Relational and Intrapersonal Factors Driving Women's Engagement in High-Risk Relationships

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Article Info	ABSTRACT
Article type: *Original Research* **How to cite this article:** 	**Objective:** This study aimed to explore the relational, intrapersonal, and sociocultural factors that contribute to women's engagement in and persistence within high-risk intimate relationships. **Methods and Materials:** A qualitative research design was employed using semi-structured, in-depth interviews with 23 women residing in Mexico who had experienced at least one high-risk romantic relationship characterized by emotional harm, dependency, or coercive dynamics. Participants were recruited through purposive sampling, and data collection continued until theoretical saturation was reached. Interviews were transcribed verbatim and analyzed using thematic analysis supported by NVivo 14 software. Rigor was maintained through member checking, reflexive journaling, and peer debriefing. **Findings:** Three overarching themes emerged: (1) Emotional Vulnerability and Psychological Needs, including subthemes such as fear of loneliness, low self-worth, emotional dependency, and a need for validation; (2) Interpersonal Dynamics and Power Imbalance, highlighting manipulative control tactics, sexual coercion, and unequal decision-making power; and (3) Sociocultural and Structural Influences, encompassing traditional gender role expectations, economic dependence, stigma, and limited access to mental health support. Participants described enduring harmful relationships due to internalized relational schemas, structural constraints, and cultural narratives that framed endurance as moral strength. Emotional idealization of the partner and hope for redemption were also key drivers for continued engagement in high-risk dynamics. **Conclusion:** Understanding these multilayered factors is critical for designing culturally responsive, trauma-informed interventions that promote safety, autonomy, and healing. Interventions must address not only individual emotional needs but also systemic barriers to support and empowerment. ***Keywords:*** *High-risk relationships; women; emotional vulnerability; intimate partner dynamics; psychological dependency*

1. Introduction

Women's engagement in high-risk intimate relationships—those marked by emotional volatility, interpersonal violence, dependency, or social vulnerability—represents a multidimensional psychological and social phenomenon. These relationships not only contribute to the deterioration of women's mental and physical health but are also deeply rooted in intrapersonal vulnerabilities, relational imbalances, and broader sociocultural forces. Despite global recognition of the psychological harm associated with high-risk relational patterns, understanding the underlying factors that drive women to remain in, or return to, such dynamics remains an underexplored but urgent priority in psychological and public health research (Grocott et al., 2024; Overstreet et al., 2015). The present study explores the complex interplay between individual, relational, and societal elements that influence women's persistence in high-risk romantic involvement, with a particular focus on Mexican women, whose sociocultural contexts pose unique challenges and nuances.

A growing body of literature underscores the relational dimension of women's psychological distress and health outcomes, especially in the context of violence, control, and emotional dependency. Studies have shown that intimate partner violence (IPV) often co-occurs with psychological distress, depressive symptoms, post-traumatic stress, and compromised autonomy, particularly among pregnant women, minorities, or economically vulnerable populations (Basirat et al., 2023; Biagio et al., 2024; Costa et al., 2019). Relational trauma, often beginning in childhood or adolescence, can perpetuate cycles of victimization and emotional insecurity, especially when unresolved (Benkouider & Lawati, 2023; Krohner et al., 2023). These patterns can predispose women to engage in romantic partnerships that mirror familiar dynamics of coercion, abandonment, or emotional neglect (Jin et al., 2021; Sotskova et al., 2015).

The interpersonal processes that maintain high-risk relationships are often reinforced by psychological and emotional schemas developed in early life. Women with adverse childhood experiences, for instance, may internalize feelings of unworthiness or develop maladaptive relational expectations that manifest as emotional dependency, fear of abandonment, or idealization of abusive partners (Benkouider & Lawati, 2023; Krohner et al., 2023). These psychological vulnerabilities are further exacerbated when compounded by lack of social support, economic constraints, and cultural beliefs that glorify female endurance and sacrifice (Basirat et al., 2023; Rosa et al., 2024). The convergence of these factors can render leaving an abusive or high-risk partner not only emotionally fraught but psychologically unimaginable.

