

PREDICTORS OF WELL-BEING AND GROWTH FOLLOWING EXPOSURE TO
INTERPERSONAL VIOLENCE AMONG EMERGING ADULTS

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ABSTRACT

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Interpersonal violence is considered a serious health problem given the potential for contributing to negative outcomes among victims. In recent decades, however, findings from studies have suggested that although the experience of interpersonal violence is associated with a greater risk for compromised psychosocial adjustment, a majority of survivors demonstrate a more resilient profile or even growth following trauma. The present study examined select components of one of those models, the recent Resilience Portfolio Model, to aid in the understanding of important qualities that can be harnessed for the promotion of well-being and growth among survivors. This study examined if character strengths, which have not been studied previously in relation to IPV, predict well-being following exposure to violence. Moreover, it explored whether or not secure attachment and perceived social support may increase the experience and expression of positive emotions and character strengths. In addition, we examined how the capacity to generate and sustain positive emotions relates to emotion regulation, specifically in the context of victimization among emerging adults in college. Results of the study support the notion that - in lieu of trauma or IPV - it is possible to have positive experiences. Our findings suggest an association between emotion regulation strategies and the experience of positive emotions.

Furthermore, few of the character strengths were related to IPV variables in this sample, and those that were indicated an opposite relationship than expected. Finally, the study supports the importance of secure attachment for one's perception of social support. Currently, many violence prevention programs tend to focus on determining risk factors and warning signs rather than building a foundation of skills for healthy relationships, self-efficacy and others. These findings present those assets and resources within an individual that work to enhance well-being. Focusing on these skills and building strengths could facilitate alleviation of negative symptoms. Limitations and suggestions for future research are also discussed.

CHAPTER 1: INTRODUCTION

Interpersonal violence is a serious public health problem (Hedtke, 2008) known to have a negative impact not only by way of immediate harm but also through adverse long-term health consequences (Center for Disease Control; CDC, 2014). While different forms of violence have typically been studied independent of each other, they each result in similar outcomes and may share similar mechanisms (Grych, Hamby, & Banyard, 2015). Moreover, victims of violence are likely to have experienced more than one form of violence (Borja, Callahan, & Long, 2006; Finkelhor, Turner, Ormrod, & Hamby, 2009), and are at risk for a multitude of adverse outcomes. These outcomes include lowered self-esteem (Cobb, Tedeschi, Calhoun, & Cann, 2006), sexual dysfunction (Tedeschi & Calhoun, 1995), PTSD, depression, and other forms of psychopathology (Hedtke, 2008), as well as a greater likelihood of endorsing risky health behaviors (e.g., smoking, heavy/binge drinking; Breiding, Black, & Ryan, 2008a). It is possible, however, to experience positive as well as negative effects of trauma (Tedeschi & Calhoun, 1996). While the majority of research focuses on maladaptive coping and pathological outcomes, there is evidence of protective factors associated with resilience and positive adjustment in the aftermath of violence and trauma (Grych, Banyard, Hamby, 2015; Bonanno, 2008; Masten, 2001). For example, individual differences in *emotion regulation* (Gross, 1998; Tedeschi & Calhoun, 2004), *attachment style* (Karreman & Vingerhoets, 2012), and the perception of adequate *social support* (Borja, Callahan, & Long, 2006; Campbell, Dworkin, & Cabral, 2009; Tedeschi & Calhoun, 1996) may impact outcomes. In addition, the experience of *positive emotions* and use of certain character strengths not only builds these resources (Fredrickson, 2001), but also is consistent with the ability to find *positive meaning* within stressors

(Fredrickson, Tugade, Waugh, & Larkin, 2003). These findings are consistent with the *Resilience Portfolio Model* (RPM) which proposes that an individual's psychological health following exposure to violence is a product of the characteristics of the adversity, the assets and resources available to them, and their behavior or responses (Grych, Hamby, & Banyard, 2015).

The present study examined select components of the RPM, focusing on those aspects believed to be relevant to the emerging adult (college age) population. In particular, the developmental period of emerging adulthood (roughly age 18 to 25; Arnett, 2000) has been viewed as a “new life course in industrialized societies, with distinctive developmental characteristics” and challenges to which the individual must adapt (p. 68, Arnett, 2007). Moreover, Laurence Steinberg (2008) in his research on the neuroscience of adolescents, claims that this particular stage of development extends into emerging adulthood, as he notes that impulse control, emotion regulation, and higher order functioning continues to develop through the early twenties. Similarly, the process of psychosocial maturation develops well into the young-adult years. Arnett (2004) argues further that emerging adulthood involves a variety of challenges, such as identity exploration, instability, self-focus, and feeling in-between, but it is also the age of possibilities (see Arnett, 2007). Given that interpersonal violence may have the potential of both compromising and promoting healthy adjustment (i.e., growth) during this period of development, the present study sought to examine predictors of both types of outcomes in a sample of emerging adults. Findings will aid in our understanding of the ways in which emerging adults respond and adapt to challenges, including interpersonal violence, in the context of their character strengths, social support, attachment, and emotion regulation abilities.

CHAPTER 2: LITERATURE REVIEW

Interpersonal Violence

Interpersonal violence encompasses both the type or nature of the act (physical, sexual, psychological, stalking etc.), as well as the relationship between perpetrator and victim (e.g., partner, acquaintance, stranger) (Kazdin, 2011). Approximately one in four women and one in seven men report some form of physical or sexual intimate partner violence victimization during their lifetime (Breiding, Black, & Ryan, 2008b). In addition, 15.2% of women and 5.7% of men have experienced stalking in their lifetime (CDC, 2014), while 90% of college students have experienced “unwanted pursuit victimization” (e.g., Dutton, & Winestead, 2011) that falls short of the legal definition of stalking, but are distressing to the victim (see Edwards et al., 2015, for a review). Adolescence in particular is the period during which women are the most vulnerable for physical dating violence, co-victimization (both physical and sexual violence), and increased likelihood of being victimized in college (Smith, White, & Holland, 2003). Consistently, the CDC (2014) reports that for each violence type assessed, over half of all female victims and approximately half of all male victims experienced their first victimization before age 25 years, with many first experiencing victimization in childhood and adolescence. In fact, women in their freshman year of college are especially vulnerable to victimization (Kimble, Neacsu, Flack, & Horner, 2008).

Moreover, experiencing any one form of violence can have detrimental effects on an individual’s health (Campbell, Greeson, Bybee, & Raja, 2008). Victims of violence are at a higher risk of adverse emotional, physical and behavioral outcomes (i.e., PTSD, depression, chronic diseases, risk of stroke, asthma, HIV) and are more likely to experience/engage in risky

health behaviors, such as smoking and heavy/binge drinking (Breiding, Black, & Ryan, 2008a; Hedtke et al., 2008; Kaltman, Krupnick, Stockton, Hooper, & Green, 2005). Moreover, Kaltman et al. (2015) examined the impact of various non-overlapping types of sexual trauma at different developmental periods and their associated mental and behavioral outcomes. They found that survivors of multiple-victimization as well as adolescent assault were significantly different from other forms of exposure in Post-traumatic stress disorder (PTSD), of which is consistent with other studies examining levels of PTSD and victimization (Testa, Livingston, & Hoffman, 2007). In addition, more than two thirds of the multiple victimization group met criteria for lifetime Major Depressive Disorder, followed by adolescent sexual assault, as well as had more trauma related and general distress symptomology and greater sexual risk taking behavior than other groups. These findings emphasize adolescence as a particularly vulnerable time for young women to experience sexual trauma. Adolescence, especially emerging adulthood (Arnett, 2000) is an important developmental period and therefore it would make sense that such an experience as sexual assault could have potentially detrimental impacts on their understanding of sexuality and relationships, later impacting their adult behaviors in these areas (Kaltman et al., 2015). However, this study, along with many others, is limited in that a single event of trauma was examined, therefore, excluding the possibility that trauma exposed individuals may have multiple episodes of exposure and exposure across other trauma types. In fact, it has been established that approximately one third of victims of violence experience more than one form of violence (Borja, Callahan, & Long, 2006; Finkelhor, Turner, Ormrod, & Hamby, 2009; Hedtke, 2008) and the resulting negative consequences increase with increased exposure (Campbell et al., 2008).

It should be noted, however, that women do report both growth as well as distress following sexual victimization, showing that while these two constructs are independent of each other, they are not mutually exclusive (Borja, Callahan, & Long, 2006) and in fact, a degree of stress is necessary for optimal growth (Tedeschi & Calhoun, 2004).

Positive Emotions

While understanding negative emotions and the suffering that evolves from it is critical, Fredrickson (2000) questioned whether perhaps understanding the role of positive emotions might give insight on how to solve the problems put forth by those negative emotions. If tapped effectively, positive emotions can optimize health, subjective well-being, and psychological resilience. The core emotional system is designed to process incoming information and activates the appropriate emotion, which is then comprised of a set of response tendencies to dealing efficiently with the presenting situation (Levenson, 1999). For example, fear is linked with the urge to escape. These *automatic* actions set forth are essentially what make emotions adaptive and essential for well-being and survival (Fredrickson, 2000). However, these tendencies for positive emotions are not as easily identified nor require such quick action (Fredrickson, 2000) as the typical context of positive emotions is not life threatening. Fredrickson (2001) goes on to propose the Broaden-and-Build Theory of Positive Emotions, which argues the idea that while negative emotions have these narrowed and specific thought-action tendencies, positive emotions “broaden the thought-action repertoire”, and, in turn, build personal resources ranging from physical and intellectual to social and psychological that fosters personal growth by expanding the range of cognitions and behaviors. For example, of Fredrickson’s (2001) three positive emotions, joy creates the urge to play and be playful in the physical, social, intellectual, and even artistic sense. Play involves no single set of actions but exploration and invention. The urge to

play is a nonspecific thought-action tendency, building on this thought-action repertoire. In turn, while play may appear to lack a specific purpose, social play, for example can build and strengthen friendships and attachment.

