

Global Voices of Trauma Recovery: A Synthesis of Survivor-Provided Advice for Overcoming Gender-Based Violence Across Seven Countries

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Mary Ann Liebert
A Part of Sage

Laura Sinko¹ , Minna Sorsa², Leisha Beardmore³, Karen Birna Thorvaldsdottir⁴ , Hulda Sædís Bryngeirsdóttir⁵, Sachiko Kita⁶, Kleio Koutra⁷, Zeynep Zonp⁸, Maddalena Rodelli⁹, Jari Kylmä¹⁰, Mari Ikeda⁶, and Denise Saint Arnault¹¹

Abstract

Minimal research has examined culturally nuanced healing experiences across national landscapes, highlighting the need for a comprehensive understanding of culturally relevant healing experiences for survivors of gender-based violence (GBV). This paper explores these experience among 136 survivors of GBV across seven global contexts. Using the Clinical Ethnographic Narrative Interview-Trauma, after reflecting on their healing journey, survivors shared advice for others healing from GBV. Using the Comparative Ethnographic Narrative Analysis Method, we found shared, culturally distinct, and nuanced themes in this advice, including actions to promote healing, building a positive self-concept, and finding strength. Findings underscore the importance of contextually sensitive and survivor-informed approaches in social and health services, urging more tailored healing strategies after GBV. Findings also demonstrate the importance of analyzing cultural nuance in qualitative research themes to allow more culturally relevant survivorship care.

Keywords

gender-based violence; survivorship; mental health; PTSD; trauma recovery; global mental health; cross-cultural psychology

Introduction

Gender-based violence (GBV) encompasses harmful threats or acts based on an individual's sex characteristics, gender identity, sexual orientation, or perceived deviation from societal norms (United States Agency for International Development [USAID], 2023). Rooted in power disparities, GBV significantly impacts both cis-gender and trans women's mental health, leading to conditions like depression, anxiety, and post-traumatic stress disorder (Rees et al., 2014). Recent studies have further emphasized the complex, long-term effects of GBV on survivors' mental health and overall well-being (Amarsanaa et al., 2023; Bryngeirsdottir et al., 2022; Thorvaldsdottir et al., 2021). Despite at least one in three women experiencing GBV in their lifetime, it remains vastly underreported due to stigma and fear of retaliation (World Health Organization [WHO], 2021). GBV includes sexual, physical, psychological, and economic abuse, alongside denial of resources, with childhood sexual abuse also considered in this study. The COVID-19

¹Department of Nursing, Temple University College of Public Health, Philadelphia, PA, USA

²Social Psychiatry, Faculty of Social Sciences, Tampere University, Tampere, Finland

³Stanford Human Rights in Trauma Mental Health Program, Department of Psychiatry and Behavioral Sciences & Center for Human Rights and International Justice, Stanford University, Stanford, CA, USA

⁴Department of Psychology, Reykjavik University, Reykjavik, Iceland

⁵Department of Health, Business and Natural Sciences, University of Akureyri, Akureyri, Iceland

⁶Department of Family Nursing, Division of Health Sciences and Nursing, Graduate School of Medicine, The University of Tokyo, Tokyo, Japan

⁷Laboratory of Applied Social Science and Social Work, Department of Social Work, Hellenic Mediterranean University, Heraklion, Greece

⁸College of Nursing, Wayne State University, Detroit, MI, USA

⁹Department of General Psychology, University of Padova, Padova, Italy

¹⁰Nursing Science, Faculty of Social Sciences, Tampere University, Tampere, Finland

¹¹School of Nursing, University of Michigan, Ann Arbor, MI, USA

Corresponding Author:

Laura Sinko, Department of Nursing, Temple University College of Public Health, 3307 North Broad Street, Philadelphia, PA 19140, USA.
Email: Laura.sinko@temple.edu

pandemic has exacerbated GBV risks, prompting the term *shadow pandemic* by the United Nations to describe its sharp rise.

While much of the existing literature focuses on the pathological impacts of GBV, there is growing recognition of the importance of understanding survivors' resilience and recovery processes (Bryngersdottir & Halldorsdottir, 2022; Ella & Goldner, 2023; Sinko, Goldner, et al., 2021; Sorsa et al., 2023). This study explores survivors' perspectives on healing from GBV without focusing on diagnosable mental health conditions. Instead, it examines help-seeking and multidimensional recovery processes across diverse cultural contexts. Indeed, while much literature focuses on the "traumatization" of the individual and its gendered impact, this paper is specifically interested in help-seeking and the process of multidimensional recovery and the healing that women-identifying survivors in all their diversities chose to disclose to the researchers on this project. This approach aligns with recent calls for more holistic, survivor-centered research that acknowledges the complex interplay between individual experiences and broader sociocultural contexts (Rodelli et al., 2022).

By analyzing women-identifying survivors' experiences, we aim to understand how support for GBV survivors varies across different contexts. Due to the disproportionate impact on women, only women-identifying individuals were interviewed, considering transgender women within this group. Trauma recovery is a multidimensional, dynamic, and socio-cognitive process from an intersectional and womanist perspective.

When integrating women's voices as survivors of GBV in trauma recovery models, critical theorists have predominantly focused on white Americans with relatively high educational and socioeconomic backgrounds (Harvey, 1996; Herman, 1992; Sinko, James, et al., 2019). The absence of diversity within survivors' voices across contexts is striking despite the importance of safe, empathic spaces and strengths-based approaches for mental health and trauma recovery after GBV (Bryant-Davis, 2019; Harvey, 1996; Herman, 1992; Tseris, 2013). This lack of diversity in research participants has led to gaps in our understanding of culturally specific healing processes and the potential for culturally adapted interventions (Bryant-Davis & Ullah, 2013, 2019).

Understanding what supports survivors in different contexts, informed by their lived experiences, is crucial for effective interventions and mental health research (Brown, 2008). Cultural norms and specificities shape survivors' recovery journeys, highlighting the need for culturally sensitive interventions (Bryant-Davis & Ullah, 2013, 2019). This analysis aligns with Brown's focus on an emic approach to trauma recovery, conscious of our diversities, to create culturally emergent interventions

(Brown, 2008; Bryant-Davis & Ullah, 2013, 2019) centered on diverse women's experiences and lived realities.

Recent research has begun to address these gaps by exploring culturally specific aspects of trauma recovery. For instance, Duma's et al. (2007) study in South Africa exemplifies culturally adapted research on women survivors of trauma recovery. Duma's grounded theory approach sheds light on Black women's perspectives, body image, and recovery needs, providing valuable raw data (Duma et al., 2007). One notable finding is the perceived weight gain as a positive sign of healing, described by participants as "the healing of the heart" (Duma et al., 2007, p. 9). This study is a benchmark for incorporating survivors' voices into locally adapted trauma recovery scales. While acknowledging the importance of the biomedical model, it emphasizes the need for survivor-informed approaches in research and implementation science for women's mental health and psychology (Duma et al., 2007). Similarly, studies by Sorsa et al. (2023) have highlighted the role of motherhood and nature as resources for recovery, further emphasizing the need for a nuanced understanding of recovery processes across different contexts.

