

## SEXUAL ABUSE AND RISK OF CHRONIC ILLNESS: A LITERATURE REVIEW

Treesia Sujana<sup>1</sup>

<sup>1</sup>Faculty of Nursing, Immanuel Institute of Health, Bandung Indonesia

*Corresponding Email:* treesia23001@mail.unpad.ac.id

### Abstract

Sexual violence is a traumatic event that often has a long-term impact on physical and mental condition. The existing research primarily focuses on the prevalence and general impacts of sexual violence however, there appears to be a paucity of research investigating the specific long-term effects of sexual violence on women. The aim of this literature review is to describe the relation between sexual abuse and the risk of Chronic Illness. This study employs a thematic literature review methodology utilizing the Onwegbuzie & Frels Seven Step model, which is particularly suitable for qualitative research literature reviews; however, it is sufficiently flexible to be applied to other research paradigms. In this study, literature was selected incorporating both qualitative and quantitative studies. Journal articles were identified and selected through the EBSCO and SCOPUS web bases. Twenty papers were then selected according to the following criteria: study conducted on the topic of sexual violence and its effects on chronic illness and health. Due to the thematic methodology employed, articles were subjected to critical appraisal, with particular emphasis on the study's objectives and findings. Three major themes were concluded from the study: the tendency to develop high-risk behaviors; the occurrence of trauma and stress; and the presence of conditions with somatic and physical symptoms that lead to chronic disease. The themes resulting from this study show a link between sexual violence and its relationship with behavioral and lifestyle changes that ultimately have a physical impact.

**Keywords:** Chronic disease, trauma, stress. sexual violence.

## **INTRODUCTION**

Sexual violence is described as an act that begins with verbal harassment, forced penetration and various forms of violence ranging from social pressure to intimidation using physical force, committed by an intimate partner or someone else (World Health Organization: Claudia Garcia-Moreno, 2012). The World Health Organization (WHO) in its 2000-2018 report stated that 641 million women aged 15 and over were physically or sexually abused by their partners and 245 million of them happened in the last 12 months (World Health Organization, 2021). Data recorded by UN Women identified that by 2023 an estimated 736 million women in the world have been subjected to sexual violence, with sexual violence most common in sub-Saharan Africa and Southeast Asia (UN Women, 2023). The Indonesian Ministry of Women ' s Empowerment and Child Protection stated that in 2024 there have been 7189 cases of sexual violence with 6292 cases occurring among women with the highest locations occurring in the region of East Java, West Java and Central Java (Kementerian Pemberdayaan Perempuan dan Perlindungan Anak (KPPA), 2024).

Sexual violence disproportionately affects certain vulnerable populations, including women, children, and marginalized groups. Research on intimate partner violence (IPV) reveals varying prevalence rates of sexual abuse across different studies and populations. In Thailand, a study found that 15% of women had experienced psychological, physical, and/or sexual violence in their lifetime, with sexual violence being reported by 62-63% of those who experienced IPV within the past 12 months (Chuemchit et al., 2018). In conflict situations, females are systematically sexually assaulted on a large scale (Denov, 2015). Children, especially girls, face increased risk of sexual abuse. Global prevalence rates range from 8-31% for females and 3-17% for males. In India, 69% of girls are victims of physical, emotional, or sexual abuse (Geetha, 2021). The most vulnerable age group for sexual assault survivors is 11-18 years old (Prapanna et al., 2023). Marginalized groups face additional barriers in seeking post-assault care. These include immigrants, black women, and homeless youth (Lucea et al., 2024; Synovec & Terry, 2023).

Sexual violence is a traumatic event that often has a long-term impact on physical and mental condition. Previous research have demonstrated that individuals who have endured sexual violence in the past are more inclined to engage in high-risk activities like drug, alcohol, and smoke usage. Studies of victims of sexual abuse in some countries report a greater prevalence of depression and stress that leads to eating disorders, self-harm, anxiety and drinking habits of alcoholic beverages as well as opioid use (Anderson, Tsuyuki, Desoto, & Stockman, 2022; Bhuptani, Orchowski, Forkus, Newberger, & Weiss, 2023; Malet-Karas, Bernard, Piet, & Bertin, 2022). This study aimed to seek understanding in the relation between the occurrences of chronic diseases with the trauma which occurs after sexual abuse. This literature review intended to clarify the intricate relationship between psychological trauma and physical health outcomes, potentially guiding the development of targeted interventions and preventive measures for vulnerable populations.

