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The Competency of Complex Trauma Theory in Explaining the Relationship between Recurrent Intimate Partner Violence and Emotional Dysregulation: A Critical Review

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Abstract:

Intimate partner violence (IPV) is associated with adverse psychological outcomes, including difficulties in emotional regulation. However, the extent to which adult IPV independently contributes to emotional dysregulation (ED), beyond prior trauma and pre-existing vulnerabilities, remains unclear. This review critically examines the relationship between IPV and ED through complex trauma theory (CTT), considering childhood maltreatment, revictimisation, and other overlapping risk pathways. The literature indicates associations between IPV, psychological distress, and trauma-related symptoms, while research on complex post-traumatic stress disorder highlights the relevance of affective dysregulation following prolonged interpersonal trauma. Nevertheless, limitations in study designs, inconsistent outcome measures, and the inclusion of diverse trauma populations restrict causal interpretation. Childhood maltreatment and previous victimisation may complicate observed associations, although their influence does not diminish the harms of IPV. The review concludes that longitudinal research accounting for prior vulnerabilities is necessary to clarify whether adult IPV independently contributes to ED and to refine trauma-informed assessment.

Keywords: intimate partner violence, emotional dysregulation, complex trauma theory, childhood maltreatment, revictimisation, complex post-traumatic stress disorder.

1. Introduction:

Intimate Partner Violence (IPV) remains one of the most widespread forms of violence, especially towards women (Manna et al., 2024). Encompassing physical, sexual, and psychological violence, it severely hampers an individual's ability to manage emotional responses (Taccini et al., 2024). This reduced capacity to handle emotional responses results in emotion dysregulation (ED) by fatiguing the existing emotion regulation processes.

Emotion regulation (ER) stands on four pillars: awareness and understanding of emotions; acceptance of emotions; the ability to control impulsive behaviors and maintain goal-directed behavior when experiencing negative emotions; and the situation-appropriate use of flexible emotion regulation strategies to modulate emotional responses (Gratz & Roemer, 2004). Consequently, ED is a situation characterized

by the lack of these processes. Evidently, it may be established that survivors of IPV experience this more profoundly. The underlying mechanism explains that continuous exposure to interpersonal threats impairs survivors' ability to regulate distress responses (Simpson et al., 2025). Such difficulties are relevant as potential consequences of traumatic experiences and also because they may influence interpersonal functioning (Weiss et al., 2019).

Although the relationship between childhood IPV and ED is comparatively direct, adult IPV has a harder time being seen as a causal factor for consequent ED (Bundock et al., 2013). Emotional regulation difficulties observed among survivors may develop following repeated exposure to violence, but they may also precede adult victimisation or reflect the cumulative influence of earlier adversity (Cloitre et al., 2009). This problem plays a central role in the lack of a direct causal association between adult IPV and ED. Childhood maltreatment, for instance, can lead to later vulnerability to IPV as it emotionally conditions the victim in various ways (not to imply that the victims are responsible for IPV incidents) (Pezzoli et al., 2025). In another case, in their longitudinal analysis spanning 28 months, Simpson et al. (2025) observed that heightened exposure to cumulative IPV forecast elevated global ED across time, maintaining significance even after accounting for early childhood adversity. Nevertheless, longitudinal findings alone remain insufficient to fully exclude competing explanatory mechanisms. This further complicates the possibility of an association, as here ED occurs beyond and over childhood maltreatment. For our interests, Complex Trauma Theory provides a framework to aptly explain how repeated interpersonal threats resulting in trauma might lead to impaired emotional regulation and internal functioning (Herman, 1992). Added to ICD-11, complex Posttraumatic Stress Disorder (cPTSD) finds its basis within this theory, differing from PTSD due to three extra disturbances of self-organization, including difficulties with affect regulation, negative self-concept, and relationships (Giourou et al., 2018). Although research has documented associations between coercive control, psychological IPV, and adverse mental health outcomes, the evidence specifically connecting coercive control with cPTSD remains limited (Lohmann et al., 2024). Evidence linking IPV with psychological distress does not necessarily establish a specific pathway through ED, while evidence linking childhood maltreatment with later victimisation complicates attempts to attribute emotional difficulties exclusively to adult experiences. These issues highlight the importance of evaluating differences between cross-sectional and longitudinal research, the limitations of retrospective self-report, and the generalisability of findings across populations and cultural contexts.