These resources may be beneficial in times of stress. Consistent with this theory, Fredrickson, Mancuso, Branigan, and Tugade (2000) found that positive emotions could undo physiological effects of negative emotions. The broadened thought-action repertoire of positive emotions is incompatible with negative emotions narrowed thought action repertoire, therefore counteracting or undoing the physiological presentation for specific actions evoked by these negative emotions (Fredrickson, 2000). Positive emotions, by broadening cognitions, have implications for coping as well. Folkman, Lazarus, Dunkel-Schetter, DeLongis, and Gruen (1986) found that variability in coping is in part a function of the degree to which they appraise the event as threatening and whether they believe they are equipped with the appropriate resources for that event. In fact, resilient individuals tend to report higher positive affect and appraise stressful tasks as less threatening (Tugade & Fredrickson, 2004) and the experience of positive emotions in times of stress is often correlated with finding positive meaning (Folkman & Moskowitz, 2000) and buffering against depression (Fredrickson, Tugade, Waugh, Larkin, 2003). The engagement in positive affect and resulting broad-minded coping exhibit an upward spiral in that the two have a reciprocal relationship, always enhancing the other (Fredrickson & Joiner, 2002).

More specifically, Fredrickson, Tugade, Waugh, and Larkin (2003) examined college students' reactions to and since the September 11th attacks, and found that the specific experience of gratitude, interest and love were correlated with finding positive meaning after 9/11. Resilience was defined as a stable personality trait characterized by the ability to bounce back

from negative experience and by flexible adaption to the ever-changing demands of life. This is consistent with the broaden-and-build theory, suggesting that repeated experiences of positive emotions might help people to build this trait. Additionally, Masten's (2001) ordinary magic view of resilience suggests that resilience is a more common trait resulting from basic human adaptional systems rather than a rare trait exhibited in only extraordinary individuals. While high resilient participants did not experience any lesser degree of negative emotions compared to low resilient participants, they did experience a wide variety of discrete positive emotions as well, including gratitude, interest, and love. The experience of positive emotions acted as a full mediator between resilience and depression, meaning that the effect trait resilience has on depressive symptoms is completely removed when positive emotions are controlled for. In determining if negative emotions may have the same relationship, it was established that while negative emotions are correlated with depressive symptoms, they do not correlate with trait resilience, therefore, having no relationship. As well, the experience of positive emotions mediates the effects of pre-crisis resilience on increases in psychological resources (life satisfaction, optimism, tranquility) post crisis. These findings suggest that positive emotions are critical components in helping resilient individuals thrive despite the stress from the September 11th attacks.

The experience of positive emotion has impacts on other aspects of mental and behavioral health as well. Positive mood is related to a lower probability of drug use and furthermore, lowered positive affect has been associated with delinquent activity in adolescents (see Lyumbomirsky, King, & Diener, 2005 for review). The experience of positive affect and well-being in adolescence has continued to predict better perceived health and fewer risky behaviors in young adulthood (Hoyt, Chase-Landsdale, McDade, Adam, 2012).

Overall, the experience of positive emotions has fostered positive growth in social relationships and health, as well as been shown to increase positive perceptions of the self and others, sociability, coping, conflict resolution, and problem solving (see Lyumbormisky et al., 2005, for review). In summary, the capacity to generate and bolster positive emotions, which is somewhat independent of managing negative affect, has been shown to be important for resilience as well as lead people to build their resources and promote for sufficient coping (Grych et al., 2015). Therefore, this study strives to better understand how these experiences might interact with other assets and resources within a particular individual following violence.

Character Strengths

The disposition to experience positive emotions has been shown to overlap with what Park and Peterson (2004) label “character strengths” (Gusewell & Ruch, 2012). Character strengths are considered those facets of personality that are morally valued (Park & Peterson, 2009). Moreover, character strengths are the positive traits reflected in thoughts, feelings, and behaviors (Park et al., 2004) that enable a psychologically good life (Peterson & Seligman, 2004). As positive emotions foster growth in multiple aspects of an individual’s life (see Lyumbormisky et al., 2005 for review), there is also a link between character strengths and positive outcomes such as the recovery from illness, psychological disorder (Peterson, Park, & Seligman, 2006), and subjective well-being (Park, Peterson, & Seligman, 2004). The use of certain signature strengths is related to a life of meaning and engagement (Proctor, Maltby, & Linley, 2011) and, is consistent with Fredrickson’s (2001) broaden-and-build theory that positive emotions build personal resources and the growth of these resources increases well-being over time. This upward spiral suggests that the use of character strengths foster the experience of

positive emotions, just as regularly experiencing positive emotions builds and nurtures strengths (Gusewell & Ruch, 2012).

Virtues are the core characteristics and include: wisdom, courage, humanity, justice, temperance, and transcendence whereas character strengths are the more specific processes or mechanisms by which virtues are displayed and can be assessed (Park & Peterson, 2009). According to Peterson & Seligman (2004) people typically possess three to seven “signature strengths.” These are the strengths of character an individual endorses as the most essential to their sense of self, identity, and are the most fulfilling. In original testing of the VIA-IS, the highest mean scores were found for the humanity strengths of kindness and love, whereas the lowest are found for the temperance strengths of forgiveness, prudence, humility, and self-regulation. These findings have proved consistent across multiple studies. Proctor et al. (2011) found that the most commonly endorsed signature strengths were: love, humor, kindness, social intelligence, and open-mindedness, and the least endorsed signature strengths were: leadership, perseverance, wisdom, spirituality, and self-control. Moreover, Park and Peterson (2004) demonstrate that those strengths associated with interpersonal strengths (i.e. emotional feelings and interaction) are the most commonly endorsed whereas those associated with cognition and temperance are endorsed to a lesser degree. Furthermore, the recovery from illness and psychological disorder as well as an increase in life satisfaction is associated with the endorsement of appreciation of beauty, forgiveness, gratitude, humor, and kindness character strengths (Peterson et al., 2006). Aside from illness, research has sought to determine a relationship between the most commonly endorsed strengths and subjective well-being and health related quality of life (HRQOL) (Proctor et al., 2011). It has been established that while strength use is positively correlated with subjective well-being, self-esteem, self-efficacy, and

health related quality of life, it is only a unique predictor of subjective well-being. When accounting for self-esteem and self-efficacy, strength use is not a predictor of either physical or mental HRQOL. However, well-being is a significant predictor of mental HRQOL as well as a marginally significant predictor of physical HRQOL, indicating the relationship between strength use and HRQOL. While Park et al. (2004) found hope, zest, love, and gratitude to be associated with more life satisfaction, Proctor et al. (2011) found only hope and zest to be consistent with “satisfied” or “extremely satisfied” ranges of satisfaction. Gratitude, love and curiosity were still associated with life satisfaction, but not as strongly.

Similarly, following the September 11th terrorist attacks, Peterson and Seligman (2003) found the scale scores for love, kindness, gratitude, citizenship, hope and spirituality significantly increased from before the attack to immediately after. Additional research has found various strengths to correspond with certain components of posttraumatic growth (Peterson, Park, Pole, D’Andrea, Seligman, 2008). Specifically, Tedeschi and Calhoun (1995) identified the components of posttraumatic growth as: Improved relationships (kindness, love), openness to new possibilities (curiosity, creativity, love of learning), greater appreciation of life (appreciation of beauty, gratitude, zest), enhanced personal strength (bravery, honesty, perseverance), and spiritual development (religiousness). In fact, while effects were small, the experience of a traumatic event is sometimes related to an increase in character strengths (Peterson et al., 2008). Schueller, Jayawickreme, Blackie, Forgeard, & Roepke (2015) aimed to expand on these findings by examining the levels of character strengths following three separate shootings including: Virginia Tech, Aurora, Colorado, and Sandy Hook Elementary in Newton, Connecticut. They measured strengths eight months prior to the shootings and up to two months afterwards. There were only significant results for the Sandy Hook shooting of which several

strengths were significantly lower one month following the shooting with the exception of love of learning which was significantly greater. However, within the two-month time frame, several strengths were reported at higher levels and love of learning reported at a lower level. It is worth noting that the level of change was small and reported within a subset of a population rather than at the individual level. Additionally, there were inconsistent results for the other shootings.

While there is little known about whether personal strengths discussed previously help those exposed to interpersonal forms of violence, these personal characteristics or strengths do promote general well-being (Grych et al., 2015). In addition to these strengths within a person, how an individual relates to others may impact also adjustment following victimization. The role of attachment will be discussed next.