## **METHODS**

The study employed the thematic literature review method utilizing the Onwegbuzie & Frels Seven Step model. Step 1, Exploring beliefs and topics: In this study, research into the topic was conducted through background in-depth searching for data on the current state of sexual violence and related research that has been conducted globally. Step 2, Initiating the research: In this step, journal articles were identified and selected through the EBSCO and SCOPUS databases using the keywords: sexual violence or rape or sexual trauma or sex violence AND chronic illness or chronic disease or chronic sickness or chronic disorder or chronic condition. Twenty articles were subsequently selected and critically evaluated based on the following criteria: the research addressed the issue of sexual violence and examined its relationship to or impact on health and chronic diseases.

Step 3, Storing and organizing information: During this step, a table in Excel format was prepared with a category column. The categories extracted from each article included the title of the article, the researcher, the publication details, the research methodology, and the research findings. Step 4: Selecting/Deselecting

Information. The deselection process initially yielded 285 articles from EBSCO and 58 articles from SCOPUS using keyword searches. Applying filters for full articles published between 2014-2024 in English resulted in 159 papers. Subsequently, 20 articles were selected based on the following criteria: research conducted on issues of sexual violence and studies examining the relationship/impact on health and chronic disease. Step 5: Expanding the search. An in-depth search was conducted through scanning and schematizing each selected article. At this stage, no further in-depth search through other methods, such as researcher interviews, was feasible. The search expansion involved evaluating the journals referenced in the linked materials. Step 6: Analyzing/Synthesizing Information. The categorized data were subsequently analyzed. Keywords were identified from data categories, and sub-themes and themes were generated. Step 7: Presenting the report.

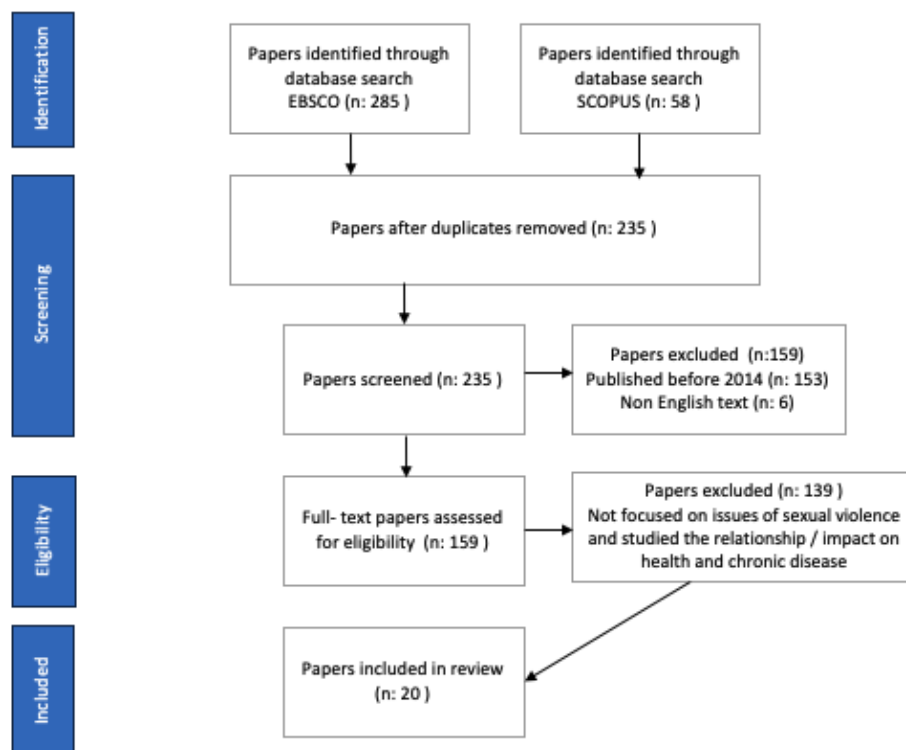


Figure 1. Flowchart of literature review

## RESULTS

Three major themes concluded from the study are: The tendency to develop high risk behaviors; Occurrence of trauma and stress; and the presence of conditions with somatic and physical symptoms that leads to chronic diseases.

