

Systematic Review

Neuropsychological Impairments in Women Victims of Gender-Based Violence: A Systematic Review

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ABSTRACT

Gender-based violence affects 1 in 3 women, causing sequelae that harm their well-being and quality of life. This review examines the scientific evidence regarding neuropsychological sequelae in abused women, using the PRISMA methodology to compile articles that analyze the correlation between gender-based violence and possible cognitive deficits. Ten studies were selected from databases such as EBSCO, ResearchGate, and ScienceDirect, which confirm that women victims of gender violence exhibit problems in areas such as attention, memory, and executive functions, affecting their performance on neuropsychological tasks.

Alteraciones Neuropsicológicas en Mujeres Víctimas de Violencia de Género: una Revisión Sistemática

RESUMEN

La violencia de género afecta a 1 de cada 3 mujeres, causando secuelas que perjudican a su bienestar y calidad de vida. Esta revisión examina la evidencia científica sobre las secuelas de tipo neuropsicológico en mujeres maltratadas, utilizando la metodología PRISMA para recopilar artículos que analizan la correlación entre la violencia de género y posibles déficits cognitivos. Se seleccionaron 10 estudios de bases de datos como EBSCO, ResearchGate y ScienceDirect, que confirman que las mujeres víctimas de violencia de género presentan problemas en áreas como atención, memoria y funciones ejecutivas, afectando a su desempeño en tareas neuropsicológicas.

Palabras clave

Violencia de género
Alteraciones neuropsicológicas
Mujeres víctimas
Déficit cognitivo

Violence against women is one of the clearest manifestations of gender inequality, and it is by no means specific to our time; rather, it has become more visible in recent years (Amor et al., 2002). The figures are alarming. The World Health Organization reports that one in three women has been subjected to gender-based violence (OMS [WHO], 2021), and the latest Macro Survey on Violence against Women, conducted in 2019, reveals data that underscore the seriousness of this problem. With a representative sample of 9,568 women, the results indicate that 11% had suffered physical violence from a current or former partner at some point in their lives, 8.9% had suffered sexual violence, 50.2% had suffered psychological violence, and 11.5% had suffered economic violence (Ministerio de Igualdad [Ministry of Equality], 2019). This abuse, in any of its forms, has catastrophic consequences for women's health and well-being, negatively affecting their physical, psychological, social, sexual, and reproductive health (Tourné García et al., 2024) and leaving sequelae that manifest as clinical symptoms (Domingo et al., 2003).

On a psychological and emotional level, exposure to gender-based violence (hereinafter GBV) is linked to serious mental illnesses (Chandan et al., 2020). Evidence shows that abused women are at greater risk of developing symptoms of depression and anxiety (Lara et al., 2019), that post-traumatic stress disorder (PTSD) is often the most common clinical condition (Amor et al., 2002), as well as suicidal ideation or suicide attempts (Devries et al., 2013), emotional dependence (Aiquipa Tello, 2015), low self-esteem and maladjustment to everyday life (Labrador-Encinas et al., 2010), and alcohol or drug use (Beydoun et al., 2017). With regard to physical health, being a victim of GBV is associated with the appearance of injuries that are the direct and repeated result of physical and sexual assaults, ranging from punches, kicks, and strangulation attempts to blows to the head, among others (Prats, 2022). In addition, these victims are at greater risk of developing diseases such as chronic pain, sexually transmitted infections, somatic disorders, headaches, abdominal pain, and digestive problems, among others (Campbell et al., 2002; Dillon et al., 2013).

However, the impact of GBV is not limited to the physical and emotional damage suffered by victims; it also leaves a more subtle and lasting mark: its effects on the brain. Existing literature shows that abuse can cause damage to the brain in different ways: through direct damage from blows to the head; indirect damage through brain alterations caused by psychological sequelae, especially post-traumatic stress; and indirect damage through the effect that cortisol has on the brain (Costello & Greenwald, 2022; Daugherty et al., 2022; Hidalgo-Ruzzante et al., 2012; E. Valera & Kucyi, 2016; E. M. Valera & Berenbaum, 2003; Zieman et al., 2017). Specifically, this hormone has been the subject of recent research showing that its secretion level is altered in abused women (Cárdenas et al., 2022). All these forms of brain impairment, specifically to the victim's central nervous system (CNS), can lead to neuropsychological alterations similar to those observed in other brain injuries (Ginarte-Arias & Aguilar-Pérez, 2002); as it has been shown that brain injuries are negatively associated with measures of memory, learning, cognitive flexibility, etc. (Valera & Kucyi, 2016). Therefore, it has begun to be suggested that women victims of GBV may experience neuropsychological deficits and cognitive difficulties caused by abuse. This has led to several studies investigating the relationship between these two variables, revealing

a connection between abuse and cognitive sequelae, which manifest as difficulties with sustained and divided attention; memory problems, especially in working memory, immediate memory, and long-term memory; and challenges in executive function, which is responsible for processes such as response inhibition and decision-making (Daugherty et al., 2019; Navarro et al., 2020; Pérez, 2019; Rueda & Jenaro, 2020; Stein et al., 2002; Twamley et al., 2009). In this regard, another study indicates that women who have suffered abuse perform worse on neuropsychological assessment using the Luria DNA Battery, compared to those who have not experienced this type of violence (Torres-García, 2014).