Insufficient focus on survivors' voices underscores the importance of this research in addressing gaps in trauma recovery literature. Furthermore, the complex interplay between cultural context and individual experiences in shaping recovery processes remains understudied, particularly from a cross-cultural perspective (Pokharel et al., 2020).

This broader research initiative aimed to explore and compare sociocultural dimensions of the healing and help-seeking journeys of women-identifying survivors of GBV. This specific study delved into a facet of recovery—the collective wisdom shared as advice to others—across seven countries (Türkiye, Greece, Italy, Iceland, Finland, Japan, and the United States) from 2017 to 2021. Below and in Table 1, we present cultural, social, and political perspectives and pertinent details regarding the history of GBV in each participating country.

It's important to note that while this study examines data from seven distinct countries, we do not assume that each country represents a single, homogeneous culture. We recognize that within each nation, a complex tapestry of subcultures, regional variations, and diverse communities exists. Our use of country-level analysis is a practical approach to exploring broad patterns and variations in GBV survivors' experiences and advice while acknowledging the limitations of this framework. The cultural perspectives we present are not meant to be exhaustive or representative of all individuals within each country but rather to provide context for understanding the sociocultural landscapes in which our participants' experiences are situated. Future research could benefit from more granular analyses of cultural variations within countries and across different communities.

Methods

Design and Sample

This qualitative study is part of an extensive international collaborative research project to understand cultural barriers and facilitators to help-seeking and healing after GBV. This study gathered data from seven diverse countries (Türkiye, Greece, Italy, Iceland, Finland, Japan, and the United States) between 2017 and 2021 to investigate the meaning and priority goals for survivors of GBV. All interviews were conducted in the participant's first language. Participants were provided written informed consent before study enrollment. This study was approved by the University of Michigan Institutional Review Board (HUM00168381).

Participants were recruited through local antiviolence agencies, health clinics, and online health research portals (see Table 2). Each country used the same interview methodology to gather data: the Clinical Ethnographic Narrative Interview, a trauma-informed qualitative method designed to elicit in-depth narratives. Ethical considerations for this study included developed safety protocols to manage participant crises, trauma-informed qualitative interviewing training, and providing a resource list for study participants. Our final sample contained 136 women from Türkiye ($n = 17$), Greece ($n = 17$), Italy ($n = 19$), Iceland ($n = 18$), Finland ($n = 20$), Japan ($n = 24$), and the United States ($n = 21$).

Positionality

Our research team was intentionally composed to be attentive to the cultures included in our study. This diverse, international team brought together researchers with varied backgrounds, experiences, and cultural perspectives that align with the countries represented in our sample. This approach allowed us to bring cultural sensitivity and nuanced understanding to our data analysis from Türkiye, Greece, Italy, Iceland, Finland, Japan, and the United States.

The first author is a cisgender white woman from America who brings life experience as a mental health and sexual assault nurse, sexual harm survivor, restorative justice practitioner, and GBV researcher who focuses on the healing journey. MS is a cisgender woman and mother from Finland, with work experience in psychiatry and research and involvement in grassroots movements. The third author, LB, is genderqueer and originates from the United Kingdom. They have been working on trauma recovery and mental well-being in partnership with survivors of GBV and other human rights violations for over 15 years, with a focus on situations of humanitarian emergencies, displacement and resettlement, and survivor-centered approaches to advocacy and applied research.

KBT is a cisgender woman from Iceland who brings her experience as a researcher specializing in trauma, mental health, and help-seeking. HSB is a cisgender woman from Iceland with work experience in nursing and rehabilitation of survivors of trauma and GBV. Her research focuses on trauma, GBV, and post-traumatic growth. SK is a cisgender East-Asian woman from Japan who has been focusing on GBV and family violence, especially intimate partner violence and child abuse and neglect, as a researcher and certified nurse-midwife for over 15 years.

KK is a cisgender white woman from Greece, drawing on her extensive experience as a public health social worker. With over 25 years of work dedicated to underserved and isolated population groups, her focus has been primarily on issues of gender and trauma. ZZ is a cisgender woman from Turkey, focusing on mental health, cognitive skills, trauma recovery, and GBV with over 10 years of professional experience. MR is a cisgender woman from Italy, bringing her experience as a clinical psychologist, critical criminologist, and feminist activist. JK is a cisgender man from Finland with psychiatric nursing experience and is currently studying mental well-being, among other research interests. The senior author, DSA, is a cisgender lesbian woman from America with 35 years of psychiatric nursing experience and whose research focuses on cultural nuances in mental health.

Instruments

All interviews were conducted using the Clinical Ethnographic Narrative Interview (CENI), a trauma-informed and culturally responsive method designed to facilitate safe self-disclosure and meaning-making for survivors of traumatic experiences. The CENI is a 90-minute interview that moves from external to internal focus, then chronological and experiential exploration, followed by integration and future-oriented reflection. This process helps survivors organize their experiences, make meaning, and develop self-understanding at their own pace. Specifically, the interview consists of four main elicitation activities: (1) a Social Map to help participants situate themselves within their social context, allowing exploration of relationships and resources in a non-threatening manner; (2) a Body Map to enable participants to express internal experiences through non-verbal means, accommodating potential difficulties with verbal expression of trauma; (3) a Lifeline to support chronological organization of events, addressing potential memory fragmentation associated with trauma; and (4) a Card Sort to facilitate focused exploration of emotions related to specific experiences, allowing participants control over the depth of disclosure. The remainder of the interview invites participants to integrate their self-discoveries and evaluate their importance to their future through the advice activity (which is the component we

Table 1. Country Characteristics.

Country	Population (Million)	World Bank Lifetime IPV Incidence (Other Sources)	Gender Equality Index 2021	Policies and Initiatives	Other Details
Türkiye	85.9	32%	63.8	Convention on Elimination of All Forms of Discrimination against Women (CEDAW); the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention); Law on Protection of Family and Prevention of Violence against Women (2012) (LawsTurkey, 2024); 4th National Action Plan on Combating Violence against Women (2021–2025) (U.N. Women Türkiye, 2022); #SheSaidNo ; #RaiseYourVoice .	U.N. Women supports Turkey's GBV policy structures (U.N. Women Europe and Central Asia, 2023). However, Turkey announced its intent to withdraw from the Istanbul Convention in 2021 (Müdürlüğü, 2023). Gender inequalities and stereotypes perpetuate child and early marriages and widespread violence against women and girls in Turkey, with 4 out of 10 women experiencing physical or sexual violence in their lifetime (The Directorate General on the Status of Women, 2023). Islamic norms prescribe women to be submissive to men, discouraging interference in matters like violence and domestic issues (Alkan & Tekmanlı, 2021), leading to a de-prioritization of help-seeking and self-care among women.
Greece	10.3	18%	68.9	National Action Plan for Gender Equality (NAPGE) (Ministry of the Interior, 2018); harmonization with the U.N. Agenda 2030 on Sustainable Development; the Council of Europe 2018–2023 Gender Equality Strategy (Council of Europe, 2018); and the General Secretariat for Equality and Human Rights monitors the internet portal metoo.gov.gr.	The economic crisis and austerity measures since 2010 worsened Greece's social protection system, contributing to a rise in GBV (John et al., 2020 ; Mittal & Singh, 2020). Greek culture often shrouds GBV experiences in shame and silence (Lathiotaki et al., 2021). Societal stigma and familial pressures make it hard for survivors to leave abusive situations (GBV in Greece, 2019; KETHI, 2003). Divorce is stigmatized, hindering victims from seeking help or leaving abusive relationships. Many suffer silently due to the cultural norm of privacy (Lathiotaki et al., 2021). Despite its prevalence, GBV remains largely unreported (AME-MPE, 2019 ; KETHI, 2020).

