

INPLASY

Does exposure to family and domestic violence correlate to an increase in prevalence and severity of perimenopausal symptoms? A Systematic Literature Review

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ADMINISTRATIVE INFORMATION

Support - No support.

Review Stage at time of this submission - Piloting of the study selection process.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202670025

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 10 July 2026 and was last updated on 10 July 2026.

INTRODUCTION

Review question / Objective Hypothesis: **R** Early life stress and trauma from exposure to family and domestic violence may contribute to persistent dysregulation of the hypothalamic-pituitary-adrenal (HPA) and hypothalamic-pituitary-gonadal (HPG) axes, leading to neurobiological changes that increase vulnerability to hormonally mediated symptomatology and psychopathology, including more severe perimenopausal and psychiatric symptoms later in life.

The primary aim of this literature review is to systematically identify and critically appraise research which explores the link between exposure to family and domestic violence and perimenopausal symptoms in women.

Specific objectives include:

1. Discussion of the proposed pathophysiology of perimenopausal symptoms and the subsequent impact on mental health

2. Systematic evaluation of global research that explores the impact that exposure to family and domestic violence has on perimenopausal symptoms.

Rationale Perimenopause has been defined by the World Health Organization as 'the time immediately preceding the menopause, beginning with endocrine, biologic and clinical changes, and ending a year after the final menstrual period'(5). Perimenopausal symptoms include vasomotor symptoms, mood dysregulation, loss of libido, anxiety, irritability, sleep disruption and cognitive symptoms(6–9). There is a wide range in severity of these symptoms which can partly be explained physiologically by dysregulation of the hypothalamic-pituitary-adrenal (HPA) and hypothalamic-pituitary-gonadal (HPG) axes(9,10). It has been recognised that exposure to a perceived traumatic experience can induce neurobiological changes to these axes(10,11).

Family and domestic violence (FDV) is unfortunately a prevalent social issue in Australia,

with an estimated 1 in 4 (28%) women experiencing physical and sexual violence and/or emotional abuse in the home(12). The RANZCP released a position statement in 2021 describing the “the role of psychiatrists in supporting the mental health of those who have experienced, or who are experiencing, family violence and those who perpetrate family violence”(13). It has been well established that exposure to family and domestic violence (FDV) can cause physical and mental health issues, including impacts to reproductive health(10,12). Of note, a 2026 narrative review demonstrated the link between violence in women with a higher menopausal load, poorer quality of life and significant long-term health risks(14), and it was shown in a 2025 systematic literature review that those with premenstrual dysphoric disorder (PMDD) are 1.99 times more likely to have a history of traumatic exposure than those without PMDD(15). This proposal wishes to explore perimenopause as distinct from other women’s reproductive health issues such as menopause and PMDD.

Despite increasing recognition of the neuropsychiatric symptoms associated with perimenopause and the neurobiological consequences of trauma exposure, there remains limited synthesis of literature examining the relationship between family and domestic violence and perimenopausal symptom burden. Given that the vast majority of women will experience menopause as a natural part of the ageing process, the question of the physiological impacts of FDV on perimenopausal symptoms is of clinical relevance in psychiatry.

A systematic review synthesising the current evidence regarding the association between exposure to family and domestic violence and perimenopausal symptomatology is therefore warranted. The findings of this research may aid in improving psychiatric assessment and management in affected women, as well as guide further research into neuroendocrine mechanisms underlying hormonally mediated psychopathology.

The author acknowledges the potential challenges of distinguishing between diagnostic overlap of premenstrual dysphoric disorder (PMDD), PTSD and perimenopausal symptoms, such as the occurrence of irritability, sleep disturbance, affective lability, anxiety, somatic symptoms and cognitive impairments in all three conditions. The STRAW+10 staging system, “widely considered the gold standard for characterising reproductive aging through menopause”(16), will be used as the basis of assessment of the symptoms described in

the studies to ensure that these are truly representative of perimenopausal symptoms and thus can be included in the systematic analyses. Where possible, this review will examine symptom domains separately under the clusters of affective, anxiety, sleep, vasomotor or somatic rather than as a single homogeneous cluster of “perimenopausal symptoms”. This approach may aid in clarifying whether trauma exposure is associated with global symptom severity or with specific neuropsychiatric/autonomic symptom profiles.

