REDEPSIC, Vol. 5, No. 1, enero - junio 2026
pp. 9-25
ISSN L 2805-1904

Intimate partner violence: living in continue danger, PTSD, depression, suicidal ideation as an outcome.

Violencia de pareja: vivir en peligro continuo, trastorno por estrés postraumático, depresión e ideas suicidas como resultado.

Enriqueta Claudia Serrano Romero

Universidad Autónoma de Ciudad Juárez, México.

E-mail: *enriqueta.serrano@uacj.mx* ORCID: *https://orcid.org/0000-0002-0680-3360*

Fecha de recepción: 21 de enero del 2025

Fecha de aceptación: 4 de julio del 2025

DOI https://doi.org/10.48204/red.v5n1.8977

Abstract

Violence against intimate partners (IPV) is perceived as a lasting trauma. Abuse can take the form of physical, sexual, psychological, financial, or even death threats. Oftentimes victims experience stress, depression, post-traumatic stress disorder (PTSD), suicidal ideation, and somatic deterioration in the aftermath of trauma. Certain psychological conditions and physical ailments require a longer period of healing than others. Using the PCL-C scale, DASS-21 scale, and Danger Assessment Evaluation (DA) scale, this study examined the prevalence of posttraumatic stress disorder (PTSD), depression, suicidal ideation, and the degree of danger with a sample of (n = 22) IPV victims living in a shelter in Ciudad Juarez, Chihuahua Mexico. Data results indicate high levels of PTSD, depression, and suicidal thoughts, along with comorbidities underpinning trauma and psychological symptoms. It is also highlighted that there is a danger percentage that threatens the victim's life. This is due to the untrustworthy of Mexican legal system, which allows offenders to escape through revolving doors, so many victims fear being killed once they leave shelters.

Keywords: depression, posttraumatic stress disorder, suicidal ideation, degree of danger

Resumen

La violencia contra la pareja íntima (VPI) se percibe como un trauma duradero. El abuso puede adoptar la forma de violencia física, sexual, psicológica, económica o incluso amenazas de muerte. A menudo, las víctimas experimentan estrés, depresión, trastorno por estrés postraumático (TEPT), ideas suicidas y deterioro somático tras el trauma. Ciertas afecciones psicológicas y dolencias

físicas requieren un período de curación más largo que otras. Utilizando la escala PCL-C, la escala DASS-21 y la escala de evaluación de peligro (DA), este estudio examinó la prevalencia del trastorno por estrés postraumático (TEPT), la depresión, las ideas suicidas y el grado de peligro en una muestra de 22 víctimas de VPI que vivían en un refugio en Ciudad Juárez, Chihuahua, México. Los resultados de los datos indican altos niveles de TEPT, depresión y pensamientos suicidas, junto con comorbilidades que sustentan el trauma y los síntomas psicológicos. También se destaca que existe un porcentaje de peligro que amenaza la vida de la víctima. Esto se debe a la falta de confianza en el sistema legal mexicano, que permite a los agresores escapar a través de puertas giratorias, por lo que muchas víctimas temen ser asesinadas una vez que abandonan los refugios.

Palabras clave: depresión, trastorno por estrés postraumático, ideas suicidas, grado de peligro

Introduction

Mexican newspaper El Economista reports that 1844 women were murdered in 2020. Based on preliminary records 1,102 women were killed with guns, 259 by choking, 217 were suffocated, 16 were murdered using knives, and 16 were killed with fire (García, 2021). These feminicides were confirmed by the Secretariado Ejecutivo del Sistema Nacional de Seguridad Pública (SESNSP) and by the Instituto Nacional de Estadística y Geografía (INEGI). While Mexico's Attorney General and the Fiscalia General del Estado (FGE) address the issue of missing and murdered women, the cases remain unresolved. Martinez Collin's case, for example, was reported missing on April 30th. A tweet from FGE stated that their personnel were still searching for her. On June 1st, FGE notified her parents of the death of their daughter and the fugitive boyfriend who caused the death. Despite finding her on May 5th, FGE failed to explain why they held on to this devastating information (Aristegui, 2023). Although feminicides are the leading cause of women's mortalities every day in each state of México, limited studies are available.

As a result of extensive research conducted around the world, the World Health Organization (WHO, 2021) has confirmed that IPV is strongly associated with women's mental, physical, sexual, and reproductive health. In line with WHO findings, 470 health institutions in Mexico were examined, and 41.9% of them reported IPV, 37.5% psychological violence, 18.5% physical violence, and 11.9% sexual violence (Guzmán-Rodríguez et al., 2021). IPV has been the subject of millions of research studies documenting its adverse effects. However, for those who continue to live in a state of apprehension, not being free from danger, threatened inhumanely, unable to obtain legal assistance, and threatened with death, the question arises: In what ways does such relevant research information assist victims? It is critical to note that a significant portion of the Mexican population has limited literacy and struggles to comprehend scientific documents. For example, according to the 2020 Mexico's Population and Housing Census, four out of every 100 men and six out of every 100 women aged 15 and over cannot read or write (INEGI, 2020).

Intimate partner violence definitions vary across academia, the scientific community, the medical and legal fields, and social communication media in Mexico. For instance, in some Spanish studies about IPV, the term domestic violence (Violencia doméstica) is used. This term encompasses physical, psychological, and sexual abuse between fathers and sons and between siblings (Sandoval-Jurado et al., 2017). The term intrafamily violence (Violencia intrafamiliar) focuses on IPV and cultural factors and shares the same characteristics as domestic violence (Barreras-Gil &

Salazar-Ruiz, 2017). Violence against women (violencia contra la mujer, VCM) is rooted in gender inequality and supported by patriarchal relationships and social factors (Garfias Royo et al., 2023).

