed for introducing and improving trauma-informed structures and services where survivors feel heard and validated and continue their recovery journeys.
- Raising awareness about the availability of trauma-informed psychosocial services to survivors.
- Extra attention must be paid to preventing IPV by teaching the public emotional literacy.
- Interdisciplinary service providers should have a comprehensive understanding of gender-based violence.
- More research on PTG, IPV, and the effectiveness of clinicians or interdisciplinary teams should be conducted in both countries.

Clinicians should prioritize establishing a strong therapeutic alliance, incorporating cultural considerations into treatment, and utilizing evidence-based trauma-informed interventions. Future research could further explore the therapeutic alliance's longitudinal impact on PTG and the development of culturally specific interventions for IPV survivors.

7.5.2. Strength and Limitations

This study on psychologists' perspectives of IPV and PTG is the first attempt to provide new empirical evidence for Mongolia. In addition, Mongolian and Hungarian psychologists' experiences and voices have been gathered, which draw meaningful implications of IPV for psychosocial services and overall PTG. This study encourages further studies.

While the interviewer's background as an experienced practitioner provided valuable insights and facilitated rapport with participants, it also presented a potential source of bias. Reflexivity was employed throughout the research process to acknowledge and mitigate this potential bias. The first author's extensive experience in the field aided in critically examining personal assumptions and interpretations, ensuring a more nuanced and objective analysis of the data.

The study was conducted in two countries with a low number of participants; thus, we avoided generalizing the results. Given the cultural differences between Mongolia and Hungary, the results might be influenced by specific cultural factors that are not universally applicable.

Furthermore, it is essential to note that the positive perspective adopted in this research did not investigate adverse experiences of trauma therapy.

Additionally, since Hungarian psychologists were interviewed in English, which was not their native language, and Mongolian interviews were translated into English, the language translation and interpretation could potentially result in some loss of meaning. More Hungarian psychologists could have participated in the study if it had been conducted in Hungarian.

7.6. Conclusion

This study highlights the crucial role of psychologists in facilitating PTG among survivors of IPV. The participation of Mongolian and Hungarian psychologists highlights the need for a greater focus on clinicians' perspectives in academic research. Key findings emphasize the importance of a therapeutic alliance, where empathy, presence, and congruence create a safe environment essential for survivors' PTG. Challenges include the lack of trauma-informed practices in judicial and law enforcement systems, which can hinder recovery. The study reveals the therapeutic pride psychologists experience in witnessing clients' growth and the necessity for ongoing professional development in trauma and IPV. However, the study also identifies a critical need for more trauma-informed practices and services, as highlighted by the participants. The absence of adverse therapeutic outcomes in the participants' responses may indicate positive bias or an underrepresentation of challenges in the therapeutic process. Nonetheless, it also reflects the strong rapport and mutual understanding developed between psychologists and their clients, contributing to the survivors' PTG.

The findings advocate for a deeper understanding and acknowledgment of the psychologists' role in the PTG process, emphasizing the value of their work and the positive impact they have on the lives of IPV survivors. Overall, it calls for systemic changes to better support IPV survivors and recognizes the significant impact on survivors' journeys toward recovery and growth.

8. GENERAL DISCUSSION

This dissertation makes several significant contributions to the field of IPV research. It addresses the existing research gap in Mongolia by providing empirical evidence on the psychosocial aspects of IPV, with a particular focus on the under-researched areas of PTG, the interviewing process, and therapeutic alliance. By employing qualitative research, the dissertation offers a comprehensive understanding of the phenomenon.

Cross-cultural comparative studies offer a rich understanding of the diverse experiences IPV across different societies. This dissertation examines such comparisons, specifically examining IPV dynamics in Mongolia and China, as well as Mongolia and Hungary. The comparison between Mongolia and China highlights the influence of cultural and societal factors on IPV experiences. Despite both countries having patriarchal societal structures, there are significant differences in how IPV is perceived and addressed. In Mongolia, traditional nomadic lifestyles and cultural norms contribute to the underreporting of IPV, whereas China's legal framework and social systems offer a contrasting approach. The cross-cultural comparison between Mongolia and Hungary is a novel aspect of this research, focusing on the universal and culturally specific aspects of IPV and PTG. This comparison highlights the importance of considering cultural context in understanding and addressing IPV. Both Mongolian and Hungarian survivors reported experiencing physical, psychological, and sexual violence, highlighting the universality of IPV across cultures. Additionally, patriarchal norms and gender role expectations played a significant role in shaping the experiences of IPV in both countries, hindering help-seeking and perpetuating the cycle of violence. Despite these similarities, there were also notable differences. [1] In Mongolia, the cultural emphasis on family unity and the shame associated with IPV disclosure often led survivors to endure abuse for extended periods. In contrast, Hungarian survivors were more likely to seek help from formal support services, such as shelters and NGOs, due to greater awareness and availability of resources. These differences highlight the importance of considering cultural context when developing and implementing interventions to address IPV. The findings suggest that while the experience of IPV is universal, the specific indicators and recovery processes can vary across cultures. Overall, the cross-cultural comparison between Mongolia and Hungary provides valuable insights into the diverse experiences of IPV survivors and their pathways to PTG. The findings emphasize the importance of culturally sensitive and trauma-informed interventions to address IPV and promote healing and growth among survivors. Below table illustrates the six research.