**Table 1. Generating themes**

CODES	KEYWORDS	SUBTHEMES	THEMES
J11 J10 J4	Feeling disconnected Nightmares Chronic Isolation	Mental affected behavior	The tendency to develop high-risk behaviors
J1, J17 J7, J8 J9 J18, J19, J20 J5, J17	Smoking Addictions to narcotics Antidepressan consumption Eating disorder Alcohol use	High risk behaviors lead to chronic illness	
J2, J12 J12	Suicide attempts Self-harm	Life threatening acts	
J1, J2, J3, J6, J7, J8, J11, J12, J16, J17, J18, J19 J1, J4, J7, J11 J6	Stress and depressions Anxieties Poor mental health	Stress and depressions	
J7, J10, J11	PTSD	Trauma	
J1, J5, J6, J9 J7 J7 J4, J9, J15, J17 J9, J12, J13 J13 J5, J6, J11, J17	Asthma Hepatitis C HIV Hypertension Cancer Anemia Sexual transmitted diseases	Diagnosed to have Chronic Illnesses	The presence of conditions with somatic and physical symptoms that lead to chronic disease
J3, J5, J6, J10, J15 J7 J10 J6, J10 J6, J10 J11	Pain and Discomfort Chronic Fatigue Syndrome Weakness Sleeping disturbances Head aches Sexual disfunction	Occurrences of somatic symptoms	
J3, J10 J1 J6, J7, J9, J13	Poor general health High Cholesterol Irritable Bowel Syndrome	Chronic illness symptoms	

### The tendency to develop high risk behaviors

There are 14 out of 20 articles resulted with this theme (Aceros et al., 2023; Basile et al., 2016; Clark, Everson-Rose, et al., 2014; Clark, Spencer, et al., 2014;

Clemente-Teixeira et al., 2022; Davies et al., 2016; Kimoni et al., 2023; Mason et al., 2017; Pengpid & Peltzer, 2018; Santaularia et al., 2014; Tung et al., 2018; Tutty et al., 2021; Williams et al., 2020; Wondie et al., 2023). Subthemes that emerge from this theme were: Mental affected behavior which comprises of keywords such as feeling disconnected, nightmare and chronic isolation; High risk behaviors lead to chronic illness which comprises of keywords such as smoking, addictions to narcotics, antidepressant consumption, eating disorder and alcohol use; and life-threatening acts which comprises of keywords such as suicide attempts and self-harm.

### **Occurrence of trauma and stress**

There are 15 out of 20 articles resulted with this theme (Aceros et al., 2023; Basile, Smith, Chen, & Zwald, 2021; Basile et al., 2016; Clark, Everson-Rose, et al., 2014; Clark, Spencer, et al., 2014; Kimoni et al., 2023; Mason et al., 2017; Mellar et al., 2023; Nimmo-Smith, Brugha, Kerr, McManus, & Rai, 2016; Santaularia et al., 2014; Sommer, El-Gabalawy, & Mota, 2019; Tung et al., 2018; Tutty et al., 2021; Williams et al., 2020; Wondie et al., 2023).

Subthemes that emerge from this theme were: Stress and depression which comprises of keywords such as Stress and depressions, anxieties and Poor mental health; and Trauma.