This critical narrative literature review examines the extent to which Complex Trauma Theory explains emotion dysregulation among survivors of recurrent intimate partner violence. It first considers evidence linking IPV exposure to ED, then evaluates childhood maltreatment and other potential vulnerabilities as alternative or contributing explanations. It subsequently examines the explanatory relationship between CTT and ICD-11 cPTSD. Finally, it identifies methodological and contextual limitations in the existing literature and outlines priorities for future research, particularly prospective longitudinal investigations capable of examining changes in emotional functioning over time.

Research Question and Scope

This critical review analysed peer-reviewed research papers and reviews to assess how sufficiently Complex Trauma Theory explains the relationship between Intimate Partner Violence and Emotional

Dysregulation in the adult population, keeping buffers to the pathway like childhood maltreatment and revictimization in mind. This review primarily includes peer-reviewed articles published in the 21st century.

2. Search and selection methods:

2.1 Search strategy

Relevant literature was identified through searches of Google Scholar, PubMed, ResearchGate, JSTOR, and APA PsycINFO, conducted between 5 July 2026 and 12 October 2026. Search terms were developed around four principal concepts: IPV and recurrent victimisation; emotion dysregulation and emotional regulation; complex trauma and cPTSD; and childhood maltreatment and revictimisation.

Search combinations included terms such as “intimate partner violence” AND “emotion dysregulation”; “recurrent IPV” AND “trauma”; “complex PTSD” AND “intimate partner violence”; and “childhood maltreatment” AND “revictimisation”. Additional searches examined the relationship between coercive control, post-traumatic stress symptoms, and emotional regulation. Reference lists of relevant reviews and empirical studies were also examined to identify potentially relevant publications not retrieved through the initial searches.

The search prioritised peer-reviewed empirical studies, systematic reviews, meta-analyses, and theoretical or conceptual publications relevant to the research question. No claim of exhaustive retrieval is made, consistent with the critical narrative design.

