

Rumination, Cognitive Flexibility, and Emotion Regulation in Women Survivors of Domestic Violence: A Narrative Review

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ABSTRACT

Psychological recovery following domestic violence (DV) involves cognitive and emotional processes that may influence how survivors process traumatic experiences, adapt their thinking, and respond to associated distress. Rumination, cognitive flexibility, and emotion regulation represent distinct but complementary aspects of these processes and have each been studied in relation to DV and its psychological consequences. However, research on these constructs has largely developed in parallel, limiting understanding of their potential interrelationships. Thus, the current narrative review attempts to synthesize the existing literature on rumination, cognitive flexibility, and emotion regulation among women survivors of DV, with particular attention to their predictors and correlates and the available evidence from India. Narrative literature review was employed as the methodology, and 27 peer-reviewed articles published between 2007 and 2026 were analyzed based on keyword searches conducted using PubMed, Scopus, and Google Scholar. The reviewed studies indicated that rumination was associated with psychological distress and factors such as event centrality, self-blame, and cognitive schemas. Cognitive flexibility was reported to be lower among women exposed to intimate partner violence, with some studies linking it to psychological stress and abuse-related brain injury. Emotion-regulation difficulties were associated with PTSD, depression, disordered eating, and complex PTSD, with some studies reporting mediation effects. Preliminary Indian evidence indicated improvements in emotion regulation following a tailored intervention. However, no identified study examined all three constructs concurrently, and no DV-specific Indian study examining cognitive flexibility was identified. The review highlights the need for longitudinal and multimethod research to examine the potential interrelationships among these cognitive and emotional processes in women survivors of DV.

Keywords: *Rumination, Cognitive Flexibility, Emotion Regulation, Domestic Violence, Intimate Partner Violence, Women Survivors*

With the persistence of domestic violence (DV) as a global public health concern, the psychological recovery of women survivors has become one of the major areas of interest in clinical and health psychology. It is common for women who

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have experienced intimate partner violence (IPV) to face ongoing cognitive and emotional difficulties that affect their long-term well-being. Recent global estimates indicate that almost one in three women, or about 840 million women, have experienced physical or sexual IPV, non-partner sexual violence, or both, at least once in their life (UN Women, 2025), with South Asia recording a lifetime IPV rate of about 35% among women aged 15 to 49, one of the highest in the world (World Bank Gender Data Portal, n.d.). Psychological factors, including rumination, cognitive flexibility, and emotion regulation, may prove useful in understanding how survivors cope with adverse circumstances and either sustain or lose their well-being. This review article examines the current literature available on rumination, cognitive flexibility, and emotion regulation among women survivors of domestic violence. The review first outlines the major constructs included in the study.

When examining the psychological correlates of domestic mistreatment globally, a significant nomenclature divergence emerges between Western psychological literature and Indian jurisprudence. International research in psychology and public health predominantly uses the term "domestic abuse" or "intimate partner violence" to capture the dynamics of coercive control, emotional trauma, and psychological manipulation (World Health Organization, 2024). Conversely, within the Indian context, the foundational framework is governed by the Protection of Women from Domestic Violence Act, 2005, which structurally adopts "domestic violence" as the overarching statutory umbrella. Section 3 of the Act broadens this legal definition far beyond physical aggression to explicitly codify sexual, economic, verbal, and emotional abuse (Protection of Women from Domestic Violence Act, 2005). Therefore, to maintain structural alignment with Indian institutional frameworks while comprehensively synthesizing international literature, this narrative review operationally employs the term domestic violence (DV) as a multidimensional construct. In doing so, this review ensures that the evaluation of global psychological predictors, such as rumination, cognitive flexibility, and emotion regulation, encompasses survivors of both physical and non-physical systemic trauma, reflecting the expansive scope shared by both global psychological definitions and Indian law (Patel & Desai, 2022; Protection of Women from Domestic Violence Act, 2005). It should be noted, however, that the studies reviewed here predominantly examined intimate partner violence, whereas the Indian statutory definition of domestic violence also covers violence by other members of the household (for example, in-laws). Findings are therefore generalized to the wider DV construct with caution.

When an individual experiences trauma or stress, they may continue to feel not only the physical, emotional, and psychological effects during the traumatic or stressful event, but also afterwards, as they engage in passive thinking about it. This ongoing rumination can prolong distress and hinder recovery, complicating the individual's ability to move forward (Ehring & Watkins, 2008). Nolen-Hoeksema (1991) describes rumination as a repetitive, passive mode of thinking that focuses on the causes, meaning, and consequences of one's distress, first conceptualized within response styles theory as a maladaptive strategy that prolongs depressive affect rather than resolving it. Current formulations distinguish intrusive rumination, characterized by unbidden, unwanted repetitive thoughts, from deliberate rumination, characterized by intentional, effortful reflection oriented toward meaning-making. This overthinking not only obstructs recovery but also can prevent the individual from accessing effective regulation of emotions.