Table 13 Illustration of the six research

Study name and number	Aims and research questions	Methods	Findings	
			Master themes	**Subthemes**
Study I: Psychosocial Aspects of Survival Experiences of Intimate Partner Violence in Mongolia and Mainland China: A Narrative Review	To reveal literature on power distribution in intimate partner relationships and the psychological consequences of IPV in Mongolia and China.	Subjectivist and interpretive paradigm Academic search engines: Google scholar, EBSCO and international and national reports,	• Power to disclose • Interpersonal power • Psychological consequences of IPV: Trauma	
Study II: "I Established a Life; I Can Re-establish It Again": Lived Experiences of Intimate Partner Violence in Mongolia	To explore the survival experiences of Mongolian women, their understanding of the "survival process," and the availability of different support systems.	The study employed a qualitative paradigm within both political and constructionist approaches to better understand the survival experiences of Mongolian survivors of IPV. 21 Mongolian survivors of IPV who are separated or not living with the perpetrator. Thematic analysis	• Enduring IPV- "The relationship was suffocating" • Reassessing the relationship - "I hoped he would change" • Opposing the traditional values of preserving family unity "I can't keep the family together" • A sense of social and community support - "she's	• Types of IPV experienced • Psychological, physical, and social effects • Ambiguous effects on children • Cessation of self-blame • Family expectations • Lack of support from family • Informal social support • Formal support • Sense of survivor hood • Sense of affirmation and achievement

			there for me, no matter what" • A sense of self rebuilt - "I established a life; I can re-establish it again"	• Affirmation of social values • Knowing one's limitations • aspirations
Study III: Posttraumatic growth: Experiences of Mongolian and Hungarian survivors of intimate partner violence	To examine PTG among women survivors of IPV.	The study employed a qualitative paradigm within a constructivist approach that allowed for a better understanding of the experiences of Mongolian and Hungarian survivors of IPV. • Five Mongolian and five Hungarian survivors of IPV who are not living with the perpetrators. • Thematic analysis	• Positive changes: "I will be like fire in the future" • Relationships and role models: "My colleagues are very supportive" • Strength: "After 20 years, I can say I am not afraid anymore" • Advocacy for social change: "I want to help other survivors out there" • Appreciation of life: "I have good karma walking down along the street or even	• Plans for the future • Sense of security • Caring for children • Professional relationships and friendships • A new intimate relationship • Spirituality

			drinking a cup of tea"	
Study IV: Case Study: Effects of the COVID-19 Lockdown Restrictions on Eight Mongolian Single Mothers	To investigate the psychological effects of the COVID-19 lockdown	Case study Participants: Four former IPV survivor single mothers and four non-IPV survivor single mothers	IPV survivor single mothers: • Negative effects of lockdown • Positive effects of lockdown • Non-IPV survivors of single mothers: • Negative effects of lockdown • Positive effects of lockdown	• Uncertainty • Change in income • Children • Access to health services • Access to information • Stigmatization and blaming attitude • A creative process and acquiring/strengthening life skills • A reminder of values • Collective care • Uncertainty • Change in come • Children • Food • Debt • Work • Health • Collective care • Health • Cases impulsive expenditure • personal development • benefits of pets
Study V: Exploring Reflections on the Interviewing Process of Intimate Partner	To explore the reflections of participants during interviews for the IPV research to assess and	A constructive methodology to gain deeper insight into the ordeals of IPV survivors.	• State of being liberated • State of content and calmness	• Reflection of the abuse • Reflection of the belonging • Reflection of self

Violence in Mongolia: "I felt it was like a torchlight showing the way to the future."	analyze the significance of the interviewing process. The research question addressed how participants felt during their interview for the IPV study	Ten Mongolian IPV survivor women. Reflexive thematic analysis	• Reflecting on experiences • Future	
Study VI: "Proud to See Them for Making an Effort": Psychologists' Perspectives on Intimate Partner Violence Survivors' PTG	To examine the self-perception of the practicing psychologists who provide trauma counseling to IPV survivors in Mongolia and Hungary.	Five Mongolian and five Hungarian psychologists from governmental and non-governmental organizations were interviewed. Thematic analysis.	• Psychological complexity of separation • Therapists' responsiveness • Therapeutic alliance	• Psychological complexity • Social complexity • Overcoming self-blame • Sense of security, agency • Resources (internal and external) • Therapeutic pride • Hopes for the future • Remaking a self • Competency

