

Research Paper

Intergenerational Control, Trauma, Coping and Survival: A Reflexive Thematic Analysis of Clinical Case Histories in Conservative Socio-Cultural Contexts among Indian Families

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Abstract–This qualitative research study is based on a collection of 20 detailed clinical case summaries of participants of Indian ethnicity from Urban backgrounds documenting key areas such as their early relational adversity, adverse childhood experiences (ACEs), psychological sequelae, coping mechanisms and socio-cultural constraints. Reflexive Thematic Analysis (RTA) (by Braun & Clarke, 2022) has been employed to analyse this qualitative dataset as this approach is best suited to identify patterns of meaning and creating themes across heterogeneous cases without forcing a single theory. As the life experiences of participants are both varied and complex in nature this qualitative method proves useful as it foregrounds important attributes such as researcher's reflexivity, interpretive depth and conceptual coherence as it is not a linear process. Across the whole dataset, distress did not emerge as an isolated symptom but as a cumulative suffering conceived by multiple maladaptive dynamics such as authoritarian family environments, sexual victimization, emotional neglect, achievement pressure, financial scarcity, marital distress and gendered socio-cultural expectations. These patterns display congruence by clearly showing that maltreatment as a child through adverse childhood experience (ACEs) are associated with a multitude of psychological sequelae such as anxiety, depression, suicidality, substance-related issues and interpersonal difficulties during adulthood. Five major themes have emerged out of this qualitative dataset namely: authoritarian family environments and the erosion of selfhood; sexual violation, bodily shame and mistrust; achievement pressure, failure and conditional worth; marriage, gendered burden and relational deprivation; and finally, survival through overcontrol, avoidance and compensatory coping. The findings suggest that the aspects of psychological suffering are better grasped as it unfurls across different phases of one's lifetime through the interplay of various factors such as interpersonal and relational trauma, coercive control, material instability and precarity and structural inequalities that include patriarchy, restrictive and entrenched gender expectations, family honour and limited autonomy. This paper advocates for trauma-informed; culturally relevant, sensitive and sustaining; and for gender responsive and inclusive formulations that address both symptom signs and exhibition as well as the social worlds in which distress is produced, perpetuated and continued.

Keywords—adverse childhood experiences, avoidance, coercive control, coping, marital distress, patriarchy, psychological sequelae, qualitative research, reflexive thematic analysis, sexual trauma, shame.

I. INTRODUCTION & LITERATURE

A substantial amount of research shows that adverse childhood experiences (ACEs) that includes abuse, neglect and dysfunctional family environment often lead to poor mental health conditions as well as physical health issues during one's life course into adulthood. A study of ACEs originally demonstrates a graded relationship between childhood abuse and household dysfunction with multiple adult mental health risks and these are associated with significantly elevated odds of mental illnesses, substance use and interpersonal difficulty (Felitti et al., 1998; Hughes et al., 2017). More recent empirical evidence suggests that childhood maltreatment not just correlates to mental health issues but also impedes in one's own progress and development during adulthood. (Baldwin et al., 2023; Norman et al., 2012).

On a lot of occasions, the ill effects of these are not limited to straight jacket diagnosable disorders as childhood maltreatment as both prospective and retrospective evidence points over to substantial long term risk during adulthood in the form of elevated odds of mood, anxiety and substance related disorders. (Scott et al., 2012). Rather than looking at reducible traumatic events in isolation this literature supports a comprehensive developmental understanding of distress in which later symptoms are embedded in chronic relational threat, humiliation, invalidation and deprivation.

Child sexual abuse is probably one of those ACEs that has an extremely debilitating psychiatric, psychosocial and relational consequence in the long run as Hailes et al. (2019) found a major association between childhood sexual abuse and a wide range of later adverse outcomes. Broader meta-analytic work around sexual victimisation is linked to elevated psychopathology in the form of post-traumatic stress and suicidality (Dworkin et al., 2017; Hailes et al., 2019). Relevance of this is exemplified further with respect to the data of our current study as sexual trauma frequently appears alongside maladaptive emotions and behaviour such as shame, fear of men, disgust toward physical intimacy and long-term mistrust.