Furthermore, based on human rights considerations, the United Nations Women recommends various approaches to ensure victims' protection and rights. Additionally, governments, agencies, and institutions are responsible for protecting and enforcing human rights (Patró-Hernández, 2017). However, there is concern regarding Mexican victims' understanding of legal protocols of human rights, as they may have difficulty comprehending the definitions, recommendations, or amendments during their interactions with attorneys, judges, doctors, psychologists, psychiatrists, social workers, and law enforcement. In México, it seems that the human rights of these individuals who lost their lives are still unresolved from a legal standpoint.

Violence in intimate partner relationships can take different forms, including physical abuse, psychological abuse, financial control, sexual abuse, infidelity, threats, and even murder. Physical abuse involves beating, slapping, pushing, choking, or using weapons. Psychological abuse can consist of threats, intimidation, belittling, humiliating, criticizing, insulting, reproaching, and the list goes on. Financial abuse or economic abuse consists of the perpetrator controlling the victim's finances in a way that prevents the victim from becoming independent. Lastly, sexual abuse means being forced to have a sexual encounter against the victim's will (White & Satyen, 2015).

Three areas of IPV were examined in this study: posttraumatic stress disorder, depression and the dangers that remain after abuse. Initially, we examined the results of each domain; we then correlated all domain to determine whether there were any comorbidities. As a result of this process, we were able to determine whether such combination has a more significant impact on victims.

Depression

In the study of (n-3290) participants, Esie and colleagues considered IPV as an endemic because 77.2% suffered mental abuse, 58.8% sexual abuse, 44.4% suffered physical abuse, and a third of those victims had injuries, and 63% were intimidated (Esie et al., 2019). A cross-sectional study of (n-2987) IPV victims showed 65.8% depression after experiencing psychological violence, 69.5% physical abuse, and 75.8% sexual abuse, and for physical and sexual abuse, the ratio of depression was 2.57 (Yuan & Hesketh, 2019). Psychologically speaking, IPV affects how victims perceive and interact with the world around them since their limbic system, which processes and stores emotions, carries intense negative moments during abuse. Further, it is unknown how vulnerable the immune system was prior to abuse. Nor is it known how abuse leads to psychopathologies and physical illnesses, as well as other hardships victims must endure during their recovery.

Black (2011) mentions that depression is characterized by several pathogenic factors, including anhedonia, alexithymia, and acute and chronic stress that affects the immune system (Black, 2011). A study with 80 IPV-battered women indicates that alexithymia can coexist with symptoms of severe depression (Craparo et al., 2014). The effects of stress are also reflected in glucocorticoids, brain receptors, and corticotrophin-releasing factor (CRF). (Bolton et al., 2018) found that these alterations occurred in the hippocampus, the amygdala, and the prefrontal cortex. Additionally, the CRF plays an essential role in regulating behavioral stress responses and maintaining homeostasis. And chronic stress causes hippocampal atrophy, an impairment condition that manifests in memory

and learning. For example, a study in Spain suggests that 57.8% of female IPV victims manifested verbal memory impairment due to head injuries (Daugherty et al., 2019).

According to Pinna (2014), the adrenal glands of 104 IPV patients contained elevated levels of cortisol (Pinna et al., 2014). The adrenal glands are two small glands located on top of the kidneys. They produce hormones that help the body respond to stress. In Halbreich`s study suggests that unabused females had lower cortisol levels than abuse victims (Halbreich et al., 1989). Another hypothesis regarding IPV victims' mental and physical health can be explored through cortisol and dehydroepiandrosterone (DHEA) studies. These studies will demonstrate that IPV victims have higher levels of evening and morning cortisol, as well as morning and evening DHEA, compared to non-abused women (Blasco-Ros et al., 2014).

Klaassens' study of the hypothalamic-pituitary-adrenal (HPA)-axis's reactivity suggested that early trauma and exposure to traumatic events later in life have the potential to alter HPA-axis reactivity as it becomes more vulnerable to the development of a psychiatric disorder found in basal saliva cortisol (Klaassens et al., 2009). Besides, long periods of chronic stress lead to HPA-axis hyperactivity, which eventually progresses into HPA-axis fatigue, which causes hypercortisolism" (Varghese et al., 2016, pp 4). Another review of hair cortisol concentrations revealed low cortisol levels among victims with high levels of IPV exposure (Alhalal & Falatah, 2020). These findings may indicate a blunted stress response. This highlights the importance of early intervention and support for trauma victims to mitigate long-term psychological consequences.

Post-traumatic stress disorder

IPV victims also face PTSD risk. A study conducted on 12 battered women with PTSD revealed how their limbic sensory system reacted to emotional processing while facing threat-related faces. The neuroimaging results indicated increased activation in the insula and amygdala, along with decreased connectivity among the anterior insula, amygdala, and anterior cingulate cortex (ACC) when looking at fearful versus happy faces and when observing angry versus happy target faces. Additionally, the research found that IPV-PTSD increased activation of the dorsal ACC-medial prefrontal cortex and decreased ventral ACC activation when matching a male versus a female target (Fonzo et al., 2010). Using functional magnetic resonance imaging (fMRI), another study of 10 female survivors of IPV with PTSD found that certain parts of the brains, including the dorsolateral prefrontal cortex, medial, posterior cingulate, and precuneus, were unable to perform basic cognitive tasks (Aupperle et al., 2016).

The shared risk factors for psychiatric comorbidities in IPV victims highlight the interconnectedness of these issues. For instance, in a study of (n=162) victims, 75.5% reported depressive symptoms, 63.2% manifested PTSD (Taft et al., 2009). Research with (n=58) individuals diagnosed with PTSD and depression episodes (MDEs) found that MDEs + PTSD led to low plasma cortisol levels, while MDE alone resulted in high cortisol levels (Oquendo et al., 2003). Furthermore, (n=1,127) clinical outpatients exhibit comorbid risk, including PTSD, MDD, anxiety disorders, and mood disorders (Brown et al., 2001).

