Identifying the Psychological Mechanisms Behind Women's Reactions to Gender-Based Violence

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A B S T R A C T

Objective: This study aims to identify the psychological mechanisms underlying women's reactions to gender-based violence (GBV).

Methods and Materials: A qualitative research design was employed, utilizing semi-structured interviews with 24 women who had experienced GBV in Tehran. Participants were selected using purposive sampling, and data collection continued until theoretical saturation was achieved. The interview data were analyzed using thematic analysis with the assistance of NVivo software to identify key themes and patterns related to emotional responses, coping strategies, and the impact of violence on mental health.

Findings: The findings revealed three major themes: psychological reactions, coping strategies, and the impact on mental health. Emotional responses such as fear, shame, and anxiety were prevalent among participants, often accompanied by cognitive processing patterns like self-blame and rumination. Coping strategies varied, with some participants engaging in avoidance coping through emotional numbing and disengagement, while others sought social support or pursued self-care practices to regain a sense of control. The long-term impact of GBV included social withdrawal, trust issues, and diminished self-worth, with many participants experiencing chronic psychological distress such as depression and post-traumatic stress disorder (PTSD).

Conclusion: The study underscores the complex interplay between psychological reactions and coping mechanisms among GBV survivors, highlighting the need for targeted interventions that address emotional distress and empower women through support systems. Culturally sensitive mental health services, awareness campaigns, and policy measures are essential to improving survivors' well-being and promoting resilience.

Keywords: Gender-based violence, psychological reactions, coping strategies, mental health, social support, resilience, women survivors.

1. Introduction

Gender-based violence (GBV) is a pervasive global issue that manifests in various forms, including physical, psychological, sexual, and economic violence. It disproportionately affects women and girls, undermining their fundamental human rights and well-being. Gender-based violence is rooted in unequal power dynamics and societal norms that perpetuate discrimination and reinforce patriarchal structures (Airaoje, 2023). Despite efforts to combat GBV through legislation and social interventions, it remains a significant public health and human rights concern across different cultural and socio-economic contexts.

The impact of GBV extends beyond the immediate physical and psychological harm, often leading to long-term consequences such as post-traumatic stress disorder (PTSD), depression, and anxiety (Maria Fernanda de Lemos, 2024). Women subjected to GBV frequently experience social isolation, economic dependency, and a diminished sense of self-worth. In particular, the COVID-19 pandemic exacerbated the crisis of gendered violence, as lockdown measures confined women with their abusers and limited their access to support services (Averis, 2021). This underscores the urgent need to understand the psychological mechanisms that influence women's reactions to GBV to develop more effective interventions and support systems.

Gender-based violence is a widespread issue that transcends geographical and cultural boundaries. Studies from various regions, including Africa, Asia, and Europe, reveal alarming prevalence rates and the diverse manifestations of GBV. For instance, research conducted in Nigeria highlights the media's role in perpetuating harmful gender stereotypes and normalizing violence against women (Airaoje, 2023). Similarly, in Indonesia, online gender-based violence has emerged as a growing concern, with social media platforms serving as spaces where women are subjected to harassment and abuse (Arawinda, 2022).

In South Africa, the scourge of GBV is particularly pronounced, with women facing systemic challenges in accessing justice and support services (Yesufu, 2022). Studies from Zimbabwe and Ethiopia further highlight the intersection of GBV with migration and ethnic conflicts, revealing the compounded vulnerabilities experienced by women in such contexts (Kereeditse, 2024; Maria Fernanda de Lemos, 2024). These findings illustrate the multifaceted nature of GBV and the importance of adopting a context-specific approach in addressing it.

Understanding the psychological mechanisms behind women's responses to GBV is crucial for designing effective support interventions. Psychological responses to GBV are complex and shaped by individual, social, and cultural factors. Many survivors experience a range of emotional responses, including fear, shame, guilt, and helplessness (Maria Fernanda de Lemos, 2024). Studies have shown that women often engage in cognitive processing strategies such as self-blame and rumination, which can exacerbate their psychological distress (Chatzifotiou, 2021; Mukherjee, 2020).

Research from Sri Lanka indicates that societal gender norms significantly influence women's perceptions of GBV and their coping mechanisms (Herath & Jayarathna, 2020). Women in rural communities, for example, may internalize the belief that enduring violence is part of their marital obligations, leading to lower help-seeking behaviors. In contrast, women in urban settings may have greater access to support networks and resources, which can empower them to seek assistance and take legal action (Serrano-Montilla et al., 2020).