8.1. Theoretical perspectives and novel integrations

This dissertation ends in synthesizing the findings from the individual studies through the lens of several theoretical frameworks. These frameworks, presented in the final section, provide an overarching structure for understanding the complex interaction of factors contributing to IPV and PTG. Grounded theory involves constructing and developing new insights and theoretical frameworks, moving beyond hypothesis testing of existing theories (Charmaz, 2017). This method allows for a deep exploration of the studied phenomenon, generating fresh theoretical principles that can inform research directions and clinical practice (Charmaz, 2017) .

8.1.1. Power relations and culture of honor

The narrative review challenges the conventional focus on structural inequalities by examining the detailed understanding of how power operates within intimate relationships in patriarchal societies like Mongolia and mainland China. In a collectivistic society and patriarchal social settings, power relations are essential.

The findings reveal that power in these contexts is not merely about resource control but also about the internalization of cultural norms and expectations that perpetuate gender inequality and normalize violence. The exploration of the culture of honor concept demonstrates how societal expectations to maintain family honor and avoid shame can silence survivors and perpetuate the cycle of violence. The culture of honor theory to IPV provides a deeper understanding of the cultural factors contributing to the underreporting of IPV and the challenges survivors face in seeking help. For instance, the cultural emphasis on family honor and the man's role as the head of the household in Mongolia can create an environment where IPV is seen as a private matter, and women are discouraged from seeking help. In China, the concept of "saving face" and the pressure to conform to traditional gender roles can lead to power imbalances and the suppression of women's voices.

The culture of honor in Mongolia and China presents a complex challenge for IPV survivors. In both countries, societal emphasis on family reputation and social status can discourage survivors from seeking help, perpetuating the cycle of violence. However, there are key distinctions in how this cultural influence manifests:

- **Mongolia:** The cultural emphasis on resilience and self-reliance, coupled with the shame associated with IPV, can lead to internalized stigma and a reluctance to seek

external support. Traditional concepts of masculinity can further complicate the situation.

- **China:** Confucian values emphasize family harmony and obedience, which can pressure survivors to maintain silence and protect the family's image. This can be compounded by the stigma associated with divorce and the potential loss of social standing. However, the strong emphasis on community and collectivism can also provide a source of support for survivors if they can overcome the initial barriers to disclosure.

Furthermore, the intersectional approach challenges the traditional binary understanding of power relations between men and women. It recognizes that power operates in multiple and intersecting ways, shaped by factors such as gender, race, class, and socioeconomic status. This complex understanding of power dynamics is crucial for developing effective interventions that address the root causes of IPV and empower survivors.

While power theories often portray survivors of violence as passive and powerless, Studies II and III highlighted an intersectional approach, and its focus on survivor agency offers a multifaceted perspective and empowering understanding of the dynamics of IPV. These studies have important implications for the development of culturally sensitive and trauma-informed interventions that address the root causes of violence and empower survivors to heal and thrive. The women in this study actively resisted abuse, challenged harmful social norms, sought support, and rebuilt their lives, demonstrating that even within oppressive systems, individuals can find ways to exercise agency and create positive change.

8.1.2. Trauma theory

Judith Herman (2015) identified complex trauma as the result of prolonged and repetitive exposure to traumatic events, such as IPV, which results in complex post-traumatic stress disorder. These complex PTSD symptoms include hyperarousal, intrusive thoughts or memories, emotional numbness, and feeling disconnected from oneself or others. Herman's work underlines the significance of reestablishing control, reconnecting with others, and establishing protection as essential components of trauma recovery.

While Study II did not specifically investigate the trauma and its corresponding reactions, the participants openly and clearly described their experiences. To explain the recovery process, it is essential to address the endurance aspect. The recovery process encompasses the experience of enduring catastrophic occurrences. The studies emphasized trauma-informed theories

focusing on safety, trust, and empowerment. This approach is crucial for helping survivors rebuild their lives and achieve PTG.

8.1.3. Posttraumatic growth and positivity

Experiencing trauma can profoundly alter an individual's self-understanding, priorities, and perception of their place in the world. This transformation often involves grappling with existential questions, leading individuals to reexamine their beliefs and values in the aftermath of adversity. Tedeschi and Calhoun's theory of PTG is central to Study III. PTG refers to the positive psychological changes from struggling with highly challenging life circumstances. Study III highlights how IPV survivors experience growth, develop new skills, and gain a renewed sense of self through the therapeutic process.

