THE UNIVERSITY OF HULL

Understanding the impact of trauma, violence and abuse – an exploration of the experience of exposure to violence

being a Thesis submitted in partial fulfilment

of the requirements for the degree of Doctor in Clinical Psychology

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by

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Overview

This portfolio thesis comprises of three parts:

Part One: Systematic Literature Review

Part one contains a systematic review which explores the use of Compassion Focussed Therapy (CFT) with adult survivors of violence, trauma, and abuse (VTA). A systematic search of five databases revealed 11 suitable papers, the findings of which are presented using narrative synthesis.

Part Two: Empirical Paper

Part two is a qualitative empirical study, which explored women's experiences of being exposed to gender-based violence (GBV) in the media (i.e. the news and social media etc.). A reflexive thematic analysis revealed a total of three themes. Conclusions, implications and recommendations for future research were considered.

Part Three: Appendices

Part three contains the appendices for the previous two parts and also includes a reflective and epistemological statement.

Total Word Count: 15,208

(excluding appendices)

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List of Tables and Figures

Part One: Systematic Literature Review

Part One: Systematic Literature Review

This paper is written in the format ready for submission to

Clinical Psychology Review

Please see appendix C for submission guidelines

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(including references, tables and figures)

The Effectiveness of Compassion Focussed Therapy for adults that have experienced Violence, Trauma and Abuse: A Systematic Literature Review

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Abstract

Background:

Experiences of traumatic events in an individual's life can lead to difficulties in mental health. Previous reviews have identified the effectiveness of different psychological therapies for individuals with PTSD. There has been a growing body of research looking into the use of compassion-focussed therapy (CFT) as an intervention for mental health difficulties. This review aimed to integrate and synthesise literature looking into how effective CFT is in reducing mental health difficulties for adults that have experienced violence, trauma, and abuse (VTA).

Method:

A systematic literature search was applied to six databases to explore the above research question. A narrative synthesis was then used to synthesise findings.

Results:

Four papers were included in the review and their quality assessed. Two main themes were identified: improved mental health, and, other outcomes of CFT intervention.

Conclusions:

A number of outcomes of the impact of CFT were identified and discussed. Suggestions for further research to do with the use of compassion that could support individuals that have experienced VTA are also discussed.

Keywords: Compassion, Compassion-Focussed Therapy, Violence, Trauma, Abuse, Systematic Review.

Introduction

Trauma can be defined as a negative emotional response to an extreme stressor that negatively impacts an individual's well-being (Ruglass & Kendall-Tackett, 2014); this may include experiences of abuse and violence. According to Post Traumatic Stress Disorder (PTSD) UK, around 50-70% of people will experience a trauma at some point in their lives (Inspire North, 2023). There has been extensive research into the psychological impact of trauma for its survivors (Janoff-Bulman & Figley 1985). Research has demonstrated that experiences of traumatic events in an individual's life, including those that have occurred in childhood, can lead to difficulties with mental health as well as difficulties in interpersonal relationships (Stinson, Quinn & Levenson, 2016). Further to this, research has demonstrated that, following traumatic exposure, an individual is at high risk for psychological stress – particularly PTSD (Norris et al., 2002) amongst other trauma-related difficulties (Brett, 1992).

Previous research and reviews have demonstrated the effectiveness of different psychological therapies for people with a diagnosis of PTSD (Bisson et al., 2013; Bradley et al., 2005). Research has demonstrated strong outcomes for individuals accessing Cognitive Behavioural Therapy for Trauma (CBT-T) and Eye Movement Desensitisation and Reprocessing (EMDR) (APA, 2017; Lewis et al., 2020). Moreover, research has further demonstrated the effectiveness of CBT without a trauma focus (Ehlers & Clark, 2003) as well as online CBT (Gawlytta et al., 2017). Furthermore, two trauma-focussed treatments have been designed to support individuals with PTSD: cognitive processing therapy (CPT) and prolonged exposure (PE), which are said to have much research backing (Mendes et al., 2008). Further research has demonstrated the effectiveness of third-wave therapies in reducing post-traumatic stress symptoms (Benfer, Spitzer & Bardeen, 2021). For example,

Acceptance and Commitment Therapy has been adapted in order to address difficulties associated with PTSD (Walser & Westrup, 2007).

One area that has become a growing body of research is the use of compassion-based interventions (such as Compassion Focussed Therapy – CFT) and compassion (Leaviss & Uttley, 2014). Compassion has been defined as "being touched by the suffering of others, opening one's awareness to others' pain and not avoiding or disconnecting from it, so that feelings of kindness toward others and the desire to alleviate their suffering emerge" (Neff, 2003a, p. 86–7). Compassion is described as having three "flows" including compassion to others, compassion from others, and, compassion towards the self (Gilbert, 2014). Self-compassion is compassion directed towards the self (Germer & Neff, 2013). CFT was developed in order to address self-criticism and shame by helping individuals to cultivate feelings of compassion (Gilbert, 2000) with there being research demonstrating that supporting individuals to develop self-compassion can alleviate a range of mental health difficulties (Hoffman, Grossman & Hinton, 2011). Recently, there has been an increase in research looking at the use of CFT as an intervention for a range of mental health difficulties (e.g. depression and anxiety) (Leaviss & Uttley, 2014). Further to this, CFT has the ability to be adapted for more specialist needs such as eating disorders (CFT-E; Goss & Allan, 2014). Research has also demonstrated that the addition of Compassionate Mind Training (Gilbert, 1992; Gilbert & Irons, 2005) techniques to CBT treatment for those that have experienced a traumatic event can be useful (Beaumont, Galpin & Jenkins, 2012). Findings from these studies indicate that high levels of self-compassion are linked to a decrease in anxiety, depression and, trauma-related symptoms, with one study finding the use of compassionate mind training lead to an increase in self-compassion, and decrease in hyper-arousal and avoidance (Beaumont, Galpin & Jenkins, 2012). Findings from other research have demonstrated the impacts of self-compassion on psychological outcomes. One study found

that self-compassion is related to psychological flourishing as well as reduced psychopathology (Germer & Neff, 2013). More specific uses of self-compassion have demonstrated a large effect size when looking at the link between self-compassion and depression, anxiety and stress (MacBeth & Gumley, 2012).

This review aims to synthesise the research on compassion in the context of adults who have experienced violence, trauma and abuse (VTA). This includes both the link between self-compassion and mental health difficulties in this population and the use of and effectiveness of CFT for individuals that have experienced VTA. To the best of the reviewer's knowledge, there is not an existing literature review in this topic area. This review has the potential to support the future use of compassion and CFT for individuals that have experienced trauma. This review aims to answer the following questions:

- How effective is CFT in reducing mental health difficulties in adults that have experienced trauma?

Method

Search Strategy

Multiple databases were searched in order to include as many articles as possible that were relevant to the review question. The systematic search strategy was applied to a total of five electronic databases, all of which were accessed via EBSCO Host. These were: Academic Search Premier, MEDLINE, CINAHL Complete, PsycInfo and PsycArticles. The search was initially completed in November 2022 and repeated in January 2023 to ensure recent papers were captured following this gap in searching.

Search Terms

Search terms were chosen through scoping current literature in the area and through the development of the review question. Search terms were discussed with a research supervisor and an Academic and Library Specialist, with additional synonyms being considered and added. A limiter of 'English Language' was applied during the search to ensure all papers could be read and understood by the researcher. Search terms were as follows:

CFT or compassion*

AND

"sexual assault*" or rape or "sexual violence" or "sexual abuse" or "sexual trauma" or "intimate partner violence" or "gender based violence" or "domestic abuse" or "domestic violence" or "child* abuse*" or "marital abuse"

Asterisk truncations were used to include for different variations of terms that may be included in the literature. The use of quotation marks allowed specific terms of interest to be searched for. The Boolean operator 'AND' was used in order to include a wide range of articles that were still related to the search terms.

Selection Strategy

Duplicate papers were removed during paper screening and the remaining papers were then screened by title and abstract against the inclusion and exclusion criteria (See Table 1.). Papers identified for full review were read and inclusion and exclusion criteria were applied to assess eligibility and relevance to the review question (See Figure 1 for the review process).

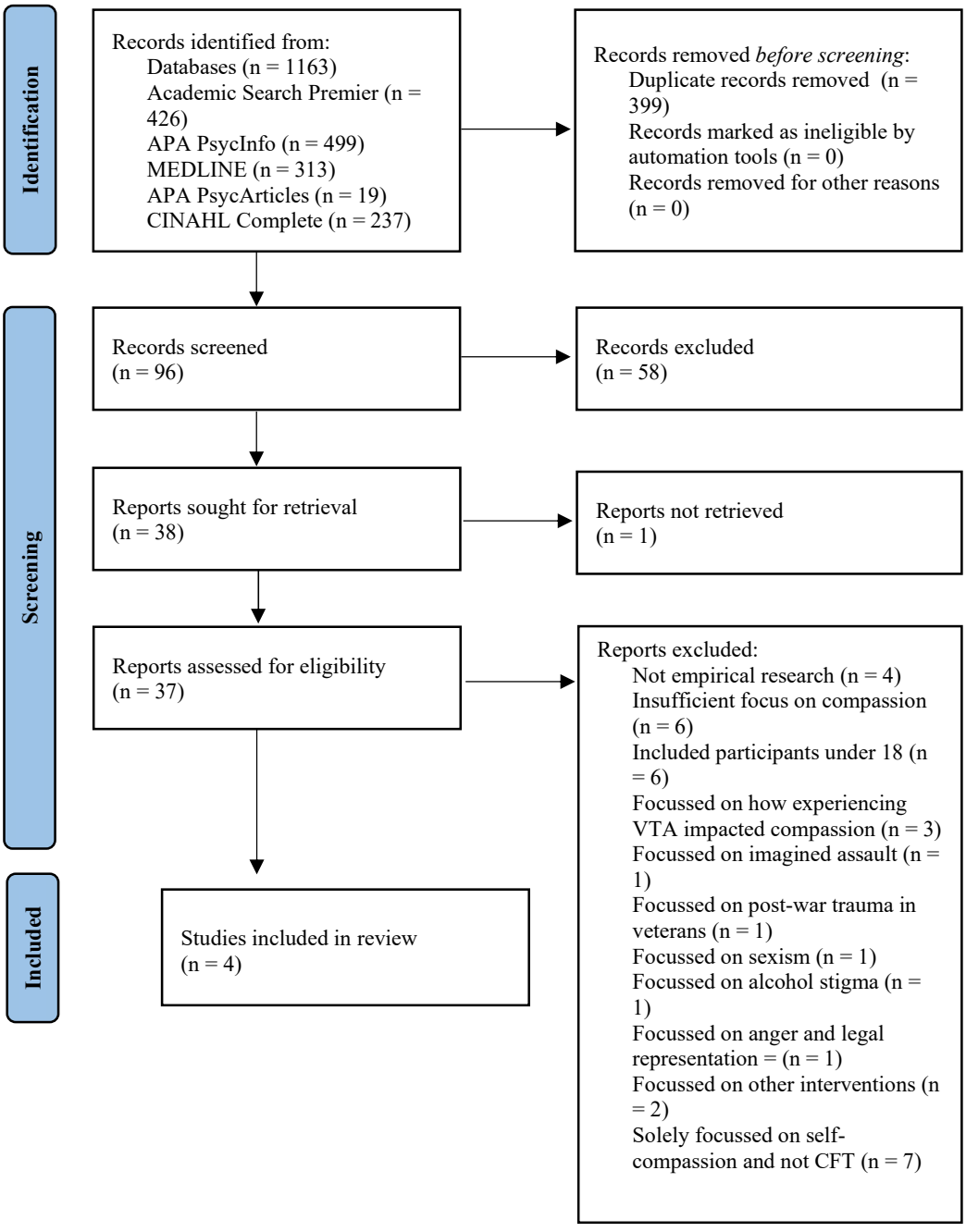
Table 1. Paper Inclusion Criteria and Rationale.

Inclusion Criteria	**Rationale**
Available in English	To be read and understood by the researcher. There was no budget to provide transcription of non-English papers.
Peer Reviewed	To ensure papers were of high standard
Empirical research	The aim of this paper was to review and synthesis original research and so other literature reviews were omitted.
Research focussing on adults	Child and adult services are often structured differently. It was decided to focus on adult participants only to ensure homogeneity. It should be noted, papers where the experience of VTA was in childhood, but the participant was an adult when they participated in research, were still included.
Focus on how CFT impacted mental health outcome following VTA	The review question aims to look into the effectiveness of CFT following an experience of VTA in relation to mental health outcomes. Papers where compassion was briefly mentioned, or where compassion was impacted by VTA were omitted. Papers that discussed self-compassion but not CFT were also omitted.

Research solely focussed on service user/individual that had experienced VTA	This review aims to look solely at individual lived experiences. Studies that looked into experiences of professionals were omitted
Exclusion Criteria	**Rationale**
Study looked at how experiences of Violence, Trauma and Abuse impacted levels of compassion	This review aims to look at the effectiveness of CFT on reducing mental health difficulties on adults that have experienced Violence, Trauma and Abuse
Sample contained a participant under 18	Some papers, although focussing on an adult sample, still contained participants under 18 due to the definition of adult in different populations. As the cut off for adult services in the UK is 18+, it was decided to only use samples were all participants were 18+

Table 2. Paper Exclusion Criteria and Rationale.

Figure 1. Paper selection process based on The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 (Page et al., 2021)



Data Extraction

The data from articles were extracted using a data extraction table, designed for the review (Appendix D). This included the following: authors year and place of publication, title, aims, participant characteristics, methodology and design, and, key findings and conclusions.

Quality Assessment

In order to establish the quality of papers, the final sample of papers were assessed using the Quality Assessment Tool for Quantitative Studies (Effective Public Health Practice Project, 1998) (Appendix E). This checklist was chosen as it critically assesses multiple areas of quantitative papers to determine their quality. It also allows the assessment of multiple types of quantitative papers across differing methodologies (i.e. intervention papers and correlation/mediation papers); it does not include a large focus on intervention in the scoring and has good inter-rater reliability (Armijo-Olivo et al., 2012). Three papers were selected at random and rated by a peer. Differences found in scores were discussed between raters and a decision was reached on the final rating.