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Table 1. (continued)

Country	Population (Million)	World Bank Lifetime IPV Incidence (Other Sources)	Gender Equality Index 2021	Policies and Initiatives	Other Details
Italy	58.8	16% (26% ¹)	72.1	CEDAW in 1985; Council of Europe (Istanbul) Convention in 2013; a national helpline and a network of antiviolence centers and shelters funded by the Department for Equal Opportunities of the Italian Presidency of the Council of Ministers.	Italy has 486 women's shelters offering over 1045 shelter placements (European Institute of Gender Equality, 2024). Despite national legislation safeguarding against violence, obstacles persist in law enforcement, the judicial system, social services, and healthcare (ICF SA, 2022). European observatory data suggests that 27% of Italian women have experienced GBV (ICF SA, 2022). Culturally, Italy grapples with sexist stereotypes, gender disparities, and biases against survivors, fostering stigma and self-blame among those who disclose instances of violence. This pervasive stigma often exacerbates feelings of shame and guilt among Italian survivors.
Iceland	.375	21%	89.2	Generation Equality Forum Action Coalition; Istanbul Convention on preventing and combating violence against women; Office of the National Commissioner of the Police; Directorate of Equality; Icelandic Gender Equality Fund; NGOs (Ministry for Foreign Affairs, 2021 ; Prime Minister Office, 2021); "Women's Day Off," "#MeToo," "Reykjavik SlutWalk".	While geographically and culturally aligned with Europe, Iceland is not an EU member, sustaining a comprehensive welfare system financed through taxation, social insurance contributions, and government funding (Ministry for Foreign Affairs, 2021 ; Ministry of Welfare, 2016). Renowned for its progressive stance on gender equality, Iceland actively confronts GBV (Ministry for Foreign Affairs, 2021 ; Prime Minister's Office, 2021 ; Prime Minister Office, 2021 ; World Economic Forum, 2021, 2023). Culturally, Icelanders advocate for gender equality, fostering equal opportunities for all genders. Despite heightened public awareness and activism against GBV, it remains a taboo subject, impeding survivors' disclosure and perpetrators' recognition of violent behavior. This trend may be influenced by Iceland's sparse population and close-knit communities, potentially leading to divisions in supporting survivors or perpetrators.

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Table 1. (continued)

Country	Population (Million)	World Bank Lifetime IPV Incidence (Other Sources)	Gender Equality Index 2021	Policies and Initiatives	Other Details
Finland	5.5	23% [47% ²]	86.1	Istanbul Convention (2015); Action Plan for the Istanbul Convention for 2022–22; NGOs.	Finland's societal values prioritize freedom, democracy, equality, fairness, and solidarity among its citizens. However, according to the FRA survey, women in Nordic countries experience significantly higher rates of violence compared to other EU nations (European Union, 2014). Finland's welfare society aims to provide citizens with optimal physical, psychological, and social conditions to impact their lives positively (Valtioneuvoston kanslia, 2023), including a network of publicly funded shelters for victims and independent housing available through the social welfare system (Ministry of Social Affairs and Health, 2021, 2022, 2023). The Finnish social and healthcare system endeavors to maintain and enhance health, well-being, workability, functional capacity, and social security (Ministry of Social Affairs and Health, 2023). Despite these efforts, violence against women remains a significant gender and human rights challenge in Finland (Oikeusministeriö, 2020; Valtioneuvosto, 2022, 2023).
Japan	123	20% (25.9% ⁴)	65.6	Act on the Prevention of Spousal Violence and the Protection of Victims (2001); at least one Spousal Violence Support Center per prefecture; revision of the Criminal Code "forced sexual intercourse" (Truchan, 2023).	While Japan boasts the world's third-largest economy, it falls behind other developed nations in terms of gender equality (Gender Equality Bureau Cabinet Office of Japan, 2021a, 2021b, 2022). The nation's historical period of isolation from foreign trade between 1639 and 1853 significantly influenced its culture and national identity, particularly traditional gender norms emphasizing women's roles in housework, childcare, and being a "good wife and mother" (Association of Asian Studies, 2020). These societal expectations, combined with the stigma surrounding GBV and divorce, impede women's ability to seek help and attain independence (Lundquist, 2020).

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Table 1. (continued)

Country	Population (Million)	World Bank Lifetime IPV Incidence (Other Sources)	Gender Equality Index 2021	Policies and Initiatives	Other Details
USA	339	26% (43% ⁵)	76.3	Violence Against Women Act Reauthorization Act (2022); Office of Violence against Women; Office for Victims of Crime; U.S. National Plan to End GBV (May 2023).	The USA is known for its diverse cultural landscape, yet efforts to address GBV remain fragmented, with limited attention to intersectionality, which shape survivors' experiences (Gill, 2018). Notable cases, from Anita Hill's accusation against Supreme Court Justice Clarence Thomas in 1991 to recent events involving Larry Nassar, Harvey Weinstein, Brett Kavanaugh, and Donald Trump, have drawn national attention to the issue. Activist Tarana Burke launched the #MeToo movement over a decade ago, shedding light on the prevalence of GBV, yet cultural attitudes often normalize or justify it, perpetuating rape myths, victim blaming, and trivialization (Sacks et al., 2018).

analyze in this study). The advice is a meaning-centered, future-oriented integration and sets the stage for person recovery goal setting.

The CENI is trauma-informed in several ways. First, it responds to the variety of ways trauma impacts people by offering participants a multidimensional view of themselves and their experiences (social, body, emotions, thoughts, and meanings). The interview consciously supports participant control of what information they provide and the depth of their disclosures. Finally, while participants may remember some aspects of their traumatic experiences, the focus is on the meaning and impact rather than the experiences themselves, resisting retraumatization and focusing on recovery and integration. Interviewers are trained as “compassionate witnesses,” supporting the interview flow without interpreting the participant’s experiences. This approach promotes empowerment and self-mastery, critical aspects of trauma-informed care.

The CENI’s use of visual and tactile activities (drawing and card sorting) accommodates potential verbal processing difficulties associated with trauma, while its flexible, participant-led approach allows for cultural variations in expression and meaning-making (Saint Arnault, 2017). The data for this study was taken from the final question of the CENI to give investigators a comparable dataset where survivors were told, “Imagine you had a best friend or a little sister who went through what you went through. What advice would you give?”

(see Figure 1). Responses varied from 1–2 sentences to 1–2 paragraphs.

Analysis

The research team established initial criteria for including data in the advice analysis. Because advice was often embedded within survivors’ explanations, analysts focused solely on the advice statement and its immediate contextual text, ensuring standardization. Since much of the data was not in English, a systematic notation system was adopted. This involved translating quotes into English and making connotative and cultural notes to preserve nuances, idioms, and cultural meanings related to gender, survivorship, or cultural conditions.