The effects of intimate partner violence IPV on the brain and body are extensive, making it difficult to diagnose and treat related disorders independently. Evaluating the coexistence of multiple disorders is critical, as symptoms can significantly affect victims. Another example, research

analyzed the effects of IPV on the HPA axis on (n= 68) victims also diagnosed with PTSD and found elevated cortisol levels and major depressive disorder MDD (Young & Breslau, 2004). In terms of PTSD and network connectivity, a group of (n=36) IPV-battered women who also recognized abusing alcohol had altered regions of the middle temporal, ventral diencephalon, thalamus, precuneus (part of the parietal lobe), and the amygdala (Roos et al., 2017). Similarly, in a study of (n=55) victims with PTSD, there was a noticeable impairment of cognitive processing, reasoning, and decision-making (Twamley et al., 2009)

Suicidal Ideation

In addition to PTSD and major depression, many suicide attempts are IPV-related. IPV is not uncommon among women who have undergone rigorous combat training. They may experience isolation, hopelessness, and helplessness, which are all risks factor for suicide (Brignone et al., 2018). In fact, research indicates that there is a link between IPV, MDD, and a history of suicide attempts among women living in shelters (Cavanaugh et al., 2011). These statistics highlight the urgent need for targeted support and intervention for IPV survivors. Furthermore, as indicated by a study based on a sample of (n=134) women from IPV shelters who had a history of suicide attempts (Wolford-Clevenger & Smith, 2017). An IPV and suicide study with (n=435) women showed that 7 out of 10 IPV victims attempted suicide (Maru et al., 2018). In 2013, a study from New Zealand with (n=956) IPV victims observed the high prevalence of suicidal thoughts among those who had a regular partner but were not living with them (Gulliver & Fanslow, 2013). Despite IPV victims' inclination to contemplate suicide, (Munro & Aitken, 2019) noted that around 56% of IPV victims do not act on these ideations due to their children, highlighting the protective factor of parenthood.

A growing literature indicates suicide is closely related to acute or severe depression. Depression and suicide ideation are associated with unstable hypothalamic-pituitary-adrenal (HPA) axis stress response and serotonin absorption dysfunction in the anterior cingulate, and ventromedial prefrontal cortex (John Mann J., 2013) of the brain regions. Bernanke suggests suicidal ideation subtypes, one that corresponds to serotonin and cortisol-related genes, and the dysfunction of HPA concerning cortisol response to stress. This underscores the need for collaborative efforts in further and extensive studies (Bernanke et al., 2017) particularly in the country of Mexico, which is desperately in need of those kinds of examinations.

Expanding from O'Connor's review of 27 studies, with (n=2226) of which 35% reported suicide attempts. The study's findings included high cortisol and suicidal attempts for individuals under 40, and low levels for those over 40 (O'Connor et al., 2020). However, these levels do not exclude suicide. A similar study with (n=148) patients who completed a blood test for cortisol found 78.4% with depressive disorders and 25.7% had a record of suicidal behavior (McGirr et al., 2011). Findings correlated with high self-harm attempts observed anatomic changes in the amygdala, right insula, left superior orbitofrontal area, and middle temporal area of (n=19) patients (Kang et al., 2017).

Method

Participants

This research collected sensitive data from 17 IPV women living in a shelter at the time of the study. All participants signed a Spanish consent form. As part of the shelter institution protocol, a consent form was signed by the responsible research to secure all data. Following the institution's protocol, one female psychologist was present during the assessment to address psychological crises. During the assessment, all 17 participants showed severe and extremely traumatic injuries caused by their intimate partners.

Procedures

First, the study`s aims were explained to all participants. Participants who agreed to participate signed a Spanish consent form. Then, they received the demographic questionnaire, which included self-reported age, social status, education, profession, number of children, civil status, and family and social support. A total of 17 women aged 19 to 55 were present (M = 3.24, SD = 1.715), all Mexicans. Women's income levels were 41.2% low, 35.3% median low, 17.6% medium, and 5.9% medium high (M = 1.88, SD = .928). Education level: middle school 23.5%, high school 58.8%, and undergrad 17.6%, (M = 2.94, SD = .659). Employment: 23.5% were housewives, 23.5% had no job, and 52.9% worked in maquiladoras (M = 3.06, SD = 1.249). The following women are mothers: one mother has no child, three of them have one child, one of them have two children, seven of them have three children, four mothers have four children, and one has five children. Eight (47.1%) were married, seven (41.2%) were living with a partner, and two (11.8%) were in the process of divorce due to IPV (M = 1.65, SD = .702). Family or social support: 70.6% were supported, and 29.4% had no support from their family including their children (M = 1.29, SD = .470).

Measures

Post-Traumatic Stress Disorder was evaluated with the Spanish-validated version of PCL-C for civilians (Flores et al., 2012). The PCL-C is a 17-item self-report reflecting whether a person meets DSM-IV symptom criteria as defined by at least 1B item (questions 1-5), 3C items (questions 6-12), and at least 2D items (questions 13-17). To assess Depression, Anxiety and Stress, the DASS-21 scale was utilized (Lovebond, S. & Lovebond, 1995). The Spanish DASS-21 items were adapted and validated in different studies in México (Vieyra Moreno et al., 2009). In addition, the Spanish version of the Danger Assessment evaluation was used (Campbell, 2004).

Results

We used the DASS21 scale which is a reliable and validated tool that helps identify depression, anxiety, and stress symptoms. It provides a comprehensive assessment that differentiates between these emotional states. By using this scale, we obtained a more accurate picture of IPV victims' psychological well-being. This scale ranges from asymptomatic, mild, moderate, serious, and extremely severe symptoms. The results of the DASS scale, which was analyzed with SPSS version 25, were as follows: one woman was asymptomatic, one had mild symptoms, one had moderate symptoms, two had severe symptoms and twelve had extremely severe symptoms.

