

## The Relationship Between Intimate Partner Violence and PTSD in Women Survivors and the Influence of Risk Factors: A Systematic Literature Review

Georgia Konstantopoulou<sup>1</sup>, Konstantina Hartoumpeki<sup>1</sup>, Eleni Mavroei<sup>1</sup>, Manolis Nikolaos Mentis<sup>1</sup>

<sup>1</sup>Department of Educational Sciences and Social Work, University of Patras, Greece  
gkonstantop@upatras.gr

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**ABSTRACT:** *Post-Traumatic Stress Disorder (PTSD) is associated with traumatic experiences stemming from traumatic situations such as war conflicts, accidents and natural disasters, while it thrives in abusive situations. In the context of partner relationship abuse, female survivors make up a high proportion of people with PTSD. This systematic literature review aims to investigate the relationship between PTSD and Intimate Partner Violence (IPV) in female survivors and examine the risk factors which may play a role in the development of PTSD in women IPV survivors. Following the PRISMA 2020 writing protocol, this study collected research in order to present the impact of Intimate Partner Violence on PTSD. The findings highlighted a positive correlation between partner violence and PTSD and between PTSD and risk factors such as brain injury, low self-confidence, history of child abuse, negative social reactions, lack of resources and insecure attachment bonds. The negative consequences of Intimate Partner Violence manifest both on women's mental and physical health and there is often comorbidity between mental disorders such as depression, and physical health problems such as chronic pain and injuries.*

**Keywords:** PTSD, IPV, women, risk factors

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### INTRODUCTION

Violence against women is defined as any act which takes place based on racial criteria and can lead to physical, psychological and/or sexual harm. It includes threats, coercion and deprivation of liberty in private or public life (World Health Organization [WHO], 2024). It is a global social and public problem that affects all social classes, cultures, ages and religions. According to WHO (2024) 30% of women worldwide (1 in 3 women) have experienced violence at least once in their life. In particular, Intimate Partner Violence (IPV) constitutes a key risk factor for the reduced mental and physical health (Karakurt et al., 2022, Ford-Gilboe, 2022) and specifically for the development of PTSD in female survivors of IPV. PTSD is a

serious mental disorder characterized by avoidance of internal and external trauma-related stimuli, negative mood changes and negative changes in cognition, arousal and reactivity (Simpson et al., 2021). According to Herman (1992) when the individual is exposed to repeated and multiple traumatic events (e.g. domestic violence, child abuse) it is in a state of captivity, which may also refer to the toxic relationship between victim and perpetrator. Symptoms of PTSD are seen with high frequency in imprisoned women, war veterans, survivors of child abuse, physical and sexual abuse (Pill et al., 2017). It is worth noting that the study of Weiss et al., (2022) found that people suffering from PTSD are 4.5 times more likely to use substances in an attempt to self-heal, manage the negative emotions and avoid the effects of trauma. As physical partner violence is a significant predictor for the use of drugs and alcohol, women with a history of IPV are more likely to increase alcohol consumption because of the negative reinforcing property of temporarily relieving psychological pain. However, high alcohol consumption puts the women at risk for future physical IPV (Mahoney & Iverson, 2020, Yalch & Rickman, 2021).

Although both women and men can experience IPV, women are more likely to be seriously injured or lose their lives by their partner, as according to Cimino et al., (2019) physical violence is the leading cause of death for women under 44 years old. Physical violence can cause a wide range of health problems such as internal and external injuries, fractures, sensory impairments, neurological problems, brain injury, seizure disorders, arthritis, migraines, chronic pain, diabetes, cardiovascular diseases, pelvic inflammatory disease etc. (Karakurt et al., 2022; Ford-Gilboe, 2022). According to Doyle's research on IPV in 2020, 71% of the women participants reported having suffered physical violence from a partner at least once in their life and 54% of them had injuries that required medical attention. The most frequent manifestations of physical violence from partners are slapping (41%) and pushing (37%), which often go unreported, while suffocation or strangulation (25%) are associated with increased likelihood of femicide. Other forms of violence (22%) are beatings with hard objects, pulling hair and burning. (Doyle, 2020). A form of physical violence is sexual violence from a partner or sexual companionship violence which includes all forms of sexual violence in a partner relationship such as rape, sexual aggression, unwanted sexual intercourse and sexual coercion (Anderson et al., 2022). As stated in the study of Galovski et al. (2021), women who experience physical partner violence are 2.3 times more likely to develop PTSD compared to a woman who is not in a similar situation. To that end, physical violence affects the mental health of women by creating an environment of tension and fear which increases the possibility for the development of mental disorders such as depression, bipolar disorder, post-traumatic stress disorder (PTSD), sleep disorder, suicide ideation and anxiety disorder (Muñoz-Rivas et al., 2021).