The Comparative Ethnographic Narrative Analysis Method (CENAM) was then employed to systematically explore thematic patterns across datasets, facilitating a nuanced understanding of cross-cultural similarities and differences (Saint Arnault & Sinko, 2021). This method entailed independent analysis of each cultural sample and reconciliation meetings to discuss similarities and differences. Each country-level team conducted independent thematic analysis, entering their findings into a shared data sheet in their native language, along with connotative and contextualized translations. Reconciliation meetings, led by the first and senior authors, focused on resolving disparities in understanding and synthesizing unique,

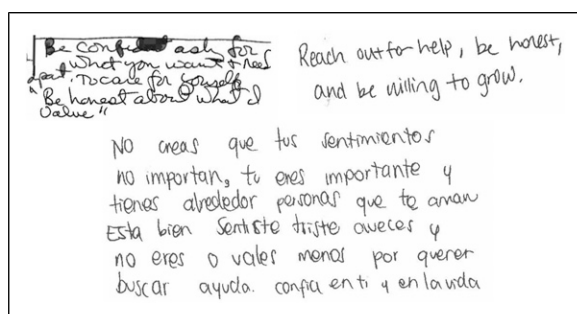
Table 2. Participant Details and Sampling.

Country	Recruitment Method	Demographic Breakdown	Trauma History
Türkiye (2020), Istanbul, Türkiye	Snowball sampling (online advertising, social media outreach, and referrals)	• 17 participants • Mean age was 33.07 ± 5.55 ($n = 13$). There were four missing values • Approximately 36% ($n = 6$) graduated from college, while around 25% ($n = 4$) have completed graduate-level education, 18% ($n = 3$) had high school degree, and 21% ($n = 4$) preferred not to answer • 41% of the participants ($n = 7$) had children under 18	• 8 physical violence • 9 sexual violence • 7 psychological-emotional violence • 1 financial abuse
Greece (2018–2020), Crete, Greece	Convenience sampling. The inclusion criteria for both phases were to self-identify as a woman, be 18 or older, and have experienced GBV. In addition, for ethical reasons and the women's safety, they had to have been out of the abusive relationship for at least a year	• 18 participants aged 22–61 • The mean age was 43.7 • 15 of them were native Greek, and 3 were immigrants living more than 5 years in Greece and speaking Greek fluently • 11 participants had children	• 7 physical violence (the majority from intimate partners) • 1 forced marriage • 3 were threatened with violence • 4 psychological abuse • 1 sexual harassment at work
Italy (2016–2017), Venice, Italy	Engagement through local antiviolence centers and then snowball sampling (referrals and flyers in antiviolence centers)	• 19 participants aged from 21 to 73 • Mean age was 43.36 ($SD = 14.47$), $n = 14$. There were five missing values • 5 participants have a migrant background (1 Bangladeshi, 1 Romanian, 1 Nigerian, 1 Cuban, and 1 Peruvian) • No data were collected about the education level • 17 participants had children	• 19 intimate partner violence • 11 domestic violence • 1 stalking • 1 forced marriage • Childhood sexual abuse
Iceland (2020), throughout Iceland	Convenience sampling The inclusion criteria were to self-identify as a woman, be 18 or older, live in Iceland, speak Icelandic, and have experienced IPV. In addition, for ethical reasons and the women's safety, they had to have been out of the abusive relationship for at least a year	• 18 participants aged 23–65 years • Mean age was 42.5 • All of them were Icelandic • 83% of them ($n = 15$) had children • The majority had a college or university education and were gainfully employed	• All participants had experienced intimate partner violence
Finland (2020–2021), Tampere, Finland	Women replied to online surveys, and those who were willing were invited to participate in a CENI interview. Interviews were conducted all over Finland in public places	• 20 participants aged 25–76 years • One by refugee background • 7/20 had children • Mean age was 44 years, one missing	• All experienced intimate partner violence • 4 childhood abuse
Japan (2017–2018), Tokyo, Japan	Eligible participants were recruited by the directors of two IPV service centers, a non-profit support institute for single mothers, and an attorney's office that provided legal services for victims of IPV in Tokyo. The inclusion criteria: (a) 18–60 years old; (b) have sufficient Japanese ability; (c) self-identify as a victim of IPV or any other types of violence. Exclusion criteria: (a) have experienced any types of violence within the past year; (b) have severe mental illness	• 24 participants aged 36–59 • Mean age was 46 • All of them were Japanese • The majority of them graduated from a junior college or a technical school (52%, $n = 19$) • 76% of them ($n = 20$) had a child • 18 women (72%) have been diagnosed with a physical and mental illness; 9 (50%) for depression, 9 (50%) for PTSD, and 2 (11%) for dissociation • 20 women (80%) have received any mental health service	• 24 intimate partner violence • 6 childhood abuse • 2 sexual assault

(continued)

Table 2. (continued)

Country	Recruitment Method	Demographic Breakdown	Trauma History
United States (2017–2018), Michigan	Women were recruited through a health research portal and local community antiviolence agencies. The inclusion criteria were to self-identify as a woman, be 18 or older, and self-identify as having experienced any GBV	• 21 participants aged 25–67 • 18 were white, 2 were African American, and 1 was Asian • The majority of women had a college degree ($n = 14$) • 12 women were actively working in the community, 3 were retired, and 1 received disability	• 4 childhood sexual abuse • 5 sexual assault or rape • 8 intimate partner violence • 1 sexual harassment • one refused to name her abuse

**Figure 1.** Advice images.

shared, and culturally nuanced themes. Shared themes were present in more than half of the country samples. Subsequently, each dataset was reanalyzed using culturally distinct themes from other groups to determine their presence or absence.

Findings

Sample Characteristics

Our sample included 136 women from Türkiye ($n = 17$), Greece ($n = 17$), Italy ($n = 19$), Iceland ($n = 18$), Finland ($n = 20$), Japan ($n = 24$), and the United States ($n = 21$). While recruitment methods varied, inclusion criteria included self-identifying as a woman and as a GBV survivor (see Table 2 for participant details and sampling). It's important to note that these samples represent a small subset of survivors from each country and may not be fully representative of all GBV survivors in these contexts.

Advice Themes

We found three overarching recovery themes that were prevalent across our sample: (1) advice surrounding actions others might take to promote healing (“Engage in the healing process”), (2) advice related to building a positive self-concept (“Build a positive self-concept”), and (3)

finding and using strength (“Find and use your strength”). See Table 3 for the metanarrative related to each specified theme. While these themes emerged across our dataset, their prevalence and specific manifestations varied between and within cultural contexts.

Recovery Theme 1: “Engage in the Healing Process”

This advice was related to how to engage in the healing process, explicitly advising actions other survivors should take. Subthemes included finding and using support and having patience, faith, and hope. These subthemes were observed to varying degrees across the different cultural contexts studied. To see culturally specific healing action suggestions, see Table 4.

Find and Use Supports. Turkish survivors in our sample emphasized the importance of seeking support to overcome the psychological effects of trauma and move toward a healthier future. One survivor stated, “If someone were to experience what I went through, I would recommend they seek support directly” (Participant TU15). At the same time, another highlighted the potential therapeutic benefits of legal action, saying, “Seeing the outcome of a legal action would be therapeutic and might help healing” (Participant TU07).

