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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 19 October 2026.**INTRODUCTION**

Review question / Objective Hypothesis: 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’[1]. Perimenopausal symptoms include vasomotor symptoms, mood dysregulation, loss of libido, anxiety, irritability, sleep disruption and cognitive symptoms [2-5]. 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[5,6]. It has been recognised that exposure to a perceived traumatic experience can induce neurobiological changes to these axes[6,7].

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[8]. 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”[9]. 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[6,8]. 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[10], 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[11]. This proposal wishes to explore perimenopause as distinct from other women’s reproductive health issues such as menopause and PMDD.

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”[12], 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.

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.

Condition being studied Perimenopause.

METHODS

Search strategy The search strategy will be undertaken according to PRISMA guidelines. Expanded keyword search terms to be used are: {Perimenopaus* OR “menopausal transition” OR “menopause transition” OR “menopausal symptom*” or climacteric OR “vasomotor symptom*”} AND [{"domestic violence” OR “family violence” OR “family and domestic violence” OR “intimate partner violence” OR “partner violence” OR “domestic abuse” OR “partner abuse” OR “spousal abuse” OR “physical abuse” OR “sexual abuse” OR “psychological abuse” OR “emotional abuse” OR “coercive control” OR “childhood maltreatment” or “childhood abuse” OR “childhood trauma” OR “adverse childhood experience”} AND {“psychiatric outcomes” OR depression OR anxiety OR “post traumatic stress disorder” OR PTSD OR “mental health”} AND {neurobiology OR “Hypothalamic-pituitary-adrenal axis” OR “HPA axis” OR “Hypothalamic-pituitary-gonadal axis” OR “HPG axis” OR “stress response” OR neuroendocrine}.

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

Intervention Not applicable.

Comparator Not applicable.

Study designs to be included Peer-reviewed original research including observational studies, cohort studies, case-control studies, cross-sectional studies, mixed-methods studies, systematic reviews, narrative reviews.

Eligibility criteria Inclusion criteria:
- Perimenopausal women

- Exposure to likely family and domestic violence as indicated by trauma screening questionnaires
- Evaluation of perimenopausal symptom prevalence or severity
- Discussion of psychiatric or psychosocial outcomes
- Discussion of proposed neurobiological mechanisms

Exclusion criteria:

- Non-perimenopausal women
- No trauma or violence exposure
- Editorials, conference abstracts or opinion pieces
- No relevant psychiatric symptom or outcome measures
- No discussion of proposed neurobiological mechanisms
- Studies that involve non-human subjects.

Information sources MEDLINE, Embase, PsychINFO, Emcare, PubMed 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 - Data extraction will include authors, year of publication, type of study, number of participants and age range, perimenopausal measure (symptoms, severity, prevalence), trauma exposure (type, timing and severity), and psychiatric outcomes (depression, anxiety, PTSD). Studies will be critically appraised for methodological quality and risk of bias with the appropriate validated tool for the study type.

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.

References

1. Kulkarni J. Perimenopausal depression - an under-recognised entity. *Aust Prescr.* 2018 Dec 3;41(6):183–5. doi:10.18773/austprescr.2018.060
2. Carson MY, Thurston RC. Childhood abuse and vasomotor symptoms among midlife women. *Menopause.* 2019 Oct;26(10):1093–9. doi:10.1097/GME.0000000000001366
3. Alblooshi S, Taylor M, Gill N. Does menopause elevate the risk for developing depression and anxiety? Results from a systematic review. *Australas Psychiatry.* 2023 Apr;31(2):165–73. doi:10.1177/10398562231165439
4. Shea AK, Frey BN, Gervais N, Lopez A, Minuzzi L. Depression in midlife women attending a menopause clinic is associated with a history of childhood maltreatment. *Climacteric.* 2022 Mar 4 ; 2 5 (2) : 2 0 3 – 7 . doi:10.1080/13697137.2021.1915270
5. Steiner M. Hormones and mood: from menarche to menopause and beyond. *J Affect Disord.* 2003 Mar ; 7 4 (1) : 6 7 – 8 3 . doi : 1 0 . 1 0 1 6 / S0165-0327(02)00432-9
6. Allsworth JE, Zierler S, Lapane KL, Krieger N, Hogan JW, Harlow BL. Longitudinal study of the inception of perimenopause in relation to lifetime history of sexual or physical violence. *J Epidemiol Community Health.* 2004 Nov;58(11):938–43. doi:10.1136/jech.2003.017160
7. Tonon AC, Ramos-Lima LF, Kuhathasan N, Frey BN. Early Life Trauma, Emotion Dysregulation and Hormonal Sensitivity Across Female Reproductive Life Events. *Curr Psychiatry Rep.* 2024 Oct ; 2 6 (1 0) : 5 3 0 – 4 2 . doi : 1 0 . 1 0 0 7 / s11920-024-01527-y
8. Webster K. A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women. Sydney: ANROWS; 2016.
9. RANZCP. Family violence and mental health [Position Statement] [Internet]. RANZCP; 2021 May [cited 2026 May 29]. Position Statement PS #102. Available from: <https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines->

publications-library/family-violence-and-mental-health

10. Mendoza N, Mendoza-Huertas L, Lopez-Salas E. Violence against women and its influence on menopausal symptoms and timing: A narrative review. *Maturitas*. 2026 Jun;209:108949. doi:10.1016/j.maturitas.2026.108949

11. Grewal JK, Mu E, Li Q, Thomas EHX, Kulkarni J, Chen L. The prevalence of traumatic exposure in women with premenstrual dysphoric disorder (PMDD): a systematic review. *Arch Womens Ment Health*. 2025 Aug;28(4):723–40. doi:10.1007/s00737-024-01536-z

12. Harlow SD, Gass M, Hall JE, Lobo R, Maki P, Rebar RW, et al. Executive summary of the Stages of Reproductive Aging Workshop + 10: addressing the unfinished agenda of staging reproductive aging. *Menopause*. 2012 Apr;19(4):387–95. doi:10.1097/gme.0b013e31824d8f40.

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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