

The Psychosocial Effects of Complex Trauma: The Domestic Violence Perspective

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Complex trauma is a series of repetitive experiences of traumatic events over an extended period. Domestic violence victims often go through various abusive behaviors, including physical, sexual, and psychological abuse. Ongoing abuse leads to significant physical and psychological harm, resulting in long-lasting trauma for the victim. Present review aims to study the effect of these complex traumas in relation to domestic abuse of women. Systematic search of three databases for years 2018-2022 was conducted using terms "Domestic Violence", "Intimate Partner Violence", "Family Violence," "Complex Trauma", and "Mental Health" in different combinations. Screened articles were qualitatively analyzed. Results concluded that complex traumas had long-lasting mental and physical effects on women. Moreover, unrecognized and unaddressed trauma was associated with social, emotional, and cognitive impairment. Current research strongly emphasizes the need for policymakers and stakeholders to understand the connection between domestic violence and various psychopathologies and the need to seek trauma-informed psychological care.

Keywords: Complex trauma, Domestic violence, Mental health, Women

Complex trauma is a particular trauma that happens frequently and builds up over time, typically within certain relationships and situations (Herman, 1992). It refers to a series of traumatic events over a long period. In addition to increasing the possibility of post-traumatic stress disorder (PTSD) in response to a particular event, complex trauma exposure can result in simultaneously developing mental health issues (Hodges et al., 2013). Psychological difficulties resulting from complex trauma can be problems in affect regulation, difficulties sustaining relationships, and negative self-concept (Herman, 1992).

Domestic violence is one of the public health concerns worldwide, and it leads to complex trauma. It is a social issue that includes a wide range of physical, sexual,

emotional/psychological, and economic trauma to children, adolescents, adults, and the older population. According to World Health Organization (WHO, 2018), 30% of women, face physical or sexual violence once in their lifetime. Only 1 in 10 women ask for help after violence occurs, and only 1% take help from a formal institution (Krishnamoorthy et al., 2020). In the Indian context, marital issues, dowry, sexual health problems, not having a male child, deviation from perceived gender roles, and substance/alcohol use in male partners contribute to domestic violence (Krishnan et al., 2012). Males are perceived as superior to females, leading to gender bias and inequality (Deosthali et al., 2013). Patriarchy, poverty, and hence normalization of violence in interpersonal relations drive domestic violence, resulting in fewer reported cases.

Prolonged and repetitive trauma affects a person's physical and mental health. According to WHO, physical health effects include fractures, injuries, disabilities, and persistent pain. Moreover, sexual abuse can lead to unwanted pregnancies, HIV/AIDS, and sexually transmitted diseases. International literature mentions that domestic violence impacts a woman's mental health. The impact of violence at home can result in different psychopathology, including anxiety disorders, mood disorders, PTSD, eating and sleeping disorders, alcohol/substance abuse, and behavioral issues like self-harm and suicidal ideations (Garcia-Moreno et al., 2005).

Though domestic violence deteriorates mental health, research is scarce on this topic in India. Few studies suggest an association between domestic violence and poor mental health in women. Any violence and sexual coercion affect a person's mental state in the form of depression and PTSD (Chandra et

al., 2009). Prevalence of suicidal tendencies was found among the victims of domestic violence (Kumar et al., 2005).

Domestic violence is a societal concern in India. The present study aims to improve our understanding of domestic violence as a concern for mental health and understanding of the effects it has on women's mental and physical health.

Method

Tool

The research included studies published in English related to domestic or intimate partner violence (IPV) with women aged 18 and above. The studies included mental health problems due to domestic/ family or intimate partner violence. Articles related to children/ adolescents/young adults/male victims or perpetrators were excluded from the present study.

Table 1. Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
<p>Studies between 2018-2022 (5 Years)</p> <p>Studies published in English</p> <p>Studies having sample of women above age range of 18 years. Women victims of domestic or intimate partner violence</p> <p>Studies related to mental health of women due to domestic violence</p>	<p>Studies having women as only perpetrator of violence</p> <p>Studies on children/adolescents or males as the victims of domestic violence.</p> <p>Studies having LGBTQ+ sample</p>

Selection of Publication

A total of 1385 studies were identified. The researcher selected 157 articles after screening for duplicates, language, titles, and abstracts. The present systematic review study included 36 articles after looking for relevancy as described in the inclusion and exclusion criteria.