Physical and sexual violence are not only strongly associated with psychological violence, but they are also the most well-known risk factors for the development of PTSD in women survivors of IPV (Dokkedahl et al., 2022). However, it is very common for women to experience exclusively psychological violence in a relationship without sexual or physical violence, but the opposite is rarely true (Doyle et al., 2022). According to the European Institute

of Gender Equality psychological violence is defined as "Any act or behavior that causes psychological harm to the partner or ex-partner..it can take the form of, among others, coercion, defamation, verbal abuse or harassment". The research of Dokkedahl et al. in 2021 supports that psychological violence can also include verbal aggression, threats, intimidation, coercion and controlling behaviors, while it is a risk factor for future physical violence. Miller & McCaw's study in 2019 suggests that the deliberate attempts by partner-perpetrators to prevent their partners from seeking medical care, attend medical appointments, receive medication or follow the doctor's recommendations can be considered psychological violence as this creates the image of a medically non-compliant person. (Miller & McCaw, 2019). According to the study of Dokkedahl et al. (2022) there is a strong positive correlation between psychological violence and the three mental health problems of Anxiety, Depression and PTSD, with the strongest correlation found to be with PTSD. Their research also reveals that the different psychological categories of violence affect the symptoms of PTSD and Depression differently with emotional/verbal violence and isolation playing a major role in Depression and coercive control having a milder influence. In contrary, coercive control has the greatest effect on the development of PTSD and emotional/verbal abuse and isolation have a milder influence (Dokkedahl et al., 2022). It is important to note that there are various factors that increase the risk of female survivors of IPV developing PTSD. In the context of Intimate Partner Violence the strongest positive correlation with PTSD is held by physical violence, terror, social isolation and life-threatening exposure behaviors. Reduced emotional support from family and friends, lack of social networks or mistrust from them regarding the violent experience are also risk factors for the development of PTSD as they negatively affect the physical and mental health of women survivors of IPV (Deikel et al., 2019). The research of Babcock et al., in 2008 reveals that psychological abuse can lead to social isolation and affect the perception of victims for social support, thus contributing to the development of PTSD, while Jonker et al point out that factors such as young age, a large number of children, immigration, low self-destructiveness and self-esteem constitute predictors for women survivors of IPV to develop PTSD (Jonker et al., 2019). The research of Johnson et al., (2022) points out that IPV can also include financial/economic violence. Economic violence consists in behaviors that control the ability of the partner to acquire, maintain and manage financial resources thus putting their financial security at risk (Johnson et al., 2022). The aim of this systematic literature review is to investigate the association of Intimate Partner Violence with the onset and development of PTSD in women survivors of IPV and examine the effect of different risk factors in the development of PTSD in these women.

## **METHOD**

The method of the study was a systematic bibliography review. The process followed the four steps of identifying, collecting, evaluating and analyzing data from pre-existing literature (Snyder, 2019). The survey was conducted based on the PRISMA 2020 writing guide, which provides guidance for the identification, selection and evaluation of surveys. PRISMA 2020 is the updated version of PRISMA 2009, with the aim of more accurate and complete reporting of systematic research. PRISMA 2020 has a list of 27 items for the research writing guidance (Page et al., 2021). The data collection was carried out on the PubMed platform from December

2023 until January 2024. The PRISMA 2020 tool was applied for the correct execution and validity of the systematics reviews. The search for surveys was conducted in the English language. The following search terms were used: (women), (intimate partner violence), (post traumatic stress disorder). According to PRISMA 2020 the following criteria were applied for the selection of studies: 1) The publication dates of the studies were between 2019-2024, 2) Only studies with quantitative methods, 3) The studies involved only women who had experienced partner violence.