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According to Gross (1998), emotion regulation refers to the processes by which individuals influence which emotions they have, when they have them, and how they experience and express them. Gross's process model organizes these regulatory mechanisms into five distinct families along the emotion-generative timeline: situation selection, situation modification, attentional deployment, cognitive change, and response modulation. Antecedent-focused strategies implemented early in the process, such as cognitive reappraisal, are generally linked to more adaptive affective and psychological outcomes than late-stage, response-focused strategies such as expressive suppression (Aldao et al., 2010). The affective benefits of Gross's (1998) antecedent-focused strategies are not unconditional; rather, cognitive flexibility acts as a boundary condition for their success. While cognitive reappraisal is widely regarded as an adaptive strategy, its practical efficacy is bounded by an individual's capacity to disengage from rigid assumptions and entertain alternate perspectives. Cognitive flexibility is considered one of three core components of executive functioning alongside working memory and inhibitory control. It refers to the capacity to shift attention and adapt behavior or thought patterns in response to changing environmental demands (Ben-Zion et al., 2018) in a general trauma-exposed sample rather than a DV-specific one. Reduced cognitive flexibility has been linked to difficulty updating beliefs about threatening or harmful situations, and this capacity for fluidly shifting attention and revising assumptions is understood to support the management of emotions more broadly. Although cognitive flexibility overlaps conceptually with related constructs such as psychological flexibility, regulatory flexibility, metacognitive ability, and broader executive functioning, these constructs are not interchangeable and are assessed within different theoretical and measurement frameworks: cognitive flexibility is typically measured through performance-based neuropsychological tasks, psychological flexibility through self-report instruments derived from Acceptance and Commitment Therapy, metacognitive ability through measures of self-reflective capacity, and executive functioning through a broader battery encompassing working memory and inhibitory control alongside flexibility. Accordingly, evidence concerning these related constructs is treated throughout this review as indirect or conceptually supportive rather than as direct evidence of cognitive flexibility itself, and is explicitly identified as such wherever it is used.

While there have been many studies investigating rumination, cognitive flexibility, and emotion regulation among trauma-exposed and general populations, the current body of knowledge regarding each of these concepts within the specific population of women DV survivors is scattered, and there have not been many attempts to bring all these constructs under one umbrella. Understanding the relationship between these constructs is crucial in a context where domestic violence remains highly prevalent, thereby posing serious challenges to women's psychological well-being. This paper will thus seek to compile the existing knowledge and insights concerning these constructs. The review may also help in designing clinical practices and interventions that support the psychological recovery of women DV survivors, particularly within the Indian context.

Objectives

1. To review studies concerned with the relationship between rumination and psychological outcomes among women survivors of domestic violence.
2. To review studies concerned with the relationship between cognitive flexibility and psychological outcomes among women survivors of domestic violence.

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3. To review studies concerned with the relationship between emotion regulation difficulties and psychological outcomes among women survivors of domestic violence.
4. To synthesize the existing evidence on how rumination, cognitive flexibility, and emotion regulation have been studied in relation to one another among women survivors of domestic violence, and to identify gaps requiring direct empirical investigation.
5. To review studies conducted in the Indian context.

METHODOLOGY

The current paper employs a narrative review methodology in order to examine the linkages between rumination, cognitive flexibility, and emotion regulation among women survivors of domestic violence. All the relevant literature was identified via searching for peer-reviewed journal articles published in the period between 2007 and 2026 in PubMed, Scopus, and Google Scholar as this is a narrative review, duplicate-removal and full-text exclusion counts were not systematically recorded; screening was conducted by a single reviewer rather than independently by multiple raters, a point noted as a limitation below.

The following search of relevant literature has been performed by utilising combinations of keywords associated with the main constructs in question. First, ("domestic violence" OR "intimate partner violence" OR IPV) AND (rumination OR "repetitive negative thinking") AND (women OR female); second, ("domestic violence" OR "intimate partner violence") AND ("cognitive flexibility" OR "executive function" OR "executive dysfunction") AND (women OR victims OR survivors); third, ("domestic violence" OR "intimate partner violence") AND ("emotion regulation" OR "emotion dysregulation" OR DERS) AND (women OR female); fourth, ("domestic violence" OR "intimate partner violence") AND (rumination OR "cognitive flexibility" OR "emotion regulation") AND (India OR Indian OR "South Asia").