Findings

The researcher analyzed 36 articles for the review. A total of 151 codes were grouped

into 10 categories. Finally, after refining the categories, six significant themes were developed.

Domestic violence as a potential indicator of mental health problems

Domestic violence may lead to an increased risk of mental health problems (Özümerzifon et al., 2022). Levels of depression and anxiety were significantly high in domestic abuse victims (Dekel et al., 2020; Walker et al., 2020; Maldonado-

Rodriguez et al., 2021; Tutty et al., 2021; Foschiera et al., 2022). The prevalence rate of PTSD and Complex PTSD (C-PTSD) among women sample was high (Costa & Botelho, 2021; Fernández-Fillon et al., 2021; Roberts, 2021). Dokkedahl et al. (2021) found that 56.5% of abused women had PTSD and 21.1% C-PTSD. A high prevalence of PTSD and C-PTSD was associated with negative affect, somatization, and dissociation (Walker et al., 2020; Dokkedahl et al., 2021, 2022). When only psychological abuse was present, it was directly/indirectly associated with PTSD and DSO (disturbances in self-organization), where the key characteristics of DSO were affect dysregulation, negative self-concept, and interpersonal disturbances (Fernández-Fillon et al., 2021; Dokkedahl et al., 2022; Speranza et al., 2022). Psychological abuse could also result in guilt, shame, grief, worthlessness, and identity loss (Williams et al., 2021; Carthy et al., 2022; Mete & Ghosh, 2022). Psychological abuse was associated with the peri-traumatic response of tonic immobility, a partial mediator between psychological abuse, PTSD, and C-PTSD symptoms. As compared to women with PTSD symptoms, tonic immobility was significantly greater in women with C-PTSD symptoms (Dokkedahl et al., 2022). Child emotional abuse was the strongest predictor of C-PTSD (Gallagher et al., 2022). Also, a complex relationship between mental health conditions, substance use/misuse, PTSD and traumatic brain injury due to abuse was found. (Maldonado-Rodriguez et al., 2021; Pritchard, Tsindos and Ayton, 2019). Coercive control with physical violence had more significant mental health effects like depression, anxiety, PTSD, and DSO symptoms (Jones, 2020). Bodily pains and lower energy levels were higher in women with a history of childhood abuse (Tsur, 2020; Walker et al., 2020). Women who experienced sexual-IPV (Intimate partner violence) had higher risk of PTSD, general health disturbances, and dissociative

experiences (Honda et al., 2018; Gibbs et al., 2020; Langevin et al., 2021; Simpson et al., 2022).

The findings suggested mental illnesses can be risk factors for revictimization and perpetration (Condino et al., 2020; Langevin et al., 2021). Physiological effects of mental health were seen, where depression was a risk factor for cardiac diseases, diabetes, osteoporosis, cancer, inflammations, and changes in the autonomic nervous system activities. Neuroendocrine dysregulation was associated with anxiety (Lutwak, 2018)

Somatization and functional impairment/disability

The more negative experiences of abuse women have, the more persistent the pain. Such as intimate partner violence/child abuse is related to persistent pain like headaches, migraines, and back pain (Walker et al., 2020). The history of sexual abuse was related to abdominal/pelvic pain. Also, DSO symptoms of self-regulation mediated chronic pain (Tsur, 2022). Domestic violence survivors often personify their chronic pain in a way that is similar to their former abuse experiences. Sometimes the relationship with the perpetrator was seen as the relation with the pain. The relationship with chronic pain was seen as abusive (Walker et al., 2020).

The pain was also not identified on time; hence, the delay or the lack of treatment was associated with high persistent pain severity and, if undiagnosed, leading to pain-related disability (Walker et al., 2020; Tutty et al., 2021). The abuse victim showed signs of dissociation and depersonalization to avoid shame, guilt, isolation, and fear due to the diagnoses and labelling (Williams et al., 2021; Carthy et al., 2022). Also, in isolation and with the perpetrator's dominance, the victims showed more signs of somatization and dissociation (Dokkedahl et al., 2021; Carthy et al., 2022).