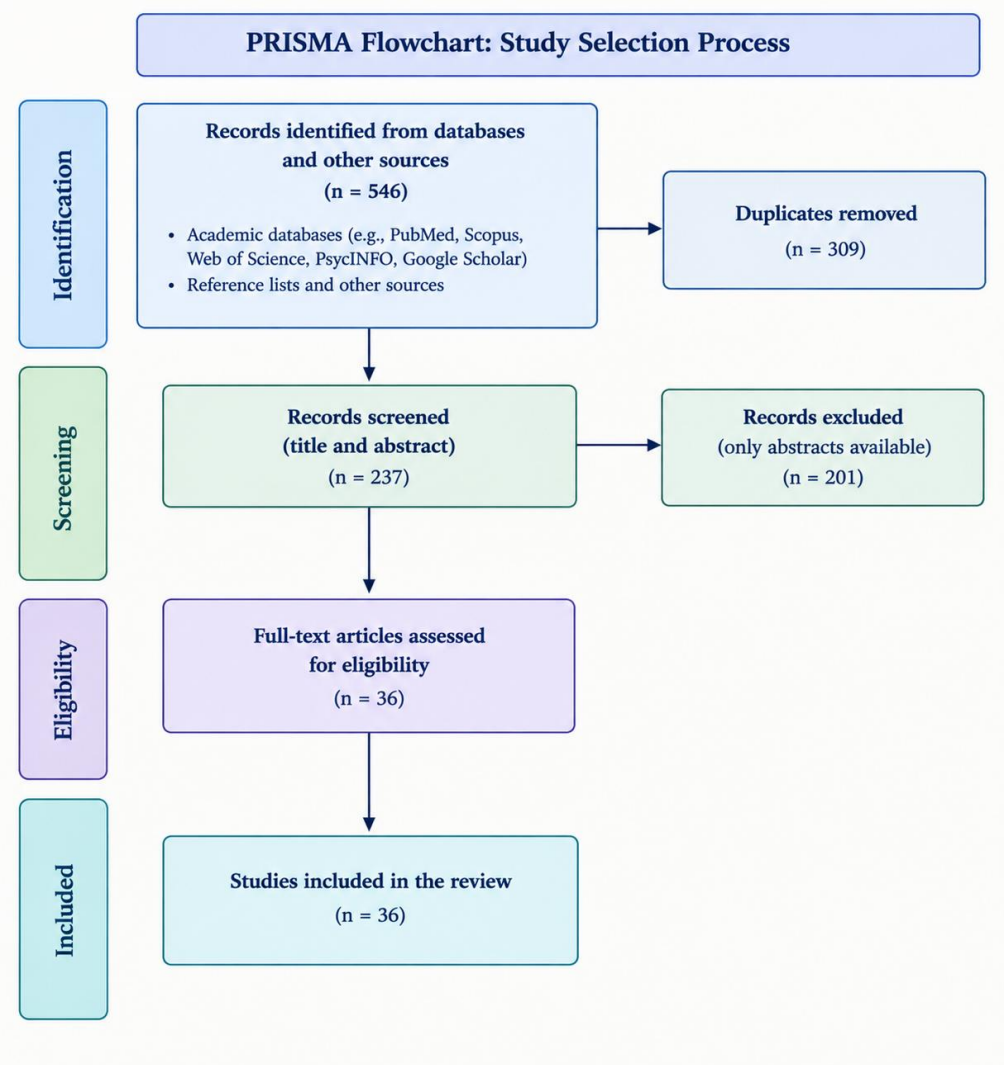
2.2 Eligibility Criteria

Literature was considered relevant when it addressed one or more of the following: the relationship between IPV and ED; the psychological consequences of recurrent or prolonged interpersonal trauma; the role of childhood maltreatment in later victimisation or emotional difficulties; the conceptualisation of CTT and cPTSD; or methodological questions concerning the attribution of psychological outcomes to adult IPV.

Both cross-sectional and longitudinal empirical studies were considered, alongside systematic reviews, meta-analyses, and relevant theoretical literature. Research involving different populations and geographical settings was considered where it contributed to the conceptual or empirical understanding of the research question. Studies concerning childhood maltreatment and revictimisation were included when they informed alternative or contributing explanations for the relationship between adult IPV and ED, even when they did not directly examine all three constructs.

Studies were excluded when they did not meaningfully address the review question or provide a relevant theoretical, methodological, or empirical contribution.

2.3 Screening and Organization



Records identified through database searches and supplementary reference-list screening were exported to a reference-management system and de-duplicated before screening. Titles and abstracts were first screened against the eligibility criteria to remove publications that did not concern IPV, emotional regulation or dysregulation, complex trauma or cPTSD, childhood maltreatment, revictimisation, or relevant methodological issues. Full texts of potentially relevant records were then assessed for their contribution to the review question, with attention to whether they examined IPV victimisation, recurrent exposure, emotional functioning, prior trauma, or the conceptual basis of Complex Trauma Theory.

Because this was a critical narrative review rather than a systematic review, screening was not limited to a single study design or population. Cross-sectional and longitudinal empirical studies, systematic reviews, meta-analyses, and theoretical or conceptual publications were retained where they informed the relationship between recurrent IPV and ED or helped identify alternative explanations, including childhood maltreatment and revictimisation. Studies focused solely on IPV perpetration, unrelated trauma populations, or outcomes with no clear relevance to emotional regulation were excluded unless they offered a useful conceptual or methodological contrast.

