

Perceived Helplessness as a Mediator Between Domestic Violence and PTSD Symptoms in Women

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Article Info

Article type:

Original Research

How to cite this article:

Keller, A., & Lefèvre, N. (2025). Perceived Helplessness as a Mediator Between Domestic Violence and PTSD Symptoms in Women. *Psychology of Woman Journal*, 6(2), 1-9.

<http://dx.doi.org/10.61838/kman.pwj.6.2.14>



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ABSTRACT

Objective: This study aimed to examine the mediating role of perceived helplessness in the relationship between domestic violence and PTSD symptoms among women.

Methods and Materials: A descriptive correlational research design was employed, involving a sample of 425 women from France selected based on the Morgan and Krejcie sample size table. Participants completed standardized questionnaires assessing domestic violence (CTS2), perceived helplessness (PSS subscale), and PTSD symptoms (PCL-5). Data were analyzed using SPSS-27 for descriptive and inferential statistics and AMOS-21 for structural equation modeling (SEM). Pearson correlation analysis was conducted to assess bivariate relationships, and the SEM approach was used to test the mediating effect of perceived helplessness on PTSD outcomes.

Findings: The results revealed significant positive correlations between domestic violence and perceived helplessness ($r = .53, p < .001$), domestic violence and PTSD symptoms ($r = .59, p < .001$), and perceived helplessness and PTSD symptoms ($r = .61, p < .001$). The SEM analysis demonstrated good model fit ($\chi^2 = 104.38, df = 48, \chi^2/df = 2.17, GFI = .96, CFI = .97, RMSEA = .051$). All direct paths were significant: domestic violence to perceived helplessness ($\beta = .53, p < .001$), domestic violence to PTSD symptoms ($\beta = .41, p < .001$), and perceived helplessness to PTSD symptoms ($\beta = .48, p < .001$). The indirect effect of domestic violence on PTSD symptoms via perceived helplessness was also significant ($\beta = .25, p < .001$), confirming the mediating role.

Conclusion: The findings indicate that perceived helplessness is a key psychological mechanism through which domestic violence contributes to PTSD symptoms in women. Addressing helplessness in therapeutic and policy interventions may be essential for reducing trauma-related distress in survivors of intimate partner violence.

Keywords: Domestic violence, PTSD symptoms, perceived helplessness.

1. Introduction

The link between domestic violence and PTSD symptoms has been well documented in the literature. Women exposed to various forms of intimate partner violence often exhibit elevated levels of anxiety, intrusive thoughts, sleep disturbances, and dissociation, which are core symptoms of PTSD (Samosir & Sirait, 2025). Chronic exposure to psychological, physical, or sexual abuse undermines a woman's sense of safety and self-efficacy, leading to prolonged emotional dysregulation and trauma responses. In one study, the cumulative effect of physical abuse was associated with maladaptive coping patterns, further reinforcing PTSD symptomology (Choi et al., 2021). Moreover, women who experienced domestic violence during critical developmental periods or within prolonged relationships were found to carry an increased risk of psychopathology in adulthood, with PTSD symptoms often persisting even after the violence ceased (Viejo et al., 2023). These findings suggest a deeply entrenched and enduring impact of domestic abuse, particularly in contexts where there are limited psychological or social support resources.

The role of perceived helplessness has emerged as a crucial mediator in understanding how experiences of abuse translate into lasting psychological harm. Perceived helplessness refers to the subjective feeling of being powerless or incapable of escaping or altering distressing situations. It is closely associated with learned helplessness theory and is particularly relevant in the context of domestic violence, where victims may remain in abusive relationships due to fear, lack of resources, societal stigma, or emotional entrapment (Jumaidin et al., 2022). The persistence of violence over time, especially in environments that lack protective social and legal structures, can contribute to a state in which the victim internalizes powerlessness, ultimately exacerbating trauma outcomes such as PTSD (Kalinina, 2022). For example, women who reported higher levels of helplessness also demonstrated heightened arousal and intrusive symptoms associated with PTSD, suggesting that the internalization of helplessness may amplify trauma responses by eroding one's coping capacity (Tasnim et al., 2023).