Attachment

Attachment Theory regards the inclination to form intimate emotional bonds to particular individuals as a basic component of human nature (Bowlby, 1988). Human connection and social interaction is critical for healthy development and the absence of these factors can have deleterious effects on children's physical, mental, emotional, and social development (Elkins, 2016). The proximity of an attachment figure, whether physically or psychologically, can provide comfort as well as serves as a "safe haven" in times of distress, providing support and aids in overcoming the distress (Bowlby, 1982). According to early works by Ainsworth, Blehar, Waters, and Wall (1978), attachment figures also serve as a secure base, meaning that children with secure attachments can use their mother as a secure base, allowing them to explore the world but return for reassurance when needed, in turn, fostering personal growth. Essentially, humans seek a haven for times of danger and stress, and they seek encouragement and support for self-exploration and autonomy in the face of challenges put forth by the environment, further

facilitating the development of skills and knowledge (Mikulincer & Shaver, 2009). Similarly, Bowlby (1988) indicated that experiences with attachment figures in childhood are predictive of internal working models of the self and others that they utilize in relationships later in life. In supportive interactions with attachment figures people reappraise threats more as challenges as they have learned that they have the internal resources sufficient to reduce distress or work through obstacles and that seeking support is an effective strategy to solve problems; reflecting positive internal working models (Shaver & Mikulincer, 2007). Following Fredrickson (2001), as previously discussed, the availability of attachment figures fosters a “broaden and build” cycle of attachment security, which increases a person’s personal and social adjustment, expands their perspectives, coping capacities, skills, and capabilities (Mikulincer & Shaver, 2007).

Furthermore, as these interactions with available and supportive attachment figures not only provide a safe haven and facilitate the elimination of distress, but stimulate positive emotions (relief, satisfaction, gratitude) as well (Mikulincer & Shaver, 2007). This process allows secure individuals to maintain a sense of personal efficacy and optimism even when social support may be temporarily unavailable (Mikulincer & Shaver, 2011). On the other end, when attachment figures are not available or supportive, the individual establishes serious doubts about the effectiveness of support (Mikulincer & Shaver, 2009) and develops other strategies. In avoidant strategies, individuals deactivate the attachment system and cut off or block the experience of any emotions associated with threat to avoid the disappointment from unavailable support and close relationships (Wei, Vogel, Ku, & Zakalik, 2005). Attachment anxious individuals develop a more hyperactive attachment system. In this case, the expression of distress and negative mood may elicit the attention the individual otherwise does not receive, resulting in hypersensitivity to any signs of rejection or abandonment (Wei et al., 2005), as they view themselves as helpless

and incompetent, appraising events as uncontrollable to resolve on their own (Shaver & Mikulincer, 2007). To summarize, each attachment strategy has a regulatory goal that coincides with certain cognitive and affective processes. These strategies affect the production and maintenance of close relationships as well as the experience, regulation, and expression of emotions. Furthermore, these strategies influence the trajectory in which a person experiences and regulates conflict with others (Mikulincer & Shaver, 2011). It is likely then, that strategies or behaviors associated with a particular attachment style would have implications for adjustment following interpersonal victimization.

In other words, attachment theory is especially relevant to the study of interpersonal trauma and psychopathology (Fowler, Allen, Oldham, Frueh, 2013), given that interpersonal trauma (i.e. sexual assault, domestic violence, stalking) can affect a person's individual working models of themselves as well as others (Sandberg, Suess, & Heaton, 2010). Specifically, individuals classified with an insecure attachment have been repeatedly shown to have deficits in emotion regulation as well as lower expectations of support, both of which predict more impaired functioning (Cloitre, Stovall-McClough, Zorbas, & Charuvastra, 2008) as evidenced by research findings that anxious and avoidant attachment strategies are significantly correlated with posttraumatic stress symptomatology (Sandberg et al., 2010). Further research of interpersonal trauma by Sandberg et al. (2010) found attachment to be relevant to posttraumatic stress in interpersonal trauma cases inflicted by caregivers or intimate partners as these experiences have the strongest correlation with attachment difficulties. While attachment avoidance was not related to traumatic life events and posttraumatic stress, intimate partner violence and adolescent or adult sexual victimization are both significantly correlated with attachment anxiety. In fact, attachment anxiety was found to partially mediate the relationship

between intimate partner violence and posttraumatic stress as well as the link between adolescent or adult victimization and posttraumatic stress. Consistently, Fowler et al., (2010) found attachment status to partially mediate the relationship between interpersonal trauma and depression following 2 weeks of treatment. However, unlike in Sandberg et al. (2010), in these findings, attachment avoidance was correlated with interpersonal trauma.

Given the impact that early establishments of attachment security place on internal working models of the self and others as well as later adult behaviors, attachment should be considered as a factor of interest in post interpersonal trauma outcomes. A related construct – perceived social support – is also of particular relevance as it pertains to the association between interpersonal violence or victimization, and subsequent psychosocial adjustment.

Social Support

It has long been established that social support and quality social interactions make an important contribution to health (Wilkinson & Marmot, 2003) and has been identified as an important factor in the adjustment following traumatic events (Littleton, 2010). In their transactional model of stress, Lazarus and Folkman (1984) argue that social support can help to buffer stress by making threatening experiences seem less substantial as well as provide resources the individual can draw upon in order to cope with stress if it were to occur. Further, such supportive relationships may encourage healthier behavior patterns (Wilkinson & Marmot, 2003). Positive social reactions and support predict less mental distress post assault (Campbell, Dworkin, Cabral, 2009) and is not only related to perceptions of self-worth, but may also promote adaptive coping through modeling of adaptive coping, assisting adaptive coping efforts, and increasing coping self-efficacy (Littleton, 2010). Additionally, feeling connected to others and cared about is one of the most frequently reported forms of finding positive meaning in daily

experiences (Fredrickson, 2000). Tedeschi and Calhoun (2004) argue that the degree to which an individual engages in self-disclosure as well as how others respond to disclosure plays a part in growth such that social support may facilitate the experience of positive change as through these avenues, individuals are presented with the opportunity to talk through and process the event (Frazier et al., 2004). In a study examining the predictors of growth for those who cared for others with AIDS, the more social support a person had, the more growth was experienced (Cadell, Regehr, Hemsworth, 2003).

In contrast, the experience of negative reactions to disclosure [of victimization] has a negative impact on a victim's adjustment (Ullman, Filipas, Townsend, Starzynski, 2006) and has a stronger effect on a survivor's health than positive reactions for supporting well-being (Borja et al., 2006; Campbell et al., 2009). One explanation for this is that negative reactions may be more salient for recovery and such reactions generate strong emotional reactions in a victim (Campbell et al., 2009; Littleton, 2010). The receipt of negative social reactions has been related to multiple negative outcomes such as enhanced feelings of self-blame (Ullman, 1996, 2007) depression, anxiety, and posttraumatic stress (Campbell et al., 2009; Ullman, 2007). Consistently, Cloitre et al. (2008) found that lower social support was associated with greater functional impairment. Overall, social support is an important factor to consider in the study of well-being and resilience, especially following traumatic victimization.

Emotion Regulation

As noted, the way an individual responds to events – both positive and negative – has implications for adjustment. Typically, emotions follow from appraisals of the personal meaning of daily events (Fredrickson, 2000). Emotion regulation refers to the process of influencing the type of emotions as well as when and how to experience and express these emotions (Gross,

1988). In the broader sense of regulation, Gross and Munoz (1995) differentiate between antecedent-focused and response-focused strategies. Antecedent-focused strategies refer to the things we do before the emotion response tendencies have been fully activated and change our behavior. Response-focused strategies refer to what we do once an emotion has already been processed and response tendencies are in action. Reappraisal of emotions, an antecedent-focused strategy, involves interpreting a given emotional eliciting situation in a way that changes the emotion. Suppressing emotions, a more response-focused strategy and comes later in the process, focusing more on influencing the behavior following the emotion (Gross & John, 2003). Additionally, emotion regulation involves being aware of one's emotions, accepting versus ignoring or avoiding them, the ability to control behavior in reference to a given emotion, and the ability to monitor emotions so as to pursue healthy goal-directed behavior (Gratz & Roemer, 2004). Emotion regulation is considered a vital self-regulation skill that can facilitate or hinder achievement of personal goals (Hamilton, Karoly, Gallagher, Stevens, Karlson et al., 2009).

In addition, it is important to note that emotion regulation skills are developed throughout the life span because of an individual's interaction with their environment and interpersonal relationships (Gross & Munoz, 1995) and the ability to efficiently regulate emotions is a root of physical and psychological health (Hamilton et al., 2009). However, it is not how often a person regulates their emotions, but the ability to flexibly adjust the way a person regulates their emotions that have implications for mental health (Gross & Munoz, 1995). Certain styles of regulating emotions may increase the experience of growth (Tedeschi & Calhoun, 2004). For example, people that report strategies of reappraising emotions report greater experiences of positive emotions, increased self-esteem, optimism, and feel more control over their environment (Gross & John, 2003). In contrast, suppressing emotions, while may appear to reduce the

experience of negative emotions, does not in fact reduce them, but instead keeps them intact. This leads to greater negative experiences as people who frequently suppress their emotions are more aware of the incongruence between their self and what they are actually experiencing, leading to feelings of inauthenticity. Such incongruence has been linked to distress and depressive symptoms (Gross & John, 2003). Additionally, difficulties in regulation have been significantly correlated with PTSD symptoms (Ehring & Quak, 2010).

Similar to emotion regulation, coping also has implications in stress and pathology (Gross & Munoz, 1995). Coping can be conceptualized as the cognitive and behavioral strategies used to regulate particularly distressing emotions or environmental demands that which surpass an individual's typical resources (Lazarus & Folkman, 1984). However, while both emotion regulation and coping share similar features, emotion regulation occurs in wider variety of experiences, beyond those that are stressful. Additionally, emotion regulation may include intrinsic processes (emotions regulated within the self) as well as extrinsic processes (regulated by some external factor), but while coping may involve an extrinsic factor (such as social support), it is only the person experiencing stress (Compass et al., 2014). Consistent with attachment theory, secure individuals are able to use their attachment figure as protection and support as they learn how to effectively reduce distress and remove obstacles, further enhancing problem solving skills. Secure individuals are more likely to reappraise situations more as challenges and maintain a sense of self-efficacy (Shaver & Mikulincer, 2007). Therefore emotion regulation in interaction with the other assets and resources following violence was examined in place of coping.

