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Trauma Recovery of Greek Women Who Have Experienced Gender-Based Violence: A Narrative Research

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Abstract: In a society where women still suffer from oppression and injustice, research on gender-based violence (GBV) and trauma recovery path is considered a priority. Specifically, it was to be researched how the social and cultural obstacles can affect the help-seeking behavior of Greek women who experienced GBV. The data of this qualitative research were collected through narrative interviews and the analysis was carried out with the thematic analysis. The significant findings of the research were that the feelings of the women changed through the violent relationship, with the feelings of betrayal, guilt, and shame dominating. Moreover, the relative network was not notably utilized, while it seems that the women who utilized their social network were helped to evolve. Additionally, the feelings of guilt and shame stood out as an obstacle to help-seeking behavior and the functionality of the women was reduced on multiple levels during the period in which they experienced gender-based violence. Finally, the physical symptoms of the women during that period, such as musculoskeletal pain, numbing, and gastrointestinal problems, evoke great interest.

Keywords: gender-based violence; narrative; women; Greece

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1. Introduction

Gender-based violence (GBV) is a multi-faceted worldwide public health problem with numerous consequences for an individual's physical and mental health and wellbeing [1]. It is a very serious, well-hidden societal crime that violates women's and girls' human rights [2], with huge repercussions on the economy, health services, the criminal justice system, and society as a whole [3]. It includes acts occurring either in public or in private that inflict physical, mental, or sexual harm or suffering, as well as threats of such acts, coercion, and other deprivations of liberty [4,5] experienced as being harmful by any gender, although women face disproportionately higher rates due to social and cultural dictates [6].

Although both men and women are victims of gender-based violence, the majority of victims in Greece are women [7]. Specifically in Greece, according to the first Annual Report on Violence Against Women (2019–2020), 4872 women asked for help from counselling centers in Greece. They were battered women and, in some cases, a family member of the battered women. Most of these women (84%) reported domestic violence from a spouse or partner. Research on GBV in Greece reveals that violence against women is high in various forms. Women asked mainly for psychological (27%) and legal support (274%), while others needed useful information (17%) and social support (13%) [8].

Research has shown that various individual, social, and cultural barriers may influence attitudes towards seeking help at professional healthcare facilities and other services in emergency settings [9]. Sex, age, marital status, and education are shown to be important individual predictors of attitudes towards seeking help for GBV [10]. Cultural and social

barriers vary widely and shape beliefs of both men and women about gender, violence, trauma recovery, and help-seeking behavior [11]. Women who have experienced GBV suffer multiple traumas [12]. The majority of GBV victims suffer both physically and emotionally [13]. Apart from post-traumatic stress [2,14–16], GBV also increases the risk of poor health [17], depression [18,19], stress, suicide, and self-injury [2,20]. Other serious symptoms of trauma include dissociation, diminished self-worth and sense of safety [21], questioning basic human values and ties [22], feelings of shame, and self-blame [23], as well as a fear of judgment [6]. Feelings of weakness, blame, or helplessness could come from internalized stigma [24].

Much has been written about the adverse attitude towards help-seeking behavior. Nevertheless, women succeed in surviving GBV and do eventually recover. Through post-traumatic growth, women decide to take the significant steps of leaving the abusive relationship, overcoming distress, and making positive changes within their lives [25]. Additionally, post-traumatic growth depends on the degree of a person's resilience when experiencing GBV and the support resources within their surroundings [26,27]. Other significant factors of post-traumatic growth are a sense of hope, which stimulates, strengthens, and is associated with mental and physical health [28]; looking to the future [29]; fulfilling goals [30]; and finding a purpose in life [31]. It has been noted that women who had a role model to look up to showed higher levels of post-traumatic growth [32]. In fact, more than half reported knowing someone with the same problem who managed to overcome the experience, move on, and grow.

Finally, one's social network is instrumental in determining the outcome of a traumatic experience [33], because it constitutes the individual's link to support sources [34], it can either influence them positively or negatively [35,36], and it can assist the traumatized victim to gain renewed trust in themselves [37]. Through the use of a narrative interview, this study aims to explore the nature and the matters surrounding the trauma recovery of Greek women having experienced GBV.

2. Methods

2.1. Ethical Review Board Approvals

Ethical approval for this study was granted by the Institutional Review Boards (HUM00091662/Ame00109926) of the University of Michigan of USA.

2.2. Study Sample and Data Collection Procedures

This qualitative study is part of an international study (MiSTORY—Multicultural Study of Trauma Recovery). Data collection took place from May to November 2019. Participants in this study were eight women from Greece aged 18 to 36 who had experienced GBV and had been out of a violent relationship for over a year (Table 1). The study sample was approached using the snowball method and social networking. None of the eight women had previously sought help at some official health and social care service regarding the violence they were experiencing at the time.

The clinical ethnographic narrative interview (CENI) was used for data collection [1]. The CENI is a semi-structured set of activities (social network mapping, body map, lifeline, and card sorting). The emphasis throughout the interview is perceived need, help-seeking intent, and behavior, while at the end of the interview, the interviewer and the participant put it all together to make decisions regarding future health [38]. The researchers attended a 3-day training program on the research used tool from the senior author. Fidelity for the CENI is assured using the established methods of the National Institution of Health, USA [39]. Consistency includes a single session, recording of the duration of the session, and the time between the screening and the intervention. The tool has been translated into Greek, and lasted 90 min. Intervener consistency was ensured regarding all interveners as they underwent rigorous training in the study protocols. Delivery consistency is ensured through monitoring by the PI. No material outside of the CENI interview guide will be introduced. All interviews are tape-recorded to be used in quality assurance.