Studies were selected based on relevance to the review objectives and conceptual relationships among the variables. Mainly peer-reviewed journal articles devoted to women survivors of domestic violence, and closely related trauma populations where direct survivor evidence was limited, were taken into account for inclusion in the literature review. Works addressing other variables apart from the ones considered, or dealing with non-trauma-related or wrong-population topics (for example, studies of children's emotional responses to witnessing violence, or general community trauma samples without a domestic violence-specific focus), were left out of this review process following screening. The core evidence synthesized in the Thematic Review comprises 27 peer-reviewed articles, covering direct and indirect connections between rumination, cognitive flexibility, emotion regulation, and well-being outcomes among women DV survivors. Additional sources cited in the Introduction, Indian context, and Discussion sections (for example, theoretical papers, epidemiological reports, and legislation) provide background and are not counted among the 27. Findings from the articles have been reviewed and analyzed to reveal major themes, trends, and relationships discussed in the literature on the issue. It was deemed reasonable to use a narrative review methodology owing to its broad and holistic character, which allows for exploring various interconnected cognitive and emotional mechanisms underlying recovery from domestic violence.

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To distinguish the strength of evidence underlying each claim made in this review, cited studies are explicitly identified throughout the Thematic Review as one of the following: direct DV/IPV-specific evidence; related trauma or violence evidence not confirmed as DV/IPV-specific; general population evidence with no trauma or violence history specified; Indian DV/IPV-specific evidence; Indian general-population evidence; or a review/meta-analysis. These are not equivalent levels of evidence: direct DV/IPV-specific and Indian DV/IPV-specific findings bear most directly on this review's population of interest, while related-trauma, general-population, and Indian general-population findings are included only where they offer conceptually relevant, indirect support, and are flagged as such at each point they are used rather than presented as direct evidence. For example, Ben-Zion et al. (2018), discussed in the Introduction and Cognitive Flexibility section, is drawn from a general trauma-exposed sample rather than a DV-specific one, and is cited for theoretical rather than population-specific evidence.

THEMATIC REVIEW OF LITERATURE

Relationship between Rumination and Psychological Outcomes among Women Survivors of DV

The literature has increasingly examined cognitive and emotional processes that may shape psychological responses to intimate partner violence (IPV), although the constructs and pathways investigated have varied considerably across studies. Although rumination was not directly measured, early evidence from Calvete, Estévez, and Corral (2007) demonstrated the relevance of cognitive schemas by showing that they moderated and mediated the association between IPV and depressive symptoms among women. Extending this cognitive focus to repetitive negative thinking, Hu et al. (2014) reported that rumination was associated with greater perceived stress among female survivors of interpersonal violence with PTSD, with perceived stress mediating the association between rumination and PTSD severity; however, this effect was attenuated after accounting for depression. More specifically within IPV populations, Bakaitytė et al. (2022) found, in a path-analytic study of 200 women, that greater centrality of the abusive event to identity was associated with intrusive rumination, which was subsequently related to self-blame and deliberate rumination and, ultimately, posttraumatic growth. Recent work has extended these findings by examining related cognitive-emotional processes. Eshghifar et al. (2025), in a general adult sample, reported that maladaptive emotional schemas predicted rumination, with emotional flexibility partially accounting for this association. Finally, although rumination was not directly measured, Ghalandarzadeh and Pournaghash Tehrani (2026), examining 200 Iranian women exposed to spousal abuse, found that self-regulation and cognitive function mediated associations between domestic violence exposure and emotion-regulation strategies, whereas psychological distress operated indirectly through these processes. Collectively, these studies point to the relevance of cognitive and regulatory processes in understanding psychological responses to violence, while also demonstrating substantial variation in the constructs, populations, and pathways examined.

Synthesis- Evidence from DV/IPV-specific studies generally indicates that rumination-related processes are associated with psychological outcomes following exposure to violence, although the evidence remains heterogeneous and is predominantly based on cross-sectional designs. Event centrality and self-blame appear particularly relevant to rumination, with Bakaitytė et al. (2022) demonstrating associations among the centrality of the abusive event, intrusive rumination, self-blame, deliberate rumination, and posttraumatic growth. Similarly, Hu et al. (2014) identified an association between rumination and perceived stress

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among women exposed to interpersonal violence, although the proposed mediation between rumination and PTSD severity was not maintained after accounting for depression. Cognitive processes associated with the interpretation and normalization of violence may also be relevant, with Badenes-Sastre et al. (2025) reporting associations between cognitive distortions, including minimization and normalization of violence, and ruminative and self-blaming patterns. Evidence from non-DV populations provides additional, but indirect, support for the role of related cognitive-emotional processes; Eshghifar et al. (2025), for example, found that maladaptive emotional schemas were associated with rumination, with emotional flexibility partially accounting for this relationship. In addition, findings from Ghalandarzadeh and Pournaghash Tehrani (2026) suggest that self-regulation and cognitive function may be relevant to the relationship between domestic violence exposure and emotion-regulation strategies, although these findings require replication. Overall, the available literature suggests that rumination and related cognitive processes are associated with psychological responses to violence; however, differences in construct operationalization, population characteristics, and study design limit direct comparison across studies. Moreover, the predominantly cross-sectional nature of the evidence does not permit conclusions regarding temporal ordering or causality. Evidence from general Indian populations is considered separately to distinguish it from findings obtained directly from women survivors of DV.