Greek survivors we interviewed advised seeking mental and emotional support from trusted individuals and experts, emphasizing the need to talk about problems and seek help from qualified professionals. One survivor stressed, “Ask for support. Psychological support, talk because we don’t talk, open up to people. Expose and talk for your problems” (Participant GR22562). At the same time, another recommended, “Get help from a fully qualified scientist” (Participant GR32511). Italian survivors in our study underscored the importance of professional support, including antiviolence centers and psychologists, highlighting them as safe spaces for survivors. One survivor emphasized, “...it has been my

safety net; I would have no other advice... when you talk to a person who has expertise..." (Participant I003), and another suggested, "Firstly get protected and then...you can find shelters" (Participant I007), emphasizing the importance of trust in seeking help.

Our study encouraged Icelandic survivors to seek help when ready, emphasizing forgiveness and informal support networks. One survivor advised, "There is no right time to seek help; you will know when you are ready. Forgive, let go of the anger (that's freedom). I know it hurts, but don't get stuck in regrets. Don't let him control you anymore; don't let him win" (Participant IS12), while another stressed the importance of seeking support from trusted individuals, saying, "Talk to people you trust, like friends, family, and professionals, and ask them to help you get out of the situation and work through your life experience" (Participant IS17). Among our Finnish participants, survivors also advocated seeking help from trusted individuals or professionals. One survivor urged, "Ask for further help immediately at the end of the shelter period" (Participant FI6). At the same time, another emphasized, "Dare to break apart, show your emotions, talk about your anguish, seek help" (Participant FI9).

American survivors we interviewed acknowledged the challenge of self-reliance in recovery, urging others not to withdraw entirely and to accept help when offered. One survivor cautioned, "Don't withdraw completely...go out and do what you want to do, even if it is doing it by yourself" (Participant A105), while another advised, "Reach out, don't try to deal with this on your own; you will be surprised who will be willing and able to help you" (Participant A100). Japanese survivors in our sample stressed the importance of building connections and disclosing feelings to trusted individuals, highlighting the value of support networks. One survivor expressed, "I think just talking to someone about it makes me feel better. It is great to have someone who understands you" (Participant J0004). At the same time, another emphasized the strength gained from support, stating, "Since I have been helped by so many people around me and talk about it, I can face a new phase in my life with power inside me, and that is so big for me" (Participant J0002).

Have Patience, Faith, and Hope. Turkish women emphasized the importance of optimism and expectation for a better tomorrow despite current hardships, with one survivor stating, "I would say to stay hopeful and think

Table 3. Metanarrative by Theme.

Theme	Overall Contrasts and Metanarrative
Actions others might take to promote healing	The concept of seeking support was prevalent among many participants, with variations in the reasons for seeking help and the types of support emphasized. Several advocated for a combination of informal support from friends and family along with professional assistance. Trust, particularly in informal support, was highlighted by some participants. Many participants conveyed the message that healing is a lengthy process but that hope is attainable. Specific mentions of spirituality were less common, with Greece being an exception in our sample. Nordic cultures in our study offered varied perspectives on the future, with some Icelandic participants expressing confidence in the idiom "all will be fine," while some Finnish participants emphasized trust in life's unfolding process (trust in life).
Building a positive self-concept	The theme of internalized self-blame, shame, guilt, and misogyny was observed across many cultural contexts in our study, potentially hindering self-acceptance and positivity. While slight variations existed in the emphasis or methods of self-reflection, self-awareness, acceptance, or self-love, there was a general agreement among many participants on their importance in the recovery journey. Additionally, finding pleasure was widely viewed as a means to counteract feelings of shame and self-doubt among our participants.
Finding and using strength	This theme encompasses a spectrum of perspectives on strength, its origins, expression, and the role of advocacy among our participants. Some participants from certain cultures advocated for speaking out (Turkish, Icelandic, and Finnish), while others emphasize quiet resilience (Greek). In our Japanese sample, some participants prioritize self-acceptance as the path to inner strength. Those endorsing outward action vary: from asserting refusal of abuse (Turkish) to protecting one's inner self (Finnish) or asserting needs and self-assertion (Americans). For some, standing up entails seeking help and disclosing abuse (Icelandic) or self-advocacy for agency support (Italian). Comforting words shared some commonalities across cultures in our study, reflecting many survivors' desire to support others facing similar struggles. Cautionary advice, likewise, often urged leaving abusive relationships, with practical strategies drawn from personal experiences, with some exceptions. In our Japanese sample, no such advice was mentioned, and among our US participants, caution focused more on the lack of justice within the legal system rather than leaving abusive relationships.

Table 4. Culturally Distinct Healing Actions Emphasized.

Country	Notable Healing Actions Observed in Our Sample	Details	Representative Quotes
Türkiye	Placing greater emphasis on the positive side of life	Among Turkish participants in our sample, when advising to “focus on the positive side of life,” participants underscored the significance of refraining from dwelling on past experiences, steering clear of self-criticism, and prioritizing positive aspects as a pathway to healing and leading a more fulfilling life.	“It’s not correct to seek an explanation for what you’ve experienced. That’s why I suggest stopping the search for answers. Focus on things that will heal you, find them.” (Participant TR07)
Iceland	Forgiveness and seeking help when they felt they were ready	Icelandic participants urged other women to seek help when they felt prepared, highlighting the importance of forgiveness toward themselves, the perpetrator, and others as a means to regain control of their lives and embark on the path to healing.	“There is no right time to seek help; you will know when you are ready. Forgive, let go of the anger (that’s freedom). I know it hurts, but don’t get stuck in the regrets. Don’t let him control you anymore, don’t let him win.” (Participant IS12)
Japan	Building connections with and trusting others	Among Japanese participants in our sample, sharing their feelings and experiences with trusted individuals, such as friends, family, peers, and psychotherapists, and maintaining regular connections with them, facilitated the process of re-learning and rebuilding appropriate boundaries and relationships with others.	“I think just talking to someone about it makes me feel better. It is great to have someone who understands you.” (Participant J0004)
Greece	Getting out and moving on (but knowing it is not that easy)	Greek participants appeared to endorse this idea, yet they also acknowledged the cultural challenges associated with it. Participants reflected on the stigma surrounding divorce and its repercussions on their children’s well-being. They recognized that even when women reach the point of requiring hospitalization due to abuse, it is uncommon for them to leave.	“Leave the soonest possible, while it’s still early. Define your next steps, and leave. Do the next practical thing to resolve the problems.” (Participant AII57)
United States	Preparing for a lengthy process that takes time and work to achieve	US women in our sample often recognize the importance of patience and the need for “trial and error” in the healing process. Despite the journey not being “linear,” they value hope because, with effort, healing can still be achieved.	“Work really hard as quickly as you can so you can get on with your life.” (Participant A005)
Italy	Deriving pleasure from enjoyable daily activities as a distraction	Italian participants did not explicitly provide advice regarding other healing actions. However, some mentioned finding pleasure in enjoyable daily activities to distract themselves from their suffering. While these activities were not necessarily seen as healing methods, they served as strategies to temporarily divert attention from the challenging situation.	“Distracting yourself, going out sometimes, going for a walk when the weather is good, talking with friends (...), taking a lunch. If one has children, spend time with them. Trying to be as calm as possible. I think that the summer might help, summertime because you can go out, go to the seaside, go to the pool, have a picnic... this can really help.” (Participant I12).