Included sources were organised thematically rather than chronologically or by study design. The literature was grouped into four areas: direct evidence on IPV and ED; childhood maltreatment and prior vulnerabilities; revictimisation and overlapping trauma pathways; and the explanatory value and limitations of CTT and cPTSD. Within each theme, studies were compared according to their population, IPV exposure measure, outcome measure, research design, and extent to which they accounted for prior trauma or baseline emotional functioning. This organisation allowed the review to evaluate both the strength of associations reported in the literature and the degree to which those associations could support causal interpretation.

A PRISMA-style flow diagram summarises the screening process, including records identified, duplicates removed, records excluded at title-and-abstract screening, full texts assessed, and studies retained for synthesis. The final set of included literature was used to develop the thematic synthesis presented in Section 3.

3. Synthesis of Literature

3.1 Intimate Partner Violence and Emotional Dysregulation

Research increasingly identifies emotion dysregulation (ED) as an important correlate of the psychological consequences of intimate partner violence (IPV) (Weiss et al., 2025). Simpson et al. (2022) reported indirect associations between IPV and post-traumatic stress (PTS) symptoms through emotion dysregulation, suggesting that ED may be relevant to understanding the relationship between victimisation and trauma-related distress. Research specifically examining recurrent IPV provides a more direct basis for investigating cumulative exposure. Muñoz-Rivas et al. (2021) identified distinct profiles of emotion regulation and post-traumatic stress severity among women receiving services for gender-based violence in Madrid. Their findings indicated that women reporting multiple IPV episodes exhibited a distinct pattern of emotional regulation difficulties, while the group characterised by emotional overwhelm also reported more severe post-traumatic stress symptoms. Although these findings suggest that repeated victimisation may be associated with more pronounced emotional difficulties, the cross-sectional design cannot establish whether recurrent IPV preceded those difficulties or whether other factors contributed to both.

Further evidence comes from Puente-Martínez et al. (2023), who examined the mediating role of response-focused emotion regulation strategies in IPV across stages of change. Their research highlights the importance of examining how emotional responses and regulation strategies relate to women's experiences of IPV and their progression through different stages of change. Complementing this work, a study of 284 women exposed to IPV found that emotion dysregulation statistically mediated the association between increases in IPV victimisation and post-traumatic stress symptoms. These findings support the potential role of ED in the relationship between escalating victimisation and trauma-related distress. However, statistical mediation in observational research does not independently establish a causal mechanism or demonstrate that dysregulation originated after IPV exposure.

The broader literature also underscores the need to distinguish emotional difficulties among survivors from emotion-regulation deficits associated with the perpetration of violence. Bliton et al. (2016), in a

cross-sectional study of 598 college students, found associations between emotion dysregulation and IPV perpetration, although the gender-specific association between emotional awareness difficulties and physical aggression was not supported in multivariate analyses. Similarly, Neilson et al. (2023) reviewed research on emotion regulation and IPV perpetration among undergraduate populations. Their review identified emotion-regulation deficits as a relevant correlate of perpetration and discussed the potential significance of regulation strategies, including cognitive reappraisal and emotional suppression. These studies suggest that emotion regulation may be relevant to multiple processes within abusive relationships, but they do not directly establish the effects of IPV victimisation on survivors' emotional functioning.

Taken together, the evidence supports an association between IPV, emotional dysregulation, and post-traumatic stress symptoms, with some studies suggesting that ED may help account for the relationship between victimisation and trauma-related distress. Nevertheless, the direction of these associations remains an important methodological concern. Pre-existing emotional difficulties, childhood maltreatment, previous interpersonal trauma, and revictimisation may influence both subsequent IPV exposure and emotional outcomes. Consequently, the extent to which adult IPV independently contributes to emotional dysregulation remains insufficiently established, particularly where studies rely on cross-sectional designs or do not adequately account for prior trauma. Longitudinal research incorporating baseline emotional functioning and histories of childhood and adult victimisation is therefore necessary to distinguish the effects of IPV exposure from pre-existing vulnerabilities and cumulative trauma.