Relationship between Cognitive Flexibility and Psychological Outcomes among Women Survivors of DV

Cognitive flexibility among women survivors of intimate partner violence (IPV) has been examined primarily through performance-based neuropsychological assessment. Ferreira-Nascimento et al. (2025), in a systematic review and meta-analysis of 22 studies involving 1,425 women, reported moderate-to-large pooled effects indicating poorer performance among women exposed to IPV on measures of cognitive flexibility, inhibition, and verbal fluency compared with non-victims. In contrast, pooled effects for working memory were not significant, suggesting that the pattern of executive difficulties may not be uniform across cognitive domains. These findings provide relatively consistent evidence of differences in cognitive flexibility among women exposed to IPV based on performance-based measures. However, no identified study has examined cognitive flexibility among IPV survivors using validated self-report measures. This distinction is important because subjective perceptions of cognitive functioning and performance-based measures may capture different aspects of functioning. The absence of self-report assessment therefore leaves unclear whether objectively observed difficulties in cognitive flexibility correspond to survivors' perceptions of their own ability to adapt their thinking. Psychological flexibility, although conceptually related, represents a distinct construct and should not be considered a direct measure of cognitive flexibility.

Evidence from individual studies further suggests that physical consequences of IPV may be relevant to cognitive functioning. Quiroz Molinares et al. (2023), among 70 women IPV survivors in Colombia, reported that 31% had experienced at least one brain injury during an abusive relationship. Brain injury was negatively associated with cognitive flexibility, working memory, and long-term memory; however, the association with cognitive flexibility was attenuated after controlling for abuse severity, socioeconomic status, and education. This attenuation suggests that the relationship between IPV-related brain injury and cognitive flexibility may be influenced by broader contextual and abuse-related factors. Similarly, Valera et al. (2022) found that women with a history of strangulation-related

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injury performed more poorly on measures of cognitive flexibility and long-term memory and reported greater depression and PTSD symptoms than women without such a history. Together, these findings indicate that physical injury, particularly brain injury and strangulation, may be one factor associated with cognitive difficulties among IPV survivors, although the available evidence does not establish injury as a sole or independent explanation for reduced cognitive flexibility.

Research has also examined related cognitive processes that may provide additional context for understanding cognitive functioning following IPV. Procaccia et al. (2026) reported that higher metacognitive ability was associated with greater posttraumatic growth among women survivors of IPV, including among women experiencing psychiatric symptoms. Although metacognitive ability is distinct from cognitive flexibility, the finding suggests that processes involving self-reflection and regulation of attention may be relevant to positive psychological adaptation following IPV. Similarly, Sójta et al. (2023) found that early maladaptive schemas, particularly those involving disconnection and rejection, significantly predicted IPV victimization, highlighting the relevance of potentially rigid cognitive patterns in the context of abusive relationships. Villalba et al. (2023), in a study of 150 women with a history lifetime abuse (not IPV-specific), further reported that executive function and emotion regulation mediated the association between lifetime abuse and risky behaviors. Evidence from non-DV populations provides additional conceptual support: Mohammadkhani et al. (2022) found that cognitive flexibility mediated the relationship between negative emotional schemas and psychological distress. Although these findings cannot be directly generalized to women survivors of DV, they provide a broader theoretical context for considering how cognitive flexibility may relate to maladaptive cognitive processes and psychological distress.

Evidence from the Indian context remains particularly limited. No identified Indian study has directly examined executive cognitive flexibility using standardized neuropsychological measures among women survivors of DV. Related evidence concerning psychological flexibility in general Indian populations is considered separately and should not be interpreted as direct evidence of cognitive flexibility among Indian women survivors of DV.

Synthesis- Evidence from IPV-specific studies generally indicates poorer performance on cognitive flexibility and related executive-function measures among women exposed to IPV, with the strongest support coming from the systematic review and meta-analysis by Ferreira-Nascimento et al. (2025). Individual studies further suggest that physical consequences of IPV, including brain injury and strangulation, may be associated with cognitive flexibility and memory difficulties; however, the attenuation of some associations after accounting for abuse severity and sociodemographic factors indicates that these relationships are likely to be multifactorial (Quiroz Molinares et al., 2023; Valera et al., 2022). Findings concerning metacognitive ability and executive function provide additional evidence that broader cognitive processes may be relevant to posttraumatic growth and behavioral outcomes, although these constructs should not be treated as equivalent to cognitive flexibility (Procaccia et al., 2026; Villalba et al., 2023). Evidence from general populations offers further conceptual support but remains indirect. Overall, the available literature supports an association between IPV exposure and cognitive-flexibility difficulties, while important gaps remain regarding the measurement of subjective cognitive flexibility, the contribution of injury and contextual factors, and the applicability of these findings to Indian women survivors of DV.