Power imbalance and psychological aggression are also central to the maintenance of high-risk relationships. Patterns of emotional flooding, hostility, and coercive control have been identified as strong predictors of psychological aggression, particularly during critical life transitions such as parenthood or economic instability (Grocott et al., 2024; Shortt et al., 2013; Sotskova et al., 2015). Studies suggest that many women do not recognize these dynamics as abusive, especially when the abuse is psychological rather than physical. Gaslighting, manipulation, and jealousy may initially be interpreted as signs of care or intense love, which can confuse relational boundaries and delay help-seeking (Heijer et al., 2013; Overstreet et al., 2015). Furthermore, emotional dependency may lead women to tolerate escalating patterns of abuse, as they come to equate relational pain with passion or loyalty.

Cultural scripts and traditional gender roles also shape women's interpretations of romantic suffering. In many societies, including Latin American contexts, women are socialized to believe that endurance, forgiveness, and emotional labor are signs of virtue in intimate relationships. This cultural conditioning can lead to internalized blame and a reluctance to disclose suffering, even in the face of evident harm (Deroncele-Acosta et al., 2025; Pitriawati et al., 2023). The normalization of emotional neglect or violence within the community can further exacerbate women's reluctance to exit these dynamics (Biagio et al., 2024). According to Matveeva's recent analysis on suicide risk in women navigating reproductive choices, societal expectations around femininity and maternal roles significantly contribute to emotional entrapment and psychological breakdown (Matveeva, 2025).

Intrapersonal factors such as depression, low self-esteem, and psychological vulnerability are often interwoven with external pressures and relational risks. The experience of internalized shame or a lack of self-worth may push women to stay in relationships where they feel "seen" or "needed," even if those relationships are damaging. Simone et al. (Simone et al., 2024) emphasize that the gendered experience of distress often includes tendencies toward self-sacrifice, emotional suppression, and relational compliance, particularly in high-stress environments like the COVID-19

pandemic. These tendencies, though socially reinforced, may delay women's recognition of abuse or prevent them from perceiving themselves as victims. This echoes prior findings by Kreis et al. (Kreis et al., 2014), who identified relational risk factors, including emotional dependency and submissive coping strategies, as predictors of reoffending in formerly incarcerated women—demonstrating the powerful role of maladaptive relational scripts.

Moreover, women's mental health is not only influenced by their romantic engagements but is intricately shaped by the cumulative impact of stressors across their lifespan. Academic pressure, familial obligations, and workplace expectations can amplify emotional burnout, especially in contexts where psychological support is limited or stigmatized. Deroncele-Acosta et al. (Deroncele-Acosta et al., 2025) show that in the academic setting, women's mental health is significantly protected by psychological capital and motivation, suggesting that resilience resources may serve as buffers against relational vulnerability. However, such resources are often scarce among women in economically marginalized or socially conservative environments. Kukulskienė and Žemaitienė (Kukulskienė & Žemaitienė, 2022) further emphasize that traumatic reproductive experiences, such as miscarriage, elevate postnatal depression and PTSD symptoms, which may in turn influence women's relational decisions and attachment styles.

Other researchers have examined the role of spirituality, family functioning, and cultural connectedness in shaping women's responses to risk. For instance, Asby et al. (Asby et al., 2016) found that spirituality served both as a coping mechanism and a protective factor among women living with maternal HIV. Similarly, Handberg et al. (Handberg et al., 2013) identify psychosocial factors, such as emotional support and self-efficacy, as critical in predicting cardiovascular outcomes in women—a finding that underscores the biopsychosocial entanglement of relational stress. These insights support the argument that women's relational choices are not merely individual acts but are entangled in broader networks of meaning, emotion, and constraint.