On the PCL-C scale, which measures PTDS symptoms, the results were more alarming. This scale measured various symptoms, such as flashbacks, avoidance behaviors, and heightened anxiety levels. Participants were asked to rate the frequency and intensity of these symptoms over a specified period. The analysis showed that three (17.65%) victims were asymptomatic, two (11.76%) had severe symptoms, and twelve (70.6%) had extremely severe symptoms. Results pointed out that only a small percentage were asymptomatic, suggesting a trend toward higher severity levels.

As a means of validating the severity of the victim's injuries, the following data (in Table1) has been gathered using the DA scale. This evaluates the frequency over months and intensity of incidents based on responses to the following statements: 1. Slapping, pushing; no injuries and/or lasting pain. 2. Punching, kicking; bruises, cuts, and/or continuing pain. 3. "Beating up"; severe contusions, burns, broken bones. 4. Threat to use a weapon; head injury, internal injury, permanent injury. 5. Use of a weapon; wounds from weapon.

Table 1.

Frequency of the severity of the victim's injuries.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Jan-March	1	5.9	5.9	5.9
	Jan-May	1	5.9	5.9	5.9
	Jan-June	2	11.8	11.8	11.8
	Jan-July	2	11.8	11.8	11.8
	Jan-Ags	1	5.9	5.9	5.9
	Jan-Sep	2	11.8	11.8	11.8
	Jan-Dec	8	47.1	47.1	47.1
Q1: slapping, pushing; no injuries and/or lasting pain	slapping	(3)	17.6	17.6	17.6
	pushing	(14)	82.4	82.4	82.4
Q2: punching, kicking; bruises, cuts, and/or continuing pain	Punching	(9)	52.9	52.9	52.9
	Kicking	(8)	47.1	47.1	47.1
Q3: Beating up, severe contusions, burns, broken bones	Beating up	(2)	11.8	11.8	11.8
	Severe contusions	(15)	88.2	88.2	88.2

Q4: Threat to use weapon, head injury, internal injury, permanent injury	Threat to use weapons.	(2)	11.8	11.8	11.8
	Head injuries	(15)	88.2	88.2	88.2
Q5: Use of weapon; wounds from weapon.	Use of weapons	(2)	11.8	11.8	11.8
	Wounds from weapon	(15)	88.2	88.2	88.2

The emerged data showed that victims have been subjected to escalating physical violence reporting in their interviews as shown in Table 2.

Table 2.

Frequency and event count of physical abuse.

Results of DA evaluation	Frequency	Frequency	Percent	Mean	SD
Has the physical violence increased in severity or frequency over the past year?	Yes (13)	76.5%	76.5%	1.2353	.43724
	No (4)	23.5%	23.5%		
Does he own a gun?	Yes (7)	41.2%	41.2%	1.5882	.50730
	No (10)	58.8%	58.8%		
Have you left him after living together during the past year?	Yes (16)	94.1%	94.1%	1.0588	.24254
	No (1)	5.9%	5.9%		
Is he unemployed?	Yes (6)	35.3%	35.3%	1.6471	.49259
	No (11)	64.7%	64.7%		
Has he ever used a weapon against you or threatened you with a lethal weapon?	Yes (10)	58.8%	58.8%	1.4118	.50730
	No (7)	41.2%	41.2%		
Does he threaten to kill you?	Yes (14)	82.4%	82.4%	1.1765	.39295
	No (3)	17.6 %	17.6 %		
Has he avoided being arrested for domestic violence?	Yes (10)	58.8%	58.8%	1.4118	.50730
	No (7)	41.2%	41.2%		
Do you have a child that is not his?	Yes (6)	35.3%	35.3%	1.6471	.49259
	No (11)	64.7%	64.7%		

Has he ever forced you to have sex when you did not wish to do so?	Yes (11) No (6)	64.7% 35.3)	64.7% 35.3)	1.3529	.49259
Does he ever try to choke you	Yes (8) No (9)	47.1% 52.9%	47.1% 52.9%	1.5294	.51450
Does he use illegal drugs?	Yes (7) No (10)	41.2% 58.8%	41.2% 58.8%	1.5882	.50730
Is he an alcoholic or problem drinker?	Yes (11) No (6)	64.7% 35.3%	64.7% 35.3%	1.3529	.49259
Does he control most or all of your daily activities?	Yes (15) No (2)	88.2% 11.8%	88.2% 11.8%	1.1176	.33211
Is he violently and constantly jealous of you?	Yes (14) No (3)	82.4% 17.6%	82.4% 17.6%	1.1765	.39295
Have you ever been beaten by him while you were pregnant?	Yes (8) No (9)	47.1% 52.9%	47.1% 52.9%	1.5294	.51450
Has he ever threatened or tried to commit suicide?	Yes (7) No (10)	41.2% 58.8%	41.2% 58.8%	1.5882	.50730
Does he threaten to harm your children?	Yes (8) No (9)	47.1% 52.9%	47.1% 52.9%	1.5294	.51450
Do you believe he is capable of killing you	Yes (14) No (3)	82.4% 17.6%	82.4% 17.6%	1.1765	.39295
Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?	Yes (14) No (3)	82.4% 17.6%	82.4% 17.6%	1.1765	.39295
Have you ever threatened or tried to commit suicide?	Yes (9) No (8)	52.9% 47.1%	52.9% 47.1%	1.4706	.51450

Ten of the injured victims were hospitalized due to their injuries; likewise, 14 out of 17 are frightened because they believe their partner may kill them after leaving the shelter. To empower victims to rebuild their lives in a safe and supportive environment post-shelter, it will be necessary to truly enhance communication between shelters and law enforcement that can ensure timely intervention in case of threats or violence; to avoid or reduce suicidal thoughts. As such, it is concerning to see that nine attempted suicides occurred in the small sample (n-17) in this study.