## RESULTS

The final included surveys were 19 and all of them used quantitative methods. Most of the included studies (n=13) were conducted in English-speaking countries such as United States of America and Canada, (e.g. Cimino et al., 2019, Iverson et al., 2019, Webermann et al., 2022, Schackner et al., 2020, Woerner et al., 2019, Jones et al., 2019, Free et al., 2021, Gallagher et al., 2022, Weaver et al., 2021, Sauber & O'Brien, 2020, Tutty et al., 2019, Voth Schrag et al., 2019, Tutty & Nixon, 2021). Seven studies (n=7) measured Post Traumatic Stress Disorder with the PTSD Checklist for tools DSM-5 (PCL-5), (e.g., Iverson et al., 2019, Crapolicchio et al., 2020, Webermann et al., 2022, Jones et al., 2019, Sauber & O'Brien, 2020, Voth Schrag et al., 2019, Tutty & Nixon, 2021). Of the included studies three (n=3) measured PTSD with the Post traumatic Stress Diagnostic Scale (PDS), (e.g., Weaver et al., 2021, Woerner et al., 2019, Schackner et al., 2020). Intimate Partner Violence was measured in ten studies (n=10) using the Revised Conflict Tactics Scale-2 (CTS-2) tool, (e.g., Cimino et al., 2019, Iverson et al., 2019, Crapolicchio et al., 2020, Schackner et al., 2020, Woerner et al., 2019, Jones et al., 2019, Free et al., 2021, Gallagher et al., 2022, Weaver et al. al., 2021, Costa & Botelho, 2020).

In the majority of studies, the highlighted effect of Intimate Partner Violence was the development of post-traumatic stress disorder. The research of Jonker et al., (2019) conducted in women's shelters revealed that women living in shelters who had experienced intimate partner violence, showed high rates of PTSD and depression. Stress was associated with sexual abuse, low self-esteem, low self-efficacy and unsupportive social environment. An association between PTSD and age, immigration, number of children and physical abuse was not found (Jonker et al., 2019). The study of Labra-Valerdi et al., (2021) in Chile revealed that women who had experienced partner psychological, physical and sexual violence showed high rates of depression and PTSD which were reinforced by the duration of the abusive relationship and others stressors i.e., taking care of minor members, family conflicts, family difficulties, family illness. This study also indicated a negative correlation between the time period of the last violent incident and PTSD. According to Sauber & O'Brien (2020) there is a strong association of economic violence and economic control with PTSD. Women in these types of abusive relationships are pushed to bankruptcy, destruction of bank accounts and loss of wealth leading to PTSD. The study found that 32% of women developed PTSD from the combined partner violence (psychological, physical, financial) highlighting that psychological violence is also closely linked to the loss of personal resources both directly and indirectly, which is another risk factor for the development of PTSD (Sauber & O'Brien, 2020). The research of Voth Schrag et al. (2019) reveals that economic abuse is indirectly and directly linked to the onset

and development of PTSD in female survivors. More specifically, the financial abuse causes financial difficulties which in turn increase the risk of developing PTSD. The research also found a positive correlation between PTSD and the total of traumatic experiences during life. Sexual and physical abuse had a smaller effect than financial abuse in this sample (Voth Schrag et al., 2019)