However, despite several studies suggesting this possibility, there is still limited research analyzing how GBV can impact the neuropsychological performance of female victims, this area being one of the least explored consequences of abuse to date (Rueda & Jenaro, 2020). This lack of research may result in limited knowledge and awareness of these disorders, which in turn could prevent victims from receiving adequate care. Therefore, the overall objective of this research is to conduct a systematic review of the available scientific evidence on neuropsychological disorders as consequences of GBV through cohort studies or correlational studies that neuropsychologically evaluate a large clinical sample of women and allow us to gain insight into the correlation between these two variables: gender-based violence and cognitive impairment. To this end, the following specific objectives are proposed: to review the existing literature on differences in cognitive functioning between women who are victims of GBV and non-victim women, through the performance of this sample in neuropsychological tests, as well as the possible cognitive processes affected that may result from the neuropsychological sequelae produced by intimate partner violence.

Method

Study Search and Selection Procedures

This review was conducted following the guidelines of the PRISMA statement for the correct performance of systematic reviews (Page et al., 2021). Searches were conducted in various databases through the EBSCO platform (Apa PsycInfo, Medline, Psychology and Behavioral Sciences collection, and Violence and Abuse Abstracts), but due to the small number of publications found, the search was expanded to the ScienceDirect and ResearchGate databases, with the last search conducted in January 2025. The combinations of descriptors and Boolean operators used were: ((*"survivors of IPV"*) OR (*"battered women"*) AND (*"neurocognitive impairment"*)), (*"battered women"*) OR (*"victims of gender-based violence"*) AND (*"executive functioning"*) OR (*"cognitive functioning"*)), (*"intimate partner violence"*) AND (*"neuropsychological functioning"*) and the one that yielded the highest number of results, ((*"victims of IPV"*) AND (*"neuropsychological functioning"*)).

A total of 164 results were obtained from the six databases consulted. Using the automatic filtering tool, only those records that were research articles were selected, with 49 being eliminated, and a further 24 were eliminated because they were duplicates. Other studies could not be retrieved in full text or, after review, were discarded because they did not meet the inclusion and exclusion

criteria mentioned in the next subsection. Finally, as shown in the flow chart in [Figure 1](#), 10 studies were selected as the sample for this systematic review.

Eligibility Criteria

Inclusion criteria: a) studies measuring the association between exposure to GBV and neuropsychological and cognitive functioning; b) studies with a non-experimental design of a descriptive and correlational nature; c) sample consisting of adult women who have been victims of GBV, in the case of single-group studies, or women who have been victims of violence and adult women who have not been victims, in group comparison cohort studies; d) sample without previous neuropsychological disorders; e) articles published from 2002 to the present; f) articles in English and Spanish.

Exclusion criteria: a) sample of women who have been victims of other types of violence, apart from domestic violence, such as child abuse; b) unpublished articles or articles without free access to the full text.

Coding of Variables

A data extraction protocol was developed in Excel, which collected the following information from each selected article: author(s), year of publication, country, language of the article, type of study, sample size, mean age of participants, study objective(s), measurement instruments used to assess the neuropsychological performance of the sample, research results, and main conclusions.

Risk of Bias Assessment

A risk of bias assessment was performed using verification scales appropriate to the experimental design of each study. The ROBINS-E scale was applied to correlational studies, and the SIGN scale was used for cohort studies. Both tools assess possible selection biases (related to the representativeness of the samples), confounding biases (control of extraneous variables), and measurement biases of the variables of interest and outcomes. On the ROBINS-E scale, each item was answered with "Yes," "Probably