Discussion

Primarily, articles confirm that IPV victims endure a multitude of physical, psychological, and psychiatric complications (Garcia et al., 2020; Weitzman & Goosby, 2021). A significant number of these IPV victims may exhibit complex and significant overlapping symptoms between anxiety, alexithymia, MDD, PTSD, and suicidal ideation (Signorelli et al., 2020). IPV experts suggest that disorders such as PTSD, depression, or any other disorder can disrupt the biological mechanisms of the brain, resulting in long-term cognitive and behavioral effects (Brewin, 2008; Yapp et al., 2020). It is vital to understand that IPV is not only correlated with these disorders but also linked to a range of other conditions, including eating disorders, substance abuse, and mood disorders (Huston et al., 2019; Kazan et al., 2016; Ursano et al., 2008; Wong et al., 2013).

The fact is that sixteen of the victims suffered from extreme and severe depression, two from moderate depression, and 10 tried to commit suicide. Considering this statistic, it is impossible to ignore behavior changes that can be a sign of depression and should not be overlooked. Since these changes can lead to suicidal ideation. Muyan & Chang (2019) and Van (2014) outlined that suicide ideation is one of the best-known risks associated with IPV (Muyan & Chang, 2019; Van Heeringen & Mann, 2014). In addition, depression and suicidal thoughts are clearly defined as responses to traumatic events. It has been demonstrated that there is a direct correlation between the degrees of such disorders and the levels of PTSD in patients (Franklin & Zimmerman, 2001). Consequently, most victims suffer from psychological problems related to chronic abuse (Peña & Nestler, 2018).

Considering the findings of the Danger Assessment, it is pertinent to increase awareness of the danger and fear victims face when leaving the shelter. This fear is the result of the untrustworthy criminal justice system of SESNSP and FGE. This is due to the fact that many criminals move through the revolving door of the Mexican legal system. Additionally, the system is characterized by corrupt behavior among lawyers, judges, magistrates, and administrative staff. Consequently, law enforcement, accountability, and ethics are lacking. To reinforce Mexican good judicial practice and behavior, investigations about aggressors´ sentence and international results publications will get globally attention not only about the offender´s condemnation but also the legal system procedures as shown in the study of n-491 IPV cases sentenced in Spain from 2019 to 2022 (Garcia-Vergara et al., 2024).

Moreover, 17 participants at the time of the assessment had multiple injuries ranging from mild to severe. Some victims struggled with walking due to recent body and head injuries. They had visible signs of trauma on their necks, swollen faces, broken arms, black eyes, muscle pain, and the list continues on and on. These injuries could lead to chronic pain, limited mobility or complications like joint stiffness or weakened muscles. It may require ongoing medical treatment or rehabilitation to regain full function. In regard to medical attention, participants reported seeing a doctor on the day violent abuse occurred. The second appointment was on the day the doctor took the stitches

out, but no further follow up was done. Lastly, other victims, since they had been at the shelter longer, had healed from their injuries.

Despite the victims' conditions, no further measures were taken to ensure they had not suffered musculoskeletal injuries. Scott and colleagues' study suggests that healthcare practitioners should be trained to address a significant portion of not-so-visible injuries such as musculoskeletal injuries that can contribute to physical issues or disability later in life (Scott, S., et al., 2024). An additional study related to IPV (n-33) craniofacial blunt reported 90.9% facial deformity in the middle and lower skeletal tissue (Saenz, M. Nicole & Tallman, 2024). The importance of addressing no visible injuries, including craniofacial blunt-force trauma, is underscored as a means of protecting individuals' health and well-being.

Conclusions

Mental illness is a common occurrence among IPV victims. As far as IPV victims are concerned, mental illness can encompass a wide range of disorder. These can include chronic functional impairment; PTSD, severe depression, anxiety, substance abuse, and suicidality (Lutwak, 2018), which does not represent entirely the physical and psychological repercussions of IPV (Matteoli et al., 2016). This is due to IPV's prolonged stress and trauma. Additionally, the results a recent study on dual diagnosis revealed that victims with prior severe mental illness (SMI) are more vulnerable to IPV (Nair et al., 2020). In sum, IPV can have serious, long-term effects on victims, particularly for those with pre-existing mental health issues.

In accordance with the World Health Organization's (2013) compelling evidence, IPV poses a significant threat to health, safety, and psychological well-being, including acts of physical aggression, sexual coercion, psychological abuse, controlling behaviors, or stalking (World Health Organization, 2013, pp9). These findings are consistent with previous research, which shows that IPV can trigger and exacerbate psychiatric disorders, thereby compromising victims' psychological safety and well-being (Lutwak, 2018).

To summarize, our study aligned with many of the studies mentioned in this document. Our results uncovered a range of symptoms that overlap between anxiety, stress, MDD, and PTSD among these victims. These overlapping symptoms can complicate diagnosis and treatment. Therefore, accurate diagnosis is crucial in such cases to provide treatment for their specific conditions. Careful assessment and differentiation of each disorder will be essential for integrated therapeutic approaches that deal with multiple conditions simultaneously. If not addressed appropriately, this can result in prolonged suffering and increased difficulties maintaining mental health. Furthermore, our results underscore the need for a comprehensive approach to IPV victims. This includes continued monitoring post-diagnosis of MDD and PTSD, being that both are associated with the risk of suicide. Last but not least, monitoring can extend to the safety of victims due to the strong fear of being killed once they leave the shelter. Altogether, providing appropriate support for victims of IPV can be critical to not only to save one's life but also to ensure their well-being.