Furthermore, the impact of GBV on women's mental health is profound, with long-term consequences such as chronic anxiety and depression. A study conducted in Canada explored the intersection of GBV and mothering, highlighting how the dual burden of caregiving and coping with trauma can overwhelm women and hinder their recovery (Mantler, 2024). The experience of violence often leads to social withdrawal and trust issues, further isolating survivors from potential sources of support (Ben-Atar et al., 2023; Roba, 2022).

Women employ various coping strategies to deal with the trauma of GBV, ranging from avoidance coping to seeking support from family and community resources. Avoidance coping, such as emotional numbing and denial, is commonly reported among survivors, particularly in societies where discussing GBV remains stigmatized (Oddone, 2020). On the other hand, support-seeking behaviors, including engaging with therapy and joining support groups, have been shown to enhance resilience and facilitate healing (Aranda et al., 2022; Rufanova, 2021).

Empowerment-based approaches that encourage women to reclaim control over their lives have gained traction in recent years. Survivors who engage in self-care practices, such as mindfulness and creative expression, report improved emotional well-being and a sense of empowerment (Schubert et al., 2021). These strategies not

only help in coping with the immediate aftermath of violence but also contribute to long-term recovery and resilience.

With the rise of digital technology, GBV has taken on new forms, including online harassment, cyberstalking, and the non-consensual distribution of intimate images. Studies indicate that social media platforms often serve as enablers of gendered violence, providing perpetrators with anonymity and amplifying the harm inflicted on victims (Ben-Atar et al., 2023; Julian, 2024). Online gender-based violence can have severe psychological repercussions, including heightened anxiety, social withdrawal, and reputational damage.

Despite the growing prevalence of online GBV, legal frameworks and support mechanisms have struggled to keep pace with the evolving nature of digital violence. In Indonesia, for example, legal protections for women facing online harassment remain inadequate, leaving many survivors without recourse (Arawinda, 2022). Addressing online GBV requires a multi-stakeholder approach that involves policymakers, social media companies, and civil society organizations working together to create safer digital environments.

The availability and accessibility of support services play a crucial role in shaping women's responses to GBV. Institutional responses, such as law enforcement and judicial interventions, often fall short in providing the necessary protection and support to survivors (Jong, 2023). Cultural and societal attitudes towards GBV further complicate help-seeking behaviors, with many women fearing judgment or retaliation if they report their experiences (Chatzifotiou, 2021).

Community-based support networks, including women's organizations and advocacy groups, have emerged as critical resources for survivors. These organizations provide emotional support, legal assistance, and empowerment programs that help women navigate their recovery journey (Serrano-Montilla et al., 2020). However, gaps remain in ensuring that all women, particularly those from marginalized communities, have equal access to such services (Ngabaza, 2024).

Gender-based violence remains a critical issue that demands urgent attention from policymakers, researchers, and society at large. Understanding the psychological mechanisms that influence women's reactions to GBV is essential for developing targeted interventions that address their unique needs. This study aims to identify the psychological mechanisms underlying women's reactions to gender-based violence (GBV).

2.   Methods and Materials

2.1.   Study design and Participant

This study employs a qualitative research design to explore the psychological mechanisms behind women's reactions to gender-based violence. A purposive sampling method was used to select 24 female participants from Tehran who have experienced different forms of gender-based violence. The selection criteria included women aged 18 and above, with a diverse range of educational and socio-economic backgrounds, and who were willing to participate in the study. Participants were recruited through community centers, NGOs, and support groups focused on gender-based violence.

2.2.   Data Collection

Data were collected through semi-structured interviews, which allowed for in-depth exploration of the participants' experiences and perceptions. The interview guide was developed to address key themes related to the psychological responses to gender-based violence, including emotional reactions, coping strategies, and the perceived impact on mental health. The interviews were conducted in a confidential and comfortable setting, with each interview lasting between 45 to 90 minutes. All interviews were audio-recorded with the participants' consent and subsequently transcribed verbatim for analysis.

2.3.   Data Analysis

Data analysis was conducted using NVivo software to facilitate the coding and categorization of themes. Thematic analysis was employed to identify patterns and psychological mechanisms that emerged from the interview data. The process involved initial open coding, followed by the development of categories and subcategories to capture the nuanced experiences of the participants. The analysis continued until theoretical saturation was reached, meaning that no new themes were emerging from the data. To ensure rigor, the researcher conducted member checks by revisiting a subset of participants to confirm the interpretations of the findings.