It is important to note that two of the studies reported that Intimate Partner Violence was not associated with the clinical boundaries of PTSD. More specifically, the research of Tutty et al., (2019) involving Indigenous and non-Indigenous women survivors of Intimate Partner Violence in Canada, revealed that indigenous women survivors of IPV had experienced more intense child abuse and physical intimate partner violence, while non-Indigenous women survivors had experience more intense emotional partner abuse. This research also showed no difference in the mental health symptoms between the two groups, while the symptoms of depression, PTSD and psychological discomfort were not within clinical limits in either group despite the intensity of the violence (Tutty et al., 2019). Another study by Tutty and Nixon in 2021 examining the consequences of sexual partner violence and sexual abuse in childhood, in four groups: 1) women with a history of child sexual abuse, 2) women with a history of partner sexual violence, 3) women with a history of sexual childhood and intimate partner abuse, 4) women with no history of abuse, showed that the rates of PTSD were higher for the group of women who had experienced both types of sexual violence, although the symptoms were not within the clinical limits. Intimate Partner Violence is an important factor in the development of PTSD in women who have been in abusive relationships but there are also additional risk factors that in combination with Intimate Partner Violence increase the chances of the appearance of PTSD. More specifically, according to the study of Crapolicchio et al. (2020) low self-efficacy and self-criticism constitute important risk factors for the onset of PTSD. Their research shows that the self-criticism of female survivors of IPV directly increases levels of PTSD and it can also work as an indirect risk factor for the development of PTSD as it reduces self-acceptance. As indicated in the research of Mondolfi & Pino-Juste, in 2019 women with lower self-esteem show higher rates of depression and PTSD and higher symptoms of avoidance and hyperarousal. These results were not affected by: 1) whether women experienced further abuse by their partner during the evaluation, 2) whether they had suffered violence during childhood, 3) the duration of the abuse However, the research of Webermann et al. in 2022 argues that PTSD can cause low general self-efficacy, which in turn increases the odds of victimization by the partner because the opposite was not supported by the results in the research.

According to the studies of Ullman & Peter-Hagene in 2014 and Ullman et al. in 2007 negative social reactions are associated with an increase in symptoms of PTSD in female survivors. These negative social reactions according to Sylaska & Edwards, (2013) include blaming the survivors for the violence suffered or the expression of anger, minimizing the abuse, avoiding contact with the survivor after the disclosure of the abuse, mistrust towards the disclosure of the survivor and assistance under conditions that the survivor takes immediate steps against the abuser. The research of DePrince et al. (2014) shows that the severity of abuse does not affect the reactions of others, but individuals assign blame to victims because of their own difficulty



in managing unpleasant emotions caused by disclosure. Webermann's research revealed that the negative reactions coming from the social environment of women survivors of IPV can affect their mental health. More specifically, women who have experienced negative social reactions to the disclosure of Intimate Partner Violence can develop avoidant defense mechanisms, which will fuel the development of PTSD. The research of Schackner et al., in 2020 reveals that the average face-to-face contact with the abuser - partner and the severity of the physical, psychological and sexual IPV were associated with having Post Traumatic Stress Disorder (Schackner et al., 2020). The study of Woerner et al. in 2019, examines the social reactions experienced by three groups of women survivors of intimate partner violence: 1) group with high levels of negative reactions / low levels of positive reactions, 2) group with low levels of negative reactions/high levels of positive reactions, 3) group with low levels of negative reactions / low levels of positive reactions. The first group showed higher levels of depression and PTSD, while the other two showed no difference in the severity of mental health symptoms.

Child abuse and/or neglect and victimization by a partner in adulthood increase the chances of the occurrence of mental health problems, including stress and PTSD. A survey conducted among incarcerated women showed that women who had experienced abuse during childhood were more likely to experience IPV in adulthood. At the same time, child abuse can be linked to PTSD as more than two-thirds of the women in the survey showed symptoms of the disorder. Jones et al., findings (2019), also reveal that PTSD fully mediates between child abuse and intimate partner violence. The research by Dekel et al. in 2019 reports that child abuse increases the severity of PTSD symptoms and the women's feeling of helplessness and it also increases the intensity and duration of the violence in the context of partner relationships. Free et al. in 2021 examines the exposure patterns in violence by dividing women into three groups: 1) women who have experienced three forms partner violence (physical, psychological, sexual) and two forms of child abuse (physical, sexual) and make up 38.5% of the sample, 2) women who have experienced the three accusations of intimate partner violence, without child abuse and make up 52.9% of the sample, 3) women who have experienced only psychological partner violence, 8.6% of the sample. Out of these groups, the first two presented the strongest association with PTSD and social phobia compared to the psychological partner violence group. The study of Gobin et al. in 2013 reveals that Intimate Partner Violence is not a mediating factor between childhood abuse and post-traumatic stress disorder symptoms, but that Intimate Partner Violence and childhood abuse are independently associated with post-traumatic stress disorder. However, the research of Gallagher et al. in 2022, in which the majority of the sample had experienced Intimate Partner Violence (emotional, physical, sexual), child abuse (physical, emotional sexual) and neglect, showed that child abuse had the strongest effect on the development of complex PTSD followed by the effect of sexual partner violence.