Bibliographic references

Alhalal, E., & Falatah, R. (2020). Intimate Partner Violence and Hair Cortisol Concentration: A Biomarker for HPA Axis Function. Psychoneuroendocrinology, 1–29. https://doi.org/10.1016/j.snb.2019.127248

Aristegui, N. (2023). Familia confirma Muerte de Lesly; Fiscalia busca su cuerpo. Aristegui Noticias. https://aristeguinoticias.com/1005/mexico/familia-confirma-muerte-de-lesly-fiscalia-busca-su-cuerpo/

Aupperle, R., Stillman, A., Simmons, A., & et al. (2016). Intimate Partner Violence PTSD and Neural Correlates of Inhibition. International Society for Traumactic Stress Studies, 29, 33–40. https://doi.org/10.1002/jts

Barreras-Gil, C., & Salazar-Ruiz, V. H. (2017). Efecto de una intervención socioeducativa en mujeres víctimas de violencia intrafamiliar en una unidad de medicina familiar de Ciudad Obregón, Sonora, México. Atención Familiar, 24(4), 165–168. https://doi.org/10.1016/j.af.2017.05.003

Bernanke, J., Stanley, B., & Oquendo, M. (2017). Toward fine-grained phenotyping of suicidal behavior: The role of suicidal subtypes. Molecular Psychiatry, 22(8), 1–2. https://doi.org/10.1038/mp.2017.123

Black, M. C. (2011). Intimate Partner Violence and Adverse Health Consequences : Implications for Clinicians. American Journal of Lifestyle Medicine, 5(5), 428–439. https://doi.org/10.1177/1559827611410265.

Blasco-ros, C., Herbert, J., & Martinez, M. (2014). Different profiles of mental and physical health and stress hormone response in women victims of intimate partner violence. Journal of Acute Disease, 303–313. https://doi.org/10.1016/S2221-6189(14)60066-4

Bolton, J. L., Molet, J., Regev, L., Chen, Y., Rismanchi, N., Haddad, E., Yang, D. Z., Obenaus, A., & Baram, T. Z. (2018). Anhedonia Following Early-Life Adversity Involves Aberrant Interaction of Reward and Anxiety Circuits and Is Reversed by Partial Silencing of Amygdala Corticotropin-Releasing Hormone Gene. Biological Psychiatry, 83(2), 137–147. https://doi.org/10.1016/j.biopsych.2017.08.023

Brewin, C. (2008). What is it that a neurobiological model of PTSD must explain? In Progress in Brain Research (Vol. 167, pp. 217–228). Elsevier B.V. https://doi.org/10.1016/S0079-6123(07)67015-0

Brignone, E., Sorrentino, A., Roberts, C., & et al. (2018). Suicidal ideation and behaviors among women veterans with recent exposure to intimate partner violence. General Hospital Psychiatry, 55, 1–17. https://doi.org/10.1016/j.genhosppsych.2018.10.006

Brown, T., Campbell, L., Lehman, C., & et al. (2001). Current and lifetime comorbidity of the DSM-IV anxiety and mood disorders in a large clinical sample. Journal of Abnormal Psychology, 110(4), 585–599. https://doi.org/10.1037/0021-843X.110.4.585

Campbell, J. C. (2004). DANGER ASSESSMENT -- Avaluación de Peligro. 2004.

Cavanaugh, C., Messing, J., Del-Colle, M., & et al. (2011). Prevalence and correlates of suicidal

behavior among adult female victims of intimate partner violence. Suicide and Life-Threatening Behavior, 41(4), 372–383. https://doi.org/10.1111/j.1943-278X.2011.00035.x

Craparo, G., Gori, A., Petruccelli, I., & et al. (2014). Intimate partner violence: Relationships between alexithymia, depression, attachment styles, and coping strategies of battered women. Journal of Sexual Medicine, 11(6), 1484–1494. https://doi.org/10.1111/jsm.12505

Daugherty, J., Marañón-Marcia, M., Hidalgo-Ruzzante, N., & et al. (2019). Severity of neurocognitive impairment in women who have experienced intimate partner violence in Spain. Forensic Psychiatry & Psychology, 1–19. https://doi.org/10.1080/14789949.2018.1546886

Esie, P., Osypuk, T., Schuler, S., & et al. (2019). Intimate partner violence and depression in rural Bangladesh: Accounting for violence severity in a high prevalence setting. SSM - Population Health, 7(December 2018), 1–8. https://doi.org/10.1016/j.ssmph.2019.100368

Flores, R., Reyes, V., & Reidl, L. M. (2012). Síntomas de Estrés Postraumático (EPT) en periodistas mexicanos que cubren la guerra contra el narcotráfico (Vol. 19, pp. 7–17). Suma Psicológica.

Fonzo, G., Simmons, A., Thorp, S., & et al. (2010). Exaggerated and disconnected insular-amygdalar blood oxygenation level-dependent response to threat-related emotional faces in women with intimate-partner violence posttraumatic stress disorder. Biological Psychiatry, 68(5), 433–441. https://doi.org/10.1016/j.biopsych.2010.04.028

Franklin, C., & Zimmerman, M. (2001). Posttraumatic Stress Disorder and Major Depressive Disorder : Investigating the Role of Overlapping Symptoms in Diagnostic Comorbidity. The Journal of Nervous and Mental Disease, 189(8), 548–551.

