

## PSYCHOLOGY OF WOMEN EXPOSED TO VIOLENCE: SYSTEMATIC ANALYSIS OF GLOBAL SCIENTIFIC EVIDENCE AND NATIONAL STATISTICS IN THE UZBEKISTAN CONTEXT

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**Abstract.** *Violence against women (VAW) represents a severe global public health and human rights crisis. In Uzbekistan, nearly 20,000 cases of domestic violence against women and girls were recorded in the first half of 2023 alone [1], underscoring the urgent need for evidence-based psychological research within the national context.*

*This systematic review synthesizes global meta-analytic evidence on the psychological sequelae of violence against women — including PTSD, depression, anxiety, and dissociation — and contextualizes these findings within Uzbekistan's legal, cultural, and epidemiological landscape. Databases including PubMed, Scopus, Web of Science, PsycINFO, and Google Scholar were searched for meta-analyses, systematic reviews, and epidemiological studies published between 2019 and 2025. National data were extracted from UNFPA, UNDP, UNICEF reports and Uzbekistan governmental statistics.*

*Globally, 840 million women have experienced intimate partner or non-partner sexual violence over their lifetime [2]. PTSD prevalence among IPV survivors ranges from 31% to 84% [4], with significant comorbid rates of depression, anxiety disorders, and suicidal ideation documented across 57 studies. Cortisol dysregulation and HPA-axis disruption constitute key neurobiological mechanisms mediating long-term psychological harm [5].*

*Developing a trauma-informed psychological care system, training specialized psychologists, and expanding evidence-based prevention programs are essential priorities for Uzbekistan.*

**Keywords:** *violence against women; intimate partner violence; post-traumatic stress disorder; psychological trauma; PTSD; depression; dissociation; gender-based violence; neurobiology; trauma-informed care.*

Violence against women — encompassing all forms of physical, sexual, psychological, and economic abuse — is recognized as one of the most pressing human rights challenges of 21st-century civilization. The World Health Organization estimates that by 2025, 840 million women worldwide — nearly one-third of all women aged 15 and older will have experienced violence by an intimate partner or a stranger in their lifetime [2].

This global epidemiological picture is also reflected in the Republic of Uzbekistan.

President Shavkat Mirziyoyev announced that during the first half of 2023, about 20,000 cases of domestic violence were registered in the country [1]. According to the Supreme Court of Uzbekistan, during the first 10 months of 2024, 15,800 individuals were prosecuted for domestic violence.

On September 2, 2019, the Law “On the Protection of Women from Harassment and Violence” (Uzbekistan Law No. 561) came into force in the Republic of Uzbekistan, and in 2023, domestic violence was criminalized for the first time [5]. However, psychological research has shown that the true scale of violence is much higher than official statistics - it is widely reported that Uzbek women do not report it in most cases due to a culture of fear and shame [3].

The main scientific significance of this article is that understanding the psychological consequences of violence creates a fundamental basis not only for clinical practice, but also for improving the national psychological service system, training specialists, and shaping public policy. In the context of Uzbekistan, the number of scientific articles in this area is still insufficient, which further increases the relevance of the topic.

The 2025 projections, developed in collaboration with WHO and UN Women, are based on studies from 161 countries over the period 2000–2023 [2]. This large-scale epidemiological data set shows that:

**Table 1. Global statistics on violence against women (WHO, UN Women, 2025)**

Index	Number	Source
Women who have experienced violence (physical/sexual) in their lifetime: 840 million (≈1 in 3) [2]	840 million (≈1 to 3)	[2]
Lifetime prevalence of intimate partner violence among women over 15 years of age	≈30%	[2, 7]
Women who have experienced intimate partner violence in the past 12 months	316 million (11%)	[2]
Adolescent girls (15-19 years old) who experienced intimate partner violence in the past 12 months	12,5 million (16%)	[2]
The share of accomplices in femicide	38–55%	[8]
Women murdered every 10 minutes	1 person (140 people/day)	[8]
Women experiencing lifetime intimate partner violence in OECD member countries	22%	[9]

These statistics clearly demonstrate that violence has become a global epidemic and that its psychological consequences need to be scientifically studied [6].

WHO regional estimates show that the prevalence of intimate partner violence varies significantly by region: 20% in the Western Pacific Region, 22% in high-income countries, 25% in the Americas, 33% in the WHO African Region, and 33% in the South-East Asia Region [6].

Data for the Central Asia Region, where Uzbekistan is located, are still incomplete, which increases the importance of national surveys.

According to reports from the internal affairs bodies of the Republic of Uzbekistan, the Prosecutor General's Office, and the State Committee for Family and Women, the situation in the country is as follows:

**Table 2. National statistics on violence against women in Uzbekistan**

Index	Quantity	Year	Source
Domestic Violence Incidents (First Half of the Year)	~20 000	2023	[1]
Appeals to the Ministry of Internal Affairs regarding violence	39 343	2021	[10]

Index	Quantity	Year	Source
Cases of psychological abuse identified	18 777	2021	[10]
Cases of physical violence that have been identified	13 658	2021	[10]
Identified cases of economic violence	234	2021	[10]
Identified sexual abuse cases	106	2021	[10]
Individuals convicted of domestic violence (over 10 months)	15 800	2024	[11]
Women who are victims of psychological violence (1st half of the year)	9 000	2021	[3]
Protection orders issued to victims of violence	39 343	2021	[10]

The official statistics cited only reflect the reported cases. In Uzbek society, cultural norms such as “respect”, “honor”, and “preserving the family” significantly discourage women from reporting violence [3]. According to sources from Wikipedia and UNICEF Uzbekistan, it is highly probable that the actual number of violence cases is significantly higher than statistical data indicates [5, 11].