Upon quality assessment, the majority of papers were rated as ‘moderate’ (n = 2) with the paper that was rated as ‘weak’ (n = 1) being due to the methodology used, lack of discussion of confounders and potential selection bias. Only one paper was rated as ‘strong’ with this being largely due to its methodology (utilising a randomised control trial).

Data Analysis

Due to the variation in methods and outcome of papers, a meta-analysis was deemed inappropriate. Instead, a narrative synthesis approach was used as this method allows a greater variation in design and outcomes (Popay et al., 2006).

The first step of narrative synthesis involves extracting key findings from papers that are relevant to the research question (see Table 3). Relationships between papers were then looked into in order to allow the identification of themes. Themes were then discussed with the supervisor as well as a peer in order to decide on the final themes. The quality of studies was also considered in order to understand any issues that may impact the validity of findings. Limitations of the review were discussed.

Results

Study Characteristics

A full summary of study characteristics can be found in Table 3. The final studies included in this review looked at the use of compassion-focussed therapy following experiences of VTA. All papers utilised a quantitative methodology, which included the use of quantitative measures (such as questionnaires). One study included in the review was published in 2020, and the rest were published in 2022 (n = 3). Studies were from a range of countries: two from Iran and one study from Australia and one study from Colombia. All papers included utilised an entirely female sample, with there being a total of 141 participants. Sample sizes ranged from 10 (Naismith, Ripoll & Pardo, 2021) to 47 (McLean, Steindl & Bambling, 2022). For the sample of participants across papers that reported age range, participant ages ranged from 18-65. It is important to note, however, that due to similarities between two of the papers in terms of participant group and authors, it is likely two studies used the same participant pool but utilised a different research question and

measures (Daneshvar, Shafiei & Basharpoor, 2022a; Daneshvar, Shafiei & Basharpoor, 2022b). This is somewhat unclear and so both sets of participants have been included in the final sample count above. Experiences of VTA included intimate partner violence (n = 3) with one paper including intimate partner violence as well as gender-based violence, as well as experiences of childhood sexual abuse (n = 1).

Two papers measured compassion using the Compassionate Engagement and Action Scales (CEAS; Gilbert et al., 2017), with one also using the Fears of Compassion Scale (FCS; Gilbert et al., 2011). Further to this, papers used a range of measures of mood including measures of PTSD and trauma (n = 4) such as PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013) and the Mississipi PTSD Scale (Keane et al., 1988) measures of depression, anxiety (such as the Generalised Anxiety Disorder 7-item Scale – GAD-7; Spitzer et al., 2006) and suicidal ideation (such as the Beck Scale for Suicidal Ideation – BSSI; Beck et al., 1979). Moreover, studies used a couple of different analysis methods including one-way repeated measured MANOVA (Daneshvar, Shafiei & Barsharpoor 2022a; Daneshvar, Shafiei & Barsharpoor 2022b), ANOVA (McLean, Steindl & Bambling, 2022) and reliable change indices (McLean, Steindl & Bambling, 2022; Naismith, Ripoll, & Pardo, 2021).

Synthesis of Findings

Key findings from each paper were extracted using the extraction table and outcomes were divided into those related to mental health and other outcomes.

Mental Health

Research supports that compassion may be beneficial for the reduction in symptoms of mental health difficulties such as PTSD, depression and suicidality, and, anxiety following experiences of VTA. This supports the use of an intervention that fosters compassion in individuals that have experienced some form of VTA.

Mental health was one theme identified when reviewing literature with all 4 papers discussing some form of mental health improvement for participants. One more general finding was that CFT could be effective in supporting traumatised women to cope with psychological difficulties following experiences of intimate partner violence (Daneshvar, Shafei & Basharpoor, 2022b). Other studies report on more specific improvements in mental health difficulties such as PTSD, depression and anxiety.

PTSD

Four papers discussed experiences of trauma related symptoms and PTSD and the impact of compassion focussed therapy on these symptoms. One study demonstrated a reduction of PTSD symptoms in a group of women that had experienced intimate-partner violence and gender-based violence following attendance at a CFT group (Naismith, Ripoll & Pardo, 2021). However this study reported that there was a greater improvement from pre-group to follow-up than for pre-group to post-group meaning that the period after completing CFT sessions was important for individuals and their ability to potentially utilise what they had taken from sessions. Furthermore, PTSD avoidance did reduce between pre and post

measures, however this reduced less at follow up which may demonstrate the impact of social interaction on mental health outcome. It should be noted, however, that this study was scored as 'Weak' during quality assessment with it being rated as weak across numerous sections of assessment (including withdrawals, with only ten participants finishing the study). Moreover, a study looking at compassion focused group therapy found a significant reduction in symptoms of PTSD (as measured by the PCL-5, EISS and OAS), as well as fears of compassion (as measured by the CEAS-SC and the FCS) following attendance at a CFT group intervention for adult female survivors of childhood sexual abuse (CFT-SA; McLean, Steindl & Bambling, 2022).

Depression and Suicidality

Three papers also explored experiences of depression and suicidal ideation in some form. When looking at CFT for women with PTSD following exposure to intimate partner violence, Daneshvar, Shafiei and Barsharpoor (2022a) found large effect size improvements in suicidal ideation across different subscales (including preparation for suicide: measured by the BSSI) when compared to a control sample. Similarly to above, Naismith, Ripoll and Pardo (2021) found a reduction in depression (as measured by the PHQ-9) post-CFT-group, however the reduction was less during follow up which, similar to above, may demonstrate the importance of community for individuals that have experienced VTA.

Anxiety

Although it was not as widely mentioned as PTSD, depression and suicidal ideation, two papers discussed anxiety and the impact of compassion. McLean, Steindl & Bambling (2022) found that levels of anxiety (which at baseline were found to be "moderate" in participants when measured by the GAD-7) reduced following attendance at compassion

focussed group therapy where levels of self-compassion also increased. More specifically, it was found that 5 of the 10 participants reported a reduction in anxiety following attendance a the group, with 6 out of 10 reporting a reduction at follow up, demonstrating that anxiety continued to reduce following the end of treatment.

Other outcomes of CFT.

Papers often discussed other outcomes of CFT that were not related to specific mental health difficulties. Findings around other outcomes highlight a mix of impacts for individuals that have experienced VTA and further demonstrates the broad benefits of compassion in individuals following these experiences. For example, one study focussed on experiential avoidance, meaning of life and sense of coherence in women that had experienced intimate partner violence (Daneshvar, Shaliei & Basharpoor, 2022b).

Avoidance

As mentioned above, one paper explored avoidance following an experience of VTA and the impact of CFT. Studying a group of women that had experienced intimate partner violence, Daneshvar, Shafiei & Basharpoor (2022b) found that CFT significantly decreased the level of experiential avoidance (as measured by the AAQ-II) by helping individuals to strengthen their acceptance towards traumatic events and preventing individuals from attempting to suppress their memories of the event. This was done alongside a control group (where participants were part of a cognitive behavioural therapy group) where this reduction was not significant.

Shame

Further to the above, two papers discussed experiences of shame and the impact of CFT on levels of shame. One paper saw that participants had high levels of both self-criticism and shame upon starting the CFT intervention, leading to researchers feeling these individuals would be a "good fit" for compassion intervention, however researchers failed to use a shame measure meaning that a reduction in shame could not be inferred (Naismith, Ripoll & Pardo, 2020). Alternatively, another paper that discussed shame was able to demonstrate significant effects from pre to post intervention and pre-intervention to follow up for global shame as well as external shame (McLean, Steindl & Bambling, 2022)

Cognitive Distortions

One paper further discussed cognitive distortions in individuals that had experienced intimate partner violence (as measured by the CDQ). This study found a significant difference in cognitive distortions between participants that attended 8 sessions of CFT and participants that did not attend the group, in that individuals had a greater reduction in cognitive distortions (as measured by the CDQ) following attendance at CFT group sessions (Daneshvar, Shafiei & Basharpoor, 2022a)

Discussion

Summary of Evidence

This review aimed to summarise and integrate findings from four studies in order to understand the effectiveness of CFT in reducing symptoms of mental health difficulties following VTA. It is possible that integrating these findings may be useful in demonstrating the benefits of cultivating compassion in individuals that have experienced VTA. Outcomes

from the four papers were divided into those related to mental health and other outcomes of CFT.

Across the literature, findings demonstrated a range of mental health improvements linked with increased levels of compassion following CFT intervention. This included an improvement in trauma-related symptoms and PTSD, depression and anxiety. This supports previous findings that supporting individuals to develop self-compassion can alleviate a range of mental health difficulties (Hoffman, Grossman & Hinton, 2011) and may further add to the growing body of research around compassion-based interventions beings useful when adapted for specialist needs (Goss & Allen, 2014). Literature in this review also discussed the other outcomes and effects of attending a CFT intervention following an experience of VTA. This included a reduction in experiences of shame, experiential avoidance as well as cognitive distortions (all factors that may contribute to an individuals experiences of distress). This somewhat supports prior evidence demonstrating the use of compassionate mind training can lead to an increase in self-compassion, and decrease in hyper-arousal and avoidance (Beaumont, Galpin & Jenkins, 2012).

Strengths and Limitations of Evidence in the Review

Firstly, to the researchers knowledge, this is the first study to synthesise the impact of CFT for individuals that have experienced VTA. As this review only looked at CFT as an intervention, it could be said that a breadth of findings is lacking, with other compassion based interventions not being included (such as compassionate mind training).

It should be noted that papers included in this review included a range of participants. This includes both in the experiences of participants but also participant background (i.e. participants were a range of ethnicities and ages). Despite this, it is important to note that, although no limiters were placed on the gender of participants, all participants within the

review were female, demonstrating a need for further research that includes all genders. It should be acknowledged, however, that despite many limitations to the above review, studies included appeared to be up to date, with the oldest paper being from 2016. As no papers were found prior to 2016, however, it could be that search terms utilised were not worded in ways that allowed for inclusion of older papers meaning some other words that could have included papers pre-2016 had not been used.

The quality of included studies were mixed according to the quality checklist used with one being rated 'strong', two being rated 'moderate', and one being rated 'weak'. This tended to be due to the potential for selection bias within samples used, withdrawals and lack of discussion of confounders.

Further to this, as the location of studies varied (with studies being conducted in a range of locations across the globe but none in the UK) it is uncertain whether findings are applicable to the UK. This is due to differences within service provision and organisation in different areas of the world.

Another limitation of this review was the broad inclusion of different types of trauma. This meant that it may not have been possible to include all possible words within the search to ensure all papers to do with VTA and compassion were included. Search terms were reviewed by the researcher, supervisor and Academic and Library specialist to ensure as many terms were used as possible however it is possible that important phrases that would have found more literature were missed. This may have been a reason why no literature was found pre-2016, with words utilised only allowing for more recent research to be found.

Further to this, this broad inclusion may have limited the amount of outcomes that could be drawn from findings, with studies using a broad range of measures as well as a range of participant groups and experiences. It could further be argued that as the majority of

studies used self-reported measures, the internal validity of findings may have been impacted (Palhus & Vazire, 2007).

Implications

It was clear following this review that this is a topic area that is still relatively under researched, with more literature needed to support already existing findings. Further to this, as it was highlighted by findings that CFT has a broad range of impacts for an individual that has experienced VTA, but not the separate impacts of CFT for different experiences of VTA. It would be useful to explore the impact of compassion on a range of experiences, in order to see if there are differences in outcome.

Research used in the review also focussed heavily on the experiences of women (with no studies focussing on other genders/mixed genders being found). Future research should look into the experience of other genders. More research should also be carried out within the context of the UK, with none of the above studies taking part within the UK.

Evidence from the above papers demonstrates the potential clinical efficacy of CFT for individuals that have experienced VTA during their life, with studies demonstrating a reduction in symptomology of PTSD, depression, self-harm and suicidal ideation as well as anxiety. Research further demonstrated a broad range of impacts of CFT, further demonstrating how effective it may be for individuals after an experience of VTA. Although CFT has been demonstrated to be effective by the above studies, it is still vital that further research be done in order to further enrich the evidence base.

Conclusion

The above literature review aimed to explore the effectiveness of compassion-focussed therapy for adults that have experienced VTA. A range of improvements in mental health were identified as were improvements in other areas such as levels of shame and self criticism (which seemed to also be impacting on individuals mental health).

This review demonstrates a need for more research in the area and acts as a way to demonstrate the efficacy of compassion based interventions for adults that have experienced VTA. Further research is needed utilising a range of genders to understand more around the effectiveness of CFT for a wider range of people. Further to this, due to the lack of papers found that researched this area, it is very clear that more research is needed in order to provide more depth of evidence

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*Note: ** indicates papers included in the review*

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Feeding the Fear: Exploring Women's Experiences of Being Exposed to Gender-based Violence in the Media

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Abstract

Background

Historically, there has been much research into the effects of mass media on mental health. It has often been argued that media is influential due to its extensive reach and cumulative effects over time. Despite this, little research has been carried out into the exposure to gender-based violence (GBV) through media and the impact this may have on an individual. One area that has not been researched, but is extremely prevalent at present, is women's experiences of being exposed to gender-based violence through mass media. This area is the topic of the following research paper.

Method

A total of eight participants were recruited online. Semi-structured interviews were used to explore participants' experiences of being exposed to gender-based violence through the media as well as the consequences this may have had. Responses were transcribed and analysed using Reflexive Thematic Analysis (Braun and Clarke 2022).

Results

Results demonstrated numerous factors that may impact how women perceived media reports of GBV as well as how this may impact them following exposure. Three key themes were identified: media portrayal of GBV, the world as a danger, and, looking for the light.

Conclusion

Further research into this area is required including research into other variables that may be impacting the assumptive worldview of women. Implications are discussed including implications for support needed following exposure to GBV in the media.