Figure 1
Flowchart

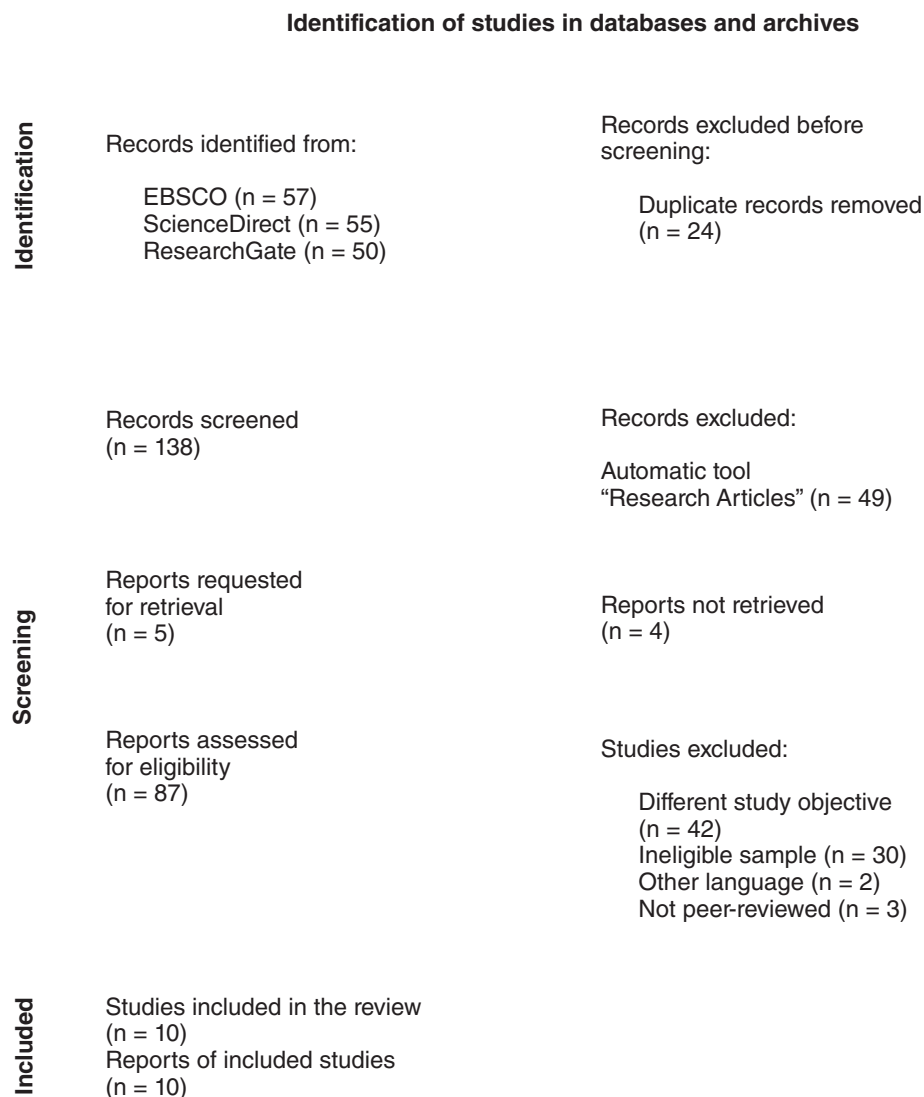


Table 1
Study Characteristics

Author(s) (year)	Design	Sample	Population/Mean age	Neuropsychological instruments	Results
Daugherty et al. (2019)	Cohort study	108	24 women victims of psychological abuse, 45 victims of psychological and physical abuse, and 39 non-victims <i>M</i> =39.98	HVOT, TMT, D2, TAVEC, RCFT, WAIS-III, FDT, IGT, BADS, K-BIT	Victims of GBV showed mild to severe neuropsychological impairment, particularly in attention, memory, and executive functions.
García et al. (2021)	Correlational study	68	Women victims of GBV <i>M</i> =38.5 years	Luria-DNA	Women victims of GBV scored low on the Luria-DNA Battery.
Daugherty et al. (2021)	Correlational study	81	Women victims of GBV <i>M</i> =40.66 years	Neuro - QOL - EF	Victims self-reported deficits in concentration, information processing, and attention.
Billoux et al. (2016)	Cohort study	47	25 women victims of GBV and 22 non-victims <i>M</i> = 35.26	AMT	The group of abused women showed greater dysfunction in their autobiographical memory.
Navarro et al. (2020)	Cohort study	34	17 women victims of abuse and 17 non-victims <i>M</i> = 45.6	TMT, D2, HVLIT, <i>Letras y Números</i> [Letters and Numbers], Weschler spatial location.	Women who were victims of GBV performed worse on cognitive tests.
Twamley et al. (2009)	Cohort study	75	55 women victims of GBV and 20 non-victims <i>M</i> =35.9	ANART, D-KEFS, WCST, TMT, RCFT, SCWT.	Women with PTSD who were victims of GBV showed slower processing speed in cognitive speed tests.
Stein et al. (2002)	Cohort study	39	22 women victims of GBV without PTSD, 17 victims with PTSD, and 22 non-victims <i>M</i> =32.56	FAS, WAIS-III, CVLT, WMS-III, CVMT, RCFT, DVT, PASAT, ACT, TMT, SCWT	Victims of violence performed worse on neuropsychological tasks, regardless of whether or not they had PTSD.
Castro et al. (2022)	Cohort study	28	14 women who were victims of physical and psychological abuse and 14 non-victims <i>M</i> =29.31	TONI-2, BELIEVE Battery, WAIS-III, VST, TMT-B, MATRICES.	Women who were victims of violence performed worse on tasks involving attention, memory, and executive functions such as abstract thinking.
Chung et al. (2014)	Cohort study	45	28 women victims of GBV with PTSD, 17 victims of GBV without PTSD, and 30 non-victims <i>M</i> =38.61	WMS-III, RAVLT, MCST, WAIS-III, TMT-A, EMQ-C.	Emotional memory and neuropsychological functions were impaired in women victims of GBV.
Dabkowska (2007)	Correlational study	63	Women victims of GBV <i>M</i> =36.65 years	TMT	Abused women showed alterations in their working memory and executive functions.

yes," "Weak no," "Strong no," or "I don't know," which yielded a categorical assessment of the study that could be "Low risk," "Unclear risk," "High risk," or "Very high risk." Regarding the SIGN scale, items were answered with "Yes," "No," "I cannot say," or "Not applicable," also resulting in a categorical assessment of "High quality," "Acceptable," or "Low quality."