### **The presence of conditions with somatic and physical symptoms that lead to chronic disease**

There are 14 out of 20 articles resulted with this theme (Aceros et al., 2023; Atwoli et al., 2016; Basile et al., 2016, 2021; Bonomi et al., 2018; Clark, Everson-Rose, et al., 2014; Clemente-Teixeira et al., 2022; Kimoni et al., 2023; Nimmo-Smith et al., 2016; Pengpid & Peltzer, 2018; Santaularia et al., 2014; Tung et al., 2018; Tutty et al., 2021; Wondie et al., 2023)

Subthemes that emerge from this theme were: Diagnosed to have Chronic Illnesses which comprises of keywords such as Asthma, Hepatitis C, HIV, Hypertension, Cancer, Anemia and Sexual Transmitted Disease; Occurrences of somatic symptoms which comprises of keywords such as Pain and discomfort, Chronic

Fatigue Syndrome, Weakness, Sleeping Disturbances, Head Aches and Sexual disfunction; and Chronic illness symptoms which comprises of keywords such as poor general health, high cholesterol and Irritable bowel syndrome.

## **DISCUSSION**

### **The tendency to develop high risk behaviors**

Experiencing sexual violence can have profound and varied effects on individuals. This study showed that in most of the case, sexual violence seems to leave a profound trauma to its victim. Smoking, alcohol consumption and eating disorder have become distractive ways that are chosen to pressure the uncomfortable feelings. Emotion dysregulation such as impulse control, difficulties in focusing towards goal, decreasing skills in managing feelings and controlling emotions are shown as the expression of trauma where high risk behaviors such as alcohol consumptions mostly involved in the effort of controlling the emotion (Tripp et al., 2015). Several studies concludes that woman have more tendency of depressions that leads to smoking and alcohol consumption behaviors; becoming less social and for students response they become to have less motivation to study and start to skip classes (Bonomi et al., 2018; Clarke et al., 2023)

Some individuals may turn to high-risk behaviors, such as substance abuse, self-harm, or risky sexual behaviors, as a way to cope with the trauma they've experienced. These behaviors might provide a temporary escape from emotional pain or a sense of control in situations where they feel powerless. Additionally, some survivors may struggle with feelings of low self-worth or a lack of trust in others, which can also influence their behavior. Nurses role is essential in addressing the findings related to the effects of sexual violence on individuals. It is imperative that nurses possess the requisite skills to assess and plan interventions that support and provide sensitive, trauma-informed care to victims of sexual violence, acknowledging the profound trauma experienced by survivors. Nursing interventions should aim to promote psychological well-being and mitigate the psychological sequelae in individuals who have experienced sexual violence. A scoping review on nurses' interventions for reducing negative effects after sexual violence trauma encompasses psychoeducational sessions, personal journaling, and

facilitated discussions regarding the traumatic events experienced (Yosep et al., 2022). In their capacity as healthcare professionals, nurses play a pivotal role in providing comprehensive care to those affected by sexual assault, addressing the multifaceted needs of survivors.

### **Occurrence of trauma and stress**

All of themes that resulted from this study are reflecting mental health disturbance, difficulties in living their regular life and going back to their role seems to be a hard thing to do. Study towards health managements after the sexual violence incidents of South East Asia woman in New York resulted in the facts that only 27.6 % had reported the assault to receive services and even lower with victim who have moderate to severe depression (Lim et al., 2022). Moreover, besides having hard times in getting the help they need, the 2017 Risk behavior survey to 14.638 high school students in the USA resulted in surprisingly fact that 5,2% of sexual violence victims experienced the abuse twice or more in the last 12 months. Among them 31,5% reported to feel helpless and sad; and 17,2% attempted suicide (Nelton et al., 2019)

Nurses play a crucial role in addressing the mental health disturbances and life difficulties faced by sexual violence survivors. Nurses frequently serve as the initial point of contact for survivors, providing immediate emotional support and ensuring survivors feel secure and validated while mitigating the risk of PTSD. Furthermore, many survivors do not report the assault or seek assistance, and nurses are obligated to educate survivors about their rights and advocate for accessible, culturally sensitive support systems. Nurses can collaborate with occupational therapists and counsellors to assist survivors in regaining their ability to perform daily activities and return to work or education. For those experiencing difficulties with reintegration, nurses can offer tailored support programs focused on resilience and empowerment, as these interventions have been demonstrated to increase positive outcomes over time for victims of sexual abuse .