Keywords: women, gender-based violence, media, news, assumptive worldview

Introduction

Historically, there has been much research into the effects of mass media on mental health. For example, previous research has outlined that media can have significant consequences on body dissatisfaction (Taylor et al., 1998; Myers & Biocca, 1992), depression (Best, Manktelow, & Taylor, 2014), and self-harm and suicide (Arendt, Scherr & Romer, 2019). It has often been argued that media is influential due to its extensive reach and cumulative effects over time (Viswanath, Ramanadhan & Kontos, 2007). Further to this, media is often known to cover and portray traumatic events, which in turn could be traumatic for its viewers. An example of this being following the 9/11 terrorist attacks, those who watched televised coverage had more substantial stress reactions than those that watched less coverage (Schuster et al., 2001). It could be said, however, that as this research focussed on one event that was widely covered, it may not be applicable to all instances of media exposure. It has been found that direct first-hand exposure to trauma is linked with a high risk for psychological distress – particularly post-traumatic stress disorder (PTSD; Norris et al., 2002). Moreover, research has shown that fear learning (the ability to learn and identify threat; Glenn et al., 2017) could possibly be involved in the development of PTSD type symptoms and that the maintenance of these symptoms may involve a "failure of basic extinction processes of learned fear memory" (Neria & Sullivan, 2011 p.1; Milad et al., 2009). One research study was able to demonstrate that exposure to live televised reports of the 9/11 attacks increased the risk for short-term PTSD-type symptoms (Schlenger et al., 2002), placing into question whether exposure to traumatic material through the media is in itself traumatic.

Although previous research has looked into the experiences of indirect exposure to trauma through the media and the psychological consequences exposure may have, the portrayal of gender-based violence in the media and the impact this may have on an

individual's worldview and mental health, has not been researched as extensively. It can be said that the portrayal of gender within the media has been somewhat stereotyped, often depicting strict gender roles (i.e. consistently showing girls as obsessed with shopping and as sexual objects) (Srivastava, Chaudhury, Bhat & Mujawar, 2018).

Gender-based Violence in the Media

Gender-based violence can be defined as "violence that is directed against a person on the basis of their sex or gender, it includes acts that inflict emotional, physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. It is psychological, physical and/or sexual violence…" (Dlamini, 2021, p.1). Further to this, gender-based violence towards women could be viewed as a pandemic (Dlamini, 2021), with it being something that exists across the world at varying degrees of severity (World Health Organisation, 2009). There is evidence to suggest rates of gender-based violence increased during the COVID-19 Pandemic. Prior to the COVID-19 pandemic, statistics stated that 35% of women worldwide had experienced some sort of violence from an intimate partner or a non-partner (The World Bank, 2019). During the pandemic, with the UK government putting the country into "lockdown" as a response to increase in infections, it was seen that rates of gender-based violence increased significantly (UN Women, 2020a). It was seen that, between March 2019 and March 2020, there was a 7% growth in police recorded instances of domestic abuse and that between April and June 2020 (Office For National Statistics, 2020), there was a 65% increase in calls to the National Domestic Abuse Helpline when compared to the first three months of 2020.

In recent years, it is clear that social media has increasingly been used as a platform for social activism movements (such as Black Lives Matter and "MeToo"; ElSherief, Belding & Nguyen, 2017). The same can also be said for gender-based violence,

with social media providing a unique lens for discussions on gender-based violence as well as survivors sharing their stories (and the subsequent reactions of other users; ElSherief, Belding & Nguyen, 2017).

Moreover, media has previously tended to display occurrences of sexual harassment in a comical way, showing that victims experience little to no harm (Ward, 2016). Further to this, it has been shown that news articles discussing sexual violence against women has been known to perpetuate rape myths (O'Hara, 2012). This has included reference to the perpetrator as "a devious monster" (O'Hara, 2012 p.256), with articles often using victim-blaming language (i.e. blaming the assault on the victim because of her behaviour e.g. how she was dressed at the time).

Vicarious *Traumatisation*

One concept that is important to discuss when discussing the impact of media is Vicarious Traumatisation (VT). VT (a term attributed to McCann & Pearlman, 1990) has mainly been researched in the context of the therapeutic relationship, with research arguing that clinicians working with survivors of trauma (particularly sexual assault and incest) are at high risk of experiencing some form of VT (O'Shea Brown, 2021; Jenkins & Baird, 2002). In this context, VT may be defined as the permanent "transformation in the inner experience of the therapist that comes about as a result of empathic engagement with clients' trauma material" (Pearlman & Saakvitne, 1995 p.151). Pearlman and Saakvitne (1995a) went on to state that "the effects of vicarious traumatisation are widespread; its costs are immeasurable" (p.281). Research further suggests that VT may lead to cognitive shifts in relation to both the self and ones view of the world (including safety, trust, intimacy, and control; Saakvitne & Pearlman, 1996). Research suggests that Post Traumatic Stress Disorder (PTSD) itself could occur as a result of being vicariously traumatised (Blair & Ramones, 1996). Further research

identified that becoming vicariously traumatised can cause emotional, cognitive, behavioural and physical symptoms. This includes increased stress, unwanted intrusive images of the trauma material described by the client, sleep difficulties and experiences of anxiety (Cunningham, 2004). Research has also suggested that these 'symptoms' will intensify overtime if left untreated (Gerding, 2012). Moreover, one study analysed aspects of the therapeutic relationship in order to identify what causes clinicians to become vicariously traumatised. This reported that it is the empathic engagement that may lead to a clinician being "exposed to graphic details, including re-enactment of the trauma" and that they may become more aware that "humans can be intentionally cruel to one another" (Sabin-Farrell & Turpin, 2003 p.6). Although this is not an area that has previously been researched in terms of media exposure, it is argued that similar concepts are still relevant, with individuals still being exposed to graphic details within media stories, which may lead to a degree of VT.

Assumptive Worldview

One concept that may be important to consider when looking at exposure to GBV in the media is the idea of an assumptive worldview (Janoff-Bulman, 1989; Schwartzberg & Janoff-Bulman, 1991). This theory argues that people operate on certain assumptions about the world that provide them with security (benevolence of the world, meaningfulness of the world, and worthiness of the self). When an individual experiences a traumatic event, these assumptions may be shattered leading to an altered perception of the world (and possibly posttraumatic symptomology; Goldenberg & Matheson, 2005; Horowitz, 1993). For example, the third category of beliefs (the worthiness of the self) states that if people view themselves as "good", they should therefore be protected from negative events (Janoff-Bulman, 1989). This means that if something bad were to happen, this belief would be shattered leading to an alteration in this belief and, subsequently, any related schemas.

Aims and rationale

The aim of this study is to explore womens' experiences of being exposed to GBV in the media (i.e. the news in terms of televised news and online print news and social media etc.) as well as how this may have impacted how they navigate the world around them as a result of this exposure. Existing literature within this area is sparse, with there being no existing literature discussing the impact this exposure has on women known to the researcher. This research hopes to understand the experiences of women and to see if there are any shared experiences. This, in turn, should help us understand women's distress in relation to their assumptive worldview and in future, could aid in clinicians understanding of this distress and be utilised to expand support on offer to women.

Research questions:

- How are women experiencing the world following exposure to gender-based violence in the media?
- What specifically about the media is contributing to this experience?

Method

Design

A qualitative design, using a reflexive thematic analysis approach (Braun & Clarke, 2022) to analyse semi-structured interviews, was used to explore women's' experiences of being exposed to GBV in the media.

Participants

Ethical approval was gained from the University of Hull Faculty of Health Sciences (Appendix N). Participants were recruited via social media as well as via the Women's Equality Party (a feminist political party) and Empower Her Voice (a platform aimed at championing marginalised voices) using a poster (Appendix H). Recruitment took place from 3rd October 2022 until 4th April 2023. Potential participants contacted the researcher via email and once they expressed interest they were provided with further information including the participant information sheet (Appendix I) and consent form (Appendix J). A total of 16 participants contacted the researcher and were sent the information sheet. Eight participants did not respond following being sent the information sheet. In total, eight participants took part in the interview.

Study inclusion criteria included:

- Identifies as female. This piece of research aims to look at women's experiences. The phrasing "identifies as female" was chosen purposefully in order to include trans women;
- Has not experienced a traumatic event in the last 12 months. This criterion was set in order to prevent any heightened distress or the potential for re-traumatisation.

- Able to speak and understand English. The researcher's first language is English and the research budget did not allow for interpreting;
- Aged 18 and above;
- Able to give informed consent. It would be unethical to include participants that were not able to give informed consent.

Exclusion criteria included:

- Has experienced a traumatic event in the last 12 months (as above, this was done in order to prevent heightened distress or re-traumatisation);
- Does not identify as female (as the experiences of women were the topic of research);
- Not able to speak and understand English (as above, the research budget did not allow for interpreting);
- Aged younger than 18.

Participant ages ranged from 19 to 45 and all identified as female. Participants were from a range of areas within the UK. All participants were white and assigned female at birth.

Procedure

An advertisement poster (Appendix H) was circulated on social media (Instagram, Twitter & Facebook) as well as by the Women's Equality Party and Empower Her Voice in order to reach women across the country. Participants were instructed to contact the researcher to express interest in taking part and ask any questions they may have about the research. The participants were then sent the information sheet (Appendix I) to read and offered the further opportunity to ask any questions prior to agreeing on a date and time for the interview to take place. Interviews took place via the video meeting platform Microsoft Teams and so participants were emailed consent forms prior to the interview session to

complete and return to the interviewer. On meeting, participants were asked if they had any final questions about the research. If they did not, the recording started and they were asked a final time if they still consented to taking part in the research. Participants were asked to provide their age and geographical location. Participants were asked if they wanted to choose a pseudonym for themselves and the interview commenced. Some notes were taken by the researcher during the interview to identify certain hot points to remember for transcription and analysis. Some reflective notes were taken following the interview including reflections on the interview process, the interviewee and the interviewer's thoughts and responses discussions. Following this, interviews were transcribed and anonymised and the original recording was destroyed.

Analysis

Reflexive thematic analysis is an analysis method used for exploring and interpreting qualitative data, telling stories around any patterns of meaning (Joy, Braun & Clarke, 2023) Reflexive thematic analysis (Braun & Clarke, 2022) was used in order to analyse interview transcriptions. All transcripts were first anonymised to ensure the confidentiality of participants. Following this, each transcript was analysed using the six stages outlined by Braun and Clarke: (1) familiarising yourself with the dataset, (2) coding, (3) generating initial themes, (4) developing and reviewing themes, (5) refining, defining and naming themes, (6) writing up

Researcher Lens

It is important to understand more around the lens through which this research was completed. The researcher is a White British young woman who identifies as a feminist. The researcher is also an active consumer of various forms of media (including social media and

the news) and identifies with having this consumption of media impact their assumptive worldview. Sharing qualities with participants and being part of the 'in-group' has various implications, including that participants may feel more understood. However this also means the researcher may have favoured experiences similar to them when generating themes and choosing quotes during the analysis.

A reflective diary was kept throughout the process in order to allow the researcher to reflect on their assumptions (Ortlipp, 2008). Further reflections on the researchers lens can be found in the Epistemological Statement (Appendix B) and the Reflective Statement (Appendix A).

Results

Following data analysis, three key themes and 12 subthemes were developed. These are summarised in Table 1.

Table 1. Summary of key themes and sub themes

Key Themes	**Subthemes**
Media Portrayal of GBV	- Use of Language - Victim Blaming - Accessibility of media - "Relatability" of stories
The World as a Danger	- Learnt Fear - Protective Strategies - Schrödinger's man - Hopelessness and helplessness - Normalisation and Desensitisation
Looking for the Light	- In this together - Elevating our voices - Awareness and education

Media Portrayal of GBV

This theme refers to aspects of the media that women found to have the most impact including the use of language within mass media, how accessible the media is, influencer culture, and how relatable stories are.

Use of Language

Across multiple interviews, women spoke about the language used within the media to discuss women and the impact this has. A few women spoke about how women that have experienced GBV are discussed in the media, with there being an idea of a *"perfect victim" (Isabelle)*:

"They're either portrayed in two ways. They're portrayed as like--- it's like the Madonna-Whore complex. Like they're portrayed like a little victim like 'oh they were so sweet… they were in this situation… can't believe this happened to them' or 'oh she was dressed that way. She was drunk. She's a slag'"

(Karen)

"There's a lot of weird emphasis on the type of person that gets killed"

(Sarah)

Some mentioned that mass-media discussions around appearance of women further adds to this idea, with it creating an idea of women being *"reduced to objects" (Karen)*:

"It's always the way women are dressed us talked about, the way they look"

(Karen)

"they're hounding her for it in the comments 'look at the state of that girl. No wonder she's on the floor' or 'think of the things that might happen to her'"

(Grace)

Women further spoke about how this seemed to be different to how men are discussed in the media:

"All women, they're never referred to like… in the same--- I don't think they're talked about in the same way as men"

(Karen)

"When girls are going out and the captions that the news use on pictures of girls is like 'oh in their short dress looking provocative, got their skin out looking for some love' they never put that for boys."

(Grace)

Victim Blaming

The majority of women interviewed discussed the use of "victim blaming" within the media and the impact this has on women:

"A lot of narratives in the media about what women should be doing to protect themselves its kind of like the idea of rape culture and things of 'oh if you just dress differently' […] there's a narrative of 'YOU should be doing more as a woman"

(Maggie)

"I think a lot of blame there was… I think some people on herself for what happened, on her friends, on young people, because she was going out drinking and cos her friends left her rather than blaming the person that did it […] trying to paint a picture of reasons why it might have led to her being killed"

(Isabelle)

Women also spoke about how discussions within the media often place responsibility on women to act against gender-based violence, further contributing to the idea of victim blaming:

"It again puts the blame of the situation onto women rather than 'this man did this' or 'this person did this to a woman'. Its just victim blaming"

(Karen)

"Other peoples anger being directed towards the wrong people, not at the man but kind of at them. Like "you should protect yourself more… and then this wouldn't happen"

(Isabelle)

Furthermore, individuals spoke about how victim blaming in the media could contribute to occurrences of gender based violence, perpetuating ideas of women being to blame for their assault:

"The way they word it sometimes is like they're trying to get their readers to agree with them and think that the woman is usually blame. I do think a lot of victim blaming goes on and that's definitely an influence to gender based violence"

(Grace)

"If we're continued to be portrayed as helpless or continue to be portrayed as "asking for it" I think it's gunna continue to make men view and act in that way"

(Karen)

"If theres constant media being like 'well if a woman is wearing this then she deserves it'... an influenced man might be like 'oh okay so that's my green light to go do it'"

{Karen)

Accessibility of the Media.