(continued)

Table 4. (continued)

Country	Notable Healing Actions Observed in Our Sample	Details	Representative Quotes
Finland	Looking at survivorship in a time frame with specific steps and distinct actions	Participants from Finland emphasized the importance of planning steps to leave an abusive relationship, including emotional self-reflection, seeking support from others, implementing practical changes, and carefully planning steps toward the future. They believed healing actions could take place internally, with the support of family, children, friends, and professionals.	“Dare to break apart, show your emotions, talk about your anguish, seek help.” (Participant FI9) “First treatment - handling things then towards the future.” (Participant FI17)

about the future” (Participant TR09). Similarly, Italian participants advised maintaining a positive attitude toward the future, recognizing the uniqueness of each person’s healing and the gradual nature of recovery. One survivor said, “Take the time to understand and react to what you’re experiencing” (Participant IO3).

For Greek survivors, faith was intertwined with religion, as they believed in the “God willing” concept to resolve their suffering. Patience was seen as a virtue, with one woman expressing, “Be patient; when one is patient, better days will come” (Participant G2121). Finnish women encouraged patience in healing, acknowledging that change may occur slowly. Although they did not mention faith, they expressed the “Luota elämään” concept, suggesting endurance, waiting, and hope for unknown possibilities. Similarly, Icelandic survivors embraced the notion of “Þetta reddast,” conveying that everything will eventually work out all right, saying, “Everything will be okay” (Participant IS11).

For Japanese survivors, hope stemmed from overcoming dark periods, leading to a belief in a brighter future. American survivors linked hope to personal effort and actively working on recovery, emphasizing the importance of finding methods that work best and striving toward progress. One survivor advised, “Your feelings are not going to last forever; find methods that work best...trial and error” (Participant A100), while another urged, “Work really hard as quickly as you can to get on with your life” (Participant A005).

Recovery Theme 2: “Build a Positive Self-Concept”

This theme reflects advice related to inner or emotional work. The subthemes include self-reflection and self-awareness, self-love and self-acceptance, and finding joy and positivity.

Self-Reflection and Self-Awareness. This subtheme comprised any advice relating to reflecting on oneself, needs, journey, and trusting one’s intuition. None of the Japanese

participants mentioned self-reflection. Turkish survivors emphasized persistent self-reflection to understand the reasons behind negative experiences, reclaiming control over their narrative and well-being. One participant expressed, “Why did he do this to me? Why did this happen to me?” (Participant TR07). Greek survivors engaged in self-reflection to acknowledge changes during the violent journey and grapple with self-perceptions within the relationship. One survivor expressed, “By realizing ‘this or that’, I think that somehow... we are going forward (at least) some steps. Especially if somebody tells you it’s this violence against you. Realize it” (Participant TR112).

In contrast, Italian survivors focused on understanding their needs, skills, and resources to support their healing journey. One participant emphasized, “To help a person get out of such a situation, one should help the person to get self-confidence, to feel trusted, to realize that they have the resources to get out of it, that things can be different” (Participant IO7). Icelandic survivors emphasized self-awareness and intuition, encouraging women to trust their feelings and be self-reliant in evaluating their situations. One advised, “Listen to your heart, don’t follow the opinions of other people. You are always right about your own feelings. No one has experienced 1% of your life, and no one can tell you who you are as a person” (Participant IS13).

Similarly, Finnish survivors emphasized the importance of listening to one’s body, heart, and intuition. One stated, “Listen to your own heart and intuition” (Participant FI8), while American survivors highlighted the value of self-knowledge for self-understanding and empowerment. One noted, “Everything you feel (or don’t feel) is your body trying to communicate with you” (Participant A079).

Self-Love and Self-Acceptance. In the context of self-acceptance and self-love, survivors across various cultures grapple with challenging internal and social constructs perpetuating self-blame, guilt, shame, and misogyny. Turkish participants underscored the significance of accepting oneself and one’s experiences, emphasizing that

shame should not be associated with self-acceptance, as one survivor expressed, “After this moment, the only thing that matters is you” (Participant TR07). Another participant emphasized, “It’s not something she should feel ashamed of. This violence is already linked to him” (Participant TR13). Similarly, Greek survivors urged against personalizing the trauma, advocating, “Do not be ashamed” (Participant G22562), with another participant stating, “Do not take (it) all personally” (Participant G0518201). Italian survivors stressed the importance of recognizing one’s value and self-esteem to facilitate healing, with one survivor stating, “To understand they are valuable, to value themselves” (Participant I05). Another Italian survivor emphasized, “You have to have confidence in yourself. You have to respect yourself. You have to believe in yourself” (Participant I07).

In contrast, Icelandic survivors conveyed a message of optimism encapsulated in the phrase “Þetta reddast,” translating to “Everything will be okay” (Participant IS11), emphasizing that survivors do not deserve to be violated. One survivor expressed, “You are not alone. Remember that people do not love you if they abuse you ... You deserve better” (Participant IS18). Another survivor emphasized the importance of accepting and respecting one’s feelings, stating, “You are allowed to experience all the feelings you want. You are great” (Participant IS3). Japanese survivors focused on self-acceptance, reassuring others with sentiments like “It’s not your fault, and it’s okay to have any kind of feelings” (Participant J0011). Another survivor emphasized, “Let me know if there’s anything I can do to help you” (Participant J0015). American survivors echoed concerns about self-blame but emphasized a holistic approach encompassing self-awareness, self-acceptance, and self-love as integral to the healing journey, as one survivor articulated, “Awareness, acceptance, action help-seeking” (Participant A017). Another participant remarked, “Do not be ashamed” (Participant A042), emphasizing the need to overcome shame.

Find Joy, Happiness, and Positivity. In the Finnish data, no quotes focused on joy or positivity. Turkish survivors emphasized discovering activities that bring joy and finding joy in self-care, prioritizing self-focus as a form of self-care. One participant emphasized, “I would say there are many beautiful things in life; you can participate in different activities and meet different people” (Participant TR03), while another advised, “Focus on the things that bring you a sense of fulfillment, essentially finding what brings healing to you” (Participant TR07). They highlighted avoiding self-criticism, with one survivor stating, “It’s not correct to seek an explanation for what you’ve experienced. That’s why I suggest stopping the search for

answers. Focus on things that will heal you; find them” (Participant TR07).

Similarly, Italian survivors suggested deriving enjoyment from daily activities to distract from the pain, such as spending time with children or going for walks, emphasizing staying calm (Participant I12). Japanese survivors centered advice around finding small joys in daily life and self-care, with one suggesting, “Let’s find something fun to do” (Participant J0023).

Americans highlighted the inherent pleasure in self-care and suggested actions that bring happiness, such as finding joy in life’s aspects. As one survivor stated, “Focus on trying to figure out where there is good and what things still hold value to you, finding the things you can find joy in” (Participant A011). Icelandic survivors encouraged embracing life and sharing experiences with others, emphasizing personal growth as one said, “You only have one life that you deserve to enjoy” (Participant IS7), and another expressed, “Share your experiences with others, and you will grow. Live” (Participant IS15).