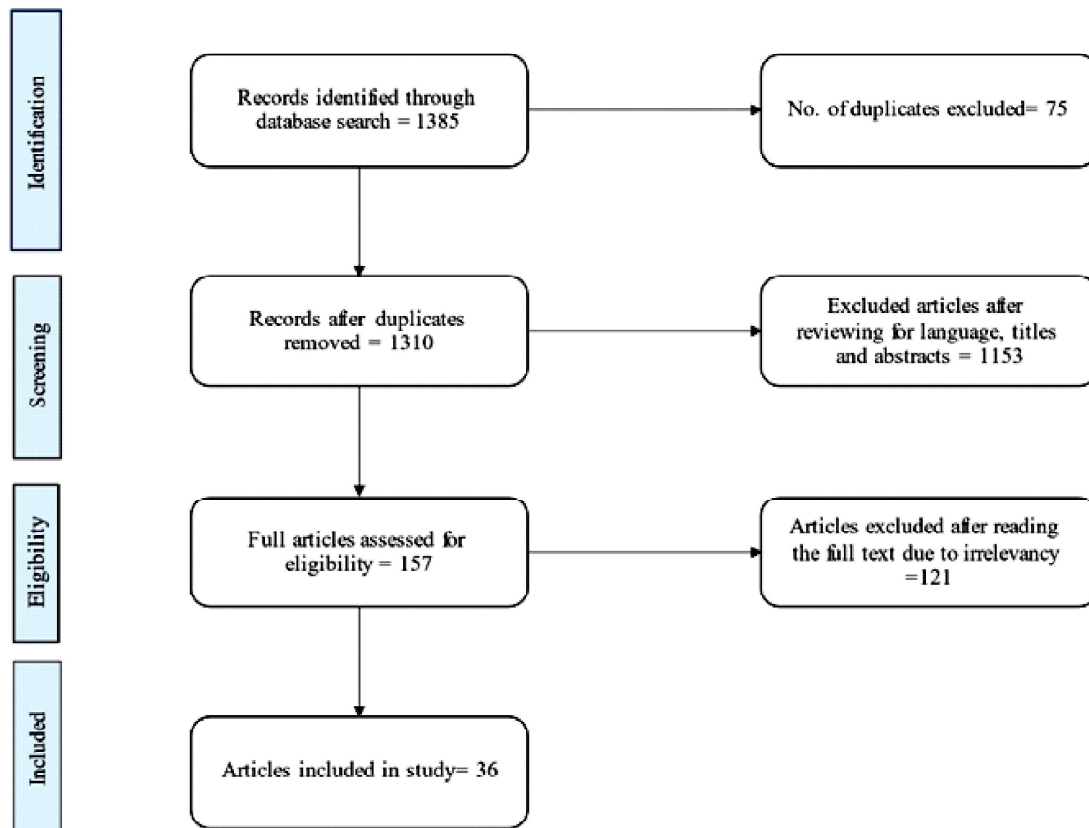


Figure 1. PRISMA flow diagram of screened reference articles

Emotional Dysregulation

Strong emotional control abilities can improve general health, personal relationships, and long-term well-being. Sometimes, emotional or verbal perpetration can lead to negative emotional affect on domestic violence victims (Carthy et al., 2022; Mete & Ghosh, 2022; Rodrigo, 2022). These negative emotions lead to high emotional-expressive suppression and can affect a person's mental health and relationships. C-PTSD was related to high expressive suppression of emotions (Fernández-Fillol et al., 2021). The abuse victims often feel unimportant and tend to repress their emotions, which is a poor coping mechanism. (Fernández-Fillol et al., 2021). Physical and sexual violence were associated with positive

and negative emotional dysregulation. Psychological-IPV was related to negative emotional dysregulation (Dokkedahl et al., 2022; Simpson et al., 2022). To cope with the trauma of violence and manage fear without a safe environment, the person moves to alcohol use (Boreham et al., 2019; Pritchard, Tsindos and Ayton, 2019). Abuse victims may use alcohol to cope, risking dependence while trying to keep family relationships. They may also use/misuse substances, have suicidal tendencies, and indulge in gambling or have frequent sexual encounters to cope with their emotions (Armstrong, 2022; Gibbs et al., 2020).

Difficulties in affect regulation could also lead to aggression towards the perpetrator and self (Rodrigo, 2022). Physical health

conditions and emotional reactions to intimate partner violence may predict self-reported health conditions (Lutwak, 2018; Dekel et al., 2020; Tutty et al., 2021).