### **The presence of conditions with somatic and physical symptoms that lead to chronic disease**

Physical and sexual abuse are few of factors that contributes to the somatic symptom's syndrome. Somatic symptoms describe as physical symptom such as pain, shortness of breath that are become significant suffering for the person experienced it. A study case by Sardesai et al resulted in the fact that when a person experienced distress somatic symptoms for more than six months mostly have more frights and worry and tends to have pessimist view on their health situation (Sardesai et al., 2023). Sardesai also concludes that the longer of the somatic symptoms happen to individual, the higher risk they have on the significant health deterioration. This fact is also concluded in several researches on the sexual violence which resulted in Chronic Illness such as Asthma and Hypertension that occurs later in the victim's life (Atwoli et al., 2016; Basile et al., 2021; Pengpid & Peltzer, 2018; Santaularia et al., 2014) .

Pain and other somatic symptoms can significantly impact an individual's quality of life, prompting researchers to explore various approaches for their management. Several studies have investigated different methods that can be done by nurses to alleviate these symptoms, offering valuable insights into potential interventions. For instance, Counter pressure deep back massage has been shown to be effective in reducing pain intensity during the first stage of labour (Nusaibah et al., 2023). Additionally, mindfulness-based interventions have demonstrated promising results in decreasing pain perception and associated distress, this concluded from an observation on the use of thought stopping method to increase the level of pain on teenagers dysmenorrhoea which concluded the decreased level of pain to most of respondents (Hartati & Laela, 2024). These approaches are adaptable enough to be implemented for various types of pain and other physical symptoms. Moreover, exercise-based interventions, particularly tailored physical activity programmes, have been found to be beneficial in managing pain and improving overall well-being (Kjellberg Olofsson et al., 2023). These diverse approaches highlight the multifaceted nature of pain management and the importance of considering individualized treatment strategies to effectively reduce pain and other somatic symptoms.

## CONCLUSION

The themes resulting from this study show a link between sexual violence and its association with changes in behavior and lifestyle that ultimately have a physical impact. High risk behavior towards health resulted from stress and depression are forms of distraction from trauma and ways to seek psychological comfort. Due to the lack of publications on sexual violence and its relation to chronic illness in particular area, this study doesn't limit the research location, and it became the limitation of this literature review.

It's important to approach this topic with sensitivity and understanding, recognizing that each survivor's experience and response are unique. Providing support, resources, and access to therapy can be crucial in helping survivors heal and develop healthier coping mechanisms

## REFERENCE

- Aceros, L. J. B., Poches, D. K. P., Toloza, I. L. M., & Patrignani, G. D. G. (2023). PTSD in survivors of violence or sexual abuse in the Colombian armed conflict. *Psicoperspectivas*, 22(3). <https://doi.org/10.5027/psicoperspectivas-Vol22-Issue3-fulltext-2967>.
- Anderson, K. M., Tsuyuki, K., Desoto, A. F., & Stockman, J. K. (2022). The Effect of Adverse Mental Health and Resilience on Perceived Stress by Sexual Violence History. *International Journal of Environmental Research and Public Health*, 19(8). <https://doi.org/10.3390/ijerph19084796>.
- Atwoli, L., Platt, J. M., Basu, A., Williams, D. R., Stein, D. J., & Koenen, K. C. (2016). Associations between lifetime potentially traumatic events and chronic physical conditions in the South African Stress and Health Survey: A cross-sectional study. *BMC Psychiatry*, 16(1). <https://doi.org/10.1186/s12888-016-0929-z>
- Basile, K. C., Smith, S. G., Chen, J., & Zwald, M. (2021). Chronic Diseases, Health Conditions, and Other Impacts Associated With Rape Victimization of U.S. Women. *Journal of Interpersonal Violence*, 36(23–24), NP12504–NP12520. <https://doi.org/10.1177/0886260519900335>.