3.2 Childhood Maltreatment and Prior Vulnerabilities

Childhood maltreatment is an important potential confounder in examining the relationship between adult IPV and ED, as it may precede both later victimisation and persistent difficulties in emotional functioning. McMahon et al. (2015), in a national study of childhood maltreatment and IPV risk, examined the association between adverse childhood experiences and subsequent intimate partner violence. Their work situates childhood maltreatment as a relevant antecedent to adult IPV, suggesting that the psychological consequences observed among survivors cannot necessarily be attributed exclusively to violence occurring within adult relationships. However, establishing childhood maltreatment as a risk factor for later IPV does not, by itself, establish its role in the development of emotional dysregulation or determine how much of the latter is attributable to adult victimisation.

More direct evidence concerning the relationship between childhood maltreatment and subsequent IPV victimisation is provided by Pezzoli et al. (2025). Using genetically informed twin models with 12,794 participants assessed at ages 21 and 26, the authors found that participants reporting childhood maltreatment were approximately three times more likely to report IPV victimisation at age 21 and four times more likely at age 26 than those who did not report maltreatment. Importantly, the association reflected both shared familial influences and individual experiences, alongside genetic influences. Although the estimated association decreased after accounting for common etiological influences, the authors found evidence consistent with an additional effect of childhood maltreatment on subsequent IPV victimisation. These findings complicate interpretations that treat adult IPV exposure as an isolated event: individuals experiencing IPV may also have histories of adversity that influence their vulnerability to later victimisation and their psychological functioning. Nevertheless, the study examined pathways to IPV victimisation rather than the independent effects of adult IPV on emotional dysregulation.

The potential contribution of prior trauma to emotional difficulties is further illustrated by Fereidooni et al. (2023), whose systematic review synthesised 71 empirical studies involving 31,633 participants. The review identified trauma-related symptoms, dissociation, emotion dysregulation, and risky sexual behaviours as potential predictors or correlates of revictimisation following childhood maltreatment. However, the authors also highlighted limitations in the available evidence and the need for further research into the mechanisms connecting childhood victimisation with subsequent experiences of violence. These findings suggest that emotional dysregulation may occupy a complex position in the relationship between childhood maltreatment and adult IPV: it may represent a persistent consequence of earlier adversity, a factor associated with subsequent victimisation, or part of a reciprocal relationship between psychological difficulties and repeated exposure to interpersonal trauma. The evidence does not establish that these pathways operate uniformly across individuals, nor does it imply that survivors' characteristics cause or make them responsible for the violence they experience.

Knefel et al. (2018) provide a more direct examination of the relationship between childhood maltreatment, emotion regulation, and complex post-traumatic stress symptoms. In a clinical sample of 193 adult patients, the researchers used path analysis to investigate the pathways linking childhood trauma to post-traumatic stress disorder (PTSD) and disturbances in self-organisation (DSO), which include affect dysregulation, negative self-concept, and difficulties in relationships. Their findings indicated a direct pathway from childhood maltreatment to PTSD symptoms, whereas the association with DSO was indirectly mediated by emotion-regulation difficulties. This distinction is particularly relevant to the present review because it suggests that emotional dysregulation may develop in the context of earlier trauma, rather than necessarily emerging as a consequence of adult IPV. The clinical sample and observational path-analysis design, however, limit the extent to which the findings can establish temporal or causal mechanisms, and the results do not isolate the contribution of adult IPV from that of childhood maltreatment.

Taken together, these studies identify childhood maltreatment and associated psychological vulnerabilities as important considerations when interpreting the relationship between adult IPV and emotional dysregulation. Prior trauma may contribute to pre-existing difficulties in emotional regulation, increase the likelihood of subsequent victimisation, and coexist with the psychological consequences of adult IPV. Consequently, an association between adult IPV and ED cannot automatically be interpreted as evidence that IPV independently produced the observed difficulties. At the same time, childhood maltreatment should not be treated as a complete alternative explanation that minimises the potential effects of later violence. Pezzoli et al. (2025) demonstrate that shared risk factors and a possible additional effect of childhood maltreatment can coexist, while Knefel et al. (2019) highlight the relevance of emotion regulation to trauma-related disturbances in self-organisation. The central methodological concern, therefore, is to distinguish the contribution of prior vulnerabilities from the potential effects of adult IPV. Studies that do not adequately assess childhood maltreatment, previous interpersonal victimisation, and baseline emotional functioning may overestimate or misattribute the association between adult IPV and ED. Longitudinal designs incorporating these factors are needed to clarify whether, and to what extent, adult IPV contributes to emotional dysregulation beyond pre-existing vulnerabilities and cumulative trauma.