Women further discussed the idea that how accessible media is to the public has a part to play in the constant exposure to gender-based violence:

"We've got more accessibility on social media"

(Maggie)

"Our whole lives are based around media and it is everywhere"

(Isabelle)

Women reflected on how this accessibility is new, meaning that we are more likely to be exposed to gender based violence and hear stories than before:

"The media is so different now than how it used to be"

(Sarah)

"Media's around you […] everyone's got a phone these days and everyone's seeing these stories"

(Grace)

"As I've got older I maybe understand some of the things that I see reported on more… or maybe I am just more exposed to it […] I didn't have as much access like to stuff online"

(Isabelle)

One participant mentioned that the accessibility of media means that stories can become more widespread, further demonstrating how often gender-based violence occurs across different areas:

"Because of the media, everyone across the world knows and it's the same with any story"

(Grace)

Women also mentioned that this also contributes societal views on gender based violence and that new tools on media outlets (such as comments) may cause further difficulties:

"Once there's a story people start commenting on it and then that's gunna make it pop up even more […] you can't really avoid it"

(Isabelle)

"There's the ability to comment on news stories now online. So you've got all these people with these potentially problematic ideas commenting it for other people to see"

(Grace)

"Relatability" of stories

Women also discussed the idea that stories being "relatable" to them further adds to the distress of hearing stories in the media. Some stated that hearing women are the ones at risk of being assaulted was enough for them to question their own safety:

"in a lot of cases as well women are the victims so as a woman it's quite frightening"

(Lydia)

"If it's a young woman who's vulnerable I think I identify with that and it's just scary I think cos you can imagine yourself as her"

(Maggie)

"I feel like cause like with me being a woman, there's like a high risk of it happening to me"

(Lucy)

Some discussed the idea of it being "close to home" and how this further contributes to the impact a story may have on their life:

"I feel like if I get more news about stuff going on around my area I would be more cautious"

(Rachel)

One participant further mentioned the idea of the public potentially feeling more empathy towards 'victims' if they can see them as relatable:

"I think if its more relatable to them […] then its easier for them to feel sympathy toward them […] 'oh she looks like me so I feel more connected to it'"

(Isabelle)

The World as a Danger.

This theme refers to the impact on women's lives that hearing stories in the media about gender-based violence has had. This included behavioural impacts as well as emotional and cognitive.

Learnt Fear

Women spoke about becoming fearful of the world around them following exposure to stories in the media:

"there's no area I can go to without having to have in the back of my mind like a fear of 'oh but that could happen or you need to watch out for him' […] its just it is mainly just adding to the fear factor"

(Karen)

"It's not safe out there and at any point somebody could come out of anywhere and just attack you"

(Sarah)

"It does make me feel quite scared as well because I think, you know what if that happens to me?"

(Lucy)

This included fears to do specific things such as walking alone as well as doing things they once enjoyed:

"I didn't feel comfortable sorta going walking the dog on my own"

(Lydia)

"the fear to go out and go for a walk… because the last girl who did got attacked"

(Karen)

One participant mentioned that, although she continued to do things she enjoyed, she felt she had subconsciously begun to fear what may happen:

"I realised while I was out for my run I was constantly engaged in the back of my mind in a kind of escape plan"

(Sarah)

Two participants also spoke about this fear extending onto those around them, with them feeling the need to look out for other women as well as themselves:

"I'm always looking out to make sure the girls around me in bars or whatever are safe and always watching any behaviour that they might find themselves in a bit of trouble"

(Grace)

"If I was in like a pub or a bar and I saw a young girl on her own with a man who maybe didn't look like she wanted to be there I would kind of keep an eye on it a bit more than I think I would before"

(Isabelle)

Protective Strategies

Directly following on from the above, women discussed that this learnt fear had led them to develop strategies to ensure their safety:

"I'll turn my music down a little bit so I'm aware of what's going on around me"

(Rachel)

"If I walk anywhere I've always got my keys between my knuckles […] if I feel unsafe I'll ring someone or like pretend I'm talking to somebody else so no one sorta accosts me"

(Lydia)

Some reflected on whether these strategies were actually helpful in keeping them safe, or whether they still felt in danger:

"you are sorta told… walk on the main roads, call people y'know do everything to keep yourself safe […] we're told to do these things and well obviously it hadn't worked"

(Lydia)

Moreover, women discussed frustrations at having to develop strategies to ensure their safety:

"But then when you look at it in the long term that's 10 minutes of things I don't really need to do because I shouldn't have to do it because I should just be safe wherever I am"

(Grace)

"You shouldn't be like thinking 'oh ill only have this much to drink on a night out or I'm gunna leave at this time so its not too dark'"

(Isabelle)

"Even in this ripe day of 2023, the amount of things that I, as a woman, purely because I'm a woman, seem to have to adapt to my daily life because of the things I see online or the things I read about in the news"

(Grace)

"I has to put in place getting a tracker, asking for covers for the top of our drinks so that you didn't get spiked […] it felt more like we were going on a mission than a fun night out with your friends"

(Karen)

On the other hand, one participant spoke about the "empowerment" that came with seeking to protect herself:

"Its like 'I will protect myself' so I feel like… yeah I feel like it has become an empowerment sort of thing"

(Rachel)

Schrödinger's man

This theme (referencing the theory of Schrödinger's cat in its title) is based on women's reports that they were now experiencing a lack of trust in other people. Women reported the idea they could not trust anyone and that "because you don't know which one" (Isabelle) could be an attacker, they must assume the worst. Women discussed a lack of trust in others, often referencing that they would not know whom to trust:

"You cant trust them like we cant trust anybody because you don't know what people are capable of doing […] makes me cautious of everybody"

(Rachel)

"I just don't trust the intentions of men anymore […] I know it's not every man's gonna do something horrific, but because you don't know which one, I just feel like you have to be like that"

(Isabelle)

"A lot of the times you see it online, it's like this person committed a crime and it just looks like your… general geezer. I'm now looking for this general geezer that might turn out to be a horrifically violent person"

(Grace)

Further to this, participants discussed those in positions of power and authority and how, following on from reports in the news, it felt as though they could not be trusted either. This led participants to wonder who they could trust if something were to happen to them:

"So I'm looking out for these people in powerful positions thinking 'I probably cant trust you either.' Who can you trust?"

(Grace)

"He was a police officer […] how did he manage to do this?[…]" "It did effect people massively because you wouldn't expect it from a police officer"

(Rachel)

"It doesn't make me trust services. I wouldn't trust the police"

(Maggie)

"Even the police you cant seem to trust because they're hurting people left, right and centre […] you grow up like parents always saying 'if you get into trouble ring the police' well I don't want to ring the police now because what if they kidnap me?"

(Grace)

Normalisation and Desensitisation.

Participants spoke about how, because of how often GBV is discussed in the media, this has led to it becoming somewhat normalised within society:

"I feel like it makes it more like a normalised thing like 'oh theres another woman's been attacked' its not like… an uproar"

(Karen)

"It becomes normal and just an accepted part of their lives"

(Sarah)

Participants felt that this has led to a level of desensitisation, with GBV no longer feeling as powerful or shocking as it should be:

"It's there so often that you almost become desensitised to it […] like it's a normal thing […] it shouldn't be such a normal thing but it seems to just be accepted"

(Isabelle)

"The word violence can become a word like cat or dog or floor. The impact of what it actually means can be a bit lost"

(Sarah)

Participants discussed the implications that this desensitisation may have, including potentially contributing to GBV as well as wondering whether it is just a part of normal life for women:

"because we've all grown up seeing so much of it and the kind of seriousness of it is lost so then people think it's acceptable to do it […]Is this just part of being responsible and being an adult woman that you just have to deal with these things"

(Isabelle)

"I kind of thought it's inevitable at some point that I would be a victim of a random sexual attack […] you just go well this is just something that happens to women and hopefully be able to manage it when it does"

(Sarah)

"People might have seen that and think well 'that must be alright then […] who's gunna care if I do it?"

(Grace)

On the other hand, one participant considered whether the desensitisation experienced had its benefits, with this acting almost as a protectant from the emotional impact exposure might have:

"I think it's quite sad that it's at that point where I don't have that sort of as emotional reaction […] I also think maybe that's kind of how you do have to be because you can't get upset every single time you see it because we see it so much its like you'd just be a mess all the time"

(Isabelle)

Looking for the light

This final theme discusses women looking for the light in an otherwise dark and scary world, with women occasionally talking about the potential benefits of this exposure as well as looking for things that could happen to support them

In this together

One thing participants mentioned was the idea of community. One participant discussed the isolation she felt, feeling as though she has had to manage with the impact exposure to gender based violence in the media has had on her:

"It can be isolating… even though a lot of women feel the same way. You know, they're not all in this room with me. It's just me on my own having to it for myself and that can be quite isolating"

(Grace)

Further to this, participants discussed that they could find comfort in talking to others about their experiences and that this, in turn, would help them to feel less alone:

"If there was somewhere you could talk to other women who's like 'yeah this is horrible' even, I think it would be at least comforting to know you're not alone"

(Maggie)

"women need support […] creating like an open community where you an just talk about your experiences and offer support to other people. Women supporting women"

(Karen)

"I think it could be shown in the sense of such as… community support groups […] that will take away the isolation I think"

(Grace)

Elevating our voices

Further to this, participants discussed the benefits of activism and how this may support them to challenge their anger into momentum to make change:

"you always feel like you've got a purpose and you're actually doing something if you can go on the streets and shout about it"

(Maggie)

Some participants mentioned previous campaigns that gained traction, and the benefits this had for women:

"I feel like in lockdown it was very like social movement. Everyone wanted to, like, do something to change it"

(Karen)

"The MeToo movement has made women realise that if you don't want to have sex, you don't have to […] conversations around consent and stuff have all come from that me too movement"

(Sarah)

One participant mentioned that activism and empowerment were a result of the anger and frustration built up following constant stories around GBV in the media:

"Women are starting to feel empowered […] 'we're not taking any shit any more'"

(Rachel)

Awareness and Education

Finally, a couple of participants spoke about the idea of media reports creating awareness for what is happening to women and that we should not ignore the importance of this:

"it's given sort of awareness out there for it. So its sort of like I guess that was good in a way for that awareness"

(Lucy)

Further to this, participants mentioned that education would be an important part of making change for future generations in terms of their attitudes towards gender and GBV:

"Education for boys because I think again its always put on the women of like you need to be educated about this thing"

(Isabelle)

Discussion

Overview

The study aimed to explore women's experiences of being exposed to GBV in the media including any implications of exposure and what other factors may be influencing this. This included how women are experiencing the world following exposure as well as what specifically about the media may have been contributing to these experiences. Analysis led to three main themes being generated: media portrayal of GBV, the world as a danger, and looking for the light.

Women reported a number of safety strategies that they felt they had had to develop as well as a change in the way they see the world around them. This supports previous research around altered assumptive worldview (Goldenberg & Matheson, 2005; Horowitz, 1993) as well as previous research that demonstrated following an experience of vicarious trauma, an individual; may experience cognitive shifts (Saaktvine & Pearlman, 1996).

Participants shared previous research's perspective around social media providing a unique lens for discussions around gender-based violence (ElSherief, Belding & Nguyen, 2017). Women's discussions around the language used in the media (e.g. victim blaming) and how the media has previously portrayed violence, supported research suggesting the news has been known to perpetuate rape myths, with articles often using victim-blaming language (O'Hara, 2012). Moreover, women often spoke about how language can perpetuate gender roles (such as one participant discussing the Madonna-Whore complex and how the media can feed into this by describing women as "innocent victims" or through blaming the woman for what has happened. This somewhat supports previous literature surrounding the use of stereotyped portrayals of women in the media (Srivastava, Chaudhury, Bhat & Mujawar, 2018).

Women also spoke about media as a platform for discussions around GBV, with

participants mentioning the use of comment sections within news outlets for people to upload their opinions. Previous research has also discussed that social media can provide a unique lens for discussions around GBV, allowing for individuals to share their stories as well as reactions to stories (ElSherief, Belding & Nguyen, 2017).

Strengths and Limitations

This research acts as the first study to explore women's experiences of exposure to GBV via the media. The use of a qualitative methodology meant that women's experiences were at the centre of this research and allowed for deep exploration into their experiences. Semi-structured interviews allowed for women to talk about things they felt were important, creating a safe space for them to tell their story.

It should be noted that all participants in this study were white. This meant that this research does not capture the experiences of the entire female population. Furthermore, it is important to discuss the researchers position as part of the 'in-group' for this research. As the researcher is also a woman (and a feminist) who has had experiences of being impacted by seeing GBV in the media, this potentially created a level of confirmation bias. On the other hand, this may have acted as a useful tool for participants to discuss their experiences with someone who understands.

Moreover, the potential for self-selection bias in this study is high, with it being likely that a certain type of woman would have put herself forward to participate (i.e. feminist, extroverted) meaning that themes are likely representative of a sub group of women. Despite this, participants did still have differences in views, which was particularly the case for Rachel, who often held opposing views to the rest of the sample.

It is important to acknowledge that recruitment for this research largely took place

online. As this research aimed to look at experiences of being impacted by the media, it may be that this research has not included those that have become so impacted by the media that they now avoid it all together. This means an important group that have been severely impacted have not had their stories heard.