By exploring the positive psychological changes that occur in the aftermath of trauma, the study challenges traditional trauma research that focuses on negative impacts. The findings suggest that PTG is a complex and multifaceted process influenced by various factors, including social support and access to resources. Recognizing and accepting social assistance is a significant predictor of the impact of trauma (Briere et al., 2015, p. 31). It emphasizes survivors' resilience and agency, a renewed sense of self, a greater appreciation of life, and an empowering perspective on recovery from IPV.

Positive psychology helps IPV survivors discover significance and direction in their lives, reconstruct their lives, and achieve PTG by emphasizing resilience, hope, and personal strengths. This method emphasizes the capacity for expansion and constructive transformation after facing hardship, motivating survivors to cultivate abilities, amplifying their assets, and encouraging gratitude for life.

This focus on PTG is particularly novel in the Mongolian context, where research on the psychological consequences of IPV has been limited and contributes to a more holistic understanding of trauma recovery.

8.1.4. Existential theories

Although studies do not explicitly reference existentialist philosophers, the themes and concepts explored in the study are consistent with existentialist thought. For example, the emphasis on meaning-making, self-discovery, and personal responsibility in the face of adversity aligns with the works of Viktor Frankl (1959) concept of logotherapy, which focuses on finding meaning in suffering. While Yalom's (2000) work defines key existential anxieties

like death and isolation, the understanding that these anxieties are relevant to IPV survivors' journey toward PTG is informed by concepts of meaning-making and purpose, as explored by Frankl (2000).

For example, Study I addresses Mongolian women who have survived IPV, articulates a profound shift in their self-concept and worldview as they navigate the aftermath of trauma. Their narratives reveal a struggle for meaning and purpose in the face of adversity, a central tenet of existentialism. The women's emphasis on rebuilding their lives, establishing independence, and finding new sources of fulfilment reflects an existential search for authenticity and self-actualization. Their experiences underscore the existential notion that even in the face of profound suffering, individuals can create meaning and find new paths to personal growth. This alignment with existential themes suggests that the study's findings could be further enriched by explicitly incorporating existential theory into the analysis, potentially offering a deeper understanding of the transformative power of adversity and the resilience of the human spirit.

Existential theory addresses fundamental issues related to existence, such as meaning, death, isolation, and freedom . For IPV survivors, addressing existential concerns can lead to a deeper understanding of their experiences and promote healing by helping them find meaning and purpose in their suffering. By exploring these fundamental issues, survivors can reframe their traumatic experiences and work towards personal growth and self-actualization.

While not explicitly stated, the concept of PTG itself is deeply rooted in existentialism. According to scholars, existential growth occurs after posttraumatic experience (Tedeschi et al., 2017; Tedeschi & Calhoun, 2004). Viktor Frankl argued that the primary motivation for humans is not the pursuit of pleasure or the avoidance of pain but rather the search for meaning in life. Further, Frankl observed that to restore the inner strength of prisoners in concentration camps, it was essential to help them find a future goal or purpose (Frankl, 1992). He believed that having a reason to live could enable individuals to endure even the most challenging circumstances (Frankl, 1992). He suggested that individuals are willing to endure suffering if it serves a meaningful purpose (Frankl, 2000, p. 118). PTG acknowledges that individuals can find meaning and purpose in life even after experiencing significant trauma. This aligns with existentialism’s emphasis on seeking meaning in the face of adversity and suffering.

For example, Study III identified the "Appreciation of Life" theme among Mongolian and Hungarian survivors of IPV, reflecting existentialist notions. Participants expressed gratitude

for their lives, relationships, and the simple joys of existence. This newfound appreciation for life can be interpreted as an existential awakening, where individuals confront their mortality and the fragility of life, leading to a more profound sense of meaning and purpose.

The findings of Study IV can be analyzed from an existential perspective, where the uncertainty experienced by the participants can be understood as a catalyst for them to confront the vulnerability and transience of life. Furthermore, the research revealed that during the COVID-19 pandemic, participants experienced a sense of being reminded of their values, which may be interpreted as a desire for existential meaning and interpersonal connections in response to feelings of isolation and unpredictability. Furthermore, the enhanced creativity and recently gained life abilities mentioned by some people can be seen as an existential reaction to the crisis, serving as a means of discovering significance and direction in a challenging circumstance. Although the study does not directly present these findings in the context of existentialism, they might be understood as reflecting existential concepts such as creating meaning, dealing with uncertainty, and seeking life's purpose.