Furthermore, women's risk-taking in intimate contexts may sometimes reflect a form of agency constrained by structural and psychological limitations. Studies on IPV and sexual risk behavior suggest that trauma symptoms, such as hypervigilance or emotional numbing, can shape women's relational boundaries and perceived threat levels (Overstreet et al., 2015). This is supported by Costa et al. (Costa et al., 2019), who link demographic and relational stressors to perceived resource loss in pregnant women, revealing that material insecurity often coincides with psychological distress and relational dysfunction. In these contexts, engaging in or remaining in a high-risk relationship may be less about romantic attachment and more about emotional survival or social necessity.

Taken together, existing research illustrates that women's engagement in high-risk relationships is seldom the result of a singular psychological trait or isolated social factor. Instead, it reflects a web of emotional vulnerabilities, relational dependencies, cultural scripts, and structural limitations. Despite this growing understanding, there remains a critical gap in contextualizing these patterns within specific sociocultural environments—particularly in Latin America, where deeply rooted gender roles, economic disparities, and stigma around mental health may render women even more vulnerable to these dynamics (Matveeva, 2025; Rosa et al., 2024).

This study aims to fill that gap by exploring how Mexican women make sense of and remain in high-risk romantic relationships, focusing on the interplay of intrapersonal needs, interpersonal imbalances, and sociocultural constraints.

2.   Methods and Materials

2.1.   Study design and Participant

This study employed a qualitative research design utilizing an exploratory approach to investigate the relational and intrapersonal factors influencing women's engagement in high-risk relationships. The qualitative paradigm was deemed appropriate to capture the depth and complexity of participants' lived experiences and subjective meanings. The research was conducted with a purposive sample of 23 women residing in Mexico who self-identified as having engaged in romantic or intimate relationships perceived as high-risk, including those involving emotional, physical, or social vulnerability (e.g., repeated infidelity, interpersonal violence, or involvement with partners engaged in illicit activity).

Participants were selected using maximum variation sampling to reflect diversity in age, socio-economic status, education, and relationship history. Eligibility criteria included being over the age of 18, identifying as female, and having a history of at least one high-risk relationship as defined above. Recruitment was conducted through community outreach initiatives, online advertisements, and

referrals from local counseling centers. The sample size was determined based on the principle of theoretical saturation, whereby data collection continued until no new themes emerged.

2.2. Measures

Data were collected through semi-structured, in-depth interviews conducted in Spanish. An interview guide was developed to explore participants' perceptions, emotional dynamics, personal motivations, and social influences surrounding their engagement in high-risk relationships. Open-ended questions allowed participants to narrate their experiences freely, while prompts and follow-up questions were used to encourage elaboration on specific themes. Interviews lasted between 45 and 90 minutes and were conducted in a private setting to ensure confidentiality and comfort. All interviews were audio-recorded with participant consent and subsequently transcribed verbatim for analysis.

2.3. Data Analysis

Data analysis followed a thematic analysis framework, allowing for the systematic identification, analysis, and interpretation of emerging patterns across the dataset. The six-step method outlined by Braun and Clarke (2006) was employed, encompassing familiarization with the data, initial coding, theme development, theme refinement, defining and naming themes, and final reporting. NVivo 14 software was used to assist in data organization, coding, and retrieval, facilitating a rigorous and transparent analytic process.

To enhance the credibility and trustworthiness of the findings, multiple strategies were implemented, including member checking with selected participants, peer debriefing with qualitative research experts, and maintaining a detailed audit trail of analytic decisions. Reflexivity was also maintained throughout the research process to account for the researchers' potential influence on data interpretation.

3. Findings and Results

The study sample consisted of 23 women residing in various urban and semi-urban regions of Mexico, all of whom had experienced at least one high-risk intimate relationship. Participants ranged in age from 21 to 48 years, with a mean age of 32.6 years. The majority were in their 30s (n = 12), followed by those in their 20s (n = 7) and 40s (n = 4). Regarding educational attainment, 10 participants had completed secondary education, 8 had attained a university degree, and 5 had only primary education. In terms of employment status, 13 were unemployed or homemakers at the time of the interview, while 7 held part-time or informal jobs, and 3 were employed full-time. Marital status varied: 9 were currently married or in a cohabiting relationship, 8 were separated or divorced, and 6 were single but had prior long-term relationships. A significant proportion (n = 16) reported having at least one child. The diversity in age, education, employment, and relationship history allowed for a broad representation of experiences related to high-risk romantic involvement among women in the Mexican context.