3.   Findings and Results

The study sample consisted of 24 women from Tehran who had experienced gender-based violence. Participants' ages ranged from 19 to 50 years, with the majority (n = 10,

41.7%) falling within the 30–39 age range. In terms of marital status, 12 participants (50%) were married, 8 (33.3%) were single, and 4 (16.7%) were divorced. Regarding educational background, 9 participants (37.5%) had completed a bachelor's degree, 7 (29.2%) held a high school diploma, 5 (20.8%) had a master's degree, and 3

(12.5%) had less than a high school education. Employment status varied among the participants, with 14 (58.3%) being unemployed, 6 (25%) employed in various sectors, and 4 (16.7%) self-employed. The majority of participants (n = 16, 66.7%) reported experiencing psychological violence, while 8 (33.3%) had experienced physical violence.

Table 1

The Results of Qualitative Analysis

Category	Subcategory	Concepts (Open Codes)
Psychological Reactions	Emotional Responses	Fear, Anger, Shame, Anxiety, Helplessness
	Cognitive Processing	Rumination, Negative Self-Perception, Self-Blame, Intrusive Thoughts, Distorted Reality
	Psychological Distress	Depression, Isolation, Loss of Identity, Overwhelming Sadness, Low Self-Esteem
Coping Strategies	Avoidance Coping	Denial, Emotional Numbing, Disengagement, Avoiding Confrontation
	Seeking Support	Talking to Friends, Therapy, Seeking Emotional Validation, Joining Support Groups
	Resilience and Empowerment	Reclaiming Control, Setting Boundaries, Strengthening Self-Worth, Emotional Recovery
	Self-Care Practices	Meditation, Journaling, Exercise, Creative Outlets, Mindfulness
Impact on Mental Health	Long-Term Psychological Effects	PTSD, Chronic Anxiety, Depression, Intrusive Memories, Survivor's Guilt
	Social Withdrawal	Avoiding Social Events, Fear of Judgment, Alienation, Loss of Trust in Others
	Impact on Identity and Self-Worth	Loss of Confidence, Negative Body Image, Feeling Unworthy, Questioning Personal Value
	Trust Issues	Difficulty Trusting Others, Suspicion, Fear of Future Harm, Hypervigilance

3.1. Psychological Reactions

One of the primary themes that emerged from the interviews was emotional responses to gender-based violence. Participants reported experiencing a wide range of emotions, including fear, anger, shame, anxiety, and helplessness. Fear was a predominant emotion, as one participant expressed: *"I was constantly afraid, even in my own home. It felt like I was never truly safe."* Many also described feelings of anger and resentment toward both the perpetrator and themselves, with one woman stating: *"I kept blaming myself, thinking I should have done something to stop it."*

The subcategory of cognitive processing highlighted how participants mentally dealt with their experiences. Many reported engaging in rumination and negative self-perception, often blaming themselves for what happened. Some described intrusive thoughts that disrupted their daily lives, while others mentioned a distorted sense of reality. As one participant shared, *"I couldn't stop thinking about it; it played in my mind over and over like a broken record."*

Another key psychological reaction was psychological distress, with participants reporting symptoms of depression, isolation, loss of identity, and overwhelming sadness. Low self-esteem was a common issue, as many women felt their sense of self-worth had been severely damaged. One participant mentioned, *"I felt like I had lost myself*

completely. I didn't recognize who I was anymore." Others described how they withdrew from social interactions and avoided situations that might trigger painful memories.

3.2. Coping Strategies

A significant coping strategy reported was avoidance coping, where participants attempted to minimize their emotional pain by denying or numbing their feelings. Many women described disengagement from their surroundings, with one stating, *"I just pushed it all away and pretended it didn't happen. It was the only way I could cope at that time."* Avoiding confrontation and suppressing emotions were also common coping mechanisms.

Another widely adopted approach was seeking support, where participants sought comfort from friends, family, or professional therapists. Many found solace in joining support groups and talking to others who had shared similar experiences. One participant remarked, *"Talking to someone who truly understands what I've been through was life-changing."* Emotional validation from loved ones was crucial in helping them feel heard and supported.

Participants also demonstrated resilience and empowerment by reclaiming control over their lives. Strategies such as setting personal boundaries, strengthening self-worth, and focusing on emotional recovery were frequently mentioned. As one woman shared, *"I learned to say no and take back control of my life."* This subcategory

reflects how survivors transformed their trauma into a source of strength.