Post-Traumatic Growth

Throughout the literature, it is clear that certain variables (e.g., individual character

strengths, emotion regulation abilities, social support) have the potential to influence adjustment in the aftermath of trauma. In addition, a majority of the research has focused on the link between trauma and *negative* adjustment or psychopathology, although other outcomes are certainly possible. In fact, evidence suggests that positive adjustment or growth is possible, and can be promoted. Specifically, posttraumatic growth (PTG) refers to the positive changes in individuals that occur as the result of attempts to cope in the aftermath of traumatic life events (Tedeschi & Calhoun, 1996, 2004; Tedeschi, Park, & Calhoun, 1998). Posttraumatic growth is viewed both as a process and as an outcome. It does not occur as a direct result of trauma (Tedeschi & Calhoun, 2004) but is seen as developing out of a cognitive process to cope with an event that generates internal turmoil (Cadell et al., 2003; Tedeschi et al., 1998) often coexisting with the experience of distress (Tedeschi & Calhoun, 2004).

Moreover, intimate partner violence can severely disrupt basic cognitive assumptions (Cobb, Tedeschi, Calhoun, & Cann, 2006) as evidenced by the Frazier and colleagues' (2001) findings that in addition to positive changes, the beliefs about the goodness of other people and the safety and fairness of the world are negatively impacted even one-year post assault. These disrupted cognitive assumptions force survivors to develop new understandings of the world as they recover (Cobb, Tedeschi, Calhoun, & Cann, 2006). Consistently, according to Tedeschi & Calhoun (2004), growth emerges when the event is powerful enough to shatter an individual's assumptions or core beliefs about the world and prompts the individual to build new schemas, goals, and meanings. The initial processing of a traumatic event is automatic: meaning intrusive thoughts and frequent negative rumination. During this process, the individual struggles to reduce distress, manage the intrusive thoughts, and alter previous goals and assumptions (Tedeschi & Calhoun, 2004). While some levels of rumination is thought to impede cognitive

processing and therefore negatively associated with growth, deliberate ruminative thought that involves searching for meaning and learning from the experience is associated with posttraumatic growth (Stockton, Hunt, & Joseph, 2011) as an individual seeks to change their original schemas to incorporate the traumatic event into their life (Tedeschi & Calhoun, 2004). There is a tendency to achieve some positive change regardless of the experience of trauma; however, a greater degree of change is reported in those that experience highly challenging circumstances (Tedeschi & Calhoun, 1996) as this concept encompasses the possibility of not returning to the pre-trauma state but going beyond to flourish and accomplish a higher level of well-being (Cadell et al., 2003). These positive outcomes include increased empathy, improved relationships, greater appreciation of life, recognition of personal strength, and spirituality (Frazier, Conlon, & Glaser, 2001). According to Cobb et al. (2006), women who experienced higher levels of abuse also reported more positive changes in appreciation of life, which is consistent with other research that has found sexual assault survivors to report positive changes in terms of increased empathy, better relationships, and greater appreciation of life only two weeks after the assault (Frazier et al., 2001).

While there is a decently substantial amount of research on the dimensions and predictors of positive post trauma changes, there are some gaps and limitations in the research. Zoellner and Maercker (2006) conducted a comprehensive review of the PTG literature and note a few controversial topics. For example, there are concerns in reference to the links between PTG and psychological adjustment, as there are mixed findings, especially among longitudinal versus cross-sectional studies. Longitudinal find positive associations between PTG and adjustment while cross-sectional find more mixed or negative results. The way PTG is measured constitutes that it is self-perceived and lacks some objectivity. Negative associations between PTG and

psychological adjustment would suggest that the perception of PTG constitutes a maladaptive coping strategy. A positive association between a coping strategy and PTSD is interpreted as this strategy predicting distress. Therefore, using the same logic, positive relations between PTG and distress might also point to the idea that some form of maladaptive process is involved, concluding that the perception of PTG is itself a dysfunctional coping strategy (Zoellner & Maercker, 2006). Conversely, Posttraumatic Growth is said to not diminish the experience of distress, as these are two separate constructs and a degree of distress is necessary for growth (Borja, Callahan, & Long, 2006). However, results should be interpreted with caution. It is possible that the relationship between posttraumatic growth and adjustment may be linked through a third variable (Zoellner & Maercker, 2006). For this study, posttraumatic growth was examined in connection to subjective well-being. Well-being refers to an individual's cognitive judgment of satisfaction and fulfillment, and emotional evaluation including the presence of positive emotions and the absence of more unpleasant emotional experiences such as depression (Duckworth, Steen, & Seligman, 2005).

Present Study

Interpersonal violence is considered a serious health problem given the potential for contributing to negative outcomes among victims (CDC, 2014). In fact, the link between victimization and poor mental health and psychopathology is well established. In recent decades, however, findings from studies have suggested that although the experience of interpersonal violence is associated with a greater risk for compromised psychosocial adjustment, a majority of survivors demonstrate a more resilient profile (Bonanno, 2008; Grych et al., 2015; Masten, 2001) or even growth following trauma (Borja et al., 2006; Tedeschi & Calhoun, 1996, 2004). The present study examined select components of one of those models, the recent Resilience

Portfolio Model (RPM; Grych et al., 2015), to aid in the understanding of important qualities that can be harnessed for the promotion of well-being and growth among survivors. The RPM is consistent also with the larger positive psychology movement, and it argues that research into the type of characteristics and strengths that not only promote general well-being, but actual resilience, is of importance (Grych et al., 2015). There are a few unique contributions that the present study intended to explore. First, we sought to examine character strengths, which have not been studied previously in relation to IPV, to ascertain if these strengths predict well-being following exposure to violence. We also examined the extent to which these character strengths are associated with one another, as well as with other possible predictors of outcomes. Moreover, the present study explored whether or not secure attachment and perceived social support may increase the experience and expression of positive emotions and character strengths. In addition, we examined how the capacity to generate and sustain positive emotions relates to emotion regulation, specifically in the context of victimization among emerging adults in college.

Hypotheses and Statistical Plan

Based on the existing literature, the following hypotheses were derived:

- 1) First, experiences of interpersonal violence (partner violence, sexual victimization, and stalking) will be associated with lower well-being, while positive emotions will be associated positively with well-being.
- 2) Second, is hypothesized that Humanity (love, kindness, and social intelligence) and Transcendence (appreciation of beauty, gratitude, hope, humor, and spirituality) character strengths will be associated with general well-being and PTG, respectively.

3) Third, it is hypothesized that insecure attachment style scores will be negatively associated with perceived social support¹, while scores on the secure attachment style subscale will be positively correlated with all aspects of perceived social support. Secure attachment scale scores will be associated with appraisal emotion regulation strategies.

4) Fourth, it is hypothesized that positive emotions will be associated with more adaptive emotion regulation *strategies*. ²Hypotheses 1-4 were examined with a correlation matrix.

5) Finally, it is hypothesized that select character strengths, perceived social support, attachment, and emotion regulation strategies, will predict outcomes associated with general well-being (flourishing and hope) and PTG, respectively. These hypotheses were examined using three hierarchical multiple regression equations.

Secondary Analyses

Given the associations among partner violence, the character strength pertaining to self-regulation, and PTG, the present study explored also a mediation model³. In addition, mean group differences were examined between those individuals who had experienced interpersonal violence and those who did not indicate having had such an experience. For example, previous research (e.g., Peterson et al., 2008) suggested that the experience of trauma may increase certain character strengths. Thus, we predicted that survivors of interpersonal violence (as defined in this study), would show higher scores on the character strengths subscales relative to the non-victimized group. These group differences were examined using independent samples t-tests.

¹ Due to the scoring of the attachment measure, only secure attachment can be analyzed in relation to social support.

² Previous version of the thesis prospectus included a measure of social reactions to disclosure of victimizations (SRQ) and hypothesis related to its association with well-being and PTG, however, the SRQ was not included in the thesis.

³ Character strengths may mediate the association between interpersonal victimization and outcomes (i.e., PTG and Well-being, respectively).

CHAPTER 3: METHODS

Participants

Participants for the present study consisted of 256 undergraduate students (106 males, 149 females, 1 other) enrolled in psychology courses at a regional comprehensive university in the Southeastern United States. Participants ranged in age from 18 to 25-years with a mean age of 18.60-years ($SD = 1.032$) in order to capture the emerging adult population (Arnett, 2000). The majority of the sample identified themselves as White (85.5%), while the remainder of the sample identified themselves as African American (5.1%), Hispanic (3.1%), American Indian (2.0%), Asian (1.6%), mixed (1.6%), and other (1.2%).

Procedure

Students signed up for data collection sessions via the SONA online credit system and were given course credit for their participation as per the guidelines laid forth by the department. Before data collection took place, students were provided with an informed consent form to read. Participants who provided consent completed a demographics form in addition to a series of questionnaires, which were administered on the computer (i.e., Qualtrics). At the end of the study, participants were provided with a debriefing form that explained the purpose of the study and information for the Counseling and Psychological Services (CAPS) on campus, as well as the PI and IRB should they wished to speak to someone about their study participation or address any concerns. It should be noted that studies which asks questions about victimization (i.e., sexual victimization or abuse) do not appear to cause any significant distress among participants (Yeater et al., 2012). Given the sensitive nature of some of the questions asked in this study, however, the PI remained alert to any negative reactions and reminded participants of the

voluntary nature of the study, as well as resources that participants were encouraged to utilize in the event they experienced any lingering effects of their participation.