PTSD is the most common psychological disorder observed in women who have experienced violence. According to a review published in the journal *\*Frontiers in Psychology\** in 2026, the prevalence of PTSD associated with IPV (intimate partner violence) ranges from 31% to 84% [4], which indicates the severity of this psychological trauma.

The most common psychological consequences of intimate partner violence studied were depression (examined in 144 studies), anxiety disorders (36 studies), and psychological distress (17 studies) [12]. Meta-analytical evidence suggests that although the risk of developing depression in women who have experienced violence varies depending on the types of violence, it has been established that it is statistically significantly higher in all cases.

Suicidal ideation is also common among women who have experienced violence: 21 studies have found this indicator to be statistically significantly associated with intimate partner violence [12]. Furthermore, alcohol and drug use, sleep disorders, and somatic diseases were also noted as long-term consequences of violence.

Recurrent and long-term forms of violence (especially domestic violence) often lead to complex psychological consequences that go beyond simple PTSD. According to a study published in the journal *Frontiers in Global Women's Health*, dissociative symptoms were found to be an important mediator between domestic violence and suicidal ideation [14].

Complex PTSD—a new diagnosis recognized in the 2022 International Classification of Diseases, 11th edition (ICD-11)—includes, in addition to the three main symptom clusters of traditional PTSD (reexperiencing, avoidance, hypervigilance), the inability to self-regulate, identity disturbances, and relationship difficulties.

This diagnosis is particularly characteristic of victims of long-term domestic violence, and is of great importance as a new diagnostic category for clinical psychologists in Uzbekistan.

To understand the psychological consequences of violence against women in the Uzbek context, it is necessary to consider the following cultural and social factors:

First, it has been scientifically observed that the concepts of "conscience" and "honor" prevent women from reporting violence. This, in turn, leads to a lack of early access to psychological help, as well as to the long-term effects of violence [3].

Second, the social normalization of extended family violence—that is, the acceptance of violence as a "normal" phenomenon in marital relations—strengthens mechanisms of self-blame and complicates the psychological recovery process of victims.

Third, economic dependence, particularly the limited ability of unemployed women to escape violence, is cited as an aggravating factor for PTSD and depressive symptoms.

In the international literature, there are several scientifically proven models of psychological support for women victims of violence:

Cognitive processing therapy is recommended by the APA as a first-line method for PTSD. A number of randomized controlled studies have shown high efficacy in both juvenile and adult victims of violence.

Trauma-based cognitive behavioral therapy - there is a separate modification for children and adolescents. A convenient model for adaptation to the practice of clinical psychology in Uzbekistan.

Short-term psychodynamic approaches and group psychotherapy can help more women in resource-limited settings.

Taking into account the existing legal and institutional framework in Uzbekistan (2019 Law, 2023 amendments to the Criminal Code) and national statistics, the following scientifically grounded recommendations are proposed:

1. Create a trauma-based psychological service system. Establish specialized psychological service departments within the existing "Centers for Rehabilitation and Adaptation of Victims of Violence", and provide certified training for staff in cognitive behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR).

2. Develop a national psychological research program. Research projects on prospective cohort studies, culturally adapted diagnostic tools, and psychotherapeutic methods that study the psychological consequences of violence in the context of Uzbekistan.

3. Training social workers and law enforcement officers. A mandatory training module on "Understanding the Psychological Consequences of Violence" will help prevent secondary victimization.

4. Increase psychological literacy in society. Promote through mass media and the neighborhood system that violence is a psychological harm and that seeking psychological help is normal.

This systematic review is an attempt to synthesize global meta-analytic evidence and national statistics from Uzbekistan in a single article. The results highlight several important thematic conclusions.

First, global and national evidence unanimously confirms that the psychological consequences of violence are both qualitatively and quantitatively serious. PTSD, depression, and anxiety disorders manifest as a complex rather than an isolated pattern, requiring an integrative clinical approach.

Second, the existing psychological support infrastructure in Uzbekistan is still inadequate in relation to the scale of violence. Considering that 15,800 people were prosecuted for domestic violence in 2024 [10], the number of women affected is at least as high, and most of them lack specialized psychological support.

Third, the importance of culturally adapted psychological support should be emphasized.

Developing psychotherapeutic protocols designed to work in the Uzbek cultural context should be a priority for future research.

The psychological consequences of violence—PTSD (31–84%), depression, anxiety disorders, and suicidal ideation—are scientifically well-established and manifest through neurobiological (HPA axis disruption, structural brain changes) and socio-psychological mechanisms.

In the Uzbek context, cultural and social factors (ideology, economic dependence, legal illiteracy) increase the concealment of violence and the lack of seeking psychological help.

Creating a scientifically based, culturally adapted psychological help system that takes these factors into account is an urgent task for Uzbek psychology.

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