Distress in the form of coercive control, including repeated domination, surveillance, intimidation and restriction, has been associated with depression, anxiety and suicidal thinking among women in India (Kanougiya et al., 2021). Research around intimate partner violence suggests that stigma that is internalized, anticipated and cultural inhibits

them from disclosing their agonies and seeking for help (Overstreet & Quinn, 2013). Among the women of South Asian community abuse is a result of various factors such as family honour, gender-role expectations, arranged marriage systems, in-law dynamics post marriage and patriarchal cultural dominance on the whole (Sabri et al., 2018). A lot of evidence also brings about glaring gender inequalities where women shoulder and undertake disproportionate unpaid care and domestic care that goes unaccounted for given its intangible nature and also as a given thing for granted that this is their core responsibility and these in turn have a wide spread implications on a woman's wellbeing, opportunity and autonomy (Seedat & Rondon, 2021; UN Women, 2023). Financial scarcity and strain likewise have a well-documented linkage with psychological distress (Ryu & Fan, 2023). The present study is an analysis of 20 client case-history summaries covering early adversity, adult adversities, the psychological sequelae, adaptive and maladaptive coping as well as socio-cultural constraints. Rather than treating each of these clinical presentations in isolation this paper examines how adversity and the distress it causes accumulate as a whole across one's lifetime from childhood as they are shaped by varied dynamics such as family systems, socio-cultural regulation, sexual trauma, performance pressure, economic-financial precarity and marriage. In the current study we primarily observe the interplay of various factors such as early adversity, adult adversities and socio-cultural constraints in shaping psychological sequelae across these 20 clinical case-history summaries.

II. EXPERIMENT / SURVEY / STUDY

As this is a Qualitative exploratory research process a method such as Reflexive Thematic Analysis (RTA) was employed to analyse clinical case histories across 20 participants. Purposive Sampling particularly the Maximum variation sampling method was chosen to select the samples for study. The data was collected through the method of unstructured qualitative in-depth personal interviews. RTA is best suited to identify patterns of common shared meaning across heterogeneous qualitative material while themes are actively developed through analytic engagement rather than mechanical extraction from the collected data (Braun & Clarke, 2022; Byrne, 2022). As the aim is interpretive understanding of cumulative distress across

cases and not frequency counting or positivist reliability this method feels most appropriate.

The data set that comprised of 20 de-identified clinical case-history summaries documented insightful material across five broad domains namely early adversity, adulthood adversities, psychological sequelae, coping and adaptation mechanisms and socio-cultural constraints. As these are comprehensive summaries rather than full interview transcripts, they are best considered as condensed narrative accounts. Nevertheless, the cases contained adequate depth to permit a proper thematic analysis of developmental histories, relational dynamics, trauma exposure, emotional experience, coping and socio-structural constraints.

The case summaries were repeatedly read to achieve immersion in the clinical data set as the initial coding focused on recurring patterns such as authoritarian parenting, emotional invalidation, sexual abuse, shame, fear, financial scarcity, academic and professional pressure, marital conflict, loneliness, sexual aversion, anger, helplessness, rumination, perfectionism, avoidance, overwork, pornography use, smoking, gaming and suicidal ideation. These codes were clustered into broader patterns and refined further into themes that not only captured adverse experiences of participants but how their distress accumulated over a period of time and influenced by various relational and socio-cultural contexts. This approach is consistent with guidance on reflexive thematic analysis, in which themes are understood as interpretive narratives about recurring patterns of meaning, each anchored by a central organizing idea (Braun & Clarke, 2022; Byrne, 2022). The analysis favours interpretive rigor more than procedural formalism as that is the very core essence of the Reflexive Thematic Analysis (RTA) method as the goal by no means is numerical reliability but a coherent, congruent and conceptually rich account of patterned meaning. As a part of ethical consideration, no names or direct identifiers of the participants are included anywhere in this paper as it is written purely as a scholarly interpretation of narrative clinical material that is supplied for analysis.

III. RESULTS AND DISCUSSION

A total of five predominant interrelated themes emerged from the dataset analysis of these 20 clinical case summaries namely authoritarian family environments and the erosion of selfhood; sexual violation, bodily shame and mistrust; achievement pressure, failure and conditional worth; marriage, gendered burden and relational deprivation; and finally, survival through overcontrol, avoidance and compensatory coping. These themes collectively indicate that distress was cumulative,

relational, gendered and embedded in wider socio-cultural contexts.