Scholars have also pointed to the influence of media, social discourse, and cultural norms in shaping women's perception of their victimhood and agency. In many patriarchal societies, domestic violence is underreported and trivialized in both public and private discourse. Media representations often reinforce stereotypes of submissive

femininity or romanticize control and jealousy in intimate relationships, further disempowering victims (Makiyah et al., 2024). Framing practices within news media can delegitimize women's experiences or portray them as isolated incidents rather than systemic issues, contributing to the normalization of abuse and the development of internalized helplessness (Talani et al., 2023). These representations not only influence societal attitudes but also have a psychological impact on victims themselves, shaping their beliefs about whether they deserve help or whether change is possible.

Legal and institutional frameworks also play a role in either mitigating or reinforcing the helplessness of domestic violence survivors. Inadequate legal protection, underenforcement of existing laws, and lack of access to shelters or mental health services can leave survivors without viable options for escape or healing (Najamuddin et al., 2023). Studies conducted in regions with weak social support structures highlight how legal inaction and systemic neglect contribute to a chronic sense of disempowerment and resignation among victims (Sumanto et al., 2022). Women often refrain from reporting abuse due to fear of retaliation or disbelief from authorities, which further erodes their confidence in institutional support and perpetuates cycles of abuse and psychological harm (Rakubu & Olofinbiyi, 2022).

The COVID-19 pandemic further exacerbated the prevalence and severity of domestic violence, as lockdowns forced women into closer proximity with abusers while simultaneously reducing access to social support networks. Isolation, financial dependence, and restricted mobility created ideal conditions for control and abuse to thrive, with many women reporting increased frequency and severity of violence during this period (Nguyêt & Daud, 2022). In this context, perceived helplessness became even more pronounced, as options for escape or external intervention were drastically limited (Rahman et al., 2022). Moreover, public health responses and pandemic-related priorities often neglected the unique needs of domestic violence survivors, leaving many women unsupported in their trauma and recovery processes (Thamizhmathi et al., 2024).

The psychological consequences of domestic violence, particularly PTSD symptoms, are further shaped by individual differences in cognitive appraisal and stress perception. For instance, some survivors may experience significant distress not solely due to the violent acts themselves, but due to their interpretation of being unable to influence or stop the abuse. This aligns with research on perceived stress, which suggests that stress-related disorders

like PTSD are often mediated by subjective evaluations of control and efficacy (Tasnim et al., 2023). Indeed, helplessness has been identified as a key psychological process through which trauma becomes internalized, resulting in increased vulnerability to long-term mental health challenges.

Cultural and societal factors further compound these psychological effects. In certain regions, cultural norms may endorse male authority and female submission, effectively legitimizing control, aggression, and dominance in marital relationships. In such settings, women may not recognize certain behaviors as abusive, or they may feel culturally bound to remain silent or endure hardship for the sake of family honor or social stability (Başak & Serin, 2023). This internalized acceptance of violence not only reduces the likelihood of seeking help but also reinforces feelings of helplessness and emotional paralysis (Jati et al., 2019). Consequently, survivors may become increasingly isolated, both psychologically and socially, further diminishing their resilience and increasing the risk of PTSD (Khizer et al., 2020).

The interrelation between domestic violence, perceived helplessness, and PTSD symptoms highlights the importance of exploring mediational models that can inform prevention and intervention strategies. Prior studies have demonstrated that perceived stress or helplessness can partially or fully mediate the impact of violence on psychological outcomes, particularly among women in vulnerable or marginalized communities (Tasnim et al., 2023). However, there remains a lack of comprehensive research that uses structural equation modeling (SEM) to statistically test the pathways through which domestic violence leads to PTSD symptoms via perceived helplessness. Such an approach can provide a deeper understanding of the psychological mechanisms involved and inform trauma-informed care practices.