Relationship between Emotion Regulation and Psychological Outcomes among Women Survivors of DV

Emotion regulation difficulties were found to be significantly associated with adverse psychological outcomes in a latent profile analysis by Weiss et al. (2018), who identified three distinct subgroups among 210 female DV victims, with the subgroup reporting the greatest difficulty regulating both negative and positive emotions also showing the highest PTSD and depressive symptoms. The identification of distinct emotion-regulation profiles, rather than a single global pattern, suggests that women survivors of domestic violence should not necessarily be conceptualized as a homogeneous group with a single pattern of emotion dysregulation. The longitudinal findings of Simpson et al. (2025) show that among 491 young adult women followed over 28 months, increases in cumulative IPV exposure were associated with increases in global emotion dysregulation, a broader construct than the specific regulatory strategies examined elsewhere in this section. Additional evidence from research on sexual violence survivors, a population that overlaps with but is not confirmed as identical to domestic or intimate partner violence survivors, illustrates a related association.

As noted by Tipsword et al. (2026), emotion regulation difficulties, combined with self-directed disgust, predicted both PTSD symptom severity and mental contamination. According to Fernández-Fillol et al. (2021), among 162 women IPV survivors, complex PTSD was found in 39.5% of the sample, with low resilience and maladaptive emotion regulation strategies specifically associated with the affective dysregulation component. In a cross-cultural extension of this literature, Odeh Alsawalqa et al. (2026) found that among married women in Jordan, IPV exposure was strongly associated with emotion regulation difficulty, which in turn predicted eating disorder symptoms over a six-month follow-up. Moreover, social support was found to correlate strongly with resilience among IPV survivors, as shown by Machisa et al. (2018) in a household survey of women in Gauteng, South Africa. According to Josefsson et al. (2017), in a non-DV athletic sample, dispositional mindfulness reduces rumination, which is then associated with improved emotion regulation and more adaptive coping.

Synthesis- Evidence from DV/IPV-specific studies generally supports a negative association between emotion regulation difficulties and psychological well-being among women survivors of domestic violence, though what counts as "emotion regulation difficulty" varies considerably across studies, ranging from global dysregulation (Simpson et al., 2025) to multidimensional profiles (Weiss et al., 2018) to specific maladaptive regulatory strategies (Fernández-Fillol et al., 2021). Evidence from sexual violence survivors (Tipsword et al., 2026) is related but not DV/IPV-specific. Women with greater difficulty regulating both negative and positive emotions tend to report higher PTSD, depression, and substance misuse (Weiss et al., 2018), and this heterogeneity in profile, rather than a single uniform pattern, is itself a notable finding with implications for how interventions might be tailored. Longitudinal evidence further suggests that emotion regulation difficulties accumulate with repeated rather than single-incident IPV exposure (Simpson et al., 2025). Research also indicates that emotion regulation difficulties are associated with, and in some studies statistically mediate, the relationship between IPV and outcomes beyond PTSD and depression, including complex PTSD and eating disorder symptoms, with this pattern appearing across Western and non-Western cultural contexts (Fernández-Fillol et al., 2021; Odeh Alsawalqa et al., 2026). Related evidence from sexual violence survivors, which is not DV/IPV-specific, links emotion regulation difficulties with mental contamination (Tipsword

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et al., 2026). Social support appears to be associated with greater psychological resilience among IPV survivors (Machisa et al., 2018), although that study did not measure emotion regulation; in general (non-DV) samples, dispositional mindfulness has been linked to lower rumination (Josefsson et al., 2017). On the intervention side, preliminary Indian evidence indicates that a culturally tailored, six-week mindfulness-based intervention significantly improved adaptive emotion regulation and reduced distress among 60 women DV survivors in Madhya Pradesh relative to a control group, though this evidence comes from a single small-scale, quasi-experimental study (Khare et al., 2022), whose findings should be interpreted with caution given its sample size and non-randomized design. Overall, emotion regulation difficulty appears to function as a transdiagnostic correlate linking IPV exposure to a wide range of adverse psychological outcomes, though nearly all cited evidence is cross-sectional and the direction of these associations cannot be established from the available designs.