A. Theme 1: Authoritarian Family Environments and the Erosion of Selfhood

The experience of growing up within family systems marked by hierarchy, control, emotional invalidation and obedience emerged as a prominent pattern within the dataset under consideration. While fathers featured as the most predominant figure of surveillance, fear and regulation other people such as mothers, siblings, grandparents and other relatives also figured as an agent of control. Participants felt that they were being forcibly influenced in matters pertaining to education, appearance, mobility, domestic roles and marriage with either little or no room for personal preference or disapproval. This led to repeated undermining of autonomy and subjectivity that was way beyond strict discipline or compliance.

Various verbatims such as “suffocation at home”, “feeling of no space”, “my opinions do not matter”, “feel voiceless and dismissed”, “having a fairly controlling father”, “my individuality is not respected” and “men always make decisions in my family” reflected a seemingly ordinary yet persistent nature of this control in participant’s familial environments. These accounts suggest that repeated invalidation, excessive control, constant discipline and criticism as well as denial of recognition as autonomous subjects resulted in significant psychological injuries for participants. In turn, later distress seemed to be influenced by enduring experiences of being silenced, overridden and controlled by others. This corroborates with the research on coercive control, that has linked repeated domination and restriction to psychological sequelae such as depression, anxiety and suicidal ideation (Kanougiya et al., 2021).

B. Theme 2: Sexual Violation, Bodily Shame and Mistrust

Sexual trauma in the form of molestation, repeated sexual abuse, coercive sexual contact, harassment, inappropriate physical touch and unwanted sexual attention surfaced as one of the most severe and recurrent patterns across childhood, adolescence and adulthood. Perpetrators included both insiders such as family members, relatives and intimate partners, as well as outsiders such as strangers, religious figures and acquaintances. These had lasting debilitating implications not just on psychological wellbeing but also on embodiment, safety, trust and intimacy. Sexual victimization was often linked with fear, shame, disgust and an enduring sense of bodily vulnerability.

Participants’ verbatim account included the following – “childhood molestation in a place that is often considered to be sacred caused huge trauma, scare and stress”, “feel unsafe to look attractive”, “intentionally gained weight to

look less desirable". While some of the others that had experienced repeated abuse by multiple perpetrators over many years developed "hatred towards sex", "repulsion to sexual intimacy" and said "physical intimacy has become threatening rather than connecting".

The crux of this theme lies not only in the nature of these traumatic events but also on how those adversely reorganized bodily selfhood as this produced a durable experience of the body being unsafe, exposed, vulnerable, shameful and open to violation among participants. Various factors such as family silence, stigma and minimization only compounded the survivor's effect of feeling traumatised and unsupported. This pattern closely aligns with the fact that childhood sexual abuse is largely associated with enduring psychosocial and psychiatric consequences, that includes guilt, shame, regret, post-traumatic symptoms, relational disturbance and sexual difficulties (Dworkin et al., 2017; Hailes et al., 2019).

C. Theme 3: Achievement Pressure, Failure and Conditional Worth

A third major theme came up as a culmination of self-worth with academic and professional achievement. Being constantly compared with peers or siblings, pressure to succeed, being subjected to insults as a result of poor performance and coercion into educational or occupational pathways that are not of their choosing led to failure not being experienced as a manageable setback but as evidence of inadequacy, unworthiness and not being good enough.

Being "under constant pressure to score good grades" at school, developing "a phobia for a particular subject such as Mathematics", being demeaned for "not securing a merit seat in a professional course at college", feeling "an intense fear of not receiving a university acceptance", falling short "in meeting parental expectations" caused a belief that any shortcoming that is construed as an academic failure would invite blame or humiliation. Similarly fear of mistakes or avoiding errors at work, a tied sense of worth to constantly having to prove oneself, comparison to peer colleagues and desperation to attaining externally recognized success were all those that caused high pressured dynamics in one's professional sphere of life.

This theme clearly suggests that both educational and occupational difficulties become deeply identity-threatening as acceptance, dignity and legitimacy are negotiated with performance functioning as a moral and relational currency. The presence of maladaptive mental patterns such as perfectionism, rumination, fear of failure, helplessness and shame that cause mental health difficulties later during adulthood are linked to childhood adversity and invalidating environments plus financial strain heightens

psychological distress (Baldwin et al., 2023; Ryu & Fan, 2023).

