

## RELATIONSHIPS BETWEEN VIOLENCE AND CHRONIC ILLNESS AMONG WOMEN

**Ancuța Elena PĂDURARU<sup>1</sup>, Camelia SOPONARU<sup>2</sup>**

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**Abstract:** Violence against women is a problem with significant personal, social, and economic implications that occurs in all countries, regardless of economic level, culture, or religion. Violence against women is often divided into three categories: physical, sexual, and psychological, whether self-directed, interpersonal, or collective. The consequences for victims are both physical and psychological. Although not widely recognized and easily visualized by others, chronic illness can also be a consequence of violence, with a long-term impact on the victim's life, acting as a reminder of what happened even long after the abuse has stopped. This paper is a narrative review that aims to highlight the link between violence against women and chronic somatic illness. In studies addressing and highlighting this relationship, the research methods used have raised important questions about the representativeness of the results obtained, and the extent to which they can be compared, particularly in research addressing intimate partner violence. We highlight gaps in knowledge and propose recommendations for future studies and psychotherapeutic intervention programs for victims of violence.

**Keywords:** chronic illness; violence; gender-based violence; help-seeking; women's health.

**Résumé :** La violence à l'égard des femmes est un problème aux implications personnelles, sociales et économiques considérables qui se pose dans tous les pays, indépendamment du niveau économique, de la culture ou de la religion. La violence à l'égard des femmes est souvent divisée en trois catégories : physique, sexuelle et psychologique, qu'elle soit autodéterminée, interpersonnelle ou collective. Les conséquences pour les victimes sont à la fois physiques et psychologiques. Bien qu'elle ne soit pas aussi largement reconnue et facilement visualisée par les autres, la maladie chronique peut également être une conséquence de la violence, avec un impact à long terme sur la vie de la victime, agissant comme un rappel de ce qui s'est passé, même longtemps après que les abus ont cessé. Le présent document est une analyse narrative qui vise à mettre en évidence le lien entre la violence à l'égard des femmes et les maladies

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<sup>1</sup> Assistant Lecturer PhD, Department of Psychology, Faculty of Psychology and Education Sciences, „Alexandru Ioan Cuza” University, Iasi, ROMANIA, anca.paduraru@uaic.ro

<sup>2</sup> University Lecturer, PhD, Department of Psychology, Faculty of Psychology and Education Sciences, „Alexandru Ioan Cuza” University, Iasi, ROMANIA, camelia.soponaru@uaic.ro

somatiques chroniques. Dans les études qui traitent et mettent en évidence ce lien, les méthodes de recherche utilisées soulèvent d'importantes questions quant à la représentativité des résultats obtenus et à la mesure dans laquelle ils peuvent être comparés, en particulier dans les recherches portant sur la violence entre partenaires intimes. Nous soulignons les lacunes dans les connaissances et proposons des recommandations pour les études futures et les programmes d'intervention psychothérapeutique pour les victimes de violence.

**Mots clés :** maladie chronique; violence; violence fondée sur le genre; recherche d'aide; santé des femmes.

**Rezumat:** Violența împotriva femeilor este o problemă cu implicații personale, sociale și economice semnificative, care apare în toate țările, indiferent de nivelul economic, cultură sau religie. Violența împotriva femeilor este adesea împărțită în trei categorii: fizică, sexuală și psihologică, fie că este autodirijată, interpersonală sau colectivă. Consecințele pentru victime sunt atât fizice, cât și psihologice. Deși nu este la fel de larg recunoscută și ușor de vizualizat de ceilalți, boala cronică poate fi, de asemenea, o consecință a violenței, cu impact pe termen lung asupra vieții victimei, acționând ca o amintire a ceea ce s-a întâmplat chiar și mult timp după ce abuzul a încetat. Această lucrare este o analiză narativă care își propune să evidențieze legătura dintre violența împotriva femeilor și bolile somatice cronice. În studiile care abordează și evidențiază această relație, metodele de cercetare utilizate ridică întrebări importante cu privire la reprezentativitatea rezultatelor obținute și la măsura în care acestea pot fi comparate, în special în cazul cercetărilor care abordează violența partenerului intim. Subliniem lacunele în cunoștințe și propunem recomandări pentru studii viitoare și programe de intervenție psihoterapeutică pentru victimele violenței.