Further to the above, it should be noted that interviews took place over a longer time span than first intended, with their being a gap between interview 3 and interview 4. It was noted participants 4 and onwards mentioned slightly different concepts and stories than participants 3 and below. This is likely due to what was in the news at the time of interview. On reflection, it may have been more beneficial to recruit participants first and then complete interviews within a shorter time span. This, however, may have caused participants to drop out.

Implications and Future Research

Interviews provided further implications around systemic misogyny and the use of gender roles throughout our society. Women often discussed issues spanning wider than just the media, many mentioning the patriarchy being deeply entrenched within our society, which further contributed to GBV. Whilst this was not included in the results due to this research's focus on exposure in the media, this identifies that it is not solely media exposure that is leading to distress and is instead the result of many widespread systemic issues.

Women also spoke about what would be helpful in the future to support them with distress caused as a consequence of media exposure to GBV. This identified a need for peer support groups, where women can go to discuss their experiences, which should in turn support them to feel less isolated in their experiences. This also identified a need for education around gender norms in order to support individuals to unlearn generational narratives around gender stereotypes and "toxic masculinity" (e.g. boys will be boys). Further

implications demonstrate a need for understanding around how media may impact an individual's wellbeing and mental health, with this being a potentially important thing to consider in a clinical setting (e.g. understanding what individuals may be exposed to in the media and how this may be impacting their experiences of distress).

As mentioned above, this is the first study to the researchers knowledge that looks into the experiences of women who have been exposed to GBV in the media, linking in concepts such as VT and assumptive worldview. This demonstrates a need for further research to strengthen this research base. It may be that future research takes a quantitative approach to ensure that other factors are controlled for (such as participant experience of GBV and the impact of stories told by family and friends).

The above research looked solely at women's experiences. It should not be ignored that gender based violence impacts all genders, and so, it would be of importance for further research to look at all genders experiences of being exposed to GBV in the media in order to understand more around the wider implications of exposure.

During research, an observation was made around the experiences of "hope" in. participants. It was noted that the older participants got, the less hopeful (and potentially more angry and frustrated they got) with the youngest participant (19) speaking often about media serving as a platform for activism and empowerment. Further to this, participants often spoke about "inherited distress" with them discussing how stories they are told by their caregivers from a young age serves as a base to view the world as dangerous. These two concepts would be further important areas for research.

Conclusions

It was clear that there are multiple things contributing to women's negative

assumptive worldview, with media exposure being one of many factors to consider. It can also be said that media was a strong contributory factor to women's development of protective strategies, however, there are other factors that may be contributing to this that were unable to be controlled for (e.g. education around "what not to do" when young). Moreover, it was identified that language used in the media was a large contributing factor, with media often using language perceived as victim blaming and misogynistic. This is topic that is currently under researched, with further research being able to potentially add depth to this area.

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Part Three: Appendices

Appendix A – Reflective Statement

Empirical Study

Designing the research

It is important to first mention that I originally designed a completely different research topic that did not necessarily align with my research interests. At the time, I felt it was important to ensure my research aligned with my supervisor's interests and found myself struggling to become fully involved with this topic. Following on from discussions with my research supervisor, I was supported to change my research topic to something that aligned with my research interests.

As a woman, it is hard to not have been impacted by gender-based violence in some way, whether this is personal experience or experience of a loved one or simply being aware that this is something that happens far too often. As a feminist, this research topic is something I am extremely passionate about but this possibly acted as a hindrance at points, worrying I was not doing the research justice.

Applying for Ethics

As my research topic was developed in a shorter space of time than intended, I found the ethical application process overwhelming at times. Despite a bit of back and forth with corrections, I found getting through the approval process to be smooth. I occasionally felt lucky that I only required university ethics, meaning that I did not have to do any further complicated ethical approval procedures.

Recruitment

On approach to recruitment, I felt relatively calm due to my broad inclusion criteria. I had organisations on board to support with recruitment and felt I would be able to complete my interviews relatively early on in the research. Unfortunately, this was not the case. The support from external organisations fell through, with some no longer being able to support the research and then not being able to get responses from some. This created a hurdle at the stage of recruitment, relying on social media to share recruitment posts in the hopes of gathering more participants. This delayed the research process significantly.

Interviewing, transcription and analysis.

Despite finding my research topic interesting, there were still difficulties to completing it. I found interviews at time to be difficult, and can now acknowledge that hearing women's stories within research (as well as hearing stories via the news and through friends) likely impacted my own wellbeing at times. I found myself bringing feelings of overwhelm with the subject matter into other areas of my life due to stories being brought up in interviews being close to home. I luckily had the support of my placement supervisor at the time, who provided a space for me to discuss these difficulties and supported me through a particularly difficult time in my research journey, for which I am forever grateful. Furthermore, I found transcription to be a particularly tedious part of the research journey. This led to me somewhat avoiding it at times, favouring doing other parts of the research over finishing transcription. At times I wished that I had someone to do this part for me so I could focus on other tasks, however, I realised transcription is vital for re-familiarizing myself with the data following transcription and felt that this helped me when it came to developing themes.

I found analysis a particularly interesting part of this process, feeling like I was

making progress with my research. Although it was interesting, it was still hard work, finding rereading through transcripts to bring up a lot of emotions I experienced whilst doing the interviews in the first place. The development of themes and selection of quotes was particularly hard, as I found myself wanting to capture women's stories as much as possible, and felt pressure to strive for perfection. It is likely that expecting perfection from myself during this stage of research may have caused experiences of burnout.

Write-Up

Much of the write up felt almost like a scramble. Experiencing a lot of self-doubt and imposter syndrome led to me overthinking everything I was writing, feeling like my work was not good enough. I found myself often comparing myself to others and felt guilt if I did not "work enough" on my thesis.

SLR

Compassion is a strong area of interest for me, with CFT being my favourite model to draw from and I felt that it would be useful to highlight to use of compassion in those that have experienced trauma particularly as I have seen the benefits of this first hand in clinical work. Despite this interest in the topic, the SLR was my least favourite part of thesis work. I felt that, compared to the empirical paper, my engagement with the SLR was low, with me often avoiding working on it. Quantitative research is not something I find interesting however, due to what papers came up during my searching, my SLR ended up looking into quantitative methodology. I found this to be extremely frustrating, with me often feeling out of my depth and uncertain about what I needed to do. This led to me over thinking things I would usually find straightforward. An example of this was in quality assessment whereby I

attempted a couple of different tools and each time found myself overwhelmed by the confusion I felt, often feeling not smart enough.

Summary

To summarise, I found the thesis process overwhelming at times, however it helped me to learn and grow at every stage. I feel privileged to have got to this stage and feel lucky to have been able to write about others' experiences. Research made me stronger in my beliefs around feminism, and I hope it provides useful insight into the darker side of media and how it may be impacting women's' views of the world around them.

Appendix B – Epistemological Statement

As this research utilises a qualitative methodology, it is important to reflect on and understand the lens with which it was done. Epistemology refers to the nature and acquisition of knowledge. Epistemological perspectives provide a framework in order to explore the position with which the researcher explores their research. Due to the use of interpretation during qualitative research, it is important to reflect on epistemology (Willig, 2001).

As the researcher was part of the 'in-group', meaning that as the researcher is part of the research, they cannot be fully objective in the interpretation of the data (Gray, 2014). This stance means that, as the researcher plays a part within the social world, research is based on the researchers interests. Moreover, the researcher self-identifies as a feminist and so research is said to have taken part through a feminist lens. This may have impacted how the research was carried out in terms of the interview process (e.g. deciding what follow up questions to ask) as well as the analysis of transcripts (e.g. picking out on certain quotes and themes over potential others). It is important to reflect on the fact the researcher would usually take a social constructivist perspective, believing that the understanding of social norms etc (such as concepts like gender) are socially constructed and not a reflection of a reality. Upon reflection during the early stages of research, it was decided that this position would not be an appropriate stance to take as, although gender is a social construct, gender-based violence is not.

Often, qualitative researchers take one of two perspectives; interpretivist or positivist. Positivism sees only observable evidence as scientific whereas interpretivism considers differences in circumstances and culture. Further to this, interpretivism gathers richness from each individual story rather than establishing a concrete truth that can be generalised to the target population (Myers, 2008). For this research in order to look at women's lived

experiences of exposure to GBV in the media and how this may have impacted how they make sense of the world around them, an interpretivist stance was adopted.

Ontology refers to the science of what is and aims to identify how humans understand and view reality (Smith, 2012) and examines "the nature of the world and what there is to know about it" (Ritchie et al., 2013, p.5). When conducting research, it is also important to consider the researchers ontological position to understand how the researcher views the world in which the research takes place. Relativism understands that there are 'multiple realities' that are based on an individuals experiences (Ritchie et al., 2013). The researcher adopted a relativist ontology for this research, believing that there are multiple subjective realities (Al-Ababneh, 2020). This is reflected in the methodology of the research, with the researcher looking at individual stories and taking each perspective as the truth, rather than seeking one truth. Due to my stance as a researcher, qualitative methodology and analysis was appropriate for the empirical paper.

To conclude, the researcher's epistemological position is interpretivist, and the ontological position is relativist. The researcher sought richness through each individual participant's experienced, rather than seeking one truth, and this was sought via the researchers unique lens and understanding.

References

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Smith, B. (2012). Ontology. In *The furniture of the world* (pp. 47-68). Brill.

Willig, C. (2001). *Introducing qualitative research in psychology: Adventures in theory and method*. Philadelphia, PA: Open University Press.

Appendix C – Submission Guidelines for: Clinical Psychology Review

Preparation

Queries

For questions about the editorial process (including the status of manuscripts under review) or for technical support on submissions, please visit our Support Center.

Peer review

This journal operates a single anonymized review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. Editors are not involved in decisions about papers which they have written themselves or have been written by family members or colleagues or which relate to products or services in which the editor has an interest. Any such submission is subject to all of the journal's usual procedures, with peer review handled independently of the relevant editor and their research groups. More information on types of peer review.

Use of word processing software
It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.
To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure

Manuscripts should be prepared according to the guidelines set forth in the most recent publication manual of the American Psychological Association. Of note, section headings should not be numbered.

Manuscripts should ordinarily not exceed 50 pages, *including* references and tabular material. Exceptions may be made with prior approval of the Editor in Chief. Manuscript length can often be managed through the judicious use of appendices. In general the References section should be limited to citations actually discussed in the text. References to articles solely included in meta-analyses should be included in an appendix, which will appear in the on line version of the paper but not in the print copy. Similarly, extensive Tables describing study characteristics, containing material published elsewhere, or presenting formulas and other technical material should also be included in an appendix. Authors can direct readers to the appendices in appropriate places in the text.

It is authors' responsibility to ensure their reviews are comprehensive and as up to date as possible (at least to 3 months within date of submission) so the data are still current at the time of publication. Authors are referred to the PRISMA Guidelines (http://www.prisma-statement.org/) for guidance in conducting reviews and preparing manuscripts. Adherence to the Guidelines is not required, but is recommended to enhance quality of submissions and impact of published papers on the field.

Appendices
If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

Essential title page information

Title. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible. **Note: The title page should be the first page of the manuscript document indicating the author's names and affiliations and the corresponding author's complete contact information.**

Author names and affiliations. Where the family name may be ambiguous (e.g., a double name), please indicate this clearly. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name, and, if available, the e-mail address of each author within the cover letter.

Corresponding author. Clearly indicate who is willing to handle correspondence at all stages of refereeing and publication, also post-publication. **Ensure that telephone and fax numbers (with country and area code) are provided in addition to the e-mail address and the complete postal address.**

Present/permanent address. If an author has moved since the work described in the article was done, or was visiting at the time, a "Present address"' (or "Permanent address") may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Highlights

Highlights are mandatory for this journal as they help increase the discoverability of your article via search engines. They consist of a short collection of bullet points that capture the novel results of your research as well as new methods that were used during the study (if any). Please have a look at the examples here: example Highlights.

Highlights should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point).

Abstract

A concise and factual abstract is required (not exceeding 200 words). This should be typed on a separate page following the title page. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separate from the article, so it must be able to stand alone. References should therefore be avoided, but if essential, they must be cited in full, without reference to the reference list.

Graphical abstract
Although a graphical abstract is optional, its use is encouraged as it draws more attention to the online article. The graphical abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Graphical abstracts should be submitted as a separate file in the online submission system. Image size: Please provide an image with a minimum of 531 × 1328 pixels (h × w) or proportionally more. The image should be readable at

a size of 5 × 13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, PDF or MS Office files. You can view Example Graphical Abstracts on our information site.

Keywords

Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Abbreviations
Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

Acknowledgements
Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

Formatting of funding sources
List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, it is recommended to include the following sentence:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Footnotes
Footnotes should be used sparingly. Number them consecutively throughout the article. Many word processors can build footnotes into the text, and this feature may be used. Otherwise, please indicate the position of footnotes in the text and list the footnotes themselves separately at the end of the article. Do not include footnotes in the Reference list.

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• Make sure you use uniform lettering and sizing of your original artwork.
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• Number the illustrations according to their sequence in the text.
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• Provide captions to illustrations separately.
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• Submit each illustration as a separate file.
• Ensure that color images are accessible to all, including those with impaired color vision.

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Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):
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TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.
TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.
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• Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
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• Submit graphics that are disproportionately large for the content.

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References

Citations in the text should follow the referencing style used by the American Psychological Association. You are referred to the most recent publication manual of the American Psychological Association. Information can be found at https://apastyle.apa.org/

Citation in text
Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

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As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.),

should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

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References should be arranged first alphabetically and then further sorted chronologically if necessary. More than one reference from the same author(s) in the same year must be identified by the letters "a", "b", "c", etc., placed after the year of publication. **References should be formatted with a hanging indent (i.e., the first line of each reference is flush left while the subsequent lines are indented).**

Examples: Reference to a journal publication: Van der Geer, J., Hanraads, J. A. J., & Lupton R. A. (2000). The art of writing a scientific article. *Journal of Scientific Communications,* 163, 51-59.