Table 1

Themes, Subthemes, and Concepts

Category (Main Theme)	Subcategory (Subtheme)	Concepts (Open Codes)
1. Emotional Vulnerability and Psychological Needs	Fear of Loneliness	Feeling abandoned, fear of dying alone, staying "just to have someone," tolerating mistreatment to avoid isolation
	Low Self-Worth	Internalized blame, feeling undeserving of love, self-sabotage, body shame, negative self-comparisons
	Need for Validation	Seeking approval, craving compliments, defining worth through partner, overvaluing attention from men
	Emotional Dependency	Fear of losing the partner, clinging behavior, inability to imagine life without them, emotional withdrawal avoidance
	History of Neglect or Abuse	Childhood neglect, prior trauma shaping partner selection, normalized abuse, repeating family patterns
	Idealization of Partner	Overlooking flaws, romanticizing pain, believing "he'll change," investing in imagined future
	Hope for Redemption	Belief in "second chances," linking pain to personal growth, waiting for a "turnaround," spiritual framing

2. Interpersonal Dynamics and Power Imbalance	Manipulative Control Tactics	Gaslighting, guilt-tripping, emotional blackmail, conditional affection, love bombing
	Unequal Decision-Making Power	Financial dependence, being left out of decisions, surrendering autonomy, following partner's rules
	Conflict Avoidance	Fear of confrontation, over-accommodating, staying silent to keep peace, minimizing personal needs
	Jealousy and Surveillance	Monitoring phone/social media, controlling friendships, excessive check-ins, blaming for imagined infidelity
	Sexual Coercion and Control	Pressure for sex, ignoring consent, using intimacy to manipulate, linking sex to approval
3. Sociocultural and Structural Influences	Gender Role Expectations	Being the "sacrificing woman," prioritizing family reputation, enduring for children, pressure to keep marriage
	Cultural Normalization of Abuse	"It's part of being a woman," silence as virtue, community tolerance of violence, religious fatalism
	Economic Dependency	Inability to afford independence, staying for children's financial security, no access to resources
	Social Isolation and Stigma	Fear of judgment, lacking social support, avoiding shame, hiding problems from others
	Lack of Access to Mental Health Support	Unawareness of services, mistrust in therapy, stigma around help-seeking, language/cost barriers

Category 1: Emotional Vulnerability and Psychological Needs

Fear of Loneliness. Many participants described a profound fear of being alone as a central driver of their continued engagement in high-risk relationships. This fear often overpowered logical assessments of harm or toxicity in the relationship. One participant shared, *"Even when he hit me, I felt it was better than being alone at night again. At least someone was there."* Concepts such as feeling abandoned, tolerating mistreatment to avoid isolation, and staying in relationships "just to have someone" were frequently cited.

Low Self-Worth. A recurrent theme involved deeply internalized beliefs of inadequacy and unworthiness. Participants often viewed themselves as undeserving of healthy relationships. As one woman recounted, *"He told me no one would ever love me, and I believed him because I never loved myself."* This subtheme was reflected in codes such as self-blame, negative self-comparisons, and chronic body shame, which contributed to enduring abuse without protest.

Need for Validation. The desire to feel seen, appreciated, and valued drove many women to remain in relationships that offered occasional affection or praise. Several women mentioned they stayed *"for the moments when he said I was beautiful,"* even if those moments were rare. Concepts such as craving compliments, seeking external approval, and defining one's worth through male attention were prominent.

Emotional Dependency. Participants expressed difficulty in imagining life without their partner, regardless of the harm experienced. Emotional withdrawal from the relationship triggered anxiety and fear. One interviewee stated, *"Even when I hated him, the idea of being without him made me panic."* This dependency manifested in clinging behaviors and avoidance of separation, even at the cost of personal safety.