Garcia-Vergara, E., Fernández-Navarro, F., Becerra-Alonso, D., & Almeda, N. (2024). Assessing risk indicators of intimate partner femicide considering victim's coping strategies to violence: A dynamic multilevel linear mixed model based on genetic algorithms. Heliyon, 10(18), e37827. https://doi.org/10.1016/j.heliyon.2024.e37827

García, A. K. (2021). Sólo en los primeros seis meses del 2020 fueron asesinadas 1,844 mujeres en México: INEGI. El Economista. https://www.eleconomista.com.mx/politica/Solo-en-los-primeros-seis-meses-del-2020-fueron-asesinadas-1844-mujeres-en-Mexico-Inegi-20210213-0002.html

Garcia, M., Junglen, A., Ceroni, T., & et al. (2020). The mediating impact of PTSD symptoms on cortisol awakening response in the context of intimate partner violence. Biological Psychology, 152(February), 1–8. https://doi.org/10.1016/j.biopsycho.2020.107873

Garfias Royo, M., Parikh, P., Walker, J., & Belur, J. (2023). The response to violence against women and fear of violence and the coping strategies of women in Corregidora, Mexico. Cities, 132(July 2021), 104113. https://doi.org/10.1016/j.cities.2022.104113

Gulliver, P., & Fanslow, J. (2013). Exploring risk factors for suicidal ideation in a population-based sample of New Zealand women who have experienced intimate partner violence. Australian and New Zealand Journal of Public Health, 37(6), 527–533. https://doi.org/10.1111/1753-6405.12110

Guzmán-Rodríguez, C., Cupul-Uicab, L. A., Guimarães Borges, G. L., Salazar-Martínez, E., Salmerón, J., & Reynales-Shigematsu, L. M. (2021). Intimate partner violence and depression among adult women working in a health facility in Mexico. Gaceta Sanitaria, 35(2), 161–167. https://doi.org/10.1016/j.gaceta.2019.09.005

Halbreich, U., Olympia, J., Carson, S., & et al. (1989). Hypothalamo-pituitary-adrenal activity in endogenously depressed post-traumatic stress disorder patients. Psychoneuroendocrinology, 14(5), 365–370. https://doi.org/10.1016/0306-4530(89)90006-1

Huston, J., Grillo, A., Iverson, K., & et al. (2019). Associations between disordered eating and intimate partner violence mediated by depression and posttraumatic stress disorder symptoms in a female veteran sample. General Hospital Psychiatry, 58(March), 77–82. https://doi.org/10.1016/j.genhosppsych.2019.03.007

INEGI. (2020). Mexico's Population and Housing Census. INEGI Webpage.

John Mann J. (2013). The serotonergic system in mood disorders and suicidal behaviour. Philosophical Transactions of the Royal Society B: Biological Sciences, 368(1615), 1–8. https://doi.org/10.1098/rstb.2012.0537

Kang, S., Na, K., Choi, J., & et al. (2017). Resting-state functional connectivity of the amygdala in suicide attempters with major depressive disorder. Progress in Neuro-Psychopharmacology and Biological Psychiatry, 77, 1–32. https://doi.org/10.1016/j.pnpbp.2017.04.029

Kazan, D., Calear, A., & Batterham, P. (2016). The impact of intimate partner relationships on suicidal thoughts and behaviours: A systematic review. Journal of Affective Disorders, 190, 585–598. https://doi.org/10.1016/j.jad.2015.11.003

Klaassens, E., van Noorden, M., Giltay, E., & et al. (2009). Effects of childhood trauma on HPA-axis reactivity in women free of lifetime psychopathology. Progress in Neuro-Psychopharmacology and Biological Psychiatry, 33(5), 889–894. https://doi.org/10.1016/j.pnpbp.2009.04.011

Lovebond, S. & Lovebond, P. (1995). Manual for the Depression, Anxiety Scales. Psychology Foundation.

Lutwak, N. (2018). The Psychology of Health and Illness: The Mental Health and Physiological Effects of Intimate Partner Violence on Women. Journal of Psychology: Interdisciplinary and Applied, 152(6), 373–387. https://doi.org/10.1080/00223980.2018.1447435

Maru, M., Saraiya, T., Lee, C., & et al. (2018). The Relationship between Intimate Partner Violence and Suicidal Ideation among Young Chinese, Korean, and Vietnamese American Women. Women and Therapy, 41(3–4), 1–17. https://doi.org/10.1080/02703149.2018.1430381

Matteoli, M., Piacentino, D., Kotzalidis, G., & et al. (2016). The clinical and radiological examination of acute intimate partner violence injuries: A retrospective analysis of an italian cohort of women. Violence and Victims, 31(1), 85–102.

https://doi.org/10.1891/0886-6708.VV-D-14-00107

McGirr, A., Diaconu, G., Berlim, M., & et al. (2011). Personal and family history of suicidal behaviour is associated with lower peripheral cortisol in depressed outpatients. Journal of Affective Disorders, 131(1–3), 368–373. https://doi.org/10.1016/j.jad.2010.10.050

Munro, V., & Aitken, R. (2019). From hoping to help: Identifying and responding to suicidality amongst victims of domestic abuse. International Review of Victimology, 21(1), 29–49. https://doi.org/10.1177/0269758018824160

Muyan, M., & Chang, E. (2019). Hope as a Mediator of the Link Between Intimate Partner Violence and Suicidal Risk in Turkish Women: Further Evidence for the Role of Hope Agency. Journal of Interpersonal Violence, 1–18. https://doi.org/10.1177/0886260516675465

Nair, S., A Satyanarayana, V., & Desai, G. (2020). Prevalence and clinical correlates of intimate partner violence (IPV) in women with severe mental illness (SMI). Asian Journal of Psychiatry, 52, 1–4. https://doi.org/10.1016/j.ajp.2020.102131

O'Connor, D., Gartland, N., & O'Connor, R. (2020). Stress, cortisol and suicide risk. In International Review of Neurobiology (Vol. 152, pp. 101–130). Elsevier Inc. https://doi.org/10.1016/bs.irn.2019.11.006

Oquendo, M., Echavarria, G., Galfalvy, H., & et al. (2003). Lower cortisol levels in depressed patients with comorbid post-traumatic stress disorder. Neuropsychopharmacology, 28(3), 591–598. https://doi.org/10.1038/sj.npp.1300050

Patró-Hernández, R. M. (2017). Intimate Partner Violence Against Women: Prevention and Intervention Strategies in Spain. Prevention and Intervention Strategies in Spain. In The Psychology of Gender and Health: Conceptual and Applied Global Concerns (pp. 199–229). Elsevier. https://doi.org/10.1016/B978-0-12-803864-2.00007-9