Reference to a book: Strunk, W., Jr., &White, E. B. (1979). *The elements of style.* (3rd ed.). New York: Macmillan, (Chapter 4).

Reference to a chapter in an edited book: Mettam, G. R., & Adams, L. B. (1994). How to prepare an electronic version of your article. In B.S. Jones, & R. Z. Smith (Eds.), *Introduction to the electronic age* (pp. 281-304). New York: E-Publishing Inc.

[dataset] Oguro, M., Imahiro, S., Saito, S., Nakashizuka, T. (2015). *Mortality data for Japanese oak wilt disease and surrounding forest compositions.* Mendeley Data, v1. http://dx.doi.org/10.17632/xwj98nb39r.1

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Supplementary material such as applications, images and sound clips, can be published with your article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. If you wish to make changes to supplementary material during any stage of the process, please make sure to provide an updated file. Do not annotate any corrections on a previous version. Please switch off the 'Track Changes' option in Microsoft Office files as these will appear in the published version.

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To foster transparency, we encourage you to state the availability of your data in your submission. This may be a requirement of your funding body or institution. If your data is unavailable to access or

unsuitable to post, you will have the opportunity to indicate why during the submission process, for example by stating that the research data is confidential. The statement will appear with your published article on ScienceDirect. For more information, visit the Data Statement page.

Appendix D – Blank Data Extraction Table

Authors, Year of Publication, Title and Location of research	Aims	Participants and participant characteristics	Methodology and design	Key Findings and Conclusions	Quality Assessment Score

Appendix E - The Quality Assessment Tool for Quantitative Studies (Effective Public health Practice Project, 1998)

QUALITY ASSESSMENT TOOL FOR QUANTITATIVE STUDIES

COMPONENT RATINGS

A) SELECTION BIAS

(Q1) Are the individuals selected to participate in the study likely to be representative of the target population?

1 Very likely
2 Somewhat likely
3 Not likely
4 Can't tell

(Q2) What percentage of selected individuals agreed to participate?

1 80 - 100% agreement
2 60 – 79% agreement
3 less than 60% agreement
4 Not applicable
5 Can't tell

RATE THIS SECTION	STRONG	MODERATE	WEAK
See dictionary	1	2	3

B) STUDY DESIGN

Indicate the study design

1 Randomized controlled trial
2 Controlled clinical trial
3 Cohort analytic (two group pre + post)
4 Case-control
5 Cohort (one group pre + post (before and after))
6 Interrupted time series
7 Other specify _____
8 Can't tell

Was the study described as randomized? If NO, go to Component C.

No Yes

If Yes, was the method of randomization described? (See dictionary)

No Yes

If Yes, was the method appropriate? (See dictionary)

No Yes

RATE THIS SECTION	STRONG	MODERATE	WEAK
See dictionary	1	2	3

C) CONFOUNDERS

(Q1) Were there important differences between groups prior to the intervention?

1 Yes
2 No
3 Can't tell

The following are examples of confounders:

1 Race
2 Sex
3 Marital status/family
4 Age
5 SES (income or class)
6 Education
7 Health status
8 Pre-intervention score on outcome measure

(Q2) If yes, indicate the percentage of relevant confounders that were controlled (either in the design (e.g. stratification, matching) or analysis)?

1 80 – 100% (most)
2 60 – 79% (some)
3 Less than 60% (few or none)
4 Can't Tell

RATE THIS SECTION	STRONG	MODERATE	WEAK
See dictionary	1	2	3

D) BLINDING

(Q1) Was (were) the outcome assessor(s) aware of the intervention or exposure status of participants?

1 Yes
2 No
3 Can't tell

(Q2) Were the study participants aware of the research question?

1 Yes
2 No
3 Can't tell

RATE THIS SECTION	STRONG	MODERATE	WEAK
See dictionary	1	2	3

E) DATA COLLECTION METHODS

(Q1) Were data collection tools shown to be valid?

1 Yes
2 No
3 Can't tell

(Q2) Were data collection tools shown to be reliable?

1 Yes
2 No
3 Can't tell

RATE THIS SECTION	STRONG	MODERATE	WEAK
See dictionary	1	2	3

F) WITHDRAWALS AND DROP-OUTS

(Q1) Were withdrawals and drop-outs reported in terms of numbers and/or reasons per group?

1 Yes
2 No
3 Can't tell
4 Not Applicable (i.e. one time surveys or interviews)

(Q2) Indicate the percentage of participants completing the study. (If the percentage differs by groups, record the lowest).

1 80 -100%
2 60 - 79%
3 less than 60%
4 Can't tell
5 Not Applicable (i.e. Retrospective case-control)

RATE THIS SECTION	STRONG	MODERATE	WEAK	
See dictionary	1	2	3	Not Applicable

G) INTERVENTION INTEGRITY

(Q1) What percentage of participants received the allocated intervention or exposure of interest?

1 80 -100%
2 60 - 79%
3 less than 60%
4 Can't tell

(Q2) Was the consistency of the intervention measured?

1 Yes
2 No
3 Can't tell

(Q3) Is it likely that subjects received an unintended intervention (contamination or co-intervention) that may influence the results?

4 Yes
5 No
6 Can't tell

H) ANALYSES

(Q1) Indicate the unit of allocation (circle one)

community organization/institution practice/office individual

(Q2) Indicate the unit of analysis (circle one)

community organization/institution practice/office individual

(Q3) Are the statistical methods appropriate for the study design?

1 Yes
2 No
3 Can't tell

(Q4) Is the analysis performed by intervention allocation status (i.e. intention to treat) rather than the actual intervention received?

1 Yes
2 No
3 Can't tell

GLOBAL RATING

COMPONENT RATINGS
Please transcribe the information from the gray boxes on pages 1-4 onto this page. See dictionary on how to rate this section.

A	**SELECTION BIAS**	**STRONG**	**MODERATE**	**WEAK**	
		1	2	3	
B	**STUDY DESIGN**	**STRONG**	**MODERATE**	**WEAK**	
		1	2	3	
C	**CONFOUNDERS**	**STRONG**	**MODERATE**	**WEAK**	
		1	2	3	
D	**BLINDING**	**STRONG**	**MODERATE**	**WEAK**	
		1	2	3	
E	**DATA COLLECTION METHOD**	**STRONG**	**MODERATE**	**WEAK**	
		1	2	3	
F	**WITHDRAWALS AND DROPOUTS**	**STRONG**	**MODERATE**	**WEAK**	
		1	2	3	Not Applicable

GLOBAL RATING FOR THIS PAPER (circle one):

1	STRONG	(no WEAK ratings)
2	MODERATE	(one WEAK rating)
3	WEAK	(two or more WEAK ratings)

With both reviewers discussing the ratings:

Is there a discrepancy between the two reviewers with respect to the component (A-F) ratings?

No Yes

If yes, indicate the reason for the discrepancy

1	Oversight
2	Differences in interpretation of criteria
3	Differences in interpretation of study

Final decision of both reviewers (circle one):

1	**STRONG**
2	**MODERATE**
3	**WEAK**

Appendix F – EPHPP Dictionary

Quality Assessment Tool for Quantitative Studies Dictionary

The purpose of this dictionary is to describe items in the tool thereby assisting raters to score study quality. Due to under-reporting or lack of clarity in the primary study, raters will need to make judgements about the extent that bias may be present. When making judgements about each component, raters should form their opinion based upon information contained in the study rather than making inferences about what the authors intended.

A) SELECTION BIAS

(Q1) Participants are more likely to be representative of the target population if they are randomly selected from a comprehensive list of individuals in the target population (score very likely). They may not be representative if they are referred from a source (e.g. clinic) in a systematic manner (score somewhat likely) or self-referred (score not likely).

(Q2) Refers to the % of subjects in the control and intervention groups that agreed to participate in the study before they were assigned to intervention or control groups.

B) STUDY DESIGN

In this section, raters assess the likelihood of bias due to the allocation process in an experimental study. For observational studies, raters assess the extent that assessments of exposure and outcome are likely to be independent. Generally, the type of design is a good indicator of the extent of bias. In stronger designs, an equivalent control group is present and the allocation process is such that the investigators are unable to predict the sequence.

Randomized Controlled Trial (RCT)
An experimental design where investigators randomly allocate eligible people to an intervention or control group. A rater should describe a study as an RCT if the randomization sequence allows each study participant to have the same chance of receiving each intervention and the investigators could not predict which intervention was next. If the investigators do not describe the allocation process and only use the words 'random' or 'randomly', the study is described as a controlled clinical trial.

See below for more details.

Was the study described as randomized?

Score YES, if the authors used words such as random allocation, randomly assigned, and random assignment.

Score NO, if no mention of randomization is made.

Was the method of randomization described?

Score YES, if the authors describe any method used to generate a random allocation sequence.

Score NO, if the authors do not describe the allocation method or describe methods of allocation such as alternation, case record numbers, dates of birth, day of the week, and any allocation procedure that is entirely transparent before assignment, such as an open list of random numbers of assignments.
If NO is scored, then the study is a controlled clinical trial.

Was the method appropriate?

Score YES, if the randomization sequence allowed each study participant to have the same chance of receiving each intervention and the investigators could not predict which intervention was next. Examples of appropriate approaches include assignment of subjects by a central office unaware of subject characteristics, or sequentially numbered, sealed, opaque envelopes.

Score NO, if the randomization sequence is open to the individuals responsible for recruiting and allocating participants or providing the intervention, since those individuals can influence the allocation process, either knowingly or unknowingly.

If NO is scored, then the study is a controlled clinical trial.

Controlled Clinical Trial (CCT)
An experimental study design where the method of allocating study subjects to intervention or control groups is open to individuals responsible for recruiting subjects or providing the intervention. The method of allocation is transparent before assignment, e.g. an open list of random numbers or allocation by date of birth, etc.

Cohort analytic (two group pre and post)
An observational study design where groups are assembled according to whether or not exposure to the intervention has occurred. Exposure to the intervention is not under the control of the investigators. Study groups might be non-equivalent or not comparable on some feature that affects outcome.

Case control study
A retrospective study design where the investigators gather 'cases' of people who already have the outcome of interest and 'controls' who do not. Both groups are then questioned or their records examined about whether they received the intervention exposure of interest.

Cohort (one group pre + post (before and after)
The same group is pretested, given an intervention, and tested immediately after the intervention. The intervention group, by means of the pretest, act as their own control group.

Interrupted time series
A time series consists of multiple observations over time. Observations can be on the same units (e.g. individuals over time) or on different but similar units (e.g. student achievement scores for particular grade and school). Interrupted time series analysis requires knowing the specific point in the series when an intervention occurred.

C) CONFOUNDERS

By definition, a confounder is a variable that is associated with the intervention or exposure and causally related to the outcome of interest. Even in a robust study design, groups may not be balanced with respect to important variables prior to the intervention. The authors should indicate if confounders were controlled in the design (by stratification or matching) or in the analysis. If the allocation to intervention and control groups is randomized, the authors must report that the groups were balanced at baseline with respect to confounders (either in the text or a table).

D) BLINDING

(Q1) Assessors should be described as blinded to which participants were in the control and intervention groups. The purpose of blinding the outcome assessors (who might also be the care providers) is to protect against detection bias.

(Q2) Study participants should not be aware of (i.e. blinded to) the research question. The purpose of blinding the participants is to protect against reporting bias.

E) DATA COLLECTION METHODS

Tools for primary outcome measures must be described as reliable and valid. If 'face' validity or 'content' validity has been demonstrated, this is acceptable. Some sources from which data may be collected are described below:

Self reported data includes data that is collected from participants in the study (e.g. completing a questionnaire, survey, answering questions during an interview, etc.).

Assessment/Screening includes objective data that is retrieved by the researchers. (e.g. observations by investigators).

Medical Records/Vital Statistics refers to the types of formal records used for the extraction of the data.

Reliability and validity can be reported in the study or in a separate study. For example, some standard assessment tools have known reliability and validity.

F) WITHDRAWALS AND DROP-OUTS

Score **YES** if the authors describe BOTH the numbers and reasons for withdrawals and drop-outs.

Score **NO** if either the numbers or reasons for withdrawals and drop-outs are not reported.

The percentage of participants completing the study refers to the % of subjects remaining in the study at the final data collection period in all groups (i.e. control and intervention groups).

G) INTERVENTION INTEGRITY

The number of participants receiving the intended intervention should be noted (consider both frequency and intensity). For example, the authors may have reported that at least 80 percent of the participants received the complete intervention. The authors should describe a method of measuring if the intervention was provided to all participants the same way. As well, the authors should indicate if subjects received an unintended intervention that may have influenced the outcomes. For example, co-intervention occurs when the study group receives an additional intervention (other than that intended). In this case, it is possible that the effect of the intervention may be over-estimated. Contamination refers to situations where the control group accidentally receives the study intervention. This could result in an under-estimation of the impact of the intervention.

H) ANALYSIS APPROPRIATE TO QUESTION

Was the quantitative analysis appropriate to the research question being asked?

An intention-to-treat analysis is one in which all the participants in a trial are analysed according to the intervention to which they were allocated, whether they received it or not. Intention-to-treat analyses are favoured in assessments of effectiveness as they mirror the noncompliance and treatment changes that are *likely* to occur when the intervention is used in practice, and because of the risk of attrition bias when participants are excluded from the analysis.

Component Ratings of Study:

For each of the six components A – F, use the following descriptions as a roadmap.

A) SELECTION BIAS

Strong: The selected individuals are very likely to be representative of the target population (Q1 is 1) **and** there is greater than 80% participation (Q2 is 1).

Moderate: The selected individuals are at least somewhat likely to be representative of the target population (Q1 is 1 or 2) **and** there is 60 - 79% participation (Q2 is 2). 'Moderate' may also be assigned if Q1 is 1 or 2 and Q2 is 5 (can't tell).

Weak: The selected individuals are not likely to be representative of the target population (Q1 is 3) **or** there is less than 60% participation (Q2 is 3) **or** selection is not described (Q1 is 4) and the level of participation is not described (Q2 is 5).