Conversely, Greek survivors focused on the challenge of finding happiness, grappling with feelings of inferiority and worthlessness. One advised, “Do not be afraid to be happy, you deserve it...do not feel guilty” (Participant G5277), while another said, “Find happiness and do well in your life” (Participant G1189).

Recovery Theme 3: “Find and Use Your Strength”

This theme reflected advice related to concepts of strength, power, and resilience, with subthemes of finding inner strength, standing up for oneself, and using strength to comfort and caution others.

Find Your Inner Strength. Turkish survivors emphasized the inner strength derived from their roles as parents, expressing determination and independence with statements like “I can do without you” (Participant TR06). They highlighted the driving force sustained by their responsibilities as parents, underscoring their motivation to reclaim agency and assert independence. Greek survivors viewed strength as emerging from resilience, with one stating, “Problems shouldn’t break us down; they should make us stronger” (Participant G112513). This resilience was often depicted as silent patience in the face of adversity. Italian survivors stressed the courage needed to confront difficult situations, with one advising, “I would say to stay strong and look at your children” (Participant I001), emphasizing the importance of finding inner strength to navigate challenging circumstances, including the fear of retaliation and stigma.

Icelandic survivors advised believing in oneself and recognizing inner strength to move forward. In contrast,

Finnish survivors noted that this awareness might develop over time, as one shared, “And you know that you are ready for it when you get a feeling of strength that you can do without this evil” (Participant F12), indicating a gradual realization of resilience and empowerment. Japanese women described strength as stemming from self-acceptance, with one acknowledging, “You have survived, and you’ve gained strength” (Participant J0025), highlighting the transformative power of accepting oneself despite past hardships. Similarly, American survivors highlighted the resilience cultivated through the healing process, with one noting, “I think we all have to go through hard times, but it makes you better able to be compassionate” (Participant A017), suggesting that adversity fosters empathy and inner fortitude.

Stand Up for Yourself. Standing up for yourself and speaking out and finding one’s boundaries were emphasized across various cultures, albeit with nuanced expressions. Japanese survivors did not provide advice in this area. Turkish survivors stressed the importance of asserting boundaries and standing against mistreatment, advocating unity against abuse, with one saying, “I would say let’s beat the abuser together” (Participant TR11).

Greek survivors focused on combatting low self-esteem and worthlessness, advising them to demand what they needed and deserve. One stated, “If the relationship is not healthy, leave; love yourself, do not change yourself for anyone” (Participant G2113). Italian survivors emphasized reaching out to antiviolence centers or the police, recognizing them as avenues for support (Participant I08).

Icelandic survivors highlighted the importance of speaking out as part of revealing experiences of violence, encouraging openness, and setting boundaries (Participant IS4, Participant IS18). Finnish women expressed setting boundaries metaphorically, saying, “Don’t let them under your skin” (Participant F19) to protect vulnerability. American survivors emphasized self-advocacy, boundary setting, and self-protection, with one advising, “disconnect from people who make you feel (guilty) or that make you feel that you (need validation)” (Participant A102), and another recommending, “Do the things that work, avoid the things that make you worse” (Participant A013). They also emphasized finding one’s voice as a means of empowerment.

Words of Comfort and Caution. This theme consisted of both words of comfort, which focused on validation, support, and offering affirmations or comfort to other survivors, and words of caution, mostly centered on advice relating to leaving the abusive relationships or lessons learned through difficult experiences. These themes were consistent across cultural contexts, except for Japan,

where no advice was given to change actions or behaviors, and the United States, where caution centered more on the perceived lack of justice from the legal system rather than leaving abusive partnerships. For instance, one participant stated, “You won’t get peace or justice, so you might as well not seek it; at least you know what is real and what happened; don’t blame yourself; it’s not your fault” (Participant A042).

Discussion

Four overarching recovery themes emerged from survivors’ advice, including engaging in the healing process, building a positive self-concept, finding and using strength, and offering words of comfort and caution. While many of these themes align with existing literature, our study provides a unique multicultural comparative analysis, amplifying survivors’ voices from several countries through culturally sensitive and trauma-informed interviews.

Engagement in the healing process has been recognized as a crucial aspect of the journey to recovery (Amarsanaa et al., 2023; Bryngeirsdottir et al., 2022; Thorvaldsdottir et al., 2021). However, this study uncovered survivor-centered cultural nuances regarding the specific elements of healing engagement that were perceived as beneficial, such as accessing support networks, maintaining patience, faith, and hope, and prioritizing self-care. These nuances reflect the varying levels of societal support and resources available across countries. For example, Finland’s comprehensive welfare system and network of publicly funded shelters may contribute to survivors’ emphasis on seeking professional help. In contrast, in countries with less developed support systems, informal networks may play a more prominent role.

Similarly, cultivating a positive self-concept has been identified as beneficial in other studies on healing after GBV (Bryngeirsdottir & Halldorsdottir, 2022; Ella & Goldner, 2023; Sinko, Goldner, et al., 2021). Nevertheless, this study revealed cultural nuances in how the survivors in our sample reconstruct their self-concept post-trauma. This reconstruction process appears to be influenced by each country’s gender equality status. For instance, survivors from Iceland, which ranks high on the Gender Equality Index, showed a stronger emphasis on self-advocacy and speaking out, reflecting the country’s progressive stance on gender issues and active confrontation of GBV. Additionally, the study expanded on inner strength and self-reliance concepts, shedding light on potential cultural variations in understanding “strength” and its impact on recovery.

Words of caution and comfort were prevalent among many participants, yet we observed variations in their

emphasis on leaving abusive relationships, with some downplaying their importance (e.g., in our Japanese and American samples). These variations may be linked to specific cultural and legal contexts. In Japan, where traditional gender norms and stigma around divorce persist, survivors were less likely to advise leaving abusive relationships. Conversely, in the United States, the emphasis on legal system challenges rather than leaving abusive relationships may reflect the country's litigious culture and the complexities of its fragmented approach to addressing GBV.

Self-acceptance emerged as a fundamental aspect of healing, highlighting our participants' widespread need for self-acceptance, self-love, and self-care. Interestingly, there was nuanced variation in the theme of self-reliance, with participants from Italy, Greece, Japan, and Türkiye notably lacking this advice. This variation may be attributed to the collectivist cultural orientations in these countries, where interdependence is often valued over individual autonomy. Additionally, in Greece and Italy, the economic crises and austerity measures may have heightened reliance on family and community support, potentially influencing survivors' perspectives on self-reliance.

The nuances of healing within different cultural contexts were evident, reflecting the intricate interplay between individual experiences and broader societal influences (Rodelli et al., 2022). Despite varying societal messages and expectations, many women from diverse cultural backgrounds in our study faced similar challenges in transcending societal role expectations and overcoming feelings of self-blame, guilt, and failure. This commonality in challenges, despite differing cultural contexts, underscores the pervasive nature of GBV and the universal impact of patriarchal structures, even in countries like Iceland and Finland, which are known for their high gender equality rankings. However, it's important to note that the manifestation and intensity of these challenges may vary across cultures.