Table 1. Demographic characteristics of the participants.

Participant No/Pseudonym	Age	Highest Completed Level of Education	Employment	Marital Status	Place of Residence
P1/Charlotte	37	Vocational training Institute	Self-employed worker	Unmarried	Heraklion—Crete, Greece
P2/Laura	26	University student	Student	Unmarried	Heraklion—Crete, Greece
P3/Sophie	26	University graduate	Part-time worker	Civil Partnership	Heraklion—Crete, Greece
P4/Emma	25	University student	Part-time worker	Unmarried	Heraklion—Crete & Athens, Greece
P5/Roberta	21	Lower Secondary School	Full-time worker	Unmarried—in a relationship	Heraklion—Crete, Greece
P6/Nora	24	University student	Student	Unmarried	Volos, Greece
P7/Victoria	38	Postdoctoral	Full-time worker/researcher	Unmarried—in a relationship	Heraklion—Crete, Greece
P8/Lucy	38	Postdoctoral	Full-time worker	Unmarried—in a relationship	Heraklion—Crete, Greece

The participants were informed both verbally and in writing of the purpose and aims of the study, while written consent was also obtained regarding their participation and the recording of their interviews. The data obtained were used solely for the aims of the study, while anonymity was also ensured. The CENI is structured in such a way that it assists in preventing participants from any harm. Parts of the interview that were considered likely to undermine the participants' anonymity were omitted. This paper presents the analysis of the qualitative data derived from these eight in-depth face-to-face narrative interviews.

2.3. Data Analysis

The audio-taped interviews were transcribed by the lead investigator. The investigators reviewed the data to develop a list of mutually exclusive, but possibly linked codes through thematic analysis.

3. Results

All of the participants were Greek, single, employed women living in urban settings whose ages range from 21 to 38 years, and defined that they had experienced violence because of their gender. The majority of the participants were university graduates. The participants of this study experienced gender-based violence mainly from one or more partners in their lives, while in other cases, the perpetrator was in their workplace. Moreover, most of the participants mentioned more than one experience of gender-based violence, and some of them from a male family member. Women that participated in this study refer to their everyday life as well as their close and distant relationships, they draw somatic and physical symptoms during the body map activity, they describe their low and high moments during the lifespan according to the lifeline activity and at the card sorting expressed feelings, while describing their journey from a high to a low point and vice versa. At the end, women referred to future plans and advice to other women in a similar situation. The following themes that emerged related to the potential for women to describe their GBV experiences and help-seeking barriers (Table 2).

Table 2. Main themes and categories of the analysis.

Categories	Subcategories
1.Everyday life of a typical week	• Roles • Expectations
2. Social network	• Proximity • Conflicts and utilization of social network
3. Body map	• Somatic • Emotional and • Spiritual condition capture
4. Lifeline	• Good-bad moments • Causes • Sources of resilience
5. Emotional cards	• The experience of the most distressing event
	• Meaning of the most distressful event • Symptoms—functionality • Stigma investigation during the distressful event • Self-care and help-seeking • Evaluation of the distressful event • Feelings through time until today
6. Future plans	• Improvements • Dreams • Advice to other women

3.1. Describing Day-to-Day Life during a Typical Week. Roles and Expectations

All participants referred to their permanent or seasonal jobs. Some worked long hours with very little free time to spare. Some mentioned having leisure activities such as yoga, horse-riding, vocal instruction, and reading, as well as spending time with their pets. All the participants said they made a point of maintaining weekly contact with friends and family. Moreover, they all referred to the multitude of roles they take on during the week such as that of a working woman, student, housewife, daughter, friend, listener, aunt, and granddaughter.

3.2. The Social Network

The participants' network includes family, friends, intimate partners, colleagues, as well as pets. In evaluating their social network, mention was made of daily contact and good relations with family, as is the case of Sophie: *"On my way to work, I always call up my mom for our morning chat"*, but also of poor and impersonal family relations, as described by Emma: "*When my mom and I live apart, we don't even keep in touch by phone . . . "*, while Roberta states: *"My dad and I aren't on the best of terms".* When referring to their intimate relationships, the participants spoke of closeness, trust, support and emotional bonding, as mentioned by Laura: *"He trusts me a whole lot and has always supported me . . . .he takes care of me as I'm his 'little one', so, you know, I feel safe."*, while participants' references to conflicts were less frequent. For most, there is daily contact and support from friends, as Nora states: "***A*** *stayed with me through the most difficult of times . . . he is very honest, whenever he'd see that I was a mess, he was there. I greatly appreciate all he's done."* Other friends are described as being distant, as in the case of Charlotte: *"T is distant. While she's a dear err . . . friend, she's lost touch with me because she's in love and in a world of her own."* Finally, for some participants, friends do not constitute a priority, as in the case of Sophie: " *. . . .I never make a point of arranging to meet friends, I don't really feel like talking or being with lots of people, you know, things like that . . . "*, while Roberta says: *"You have to make time for friends and time is precious . . . "*. Relations with colleagues are characterized as either being cordial, protective, close, or impersonal. Finally, their social network also includes individuals they have met during other activities and with whom they maintain close contact.