B) DESIGN

Strong: will be assigned to those articles that described RCTs and CCTs.

Moderate: will be assigned to those that described a cohort analytic study, a case control study, a cohort design, or an interrupted time series.

Weak: will be assigned to those that used any other method or did not state the method used.

C) CONFOUNDERS

Strong: will be assigned to those articles that controlled for at least 80% of relevant confounders (Q1 is 2) **or** (Q2 is 1).

Moderate: will be given to those studies that controlled for 60 – 79% of relevant confounders (Q1 is 1) **and** (Q2 is 2).

Weak: will be assigned when less than 60% of relevant confounders were controlled (Q1 is 1) **and** (Q2 is 3) **or** control of confounders was not described (Q1 is 3) **and** (Q2 is 4).

D) BLINDING

Strong: The outcome assessor is not aware of the intervention status of participants (Q1 is 2) **and** the study participants are not aware of the research question (Q2 is 2).

Moderate: The outcome assessor is not aware of the intervention status of participants (Q1 is 2) **or** the study participants are not aware of the research question (Q2 is 2) **or** blinding is not described (Q1 is 3 and Q2 is 3).

Weak: The outcome assessor is aware of the intervention status of participants (Q1 is 1) **and** the study participants are aware of the research question (Q2 is 1).

E) DATA COLLECTION METHODS

Strong: The data collection tools have been shown to be valid (Q1 is 1); **and** the data collection tools have been shown to be reliable (Q2 is 1).

Moderate: The data collection tools have been shown to be valid (Q1 is 1) **and** the data collection tools have not been shown to be reliable (Q2 is 2) **or** reliability is not described (Q2 is 3).

Weak: The data collection tools have not been shown to be valid (Q1 is 2) **or** both reliability and validity are not described (Q1 is 3 and Q2 is 3).

F) WITHDRAWALS AND DROP-OUTS - a rating of:

Strong: will be assigned when the follow-up rate is 80% or greater (Q2 is 1).

Moderate: will be assigned when the follow-up rate is 60 – 79% (Q2 is 2) **OR** Q2 is 5 (N/A).

Weak: will be assigned when a follow-up rate is less than 60% (Q2 is 3) or if the withdrawals and drop-outs were not described (Q2 is 4).

Appendix G – Submission Guidelines for: Psychology of Women Quarterly

Manuscript Submission Guidelines:

Manuscript Submissions

Psychology of Women Quarterly accepts submission of original articles only through its online web system at **http://mc.manuscriptcentral.com/pwq**.

Please follow the instructions through the site. It will be helpful to have a separate title page and fully masked, electronic main document prepared in advance. The main document must include the Abstract and all Tables, Figures, and appended materials and must mask unpublished Author Citations throughout the manuscript.

If you have any questions or problems, please contact Dawn Szymanski (Editor) or Cora Powers (Assistant Editor) at **pwq@utk.edu**.

Manuscripts should be submitted as an electronic file in Microsoft Word. An accompanying letter should request review and include the following information: that the manuscript (a) is not currently under review elsewhere, (b) has not been previously published in whole or in part, and (c) conforms to APA standards on ethical treatment of participants. If you are using the data from this study in any other study (either completed or planned), explain this in detail in the cover letter to the Editor and indicate in the manuscript that the study is based on a larger dataset.

Manuscript Review Policy

Standard masked peer review procedures are used for all submissions. APA policy prohibits an author from submitting the same manuscript for concurrent consideration by more than one journal. Prior or duplicate publication constitutes unethical behavior. Authors have an obligation to consult the Editor if there is any question about an article's suitability for PWQ or if there are questions concerning piecemeal publication (see pp. 13-15 of the *Publication Manual of the American Psychological Association Publication Assocation*). Student reviewers may provide independent reviews under the supervision of a Consulting or Associate Editor.

Manuscript Preparation, Length, and Style

All manuscripts should be prepared according to the Publication Manual of the American Psychological Association (7th edition).The entire manuscript - including abstract, quotations, notes, and references- must be typed double-spaced, with margins of at least 1 inch on all sides and use of Times New Roman 12 point font. Manuscript pages must be numbered consecutively. The use of sexist or ethnically biased language is unacceptable. As a general guideline full-length manuscripts reporting results of a single quantitative study should not exceed 35 pages total (including title page, abstract, text, references, tables, and figures). Reports of qualitative studies generally should not exceed 45 pages. For manuscripts that exceed these page limits, authors should provide a rationale to justify the extended length in their cover letter (e.g., multiple studies are reported).

Title and Acknowledgements (page 1). To facilitate masked review, all indication of authorship must be limited to this page (other pages must show the short title plus page number at the top right). Include on the title page (a) full article title, (b) names and affiliations of all authors, (c) acknowledgments, and (d) mailing and email addresses and telephone and fax numbers of the individual serving as the point of contact.

Abstract and Keywords (page 2). Abstract should not exceed 200 words. After the abstract, list appropriate keywords for the manuscript, preferably using terms from the Thesaurus of Psychological Terms.

Text (page 3). Use a five-character paragraph indent. Do not use desktop publishing features, such as right margin justification or underline. Only bold and italics may be used. Use a 12-point typeface.

References. References cited in text must appear in the reference list, and entries in the reference list must be cited in the text. References should conform to the 7th edition of the *Publication Manual of the American Psychological Association*.

Notes. Footnotes are not permitted in the text. If necessary, endnotes may be used. Number consecutively throughout text and list on a separate page preceding the following section.

Tables. Tables must appear as a unit following the reference section. Each table should be typed double-spaced on a separate sheet, be numbered consecutively, and include a caption. All tables must be cited in the text.

Figures. Figures and artwork should be submitted in the following digital file formats and with minimum resolution of 300 DPI (600 DPI for line art): TIFF, EPS, PDF, JPEG, or Microsoft Word. Prepare figures according to the guidelines provided in the 6th edition of the APA manual.

Transparency and Openness

All manuscripts submitted to PWQ should follow APA Style Journal Article Reporting Standards (JARS) for quantitative, qualitative, and/or mixed methods research and Level 1 (Disclosure) for each of the eight aspects of research planning and reporting of the Transparency and Openness Promotion (TOP) Guidelines (OSF | TOPGuidelines.pdf; Nosek et al., 2015). A summary of the guidelines can be found here: TOP Guidelines Summary - Google Sheets. Authors should describe the efforts they made to comply with the TOP guidelines in the Method section. An example follows:

- We report how we determined all data exclusions, sample size, manipulations, and measures in the study, consistent with reporting standards for quantitative research (Appelbaum et al., 2018). All data, analysis code, and research materials are [available at link to repository OR available by emailing the corresponding author OR are not available]. Data were analyzed using IBM SPSS v27 and Hayes (2018) PROCESS macro v3.0. This study's design and its analysis were not pre-registered.

We realize there are both opportunities and challenges associated with the open science movement, whose scope, methods, and definitions continue to evolve. These challenges and opportunities may be especially pertinent and consequential for feminist scholars and scholarship. For a review of these issues, we refer authors to our PWQ special issue, Feminist Psychology and Open Science, guest edited by Jaclyn A. Siegel, Asia A. Eaton, Rachel M. Calogero, and Tomi-Ann Roberts: Psychology of Women Quarterly - Volume 45, Number 4, Dec 01, 2021 (sagepub.com).

Teaching Briefs

Psychology of Women Quarterly accepts submission of non-empirical contributions to the scholarship of teaching and learning in the psychology of women only through its online web system at http://mc.manuscriptcentral.com/pwq. Limited to about 10 pages, these essays should follow the general guidelines of APA's Publication Manual, except without an Abstract or title page and confining headings to a single level (Level 1). A 1-2 sentence bio will be requested during the submission process for each contributing author.

Please follow the instructions through the site. It will be helpful to have a separate title page and fully masked, electronic main document prepared in advance.

If you have any questions or problems, please contact Dawn Szymanski (Editor) or Cora Powers (Assistant Editor) at **pwq@utk.edu**.

Teaching essays should be submitted as an electronic file in Microsoft Word. An accompanying letter should request review and include the following information: that the manuscript (a) is not currently under review elsewhere, (b) has not been previously published in whole or in part, and (c) conforms to the 6th edition of APA's Publication Manual.

Orcid

As part of our commitment to ensuring an ethical, transparent and fair peer review process SAGE is a supporting member of ORCID, the Open Researcher and Contributor ID. ORCID provides a unique and persistent digital identifier that distinguishes researchers from every other researcher, even those who share the same name, and, through integration in key research workflows such as manuscript and grant submission, supports automated linkages between researchers and their professional activities, ensuring that their work is recognized.

The collection of ORCID iDs from corresponding authors is now part of the submission process of this journal. If you already have an ORCID iD you will be asked to associate that to your submission during the online submission process. We also strongly encourage all co-authors to link their ORCID ID to their accounts in our online peer review platforms. It takes seconds to do: click the link when prompted, sign into your ORCID account and our systems are automatically updated. Your ORCID iD will become part of your accepted publication's metadata, making your work attributable to you and only you. Your ORCID iD is published with

your article so that fellow researchers reading your work can link to your ORCID profile and from there link to your other publications.

If you do not already have an ORCID iD please follow this link to create one or visit our ORCID homepage to learn more.

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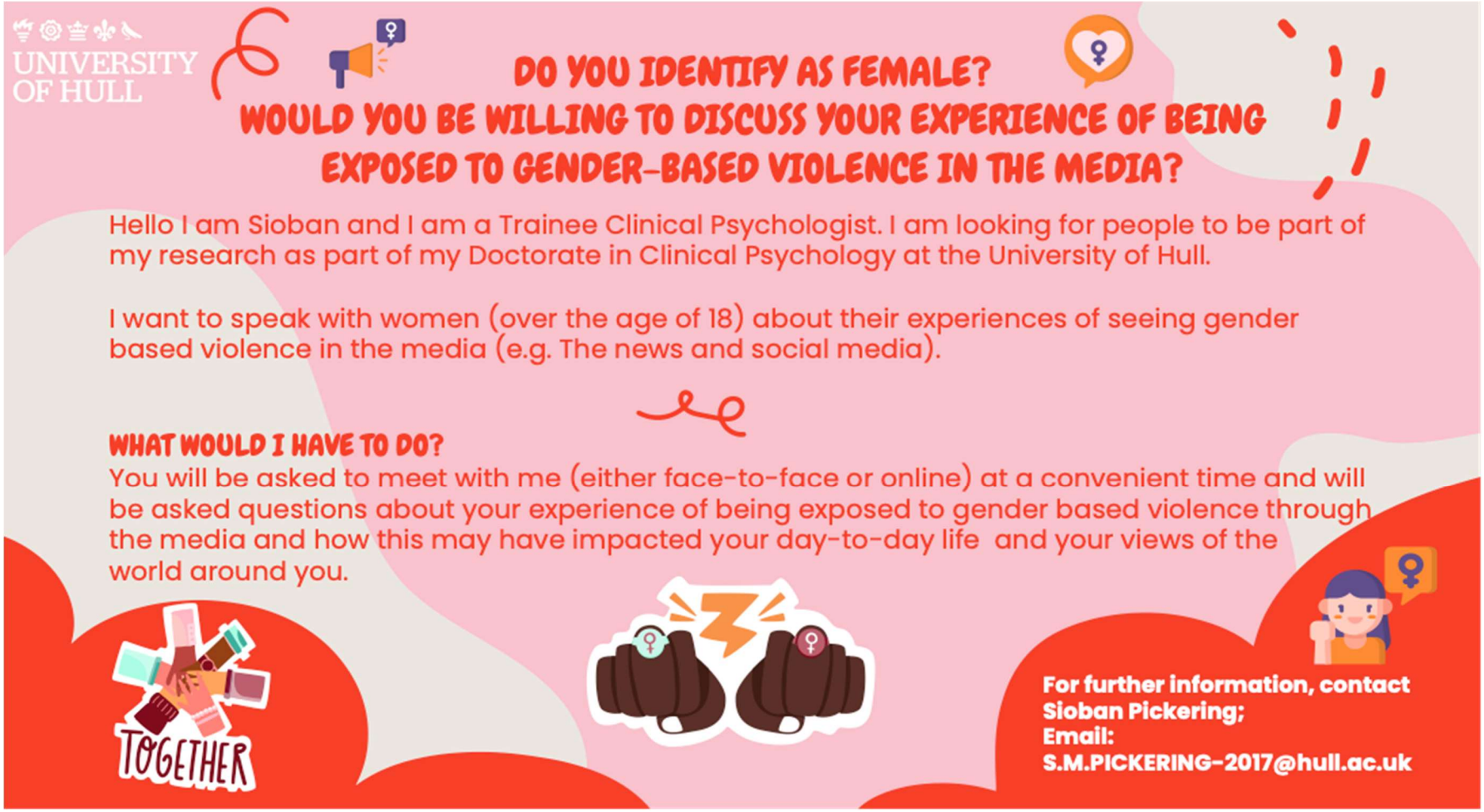
Supplemental Information

The option of including online information supplemental to a paper is available to authors. Examples include the list of noncited articles included in a meta analysis and materials that might be useful to teachers implementing ideas presented in the teaching section. The APA manual lists other suggestions for online supplements.

Appendix H: Recruitment Poster



UNIVERSITY OF HULL

Participant information sheet

This research is being completed as part of the requirements of the Doctorate in Clinical Psychology course at the University of Hull. The researcher, Sioban Pickering, is a Trainee Clinical Psychologist and this study is part of her thesis project.

Title of study

Women's Experiences of Being Exposed to Gender Based Violence in the Media

We would like to invite you to participate in this research on the effects of being exposed to gender based violence in the media.
We are looking for women to take part in this research.

Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information.

What is gender-based violence?

Gender-based violence is harm directed towards someone because of their gender. It includes anything that causes emotional, physical, mental or sexual harm or suffering, threats of these acts, or coercion (persuading someone to do something using threats/force). It can be psychological, physical and/or sexual violence.

What is the purpose of the study?