**Cuvinte-cheie:** boală cronică; violență; violență de gen; căutare de ajutor; sănătatea femeilor.

## Introduction

Violence, regardless of its nature, violates fundamental human rights, including safety and dignity. Only by discussing this subject can we help individuals identify warning signs and instances of abuse, while also making victims aware of the resources available to them. According to Declaration on the Elimination of Violence Against Women issued by the UN General Assembly in 1993, violence against women is „any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (United Nations, 2023). We are fully aware that men are also victims of violence, but we turn our attention to women as they face higher levels of the phenomenon and more serious and lasting consequences (Oram, Khalifeh & Howard, 2017).

Violence against women has three forms of manifestation (physical, sexual, and psychological aggression), often taking the form of (UN WOMEN, 2023):

- (1) *sexual violence and harassment*: rape, unwanted sexual acts, unwanted sexual advances, child sexual abuse, forced marriage, street, and/or online harassment.
- (2) *violence caused by an intimate partner*: battering, psychological abuse, marital rape, femicide.
- (3) *Trafficking in human beings*: sexual exploitation and abduction.
- (4) *mutilation of genital organs*; and
- (5) *child marriage*.

The consequences of violence against women are both physical and psychological, some of the most well-known being (Reingle et al., 2014):

- *physical consequences* in the form of bodily harm, trauma, or even death.
- *psychological and emotional consequences*, often seen in the form of depression, post-traumatic stress, anxiety, and other emotional disorders.
- *economic and financial consequences*, particularly felt by victims who have been rendered financially dependent by their abusers, manifested through restricted access to financial resources or even job loss.
- *social consequences*, resulting from isolation from family and friends.

Statistics are also essential in helping us to understand the severity, scale, and costs of this phenomenon. Existing data estimate that, globally, 736 million women aged 15 or older have been physically and/or sexually assaulted by an intimate partner, or intimate non-partner, at least once in their lifetime (WHO, 2021). In other words, one in three women has been a victim of physical and/or sexual violence. This worrying statistic regarding the frequency of sexual violence was also highlighted by the meta-analysis conducted by Li and colleagues (Li, Shen, Zeng et al., 2023).

In recent years, technology has made it easier to inflict violence on females. Across the European Union, one in ten women over the age of 15 has experienced at least one form of cyberbullying, such as receiving unwanted and offensive sexually explicit messages or offensive and/or inappropriate advances on social media (European Union Agency for Fundamental Rights, 2014). In other parts of the world, the percentages are even more worrying, with 60 percent of women in the Arab States (UN Women, 2021) and 49 percent of women in Uganda (Uganda Bureau of Statistics, 2021) experiencing some form of online violence. The victim of gender-based violence can be anyone and anywhere. For example, 82 percent of women in parliament reported some form of psychological violence while in office, 62 percent of whom experienced sexist remarks from male colleagues in parliament themselves (Inter-Parliamentary Union, 2016). Another global survey revealed that 73 percent of women journalists experienced online violence, of which 20 percent were also abused offline over the online violence they experienced (UNESCO, 2022).

The most vulnerable, however, remain young girls, older women, women who identify as other than heterosexual, women who are members of different minorities, women with disabilities or HIV, and those experiencing humanitarian crises (Casey et al., 2013).

## **1. Violence and chronic effects on women's physical health**

Only recently has there been an exploration into the long-term effects on women's health, like chronic illness. Reported physical health issues include functional limitations, increased reliance on diagnostic tests and surgeries, extended periods of bed rest, as well as greater utilization of healthcare services.