To address this gap, the present study aims to examine the mediating role of perceived helplessness in the relationship between domestic violence and PTSD symptoms in women.

2. Methods and Materials

2.1. Study design and Participant

This study employed a descriptive correlational design to examine the mediating role of perceived helplessness in the relationship between domestic violence and PTSD symptoms in women. A total of 425 participants were selected from various regions of France using stratified

random sampling. The sample size was determined based on the Morgan and Krejcie (1970) table for a population of over 100,000. All participants identified as women aged between 18 and 50 years, with inclusion criteria requiring that they had experienced at least one form of intimate partner violence in the past year. Ethical considerations, including informed consent and confidentiality, were fully observed throughout the research process.

2.2. Measures

2.2.1. Post-Traumatic Stress Disorder Symptoms

To assess symptoms of post-traumatic stress disorder (PTSD), the PTSD Checklist for DSM-5 (PCL-5) was used. Developed by Weathers et al. in 2013, the PCL-5 is a 20-item self-report questionnaire that aligns with the diagnostic criteria for PTSD outlined in the DSM-5. The scale evaluates four key symptom clusters: intrusion, avoidance, negative alterations in cognition and mood, and alterations in arousal and reactivity. Respondents are asked to rate each symptom based on how much it has bothered them in the past month on a 5-point Likert scale ranging from 0 (not at all) to 4 (extremely), yielding a total score between 0 and 80. Higher scores indicate greater PTSD symptom severity. The PCL-5 has demonstrated excellent psychometric properties in various populations, with studies confirming its high internal consistency (Cronbach's $\alpha > .90$), test-retest reliability, and convergent validity with other PTSD measures (Lu et al., 2021; Overmeire, 2021; Sadeghi et al., 2023).

2.2.2. Perceived Helplessness

Perceived helplessness was measured using the Perceived Stress Scale (PSS) developed by Cohen, Kamarck, and Mermelstein in 1983, specifically focusing on the perceived helplessness subscale. The PSS is a widely used 10-item self-report instrument designed to assess the degree to which individuals perceive their life situations as uncontrollable and overwhelming. The helplessness subscale comprises six items that reflect feelings of being unable to manage or influence stressors. Responses are recorded on a 5-point Likert scale ranging from 0 (never) to 4 (very often), with higher scores reflecting greater perceived helplessness. The PSS has been validated across diverse demographic and clinical groups, showing strong internal consistency (Cronbach's α typically above .85) and good construct validity, making it a reliable indicator of subjective stress perception and helplessness (Ghadiri Niari & Moshkbid

Haghighi, 2023; Khatibi & Meghrazi, 2023; Niknam et al., 2023).

2.2.3. Domestic Violence

Domestic violence was assessed using the Revised Conflict Tactics Scales (CTS2), developed by Straus, Hamby, Boney-McCoy, and Sugarman in 1996. The CTS2 is a comprehensive 78-item self-report questionnaire designed to evaluate the extent and type of conflict tactics used in intimate relationships, including negotiation, psychological aggression, physical assault, sexual coercion, and injury. Each item is rated on an 8-point scale reflecting the frequency of occurrence within a specific timeframe, ranging from 0 (never) to 6 (more than 20 times), with an option for "not in the past year, but it did happen before." The scale yields scores for each subscale, enabling a detailed understanding of the nature and severity of domestic violence. The CTS2 has been extensively validated and is widely regarded as a gold standard in domestic violence research, demonstrating strong internal consistency (subscale alphas ranging from .79 to .95) and good test-retest reliability (Karakuş & Göncü-Köse, 2023; Shamsaie et al., 2022).

2.3. Data Analysis

Data were analyzed using SPSS version 27 and AMOS version 21. Descriptive statistics were used to summarize

participants' demographic characteristics. Pearson correlation analysis was conducted to examine the bivariate relationships between PTSD symptoms, perceived helplessness, and domestic violence. Additionally, a structural equation modeling (SEM) approach was employed to test the hypothesized mediating role of perceived helplessness in the relationship between domestic violence and PTSD symptoms. Model fit was assessed using multiple indices, including Chi-square, CFI, TLI, RMSEA, and SRMR.