Regarding help-seeking within their social network, participants mention their parents—especially their mother—their friends, or intimate partner. In some cases, they will not seek help so as not burden them, as Victoria mentions: *"If it isn't anything too serious, I will avoid calling them so as not to cause concern over minor matters"*, or in other cases, to avoid conflict owing to diverging views, as stated by Charlotte: *"Asking others for their opinion has always brought me chaos . . . because that way, I'd never learned to use my own intuition or judgment. Ultimately, no one can tell you which path to choose."* Some will not seek any help even when attempting to set boundaries within their relationships with others. As Emma mentions: " *. . . first I put on a face that shows them I'm not willing to give anything of myself away, when in fact this is not my intention, but it's just what I show people to . . . test them and also to determine what I am willing to offer . . . "*, while P8 says: "*I'd never seek help from my colleagues regarding my personal issues . . . my relations with them are kept within stricter boundaries".*

3.3. Body Map

Regarding physical discomfort and pain daily, several participants used the body map to mention headaches, neck pain, intestinal discomfort, back pain, stomach aches, pain in the upper or lower limbs and knees, as well as throat irritation. Emma says: "*I'll draw a sign here on my knee . . . .my knee . . . it's a long story . . . that and my neck pain are the result of something serious I went through".* Some also mention experiencing pain during intercourse, something that previously did not exist. Some felt their body had become stiff and rigid. Some of the health issues mentioned were chronic, while others were more recent. The participants described their feelings as alternating between joy and enthusiasm on the one hand, and sadness and self-pity on the other. Sadness encumbers their decision-making, while they refer to stress as a dominant feeling causing symptoms such as tightness in the chest, throat constriction, difficulty breathing, and numbness in the hands. Nora characteristically says: " *. . . and that frequent numbness in the hands that I get . . . along with the anxiety . . . it's as if my hands become petrified. It's as if they become paralyzed when I realize things are getting out of hand and I'm losing control of the situation . . . . They just go numb".*

In fact, some describe their psychological pain as turning into physical pain. As Sophie mentions: "I consider every single thing I feel in my body to be either psychological or psychosomatic . . . of course, I can't quite make a clear association every time." Some women feel troubled, impatient, angry, tense, and melancholic. Others experience emotional chaos in the face of important decision-making.

However, there were also those participants who referred to feelings of well-being and peace. One mentioned self-awareness, insight, daydreaming, and meditation as being very helpful. As Charlotte states: *" It's as though my awareness has become more alert . . . or rather, it's as if my insight has awoken in that I can remain centered within myself while deeply contemplating whatever decisions need to be made . . . .I just understand myself better."* Many others referred to their mind being burdened with so many thoughts that they need to relieve the pressure they feel by either engaging in physical activity or drawing.

3.4. Lifeline

The participants referred to both pleasant and difficult times in their lives, to the sources of resilience that helped them shift from a difficult time to a pleasant one, and vice versa. Regarding the pleasant times, all the participants referred to periods in their childhood, as well as to family and personal achievements. Some referred not only to their school years, but also to their time at university. As Laura says: "*I felt an overwhelming curiosity to discover a whole new world . . . .and a sense of freedom that anything was possible".* P6 says: "*moving into my own place . . . you know, having your very own place to fix up as you please is . . . It had all the things I liked, in the colors that I liked . . . it was my 'nest', my safe house".* In addition, they also made mention of new friends and lovers, as stated by Nora: "*He was my first love . . . it was platonic . . . but the truth is, it made me feel nice".* They referred to activities that filled them with self-confidence and gave meaning to their lives, as Roberta says:" "*The life I am living now . . . ..with the people I have chosen to include in my life, is what's good for*

me". On the other hand, there were quite a few participants who initially had difficulty recalling any happy times in their lives.

All referred to difficult times in their lives. For some, childhood memories are fraught with domestic violence, thus leaving an indelible mark that would later result in tendencies for fearfulness and escapism. Difficult periods were also considered to be school-level transitions; losing a parent, relative, friend, or pet; as well as their parents' relations, particularly those involving a hostile and confrontational divorce. Some participants had difficulty in adjusting to life as university students or, likewise, to life back at home following the completion of their studies. The greater part of their difficult moments had to do with incidences involving gender-related violence coming either from intimate partners (one or several), a brother, an employer, a close friend, parents, government agencies, and society itself.

Regarding gender-based violence within their intimate relationships, some said that their partner had shown signs of violence at the very onset of the relationship. These were expressed through oppressive behaviors and forced limitations, such as standing in the way of their continuing their studies, verbal and non-verbal belittlement, physical violence, rape, and forced abortion. Sophie mentions: " . . . *.it was as though he had put me in a cage. He could not accept the fact that I had friends here, male friends, so I had to cut ties with all of them . . . nor could he accept the way I dressed, the way I wore make-up, so I changed the way I dressed, the way I wore make-up, I had changed completely, I couldn't speak to anyone and eventually stopped interacting with everyone at university . . .* ". Laura also adds " . . . *there had also been a rape incident within the relationship. On the surface, one might say that it wasn't really rape considering I was in a relationship with him at the time . . . it was very bad. I was too ashamed to talk to anyone about it".* With reference to her forced abortion, Roberta says: "*We had arranged to go to the beach one day but . . . .we never went to the beach . . . he and his aunt had arranged for me to get an abortion without my knowing . . . .".* Other manifestations of GBV that were described had to do with physical beatings to the point of being left unconscious, acts of violence towards pets, extreme fits of jealousy, tension and shouting, hurling insults at third parties, accusations, and control-seeking.