Peña, C., & Nestler, E. (2018). Progress in Epigenetics of Depression. Progress in Molecular Biology and Translational Science, 157, 41–66. https://doi.org/10.1016/bs.pmbts.2017.12.011

Pinna, K., Johnson, D., & Delahanty, D. (2014). PTSD, comorbid depression, and the cortisol waking response in victims of intimate partner violence: Preliminary evidence. Taylor & Francis Group, 27(3), 253–269. https://doi.org/10.1080/10615806.2013.852185

Roos, A., Fouche, J., & Stein, D. (2017). Brain network connectivity in women exposed to intimate partner violence: a graph theory analysis study. Brain Imaging and Behavior, 11(6), 1629–1639. https://doi.org/10.1007/s11682-016-9644-0

Saenz, M. Nicole & Tallman, D. S. (2024). Fracture variation in survivable versus fatal blunt force trauma associated with intimate partner violence. Forensic Science International, 357. https://doi.org/https://doi.org/10.1016/j.forsciint.2024.112000

Sandoval-Jurado, L., Jiménez-Báez, M. V., Rovira Alcocer, G., Vital Hernandez, O., & Pat Espadas, F. G. (2017). Intimate partner violence. Types and risk in primary care health users in Cancun, Quintana Roo, Mexico. Atencion Primaria, 49(8), 465–472. https://doi.org/10.1016/j.aprim.2016.09.013

Scott, S., Brameir, D.T.,Tryggedsson, I., Suneja, N., Stenquis, D. S., Weaver, M. J., & Keudellm, Arvind. v. (2024). Intimate partner violence: An apdate review of prevalence, identification, and screening tools for orthopaedic surgeons and training in medical education. Injury, 55(10).

Signorelli, M., Fusar-Poli, L., Arcidiacono, E., & et al. (2020). Depression, PTSD and alexithymia in victims of intimate partner violence: a case-control study. Revista de Psiquiatria Clinica, 47(2), 45–50. https://doi.org/10.1590/0101-60830000000230

Taft, C., Resick, P., Watkins, L., & et al. (2009). An investigation of posttraumatic stress disorder and depressive symptomatology among female victimsof interpersonal trauma. Journal of Family Violence, 24(6), 407–415. https://doi.org/10.1007/s10896-009-9243-6

Twamley, E., Allard, C., Thorp, S., & et al. (2009). Cognitive impairment and functioning in PTSD related to intimate partner violence. Journal of the International Neuropsychological Society, 15(6), 879–887. https://doi.org/10.1017/S135561770999049X

Ursano, R., Li, H., Zhang, L., & Al., E. (2008). Models of PTSD and traumatic stress: the importance of research "from bedside to bench to bedside." In Progress in Brain Research (Vol. 167, pp. 203–215). Elsevier B.V. https://doi.org/10.1016/S0079-6123(07)67014-9

Van Heeringen, K., & Mann, J. (2014). The neurobiology of suicide. The Lancet Psychiatry, 1(1), 63–72. https://doi.org/10.1016/S2215-0366(14)70220-2

Varghese, R., Rajappa, M., Chandrashekar, L., & et al. (2016). Association among stress, hypocortisolism, systemic inflammation, and disease severity in chronic urticaria. Annals of Allergy, Asthma and Immunology, 116(4), 344-348.el. https://doi.org/10.1016/j.anai.2016.01.016

Vieyra Moreno, C. I., Gurrola Peña, G. M., Balcázar Nava, P., & Bonilla Muñoz, M. P. (2009). Estado de salud mental en mujeres víctimas de violencia conyugal que acuden a la procuraduría general de justicia del estado de México. Psicología Iberoamericana, 17(1), 57–64. https://doi.org/10.48102/pi.v17i1.277

Weitzman, A., & Goosby, B. (2021). Intimate partner violence, circulating glucose, and non-communicable Disease: Adding insult to injury? SSM - Population Health, 13, 1–47. https://doi.org/10.1016/j.ssmph.2020.100701

White, M. E., & Satyen, L. (2015). Cross-cultural differences in intimate partner violence and depression: A systematic review. Aggression and Violent Behavior, 24, 120–130. https://doi.org/10.1016/j.avb.2015.05.005

WHO. (2021). World Health Organization. World Health Organization.

Wolford-Clevenger, C., & Smith, P. (2017). The conditional indirect effects of suicide attempt history and psychiatric symptoms on the association between intimate partner violence and suicide ideation. Personality and Individual Differences, 106, 46–51. https://doi.org/10.1016/j.paid.2016.10.042

Wong, J., Fong, D., Lai, V., & et al. (2013). Bridging Intimate Partner Violence and the Human Brain: A Literature Review. Trauma, Violence, and Abuse, 15(1), 22–33.

https://doi.org/10.1177/1524838013496333

World Health Organization (WHO). (2013). Responding to intimate partner violence and sexual violence against women. WHO clinical and policy guidelines. WHO, 68. www.who.int/reproductivehealth

Yapp, E., Keynejad, R., & Oram, S. (2020). Evidence-Based Interventions for Mental Health Consecuences of Intimate Partner Violence. In P. Chandra, H. Herrman, J. Fisher, & A. Riecher-Rossler (Eds.), Mental Health and Illness Worldwide (pp. 283–299). Springer.

Young, E., & Breslau, N. (2004). Saliva cortisol in posttraumatic stress disorder: A community epidemiologic study. Biological Psychiatry, 56(3), 205–209. https://doi.org/10.1016/j.biopsych.2004.05.011

Yuan, W., & Hesketh, T. (2019). Intimate Partner Violence and Depression in Women in China. Journal of Interpersonal Violence, 1–25. https://doi.org/10.1177/0886260519888538