3. Findings and Results

Among the 425 women who participated in the study, 119 (28.0%) were between 18 and 25 years old, 146 (34.4%) were aged 26 to 35, 102 (24.0%) were between 36 and 45, and 58 (13.6%) were aged 46 to 50. In terms of education, 61 participants (14.4%) had completed secondary school, 179 (42.1%) held a bachelor's degree, 134 (31.5%) had a master's degree, and 51 (12.0%) had a doctoral degree. Regarding marital status, 183 women (43.1%) were currently married, 107 (25.2%) were divorced, 93 (21.9%) were in a cohabiting relationship, and 42 (9.9%) were single. Employment status revealed that 203 (47.8%) were employed full-time, 87 (20.5%) were employed part-time, 76 (17.9%) were unemployed, and 59 (13.9%) were students.

Table 1

Descriptive Statistics for Study Variables (N = 425)

Variable	M	SD
Domestic Violence	42.68	11.37
Perceived Helplessness	18.53	4.92
PTSD Symptoms	36.74	13.11

The descriptive statistics (Table 1) indicate that participants reported moderate levels of domestic violence ($M = 42.68$, $SD = 11.37$), with a slightly lower average on perceived helplessness ($M = 18.53$, $SD = 4.92$). PTSD symptoms also showed considerable variability, with a mean score of 36.74 and a standard deviation of 13.11, reflecting a wide range of trauma symptom severity among participants.

Prior to conducting inferential analyses, assumptions of normality, linearity, homoscedasticity, and absence of multicollinearity were examined. Normality was confirmed

by skewness and kurtosis values within the acceptable range of ± 2 for all major variables: PTSD symptoms (skewness = 0.84, kurtosis = 1.37), perceived helplessness (skewness = 0.61, kurtosis = 0.79), and domestic violence (skewness = 1.25, kurtosis = 2.01). Linearity was verified through scatterplots showing consistent linear trends between each pair of variables. Homoscedasticity was assessed via residual plots, indicating uniform distribution of errors across predicted values. Multicollinearity was ruled out, as tolerance values ranged from 0.78 to 0.91, and variance inflation factors (VIF) were all below 1.30. These results

confirmed that the data met the necessary assumptions for both Pearson correlation and SEM analyses.

Table 2

Pearson Correlations Between Study Variables

Variable	1	2	3
1. Domestic Violence	—		
2. Perceived Helplessness	.53** (p < .001)	—	
3. PTSD Symptoms	.59** (p < .001)	.61** (p < .001)	—

As shown in Table 2, domestic violence was significantly correlated with both perceived helplessness ($r = .53$, $p < .001$) and PTSD symptoms ($r = .59$, $p < .001$). Additionally, perceived helplessness was positively associated with PTSD

symptoms ($r = .61$, $p < .001$). These strong and statistically significant correlations suggest meaningful relationships among all variables, supporting the mediation analysis.

Table 3

Goodness-of-Fit Indices for the Structural Model

Fit Index	Value	Threshold
χ^2	104.38	—
df	48	—
χ^2/df	2.17	< 3.00 (good)
GFI	.96	≥ .90 (acceptable)
AGFI	.93	≥ .90 (acceptable)
CFI	.97	≥ .95 (excellent)
RMSEA	.051	≤ .06 (good)
TLI	.95	≥ .95 (excellent)

Model fit statistics (Table 3) indicate a good overall fit of the proposed structural model to the data. The chi-square statistic was significant ($\chi^2 = 104.38$, $df = 48$), but the χ^2/df ratio of 2.17 fell within the acceptable range. Fit indices such

as GFI (.96), AGFI (.93), CFI (.97), and TLI (.95) were all within or above recommended thresholds, and RMSEA was .051, indicating a good approximation of the model to the data structure.