History of Neglect or Abuse. Several women traced their relationship patterns to early-life experiences of neglect or abuse. These past traumas shaped their understanding of intimacy and normalized harmful dynamics. As one participant revealed, *"My father ignored me my whole life. At least my boyfriend paid attention, even when it was bad attention."* The repetition of familiar dysfunctional patterns was a key open code.

Idealization of Partner. Despite clear signs of harm, many women held onto idealized images of their partners. They romanticized suffering and held strong to imagined futures. One woman explained, *"I knew he wasn't good, but I believed in who he could be, not who he was."* These cognitive distortions were evident in the themes of overlooking flaws and investing in a fantasy self of the partner.

Hope for Redemption. Participants often believed that enduring suffering would eventually lead to transformation or growth—for themselves or their partners. They spoke of second chances and faith in change. One shared, *"If I just held on longer, he'd realize I was the one who never left."* This hope was sometimes spiritually framed and linked to meaning-making through pain.

Category 2: Interpersonal Dynamics and Power Imbalance

Manipulative Control Tactics. Many women described being subject to manipulation, including gaslighting and

guilt-tripping, which distorted their sense of reality. As one woman stated, *"He'd say I was crazy or imagining things. Eventually, I started to believe I was."* Concepts such as emotional blackmail and love bombing were identified as strategies that initially created attachment, later used to control behavior.

Unequal Decision-Making Power. Relationships often featured imbalanced power where men dominated decisions related to finances, housing, and social interactions. *"He didn't let me work or study. He said it was because he loved me too much to lose me,"* one participant recalled. The surrendering of autonomy and economic control were central codes in this subtheme.

Conflict Avoidance. In an effort to keep the peace, many women avoided expressing disagreement or asserting needs. *"Every time I spoke up, he'd explode or leave. So I just stayed quiet,"* said one participant. Suppression of voice and over-accommodation were reported strategies for reducing relational volatility, even at personal cost.

Jealousy and Surveillance. Possessiveness was a common relational dynamic, often disguised as affection or care. Several women reported being monitored through their phones or restricted in their social interactions. *"He said he watched my Instagram because he loved me and didn't want other men looking,"* one shared. This surveillance behavior was deeply intertwined with control.

Sexual Coercion and Control. Participants reported feeling pressured into sexual acts, even when unwilling, fearing withdrawal of affection or retaliation. *"If I said no, he wouldn't speak to me for days. It was easier to give in,"* one participant said. The conflation of sex with approval and compliance was frequently mentioned.

Category 3: Sociocultural and Structural Influences

Gender Role Expectations. Participants were influenced by strong cultural narratives around women's roles as caregivers and moral anchors of the family. Many cited social pressure to "hold the relationship together" regardless of personal cost. *"My mom said women must endure. That's our duty. So I stayed,"* one woman explained. Self-sacrifice and endurance were key open codes.

Cultural Normalization of Abuse. Several women described how their communities minimized or normalized abuse. One participant stated, *"Everyone said, 'that's just how men are.' So I thought it was normal."* This cultural silence, often reinforced by religious and community narratives, discouraged help-seeking or boundary-setting.

Economic Dependency. Many women were financially reliant on their partners, which limited their options to leave.

"He paid for everything, and I had nowhere to go," explained one woman. The lack of financial autonomy emerged as a structural constraint that perpetuated high-risk relationships.

Social Isolation and Stigma. Fear of judgment and lack of support networks kept women in harmful partnerships. Participants often avoided speaking out due to shame. *"If I left, people would say I failed as a woman,"* one interviewee shared. Concepts included hiding problems, absence of confidants, and fear of being blamed.

Lack of Access to Mental Health Support. Barriers such as cost, cultural stigma, and limited awareness prevented many from seeking psychological help. *"I didn't even know therapy was an option. In my town, you only go if you're crazy,"* said one participant. Mistrust of services and language barriers also contributed to underutilization of support resources.