Weaver et al., (2021) who looked at various risk factors influencing the development of PTSD such as age, personal income, psychological abuse and sexual coercion, found that the lack of resources in women who experience abuse from their partner is the largest predictor for the development of PTSD, depression and general poor mental health (Weaver et al., 2021). Costa

and Botelho's (2020) research examining the role of attachment bond in the onset of PTSD revealed that women who had experiences of Intimate Partner Violence showed more severe levels of PTSD, more attachment anxiety and weaker attachment bonds than women who had not experienced IPV. The research also showed that both higher and lower stress levels of attachment dependency are associated with PTSD, while attachment anxiety partially mediates between PTSD symptoms and physical violence with injury. Because attachment anxiety is linked to Intimate Partner Violence and PTSD, the attachment variable functions both as a prediction and as an outcome. The study of Gobin et al. in 2013 stressed the positive association of stroke injury in the context of Intimate Partner Violence with the development of PTSD. According to the studies of Iverson & Pogoda in 2015 and Smirl et al. in 2019 women with brain injury resulting from partner violence were 5.9 times more likely to meet the criteria for post-traumatic stress disorder. In addition, women with brain injury from Intimate Partner Violence were more likely to meet all four DSM-5 symptom clusters for PTSD (avoidance, negative changes in thinking/mood and changes in reactivity) and present higher levels of depression and lower mental and physical health. Cimino et al., (2019) revealed that one-third of the sample of black female IPV survivors experienced brain damage from the abuse as the incidents of partner violence (sexual, physical, psychological) were stronger. A positive correlation was found between possible brain damage, forced sex and childhood abuse (physical, sexual), while brain injury was also related to psychological abuse, PTSD and depression (Cimino et al., 2019). The research of Iverson et al. in 2019 reports that female survivors of Intimate Partner Violence who also suffered brain injury and experienced persistent symptoms, present greater chances of developing PTSD, depression, insomnia, physical health problems even a year and a half after the abuse in a relationship compared to abused women with brain injury but without persistent symptoms. It is worth mentioning that Babcock et al. (2008) reveal that psychological and physical violence have equal possibilities of causing PTSD, except in cases with a low support network, where psychological violence exceeds the rates of physical violence for the onset of PTSD. The same study also showed that although sexual partner violence increases the symptoms of PTSD these symptoms do not reach clinical limits. However, the studies of Bennice & Resick in 2003 and Bennice et al., in 2003 on female survivors of Intimate Partner Violence show that sexual violence from a partner is associated with high rates of PTSD and that the combination of active physical abuse and sexual abuse results in higher rates of PTSD.

Anderson et al., (2022) reveal that coercion in a sexual act is most likely to be associated with PTSD with one in three (1 in 3) survivors developing PTSD during their lifetime, while IPV is more closely associated with symptoms of Depression and PTSD than the non-partner sexual violence. Anderson's research (2022) indicates that coercion in a sexual act is the most common form of sexual violence among young women with 17.8% of girls have been sexually abused in partnerships in the USA, 7.8% in Europe and 41% in the UK. Llano-Suárez et al., (2023) suggest that female student survivors of sexual violence in a relationship also face other forms of violence such as being cut off from the immediate environment, bullying, humiliation and physical violence thus creating a multi-victimization state which increases sexual violence in relationship. The same study reveals that women in abusive relationships often think it's normal being forced into sexual acts by their partner or feel bad to reject the sexual desires of