Furthermore, Study VI explores how the therapeutic process for IPV survivors makes them confront their existential anxieties and make meaningful choices. Eventually, therapy can facilitate PTG and a renewed sense of purpose in life, aligning with existentialist thought. The emphasis on self-discovery, autonomy, and personal responsibility in therapy aligns with existentialism's focus on individual agency and self-creation capacity. Restoring inner strength enhances purpose in life, which can be applied to psychotherapeutic efforts aimed at helping individuals who have experienced trauma, highlighting the importance of fostering a sense of meaning and purpose in their lives (Frankl 1985, p97).

By acknowledging the existential dimensions of trauma recovery, studies offer a more detailed and holistic understanding of PTG and its implications.

8.1.5. Self-Perception Theory

Multiple studies have revealed self-perception theory. Bem (1972) identified this theory as explaining how individuals develop beliefs about their attitudes and emotions by observing their behavior in various situations.

In Study II, the theme, Reassessing the Relationship and Overcoming Self-Blame, is linked to how women initially blamed themselves for the abuse. However, through reflection and support, they could stop blaming themselves and recognize their agency. This shift in self-

perception aligns with Bem's theory, as the women's changed behavior (leaving the abusive relationship) led to a change in their self-perception from victim to survivor. Furthermore, Rebuilding a Sense of Self was prominent. Survivors engage in activities like learning new skills, pursuing education, and participating in social change movements. According to self-perception theory, these actions contribute to a positive self-perception and a sense of empowerment.

Study V examines the experiences of single mothers during the COVID-19 lockdown. Some participants developed new skills and coping mechanisms, likely contributing to a more positive self-perception and a sense of resilience. This aligns with self-perception theory, as the mothers' actions in response to the lockdown challenges influenced their self-perception.

Study VI investigated the therapist's role in promoting positive self-perception in clients, which is essential for therapeutic success. By helping IPV survivors observe and reflect on their behaviors and experiences, therapists can help them form positive attitudes about themselves through the therapeutic alliance. This process is crucial for therapeutic success, as therapists help clients recognize their strengths and resources, enabling survivors to build a positive self-image, enhance their self-esteem, and develop a sense of empowerment. Through Self-Perception Theory, therapists highlight their role in facilitating this reflective process, thereby supporting the survivor's journey toward recovery and PTG. This process can lead to a shift in self-perception from being a victim to being a survivor. This aligns with Bem's theory, as the therapist's feedback and guidance can influence the client's self-perception.

8.1.6. Therapeutic Alliance

The quality of the therapeutic relationship is crucial for effective therapy. The dissertation examines how empathy, authenticity, and the clinician’s presence contribute to a strong therapeutic alliance, which is crucial for achieving positive therapeutic outcomes and fostering PTG among individuals experiencing IPV survivors.

Study VI significantly contributes to the scientific understanding of the therapeutic alliance by providing empirical evidence for its importance in facilitating PTG among IPV survivors. The study's focus on therapist perspectives and cross-cultural comparison offer a comprehensive understanding of the therapeutic alliance in the context of IPV.

Therapeutic Alliance, as a catalyst for PTG, is characterized by empathy and authenticity, and the clinician's presence is essential for survivors to process their trauma and achieve positive

growth. This finding aligns with previous research that has established a positive correlation between therapeutic alliance and treatment outcomes in trauma survivors (Horvath et al., 2010; Howard, 2021). However, the study goes further by exploring the specific mechanisms through which the therapeutic alliance facilitates PTG in IPV survivors. For instance, the study found that therapeutic relationship provides a safe space for survivors to share their experiences, validate their emotions, and rebuild their sense of self. This, in turn, can lead to increased self-esteem, empowerment, and a greater capacity for growth.

Psychologists' Perspectives on Therapeutic Alliance offers valuable insights that help therapists experience a sense of "therapeutic pride" when witnessing their clients' PTG. This finding highlights the importance of the therapeutic relationship for both the client and the therapist. This finding aligns with previous research showing the positive impact of vicarious resilience and growth in therapists who work with trauma survivors (Michalchuk & Martin, 2019).

Cultural considerations in therapeutic alliances suggest that cultural factors can influence the formation and effectiveness of the therapeutic alliance. For example, the cultural emphasis on family honor and shame in Mongolia may affect how survivors perceive and engage with therapy. This finding highlights the importance of cultural competence in trauma therapy and the need for culturally sensitive interventions.

This research has important implications for the development of effective and culturally sensitive interventions for IPV survivors, emphasizing the need for trauma-informed care that prioritizes the therapeutic relationship.

8.1.7. Healing justice

The concept of healing justice, while not explicitly mentioned in the dissertation, aligns with the overarching themes of recovery and empowerment for IPV survivors. Healing justice is a framework that emphasizes holistic healing and recovery for survivors of trauma, recognizing that trauma affects individuals on multiple levels - physical, emotional, psychological, and spiritual - and advocating for a comprehensive approach to healing that addresses all of these dimensions. It moves beyond the traditional medical model of trauma recovery, which often focuses solely on symptom reduction. Instead, it emphasizes the importance of addressing the root causes of trauma and promoting individual and collective well-being.