4.   Discussion and Conclusion

The present study explored the relational and intrapersonal factors that contribute to women's engagement in high-risk intimate relationships through thematic analysis of qualitative interviews with 23 women in Mexico. Three core thematic categories were identified: emotional vulnerability and psychological needs, interpersonal dynamics and power imbalance, and sociocultural and structural influences. These findings align with and extend previous literature by emphasizing the complex interplay of psychological, relational, and cultural variables that sustain patterns of risk in romantic partnerships.

One of the most salient findings of this study was the role of emotional vulnerability as both an antecedent and a consequence of relational risk. Participants frequently described deep-seated fears of abandonment, low self-worth, and a need for validation as motivating factors for remaining in harmful relationships. These findings echo previous research indicating that unresolved emotional trauma, such as childhood neglect or adverse experiences, can produce internalized schemas of unworthiness that influence adult romantic decisions (Benkouider & Lawati, 2023; Krohner et al., 2023). The theme of emotional dependency observed in the present data also supports the argument that high-risk relational patterns often arise from psychological scripts learned early in life, particularly in environments lacking secure attachment or consistent emotional care (Heijer et al., 2013; Kukulskienė & Žemaitienė, 2022).

The idealization of partners and hope for change were also prominent, even in relationships marked by chronic emotional neglect or psychological aggression. This romanticized endurance, often framed as loyalty or faith, reflects findings by Kreis et al. (Kreis et al., 2014) that women with high relational risk factors often maintain maladaptive attachment to harmful partners due to persistent cognitive distortions and fear of isolation. These emotional investments were compounded by the belief that suffering within relationships was a test of character, a finding consistent with Matveeva's analysis on women's psychological vulnerability during reproductive decisions, which highlighted the burden of moral responsibility and emotional labor placed disproportionately on women (Matveeva, 2025).

In terms of interpersonal dynamics, this study found that manipulative control tactics, sexual coercion, and unequal decision-making power were central mechanisms that sustained high-risk relationships. Participants described gaslighting, emotional blackmail, and jealousy as regular features of their partnerships—often disguised as love or concern. These findings are well-supported by previous studies documenting the subtle and insidious nature of psychological aggression in romantic contexts (Grocott et al., 2024; Shortt et al., 2013; Sotskova et al., 2015). Overstreet et al. (Overstreet et al., 2015) noted that such forms of abuse often go unrecognized, particularly when they are non-physical, leading to prolonged exposure and normalized relational trauma.

Additionally, the present study highlights how women's avoidance of conflict, over-accommodation, and minimization of personal needs are not merely coping strategies, but mechanisms of emotional self-protection developed under perceived threat. This echoes findings by Simone et al. (Simone et al., 2024), who observed that gendered responses to distress during the COVID-19 pandemic often involved self-silencing and emotional compliance. The need to keep the peace—at the expense of one's emotional well-being—was commonly reported by participants as a reason for remaining in high-risk relationships, especially when confrontation risked triggering emotional or physical retaliation from the partner.

This study also underscores the pivotal role of sociocultural structures in shaping and sustaining women's vulnerability. Cultural narratives around femininity, sacrifice, and family preservation were frequently cited as reasons for enduring abusive or emotionally damaging partnerships. Many participants felt socially obligated to stay in relationships "for the children," or to protect their family's public image. This is consistent with the findings of Biagio et al. (Biagio et al., 2024), who noted that women experiencing relational violence during pregnancy often endured harm in silence due to cultural expectations of motherhood and resilience. Similarly, Pitriawati et al. (Pitriawati et al., 2023) emphasized the role of family support—or its absence—as a key factor in predicting psychological outcomes among women, reinforcing the idea that community dynamics significantly influence women's ability to exit harmful relational patterns.