Measures

In addition to the demographics form, which asked participants for their age (in years), sex/gender, race/ethnicity, and socioeconomic status, the following measures were administered using the online Qualtrics system.

Victimization Experiences

Interpersonal Violence (IPV). Items from the Conflict-Tactics Scale –Revised (Straus, Hamby, Boney, McCoy, & Sugarman, 1996) were included to capture a history of interpersonal violence in participants’ relationships. Respondents stated if they have experienced a variety of different acts of physical violence. These items have been used in previous research examining victims of interpersonal violence and established adequate reliability (.86) (Campbell et al., 2008). For the present study, Cronbach’s alpha was .80 for the 10 items.

Stalking/Harassment. A 12-item questionnaire developed from nine items taken from the NVAWS and three from existing stalking literature were used to capture participants’ experiences of stalking (Amar, 2006). Items are asked in reference to if an event occurred, and, if so, how many times and by whom (strangers friends, relatives, and partners). Examples of these stalking behaviors include: *Sent unsolicited or harassing emails to you, showing up to places you were although they had no business being there, and threatening to harm or kill you.* Reliability for the use of this questionnaire was .83 (Amar, 2006). For the present study, Cronbach’s alpha was .83.

Adverse Sexual Experiences. The 10-item Sexual Experiences Survey (SES; Koss & Oros, 1982; Koss & Gidycz, 1985) was used to assess various types of sexual victimization

(including rape). Items are rated on a dichotomous yes-no format with a higher score indicating more victimization experiences. Previous research utilizing this measure has established good internal consistency (Cronbach's alpha = .93; Asberg & Renk, 2013). For the present study, Cronbach's alpha was .85.

Predictors of Outcomes

Positive Emotions. The Dispositional Positive Emotion Scales (DPES; Shiota et al., 2006) was used to assess positive emotions. The DPES is a 38-item self-assessment of the disposition to experience seven emotions, namely joy, contentment, pride, love, compassion, amusement, and awe. Items are rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The use of this measure has found reliability among the scales: .82 for joy, .92 for contentment, .80 for pride, .80 for love, .80 for compassion, .75 for amusement, and .78 for awe. For the present study, Cronbach's alpha was .77 for joy, .85 for contentment, .82 for pride, .85 for love, .86 for compassion, .83 for amusement, and .76 for awe.

Character Strengths. To measure character strengths, the Values in Action Inventory of Strengths (VIA-IS; Peterson, Park, & Seligman, 2005) was used. The VIA-IS is a self-report questionnaire that uses a 5-point Likert scale to measure the degree to which, participants endorse strength-related statements about themselves. There are a total of 24 strengths of character that fall under six broad virtue categories: wisdom, courage, humanity, justice, temperance, and transcendence. The original VIA-IS questionnaire consists of 240 items (ten items per strength). For the purpose of this study, the VIA-120 short form was used. The VIA-120 consists of five of the original ten. Internal consistency was calculated for the brief form (.79) and compared with the internal consistency of the long form (.83). Given the relatively small discrepancy in coefficients, the VIA-120 has adequate reliability for this study. For the

present study, Cronbach's alpha was .96.

Attachment. Attachment was measured using the Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987). The IPPA is a self-report measure suggested by Bowlby's theory regarding feelings toward attachment figures (mother, father, and peers). Additionally, the IPPA measures three dimensions of attachment for each attachment figure, including degree of mutual trust, quality of communication, and extent of anger alienation. Items are rated using a five point Likert-scale that ranges from Almost Never or Never true (1) to Almost always or Always true (5). Use of the IPPA in the original study established adequate internal reliability (Cronbach's alphas were .87 for mother attachment, .89 for father attachment, and .92 for peer attachment) and test-retest reliability (.93 for parent attachment and .86 for peer attachment; Armsden & Greenberg, 1987) and has been established in other, more recent studies (.96 for mothers, .96 for fathers, and .95 for peers; Lowell, Renk, & Adgate, 2014). For the present study, Cronbach's alpha was .95 for mother attachment, .96 for father attachment, and .94 for peer attachment.

Social Support. The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) is a 12-item measure of perceived social support adequacy with scales assessing support from family ("*I can talk about my problems with my family*"), friends ("*I can count on my friends when things go wrong*"), and a significant other ("*There is a special someone in my life*"). For each item, individuals indicate the extent to which they agreed with the statement on a 7-point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). Use of this measure in the original study demonstrated good internal consistency (.88; Zimet et al., 1988) as well as past studies in college student samples (.94; Asberg & Renk, 2013). A total score of perceived social support can also be calculated by adding

the scores for the three subscales. For this study, scores for each subscale and the total score were calculated. For the present study, Cronbach's alpha was .93 for the total score, .92 for family support, .93 for friend support, and .93 for significant other support

Emotion Regulation Strategies. The Emotion Regulation Questionnaire (ERQ; Gross & John, 2003) is a 10-item self-report measure developed to assess the typical use of emotion reappraisal (“*I control my emotions by changing the way I think about the situation I am in*”) and suppression (“*I control my emotions by not expressing them*”) in regulating both positive and negative emotions. Items are rated on a 7-point Likert scale ranging from 1 (Strongly disagree) to 7 (Strongly agree). The ERQ has internal reliability of .79 for Reappraisal and .73 for Suppression. Gross and John (2003) indicate a test-retest reliability of .69 for both scales across six months. For the present study, Cronbach's alpha was .77 for Reappraisal and .72 for Suppression.

Adjustment Outcomes

Posttraumatic Growth. The Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996) is a 21-item scale that measures the extent to which survivors of traumatic events perceive personal benefits, including changes in perceptions of self, relationships with others, and philosophy of life, accruing from their attempts to cope with trauma and its aftermath. The PTGI has acceptable internal consistency of .90 and test-retest reliability ($r=.71$). Domains include: greater appreciation of life and changed sense of priorities; warmer, more intimate relationships with others; a greater sense of personal strength; recognition of new possibilities or paths for one's life; and spiritual development. For the present study, Cronbach's alpha was .98.

Well-being. The Flourishing Scale (Diener et al., 2010) is a brief 8 item summary measure of self-perceived success in areas of relationships, self-esteem, purpose, and optimism.

The scale provides a single psychological well-being score. While this scale is a more recent measure, it correlates well with other well-being measures indicating it as a good overall self-reported measure of psychological well-being and has good reliability (.87). For the present study, Cronbach's alpha was .89.

Hope. The Adult Hope Scale (Snyder et al., 1991) is a 12-item measure of an individual's level of hope. The scale consists of two subscales that constitute Snyder's cognitive model of hope: Agency, or goal directed energy, and pathways, or planning to accomplish goals. Items are rated on an 8-point Likert scale that ranges from definitely false to definitely true. The scale has internal consistency as indicated by Cronbach's alpha of .74 to .84 for the total scale, .71 to .76 for the Agency subscale, and .63 to .80 for the Pathways subscale. For the present study, Cronbach's alpha was .63.

CHAPTER 4: RESULTS

First, descriptives (i.e., ranges, means, and standard deviations) were calculated for study variables. Consistent with previous studies utilizing college student populations, nearly 30 percent of our sample reported at least one experience of sexual victimization. Of the total sample, seven percent had experienced a rape. This, too, is similar to findings from previous studies utilizing the same measure to assess sexual victimization experiences among college students (e.g., Asberg & Renk, 2013). Moreover, approximately 54 percent of participants in our sample had experienced some form of stalking in the past, ranging from person sent unsolicited or harassing emails to them (10 participants; 3.9%) to person tried to communicate with them against their will (86 participants; 33.6%). Finally, approximately 40 percent of participants in our sample had experienced some form of partner violence, ranging from partner choked them (9 participants; 3.5%) to partner grabbed them (61 participants; 23.8%). See table 1 for descriptives.

Table 1: Descriptive statistics for exposure to interpersonal violence

Variables	M	SD	Number of Students (%)
<i>Sexual Victimization</i>			
1. Person so sexually aroused you felt it was useless to stop them even though you did not want to have sexual intercourse.	.16	.367	41(16%)
2. Had sexual intercourse Because the person threatened to end relationship	.06	.243	16(6.3%)
3. Had sexual intercourse when you didn't want to because you felt pressured by their persistent arguments	.14	.344	35(13.7%)
4. Person used some degree of physical force to make you engage in kissing or petting	.14	.352	37(14.5%)
5. Person tried to get sexual	.05	.220	13(5.1%)

intercourse by threatening to use physical force if you didn't cooperate but for various reasons intercourse didn't occur			
6. Person used some degree of physical force to try to have sexual intercourse but for various reasons intercourse did not occur	.05	.228	14(5.5%)
7. Had sexual intercourse or engaged in sexual activity when you didn't want to because they threatened to use physical force if you didn't cooperate	.03	.174	8(3.1%)
8. Had sexual intercourse when you didn't want to because they used degree of physical force	.04	.194	10(3.9%)
9. Person obtained sexual acts such as anal or oral intercourse when you didn't want to by using threats or physical force	.05	.212	12(4.7%)
10. Rape	.07	.256	18(7.0%)
Total number of students with any experience	.797	1.728	76(29.7%)