One of the most common forms of violence to which women are exposed is intimate partner violence, which exists in all communities (Krug et al., 2002). Intimate partner violence has been linked to a higher likelihood of developing chronic conditions like hypertension, diabetes, chronic pain, gastrointestinal disorders, somatic issues, and fibromyalgia. Violence has also been linked to various gynecological disorders, infertility, pelvic inflammatory diseases, complications during pregnancy or miscarriage, sexual dysfunction, sexually transmitted diseases like HIV/AIDS, unsafe abortion, and unwanted pregnancies (WHO, 2005). To escape the pain caused by violence, women can use several distraction strategies. The use of such mechanisms, whereby women seek to escape the pain of previous abuse by consuming alcohol, drugs, or sex, increases the risk of contracting HIV (Li et al., 2014). Patrikar et al. (2017) suggests in their study that the link between HIV and violence is not only mediated by risk behaviors but that violence is also an independent risk factor for HIV. This direct link has also been highlighted by other authors, such as Dunkle & Decker (2013), and is valid both in the general population and among high-risk subpopulations, such as women sex workers. Data showing links between violence and HIV highlight that women who are victims of violence are at higher risk of HIV infection, and those infected with HIV are most likely to have been victims of violence (UNAIDS, 2004). Furthermore, one of the findings of the review by Leddy et al. (2019) is that gender-based violence makes it more difficult for women to access HIV prevention, care, and treatment services.

Several studies examining Intimate Partner Violence (IPV) during pregnancy indicate a significant correlation with femicide (Campbell et al., 2003). Also, IPV can directly harm the fetus, potentially leading to preterm birth, injury, and low birth weight (WHO, 2005; Wathen, 2013). IPV is also associated with urinary tract infections, premature rupture of membranes, preterm birth, and late entry into prenatal care (Pastor-Moreno et al., 2020). Other chronic conditions that are associated with IPV are chronic pain, stomach cramps, headaches, back pain, which are expected to be associated with high levels of analgesic use (Dillon et al., 2013).

Santaularia et al. (2014) found that sexual violence is linked to several adverse health behaviors, chronic health conditions and mental health conditions, even after adjusting for demographic characteristics. Also, not only exposure during adulthood is associated with chronic diseases. Authors such as Carver et al. (2008) have identified that adults who reported being exposed to violence during childhood have an increased likelihood of developing multiple chronic health conditions compared to those who reported not having had such experiences.

## **2. Violence and its chronic effects on women's mental health**

Studies looking at the effects of violence on women's health highlight an increase in women's health problems, especially mental health problems (Tavassoli et al., 2022). Even in women with no psychiatric history, victims of violence can develop major depression, substance abuse, adjustment disorders, post-traumatic stress disorder, and suicidal behaviors. Santos et al. (2018) and Ellsberg et al. (2008) reported that women who had experienced physical and/or sexual violence were three times more likely to experience suicidal ideation and four times more likely to attempt on at least one occasion to end their lives compared to women who had never experienced intimate partner violence. Moreover, for female victims of domestic violence and abuse, there is an increase in the likelihood of depressive disorders, a fourfold increase in the probability of anxiety disorders, and a sevenfold increase in the likelihood of post-traumatic stress disorder (Schouler-Ocak & Brandl, 2022). Women report experiencing at least two types of violence, which increases the likelihood of the occurrence and intensity of depressive symptoms (Eshelman & Levendosky, 2012).

Significant links have also been identified between intimate partner violence and symptoms of psychosis, substance abuse, and eating disorders (Schouler-Ocak & Brandl, 2022). The same type of violence also hurts sleep, both quantitatively and qualitatively (Dillon et al., 2013). The main mediators between intimate partner violence and sleep are depression (Walker et al., 2011) and PTSD (Woods, Kozachik & Hall, 2010).

One of the most degrading forms of violence is sexual violence, to which no woman can remain indifferent (Güneş & Karaçam, 2017), and one of the most serious mental health consequences, which more than half of female victims of sexual violence develop, is post-traumatic stress disorder. This disorder often manifests itself in nightmares, images of what happened, self-isolation, and symptoms that increase the likelihood of using coping mechanisms such as alcohol and drug use, or other escape activities (Beijer et al., 2018).