Most of the women mention encountering great difficulty in ending the violent relationship either because, despite their attempts, they failed, or because their perpetrator showed remorse, leading them to hope he would change ways. During these periods, the prevailing feelings were of guilt, fear, low self-esteem, regret, and shame. Charlotte characteristically states: "*Despite everything . . . I didn't break up . . . it was as if, by staying, I was giving my consent and allowing this to continue".* Nora: " . . . *.during that time, I lacked self-awareness, I had no self-confidence, I had no . . . self-worth."* Lucy: " . . . *he would often shout at me, everyone around could hear him and you know . . . .this always makes me feel uncomfortable . . . that is, being shouted at".* Finally, some referred to this period as being a transitional stage, or as being fraught with relationship and work-related problems.

Regarding resilience sources that helped their transition from a difficult time to a pleasant one, the majority said that they reached a turning point that led to their fleeing their attacker. As Lucy mentions: " . . . *and that's when I said no . . . you're not going to just sit here and . . . .you're not going to submit to this oppression . . . I had put some money aside . . . I had no children or a family to keep me from leaving, so I knew I had to see things differently. I was alone, not even a dog or cat to tie me down . . . So . . . it was just me . . . I could just get up and leave".*

There were only a few women who, owing to a lack of self-confidence, did not make use of their social network to flee. Sophie says: "*In such cases, I tend to put up a wall . . . I completely distance myself from what I am feeling at the time . . . ".* Most sought help especially from friends or even colleagues. Some were helped by their new companions. Other sources of assistance were new-found activities, social life, excursions, and other pleasant pastimes to do in their free time, all aimed at establishing a new daily routine.

As for the reasons that led to their going from a pleasant period to a difficult one, several referred to the death of a loved one, the manipulative or oppressive behavior of their abusive partner, and having to conform to social dictates. As Charlotte tells us, her

partner would say: *"You can't do whatever you please, now is the time for us to experience something more important than . . . you, and your studies . . . and everything else so you can't just continue as you were. I feel it was nothing more than a compromise".* Several women also mentioned having difficulty making changes to their daily routine without disrupting the stability they had achieved in their lives, even if this was during an unpleasant time. More specifically, Laura mentions: *"My life was also stable. I may not have been happy with it but at least it was stable . . . I'm not very open to change".* Moreover, giving up pleasant activities, as well as losing touch with their social network owing to change of residence, caused feelings of insecurity in various domains, as mentioned by Victoria: *"I didn't have anyone close enough to talk to . . . it was the lack of social network you see . . . ".*

3.4.1. Selecting and Arranging the Cards—Experiencing the Most Difficult Event

Participants were asked to choose and then comment on the most unpleasant time in their lives. Almost all referred to GBV. They also mentioned their feelings during this period, which were mainly discouragement, moodiness, melancholy, resignation, stress, irritability, loneliness, withdrawal, isolation, boredom, jealousy, shame, anger, over-sensitivity, worry, guilt, tension, immobilization, fear, and low self-esteem. Lucy says: *"I would often catch myself just freezing and not responding or reacting to what was happening, although I wanted to so many times . . . ".* Most of them talked about the vulnerability they felt during this period, as well as to feelings of guilt, as mentioned by Charlotte: *"I was guilt-ridden for the simple reason that I expressed myself differently, I have always been conscious of that. I often use the wrong way of speaking or articulating what I want to say, that's why he gets upset . . . "*, but also about feelings of fear and insecurity. Charlotte continues: *"he was indifferent to other people's pain . . . I mean he'd just disappear afterwards, after something like that, but . . . even that caused me fear, as well as an overwhelming sense of insecurity"*.

At the same time, they also described the physical symptoms they experienced during that period, such as stomach pain, indigestion, cold hands, cold, feet, heart palpitations, dizziness, fainting, humming in the ears, headaches, numbness, weakness, shoulder pain, back pain, physical fatigue, physical exhaustion, menstrual irregularities, pressure to the chest, difficulty breathing, diarrhea, and pain during intercourse.