Table 4

Standardized Path Coefficients for the Structural Equation Model

Path	B	SE	β	p
Domestic Violence → Perceived Helplessness	0.43	0.05	.53	< .001
Domestic Violence → PTSD Symptoms	0.38	0.06	.41	< .001
Perceived Helplessness → PTSD Symptoms	0.52	0.07	.48	< .001
Domestic Violence → PTSD Symptoms (Total)	0.60	0.05	.59	< .001
Indirect Path (DV → PH → PTSD)	0.22	0.04	.25	< .001

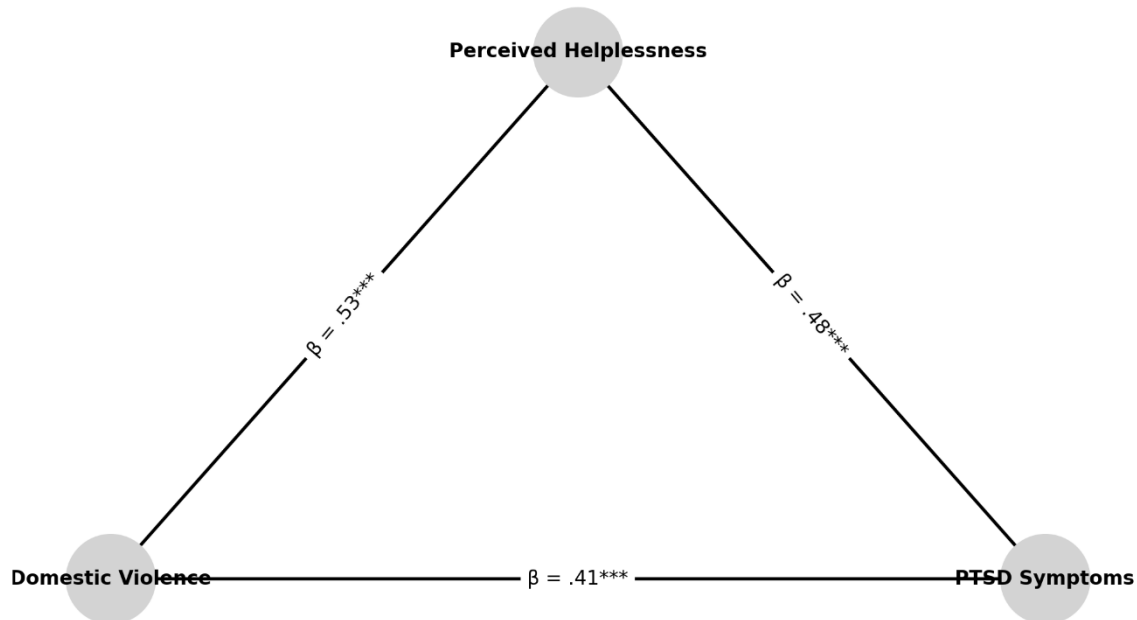
As shown in Table 4, all direct and indirect paths in the model were statistically significant. The direct effect of domestic violence on perceived helplessness was strong ($B = 0.43$, $\beta = .53$, $p < .001$). Domestic violence also had a direct effect on PTSD symptoms ($B = 0.38$, $\beta = .41$, $p < .001$), and

perceived helplessness significantly predicted PTSD symptoms ($B = 0.52$, $\beta = .48$, $p < .001$). The total effect of domestic violence on PTSD symptoms was 0.60 ($\beta = .59$), with an indirect effect via perceived helplessness of 0.22 (β

= .25), confirming the mediating role of perceived helplessness.