Results

General Characteristics of the Studies

Table 1 details the main characteristics of the studies included, which were published between 2002 and 2022. Ninety percent of the studies are publications in English and come from different countries such as Spain, the US, France, Taiwan, Poland, and Guatemala. The studies are divided into two types of methodological designs: cohort studies comparing two samples, an experimental group and a control group (Billoux et al., 2016; Castro et al., 2022; Chung et al., 2014; Daugherty et al., 2019; Navarro et al., 2020; Stein et al., 2002; Twamley et al., 2009); and single-group correlational studies (Dabkowska, 2007; Daugherty et al., 2021; Torres García et al., 2021). In relation to their objectives, all of them focus on analyzing possible cognitive alterations resulting from GBV, evaluating the sample using neuropsychological tests with

proven evidence, such as: Luria-DNA Neuropsychological Battery (Torres García et al., 2021), Wechsler Memory Scale-III, WMS-III (Chung et al., 2014; Stein et al., 2002), Rey Complex Figure Test, RCFT (Daugherty et al., 2019; Stein et al., 2002; Twamley et al., 2009), D2 Attention Test (Daugherty et al., 2019; Navarro et al., 2020) and, the most widely used, the Trail Making Test (TMT) (Castro et al., 2022; Chung et al., 2014; Dabkowska, 2007; Stein et al., 2002; Twamley et al., 2009), (Daugherty et al., 2019; Navarro et al., 2020), a neuropsychological test that assesses various cognitive functions.

Risk of Bias Assessment

Table 2 presents the methodological assessment of each study, showing that 50% of the studies evaluated present a low or acceptable level risk of bias (Billoux et al., 2016; Chung et al., 2014; Daugherty et al., 2021; García et al., 2021; Stein et al., 2002). The main strengths of these studies are the clarity of their objectives, the statistical analyses used, and the criteria for measuring the variables of interest. However, the remaining investigations receive an ambiguous bias rating due to limitations related to the representativeness of the samples (because of modest sample size) and the control of extraneous variables that may influence the cognitive performance of the sample (Dabkowska, 2007; Daugherty

Table 2
Risk of Bias Assessment

SIGN SCALE	Research question	Sample selection	Evaluation of variables of interest	Control of extraneous variables	Statistical analysis	Risk of bias
Daugherty et al. (2019)	Yes	No	Yes	No	Yes	Low quality
Billoux et al. (2016)	Yes	Yes	Yes	No	Yes	Acceptable
Stein et al. (2002)	Yes	No	Yes	Yes	Yes	Acceptable
Twamley et al. (2009)	Yes	No	Yes	Yes	Yes	Low quality
Navarro et al. (2020)	Yes	No	Yes	No	Yes	Low quality
Castro et al. (2022)	Yes	No	No	No	Yes	High risk
Chung et al. (2014)	Yes	Yes	Yes	No	Yes	Acceptable
ROBINS-E SCALE	Control of extraneous variables	Exposure measurement	Sample selection	Outcome measurement	Outcome selection	Risk of bias
Dabkowska (2007)	Strong no	Yes	Yes	Yes	Yes	Doubtful risk
Garcia et al. (2021)	Yes	Yes	Weak no	Yes	Yes	Low risk
Daugherty et al. (2021)	Yes	Weak no	Yes	Yes	Yes	Low risk

et al., 2019; Navarro et al., 2020; Twamley et al., 2009), with the study by Castro et al. (2022) having the highest risk of bias.

Review of the Main Findings

In the study by Stein et al. (2002), the results showed that women who were victims of GBV performed worse on visual memory tasks ($p < .05$), sustained attention, working memory ($p < .02$), executive function ($p < .03$), and response inhibition ($p < .005$), compared to the control group of non-victim women, regardless of the presence or absence of PTSD. Also in the US, evaluating female victims who developed PTSD, Twamley et al. (2009) found that the control group outperformed the victim group on almost all neuropsychological tests administered, with the most significant scores found on tasks measuring cognitive flexibility ($p < .001$), motor speed, mental processing speed ($p < .004$), and fluency ($p < .005$). Continuing with the comparison of victims of violence with or without PTSD and a control group, the study by Chung et al. (2014) focused on examining the emotional memory of the sample, and the analyses showed that the group of victims with PTSD had poorer memory than the group of victims without PTSD ($p < .01$) and the control group ($p < .05$). Furthermore, in relation to neuropsychological functions, significant differences were once again found between the groups ($p < .05$), in favor of the group of women who had not been exposed to GBV. In the study by Billoux et al. (2016), which also assessed memory quality, specifically autobiographical memory, it was found that the group of abused women scored significantly lower than the control group ($p < .01$), reflecting lower functionality in their memory of negative autobiographical memories.