All this disrupted their ability to function properly in many areas of their lives during this period. In cases where gender-based violence was being experienced in the workplace, the participants mentioned finding it extremely difficult to get out of bed and go to work, and that they would come up with various excuses to avoid having to do so. Some felt that this was so unlike them that they no longer recognized themselves, while others mentioned either giving up activities and studies or performing poorly in their academic studies. Laura characteristically states: *"He would regularly come by especially during exam time and create problems for me . . . and this caused me to fall behind in my studies . . . I was forced to discontinue my thesis paper because I wanted nothing more to do with him".* Several mentioned losing friends during that time, while others had difficulty creating new friendships and a social network. Charlotte says: *"I had to get his permission . . . to do things that interested me and that I enjoyed. I didn't have much freedom. He always discouraged me whenever it came to other people. And that affected my ability to function".* Some lost all interest in socializing with others, as was the case of Lucy: *"I often didn't feel like leaving the house, you know . . . when you don't feel like being around other people . . . "*. Finally, some mentioned having difficulty dealing with practical everyday matters such as house cleaning. Nora: *" . . . it was during that period that I just didn't do any housework. I mean, it was as if I lived in a filthy shack. Three weeks would go by and the house was still a mess . . . I just could not get myself to do anything. I didn't even bother to wash the plate before using it".* One participant mentioned that her ability to function was not affected during that time as she was busy working on her PhD.

3.4.2. What the Most Difficult Event Means

The participants were asked what the lowest point they had described meant to them. Some said that they still had not quite put the pieces together, but that it probably meant a

kind of death or a catastrophe. Charlotte: "*It was a kind of small death . . . that's how I would describe it . . . the death of a small part of you. That's it. I don't know if those pieces of yourself can ever be recovered, but that is what happened to me . . . ".* The women mentioned going through various stages, causing the meaning of the low point to also change accordingly. Some said that they had come to terms with this low point and, in some cases, they expressed the hope that their predicament would improve, as was the case for Laura: "*I was at a point where I hoped something in my life would improve because . . . it had begun with such great potential*". Several said that they felt confused, while others blamed themselves for having tolerated the situation. Some mentioned that they had been forced to become someone other than who they really were, that they no longer recognized themselves and some said that, to this day, they still feel the effects of their ordeal, as Emma mentions: "*No doubt, for me it has meant my downfall, . . . I was a completely different person before and then I was forced to become someone I didn't want to be and that has affected my everyday life . . . and still does to this day".* Some contemplated putting an end to their lives, some felt that it was a period of vulnerability for them, and some even felt guilty for being vulnerable. Some women referred to the present and, looking back on the experience from a distance, they say that they are all the wiser for it and that, since their experience, they have begun to re-examine the issues in their lives. As Lucy says: "*But on the other hand, I often think to myself . . . you know, I'm glad it happened because it's good to be alive and I'm all the wiser for it*".

3.4.3. Investigating Possible Feelings of Stigmatization during the Difficult Period

The participants referred to what they believed others thought of them during their low point. Many mentioned that their social network had expected them to leave instead of putting up with such abusive treatment, while others mentioned that some distanced themselves either because they could not understand the whole situation, or because they did not want any part of it. Laura mentions: "*They couldn't help me anyway. I remember feeling their sorrow but that was it".* Some friends were critical of them, while others turned against them either because they failed to understand them, or because they held them responsible for their predicament.

3.4.4. Self-Help and Support-Seeking

The participants referred to the things that were done by people closest to them to make them feel better during that period. They also mentioned taking up leisure activities such as dance or music lessons, walking, basketball, and yoga. As Lucy says: "*It's what I wanted. I mean, okay, I have my friends but I also wanted to be integrated into a group, to feel that I was part of a group".* Others, like Roberta, used it as an excuse to get out of the house: "*At least I had those two days a week when I could get out of the house. It was like, you know what . . . I'm going to my Cretan dance lesson, it's not like I'm going out to socialize which is something you would forbid".* Moreover, some of the women referred to their work as being a safe haven, while others regained contact with their social network from which they had previously cut themselves off. Their social network, especially their friends, offered them significant support in encouraging them to become involved in a new activity or in relieving them of their guilt and raising their awareness. Some referred to their mother, as is the case of Laura: " *. . . .that's when my mother and I came closer . . . .I told her some of the things I was going through and I felt . . . you know, . . . a kind of female solidarity . . . "*, while others, like Roberta, did not seek help: "*I feel that discussing my ordeal would be too shameful for me, I never felt comfortable enough to open up about it".*

The participants also talked about the things they did that were not of much help to them at the time. One of the things they mentioned was their infidelity towards their abusive partner. Laura says: "*I began to be unfaithful . . . I felt that I was getting back at him by doing something with somebody else . . . I also felt a sense of self-assurance . . . it was the only way out for me".* They also referred to attempts at adjusting to the situation, while for some, family and their social network at the time did not offer them any support. On the contrary, some said they did not have a social network to fall back on at the time, and that this was a

central problem, as is clearly mentioned by Roberta: "*What really didn't help was that . . . I had no friends, I did not have a single friend, I had nothing . . . and no one to talk to, or keep me company . . . ".*

3.4.5. Taking Account of the Difficult Period through Time and in the Present

The participants mentioned that, in the aftermath, and as a result of their difficult time, they generally keep their distance from others primarily because of their fear of emotional involvement and because they fear being hurt yet again. However, some say that their feelings often vary and that they experience extreme mood swings. Some spoke of getting panic attacks and constant anxiety as a result of the events they had experienced, accompanied by physical symptoms such as headaches, heart palpitations, weakness, dizziness, and numbness. Several of them also mentioned that they find it difficult to open up about their feelings, resulting in their being manifested through psycho-somatic symptoms, as Sophie states: "*This is why I feel all this physical pain . . . it's my bottled-up feelings".* Some express feelings of disillusionment in people, as can be clearly understood from what Roberta had to say: "*I felt and still feel disillusioned . . . it has remained with me through all the stages. It is ever-present. I feel let down by people in general",* while others mention drawing enough strength from their difficult experience to deal with the events that would follow. Some of the feelings they experienced then are also present in their lives today, those being feelings of anger, rage, shame, guilt, insecurity, as well as fear as mentioned by Laura: " *. . . I was unable to do anything about it at the time. And so, I'm afraid that, should something similar happen to me again, I won't have seen it coming and it will once again take me a very long time to get out of it".*