Stalking

1. Ever been stalked or harassed by partner, date, or someone important to you	.29	.454	74(28.9%)
2. Followed you or spied on you	.18	.381	45(17.6%)
3. Sent unsolicited letters or written correspondence	.13	.340	34(13.3%)
4. Made unsolicited phone calls	.20	.400	51(19.9%)
5. Stood outside your home, school, or workplace	.09	.287	23(9.0%)
6. Showed up at places you were but no business being there	.16	.364	40(15.6%)
7. Left unwanted items for you to find	.08	.275	21(8.2%)
8. Tried to communicate with you against your will	.34	.473	86(33.6%)
9. Vandalized your property or destroyed something you love	.10	.303	26(10.2%)
10. Ever threatened to harm or kill you	.12	.322	30(11.7%)
11. Contacted friends or family to learn your whereabouts	.25	.432	63(24.6%)

12. Sent unsolicited or harassing emails to you	.04	.194	10(3.9%)
13. Made you feel fearful for your safety or life	.20	.397	50(19.5%)
Total number of students with any experience	2.160	2.717	138(53.9%)
<i>Partner Violence</i>			
1. Threw something at me that could hurt	.133	.340	34(13.3%)
2. Pushed or shoved me	.215	.412	55(21.5%)
3. Punched or hit me with something that could hurt	.098	.297	25(9.8%)
4. Choked me	.035	.185	9(3.5%)
5. Slammed me against a wall	.070	.256	18(7.0%)
6. Beat me up	.0195	.139	5(2.0%)
7. Grabbed me	.238	.427	61(23.8%)
8. Slapped me	.102	.303	26(10.2%)
9. Threatened to hit or throw something at me	.129	.336	33(12.9%)
10. Kicked me	.047	.212	12(4.7%)
Total number of students With any experience	1.086	1.796	100(39.1%)

Relationships among experiences of interpersonal violence, positive emotions, well-being, and PTG

To examine the bivariate associations among experiences of interpersonal violence, positive emotions, well-being, and PTG, a correlation matrix was examined. These correlations provided partial support for hypothesis 1. Specifically, results indicated that neither of the interpersonal violence variables (i.e., sexual victimization, stalking, partner violence) correlate significantly with measures of well-being (i.e., Flourishing Scale and Hope Scale), however, interpersonal violence variables did correlate positively with PTG ($r = .170$ to $.288$). As expected, results further indicated positive correlations with well-being (Flourishing Scale) and the 7 positive emotions (Dispositional Positive Emotions Scale), ($r = .295$ to $.558$). Similarly,

Hope (Hope Scale) and the 7 positive emotions (Dispositional Positive Emotions Scale) were positively correlated ($r = .293$ to $.568$). In contrast, amusement showed a weak negative correlation with PTG ($r = -.150$); while the other 6 positive emotions did not correlate with PTG. Overall, interpersonal violence and amusement correlated with PTG in the expected direction, while hope and well-being corresponded with positive emotions. See Table 2 for correlations.

Table 2:Correlations among interpersonal violence experiences, positive emotions, and well-being

Variables	1	2	3	4	5	6
1. SES Total	-					
2. Stalking Total	.522**	-				
3. CTS Total	.314**	.441**	-			
4. Flourishing	-.073	-.064	-.096	-		
5. Hope	-.035	-.068	-.072	.695**	-	
6. PTG-total	.288*	.223**	.170**	-.043	-.010	-

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

Variables	1	2	3	4	5	6
1. SES Total	-					
2. Stalking Total	.522**	-				
3. CTS Total	.314**	.441**	-			
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6. PTG-total	.288*	.223**	.170**	-.043	-.010	-

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

Variables	1	2	3	4	5	6	7	8	9	10
1. Joy	-									
2. Content	.634**	-								
3. Pride	.477**	.570**	-							
4. Love	.495**	.502**	.429**	-						
5. Compassion	.453**	.388**	.436**	.451**	-					
6. Amusement	.347**	.228**	.347**	.262**	.291**	-				
7. Awe	.536**	.496**	.501**	.429**	.543**	.444**	-			
8. Flourishing	.516**	.550**	.558**	.430**	.505**	.295**	.518**	-		
9. Hope	.519**	.516**	.568**	.293**	.470**	.367**	.367**	.695**	-	
10. PTG-total	.043	.015	-.034	.020	.074	-.150*	.025	-.043	-.010	-

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

Relationships among character strengths, well-being, and PTG

The second hypothesis examined bivariate associations between humanity and transcendence strengths and the well-being and PTG variables. Overall, this hypothesis was partially supported. Specifically, each of the Humanity strengths (love, kindness, social intelligence), correlated with general well-being measures of Flourishing ($r = .445$ to $.509$) and Hope ($r = .481$ to $.539$), respectively. However, only social intelligence was correlated with Total PTG ($r = .152$). When these strengths were examined with the five factors of PTG, Love was correlated with relating to others ($r = .138$) and social intelligence was correlated with relating to others ($r = .148$), new possibilities ($r = .145$), personal strengths ($r = .147$), and spiritual change ($r = .155$). In sum, humanity strengths were correlated with well-being and while they were not associated with total PTG, love and social intelligence were associated with individual components of PTG, namely relating to others, new possibilities, personal strengths, and spiritual change. See table 3.

Table 3:Correlations among Humanity character strengths, well-being, and PTG

Variables	1	2	3	4	5	6
1. Love	-					
2. Kindness	.516**	-				
3. Social intelligence	.515**	.596**	-			
4. Flourishing	.465**	.509**	.445**	-		
5. Hope	.481**	.531**	.539**	.695**	-	
6. PTG-total	.087	.096	.152*	-.043	-.010	-

Variables	1	2	3	4	5	6	7	8
1. Love	-							
2. Kindness	.516**	-						
3. Social intelligence	.515**	.596**	-					
4. PTG_others	.138*	.093	.148*	-				
5. PTG_possibilities	.035	.086	.145*	.919**	-			
6. PTG_strengths	.026	.091	.147*	.902**	.918**	-		
7. PTG_spirituality	.115	.114	.155*	.735**	.726**	.695**	-	
8. PTG_appreciation	.086	.079	.114	.892**	.892**	.882**	.682**	-

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

Additional correlations were also examined for hypothesis 2. With regard to Transcendence strengths (appreciation of beauty and excellence, gratitude, hope, humor, spirituality), as expected, each correlated positively with Flourishing ($r = .365$ to $.603$) and Hope ($r = .372$ to $.643$). However, none of the strengths were significantly correlated with PTG. When these Transcendence strengths were examined with the five factors of PTG, gratitude ($r = .182$), hope ($r = .128$) and spirituality ($r = .382$) were correlated with spiritual change. See Table 4.

Table 4: Correlations among Transcendence strengths, well-being, and PTG

Variables	1	2	3	4	5	6	7	8
1. Appreciation	-							
2. Gratitude	.625**	-						
3. Hope	.500**	.702**	-					
4. Humor	.410**	.406**	.406**	-				
5. Spirituality	.368**	.634**	.586**	.161**	-			
6. Flourishing	.365**	.507**	.603**	.438**	.433**	-		
7. Hope	.372**	.531**	.643**	.455**	.385**	.695**	-	
8. PTG	.117	.075	.053	-.031	.076	-.043	-.010	-

Variables	1	2	3	4	5	6	7	8	9	10
1. Appreciation	-									
2. Gratitude	.625**	-								
3. Hope	.500**	.702**	-							
4. Humor	.410**	.406**	.406**	-						
5. Spirituality	.368**	.634**	.586**	.161**	-					
6. PTG_others	.121	.078	.072	-.028	.048	-				
7. PTG_possibilities	.114	.054	.040	-.021	.035	.919**	-			
8. PTG_strengths	.090	.017	.004	-.014	.008	.902**	.918**	-		
9. PTG_spirituality	.106	.182**	.128*	-.057	.382**	.735**	.726**	.695**	-	
10. PTG_appreciation	.115	.084	.026	-.048	.066	.876**	.892**	.882**	.682**	-

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

Relationship among attachment styles, social support, emotion regulation strategies, PTG, and well-being

To examine the bivariate associations among attachment (mother, father, peer), social support, PTG, and well-being (hypothesis 3), a correlation matrix was examined. With regard to the relationship between secure attachment (mother, father, and peer) and perceived social

support, each of the three attachment variables correlated positively with each of the three support variables (with $r = .134$ to $.725$). Overall, the hypothesis for attachment styles and social support was supported in that more secure attachment is associated with more positive perceptions of one's social support. In contrast, the expected association between attachment and emotion regulation strategies was partially supported. Although mother attachment was not significantly correlated with appraisal emotion regulation strategies, it was inversely correlated with suppression strategies ($r = -.216$). Father attachment was significantly positively correlated with appraisal emotion regulation strategies ($r = .124$) and inversely correlated with suppression emotion regulation strategies ($r = -.185$). Finally, peer attachment was positively correlated with reappraisal strategies ($r = .230$) and inversely correlated with suppression strategies ($r = -.171$). Overall, secure attachment is associated with greater use of reappraisal strategies and less use of suppression strategies. See table 5.

Table 5:Correlations among attachment styles, social support, and emotion regulation strategies

Variables	1	2	3	4	5	6	7	8	9
1. Mother attachment	-								
2. Father attachment	.410**	-							
3. Peer attachment	.416**	.158*	-						
4. Sig other support	.256**	.196**	.332**	-					
5. Family support	.725**	.474**	.413**	.504**	-				
6. Friend support	.293**	.134*	.684**	.532**	.571**	-			
7. Total Support	.506**	.322**	.561**	.837**	.825**	.828**	-		
8. Reappraisal	.078	.124*	.230**	.172**	.211**	.236**	.246**	-	
9. Suppression	-.216**	-.185**	-.171**	-.244**	-.254**	-.176**	-.273**	.063	-

* $p < .05$

** $p < .01$

Relationship among positive emotion and emotion regulation strategies

To examine the associations between the seven positive emotions and the two emotion regulation strategies (reappraisal and suppression) as specified in hypothesis 4, a correlation matrix was examined. As expected, reappraisal (adaptive emotion regulation strategy) was

positively correlated with each of the seven positive emotions ($r = .187$ to $.308$), while the use of suppression (maladaptive) was inversely correlated with all positive emotions except amusement ($r = -.126$ to $-.315$). See Table 6.