Research Gap

Rumination, cognitive flexibility, and emotion regulation have mostly been studied separately in the domestic violence literature. Each is independently associated with IPV exposure (Bakaitytė et al., 2022; Ferreira-Nascimento et al., 2025; Weiss et al., 2018), and a small number of studies link two of the three constructs directly: Villalba et al. (2023) found, in women with a history of lifetime abuse (not IPV-specific), that executive function and emotion regulation jointly mediated the path from lifetime abuse to risk behavior, the closest evidence identified connecting any two of the constructs reviewed here, while Mohammadkhani et al. (2022), in a general non-DV sample, found that cognitive flexibility mediates the relationship between emotional schemas and psychological distress. However, within the databases searched (PubMed, Scopus, and Google Scholar), we did not identify any study, DV-specific or otherwise, that examined rumination, cognitive flexibility, and emotion regulation simultaneously within a single sample.

Synthesis- How, or whether, rumination, cognitive flexibility, and emotion regulation relate to one another remains an open empirical question rather than an established or proposed mechanism, and is identified here as a priority for future research rather than resolved by the present review.

Studies Conducted in the Indian Context

With regard to the sociocultural context of domestic violence in India, there is considerable evidence of both high prevalence and distinct cultural patterning. According to Kalokhe et al. (2017), a systematic review of 137 quantitative studies found a median lifetime DV prevalence of 41% across studies assessing at least two forms of abuse, with substantial variation attributed to a lack of standardized, culturally validated measurement tools. Patel and Desai (2022) noted that domestic violence in India is legally defined under the Protection of Women from Domestic Violence Act, 2005, and that social stigma, fear of family dishonor, and economic dependence discourage disclosure and help-seeking among Indian women. Further looking at the structural drivers of DV, Satyen et al. (2024) found that patriarchal beliefs were significantly associated with Indian women's experiences of partner control and violence, using National Family Health Survey data indicating that approximately 33% of ever-married women in India had experienced spousal violence.

Synthesis- Findings from DV-specific research within the Indian context confirm a substantial and likely underestimated burden of domestic violence, shaped by patriarchal

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beliefs and inconsistent measurement practices (Kalokhe et al., 2017; Satyen et al., 2024). Patel and Desai (2022) highlight structural barriers, including stigma and economic dependence, that discourage disclosure and plausibly reinforce self-blame-oriented coping. Notably, none of this DV-specific Indian evidence directly measures rumination, cognitive flexibility, or emotion regulation as mechanism-level constructs; it establishes prevalence and structural context only. The closest available evidence on these specific mechanisms within Indian populations comes from general, non-DV samples, reviewed separately below.

Related Evidence from General (Non-DV) Indian Populations

No identified study has measured rumination, cognitive flexibility, or emotion regulation directly within a DV-specific Indian sample. The following studies, drawn from general Indian populations, are presented separately here because they are not DV-specific and cannot be used as direct evidence about Indian women DV survivors; they are included only to indicate how these constructs have been found to behave within Indian populations more broadly. Batra and Hasan (2025) found, in a sample of 260 Indian young adults, that rumination and self-blame were significantly higher among women than men, a pattern the authors linked to gender socialization and collectivist cultural norms, and that rumination significantly predicted state anxiety. Verma (2025) found that self-blame-oriented, emotion-focused coping was the most common response to distress among Indian college women and was significantly associated with higher anxiety and depression. Sachdeva and Shukla (2024) found that psychological flexibility, a construct related to but distinct from executive cognitive flexibility, together with self-compassion, significantly mediated the relationship between adverse childhood experiences and posttraumatic growth among 298 Indian young adults.

Synthesis- This general-population evidence cannot be treated as data about Indian women DV survivors, since none of these samples were selected for a history of domestic violence. It is included only because it is, at present, the closest available indication of how rumination, coping, and flexibility-related constructs behave among Indian populations. Batra and Hasan (2025) and Verma (2025) found that, in the included Indian general-population studies, women reported higher levels of rumination and self-blame than men, consistent with gendered socialization processes documented elsewhere in this review. Sachdeva and Shukla (2024) suggest that flexibility-related constructs carry the same protective function in general Indian samples as in the international IPV literature reviewed above, though this has not been tested in Indian DV survivors specifically. Taken together, these findings offer a plausible, but unconfirmed, basis for expecting that Indian women DV survivors may show a similar or intensified pattern of rumination and self-blame, and this constitutes a specific, testable gap for future DV-specific research in India, addressed further below.