When comparing past feelings to those of the present, some say that there are residual negative feelings from the past that affect them, like the fact that they are unable to trust people enough to forge meaningful ties with them, and that they no longer know whether they are capable of love, as Roberta mentions: "*Before all this happened to me, I felt love. I don't know if I do anymore".* A few of the women mentioned being stronger today, with more self-confidence, while some said they continued to be trusting. They also mention feeling grateful for what they went through then because it caused them to gain a better understanding of things.

3.4.6. Plans for the Future

At this point, the participants referred to the improvements they can make to their lives following their interview. One of the things mentioned is their desire to be more alert and careful so as to prevent such a thing from happening to them again. As Nora says: "*I need to be more careful. More careful regarding whom I trust my mental peace of mind and health to, but also . . . more unequivocal . . . .in other words, unwilling to put up with so much . . . ".* Respectively, they mentioned no longer putting up with violent behaviors, wanting to express their feelings more, and no longer taking on others' responsibilities, while there was one participant who was seriously considering psychotherapy counseling. Some said they hoped to improve their lives, and have dreams for the future like starting their own band or even a women's union in their male-dominated profession. Some others expressed the desire to change something, but they still did not know exactly what that was yet.

4. Discussion

This study sought to go below the surface and give a voice to women who have suffered gender-based violence in Greece so that, through the narrative interview, they could describe how they have experienced the abusive relationship as well as their journey toward recovery and resilience. The thematic analysis of the five CENI activities highlighted the day-to-day lives of women in abusive relationships and how they sought help. Only one woman visited a mental health specialist so as to receive support through counseling when she felt she needed it. Most of the women re-lived the same feelings in the present in a slightly different way from their description of the events of that period. The majority stated

that they have moved forward and grown on a cognitive, professional, and functional level, while some have also grown emotionally.

The participants referred to their daily lives, to the roles they take on, as well as to other people's expectations of them. All of them spend their time working, doing various activities, while also devoting time to their family and social surroundings. The roles they primarily take on are those of a working woman with all the accompanying responsibilities, of a housewife, a companion, friend, daughter, and so on. It is patriarchal societies that impose traditional gender roles, with men being the breadwinners and ultimately the decision-makers, while women are called upon to take on the household and the family [40]. Regarding what is expected of them based on gender, the participants said that they are expected to settle down and get married, maintain ties to their parents, while also tending to the housework and their own family. At the same time, some of them mentioned that they were also expected to become more dynamic. In a similar study by Sinko & Saint Arnault [6], the same findings were reported in the U.S.A regarding social expectations for women to become more dynamic and independent. These appear to be gender stereotypes within women's social environment that are likely to undermine and limit women's choices [41].

As mentioned by the study's participants, their social networks included family, friends, colleagues, and companions with whom they share close and caring relationships, while some refer to more distant relations with stricter boundaries. Most of the women in the study make use of their social network when seeking help, while fewer feel disconnected. Feeling disconnected is characteristic of traumatized individuals [22] who usually feel betrayed, or fear the possibility of being betrayed. At the same time, being disconnected from their own feelings may be used as a means of self-protection [11]. The majority of the women in the study expressed the need to set boundaries in their relationships. Those who have experienced trauma frequently vacillate between withdrawing from close relations one minute and seeking them out the next [22].

The body map made it easier for the participants of the study to depict and describe their emotional, physical, and mental state. All the women referred to either chronic or more recent physical problems. Furthermore, all the participants referred to pleasant feelings such as joy and enthusiasm, but also to unpleasant ones such as sadness, anger, melancholy, or hypertension and anxiety, with the latter of the two types of feelings being more prevalent and associated with abuse for the majority of the women. Quite often, narrating a traumatic experience is likely to bring back symptoms and feelings of that period, which may reappear in the form of stress and anxiety [22]. During the interview, the women referred to meditation, painting, and physical exercise as a means of relieving stress, which, in turn, resulted in self-understanding and self-acceptance. Spiritual growth is one aspect of post-traumatic growth in a woman's life [18,42]. While this particular finding, along with religiousness, appears in other studies as well [6,37], the participants in this study referred only to their own path towards self-awareness.