Unresolved Childhood Trauma

Complex trauma describes exposure to multiple traumatic events and their long-term effects. These events, including abuse or extreme neglect, are severe and widespread (Sousa et al., 2021). Subtle trauma like role reversals, neglect, and rejection could lead to complex trauma. During childhood, more traumatic events result in maltreatment within adult romantic relations (Langevin et al., 2021; Millen et al., 2022). Childhood traumatic events could lead to negative urgency, affecting a person's communication pattern. Through social learning, the individual could perpetrate violence or be victimized (Tullio et al., 2021). Childhood complex trauma events are associated with demand/withdraw and demand/demand patterns of communication and psychological-IPV perpetration (Dugal et al., 2020). Higher acceptance of withdrawing behaviors in women and higher demanding behavior from both partners were related to higher feelings of negative urgency. Individuals struggled to control their behavior during arguments with their partners as the number of childhood trauma events rises (Condino et al., 2020; Dugal et al., 2020).

Maltreatment during childhood can result in several psychopathologies. Childhood abuse in IPV victims was associated with PTSD, C-PTSD symptoms, and borderline personality disorder (Beck et al., 2019; Roberts, 2021; Gallagher et al., 2022). Witnessing/experiencing abuse in family was related to feelings of hatred, despair, alcohol use, self-harm and risk-taking behavior (Rodrigo, 2022).

Developmental stage trauma affects personality and relationships. It results in long-lasting modifications to the brain's

circuitry and systems in response to stress. Individuals develop mistrust, insecurities, and lack empathy and guilt. As they grow, they show delinquent and antisocial behaviors. Poly-victimization may also result in less family/social support, increasing distress symptoms (Rodrigo, 2022).

Role of attachment styles and Relationships

Due to the prevalence of insecure attachment styles during childhood, adults can be in an insecure and disorganized state of mind (Condino et al., 2020; Tsur, 2020). In terms of attachment styles, paternal neglect, rejection, excessive mother engagement were the most common types of traumatic events. The history of attachment styles during childhood can affect mental representation regarding the relationship with a male figure (Condino et al., 2020). High attachment anxiety and lower attachment closeness were related to severity of IPV. Attachment anxiety and PTSD symptoms were related to negative cognitions about the self, the world, and the reliability of others and, hence, poor reflective functioning. There was difficulty sustaining relationships due to belief systems that deteriorated self-determination (Costa & Botelho, 2021).

Early childhood attachment models influenced the degree to which people felt worthy of attention or seeking help. Bidirectional psychological violence is more likely to occur when there is covert and pervasive psychological abuse between partners (Carthy et al., 2022; Mete & Ghosh, 2022). When distressed, higher childhood trauma events can lead adults to act impulsively during conflicts with higher mutual blaming and criticism (Speranza et al., 2022).

Due to intimate partner violence, parenting practices affected the mother's mental health, efficacy, and identity. The ability to give adequate attachment, warmth, discipline,

control, and monitoring was compromised, undermining one's trust in her ability to play the role of a parent (Sousa et al., 2021). Maltreatment during childhood and adulthood can harm the relations with the family and, hence, can have severe effects on one's life and family functioning (Rodrigo, 2022).

Barriers to help-seeking

Domestic abuse victims may have feelings of self-blame, shame, and a traumatic bond with the perpetrator (Boreham, Marlow and Gilchrist, 2019; Kozłowska, 2020; Williams et al., 2021). Due to the absence of attachment figures during childhood distress, victims may have mistrust and concealment of experiences (Carthy et al., 2022; Mete & Ghosh, 2022). Family violence is normalized due to early childhood experiences with family discourse and abuse (Speranza et al., 2022). Sometimes, the woman is blamed for the abuse, making her feel she deserves it. The victims may develop concerns regarding breaking up families, family reputation, fear of punishment from the perpetrator/family members, and losing custody of children (Boreham, Marlow and Gilchrist, 2019)

Unawareness, confidentiality, poverty, shame, limited resources, and lack of available services make women not come forward with violence reports. Even if they manage to take help, victims fear that due to gender bias, they will not be heard and understood by the practitioner (Gibbs et al., 2020; Kozłowska, 2020; Williams et al., 2021; Carthy et al., 2022).