- Basile, K. C., Smith, S. G., Fowler, D. N., Walters, M. L., & Hamburger, M. E. (2016). Sexual violence victimization and associations with health in a community sample of African American Women. *Journal of Aggression, Maltreatment and Trauma*, 25(3), 231–253. <https://doi.org/10.1080/10926771.2015.1079283>
- Bhuptani, P. H., Orchowski, L. M., Forkus, S. R., Newberger, N. G., & Weiss, N. H. (2023). The impact of exposure to physical and sexual violence on opioid consequences among trauma-exposed individuals recruited from the community who use opioids. *Harm Reduction Journal*, 20(1). <https://doi.org/10.1186/s12954-023-00901-y>
- Bonomi, A., Nichols, E., Kammes, R., & Green, T. (2018). Sexual Violence and Intimate Partner Violence in College Women with a Mental Health and/or Behavior Disability. *Journal of Women's Health*, 27(3), 359–368. <https://doi.org/10.1089/jwh.2016.6279>
- Chuemchit, M., Chernkwanma, S., Rugkua, R., Daengthern, L., Abdullakasim, P., & Wieringa, S. E. (2018). Prevalence of Intimate Partner Violence in Thailand. *Journal of Family Violence*, 33(5), 315–323. <https://doi.org/10.1007/s10896-018-9960-9>
- Clark, C. J., Everson-Rose, S. A., Alonso, A., Spencer, R. A., Brady, S. S., Resnick, M. D., Borowsky, I. W., Connett, J. E., Krueger, R. F., & Suglia, S. F. (2014). Effect of partner violence in adolescence and young adulthood on blood pressure and incident hypertension. *PLoS ONE*, 9(3). <https://doi.org/10.1371/journal.pone.0092204>
- Clark, C. J., Spencer, R. A., Everson-Rose, S. A., Brady, S. S., Mason, S. M., Connett, J. E., Henderson, K. M., To, M., & Suglia, S. F. (2014). Dating violence, childhood maltreatment, and BMI from adolescence to young adulthood. *Pediatrics*, 134(4), 678–685. <https://doi.org/10.1542/peds.2014-1179>
- Clarke, J., Hyde, A., & Caswell, R. J. (2023). A service evaluation of current practices in the assessment of mental-health and referral for support following disclosure of sexual violence. *International Journal of STD and AIDS*, 34(1), 62–66. <https://doi.org/10.1177/09564624221135295>
- Clemente-Teixeira, M., Magalhães, T., Barrocas, J., Dinis-Oliveira, R. J., & Taveira-Gomes, T. (2022). Health Outcomes in Women Victims of Intimate Partner Violence: A 20-Year Real-World Study. *International Journal of Environmental Research and Public Health*, 19(24). <https://doi.org/10.3390/ijerph192417035>
- Davies, R., Lehman, E., Perry, A., & McCall-Hosenfeld, J. S. (2016). Association of intimate partner violence and health-care provider-identified obesity.

*Women and Health*, 56(5), 561–575.  
<https://doi.org/10.1080/03630242.2015.1101741>

Denov, M. (2015). Children born of wartime rape: The intergenerational realities of sexual violence and abuse. *Ethics, Medicine and Public Health*, 1(1), 61–68. <https://doi.org/10.1016/j.jemep.2015.02.001>

Geetha, R. (2021). Child Sexual Abuse. *Journal of Community and Social Health Nursing*, 3(2). <https://doi.org/10.46610/JCSHN.2021.v03i02.001>

Hartati, S., & Laela, S. (2024). Terapi Thought Stopping Efektif menurunkan tingkat nyeri menstruasi (Dismenore) pada remaja putri. *Terapi Thought Stopping Efektif Menurunkan Tingkat Nyeri Menstruasi Journal of Maternity Care and Reproductive Health*, 7(3).  
<https://www.mcrhjournl.or.id/index.php/jmcrh/article/view/12294>

Kementerian Pemberdayaan Perempuan dan Perlindungan Anak (KPPA). (2024). *SIMFONI PPA (Sistem Informasi Online Perlindungan Perempuan dan Anak)*. <https://Kekerasan.Kemennppa.Go.Id/Ringkasan>.