In their lifeline, the women chose to present the positive and negative moments in their lives, as well as the sources of resilience they made use of in difficult moments. The positive moments mainly had to do with their childhood, their first loves and relationships with their significant other, their studies, and personal accomplishments. For all of the participants, the negative moments had to do with one or more incidents of gender-related violence since childhood and school-age and following the loss or death of a parent. The causes that contributed to the negative moments were lack of preparedness or vigilance in the face of such behaviors, as well as the manipulative behavior of the perpetrator. Studies confirm that the intimate partner may not be consistently violent, which is often the reason so many women remain in violent relationships [43]. Other reasons keeping women from fleeing a violent relationship are fear, negative feelings, their poor financial state, as well as their cultural and social background [6,44]. In fact, the social environment burdens women with expectations that dictate how they should act, what they should endure, or how a woman should live her life [40]. During the interview, the participants referred to how

difficult it was, even if it was an abusive relationship, to let go of their daily routine and sense of stability in that relationship. On the contrary, however, they abandoned pleasing pastimes, and lost touch with their social network and whatever else offered them a way out. The lack or absence of a social support network makes it far more difficult for a woman to flee a violent relationship [45]. Five of the eight women in the study made a point of describing the process of fleeing the violent relationship as being the starting point for their personal growth. They mentioned outlets, excursions, new activities, and pleasant hobbies in their free time. These findings are by those of the Ahmad et al. [46] study regarding how women who have decided to flee the violent relationship make use of their free time.

Some of the women in the study described the social network as being a significant source of resilience during that period. Research findings have stressed the importance of having a social network [6,37,42,47]. It is believed that recovery from a traumatic experience cannot be made when the victim remains isolated, but instead, can only be achieved when the victim has the support of their social network and family [37,47]. A case in point is the cross-cultural narrative analysis of Australian and Mongolian women based on their stories of survival from violent relationships. While the findings show great similarities between the two cultures, they do, however, show one very important difference. The women from Mongolia survived the violence because they were empowered by their family networks, thus acquiring greater resilience compared with their Australian counterparts [45]. Likewise, the results derived from studies on gender-related and domestic violence confirm that women make use of their social network during post-traumatic growth [6,37,47,48].

In their narrative account of the most difficult moment, as shown in the lifeline, almost all the women said it was gender-based violence, with some referring to it as being the most traumatic point in their lives. They depicted the beginning of the relationship as giving them positive feelings, either because they were unsuspecting or because the violent behavior had not yet begun. Over time, these feelings changed and all of them defined this experience as one of betrayal because, on the one hand, their partner had betrayed them and, on the other, they had betrayed themselves. At the same time, they felt shame and guilt for remaining in the abusive relationship, either because they considered themselves to be at fault, or because they felt they were too weak. Quite often, the primary feelings immediately following trauma are those of shame and guilt [6,11,18]. Another noteworthy point is that the women in the study mainly had difficulty ending the relationship with an intimate partner and less difficulty ending one that was work-related. Sanderson [49] supports that women face practical and psychological difficulties in abandoning a violent relationship. The primary reason for this is that the trauma, especially when it is prolonged trauma, debilitates them, and makes them feel insufficient and petrified [44] at the thought of being victimized again [50]. At the same time, low self-esteem and feelings of unworthiness leave them feeling helpless, thus rendering them unable to flee the abusive relationship [49]. In their study of women who have experienced gender-based violence, Sinko & Saint Arnault [6] refer to internal influences as well as to cultural-social ones, not only as barriers to fleeing a violent relationship, but also as support mechanisms that help women become committed to finding their road to recovery after their violent experience.

The women in the present study described this period as being one of extreme stress, often accompanied by panic attacks, melancholy, moodiness, loneliness, fear, and self-doubt. Two women contemplated harming themselves. Women who survive the trauma of gender-based violence frequently develop symptoms of post-traumatic stress [44]. Moreover, women who have experienced gender-based violence are at risk of suffering from depression [51], and are likely to resort to alcohol and substance abuse [52]. Chronic post-traumatic stress has been linked to an increased risk of suicide, as well as to diagnosed psychiatric or physical disorders [53]. Such feelings during a violent relationship are also confirmed in past studies on domestic violence [54,55]. Two of the women in the present study had not sorted out or come to terms with their experience and, therefore, could not determine what it means for them. No similar findings have been mentioned in other such studies [6,11].

Furthermore, the participants referred to the physical symptoms they had during that period, which mainly had to do with the stomach area, the intestinal tract, limbs, menstruation, breathing difficulty, headaches, and exhaustion. These physical symptoms are also known to be associated with the body's neuro-biological response to threatening situations. When an individual prepares for "fight or flight", the parasympathetic nervous system lowers our metabolism and heart rate, causing the immobilization response, while also releasing adrenaline and cortisol [18]. Pulse, blood pressure, and breathing also increase [51]. According to BMA [52], the long-term physical effects of violence and trauma are arthritis, chronic pain, poor eye-sight and hearing, frequent headaches, epileptic crises, stomach ulcers, spastic colitis, stress, diarrhea, constipation, indigestion, high blood pressure, and angina. Prolonged trauma can lead to physical disorders [53], with the individual complaining of physical symptoms for which no medical explanation can be found [54]. Moreover, Bonomi et al. [55] also found symptoms and problems such as gynecological or gastrointestinal disorders and chronic pain to be linked to gender-based violence.

For the women in the present study, functionality was dramatically affected either because of the violent relationship itself and the restrictions incurred on them or because of the feelings they were experiencing during that period. Those who were either studying at university or employed were unable to cope with the demands of their daily routine. They lacked punctuality, were unable to complete simple tasks such as tidying the house, and generally were overcome by a sense of inertia. Diminished functionality has also been documented in other similar studies [44,45,56]. It causes the individual to doubt not only their self-worth, but their very identity as well.