Along the same lines, studies conducted in Spain, such as that by Daugherty et al. (2019), examined the neuropsychological performance of abused women, as well as the severity of possible cognitive impairment according to the type of abuse suffered. The findings indicate that in visuomotor skills, significant differences were only found between the physical and psychological abuse group and the control group ($p < .01$); in attention, the abuse victims performed worse than the control group ($p < .00$); and in terms of executive functions, the control group obtained better results than the physical and psychological abuse group in inhibition ($p < .02$), planning ($p < .02$), and reasoning ($p < .03$), with the two victim groups only differing from the control group in the cognitive process of decision-making ($p < .01$). In terms of the severity of these impairments, of the women who

experienced violence, regardless of the type of abuse, around 25% had been diagnosed with mild neuropsychological impairment and approximately 5% with severe neuropsychological impairment, particularly in attention, memory, and executive functions. These results are consistent with those obtained in the study by Navarro et al. (2020), which analyzes the relationship between physical and/or psychological abuse and different cognitive variables, where women victims of gender-based violence showed poorer performance in alternating attention tasks ($p < .028$), immediate memory, and direct ($p < .03$) and indirect ($p < .028$) visual memory, compared to the control group; and with the most recent study in this review, by Castro et al. (2022), where the group of women victims of violence showed significant differences from the control group in alternating attention tests ($p < .007$), long-term memory ($p < .001$), abstract thinking ($p < .001$), and working memory ($p < .022$).

In relation to correlational studies evaluating the cognitive performance of abused women, we found that Dabkowska's (2007) research concluded that 71.9% of women victims of GBV scored below standard on part A of the TMT, showing deficiencies in psychomotor speed, and 67.2% in part B of the TMT, reflecting deficits in visual working memory. More recent studies have also found difficulties in working memory and other cognitive functions in this population. In the study by García et al. (2021), it was concluded that women who are victims of GBV presented impairment in the area of memory, with low neuropsychological performance in short-term memory ($M=41.32$, $SD=14.98$), as well as in spatial orientation ($M=40.96$, $SD=13.83$), attentional control ($M=40.74$, $SD=18.31$), thematic drawing ($M=40.07$, $SD=15.16$), visual perception ($M=39.93$, $SD=16.17$), and logical thinking ($M=37.21$, $SD=19.44$). These alterations in cognitive abilities were also perceived by the victims themselves, as proven by Daugherty et al. (2021) demonstrated when investigating the cognitive functioning perceived by abused women, who reported a high prevalence of difficulties in executive functions, particularly in concentration (47% of the sample), information processing (37.8%), and attention (37.8%).

Discussion

This systematic review points toward neuropsychological damage and subsequent cognitive deficits in women who have been victims of abuse. All of the studies analyzed agree in their conclusions, showing that these women demonstrate poor

performance on neuropsychological assessment tests and worse cognitive performance than women who have not been exposed to abuse. This poor performance is due to deficiencies such as: low ability to maintain, redirect, and control attention (Castro et al., 2022; García et al., 2021; Navarro et al., 2020; Stein et al., 2002), difficulties related to working memory, visual memory, and short- and long-term memory functioning (Castro et al., 2022; Dabkowska, 2007; García et al., 2021; Navarro et al., 2020; Stein et al., 2002); difficulty remembering emotional events (Chung et al., 2014) and negative autobiographical memories (Billoux et al., 2016); deficits in spatial orientation and visual perception (García et al., 2021); reduced response inhibition, with difficulty suppressing or stopping one's own actions (Stein et al., 2002); low capacity for cognitive flexibility and fluency, with difficulties in adapting thinking and behavior to new situations or information (Twamley et al., 2009); deficits in abstract and logical thinking, with reduced ability to abstract knowledge or ideas in a logical or rational manner and in an abstract or imaginative way (Castro et al., 2022; García et al., 2021; Navarro et al., 2020); and low psychomotor speed or longer time to understand and perform a task (Dabkowska, 2007; Twamley et al., 2009). In general terms, as indicated by the study by Daugherty et al. (2019), women victims of GBV experience neuropsychological impairment ranging from mild to severe, resulting in attentional difficulties, memory problems, and deficits in a wide variety of executive functions.

Brain alterations caused by abuse are suggested as a possible cause or mediating variable between GBV and these neuropsychological sequelae. It has been observed that women who are victims of abuse show impairments in several brain regions, especially in terms of area, cortical thickness, and volume (Daugherty et al., 2022). It has been hypothesized that traumatic brain injury or the impact of chronic stress could be linked to cognitive deficits (Rueda & Jenaro, 2020), causing brain damage with physical, behavioral, and cognitive consequences (Zieman et al., 2017). For example, brain sequelae correlate negatively with measures of learning, memory, and cognitive flexibility (Valera & Berenbaum, 2003), affecting neural network interactions and resting-state functional connectivity in cognitive networks, especially those involved in the ability to plan behavior (Valera & Kucyi, 2016).

In addition, brain alteration and cognitive impairment are positively associated with other variables such as the severity of abuse and post-traumatic symptoms (Valera & Berenbaum, 2003). Therefore, another possible mediator of neuropsychological sequelae is the association between exposure to abuse and the development of PTSD. Victims of GBV often develop traumatic symptoms, with chronic PTSD being the most common (Aguirre et al., 2010), and stress is an important modulator of cognitive function, both acutely and chronically (Sandi, 2012). In this regard, recent research indicates that high levels of stress are associated with a decline in cognitive abilities (Kulshreshtha et al., 2023), which coincides with findings showing that victims of GBV with PTSD had poorer working memory performance (Navarro et al., 2020) or slower processing speed (Twamley et al., 2009). In addition, neuroscientific studies suggest that PTSD is associated with significant changes in the brain due to the hormonal release of cortisol (Mengual, 2007), whose secretion is altered in women who are victims of abuse (Cárdenas et al., 2022).