Kimoni, G. B., Martin, R., Mukengere, D. M., Kerchove, C. de, Ntamwenge, S. N., & Ngeleza, O. N. (2023). Screening and risk factors for cervical cancer among survivors of sexual violence in conflict settings, Eastern Democratic Republic of Congo. *African Journal of Reproductive Health*, 27(12), 79–85. <https://doi.org/10.29063/ajrh2023/v27i12.9>

Kjellberg Olofsson, C., Skovdahl, P., Fridolfsson, J., Arvidsson, D., Börjesson, M., Sunnegårdh, J., & Buratti, S. (2023). Life satisfaction, health-related quality of life and physical activity after treatment for valvular aortic stenosis. *Cardiology in the Young*, 33(3), 403–409. <https://doi.org/10.1017/S1047951122000920>

Lim, S., Ali, S. H., Mohaimin, S., Dhar, R., Dhar, M., Rahman, F., Roychowdhury, L., Islam, T., & Islam, N. (2022). Help seeking and mental health outcomes among South Asian young adult survivors of sexual violence in the New York State Region. *BMC Public Health*, 22(1). <https://doi.org/10.1186/s12889-022-13489-y>

Lucea, M. B., Ramirez, A., & Martino, N. (2024). Barriers to Seeking Healthcare Services After Sexual Assault: A Scoping Review. *Journal of Forensic Nursing*, 20(4), 265–276. <https://doi.org/10.1097/JFN.0000000000000493>

Malet-Karas, A., Bernard, D., Piet, E., & Bertin, E. (2022). Disordered eating as a repercussion of sexual assault: a consequence to consider. *Eating and Weight Disorders*, 27(6), 2095–2106. <https://doi.org/10.1007/s40519-021-01356-5>.

Mason, S. M., Ayour, N., Canney, S., Eisenberg, M. E., & Neumark-Sztainer, D. (2017). Intimate Partner Violence and 5-Year Weight Change in Young

Women: A Longitudinal Study. *Journal of Women's Health*, 26(6), 677–682. <https://doi.org/10.1089/jwh.2016.5909>.

Mellar, B. M., Hashemi, L., Selak, V., Gulliver, P. J., McIntosh, T. K. D., & Fanslow, J. L. (2023). Association between Women's Exposure to Intimate Partner Violence and Self-reported Health Outcomes in New Zealand. *JAMA Network Open*, 6(3), E231311. <https://doi.org/10.1001/jamanetworkopen.2023.1311>

Nelon, J. L., De Pedro, K. T., Gilreath, T. D., Patterson, M. S., Holden, C. B., & Esquivel, C. H. (2019). A latent class analysis of the co-occurrence of sexual violence, substance use, and mental health in youth. *Substance Use and Misuse*, 54(12), 1938–1944. <https://doi.org/10.1080/10826084.2019.1618337>

Nimmo-Smith, V., Brugha, T. S., Kerr, M. P., McManus, S., & Rai, D. (2016). Discrimination, domestic violence, abuse, and other adverse life events in people with epilepsy: Population-based study to assess the burden of these events and their contribution to psychopathology. *Epilepsia*, 57(11), 1870–1878. <https://doi.org/10.1111/epi.13561>

Nusaibah, N., Aulia, S., Cahyani, G., Rahmawati, Y., Dwi, Y., Handayani, N., Nabilla, S., & Ayu Srimurni, N. (2023). Efektivitas Counter Pressure/ Deep Back Massage dalam menurunkan tingkat nyeri pada Ibu melahirkan: Literature Review. *Journal of Maternity Care and Reproductive Health*, 6, 218. <https://www.mcrhjournal.or.id/index.php/jmcrh/article/view/12276>

Pengpid, S., & Peltzer, K. (2018). Lifetime spousal violence victimization and perpetration, physical illness, and health risk behaviours among women in India. *International Journal of Environmental Research and Public Health*, 15(12). <https://doi.org/10.3390/ijerph15122737>