DISCUSSION

The current narrative review sought to combine the existing research on the associations between rumination, cognitive flexibility, and emotion regulation among women survivors of domestic violence. The results of reviewed studies suggest a pattern in which rumination and reduced cognitive flexibility are associated with poorer psychological outcomes, while social support is associated with greater resilience and overall well-being; these are associational rather than experimentally demonstrated relationships, as nearly all cited studies are cross-sectional. Among the more consistent patterns revealed during this review are positive associations between rumination and psychological distress. Women

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characterized by high centrality of the traumatic event and self-blame were found to report higher intrusive rumination, perceived stress, and PTSD severity, though these findings come from cross-sectional designs and cannot establish temporal order. Cognitive flexibility, in contrast, does have some direct longitudinal support, though from a general trauma-exposed rather than DV-specific sample: cognitive flexibility measured shortly after trauma predicted PTSD severity over a year later, and appeared at least partly modifiable through cognitive training (Ben-Zion et al., 2018). No comparable longitudinal evidence for rumination within a DV-specific sample was identified in this review. Cognitive flexibility is also presented as a construct with both psychological and physical determinants. Women with a history of IPV-related brain injury, including strangulation, showed poorer cognitive flexibility (Quiroz Molinares et al., 2023; Valera et al., 2022), and women with a history of strangulation also reported greater depression and PTSD symptoms (Valera et al., 2022). However, the association between brain injury and cognitive flexibility was attenuated after controlling for abuse severity, socioeconomic status, and education (Quiroz Molinares et al., 2023), suggesting that abuse severity and contextual factors account for part of this association; IPV-related brain injury should not be treated as a straightforward or complete explanation for cognitive-flexibility difficulties in this population. Related constructs, such as metacognitive ability among IPV survivors (Procaccia et al., 2026) and psychological flexibility together with self-compassion in a general Indian sample (Sachdeva & Shukla, 2024), have been linked to posttraumatic growth. However, these constructs are distinct from cognitive flexibility, and no reviewed study directly tested whether cognitive flexibility relates to posttraumatic growth among DV survivors. An important finding that emerges from the literature under analysis concerns the association between emotion regulation and a wide range of clinical outcomes following IPV exposure. In particular, several studies found that emotion regulation difficulties are associated with, and in some cases statistically mediate, the path from IPV to PTSD, depression, complex PTSD, and eating disorder symptoms, with this pattern appearing across culturally diverse samples, including Jordan and South Africa; whether emotion regulation difficulty is a cause, a consequence, or a co-occurring feature of these outcomes cannot be determined from the predominantly cross-sectional designs involved. The reviewed literature does not currently establish how rumination, cognitive flexibility, and emotion regulation relate to one another; we did not identify any study that tested all three constructs together within a DV-specific sample, as detailed in the Research Gap section. Preliminary Indian evidence offers some support for the plausibility of intervening on this system: a small quasi-experimental study found that a culturally tailored mindfulness-based intervention was associated with improved emotion regulation and reduced distress among Indian women DV survivors relative to a control group (Khare et al., 2022), though this single study, with its non-randomized design, awaits replication before firmer conclusions can be drawn. At the same time, evidence from general (non-DV) Indian samples suggests that gendered socialization and patriarchal norms may be associated with rumination and coping patterns in ways that intervention models developed elsewhere may not fully capture; this has not yet been tested among Indian women DV survivors.

Implications

The implications below are organized by domain and should be regarded as preliminary given the predominance of cross-sectional studies and the limited number of intervention studies identified in this review.

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Clinical implications. Given that the existing body of literature indicated an association between rumination and poorer psychological outcomes, clinicians may consider incorporating rumination-focused therapeutic techniques into intervention protocols for DV survivors, though no DV-specific rumination-intervention trial was identified in this review to confirm their effectiveness in this population specifically. Emotion regulation is a variable consistently associated with the psychological state and well-being of DV survivors; therapeutic approaches that build adaptive emotion regulation strategies, particularly reappraisal-based rather than suppression-based strategies, are theoretically indicated, though this recommendation is drawn from general emotion-regulation theory (Gross, 1998) rather than from DV-specific intervention trials.

Indian-context implications. Practitioners working with Indian women DV survivors need to acknowledge structural and cultural barriers, including stigma, economic dependence, and joint-family living arrangements, when designing or adapting psychological interventions for feasibility and acceptability within this population. Given that only one small intervention study has been conducted with Indian women DV survivors (Khare et al., 2022), any such adaptation should be treated as provisional pending further evaluation.

Research implications. The evidentiary gaps identified throughout this review, most notably the absence of any DV-specific study testing rumination, cognitive flexibility, and emotion regulation simultaneously, point to a clear research agenda detailed further in Future Directions below.