Figure 1

Model with Beta Coefficients



4. Discussion and Conclusion

The findings of this study reveal that perceived helplessness significantly mediates the relationship between domestic violence and PTSD symptoms in women. Pearson correlation analysis indicated a strong positive association between domestic violence and PTSD symptoms, as well as between domestic violence and perceived helplessness. Furthermore, structural equation modeling (SEM) confirmed the mediating role of perceived helplessness, showing that women who experienced higher levels of domestic violence were more likely to report increased feelings of helplessness, which in turn predicted greater severity of PTSD symptoms. This mediational pathway underscores the crucial role that internal psychological processes, particularly helplessness, play in shaping the mental health outcomes of abuse survivors.

These findings are consistent with a growing body of research that highlights the detrimental psychological consequences of domestic violence, particularly in terms of trauma-related disorders. The direct association between intimate partner violence and PTSD symptoms echoes the conclusions of prior studies, which have documented how chronic abuse leads to intrusive thoughts, hypervigilance,

emotional numbing, and functional impairments (Samosir & Sirait, 2025). Women who experience repeated physical and psychological aggression often develop heightened physiological and cognitive responses to threat, which contribute to the core symptom clusters of PTSD. As demonstrated in earlier findings, exposure to domestic violence in both childhood and adulthood creates cumulative stress that can result in long-term dysregulation of the nervous system and persistent trauma symptoms (Choi et al., 2021).

The mediating effect of perceived helplessness adds an important psychological dimension to the trauma response, suggesting that it is not solely the objective occurrence of violence but also the subjective appraisal of the situation that determines the severity of psychological outcomes. In this regard, the study aligns with the theoretical framework of learned helplessness, wherein repeated exposure to uncontrollable stressors fosters a belief in the futility of action, thereby diminishing the individual's ability to cope or escape harmful situations. This internalized powerlessness has been identified as a key predictor of poor psychological adjustment in survivors of domestic abuse (Jumaidin et al., 2022). The present study supports this by empirically demonstrating that helplessness acts as a significant bridge

between the traumatic event and the clinical expression of PTSD.

Media discourse and cultural narratives have been shown to influence how women internalize their experiences and whether they develop a sense of agency or helplessness. In societies where domestic violence is normalized or trivialized, women may struggle to interpret their experiences as abusive or worthy of intervention, leading to emotional entrapment and psychological stagnation (Makiyah et al., 2024). In such contexts, helplessness becomes not just a cognitive bias but a socially constructed emotional state, reinforced by cultural and institutional neglect. Research has shown that when domestic violence is depicted in the media through frames that minimize the seriousness of the abuse or shift blame to victims, women are more likely to adopt passive coping strategies and less likely to seek help (Talani et al., 2023). This aligns with the current study's emphasis on the internalization of helplessness as a mediating force between abuse and trauma.

Legal structures and institutional support systems—or the lack thereof—also significantly influence the development of perceived helplessness. In settings where protective laws are inadequately enforced or inaccessible to women, victims are often left without recourse, exacerbating their feelings of entrapment and despair (Najamuddin et al., 2023). The findings of this study resonate with those of researchers who argue that social institutions can either facilitate resilience or reinforce trauma by their responsiveness—or indifference—to survivors' needs (Sumanto et al., 2022). The failure of law enforcement, social services, and even healthcare providers to validate women's experiences contributes to a perception of helplessness that not only impedes immediate help-seeking but also hinders long-term psychological recovery.

The elevated levels of PTSD symptoms among women who reported higher perceived helplessness also reflect broader sociocultural mechanisms of gendered disempowerment. In many patriarchal societies, norms around female submission and male dominance create a power imbalance that conditions women to tolerate or rationalize abusive behavior (Başak & Serin, 2023). As noted in previous studies, women socialized into roles that prioritize obedience, silence, and family honor may struggle to assert their needs or exit violent relationships, thereby deepening their psychological vulnerability (Jati et al., 2019). The present study supports these observations by revealing how cultural conditioning, mediated through helplessness, contributes to the development of PTSD symptoms in abused women.