Lastly, participants engaged in self-care practices as a means to cope with their experiences. Many turned to activities such as meditation, journaling, exercise, and creative outlets to manage their emotions. Mindfulness practices were highlighted as particularly effective in helping them stay grounded and regain emotional stability. A participant expressed, *"Writing in my journal helped me make sense of my emotions and gave me some relief."*

3.3. Impact on Mental Health

The long-term consequences of gender-based violence were evident in the subcategory of long-term psychological effects, with many participants experiencing post-traumatic stress disorder (PTSD), chronic anxiety, depression, and intrusive memories. One participant explained, *"Even years later, I still have nightmares and flashbacks."* Survivor's guilt was also prevalent among those who felt they had failed to prevent the abuse.

Another consequence of their experiences was social withdrawal, where participants isolated themselves to avoid judgment and potential harm. Many reported losing trust in others and avoiding social events. A participant noted, *"I just didn't want to be around people anymore; I was scared they'd judge me or ask questions."* Alienation and fear of relationships were recurrent themes in their narratives.

The impact on identity and self-worth was profound, as many participants reported feeling unworthy and questioning their personal value. Negative body image and loss of confidence were frequently mentioned. One participant shared, *"I stopped looking at myself in the mirror. I didn't like who I had become."* This subcategory highlights how deeply gender-based violence can affect a woman's self-perception.

Finally, trust issues emerged as a critical challenge faced by survivors. Participants expressed difficulty in trusting others, heightened suspicion, and fear of future harm. Many described being hypervigilant and cautious in their relationships. One woman said, *"I always feel like someone is going to hurt me again, so I keep my guard up all the time."*

4. Discussion and Conclusion

The findings of this study revealed several psychological mechanisms underlying women's reactions to gender-based violence (GBV), which align with existing literature on the subject. Emotional responses such as fear, shame, and anxiety were prevalent among participants, reflecting the deep psychological impact of GBV. These findings are consistent with the work of Maria Fernanda de Lemos (2024), who highlighted the pervasive mental health challenges faced by survivors, including post-traumatic stress disorder (PTSD) and depression. Many participants in this study reported intrusive thoughts and rumination, which further supports the argument that survivors often struggle with cognitive distortions and negative self-perception following their traumatic experiences (Chatzifotiou, 2021).

In line with previous research, participants in this study reported employing various coping strategies, including avoidance coping, seeking support, and self-care practices. Avoidance coping, characterized by emotional numbing and disengagement, was a common reaction among participants, aligning with findings by Oddone (2020), who suggested that avoidance strategies are frequently adopted by survivors in environments where discussing GBV is stigmatized (Oddone, 2020). However, some participants demonstrated resilience by seeking social support from friends and professional sources, which echoes the findings of Aranda et al. (2022), who emphasized the role of support networks in facilitating emotional recovery (Aranda et al., 2022). Seeking support was particularly beneficial in reducing feelings of isolation and promoting empowerment among survivors (Serrano-Montilla et al., 2020).

Another key finding of this study was the long-term impact of GBV on mental health, which manifested in social withdrawal and diminished self-worth. Participants described feeling disconnected from their social environments, a phenomenon previously documented in studies by Ben-Atar et al. (2023) and Roba (2022), who reported that survivors often experience trust issues and alienation (Ben-Atar et al., 2023; Roba, 2022). Furthermore, the findings align with Mantler's (2024) study, which demonstrated how survivors, particularly mothers, face challenges in balancing caregiving responsibilities with their mental health needs (Mantler, 2024).

The current study's findings support the notion that societal and cultural factors play a crucial role in shaping women's reactions to GBV. In line with the work of Herath and Jayarathna (2020), who explored gender norms in Sri Lanka, this study found that participants' responses were often influenced by cultural expectations regarding women's roles and responsibilities (Herath & Jayarathna, 2020). In communities where GBV is normalized or perceived as a private matter, survivors were more likely to engage in self-blame and avoid seeking external support. Similarly, Airaoje

(2023) highlighted how media representation of GBV in Nigeria perpetuates harmful gender stereotypes, which may contribute to internalized stigma among survivors (Airaoje, 2023).