Table 6:Correlations among positive emotions and emotion regulation strategies

Variables	1	2	3	4	5	6	7	8	9
1. Joy	-								
2. Content	.634**	-							
3. Pride	.477**	.570**	-						
4. Love	.495**	.502**	.429**	-					
5. Compassion	.453**	.388**	.436**	.451**	-				
6. Amusement	.347**	.228**	.347**	.262**	.291**	-			
7. Awe	.536**	.496**	.501**	.429**	.543**	.444**	-		
8. Reappraisal	.288**	.308**	.217**	.187**	.255**	.247**	.283**	-	
9. Suppression	-.315**	-.223**	-.126*	-.292**	-.224**	-.070	-.200**	.063	-

* $p < .05$

** $p < .01$

Character strengths, social support, attachment styles and emotion regulation strategies as predictors of well-being and PTG

To examine the role of select character strengths, secure attachment, social support, and emotion regulation strategies in the prediction of positive outcomes (Flourishing, Hope, and PTG, respectively), a series of regression equations were examined. Due to the high correlation between maternal attachment and perceived family support ($r = .725$), it was determined that these predictors may overlap in content. Thus, regression equations were examined with either social support or attachment.

Predicting Flourishing

The first regression equation was significant (step 1) with $F(13, 239) = 20.205, p < .05$, with secure father attachment, secure peer attachment, and character strengths (hope and humor) predicting flourishing. The model accounted for nearly 50 percent of the variance (adjusted $r^2 =$

.498). Similarly, when attachment was substituted for social support, the model was significant (step 2) as indicated by $F(13,239) = 19.934, p < .05$. For this model, family support and the characters strengths hope, humor, and spirituality predicted flourishing. The model accounted for just under 50 percent of the variance (adjusted $r^2 = .494$). See Table 7.

Predicting Hope

The second regression equation was significant (step 1) as indicated by $F(13, 239) = 22.645, p < .05$, with reappraisal, peer attachment, and character strengths (social intelligence, hope and humor) predicting Hope. The model accounted for 53 percent of the variance (adjusted $r^2 = .528$). Similarly, when attachment was substituted for social support, the model was significant (step 2) as indicated by $F(13,239) = 24.230, p < .05$, with reappraisal, friend support, and character strengths (social intelligence, hope, humor) predicting Hope. The model accounted for 55% of the variance (adjusted $r^2 = .545$). See Table 8.

Predicting PTG

The third regression predicting PTG from sexual victimization, stalking victimization, partner violence victimization, significant other support, and select character strengths (social intelligence, bravery, creativity, perspective, and self-regulation) was significant $F(9, 244) = 4.558, p < .05$, however only sexual victimization was a significant predictor of PTG. The model accounted for approximately 11 percent of the variance (adjusted $r^2 = .112$). See Table 9.

Overall, those assets and resources that are interpersonal in nature (support and attachment), regulatory strategies, as well the character strengths pertaining to hope, humor, and social intelligence are the greatest predictors for well-being outcomes. However, posttraumatic growth was predictive of exposure to sexual victimization.

Table 7: Flourishing regression analyses

Regression variables	B	β	<i>t</i>
<i>Flourishing</i>			
Step 1. $F(13, 239) = 20.205, r^2 = .498$			
Mother attachment	.018	.069	1.248
Father attachment	.030	.142	2.786**
Peer attachment	.056	.173	3.178**
Reappraisal	.055	.064	1.240
Suppression	-.062	-.061	-1.276
Love	.213	.032	.525
Kindness	.728	.092	1.381
Social Intelligence	.129	.016	.269
Appreciation of Beauty	.040	.006	.102
Gratitude	-.160	-.021	-.273
Hope	1.896	.252	3.445**
Humor	1.206	.160	2.813**
Spirituality	.480	.107	1.752
Step 2. $F(13, 239) = 19.934, r^2 = .494$			
Sig other support	.059	.017	.284
Family support	.768	.192	3.072**
Friend support	.467	.107	1.811
Reappraisal	.058	.067	1.304
Suppression	-.060	-.060	-1.236
Love	.159	.024	.376
Kindness	.784	.099	1.483
Social Intelligence	.121	.015	.249
Appreciation of Beauty	-.159	-.024	-.399
Gratitude	-.160	-.021	-.268
Hope	2.048	.273	3.722**
Humor	1.127	.149	2.595**
Spirituality	.560	.124	2.047*

Note: * $p < .05$; ** $p < .01$

Table 8: Hope regression analyses

Regression variables	B	β	<i>t</i>
Step 1: $F(13, 239) = 22.645, r^2 = .528$			
Mother attachment	-.012	-.027	-.501
Father attachment	.031	.091	1.842
Peer attachment	.059	.111	2.096*
Reappraisal	.206	.146	2.927**
Suppression	.087	.052	1.130
Love	1.104	.101	1.720
Kindness	.615	.047	.736
Social Intelligence	1.966	.151	2.577*

Appreciation of Beauty	-.369	-.033	-.589
Gratitude	.998	.081	1.073
Hope	3.484	.284	3.995**
Humor	1.818	.148	2.676**
Spirituality	-.042	-.006	-.096
Step 2: $F(13,239) = 24.230, r^2 = .545$			
Sig other support	-.107	-.019	-.329
Family support	.256	.039	.662
Friend support	1.338	.188	3.347**
Reappraisal	.206	.145	2.984**
Suppression	.090	.055	1.195
Love	.951	.087	1.447
Kindness	.534	.041	.652
Social Intelligence	1.984	.152	2.630**
Appreciation of Beauty	-.460	-.042	-.747
Gratitude	.965	.078	1.039
Hope	3.674	.299	4.310**
Humor	1.452	.118	2.159*
Spirituality	.029	.004	.069

Note: * $p < .05$; ** $p < .01$

Table 9: PTG regression analyses

Regression variables	B	β	t
<i>PTG</i>			
Step 1. $F(9, 244) = 4.558, r^2 = .112$			
Sexual victimization	.185	.217	3.073**
Stalking	.043	.078	1.053
Partner violence	.062	.075	1.110
Sig other support	.122	.114	1.747
Social intelligence	.085	.035	.437
Bravery	.028	.014	.173
Creativity	.139	.065	.793
Perspective	.062	.027	.350
Self-regulation	.199	.092	1.400

Note: * $p < .05$; ** $p < .01$

Secondary Analyses: Results

Self-regulation as a Mediator. Although interpersonal violence experiences (sexual victimization scores, stalking, partner violence) did not correlate significantly with well-being measures (Flourishing and Hope, respectively), these victimization experiences did correlate with PTG. To examine the character strength of self-regulation as a possible mediator between

partner violence and PTG, a series of regression equations were examined in accordance with Baron and Kenny's (1986) guidelines for mediation⁴. First, partner violence exposure (IV) significantly predicted less self-regulation (mediator), $F(1,254) = 4.753, p < .05$ and greater posttraumatic growth, $F(1,252) = 7.496, p < .05$. Second, the proposed mediator (i.e. self-regulation) predicted the dependent variable (i.e. post traumatic growth), $F(1,252) = 3.970, p < .05$, suggesting that greater use of self-regulation predicted posttraumatic growth. Next, partner violence and self-regulation were entered together in a regression equation to test the mediation model. The overall model was significant, with $F(2,251) = 6.768, p < .05$ (Table 7), but both variables were still contributing significantly to the model. Further, a Sobel test was used to examine the indirect effects of the predictor on the dependent variable after the mediator's effect is accounted for (e.g., Preacher & Hayes, 2004). As expected given the significant contribution of both the IV and the mediator, the Sobel test (Sobel's $z = -1.464, p > .05$) was not significant. Overall, it appears that both interpersonal violence experiences and a person's self-regulation abilities are important in the prediction of PTG.

Table 10: Use of self-regulation character strength as a mediator between partner violence victimization and PTG

Step of analysis/variable	r^2	β	t	p
Equation 1 (CTS predicting PTG): $F(1,252) = 7.496, p < .05, r^2 = .025$				
CTS	.025	.139	2.738	.007
Equation 2 (CTS predicting self-reg): $F(1,254) = 4.753, p < .05, r^2 = .015$				
CTS	.015	-.052	-2.18	.030
Equation 3(self-reg predicting PTG): $F(1,252) = 3.970, p < .05, r^2 = .012$				
Self-regulation	.012	.270	1.993	.047
Equation 4 (CTS and self reg predicting PTG): $F(2,251) = 6.768, p < .05, r^2 = .044$				

⁴ We acknowledge that more recent approaches (e.g., Preacher & Hayes, 2004; 2008) to mediation may be of use. For the purpose of this thesis, however, we opted for the traditional Baron and Kenny (1986) approach, and a subsequent Sobel test to further assess the indirect effect of the mediator.