The fact that the participants of this study lost touch with some important people in their social network, like friends and relatives, was either because some of these people did not want to become part of the problem, or because the women themselves dissociated themselves or became socially isolated owing to restrictions imposed on them, or owing to feelings of shame. Dissociation from the social network could also be because of a lack of trust as a result of the experience or because of fear of being hurt again, as stated in the study by Sinko & Saint Arnault [6]. The study by Lewis et al. [48] showed that the social network is not always particularly helpful either, often underestimating the women's feelings and what they are going through.

In looking back at their experience of GBV, some said they had not worked through it yet, while a large number mentioned how it has changed meaning over time. Guilt, vulnerability, and the fear of re-living the experience were predominant feelings among the women in this study. The women experience mixed feelings as the path from trauma to recovery is not without its challenges [11,44,56]. On the one hand, they experience negative feelings reminiscent of those they had during the traumatic period, but, on the other, they also experience pleasant feelings that denote emotional progress and self-fulfillment.

For the women in the study, reflecting on the past led to their taking account of the sources they utilized so as to feel better. They referred to their work, outdoor activities, and social networks. Individuals belonging to the social network of the victim can have a positive effect on trauma outcome [6,37,48]. On the contrary, the lack of a social network was described as constituting a negative factor during that period. In a study by Anderson et al. [37], the social network was found to be the key component in both the resilience and recovery of women. Later studies also corroborate this [6,57]. Further feelings of guilt weighed heavily on those women in the study whose social network either abandoned them or thought they were over-reacting, thus having an even more damaging effect on them. The majority of women did not seek professional counseling, either because they thought the counselor would lay the blame on them for their predicament, or because they felt a strong sense of guilt and shame, or for economic reasons. In studies by Sinko & Saint Arnault and Sinko et. al [6,11], no mention is made as to whether the women sought professional help for the abuse they had suffered, while in the study by Anderson et al. [37],

sources of professional assistance were used less frequently than informal networks, but those women who did make use of them were helped.

In connecting past feelings to those of the present, six of the eight women referred to positive feelings such as gratitude and self-appreciation. On the one hand, post-traumatic growth can be seen in changes concerning self-perception, relations with others, and outlook on life with a deeper appreciation for it through new priorities and directions [42]. On the other hand, the women referred to intense, negative feelings and even physical symptoms similar to those of that period. Those that stood out were distrust of others, apprehensiveness, and fear of betrayal. The above can be confirmed in other previously mentioned studies as well [11,44,56].

In looking to the future, the participants were optimistic and full of hopes and dreams. Hope motivates and offers strength, enabling one to envision a future that is worth living. As it is associated with mental and physical health, and is essential to one's recovery from trauma [28]. When they were asked what advice they would give to a woman going through a similar experience to their own, all mentioned self-love, self-care, and self-respect. Similar feelings emerged from the study by Sinko et al. [11] in which women spoke about their feelings through photographs they had taken depicting the "therapeutic moments" within their day. At the same time, when asked about the improvements they want to make in their lives following the completion of the interview, they spoke passionately about self-care, setting boundaries, and practicing zero tolerance to violence. Two of the women in the present study went into psychotherapy following the completion of their interviews. A crisis may lead to change, but it is highly unlikely that the individual will be quick to see the traumatic experience as being an "opportunity" [16]. The important thing is that each woman be given the time to come to terms with the trauma at her own pace.

In telling their stories, the women referred to the stigmatization they have experienced. Existing social perceptions inhibit their need to speak out and seek help. The 'life-line' part of the interviews also revealed that most of the women were raised in a patriarchal family environment with distinct gender stereotypes. These women were found to have a longer road to travel before being able to acknowledge and come to terms with the fact that they are victims of gender-based violence. For all the women, the traumatic experience brought with it the feeling that the life they had built was falling apart around them. Perhaps this explains the overriding sense of betrayal and guilt [22,49].

For many of them, the negative feelings are still very present in their everyday lives. Some women have drawn strength from the traumatic experience by reflecting on it in such a way that it has helped them to move forward. Some women still have not managed to create relationships based on trust. In fact, many of them feel a strong need to set boundaries in either all or some of their relationships so as to ensure their own emotional safety. For most, the thought that this might happen to them again causes many of them to go on living in fear, never allowing themselves to let go of their inhibitions in any relationship.

They contemplate the future and look to it with optimism, dreams, and the desire to make changes for the better. It would be noteworthy to mention that the study interview itself made it easier for the women to deconstruct the traumatic experience along with the accompanying events and feelings of that period.

The limitations of the study were the small sample, so we cannot generalize the results, and the study may not have captured the complete range of views about the recovery path.

5. Conclusions

This narrative study sough to understand the experience of Gender-based violence but also the influences and obstacles of trauma recovery. Through the violent relationship the feelings of the women changed. Feelings like self- blame, shame or guilt emerged and stood as an obstacle for them to seek help. During this period the functionality of the women was reduced on multiple levels. Another important finding was that women who utilized their social network were helped to evolve, while the relative network was not

adequately utilized. Finally, musculoskeletal pain, gastrointestinal problems and numbing were some of the physical symptoms of the women during the period they experienced GBV. This interview helped women to deconstruct the traumatic events and feelings of that period and as they contemplate the future, they dream and they wish to make changes for the better.

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