The results of this review should be interpreted with certain limitations in mind. First, the scarcity of published articles that met the selection criteria may have limited the sample size. Furthermore, the diversity of theoretical models and classifications of executive functions makes it difficult to combine and generalize the findings. Finally, as these are cross-sectional studies, it is not possible to establish a cause-and-effect relationship between exposure to GBV and cognitive deficits, so other variables could be influencing this relationship. In terms of practical implications, this study highlights the need to address all the consequences of GBV and to tackle this problem from a multidisciplinary approach, with a comprehensive assessment of the damage and harm to the physical, psychological, and cognitive health of female victims. The findings point to the need for neuropsychological assessment and rehabilitation as essential links in the care of abused women, with the ultimate goal of helping this population recover their pre-abuse functionality. In addition, knowledge of these consequences may have legal implications, as neuropsychological assessments are not routinely performed on abused women during forensic proceedings at present. These neuropsychological deficits are not usually considered in legal proceedings to establish criminal responsibility or possible financial compensation for the victim (Torices et al., 2016), although it has been shown that mental processes necessary in the process of reporting abuse, such as autobiographical memory, may be compromised (Billoux et al., 2016). Finally, there is a notable lack of research on the neuropsychological sequelae in female victims of GBV, reflecting the fact that there continue to be significant gaps in the care needed by these victims. We therefore propose that future research should address not only the prevalence of these alterations in abused women, but also the factors that may influence the risk of cognitive impairment. Moreover, it is essential to investigate how these cognitive deficits affect the well-being and quality of life of victims, with the aim of improving the care and intervention provided to this population.

Conflict of Interest

The authors declare that they have no conflict of interest.

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References

- Aguirre, P. D., Cova, F. S., Domarchi, P. G., Garrido, C. C., Mundaca, I. L., Rincón, P. G., Troncoso, P. V., & Vidal, P. S. (2010). Estrés postraumático en mujeres víctimas de violencia doméstica [Post-traumatic stress in women victims of domestic violence]. *Revista Chilena de Neuro-Psiquiatría*, 47(2), 103-104.
- Aiquipa Tello, J. J. (2015). Dependencia emocional en mujeres víctimas de violencia de pareja [Emotional dependence in women who are victims of intimate partner violence]. *Revista de Psicología*, 33(2), 411-437. <https://doi.org/10.18800/psico.201502.007>
- Amor, P. J., Echeburúa, E., De Corral, P., Zubizarreta, I., & Sarasua, B. (2002). Repercusiones psicopatológicas de la violencia doméstica en la mujer en función de las circunstancias del maltrato [Psychopathological