3.3 Revictimization and Overlapping Pathway

Revictimisation is an important consideration when examining the relationship between intimate partner violence (IPV) and emotional dysregulation (ED), as repeated exposure to interpersonal violence may complicate the attribution of psychological outcomes to a single episode or period of victimisation. Lagdon et al. (2014), in a systematic review of 58 papers, examined the mental-health consequences of different forms of IPV victimisation. Their findings indicated that IPV was associated with adverse mental-health outcomes, including post-traumatic stress, depression, and anxiety. The review also highlighted the importance of considering forms of abuse beyond physical violence. These findings establish the broader psychological significance of IPV, but they do not independently determine whether emotional dysregulation develops following adult victimisation, reflects earlier trauma, or results from cumulative exposure to multiple forms of violence.

More direct evidence concerning repeated victimisation is provided by Bellot et al. (2024), whose systematic review and meta-analysis examined factors associated with revictimisation among women exposed to IPV. Of 2,382 studies initially identified, 22 met the inclusion criteria for meta-analysis. Childhood abuse emerged as the risk factor most strongly associated with revictimisation, while other significant factors included alcohol and drug use, recent physical violence, violence severity, and post-traumatic stress symptomatology. Older age was identified as a protective factor in prospective studies. These findings suggest that revictimisation occurs within a broader network of historical, psychological, and situational factors rather than being adequately explained by any single characteristic. In particular, the association between PTSD symptoms and revictimisation raises the possibility that trauma-related difficulties and subsequent exposure to violence may be interconnected. However, this association does not establish that PTSD symptoms cause further victimisation, and it should not be interpreted as placing responsibility for abuse on survivors.

The relationship between revictimisation and emotional dysregulation therefore requires consideration of several overlapping pathways. First, childhood maltreatment may contribute to persistent emotional-regulation difficulties while also being associated with an increased likelihood of later IPV victimisation (Bellot et al., 2024). Second, earlier experiences of violence may contribute to post-traumatic stress symptoms that coexist with the psychological effects of subsequent victimisation (Lagdon et al., 2014). Third, repeated or severe IPV exposure may compound existing psychological difficulties, making it difficult to distinguish the effects of recent violence from those associated with previous trauma. These pathways are not mutually exclusive: prior vulnerability, repeated exposure, and the psychological consequences of IPV may interact over time.

A central methodological implication follows from this overlap. Where studies measure IPV exposure and emotional dysregulation at a single time point, they may be unable to establish the temporal sequence between victimisation, trauma symptoms, and regulatory difficulties. Similarly, studies that do not account for childhood maltreatment, previous IPV episodes, violence severity, and baseline mental-health symptoms may attribute to adult IPV outcomes that partly reflect cumulative exposure or pre-existing difficulties. Conversely, controlling for variables that arise after IPV exposure may obscure some of the psychological effects researchers seek to investigate. Appropriate analyses must therefore distinguish pre-exposure confounders from potential mediators and consequences of victimisation.

Taken together, Lagdon et al. (2014) and Bellot et al. (2024) support a cumulative and context-sensitive understanding of IPV-related psychological distress. Nevertheless, neither review directly establishes how much revictimisation independently contributes to emotional dysregulation after accounting for childhood maltreatment and other prior vulnerabilities. This remains an important gap in the literature. Longitudinal studies that assess emotional functioning before and after IPV episodes, distinguish first-time from recurrent victimisation, and account for prior trauma and baseline psychopathology are needed to clarify the independent and cumulative contributions of adult IPV to emotional dysregulation.