Condition being studied Perimenopause.

METHODS

Search strategy 1. Search Strategy

- Databases: MEDLINE, Google Scholar, Embase, PsychINFO, Emcare, Web of Science and Cochrane Library

- Keywords:

o Perimenopause: “perimenopause” or “menopausal transition” or menopausal symptoms”

o Family and domestic violence: “family and domestic violence” or “family violence” or “domestic violence” or “intimate partner violence” or “trauma”

o Psychiatric outcomes: “depression” or “anxiety” or “PTSD” or “mental health” or “psychiatric symptoms”

o Neurobiology: “hypothalamic-pituitary-adrenal axis” or “HPA axis” or “hypothalamic-pituitary-gonadal axis” or “HPG axis” or “stress response” or “neuroendocrine”

2. Data extraction

- Study characteristics (year, country, design)

- Population (sample size, age range)

- Trauma exposure (type, timing, severity)

- Menopausal measures (symptom scales, diagnostic criteria)

- Psychiatric outcomes (depression, anxiety, PTSD)

- Main findings (associations, effect sizes).

Participant or population Women with perimenopausal symptoms who have experienced family/domestic violence.

Intervention Not applicable.

Comparator Not applicable.

Study designs to be included Systematic literature review, narrative synthesis.

Eligibility criteria - Inclusion Criteria:

o Participants: Involve perimenopausal women

o Reported outcomes:

- exposure to family and domestic violence
- evaluation of menopausal symptom prevalence or severity
- assessment of psychiatric or psychosocial outcomes

o Publication type: peer-reviewed observational studies, cohort studies, case-control studies, qualitative studies, mixed-methods studies, systematic reviews

o Publication language: English

- Exclusion Criteria:

o Population: postmenopausal women, premenstrual dysphoric disorder

o Studies that do not assess for trauma/violence exposure

o Publication type: editorials or opinion pieces

o Studies that lack relevant symptom or psychiatric outcome measures

o Studies that involve non-human subjects.

Information sources MEDLINE, Google Scholar, Embase, PsychINFO, Emcare, Web of Science and Cochrane Library.

Main outcome(s) It is anticipated that this systematic review will contribute to improved understanding of the interaction between trauma exposure and hormonally-mediated psychiatric symptomatology during the menopausal transition, as well as identify the gaps in our knowledge to guide future neuroendocrine and trauma-informed research. Clinical practice implications may include an increased awareness of the profound and lifelong impacts that early and repeated exposure to traumatic experiences has on women's mental health.

Data management Zotero.

Quality assessment / Risk of bias analysis - Studies will be critically appraised with appropriate risk of bias analyses (through assessing the inclusion/exclusion criteria and methods used for correction of confounding variables) to determine whether the identified studies distinguish hormonally-mediated symptoms from trauma-related psychopathology and if consideration is made in their analyses to address this overlap.

- A specific age cut-off is not demarcated in the inclusion/exclusion criteria which allows for the ability to capture data on individuals who experience perimenopausal symptoms at any age. The risk of younger women experiencing perimenopausal symptoms that get missed due to their age and therefore being underrepresented in the literature, if found to be true, will be discussed under risk of bias analysis.

- Studies will be evaluated for methodological quality using appropriate appraisal tools depending on the study design (e.g. Newcastle-Ottawa Scale, CASP, AMSTAR-2 etc.).

Strategy of data synthesis Given the multidisciplinary nature of this topic and the anticipated heterogeneity of the available evidence, the most appropriate methodology will likely be a narrative synthesis, including tables summarizing the key findings.

Subgroup analysis Anticipated themes that will be explored include trauma and affective symptoms, neuroendocrine mechanisms, psychosocial impacts/quality-of-life impairment, trauma-informed care.

Sensitivity analysis If sufficient methodological homogeneity is identified amongst the included studies, a quantitative meta-analysis will be considered.

Language restriction English.

Country(ies) involved Australia.

Keywords Perimenopause; family and domestic violence; psychiatric outcomes; neurobiology.

Dissemination plans The findings from this systematic review are anticipated to be highly relevant to psychiatry in the domains of women's mental health as well as trauma-informed clinical practice. Submission to relevant Psychiatric and Women's Health Journals for consideration of publication will be considered.

Contributions of each author

Author 1 - Danielle Everett - Devised the research topic and proposal.

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