their partners partially owed to the stereotypical patriarchal schemas that shape societal gender roles (Llano-Suárez et al., 2023). It is worth noting that Cimino et al., (2019) associated the traumatic brain injury with increased psychological abuse and increased symptoms of PTSD and depression, independently from previous incidents of violence. His research indicated that female veteran survivors of Intimate Partner Violence who had suffered a brain injury from Intimate Partner Violence reported greater levels of co-occurring disorder of PTSD with depressive symptoms in relation to female veterans with head injury without brain injury and female veterans who did not suffer a head injury event due to IPV. The study of Gobin et al. (2013) highlights the positive association of stroke injury in the context of Intimate Partner Violence with PTSD. The research of Iverson et al. (2017) confirms Gobin's findings and also indicates that women with brain injury resulting from partner violence were 5.9 times more likely to meet the criteria for developing post-traumatic stress disorder

## DISCUSSION

This systematic literature review aimed to examine the association of Intimate Partner Violence with the onset and development of post-traumatic stress disorder in female partner violence survivors and investigate the effect of different risk factors in the development of PTSD in these women. In this review psychological Intimate Partner Violence was not examined as a separate risk factor but in the context of Intimate Partner Violence which encompasses both physical and psychological abuse. The results of the present study showed that Intimate Partner Violence has a strong positive correlation with the development of PTSD in women survivors and that PTSD was associated with all forms of intimate partner violence. More specifically, the examined literature revealed that physical and psychological partner violence are main risk factors for the development of PTSD (Jones et al., 2001, Pengpid & Peltzer, 2020). The financial/economic violence as another form of IPV is also a main risk factor for the development of PTSD. Economic/financial violence can take the form of financial control as a way of preventing survivors from having access to monetary resources, economic exploitation, control and sabotage in employment with the purpose to intentionally exhaust or destroy the partner's resources (Johnson et al., 2022). Low self-confidence and self-efficacy are also among the various risk factors which showed a strong positive correlation with higher levels of PTSD in female survivors of IPV. According to Ullman & Peter-Hagene (2014) and Ullman et al. (2007) lack of social support networks and negative social reactions such as mistrust for the victim or minimizing the abuse are positively associated with an increase in symptoms of PTSD in female survivors. Furthermore, the literature review showed that there is a positive correlation between Intimate Partner Violence and abuse during women's childhood. The studies of Becker et al. in 2009 and Lang et al. in 2004 support that women who have experienced physical abuse in childhood are three times more likely to be involved in abusive relationships in adulthood and women who have a history of intimate partner and child abuse are in greater risk of developing PTSD (Lang et al., 2004). This results in the increase in PTSD symptoms. Although the study of Lang et al. in 2004 does not confirm an increase in PTSD symptoms in the case of witnessing domestic violence in childhood, it indicates that sexual violence in childhood has a long-term and immediate effect on symptoms of PTSD in adulthood for women experiencing IPV.



In addition, IPV in the context of a multiform violence (physical, mental, psychological, sexual, economical) can include serious or chronic physical injuries. Cimino et al., (2019) revealed that the traumatic brain injury is associated with increased psychological abuse and increased symptoms of post-traumatic stress disorder and depression, independently from previous incidents of violence. In addition, women with brain injury from Intimate Partner Violence are more likely to meet all four DSM-5 symptoms for PTSD, while brain injury in women survivors of IPV has a positive correlation with higher levels of depression and lower mental and physical health. According to the findings of the present study women who experience Intimate Partner Violence are exposed to traumatic situations that endanger their mental health. The research showed that there is a relationship (direct and indirect) between abusive behaviors of partners and the onset and development of post-traumatic stress disorder in female survivors, affecting both physical and mental health in different grades. Also, the existence of internal and external factors contribute to the deterioration of the already burdened mental health of women, positively influencing an increase in post-traumatic stress disorder symptoms. Regarding childhood abuse in women survivors of IPV the literature shows that Intimate Partner Violence is not a mediating factor between childhood abuse and PTSD symptoms, but that Intimate Partner Violence and childhood abuse are independently associated with post-traumatic stress disorder. Intimate Partner Violence is an important factor in the development of PTSD in women who have been in abusive relationships but there are also additional risk factors that in combination with Intimate Partner Violence increase the chances of the appearance of PTSD.