3.4 The Explanatory Value and Limitations of Complex Trauma Theory and cPTSD

Complex Trauma Theory (CTT) provides a framework for understanding how prolonged interpersonal trauma may affect emotional regulation, self-concept, and relationships. In the context of intimate partner violence (IPV), repeated exposure to coercion and threat may contribute to persistent psychological difficulties. However, CTT must be distinguished from complex post-traumatic stress disorder (CPTSD), an ICD-11 diagnosis characterised by core post-traumatic stress disorder (PTSD) symptoms alongside disturbances in self-organisation (DSO), comprising affective dysregulation, negative self-concept, and interpersonal difficulties (Maercker, 2021; Karatzias et al., 2018). Although this framework recognises the broader consequences of complex trauma, it does not establish that adult IPV independently causes emotional dysregulation (ED).

Evidence concerning coercive control supports the relevance of a broader trauma framework. Lohmann et al. (2024), in a systematic review and meta-analysis, found associations between coercive control and PTSD ((r=.32)) and depression ((r=.27)). These findings highlight the psychological significance of coercive abuse beyond physical violence. However, the outcomes primarily concerned PTSD and depression rather than CPTSD-specific disturbances in emotional regulation, limiting the extent to which they directly support CTT's proposed mechanisms.

Research on emotional and self-evaluative processes provides additional support. Mirabile et al. (2024) examined women with histories of interpersonal trauma and identified indirect pathways involving shame and ED in relation to post-traumatic stress symptoms. Goldstein et al. (2016) investigated associations among PTSD, ED, and alcohol-dependence symptoms in women, while Gilmore et al. (2020) found that ED predicted dropout from prolonged-exposure treatment among female veterans with military sexual trauma-related PTSD. Collectively, these studies demonstrate the relevance of ED to trauma-related distress and clinical functioning. Nevertheless, their populations and trauma contexts differ from IPV survivors, and their findings cannot establish that adult IPV specifically produces ED.

Research validating CPTSD assessment instruments strengthens the framework's clinical utility. Studies examining the International Trauma Questionnaire (ITQ) and International Trauma Interview (ITI) have supported the assessment of PTSD and DSO across samples in the United States, Denmark, Sweden, Lithuania, China, and Portugal (Shevlin et al., 2018; Bondjers et al., 2019; Ho et al., 2019; Rocha et al., 2019; Vang et al., 2021; Gelezelyte et al., 2022). Haselgruber and Sölva (2019) also examined the ITQ among foster children. Sarr et al. (2024), in a systematic review, highlighted the usefulness of CPTSD assessment while identifying limitations concerning cultural representation and the evidence base. Cloitre

(2021) further emphasised the importance of addressing disturbances in self-organisation in CPTSD assessment and treatment.

Despite these contributions, diagnostic validity does not establish causality. Many studies are cross-sectional, examine trauma more broadly than IPV, or cannot distinguish pre-existing emotional difficulties from those arising after victimisation. Childhood maltreatment, previous interpersonal trauma, revictimisation, and prior psychopathology may influence both vulnerability to IPV and subsequent emotional functioning.

Consequently, CTT and CPTSD offer valuable frameworks for understanding trauma-related ED but cannot independently establish the causal contribution of adult IPV. Longitudinal studies measuring baseline emotional functioning, prior trauma, and subsequent IPV exposure are needed to determine whether adult IPV contributes to ED beyond pre-existing vulnerabilities and cumulative trauma.

4. Discussion

The present review examined the relationship between intimate partner violence (IPV) and emotional dysregulation (ED), with particular attention to complex trauma theory (CTT), childhood maltreatment, and prior vulnerabilities. Overall, the literature suggests that IPV is associated with adverse psychological outcomes and that ED may be an important correlate of trauma-related distress. However, the available evidence does not establish that adult IPV independently causes ED.