Healing justice offers a framework that transcends traditional healing models, such as those that focus solely on PTG. It recognizes that healing from trauma, particularly trauma like IPV rooted in systemic oppression, requires addressing the broader social and cultural context. Healing justice emphasizes the importance of community-based approaches to healing, which focuses on recognizing the power of collective support and shared experiences in fostering resilience and recovery. Moreover, healing justice addresses social and cultural factors by acknowledging that systemic inequalities and power imbalances often perpetuate violence. Addressing these root causes is crucial for sustainable healing.

The research findings highlight the importance of social support, empowerment, and the therapeutic relationship in facilitating PTG among IPV survivors, which strongly aligns with the principles of healing justice. These elements are crucial for creating a sense of safety, agency, and belonging, essential for survivors to heal and thrive. By integrating a healing justice framework into interventions and support services for IPV survivors, we can promote not only individual recovery but also collective liberation from the systemic injustices that perpetuate violence. These findings align with healing justice, which emphasizes the importance of community-based approaches to healing and the need for interventions that address the social and cultural factors contributing to violence.

Furthermore, Study V's focus on the interview process as a potential catalyst for PTG aligns with the principles of healing justice. By creating a safe and supportive space for survivors to share their stories and be heard, the research process itself can play a significant role in their healing. This aligns with the healing justice movement's emphasis on storytelling and bearing witness as tools for healing and empowerment.

In addition, the dissertation's cross-cultural comparison between Mongolia and Hungary highlights the importance of cultural context in understanding and addressing IPV. This aligns with the emphasis on culturally relevant and community-based approaches to healing in healing justice. By recognizing the unique cultural factors that influence the experiences of individuals experiencing IPV, interventions can be tailored to meet the specific needs of diverse populations.

Incorporating the healing justice framework into the discussion provides a broader context for understanding the findings and their implications. For example, in Study III, some participants engaged in social justice activism, demonstrating their commitment to eradicating the root causes of IPV; this could also serve as a means of healing within the community. It can also

offer a roadmap for future research and practice, emphasizing the need for holistic, community-based approaches to trauma recovery that address the root causes of violence and promote individual and collective well-being.

These theories collectively support the therapeutic approaches employed in the study and demonstrate how different psychological and existential frameworks can be integrated to facilitate the healing and growth of IPV survivors.

8.2. Methodological insights

The research investigates the subjective experiences of IPV survivors and the perspectives of psychologists working with them using a consistent qualitative approach across all six investigations. Methodological consistency enables a thorough understanding of the phenomenon, capturing the nuances and complexities that may be overlooked in quantitative investigations.

The use of semi-structured interviews facilitated rich and in-depth data collection. This approach allowed participants to express their experiences and perspectives in their own words, providing valuable insights into the personal and social meanings they ascribe to IPV and PTG. The flexibility of semi-structured interviews also enabled the researcher to explore themes and probe deeper into participants' responses, ensuring a comprehensive understanding of the research questions.

8.2.1. Constructivist Methodology

This methodology, employed in qualitative studies, emphasizes participants' subjective experiences and interpretations. It aligns with the research's focus on understanding the unique perspectives of IPV survivors and psychologists in their cultural contexts. By acknowledging the subjective nature of reality, this approach enables a deeper exploration of the participants' lived experiences and the meanings they attribute to them.

8.2.2. Feminist Standpoint Theory

This theory highlights the importance of women's perspectives in research. It acknowledges that women's experiences are frequently marginalized or overlooked in traditional research paradigms. By centering women's voices, the dissertation aims to empower survivors and give them agency in the research process.

8.2.3. Intersectional Approach

The intersectional approach recognizes that individuals have multiple intersecting identities, such as gender, race, class, and sexual orientation, that shape their experiences. All studies in this dissertation acknowledge the diversity of IPV survivors and the need to consider the intersecting factors that influence their experiences of violence and their pathways to recovery.

8.2.4. Social Learning Theory

Social learning theory, mentioned in the narrative review, suggests that individuals learn through observation, imitation, and reinforcement. In the context of IPV, survivors may learn to adopt positive coping mechanisms and develop resilience through observation, imitation, and reinforcement of positive role models and behaviors.

8.2.5. Social Identity Theory

This theory posits that individuals derive their sense of self from their membership in social groups. In the context of IPV, this theory can help explain how gender roles and expectations can contribute to power imbalances and the perpetration of violence.