It is important to note that there are various factors that increase the risk of female survivors of IPV developing PTSD. In the context of intimate partner violence, physical violence, terror, social isolation and life-threatening exposure behaviors have a strong positive correlation with PTSD. More specifically, exposure to violence during childhood increases the levels of PTSD symptoms in Intimate Partner Violence relationships. Learned Helplessness (LH) is another risk factor. It develops as a dysfunctional defense mechanism of women facing violence in a relationship. Learned Helplessness in combination with feelings of weakness increase the chances of developing PTSD as it evens chances of the woman reacting to avoid violence with the chances of not reacting. Reduced emotional support from family, friends and social networks also increases levels of PTSD and affects the physical and mental health of women survivors of IPV in a negative way (Dekel et al., 2019). Psychological abuse can lead to social isolation and affect the perception of victims for social support, thus contributing to the development of PTSD (Babcock et al., 2008). Finally, factors such as young age, a large number of children, immigration, low self-destructiveness and self-esteem also constitute risk factors for women survivors of IPV to develop PTSD (Jonker et al., 2019).

### **Limitations of the study**

As in any study there are also some limitations to this systematic literature review study. Firstly, the research used a limited number of studies and only the PUBMED platform to ensure a greater validity of the results. Secondly, the screening of the studies was not done by two or more authors or using automated tools for greater accuracy, however, a significant effort was

made to ensure the validity and reliability of selected investigations. Thirdly, the literature search was carried out in only in the Greek and English language with limited results in the Greek literature. Finally, a large part of the used research studies was carried out in the USA and Canada, as the issue of the effect of risk factors in the onset and development of PTSD has not been investigated enough. There are studies that report factors that may affect the development of PTSD, but there is still a limited amount of research on the wide range of the different risk factors concerning women survivors of IPV. Thus, it is considered important for the Greek literature on the subject to be enriched and more studies to be conducted regarding the risk factors for the development of mental and psychological disorders in women survivors of intimate partner violence.

## CONCLUSION

Violence against women is a global phenomenon with high occurrence rates, since 1 in 3 women worldwide have experience it at least once in their lifetime (WHO, 2018) regardless of class, age, cultural background or religion. Violence against women can manifest in many forms e.g. physical, mental, psychological, sexual, financial violence etc. and all of its forms can have detrimental results for the physical and psychological state of the survivors. Intimate Partner Violence, which mainly concerns female survivors who are more likely to be seriously injured or lose their lives by their partner (Cimino et al., 2019) constitutes a key risk factor for the reduced mental and physical health (Karakurt et al., 2022, Ford-Gilboe, 2022) and specifically for the development of PTSD in female survivors. The findings of this study indicate that the traumatic situations of abuse that female survivors of IPV are exposed to endanger both their physical and mental health with post-traumatic stress disorder having a very strong positive relation with IPV. Although there is a strong positive correlation between abusive behaviors of partners and the onset and development of PTSD in female survivors, exposure to violence during childhood, young age, many off-springs, immigration, low self-destructiveness and self-esteem constitute additional risk factors for the development of PTSD (Jonker et al., 2019) and the deterioration of the physical and mental health of female survivors. Becker et al. (2009) and Lang et al. (2004) found who were physically abuse in childhood are three times more likely to be involved in abusive relationships in adulthood and are in greater risk of experiencing increased PTSD symptoms. It is worth mentioning that brain injury as a direct physical violence result of IPV increases the levels of depression as a co-occurring disorder of PTSD lowering the levels of mental and physical health. Lastly, the present study also points out that IPV as a form of combined partner violence (psychological, physical, mental, sexual, financial) may create negative reactions in the social environment of female IPV survivors which fuels PTSD, depression and the stress levels in them.

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