- repercussions of domestic violence on women depending on the circumstances of the abuse]. *Revista Internacional de Psicología Clínica y de la Salud*, 2(2), 227-246.
- Beydoun, H. A., Williams, M., Beydoun, M. A., Eid, S. M., & Zonderman, A. B. (2017). Relationship of physical intimate partner violence with mental health diagnoses in the nationwide emergency department sample. *Journal of Women's Health*, 26(2), 141-151. <https://doi.org/10.1089/jwh.2016.5840>
- Billoux, S., Arbus, C., Telmon, N., & Voltzenlogel, V. (2016). Autobiographical memory impairment in female victims of intimate partner violence. *Journal of Family Violence*, 31(7), 897-902. <https://doi.org/10.1007/s10896-016-9838-7>
- Campbell, J., Jones, A. S., Dienemann, J., Kub, J., Schollenberger, J., O'Campo, P., Gielen, A. C., & Wynne, C. (2002). Intimate partner violence and physical health consequences. *Archives of Internal Medicine*, 162(10), 1157-1163. <https://doi.org/10.1001/archinte.162.10.1157>
- Cárdenas, K. J. C., Viteri Rojas, A. M., Valencia Cevallos, A. S., & Indacochea Llor, T. D. (2022). Niveles de cortisol plasmático en mujeres víctimas de violencia de género [Plasma cortisol levels in women victims of gender-based violence]. *Recimundo*, 6(4), 369-383. [https://doi.org/10.26820/recimundo/6.\(4\).octubre.2022.369-383](https://doi.org/10.26820/recimundo/6.(4).octubre.2022.369-383)
- Castro, C., Quiroz-Molinares, N., Verbel-Saumeth, E., García de la Cadena, C., Ruiz-Avenida, G., & De los Reyes-Aragón, C. J. (2022). Exploring the relationship between mental health and neuropsychological functioning in female survivors of IPV. *Bethlehem University Journal*, 39(1), 1-15. <https://doi.org/10.13169/bethunivj.39.1-2022.03>
- Chandan, J. S., Thomas, T., Bradbury-Jones, C., Russell, R., Bandyopadhyay, S., Nirantharakumar, K., & Taylor, J. (2020). Female survivors of intimate partner violence and risk of depression, anxiety and serious mental illness. *British Journal of Psychiatry*, 217(4), 562-567. <https://doi.org/10.1192/bjp.2019.124>
- Chung, S. Y., Tang, S.-H., Shie, J.-P., Tsai, K.-Y., & Chou, F. H.-C. (2014). Emotional memory and posttraumatic stress disorder: A preliminary neuropsychological study in female victims of domestic violence. *African Journal of Psychiatry*, 17(06). <https://doi.org/10.4172/1994-8220.1000148>
- Costello, K., & Greenwald, B. D. (2022). Update on domestic violence and traumatic brain injury: A narrative review. *Brain Sciences*, 12(1). <https://doi.org/10.3390/brainsci12010122>
- Dabkowska, M. (2007). Working memory in female victims of domestic violence. *Acta Neuropsychologica*, 5(3), 90-98.
- Daugherty, J. C., García, M. P., Ruzzante, N. H., & Izquierdo, N. B. (2021). Perceived executive functioning among female survivors of intimate partner violence. *Journal of Aggression, Maltreatment and Trauma*, 30(1), 25-42. <https://doi.org/10.1080/10926771.2020.1783734>
- Daugherty, J. C., Marañón-Murcia, M., Hidalgo-Ruzzante, N., Bueso-Izquierdo, N., Jiménez-González, P., Gómez-Medialdea, P., & Pérez-García, M. (2019). Severity of neurocognitive impairment in women who have experienced intimate partner violence in Spain. *Journal of Forensic Psychiatry and Psychology*, 30(2), 322-340. <https://doi.org/10.1080/14789949.2018.1546886>
- Daugherty, J. C., Román, J. V., García, M. P., & Hidalgo-Ruzzante, N. (2022). Structural brain alterations in female survivors of intimate partner violence. *Journal of Interpersonal Violence*, 37(7-8), NP4684-NP4717. <https://doi.org/10.1177/0886260520959621>
- Devries, K. M., Mak, J. Y., Bacchus, L. J., Child, J. C., Falder, G., Petzold, M., Astbury, J., & Watts, C. H. (2013). Intimate partner violence and incident depressive symptoms and suicide Attempts: A systematic review of longitudinal studies. *PLoS Medicine*, 10(5). <https://doi.org/10.1371/journal.pmed.1001439>
- Dillon, G., Hussain, R., Loxton, D., & Rahman, S. (2013). Mental and physical health and intimate partner violence against women: A review of the literature. *International Journal of Family Medicine*, 2013, 313909. <https://doi.org/10.1155/2013/313909>
- Domingo, A. P., Callejón, A. B., Prieto, P. B., González, R. C., Ortega, V. C., Lozano, M. L. L., Granell, V. L., Palacios, S. L., Alcaide, M. P., Quintana, M. S., Herrero, M. T., & Torras, B. Z. (2003). *La violencia contra las mujeres considerada como problema de salud pública. Documento de apoyo para la atención a la salud de las mujeres víctimas [Violence against women considered as a public health problem. Support document for the attention to the health of female victims]*. Servicio de Promoción de la Salud. Instituto de Salud Pública [Health Promotion Service. Institute of Public Health].
- García, A. V. T., Vega-Hernández, M. C., Antón Rubio, C., & Pérez-Fernández, M. (2021). Mental health in women victims of gender violence: Descriptive and multivariate analysis of neuropsychological functions and depressive symptomatology. *International Journal of Environmental Research and Public Health*, 19(1). <https://doi.org/10.3390/ijerph19010346>
- Ginarte-Arias, Y., & Aguilar-Pérez, I. (2002). Consecuencias neuropsicológicas de los traumatismos craneoencefálicos [Neuropsychological consequences of traumatic brain injury]. *Revista Cubana de Medicina*, 41(4), 227-231.
- Hidalgo-Ruzzante, N., Gómez, P., Bueso-Izquierdo, N., Jiménez, P., Martín del Moral, E., & Pérez-García, M. (2012). Secuelas cognitivas en mujeres víctimas de violencia de género [Cognitive sequelae in women victims of gender violence]. *3er Congreso para el estudio de la violencia contra las mujeres [3rd Congress for the Study of Violence Against Women]*, November, 10.
- Kulshreshtha, A., Alonso, A., McClure, L. A., Hajjar, I., Manly, J. J., & Judd, S. (2023). Association of stress with cognitive function among older black and white US adults. *JAMA Network Open*, 6(3), e231860. <https://doi.org/10.1001/jamanetworkopen.2023.1860>
- Labrador-Encinas, F. J. L., Fernández-Velasco, M. R., & Rincón, P. (2010). Características psicopatológicas de mujeres víctimas de violencia de pareja [Psychopathological characteristics of women victims of intimate partner violence.]. *Psicothema*, 22(1). <https://www.redalyc.org/pdf/727/72712699016.pdf>
- Lara, E., Cayetano, A., Zapata, R., Bretones, C., & Alarcón, R. (2019). Depresión y ansiedad en mujeres víctimas de violencia de pareja [Depression and anxiety in women victims of intimate partner violence]. *Revista Argentina de Ciencias del Comportamiento*, 11(1), 1-8. <https://www.redalyc.org/journal/3334/333463140001/html/>
- Mengual, M. A. (2007). *Trastorno de estrés postraumático. Daño cerebral secundario a la violencia [Post-traumatic stress disorder. Brain damage secondary to violence]*. Ediciones Díaz de Santos.
- Ministerio de Igualdad [Ministry of Equality]. (2019). *Macroencuesta de violencia contra la mujer. Delegación del Gobierno contra la Violencia de Género [Macro survey on violence against women. Delegation of the Government Commission against Gender-Based Violence]*. Ministerio de Igualdad. <https://violenciagenero.igualdad.gob.es/violenciaEnCifras/>
- Navarro, C. G., Gordillo-León, F., & Pérez-Nieto, M. Á. (2020). Análisis de las consecuencias cognitivas y afectivas de la violencia de género en relación con el tipo de maltrato [Analysis of the cognitive and affective consequences of gender-based violence in relation to the type of abuse].