Limitations

Despite its contributions, the present review has certain limitations. First, the study adopted a narrative rather than systematic review methodology, which may involve subjective interpretation in the selection and synthesis of literature and carries a risk of selection bias not mitigated by a pre-registered protocol. Second, the literature search was conducted primarily through PubMed, Scopus, and Google Scholar, and screening was conducted by a single reviewer; this may have limited the inclusion of relevant studies indexed elsewhere, notably in PsycINFO, the principal psychology database, which was not searched, and did not benefit from independent dual-reviewer verification. Third, the constructs central to this review, particularly cognitive flexibility, psychological flexibility, regulatory flexibility, and metacognition, are conceptually related but not interchangeable, and studies measuring these related-but-distinct constructs were sometimes the closest available evidence, introducing construct heterogeneity into the synthesis. Fourth, the included studies vary considerably in population characteristics (country, abuse type, recruitment setting, age range) and in study design (cross-sectional, longitudinal, quasi-experimental), limiting direct comparability across findings. Fifth, measurement heterogeneity is present even within a single construct, for example, emotion regulation was operationalized as global dysregulation, multidimensional profiles, or specific regulatory strategies across different studies, as noted above. Sixth, most reviewed studies relied on self-report measures, and where performance-based measures of cognitive flexibility were used, no study in this review directly compared self-report and performance-based assessment within the same DV-specific sample, despite evidence that these two measurement approaches often correlate only weakly. Seventh, the predominance of cross-sectional designs across nearly all included studies means that causality, temporal ordering, and directionality cannot be established for any of the associations discussed in this review. Eighth, a notable proportion of the cognitive flexibility evidence is confounded with physical brain injury, meaning that psychological and injury-based mechanisms are not always cleanly separable in the existing literature. Ninth, direct

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DV-specific evidence from India remains limited to prevalence and structural-context studies plus a single small intervention trial, with no Indian study identified that measures rumination, cognitive flexibility, or emotion regulation as mechanism-level constructs in a DV-specific sample. Finally, and most centrally to this review's aims, we did not identify any study that examined rumination, cognitive flexibility, and emotion regulation simultaneously within a single DV-specific sample, meaning that the interrelationships among these constructs remain untested.

Future Directions

Future research may benefit from several specific directions arising directly from the gaps identified in this review. Most centrally, studies should assess rumination, cognitive flexibility, and emotion regulation simultaneously within a single DV-specific sample, since we did not identify any study that has done so. Longitudinal designs are needed to establish temporal ordering and to examine whether, and in what order, rumination, cognitive flexibility, and emotion regulation are related over time, rather than inferring these relationships from cross-sectional associations across separate studies. Multimethod assessment combining performance-based and validated self-report measures would help clarify the self-report/performance-based discrepancy noted above, particularly for cognitive flexibility, where no DV-specific study using self-report instruments was identified. Person-centered approaches, such as the latent profile analysis used by Weiss et al. (2018) for emotion regulation, could be usefully extended to rumination and cognitive flexibility to test whether similarly heterogeneous subgroups exist for these constructs. Mediation and moderation models should be tested only where study designs (e.g., longitudinal or experimental) genuinely support causal inference, rather than being inferred from cross-sectional correlational data. Given how few intervention studies exist even internationally, and only one within India, further intervention research, including but not limited to mindfulness-based approaches, is needed with adequately powered, randomized designs. Further studies are also needed to directly measure executive cognitive flexibility using standardized neuropsychological tests among Indian women DV survivors, as no such research currently exists. Finally, future researchers may examine the feasibility and cultural acceptability of psychological interventions within Indian sociocultural contexts marked by joint-family structures, stigma, and patriarchal norms, to develop a more comprehensive, culturally grounded understanding of recovery from domestic violence.

CONCLUSION

The current review aimed at providing a comprehensive overview of psychological correlates of domestic violence among women survivors by synthesizing the associations between rumination, cognitive flexibility, and emotion regulation. It is evident from the review that women who report high rumination and self-blame also tend to report poorer psychological adjustment, while cognitive flexibility, which appears to be associated with both psychological and physical (injury-related) factors, is linked to poorer functioning among IPV survivors, and related constructs such as metacognitive ability have been linked to posttraumatic growth. Across several studies, emotion-regulation difficulties emerged as a potential mediating pathway linking IPV exposure with diverse psychological outcomes; however, the strength and direction of this pathway varied across studies and designs, and mediation was formally tested in only a subset of the cited work. Moreover, general-population evidence from India suggests gendered patterns of rumination and self-blame that may also apply to Indian women DV survivors but remain untested in this group, and no existing Indian research has directly measured cognitive flexibility within this population. In

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general, the current review highlights the importance of developing and testing culturally grounded, mixed-methods research and intervention approach to support the psychological recovery of women DV survivors in India and internationally. How, or whether, rumination, cognitive flexibility, and emotion regulation relate to one another remains untested within DV-specific samples, particularly among Indian women survivors of domestic violence, and is identified in this review as a priority for future research rather than as a proposed mechanism.

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Conflict of Interest

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