As emotional abuse goes unnoticed, victims are less likely to be viewed as abused and are not helped. However, they may get help for mental and physical health outcomes like depression, anxiety, gastric issues, and menstrual irregularities without understanding their complex trauma (Kozłowska, 2020; Walker et al., 2020). Women with functional impairment but not diagnosed with PTSD with overlapping

depression and anxiety symptoms may not be identified in need of assistance for mental health (Tutty et al., 2021). Due to this delay or lack of treatment, there is a significant impact on their health. As emotional abuse goes unnoticed, victims internalize the meaning behind their perpetrator's abuse (Tullio et al., 2021). Physical and sexual abuse leaves visible injury marks and thus is recognized by family members, friends, and healthcare providers (Gallagher et al., 2022).

Perpetrator's fear and avoidance, fear of being judged, and helplessness experienced due to the abuse make it difficult for the victims to seek help.

Discussion

The result of this review study indicates a high relation between domestic violence and women's overall health in the form of complex trauma symptoms of re-experiencing, avoidance, hyperarousal, dissociation, disturbance in interpersonal relations, emotional dysregulation, and negative self-concept. Studies (Krause-Utz et al., 2023; Lagdon et al., 2023) suggested that IPV survivors may develop PTSD or Complex trauma symptomatology. The above symptoms also point to Complex-PTSD as defined in ICD 11.

The most underdiagnosed effect of the trauma found was somatization. Recent study (Yastýbağ Kaçar et al., 2023) also found an association between IPV during adulthood/ as a child and chronic pain. Persistent pain in the abdomen and pelvic due to physical or sexual abuse, and delay or lack of pain treatment could sometimes cause pain-related disability (As-Sanie et al., 2014). Normalization of domestic violence, stigma regarding domestic violence or being a victim, fear of the perpetrator, and gender bias in the treatments may be the reasons that women do not report the symptoms of pain. Consequently, the pain may go

unnoticed, and the delay in the treatment may eventually lead to disability.

Unresolved trauma, specifically developmental trauma related to emotional abuse/neglect and sexual abuse, could have lasting effects on life as an adult. A review study (Areeja & Ali, 2022) suggested that insecure attachment patterns developed early in life can result in a disorganized state of mind. The belief system regarding the mental representation of a male figure may make it harder to sustain relationships. In line with recent study (Weiss et al., 2023), trauma during life showed an association with emotional dysregulation, leading to aggression towards the perpetrator and self in form of self-harm, like substance/alcohol use or suicidal attempts.

Among victims of domestic violence, there has been mistrust of practitioners as there may be a role of gender bias in the treatment (Dickson et al., 2023). The victims fear being misunderstood and not being heard, so they repress their feelings and experiences (Hulley et al., 2023). The stigma attached to domestic violence and mental health makes it difficult for the victims to come forward and take appropriate care.

Recently, WHO, in its 11th revision of ICD (ICD 11), included the distinction between the diagnoses of PTSD and Complex-PTSD. Complex-PTSD meets three cluster symptoms of PTSD (re-experiencing symptoms and somatization, avoidance symptoms, and heightened arousal) in addition to difficulties in affect regulation, disturbances with self-organization and dissociation, and interpersonal problems. Present review study also indicates that women who are victims of domestic abuse have a high prevalence of PTSD and Complex-PTSD. They show signs of emotional dysregulation, interpersonal disturbances, negative self-concept, somatization, and fear of the perpetrator.

These distress symptoms could make it difficult for women to make a place in society. Despite the significance of this study, few limitations have been observed. Some relevant studies may have been missed as only three databases were used for systematic review. Studies were selected based on the age of the women above 18 years, but family violence can begin even during childhood and could lead to developmental trauma. The researcher, on purpose, left the studies where the sample was children, as the aim was to review the effect of abuse later in life. Females can be perpetrators, and males can be victims too. These studies were also not included as they were beyond the scope of the review but could be done in future.

Conclusion

According to WHO (2018), the prevalence of domestic violence in India is high (35% lifetime & 18% in the past 12 months), but research on the mental health of women victims or survivors of domestic violence is scarce. Domestic violence is a prolonged and repeated complex trauma, and many mental health conditions arise due to it. It is necessary to view domestic violence as a serious issue affecting a person's overall health, as it impacts physical & mental health, hence, interpersonal relationships. India is a culturally diverse country. People have a set of beliefs that vary from region to region. Considering this, researchers, service providers, and policymakers need to consider the effect of complex trauma on domestic violence victims in the long term.

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