- Ansiedad y Estrés*, 26(1), 39-45. <https://doi.org/10.1016/j.anyes.2020.01.003>
- OMS [WHO]. (2021). *Violencia contra la mujer [Violence against women]*. <https://www.who.int/es/news-room/fact-sheets/detail/violence-against-women>
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., ... Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *The BMJ*, 372. <https://doi.org/10.1136/bmj.n71>
- Pérez, P. C. (2019). Afectación Neuropsicológica en Mujeres Maltratadas [Neuropsychological Effects in Abused Women]. *Revista de Criminología, Psicología y Ley*, 1(1), 102-128.
- Prats, A. de P. (2022). *La violencia de género en la pareja, su manifestación y las consecuencias a largo plazo en mujeres y sus descendientes [Gender-based violence in couples, its manifestation, and long-term consequences for women and their descendants]*. [Universidad de Granada]. <https://digibug.ugr.es/handle/10481/72864>
- Rueda, L. G., & Jenaro, C. (2020). Alteraciones en funciones cognitivas en mujeres maltratadas: revisión sistemática y meta-análisis [Cognitive function impairment in abused women: A systematic review and meta-analysis]. *Psico*, 51(3), e33346. <https://doi.org/10.15448/1980-8623.2020.3.33346>
- Sandi, C. (2012). Influencia del estrés sobre las capacidades cognitivas [Influence of stress on cognitive abilities]. *Revista del Consejo Escolar del Estado*, 1(1), 38-46.
- Stein, M. B., Kennedy, C. M., & Twamley, E. W. (2002). Neuropsychological function in female victims of intimate partner violence with and without posttraumatic stress disorder. *Biological Psychiatry*, 52(11), 1079-1088. [https://doi.org/10.1016/S0006-3223\(02\)01414-2](https://doi.org/10.1016/S0006-3223(02)01414-2)
- Torices, M. I. M., Hidalgo-Ruzzante, N., Sabio, V. T., & García, M. P. (2016). Neuropsicología forense en un caso de violencia de género [Forensic neuropsychology in a case of gender violence]. *Behavioral Psychology / Psicología Conductual*, 24(2), 361-376.
- Torres-García, A. V. (2014). *Evaluación neuropsicológica en mujeres víctimas de violencia de género [Neuropsychological assessment in women victims of gender-based violence]*. Universidad de Salamanca, 361.
- Torres García, A. V., Vega-Hernández, M. C., Antón Rubio, C. A., & Pérez-Fernández, M. P. (2021). Mental health in women victims of gender violence: Descriptive and multivariate analysis of neuropsychological functions and depressive symptomatology. *International Journal of Environmental Research and Public Health*, 19(1). <https://doi.org/10.3390/ijerph19010346>
- Tourné García, M., Herrero Velázquez, S., & Garriga Puerto, A. (2024). Consecuencias para la salud de la violencia contra la mujer por la pareja [Health consequences of intimate partner violence against women]. *Atención Primaria*, 56(11), 102903. <https://doi.org/10.1016/j.aprim.2024.102903>
- Twamley, E. W., Allard, C. B., Thorp, S. R., Norman, S. B., Cissell, S. H., Berardi, K. H., Grimes, E. M., & Stein, M. B. (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>
- Valera, E., & Kucyi, A. (2016). Brain injury in women experiencing intimate partner - violence: neural mechanistic of an «invisible» trauma. *Brain Imaging and Behavior*, 11, 1664-1667. <https://doi.org/10.1007/s11682-016-9643-1>
- Valera, E. M., & Berenbaum, H. (2003). Brain injury in battered women. *Journal of Consulting and Clinical Psychology*, 71(4), 797-804. <https://doi.org/10.1037/0022-006X.71.4.797>
- Zieman, G., Bridwell, A., & Cárdenas, J. F. (2017). Traumatic brain injury in domestic violence victims: A retrospective study at the Barrow Neurological Institute. *Journal of Neurotrauma*, 34(4), 876-880. <https://doi.org/10.1089/neu.2016.4579>