De Berardis et al. (2021) highlight the increased prevalence of violence against women during the COVID-19 pandemic because of lockdown measures, drawing attention to a possible new pandemic represented by violence against women and the psychiatric consequences caused by this phenomenon. According to Bellizzi et al. (2020), The United Nations Population Fund (UNFPA) projected an increase of 31 million cases of gender-based violence in the event of a 6-month extension of the lockdown measures, with an additional 15 million cases for each 3-month extension. The results of studies that examined this phenomenon during the COVID-19 pandemic and measures to prevent the spread of the virus show an increase in violence against women during that period. Also, depression, anxiety, and stress symptoms were more present among abused women in Tunisia, Africa, and the Arab world compared to those experienced by women who were not victims of violence according to a study by Sediri et al. (2020). However, the authors mention some important limitations, namely the sampling method used, i.e., snowball, and only included in the study women with internet access. The

increased risk of depression and suicide attempts for women exposed to violence was also highlighted in a systematic review of sixteen longitudinal studies by Devries et al. (2013), along with the increased risk of people with mental disorders being victims of violence.

The relationship between violence and mental health problems is complex. Islam, Jahan & Hossain (2018) proposed four theoretical understandings of the role of violence in mental disorders among women. Violence can predispose the onset of mental illness, sometimes precipitate it, merely maintain it, or be a consequence of it.

De Berardis et al. (2021) encourage mental health professionals to train and watch out for signs such as isolation, strict control of women's money and income from their partner, signs of physical abuse, intimidation, and threats, to recognize victims of violence and refer them to specialist services (De Berardis et al., 2021). This need has been reported among nurses for example, who lack confidence in their ability to identify women victims of violence (Poreddi et al., 2020). Violence prevention programs are also essential, as stopping violence would decrease mental health problems by a quarter (Davies, 2014). Consequently, there is an acute need for research examining how to improve the identification and treatment of victims, as well as perpetrators, who come into contact with mental health services (Oram, Khalifeh & Howard, 2017).

### 3. Conclusions

This review aimed to highlight the lesser-recognized effects of violence against women in the form of chronic physical and mental illness. Violence against women is a serious violation of human rights that continues to require attention and intervention strategies. Better services for victims of violence require a better understanding of the phenomenon and a more careful exploration of hidden, or less obvious dimensions, such as long-term illnesses. The links between violence and chronic diseases highlight the importance of addressing not only the impact on physical and psychological health but also the potential long-term effects on chronic diseases and the wider influence of violence in all its forms on the health system. Research gaps were identified, such as the need to address a wider range of conditions and forms of violence and acknowledge the differences among heterogeneous health issues. Other recommendations include allowing flexibility and responsibility towards patients/victims in research design, educating about victimization and its health consequences, and improving primary healthcare services.

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**Funding:** This research did not receive any grant from funding agencies in the public, commercial, or non-profit sectors.

**Authors' contributions**

All authors equally contributed to preparing this article.

**Conflict of interest**

The authors declared no conflict of interest.

**Biodata**

**Ancuța Elena PĂDURARU** is an assistant lecturer with a PhD in psychology and a postdoctoral researcher in the Department of Psychology of the Faculty of Psychology and Educational Sciences, „Alexandru Ioan Cuza” University of Iasi. She is also a clinical psychologist and psychotherapist trained in cognitive behavioral therapy and schema therapy. Her research interests include quality of life, stress, resilience, chronic illness, treatment adherence, and academic performance.

**Camelia SOPONARU** is an associate professor at the Faculty of Psychology and Educational Sciences, „Alexandru Ioan Cuza” University of Iasi, PhD in psychology, clinical psychologist, and CBT psychotherapist. She studied at the University „Of Claude Bernard”, Lyon, coordinated by Dr. Jean Cottraux. She has also conducted over 80 studies and research in the fields of social psychology, clinical psychology, and psychotherapy.

**Some of their other publications include:**

- Semeniuc, S., Păduraru, A. E., Soponaru, C. (2023). Guilt, disgust, and Not Just Right Experience mediate the effect of Demanding Parent mode on OCD-like tendencies, and Punitive Parent mode moderates this mediation. *Behavioral Sciences*, 13(9), 700, <https://doi.org/10.3390/bs13090700>