Prapanna, U., Bhattacharjee, S., Jain, V., & Dalal, N. (2023). “A Study Of Socio-Demographic Factors Of Sexual Assault Survivors In A Medical College In Indore.” *Global Journal For Research Analysis*, 63–65. <https://doi.org/10.36106/gjra/5102287>

Santaularia, J., Johnson, M., Hart, L., Haskett, L., Welsh, E., & Faseru, B. (2014). Relationships between sexual violence and chronic disease: A cross-sectional study. *BMC Public Health*, 14(1). <https://doi.org/10.1186/1471-2458-14-1286>

Sardesai, A., Muneshwar, K. N., Bhardwaj, M., & Goel, D. B. (2023). The Importance of Early Diagnosis of Somatic Symptom Disorder: A Case Report. *Cureus*. <https://doi.org/10.7759/cureus.44554>

Sommer, J. L., El-Gabalawy, R., & Mota, N. (2019). Understanding the association between posttraumatic stress disorder characteristics and physical

health conditions: A population-based study. *Journal of Psychosomatic Research*, 126. <https://doi.org/10.1016/j.jpsychores.2019.109776>

Synovec, K., & Terry, A. (2023). Prison Rape and Sexual Assault: Prevalence, Vulnerabilities and System Responses. *John Heinrichs Scholarly & Creative Activities Day*. <https://doi.org/10.58809/AVZX5909>

Tripp, J. C., McDevitt-Murphy, M. E., Avery, M. L., & Bracken, K. L. (2015). PTSD symptoms, emotion dysregulation, and alcohol-related consequences among college students with a trauma history. *Journal of Dual Diagnosis*, 11(2), 107–117. <https://doi.org/10.1080/15504263.2015.1025013>

Tung, E. L., Johnson, T. A., O’Neal, Y., Steenes, A. M., Caraballo, G., & Peek, M. E. (2018). Experiences of Community Violence Among Adults with Chronic Conditions: Qualitative Findings from Chicago. *Journal of General Internal Medicine*, 33(11), 1913–1920. <https://doi.org/10.1007/s11606-018-4607-3>

Tutty, L. M., Radtke, H. L., Thurston, W. E. B., Ursel, E. J., Nixon, K. L., Hampton, M. R., & Ateah, C. A. (2021). A Longitudinal Study of the Well-Being of Canadian Women Abused by Intimate Partners: A Healing Journey. *Journal of Aggression, Maltreatment and Trauma*, 30(9), 1125–1147. <https://doi.org/10.1080/10926771.2020.1821852>

UN Women. (2023). *UN WOMEN Facts and figures: Ending violence against women* .

Williams, J. R., Cole, V., Girdler, S., & Cromeens, M. G. (2020). Exploring stress, cognitive, and affective mechanisms of the relationship between interpersonal trauma and opioid misuse. *PLoS ONE*, 15(5). <https://doi.org/10.1371/journal.pone.0233185>

Wondie, Y., Zeleke, W. A., & Melesse, M. (2023). In between the lines of the narrative map: Phenomenological analysis of war rape victims in Amhara Regional State, Ethiopia. *PLoS ONE*, 18(7 JULY). <https://doi.org/10.1371/journal.pone.0289106>

World Health Organization. (2021). *Violence against women prevalence estimates, 2018 : global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women : executive summary*.

World Health Organization : Claudia Garcia-Moreno, A. G. and W. K. (2012). *Understanding and addressing violence against women: Sexual violence*. [https://iris.who.int/bitstream/handle/10665/77434/WHO\\_RHR\\_12.37\\_eng.pdf](https://iris.who.int/bitstream/handle/10665/77434/WHO_RHR_12.37_eng.pdf)

Yosep, I., Hikmat, R., Mardhiyah, A., & Lukman, M. (2022). Interventions Focused by Nurses for Reducing Negative Effect of Traumatic Experience on Victims of Sexual Violence: A Scoping Review. *Healthcare, 11*(1), 125. <https://doi.org/10.3390/healthcare11010125>