The COVID-19 pandemic served as a critical contextual backdrop for understanding the intensification of domestic violence and the limitations of external intervention. Social restrictions, economic dependency, and isolation from support systems created conditions under which domestic abuse could flourish with little visibility or accountability (Nguyet & Daud, 2022). During this period, many women reported increased severity and frequency of abuse, coupled with a diminished sense of agency and control (Rakubu & Olofinbiyi, 2022). These findings are in line with the current study's emphasis on how contextual and structural barriers compound feelings of helplessness and magnify trauma responses. The pandemic not only exposed existing flaws in protective systems but also revealed how quickly perceived helplessness can escalate when women are cut off from their usual coping resources (Rahman et al., 2022).

Moreover, psychological studies have increasingly emphasized the importance of stress perception in mediating the effects of trauma. As shown in earlier research, perceived stress and helplessness have been found to mediate the relationship between domestic violence and psychological distress, including postpartum depression (Tasnim et al., 2023). Similar findings in other cross-sectional studies have demonstrated how perceived stress moderates trauma outcomes, particularly in women navigating adverse environments with limited support (Thamizhmathi et al., 2024). The current study contributes to this literature by focusing specifically on PTSD symptoms and positioning helplessness as a core cognitive-emotional mediator, thereby offering a nuanced understanding of trauma mechanisms in female survivors of domestic violence.

Taken together, the results underscore the critical importance of integrating psychological constructs like perceived helplessness into trauma intervention frameworks. While prior studies have highlighted the prevalence and impact of domestic violence in various sociocultural settings (Mordas, 2024; Viejo et al., 2023), few have empirically modeled the internal psychological mediators that influence trauma severity. By using structural equation modeling to test this mediating role, the present study not only validates theoretical claims but also provides a robust statistical model that can inform future clinical and policy interventions.

5. Limitations and Suggestions

Despite the strength of its methodological design and statistical analysis, this study is not without limitations. First, the cross-sectional nature of the data precludes the

establishment of causal relationships among the variables. While the findings strongly support the mediating role of perceived helplessness, longitudinal data would be necessary to verify the temporal ordering of these effects. Second, the study relied entirely on self-report questionnaires, which may be subject to social desirability bias or inaccurate recollections, particularly regarding sensitive experiences such as abuse and trauma. Third, the sample consisted solely of women residing in France, which may limit the generalizability of the findings to other cultural contexts or to male survivors of domestic violence. Finally, while the study controlled for key demographic variables, other potentially confounding factors such as prior trauma history, social support, and coping strategies were not included in the analysis.

Future research should consider longitudinal designs to better understand the directionality and persistence of the relationships identified in this study. Specifically, tracking changes in perceived helplessness and PTSD symptoms over time could offer deeper insight into the dynamic interplay between trauma exposure and internal cognitive responses. Researchers may also explore the role of protective factors such as resilience, perceived social support, or empowerment-based interventions in mitigating the impact of helplessness. Additionally, expanding the sample to include participants from diverse cultural and socioeconomic backgrounds would enhance the ecological validity of the findings. Finally, future studies could explore other potential mediators or moderators—such as emotional regulation, attachment style, or cognitive distortions—to construct a more comprehensive model of psychological outcomes following domestic violence.

These findings carry important implications for clinical practice, policy-making, and community-based interventions. Mental health practitioners should incorporate assessments of perceived helplessness into trauma evaluations and consider addressing helplessness directly within therapeutic interventions. Cognitive-behavioral approaches, trauma-focused therapies, and empowerment-based models should aim not only to alleviate symptoms of PTSD but also to rebuild a survivor's sense of control and agency. On a policy level, greater investment in legal protections, crisis shelters, and survivor-centered social services is essential to disrupt the cycle of violence and helplessness. Public education campaigns that challenge cultural norms supporting abuse and promote help-seeking can also play a crucial role in shifting societal attitudes and reducing stigma. Ultimately, interventions must be holistic,

culturally sensitive, and tailored to the lived realities of women experiencing domestic violence.

Authors' Contributions

Authors equally contributed to this study.

Declaration

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

Transparency Statement

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

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

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

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