8.2.6. Cross-Cultural Comparison

The cross-cultural comparison between Mongolia and Hungary is another methodological strength of this dissertation. The inclusion of participants from both Mongolia and Hungary provides a cross-cultural perspective, highlighting the universal and culturally specific aspects of IPV and PTG. This comparative approach adds depth and richness to the research, offering insights that may not be attainable through a single-culture study. It also highlights the importance of considering cultural context in understanding and addressing IPV, as cultural factors can significantly influence the manifestation of PTG and the pathways to healing.

In addition, an important contribution to the science of therapeutic alliance by providing empirical evidence for its importance in facilitating PTG among IPV survivors. The study's focus on the perspectives of therapists, as well as its cross-cultural comparison, offers a comprehensive understanding of the therapeutic alliance in the context of IPV. This research has implications for the development of effective and culturally sensitive interventions for IPV survivors, emphasizing the need for trauma-informed care that prioritizes the therapeutic relationship.

8.2.7. Reflexive Thematic Analysis

The use of reflexive thematic analysis is a methodological strength of the six studies. Reflexive thematic analysis further enriched the research by incorporating the researcher's reflections and interpretations into the analysis process, adding depth and richness to the findings. The semi-structured interviews conducted with both IPV survivors and psychologists provide rich data, capturing the diverse perspectives and experiences of the participants.

The use of reflexive thematic analysis, a qualitative method that involves the researcher's active interpretation and reflection, enhances the rigor and depth of the study. This approach acknowledges the researcher's positionality and potential biases, contributing to a more transparent and rigorous research process.

Thematic and reflexive thematic analyses were employed to analyze the interview data, a methodological choice that aligns with the constructivist and feminist standpoint theories underpinning this research.

8.2.8. Focus on the Interview Process

This dissertation expands the scope of research on IPV by going beyond the usual focus on the negative effects of IPV. Instead, it explores the potential therapeutic benefits of participating in research. Study IV examines explicitly the interview process as a potential catalyst for healing, offering distinctive perspectives on how survivors perceive research and how it can enhance their recovery and empowerment. The results indicate that by doing research in an ethical manner and employing a trauma-informed strategy with providing a safe environment for survivors where survivors openly share their narratives, validate their experiences, and reclaim a sense of agency. This underscores the capacity of research not only to collect data but serve as an intervention that fosters healing and empowerment among survivors.

The study's focus on collaboration and partnership with participants highlights the significance of ethical research approaches that promote the wellbeing of survivors. Researchers can enhance the healing process by designing studies that provide knowledge and recognize the possible therapeutic benefits of research participation. This method is consistent with the concepts of trauma-informed treatment, which prioritize safety, empowerment, and collaboration when working with IPV survivors.

Moreover, the study's results contradict the conventional perception of research as a process that solely extracts information. Instead, it proposes that research can be a cooperative and

transformative undertaking that benefits both researchers and participants. This change of viewpoint can alter how research is carried out with susceptible people, placing a greater emphasis on their well-being and ability to make decisions and take control of their own lives. The research highlights the strengths and resilience of survivors, providing a positive and robust outlook on trauma recovery. This adds to the existing literature that emphasizes the possibilities for growth and healing after IPV.

These theories collectively provide a robust framework and provide valuable insights for future research and practice for understanding the complex dynamics of IPV, addressing research gaps, offering a cross-cultural perspective, a psychologist's perspective of PTG, and reflexive thematic analysis. By integrating these diverse perspectives, the dissertation offers a comprehensive understanding of the psychosocial aspects of IPV and the potential PTG among survivors.

The methodological innovations employed in these studies, including the consistent use of qualitative methods, the focus on the interview process, and the cross-cultural comparison, contribute to a more comprehensive understanding of IPV and PTG. These methodological choices enhance the rigor and validity of the research, empower survivors, and challenge dominant narratives surrounding IPV.

8.3. Limitations and Strengths

Generalizability: Although the Mongolian and comparative studies of Mongolian and Hungarian populations indicate universal experiences of IPV, the dissertation has a relatively small sample size, ranging from 8 to 21 participants. Thus, it limits the generalizability of the findings to a larger population of IPV survivors and psychologists. In addition, in some studies, participants were recruited through local NGOs or were former clients of the researcher, which may introduce selection bias and limit the diversity of perspectives represented in the research.

Focus on women who have left the IPV: The studies primarily focused on women who have already terminated violent relationships, and the experiences of women who continue to be in such situations may vary. This limits the applicability of the findings to women who are still experiencing IPV.

Cross-cultural limitation: Although a strength, the dissertation compares Mongolia and Hungary. The cultural backgrounds of these two countries may not accurately reflect the

characteristics of other collectivistic or patriarchal societies; therefore, the results may not be applicable to different cultural settings.