Furthermore, economic dependence was identified as a structural barrier to autonomy and agency. Many women in this study expressed that they lacked the financial means to leave their partners, especially when children were involved. This reinforces the findings of Costa et al. (Costa et al., 2019), who argued that psychological and relational stress are often magnified in contexts of material insecurity and resource loss. In these environments, remaining in a high-risk relationship may be perceived as the lesser of two threats—especially when social safety nets are weak or inaccessible. Rosa et al. (Rosa et al., 2024) similarly found that women navigating childbirth during the COVID-19 pandemic reported intensified psychological strain when structural support systems were limited or absent.

Stigma surrounding mental health and limited access to psychological services further intensified the vulnerability experienced by participants. A number of women described feeling shame or fear of judgment if they disclosed their emotional distress or sought help. This aligns with findings from Deroncele-Acosta et al. (Deroncele-Acosta et al., 2025), who emphasized that psychological capital and motivational factors play a protective role in women's mental health, particularly in academic and professional domains. However, the benefits of such resources are largely inaccessible to women facing relational trauma in low-resource settings, where stigma and misinformation about therapy persist (Asby et al., 2016; Jin et al., 2021).

Notably, some participants framed their endurance in spiritual or moral terms, suggesting that suffering had value or purpose. These narratives mirrored those found in the work of Asby et al. (Asby et al., 2016), where spirituality was used both as a coping mechanism and as a framework for rationalizing suffering. However, the spiritual framing of pain may also inhibit help-seeking or reinforce tolerance of abuse, especially when forgiveness and sacrifice are glorified within the cultural context.

Lastly, the data revealed how women's internal emotional landscapes interact with external pressures in complex and often conflicting ways. For some participants, staying in a high-risk relationship was driven by emotional dependency; for others, it was the result of structural constraints or cultural obligations. In most cases, these factors were not mutually exclusive but overlapped and reinforced one another. This holistic view supports Handberg et al.'s (Handberg et al., 2013) conceptualization of women's health as a dynamic interplay of psychosocial, emotional, and environmental influences. Similarly, Heijer et al. (Heijer et al., 2013) concluded that risk for psychological distress in women, particularly those with hereditary disease burdens, is closely tied to family expectations, emotional support networks, and internalized norms about strength and self-sacrifice.

5.   Limitations and Suggestions

This study is not without limitations. First, while the qualitative design allowed for deep exploration of lived experiences, the findings are not generalizable to all populations or cultural contexts. The sample was composed exclusively of women residing in Mexico, and while care was taken to ensure diversity within the group, regional and socioeconomic variations may limit the scope of interpretation. Second, data collection relied solely on self-reporting through interviews, which may be subject to recall bias or social desirability effects. Third, the study did not include the perspectives of partners or external observers, which may have added nuance to understanding relational dynamics. Additionally, although NVivo 14 supported systematic analysis, all coding and thematic interpretation involved subjective judgment, and as such, researcher bias cannot be fully eliminated.

Future research should expand to include cross-cultural comparative studies that examine relational vulnerability among women in varied socio-political environments. Longitudinal research could also provide insight into how women's perceptions and coping strategies evolve over time, particularly in response to life transitions such as motherhood, employment, or educational advancement. Further exploration into the role of digital media in romantic risk-taking—such as online dating, social surveillance, or cyber abuse—could also deepen understanding of contemporary relationship dynamics. Including the voices of male partners, mental health professionals, or family members could enrich the ecological validity of findings.

Finally, integrating mixed-methods approaches would allow researchers to quantify relational risk while still capturing emotional depth and subjective meaning.

In practice, professionals working with women in high-risk relationships—such as counselors, social workers, and health practitioners—should be trained to recognize the nuanced interplay of psychological vulnerability and structural constraint. Interventions should be culturally sensitive and trauma-informed, acknowledging both the internal schemas and external barriers women face. Providing safe, accessible mental health services and economic resources is crucial for enabling women to make empowered relational choices. Awareness campaigns that challenge harmful gender norms and encourage help-seeking without shame can also play a transformative role. Finally, integrating community-based support networks with formal therapeutic services can help bridge the gap between awareness and action for women navigating relational risk.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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