Step 1				
CTS	.025	.139	2.738	.007
Step 2				
CTS	.025	.156	3.071	.002
Self-regulation	.044	.327	2.428	.016

Group Differences. Moreover, a series of t-tests explored differences in psychological adjustment between college students who had experienced interpersonal violence and those who had not. Results suggested that survivors scored significantly lower on the measure of flourishing (M=27.60, SD=5.43) relative to their non-victimized counterparts (M= 29.03, SD= 4.60), $t(251) = 2.134, p = .034$. Those who had experienced sexual victimization also scored higher on the measure of PTG (M= 8.82, SD= 1.32) compared to those who had not experienced sexual victimization (M= 7.88, SD= 1.46), $t(252) = -4.857, p < .001$. In addition, those who had experienced stalking victimization also scored higher on measures of PTG (M= 8.35, SD= 1.44) compared to those without such experiences (M= 7.93, SD= 1.49), $t(252) = -2.311, p = .022$. Finally, those who had experienced partner violence reported higher PTG (M= 8.50, SD= 1.34) compared to those who had not experienced partner violence (M=7.94, SD= 1.52), $t(252) = 3.000, p = .003$. Specifically, our results suggest that exposure to IPV is related to lower scores on flourishing, but associated with more PTG. It appears then, that although interpersonal violence may impact well-being (i.e., flourishing), it is associated also with opportunities for experiences growth. See table 11. Standard deviations appear in parentheses below means.

Table 11: Group differences between exposure to interpersonal violence and no exposure

<i>Sexual Victimization</i>			<i>(Note. * p < .05, ** p < .01.)</i>	
	Exposure	No exposure	<i>t</i>	<i>df</i>
Flourishing	27.60 (5.43)	29.03 (4.60)	2.134*	251
Hope	49.07 (7.00)	50.94 (8.34)	1.706	251
PTG	8.82 (1.32)	7.88 (1.46)	-4.857**	252
<i>Stalking</i>			<i>(Note. * p < .05, ** p < .01.)</i>	
	Exposure	No exposure	<i>t</i>	<i>df</i>
Flourishing	28.56 (4.45)	28.66 (5.39)	-.150	251
Hope	50.07 (8.01)	50.76 (7.20)	-.686	251
PTG	8.35 (1.44)	7.93 (1.49)	-2.311*	252
<i>Partner Violence</i>			<i>(Note. * p < .05, ** p < .01.)</i>	
	Exposure	No exposure	<i>t</i>	<i>df</i>
Flourishing	28.17 (4.07)	28.88 (5.36)	-1.129	251
Hope	49.99 (7.12)	50.64 (8.53)	-.627	251
PTG	8.50 (1.34)	7.94 (1.52)	3.00**	252

CHAPTER 5: DISCUSSION

The purpose of the current study was to examine select components of the Resilience Portfolio Model (RPM; Grych et al., 2015) to provide further understanding of those qualities within an individual that are important for the promotion of well-being and growth in the context of interpersonal violence. Overall, findings indicated that although interpersonal violence impacted survivors' well-being (i.e., less flourishing compared to non-victimized counterparts), these experiences are associated also with opportunities for growth in our sample. This is consistent with the findings of previous studies, which noted that those who report higher levels of abuse may experience compromised well-being, but report also positive changes (Cobb et al., 2006; Frazer et al., 2001). Given that PTG was originally described as the positive growth that develops as a result of having struggled with stressful and challenging life circumstances (Tedeschi & Calhoun, 1995; Tedeschi, Park, & Calhoun, 1998), our findings support the notion that - in lieu of trauma or IPV - it is possible to have positive experiences. These findings should not, however, distract from the importance of violence prevention programming on our college campuses, and the role of trauma-informed care for survivors. In fact, victimization experiences (i.e., coercive or sexual encounters, stalking, intimate partner violence) were common in our sample, and future studies may examine the role of interventions in the prediction of PTG and positive adjustment among survivors. Future research should continue to explore the relationship between victimization and PTG to determine what factors and interventions increase the likelihood that someone experiences growth following exposure.

Moreover, the current study was unique in that it included multiple aspects of interpersonal violence exposure in relation to character strengths and PTG, and aimed to identify

associations between different types of violence and healthy adjustment. Additionally, participants endorsed specific experiences of victimization, allowing for better clarification in defining measures of interpersonal violence.

While results did not show a significant association between interpersonal violence and well-being, we did find that positive emotions and well-being were positively correlated. This finding is consistent with the broaden-and-build theory (Fredrickson, 2001), suggesting that those who experience frequent positive emotions are more satisfied because they have built resources that assist them in dealing with a variety of life's challenges (Cohn, Fredrickson Brown, Mikels, & Conway, 2009). Similarly, emotion regulation involves the process of influencing the type of emotions as well as when and how to experience and express them (Gross, 1988). Emotion regulation, as a component of self-regulation, plays a key role in adapting to stress (Grych, 2015). Our findings suggest an association between emotion regulation strategies and the experience of positive emotions, such that these emotions are related to reappraisal (adaptive) strategies and inversely related to suppression strategies. The experience of positive emotions may be strengthened through building more adaptive regulatory skills.

Furthermore, Peterson et al., (2006) has defined, across multiple studies, those character strengths related to the humanity virtue as "interpersonal strengths" that involve "tending and befriending" others" and transcendence virtue as "strengths that forge connections to the larger universe and provide meaning" (p. 18). Given the nature of these virtues, we predicted that the strengths that measure these virtues would likely play a role in interpersonal violence and growth. However, few of the character strengths were related to IPV variables in this study and those that were indicated an opposite relationship than we expected. The growing field of positive psychology has likely expanded our understanding of those factors, namely character

strengths, that foster adaptive functioning, however, other than the study conducted by Peterson et al., (2008), there is little knowledge of character strengths in relation to posttraumatic growth, especially to those exposed to violence (Grych et al., 2015). Although our findings were inconsistent with previous research on character strengths and trauma (e.g., Peterson et al., 2008), the present study included a college student sample and examined specific experiences of interpersonal trauma. The previous study included an adult sample and examined other forms of trauma. It may be possible that character strengths are more related to other forms of traumatic events. Moreover, Martínez-Martí and Ruch (2017) found emotional strengths (zest, bravery, love, social intelligence, hope and humor) and strengths restraint (persistence, authenticity/honesty, perspective, prudence and self-regulation) to be significant predictors of resilience over and above already known resilience related factors such as, positive affect, self-efficacy, optimism, social support, self-esteem, life satisfaction, and sociodemographics. However, this study too examined the relationship between character strengths and resilience in an adult sample. Additionally, the previous study includes resilience, which was conceptualized as a “measure of stress coping ability that embodies the personal qualities that enable one to thrive in the face of adversity” (Martínez-Martí and Ruch, 2017, p. 6-7). The present study views posttraumatic growth as the positive changes in an individual’s life that occur as a result of attempts to cope in the aftermath of traumatic life events (Tedeschi & Calhoun, 1996, 2004; Tedeschi, Park, & Calhoun, 1998) and encompasses the potential of not returning to the pre-trauma state but going beyond to flourish and accomplish a higher level of well-being (Cadell et al., 2003). It is possible that there are generation differences in the experience of character strengths and posttraumatic growth. Therefore, future research should explore this relationship within the emerging adult population.

Overall, our study supports the importance of secure attachment for one's perception of social support. This finding is consistent with previous research (e.g., Mikulincer & Shaver, 2009), which posits that attachment influences the development of individual differences in support seeking, support provision, and the perception of available support. Similarly, it has been established that each attachment strategy has a regulatory goal that affects not only the production and maintenance of close relationships, but also the experience, regulation, and expression of emotions (Mikulincer & Shaver, 2011). Therefore, secure attachment is likely to be associated with greater use of reappraisal strategies and decreased use of suppression strategies. Even though mother attachment was not associated with appraisal strategies in our sample, it was inversely related to college students' suppression strategies, which is known to lead to greater distress and depressive symptoms (Gross & John, 2003). Given these findings with regards to mother attachment, future research may explore cross gender relationships between child and parent to provide a better understanding of the type of those forms of attachment most influential for growth and well-being.

According to Grych et al., (2015), having more types of assets and resources and more strengths within each are suggested to increase the ability to meet individual needs despite exposure to violence. Currently, many violence prevention programs tend to focus on determining risk factors and warning signs rather than building a foundation of skills for healthy relationships, self-efficacy and others. The current study presents those assets and resources within an individual that work to enhance well-being. Focusing on these skills and building strengths could facilitate alleviation of negative symptoms.

The findings of this study should be viewed within context of its limitations. The sample included emerging adults that were college students, and findings may not generalize to a more

diverse population or clinical samples. In addition, the present study utilized a cross-sectional design and relied on retrospective self-report measures, so no causal inferences can be drawn from these findings. Furthermore, given the nature of this design, we did not account for the time since victimization, and this may also have an impact on the experience of posttraumatic growth. The use of longitudinal data would allow for more robust conclusions, as in previous longitudinal studies, participants reported growth rates ranging from as low as 25% to as high as 67% (Ulloa et al., 2017). While incorporating multiple forms of interpersonal violence can be seen as a strength of the current study, we did not ask participants about other types of traumatic experiences. Future studies may include potentially traumatic events that are not interpersonal in nature (e.g., motor vehicle accidents), as it is possible that those could present the opportunity for impacting well-being and the development of posttraumatic growth as well. Future studies may also ask participants about their experience with psychotherapy, and whether or not they disclosed their experiences of interpersonal violence, as research suggest that interventions and supportive reactions from others may contribute to healthy adjustment and growth among survivor (Ullman, 2014; Ulloa et al., 2017). This may additionally include the use of social media, as research is beginning to look more closely at interactions on social networking sites and perceived social support and factors related to life satisfaction (Oh, Ozkaya, & LaRose, 2014).

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