After seeing numerous news stories and social media posts about gender-based violence, it is possible that women are being impacted in numerous ways. Findings would allow us to understand more about how women are being impacted following seeing/hearing about gender-based violence in the media. It will also allow us to understand what support would be helpful when this happens.

What will I be asked to do?

If you agree to take part, then I will contact you to arrange a convenient date and time for an interview. You will be given the option of taking part online or face-to-face. I will ask you to answer some shorter questions about yourself, such as age and other demographic information. You will then be asked some questions about your experiences of seeing/hearing about gender-based violence in the media and

how this may have impacted your day-to-day life and your views of the world around you.

Your rights

- You do not have to take part
- You can withdraw from the study at any point without giving a reason (up until the point of data analysis).
- All your data will be kept safe and cannot be linked back to you.
- You have a right to ask questions about the research before and after participating
- Participating or not participating will have no effect on you

What are the possible risks of taking part?

Participating in the study will require up to 60 minutes of your time and this may be inconvenient for you. I will ask you to answer some questions about times you have heard or read about gender-based violence in the media. If you feel you are becoming distressed, you can stop the interview at any time. A list of support following the interview will be provided which will include contact information for mental health and sexual assault charities. Due to the risk for distress, it is asked that you do not take part if you have experienced a traumatic event within the last 12 months.

What are the possible benefits of taking part?

We cannot promise that you will have any direct benefits from taking part in the study. However, it is hoped that the information you give us will help us to understand more about how women's perceptions of the world may be changing as a result of being exposed to gender-based violence in the media. It may also help us understand any support that could be offered to women following exposure to potentially distressing material.

What will happen to the results of the study?

The results of the study will be summarised in a written thesis as part of a Doctorate in Clinical Psychology. The thesis will be available on the University of Hull's on-line repository https://hydra.hull.ac.uk. The research may also be published in academic journals or presented at conferences. If you want to hear about the results of the study then do contact the researcher, Sioban Pickering, who will be happy to provide you with a written summary of the research.

How will we use information about you?

We will need to use information from you for this research project. This information will include your:

- Age
- Contact details
- Location
- Audio recording of your interview
-

All information you provide will be kept confidential and paired with a unique participant number to protect anonymity. Data will be held on an encrypted laptop and only those that need to see it (the researcher and research supervisor) will be able to access it.
All audio recordings of the initial interview will be deleted once they are transcribed and anonymised. Transcripts will be stored securely and after 10 years will be destroyed.

Analysis will then be written up and submitted for publication in the appropriate professional journal. Please note that direct word-for-word quotes from the interview may be used in the write up of this research but that all identifiable information will be removed and/or anonymised.

Your data will be processed in accordance with the UK-GDPR and the Data Protection Act
2018.

What are your choices about how your information is used?

You can stop being part of the study at any time, without giving a reason (up until the point of data transcription and analysis). We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

Withdrawing from the study will not affect you in any way. Participant's data cannot be withdrawn from the study once the data has been anonymised and analysed. If you choose to withdraw from the study before this point the data collected will be destroyed. You have up until the point of data analysis to withdraw your data.

Data Protection Statement

The data controller for this project will be the University of Hull. The University will process your personal data for the purpose of the research outlined above. The legal basis for processing your personal data for research purposes under GDPR is a 'task in the public interest'

If you are not happy with the sponsor's response or believe the sponsor processing your data in a way that is not right or lawful, you can complain to the Information Commissioner's Office (ICO) (www.ico.org.uk or 0303 123 1113).

If you have any questions or require more information about this study, please contact me using the following contact details:

Sioban Pickering
Clinical Psychology
Aire Building
The University of Hull
Cottingham Road
Hull
HU6 7RX
E-mail: s.m.pickering-2017@hull.ac.uk

What if something goes wrong?

If you wish to make a complaint about the study, you can contact the University of Hull using the research supervisor's details below for further advice and information:

Dr Nick Hutchinson
Clinical Psychology
Aire Building
The University of Hull
Cottingham Road
Hull
HU6 7RX
Email address: n.hutchinson@hull.ac.uk

Thank you for reading this information sheet and for considering taking part in this research.

Appendix J – Consent Form

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CONSENT FORM

Title of study: **Women's Experiences of Being Exposed to Gender Based Violence in the Media**

Name of Researcher: Sioban Pickering

Please initial box

1. I confirm that I have read the information sheet dated 25.08.2022 (v.1.4) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time (up until the point of data analysis) without giving any reason, without my legal rights being affected. ☐
3. I understand that the research interview will be audio recorded and that my anonymised word-for-word quotes may be used in research reports and conference presentations. ☐
4. I understand that the information collected about me may be used to support other research in the future and may be shared anonymously with other researchers. ☐
5. I give permission for the collection and use of my data to answer the research question in this study. ☐
6. I agree to take part in the above study. ☐

Name of Participant	Date	Signature
Name of Person taking consent	Date	Signature

Appendix K – Interview Schedule

Focus Area	*Possible Questions/themes of discussion*
Initial conversation	Initial conversation to settle in prior to the interview. Here, demographic information will be collected (i.e. age and town/city of residence). Verbal consent will also be taken for online interviews if the participant was unable to return the consent form prior to the interview.
Exposure to GBV via the media	Is gender-based violence something you have seen discussed/shown in the media?
	Can you tell me about any times this has happened? /Can you give me any examples?
	How often do you hear about it? Where do you tend to hear about it/read about it?
	How does this make you feel?
Effect/Influence/Impact of exposure to GBV via media	Do you think this has impacted your life in any way? How?
	Can you tell me about a time where the stories you have hard in the media have impacted your day to day life?
	What do these changes mean for you?
Assumptive Worldview	Has there been any changes to how you view the world around you as a result of exposure to GBV in the media? Can you give me an example/tell me the story of a time this has happened?
	How has the above impacted your day to day life?
Future Implications	What do you think this exposure and the changes this makes to how we see the world means for women?
	Do you think there needs to be any support for women who are experiencing distress following exposure to GBV in the media? What do you think this support could look like?
	What needs to change in order to prevent any further consequences that prolonged exposure to GBV in the media may have?

Appendix L – Sources of Support Sheet

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SOURCES OF SUPPORT AND INFORMATION ABOUT BEING EXPOSED TO GENDER-BASED VIOLENCE

The Mix offers free support and information for under 25s in the UK. They connect you with peers and experts who will give you support and tools you need to tackle any difficulties you may be facing.

https://www.themix.org.uk/

Contact Number: 0808 808 4994

The Samaritans can provide support with emotional distress or when someone may be struggling to cope. If you feel you need support, they are available 24/7.

https://www.samaritans.org/

Free Helpline: 116 123

Email: jo@samritans.org.uk (24 hour response time)

The Survivors Trust runs a free, national helpline 7 days a week for people aged 16+. They welcome and encourage all survivors of rape or sexual abuse and violence to contact them.

Free and Confidential Helpline: 0808 801 0818

https://www.thesurvivorstrust.org

SHAG (Sexual Health and Growth) is a *creative platform* for young adults to explore, engage and educate one another in sexual health, sexual wellbeing and sexual politics.

https://www.shag.community/

Refuge are an organisation aimed at supporting women and children who have survived violence and abuse (including domestic abuse and sexual violence.

Free 24 hour Domestic Abuse Helpline: 0808 2000 247

https://www.refuge.org.uk/

If you have any questions or encounter any issues specific to taking part in this research then you can contact the researcher on:

Mobile: 07976 070779

Email: s.m.pickering-2017@hull.ac.uk

Appendix M – Sample of Analysed Transcript

Researcher: Yeah. OK. Urm so do you think that these discussions so… about gender based violence in the family as well as seeing gender based violence in the media… Do you think that that's impacted your life in any way? And if so, how?	
P5: Urm… I'd say the way it's impacted my life is it has… It--- I think it would… It's provided more like awareness urm because obviously like I before… like this whole like, big social movement like recently I mean things had happened to me so I was aware that this was like a thing that went on but with the whole input, like people getting spiked and all the measures that were put in to stop that and and it's… because obviously I'm at uni like nightlife safety is quite a big topic and I think that really affected urm…whether I should go out or enjoy my uni experience the way I wanted to because I didn't know what was gonna happen urm… I think one of the main ways it has kind of maybe affected my like family would be it's brought about more debates with my mum with more… cause… so my mum's gotten very on top of she genuinely stalks me. She watches my Find My iPhone. I'll get a message like why you at IKEA? Like at really random hours of the day. Urm… but like the debate, especially around like Sarah Everard, like we talked about how my mum was… my mum…. her view was kind of like she kind of agreed like, well, maybe like we should stay off the street a bit more and like, stay at home and like, avoid men. And I kind of turn around and I was like, well, no, that doesn't--- that's not right. We should be allowed to do everything a man should do. It should be some other for--- there should be some other thing put in to stop people… like violence against women. I think the way it's just impacted me is…. maybe not in the best but like impacted because you get to have conversations with people about it and actually learn more about what their real views are and it makes you question some people, but especially I work in a gym… and it's a very toxic masculine	Change to assumptive worldview/what felt comfortable doing Conversations within family – reinforcing fear? Gender differences/inequality

environment and the conversation surrounding women--- like surrounding those cases just weren't a thing at all. Like I'd bring it up to someone, and I'd even get from some people, like, I've never even heard of that. What is that? And it's like uh… it… I think that whole Sarah Everard case really like showed that the environment I was working in was not a positive one… didn't care about women's safety at all.	
RESEARCHER So do you think that how women are talked about has a role to play?	
P5: I feel like women are always talked about in….I wouldn't say a negative way, but it's like… they're portrayed as like a victim, like this helpless--- well, they're either portrayed two ways. They're portrayed as like--- it's like the Madonna-Whore complex. Like they're betrayed, like a little victim like "oh, they were so sweet…. they were in this situation… can't believe this happened to them" or "oh she was dressed that way. She was drunk. She's a slag." Like it's like she deserved it to happen to her. I think that creates very unhealthy like mindset for women in general, especially someone who has been assaulted or been through gender based violence because then you I, I mean, *[Redacted for anonymity]* But these are just two personas that aren't… it's not as just should not be happening. I think it…. just like.. I feel like it like reduces women to objects rather than people themselves who can make their own decision to go out and drink or wear what they want, and it again puts the blame of the situation onto women rather than "this man did this", or "this person did this to a woman". It's just. It's just victim blaming.	Language used in media to discuss women. Contributes to misogyny and GBV Language used is victim blaming Puts responsibility back on women
Researcher: Yeah. Urm can you tell me about like a specific time where a story that you've heard has impacted your day-to-day life?	
P5: I---I would say it would be, it would probably have to be the recent one of rape alley in my local community because… urm I think the way it impacted my daily, life was more maybe like psychological. It made me scared to leave the house urm… I didn't go	Changes to what felt comfortable doing following exposure

anywhere that wasn't in my car. Urm there was… I think the main… I read an article about the safety of women in Hyde Park going running and that's when I was trying to like up my health at that time…. Urm but it created like fear in me… there was like, I can't go running in the park when there's apparently a group of 12 year olds running around slicing girls with machetes like it… it just it's--- limit--- like you're already in lockdown reduced from what you can do and it just like further limits where you can go and all that and I think it… it didn't place the blame on women in it but it also kind of did because it was like… "yeah this awful thing is happening, but women could find another route to run" and it's like, OK, well, the other route to run is the canal… but that also… you find women's bodies in the lake, like once a month in the river. So it's like they're… it's just. Yeah. I think it just reduces like what you can do.	Learnt fear – hearing story changing habits Victim blaming – placing blame/responsibility on women to protect themselves Impact of hearing stories on habits
Researcher: And what do you think that that change means for you? So this like feeling that there's less that you can do?	Highlighting inequalities - patriarchy
P5: I feel like, well, it's kind of going back in, like the oppression of women and like we've like, we've got from, like the suffragettes up till now, we've been fighting to get like, equal rights to men. And then if you're trying to, like, put more like barriers on, like, where we can go with life and then it just… it makes you feel a little bit helpless, like it makes you feel like… oh, I need to marry rich or something because I'm never going to get to the place that that guy is gonna get to because I can't go into… like..I'd say like… because you hear about like in for example like in my job--- I mean I don't want to become a head of a gym or anything, so it doesn't matter for me so much. But like I've seen that like… it's not…. It's not gender based violence, but the way the boys talk about women's bodies and they talk about... urm… like… it's all very like reduced to like the sexual nature of how a woman looks and stuff like that… and then when I hear them talking about it like I can hear, like, if you weren't the type of person you are, like, you could very much go and attack that girl because you're treating her like she's a piece of meat and I think it's like. It	Helplessness Gender inequalities – men favoured Way women are talked about contributing to GBV – highlights misogyny in society

just makes you feel like you've not got much to stand on like I get told a lot like you're only here because you're a pretty face like… it's not like I'm being like appreciated for my abilities or anything, it's just. Because I smile and sit at a desk… so yeah. RESEARCHER So do you think---we've mentioned a few times about how women are talked about. Do you think that that's reflected in the media as well? So things like the news in their reporting? P5: I do. Yeah, I think, I mean most the---the, like every… all women, they're never referred to like… in the same--- I don't think theyre talked about in the same way as men like if… for example, urm… with the recent shooting, the girl, like all the articles, were like, ohh, she must have been having a… like a like a quarrel with a lover. Urm again, like placing it on her. Urm and... I think it just goes back to also like the way it's always the way women are dressed is talked about the way that they look, their like social background, always gets brought up. I think it's just… the and the way women are talked about, it's like. I feel like I'm repeating myself a little bit, but like just helpless urm….as though… Again, like reduced to how they physically look over like their ability, like when you hear about this case of like a girl who had been murdered. You don't ever hear "well she had a degree in this and she did this charity work on the side". You hear like "she was a pretty girl. Can't believe she's been taken from us" and it's like. It doesn't matter what she looked like. It's a woman who's experienced violence, but yeah.	Gender differences in way women and men discussed in media Placing blame on women Women reduced to appearance – misogyny in the media

Appendix N – Ethical Approval Letter

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