Language and Translation: The interviews with Hungarian psychologists were conducted in English, which was not their mother tongue. These factors may have added complexity or restrictions to their answers. Moreover, the Mongolian interviews underwent translation into English, which may have resulted in the loss of meaning or cultural nuances during the translation process.

Positive Bias: The dissertation primarily emphasizes the positive aspects of trauma recovery, including PTG. Although this contribution is valuable, it may fail to consider the negative impacts and difficulties that survivors encounter during therapy and their journey to recovery. Future research could explore these negative experiences to provide a more balanced understanding of the complexities of trauma recovery.

These five empirical studies offer a multifaceted contribution to the existing literature on IPV and its aftermath. By amplifying the voices of survivors, they reveal intricate narratives of endurance, resilience, and PTG. This in-depth understanding of survivors' experiences, particularly within the specific cultural contexts of Hungary and Mongolia, is invaluable for developing culturally sensitive interventions and support systems.

The exploration of PTG within these studies is particularly significant. It enriches the expanding research field on resilience, growth, and recovery, underscoring the transformative potential that can emerge from adversity. The unique insights into the psychological impact of COVID-19 on single mothers further broaden our comprehension of the multi-layered challenges faced by this vulnerable population.

From a clinical perspective, including practitioners' voices and insights into the therapeutic process is crucial. This informs the critical role of trauma-informed psychotherapy in facilitating recovery and emphasizes the need for ongoing professional development in this specialized area.

Moreover, the implications of these studies extend beyond the therapeutic realm. They call for a comprehensive overhaul of judicial and law enforcement systems, requiring a trauma-informed approach that recognizes the psychological, social, and marital sexual violence dimensions of IPV as serious crimes. The recognition of survivors' experiences and their potential for post-traumatic growth also highlights the need to provide external resources such

as financial aid, housing assistance, and legal support to facilitate their recovery and reintegration into society.

These empirical studies significantly advance our understanding of IPV and its aftermath. They emphasize the importance of culturally sensitive interventions, trauma-informed psychotherapy, and systemic reforms to address the complex needs of survivors. By amplifying the voices of survivors and illuminating their pathways to resilience and growth, these studies offer hope and guidance for individuals, communities, and societies affected by this pervasive issue.

8.4. Conclusion

This dissertation has examined the complex characteristics of IPV and PTG among survivors in Mongolia, mainland China, and Hungary. This dissertation highlights the experiences of survivors, the cultural and societal influences on their journeys, and the opportunity for healing and personal development following trauma through six separate studies.

The findings highlight the importance of understanding IPV within its cultural context. The experiences of survivors of IPV in Mongolia are greatly influenced by deeply embedded patriarchal norms and a culture of honor, likewise in mainland China. These factors typically result in the underreporting of IPV incidents and a reluctance among survivors to seek assistance. The study emphasizes the necessity of culturally relevant therapies that specifically target these distinctive obstacles, enabling survivors to overcome their reluctance to speak out and seek assistance.

The cross-cultural comparison between Mongolia and Hungary highlights both universal and culturally distinctive characteristics of PTG. Survivors in both countries exhibit resilience and the ability to develop, but the ways in which PTG is expressed and the methods of healing can differ based on cultural factors. This discovery emphasizes the significance of customizing interventions to suit the particular requirements and cultural backgrounds of survivors.

The emphasis on the interview process as a possible accelerator for PTG is an important contribution to the subject. The results indicate that engaging in research can have a profound impact on survivors, offering them a safe environment to express their narratives, affirm their encounters, and regain sense of agency. This underscores the significance of ethical research methodologies that stress the welfare and empowerment of participants.

The psychologists' perspectives who work with survivors of IPV provide valuable insights that enhance our comprehension of the therapeutic process and the elements that contribute to PTG. The significance placed on the therapeutic partnership, empathy, and cultural competence highlights the crucial role of establishing a secure and nurturing setting for survivors to recover and develop.

The emergence of the COVID-19 pandemic presented an unforeseen chance to investigate how individuals who have experienced IPV cope with worldwide disasters, distinguishing between those who survived and those who did not. The findings highlight the varying effects of the pandemic on these populations, taking into account pre-existing susceptibilities and the availability of resources when developing interventions and support services.

To summarize, this research offers a comprehensive and nuanced understanding of IPV and PTG in Mongolia and Hungary. By incorporating various theoretical viewpoints and employing a combination of research methods, this study provides valuable insights into the actual experiences of individuals who have survived, the cultural and societal influences that have shaped their paths, and the opportunities for healing and personal growth. The results of this dissertation have significant implications for policy, practice, and future research in the area of IPV, underscoring the importance of culturally sensitive, trauma-informed, and empowering approaches to support survivors in their recovery and personal growth.

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Introduction

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