The study also found that online gender-based violence has become an increasingly pressing issue, with participants reporting experiences of cyber harassment and social punishment on digital platforms. This finding is in agreement with research by Julian (2024) and Ben-Atar et al. (2023), which documented the role of social media in amplifying violence against women through cyberbullying and public shaming (Ben-Atar et al., 2023; Julian, 2024). The psychological consequences of online GBV, such as heightened anxiety and reputational damage, are in line with findings from Arawinda (2022), who identified significant gaps in legal protections for women facing online harassment in Indonesia (Arawinda, 2022).

Additionally, the intersection of GBV and migration was highlighted in this study, particularly among participants who experienced displacement and economic dependency. This aligns with the findings of Kereeditse (2024), who examined GBV among Zimbabwean migrant women in Botswana, revealing how migration-related stressors exacerbate vulnerability to violence (Kereeditse, 2024). Similarly, Mitiku (2023) highlighted how ethnic conflicts in Ethiopia have created additional layers of vulnerability for women, further influencing their coping strategies and psychological outcomes (Mitiku, 2023).

The study's findings have several important implications for understanding the broader societal impact of GBV. First, they underscore the need for culturally sensitive interventions that consider the unique socio-cultural contexts in which survivors live. The fact that many participants struggled with self-blame and social withdrawal suggests that stigma reduction efforts must be prioritized in GBV prevention programs (Yesufu, 2022). Additionally, the findings highlight the importance of strengthening support networks and creating safe spaces where survivors can share their experiences without fear of judgment or retaliation (Ngabaza, 2024).

The role of social media in perpetuating GBV underscores the need for stricter regulatory measures to prevent online harassment and cyber violence. As suggested by Schubert et al. (2021), adopting proactive policies that promote alternative narratives of masculinity and gender equality could help mitigate the harmful effects of online gendered violence (Schubert et al., 2021). The study also points to the necessity of integrating mental health support into existing GBV services, as psychological distress is a significant barrier to survivors' well-being and recovery (Maria Fernanda de Lemos, 2024).

5. Limitations and Suggestions

Despite the valuable insights gained from this study, several limitations must be acknowledged. First, the study sample was limited to women from Tehran, which may restrict the generalizability of the findings to other cultural and geographical contexts. Women's experiences of GBV can vary significantly based on socio-economic background, legal frameworks, and cultural attitudes, which were not fully explored in this study. Additionally, the reliance on self-reported data through interviews may have introduced recall bias, as participants may have found it difficult to accurately recall or articulate their experiences. Another limitation is the potential influence of social desirability bias, where participants might have responded in ways they perceived as socially acceptable rather than fully disclosing their thoughts and emotions. Finally, while NVivo software was used for data analysis, the subjective nature of qualitative interpretation poses challenges in ensuring absolute objectivity.

Future research should focus on exploring gender-based violence across diverse cultural and socio-economic contexts to develop a more comprehensive understanding of how different factors influence women's reactions. Comparative studies across different regions and countries could provide valuable insights into the impact of cultural and legal frameworks on GBV responses. Additionally, longitudinal studies could be conducted to examine the long-term psychological effects of GBV and the effectiveness of various coping mechanisms over time. Research should also focus on the experiences of marginalized groups, such as women with disabilities, LGBTQ+ individuals, and migrant populations, to ensure that interventions are inclusive and tailored to the needs of all survivors. Furthermore, future studies should explore the effectiveness of online interventions and digital support platforms, given the growing prevalence of cyber violence. Investigating the role of educational programs in shifting societal attitudes toward GBV could also contribute to prevention efforts.

The findings of this study suggest several practical implications for policymakers, service providers, and community organizations working to address GBV. First, there is a need for comprehensive mental health services that are specifically tailored to survivors of GBV, ensuring that

psychological support is integrated into existing healthcare and social service systems. Awareness campaigns should focus on reducing stigma and encouraging help-seeking behaviors among survivors, emphasizing the availability of confidential and supportive services. Community engagement initiatives should be strengthened to create safe spaces where survivors can share their experiences and access peer support. Furthermore, social media platforms should implement stricter policies to prevent online harassment and provide survivors with accessible reporting mechanisms. Law enforcement agencies should receive specialized training to handle GBV cases sensitively and efficiently, ensuring that survivors receive the protection and justice they deserve. Lastly, empowering women through economic opportunities and education can play a crucial role in breaking the cycle of violence and promoting long-term resilience.

Authors' Contributions

This article is derived from the doctoral dissertation of the first author, who conducted the research and wrote the manuscript. The second author supervised the study, and the third author provided consultation on the research process.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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