While this shared experience suggests a widespread need for self-acceptance, self-love, and self-care among survivors, the specific ways these needs are expressed and addressed may differ based on cultural norms and available resources. These aspects of healing can serve as inner resilience against cultural narratives that question the worthiness of survivors. For instance, in countries with robust welfare systems like Finland, self-care might involve seeking professional help. In contrast, in countries with less formal support structures, it might focus more on personal coping strategies or community support. These findings highlight the significant impact of cultural context, not only in perpetuating violence but also in shaping survivors' healing processes after that. They also underscore the importance of considering both universal aspects of healing and culturally specific needs when developing support systems and interventions for GBV survivors.

Healing strategies varied among our participants, such as consciously avoiding dwelling on the past (observed in our Turkish sample), maintaining faith in a positive outcome (noted by some Icelandic and Finnish participants), or relying on religious beliefs (emphasized by some Greek participants). Despite nuanced differences, a commonality emerged in recognizing the interconnectedness of physical and emotional well-being and the importance of seeking future assistance. In addition, an emphasis on self-awareness, including listening to one's body, was particularly evident in data from our US and Finnish participants. Participants from other cultures emphasized self-awareness differently, such as recognizing abuse and de-normalizing violence, as seen in our Icelandic and Greek samples.

Interestingly, many women in our study supported others by emphasizing the importance of finding their voice and cultivating belief in themselves and their intuition. The relationship between self-acceptance and patience for the healing journey was apparent across many of our participants, with an awareness that the "dark period" had concluded to create space for hope to emerge. Expressions of hope, faith, and trust (in God, in life, in others) were notably observed most frequently among participants in three countries—Italy, Greece, and Finland—indicating variations in cultural expressions of what constitutes an appropriate source of optimism.

Although the role of children in motivating survivors to maintain inner strength was not prominently featured in advice statements across all countries, previous research highlighted children as a core motivating factor in resilience and recovery from intimate partner violence (Sorsa et al., 2023). Notably, participants from Italy, Greece, and Türkiye mentioned children as a source of inner strength, underscoring their essential role as motivators for survivors to leave abusive relationships and seek help.

This study revealed a common theme from many participants on the imperative of leaving abusive relationships, highlighting a shared understanding of the challenges and barriers involved. However, participants from some cultural backgrounds did not explicitly mention this necessity, prompting questions about potential influencing factors for such omissions. This divergence could be attributed to increased public education on challenges in leaving abusive relationships, acknowledgment of the lack of social structures to support those fleeing violence, or prevailing victim-blaming mentalities within those cultures (Pokharel et al., 2020).

Strengths and Limitations

The findings presented here must be viewed through the lens of several limitations to the transferability of the

findings. The inherent cultural specificity in the advice provided poses a challenge to its universal applicability across diverse populations. Nuanced cultural factors and societal influences shaping survivors' experiences may limit how much the advice can be generalized. Significant strengths, including cross-cultural inclusivity, standardized methodology, and survivor-centered approach, are evident despite these limitations.

The study exhibits strengths in its cross-cultural inclusivity, standardized methodology with the CENI, and robust thematic analysis using the CENAM. It emphasizes a survivor-centered approach, preserving cultural nuances through meticulous translation and reconciliation meetings. However, limitations include potential sampling bias, a restricted time frame for data collection, subjectivity in thematic analysis, and limited participant involvement in subsequent stages. Additionally, the absence of intersectional analysis of survivors' identities and experiences hinders the depth of understanding and generalizability of findings across diverse contexts.

Implications for Health Services and Research

The geographical and cultural diversity of the countries involved in our study significantly shaped the study's key findings and subsequent recommendations, holding significant implications for healthcare practitioners and researchers who engage with survivors of GBV. For instance, among our participants from Türkiye, characterized by conservative and patriarchal norms, leaving abusive relationships posed a unique cultural challenge, highlighting the necessity for service providers to navigate complex cultural dynamics and support survivors in accessing resources despite facing limited economic resources and inadequate family support. However, variations in findings emerged due to differences in sampling methodologies, emphasizing the importance of understanding how sampling methods may influence survivor experiences and advice offered.

These findings underscore the critical importance of integrating survivor perspectives and cultural nuances into healthcare research and practice to address trauma recovery effectively. Identifying shared and unique core themes and components of healing advice from our participants across seven countries highlights the complex interplay between shared human experiences and diverse cultural contexts, urging clinicians to tailor interventions to meet the unique needs of survivors from various cultural backgrounds. Moreover, this study emphasizes the necessity for those working with survivors of GBV to prioritize cultural humility when designing interventions and support services, incorporating trauma-informed care that centers survivors' perspectives and peer support to promote healing.

Educational and training programs for healthcare providers and researchers should incorporate survivors' narratives from diverse cultural perspectives to enhance awareness of the cultural factors influencing recovery and equip practitioners with the necessary tools to provide culturally sensitive care. Additionally, future research in this area should employ a mixed-method approach with a larger sample size from each country to deepen understanding of cultural nuances and their impact on trauma recovery, empowering practitioners to deliver more effective and culturally responsive interventions.

Future Directions

Future research should conduct comprehensive cross-cultural analyses to discern both commonalities and differences in survivor experiences across diverse cultural contexts, providing valuable insights into how individuals from various countries and cultural backgrounds perceive and navigate the aftermath of abusive experiences. Additionally, studies should aim to include more diverse groups of survivors, considering factors such as gender identity, sexual orientation, socioeconomic status, disabilities, and trauma exposure to enrich understanding. Collaboration on a global scale with researchers, practitioners, and policymakers is essential for advancing research and interventions for GBV survivors, involving survivors in co-creating support mechanisms and educational initiatives. Longitudinal study designs are recommended to track the long-term effects of survivors' advice and explore how it may evolve, aligning with meaning-centered treatment principles and offering insights into narrative evolution and the progression of healing journeys.

Conclusion

Healing from GBV requires a culturally emergent, inclusive, and strengths-based approach to listening to, supporting, and co-creating change with survivors. It is inadequate to have a "one size fits all approach," and efforts must be made to include the voices of women and girls both in our studies on GBV and trauma recovery, as well as in the treatments and services intended to support them. This study contributes to unraveling the complex interplay between cultural influences and trauma recovery after GBV and understanding that the voices of survivors concerning their healing must be heard loudly and with nuanced contextual and intersectional understanding. The intricate tapestry woven by survivors' advice from the diverse cultures in our study offers valuable insights that should inform future research, interventions, and policies in creating a more supportive and culturally sensitive

healing environment for survivors across different contexts.

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Authors Contribution

LS and MS conceptualized the manuscript. DS led the international project. LS and DS trained researchers on the methods. KBT and HSB led the Icelandic site. SK led the Japanese site. KK led at the Greek site. MR led at the Italian site. MS led at the Finnish site. DS and LS led at the American site. ZZ led at the Turkish site. JK, LB, and MI helped site leads with the data analysis. LB wrote the first draft of the introduction. All authors contributed to the writing of the findings and background information for their country. LS synthesized the results and discussion. All authors edited and approved the manuscript.

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Ethical Statement

Ethical Approval

All participants were provided written informed consent. This study was approved by the University of Michigan Institutional Review Board (HUM00168381).

ORCID iDs

Laura Sinko  <https://orcid.org/0000-0002-6021-4727>

Karen Birna Thorvaldsdottir  <https://orcid.org/0000-0001-7065-1122>

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