Research on IPV and psychological outcomes consistently highlights the relevance of trauma-related symptoms, including post-traumatic stress, depression, and difficulties with emotional functioning. Findings concerning coercive control further indicate that psychological abuse may have substantial mental health consequences even in the absence of physical violence (Lohmann et al., 2024). Nevertheless, associations between IPV and psychological distress should not automatically be interpreted as evidence of a specific causal pathway from victimisation to ED. Some studies examine perpetration rather than victimisation, while others investigate trauma populations or outcomes that do not directly measure emotional regulation. These differences limit the generalisability of their findings to the central research question.

A key contribution of this review is its emphasis on childhood maltreatment and revictimisation as potential overlapping pathways. Childhood adversity may influence later emotional functioning and vulnerability to subsequent interpersonal violence. Similarly, previous victimisation and pre-existing psychological difficulties may complicate the relationship between adult IPV and ED. These factors could partly explain observed associations, although their presence does not negate the psychological harm associated with IPV. Instead, they indicate the need to distinguish the effects of adult victimisation from the influence of earlier experiences and cumulative trauma.

CTT and the ICD-11 framework for complex post-traumatic stress disorder (CPTSD) offer useful explanations for understanding the effects of prolonged interpersonal threat. CPTSD incorporates disturbances in self-organisation, including affective dysregulation, negative self-concept, and interpersonal difficulties, alongside core PTSD symptoms (Maercker, 2021). However, the clinical

validity of this framework does not establish that IPV produces these difficulties through a single mechanism. Furthermore, findings from studies involving other forms of trauma cannot be assumed to apply directly to IPV survivors.

Several limitations in the literature warrant consideration. Much of the evidence is cross-sectional, relies on self-reported measures, or involves populations and trauma contexts that differ from those specifically exposed to IPV. Future research should prioritise longitudinal designs that assess emotional functioning before and after IPV exposure while accounting for childhood maltreatment, prior victimisation, and pre-existing psychopathology.

In conclusion, the literature supports an association between IPV and psychological distress, with ED representing a potentially important component of trauma-related difficulties. However, whether adult IPV independently contributes to ED, beyond prior vulnerabilities and cumulative trauma, remains insufficiently established. Addressing this gap is essential for refining trauma theory and informing more precise assessment and intervention.

5. Conclusion

This review examined the relationship between intimate partner violence (IPV) and emotional dysregulation (ED), considering the explanatory value of complex trauma theory (CTT) and the potential influence of childhood maltreatment, prior victimisation, and other pre-existing vulnerabilities. The literature indicates that IPV is associated with substantial psychological distress and that difficulties in emotional regulation may be an important component of trauma-related outcomes. Research on coercive control and complex post-traumatic stress disorder (CPTSD) further supports the importance of understanding the psychological consequences of prolonged interpersonal threat.

However, the evidence does not conclusively establish that adult IPV independently causes ED. Associations identified in existing studies may reflect multiple, overlapping pathways, including childhood adversity, revictimisation, cumulative trauma exposure, and pre-existing psychological difficulties. These factors complicate causal interpretation and highlight the distinction between demonstrating an association and identifying an independent effect. Moreover, findings from studies examining other forms of trauma or IPV perpetration cannot be directly generalised to the emotional experiences of IPV survivors.

CTT and the ICD-11 framework for CPTSD provide valuable conceptual tools for understanding the relationship between prolonged trauma, affective dysregulation, and broader psychological difficulties. Nevertheless, these frameworks should not substitute for empirical evidence establishing the direction and mechanisms of the relationship between IPV and ED. Their explanatory value depends partly on whether proposed pathways can be tested using appropriate research designs.

Future research should prioritise longitudinal studies that measure emotional functioning before and after IPV exposure and account for childhood maltreatment, previous victimisation, and pre-existing psychopathology. Greater consistency in the measurement of ED and clearer distinctions between IPV exposure, trauma-related symptoms, and CPTSD would also strengthen the evidence base.

Ultimately, the relationship between IPV and ED is best understood as a complex question requiring further investigation rather than a settled causal conclusion. Recognising both the psychological significance of IPV and the limitations of current evidence can support more rigorous research, more nuanced applications of trauma theory, and better-informed psychological assessment and intervention.

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