D. Theme 4: Marriage, Gendered Burden and Relational Deprivation

For a lot of participants adulthood did not seem like a phase of liberation but it was a mere shift into newer forms of relational regulation that was governed by control. Marriage did not serve as a safe space where there was emotional fulfilment or reciprocity but, on the contrary, it was marked by domination, surveillance, neglect, incompatibility and unequal labour. Both men and women had their own versions of marital issues. While men described loneliness, neglect, humiliation, sexual dissatisfaction and conflict within intimate relationships as their main hurdles women on the other hand emphasized on pressure from in-laws, lack of consultation, burdensome domestic responsibilities, pressure of motherhood, shouldering disproportionate care giving responsibilities of children, emotional deprivation and restricted options of leaving the relationship as their major stressors.

Women participants in particular bore the brunt as they reported various experiences such as – being told to do things "without asking questions", being slapped by husbands, subject to unilateral decisions by husbands and in-laws where "they do not have a say", feeling trapped in patriarchal environments, "not ready to become a mother" but having to do so under social pressure, having to "deal with postpartum depression" with little or no support nor understanding from husband or in-laws, emotional neglect laden with an "unfulfilling married life" coupled with lack of physical intimacy, lack of financial autonomy even for those women that were professionally working and earning as the husband or in-laws dictated terms on how / what / where / when / how much are they to spend. Divorce, where it occurred, was often followed by ostracism, shame, low self-esteem or further vulnerability. Women's accounts particularly showed how patriarchy was enacted through domestic labour, reproductive expectations, financial dependence, in-law intervention and stigma surrounding divorce or separation.

Marriage largely for women highlighted the element of asymmetrical power that exists between both the genders and it frequently appeared as a site where earlier experiences of voicelessness, duty and emotional deprivation were reinscribed. Patterns such as these are consistent with literature on intimate partner violence stigma and South Asian family systems, where the role of honour, arranged marriage norms, dependency and kinship structures in sustaining abuse or limiting exit from a relationship are emphasised (Overstreet & Quinn, 2013; Sabri et al., 2018). They also reflect broader evidence on

the detrimental mental health consequences chiefly for women due to unequal unpaid labour and gendered caregiving expectations (Seedat & Rondon, 2021; UN Women, 2023).

E. Theme 5: Survival Through Overcontrol, Avoidance and Compensatory Coping

The final theme talks about how various maladaptive coping strategies such as rumination, obsessive rituals, avoidance of confrontation, people-pleasing, perfectionism, overwork, emotional dependence, pornography use, gaming, smoking, sexual avoidance, sexual compulsion and suicidal ideation or attempts were resorted to by participants in their attempt to manage fear, shame, insecurity and emotional deprivation. While these are clearly distressing and at times self-damaging, they can be also looked upon as efforts to endure chronically unsafe or invalidating conditions.

Participants pronounced “talking in their own heads with irrational fears”, persistent rumination about past experiences, obsessive beliefs on somethings as unlucky and small rituals to ward off feared outcomes, overworking to prevent criticism, avoiding confrontation, substance usage to combat stress, using pornography, gaming or engaging in compulsive attempts to achieve and please as some of the most prominent patterns. Prevalence of suicidal thoughts and attempts in multiple case summaries indicated how maladaptive coping could take markedly despairing forms.

As we examine each of these coping strategies individually, we realize that rumination served as a form of vigilance; perfectionism functioned as a protection against criticism or shame, avoidance reduced the likelihood of conflict or re-traumatization and compulsive or numbing behaviours potentially offered temporary relief in emotionally barren environments thus symbolising that the analytic significance of this theme lied in the adaptive logic underpinning these responses. Rather than viewing these responses as an indicator of individual pathology they are to be looked at as contextually meaningful attempts to survive chronic non-safety. This interpretation is consistent with evidence linking childhood adversity, coercive control and financial stress to later psychological distress and suicidality (Baldwin et al., 2023; Kanougiya et al., 2021; Ryu & Fan, 2023).

Discussion

Upon examining the clinical case findings across the 20 participants one could infer that the psychological suffering is understood as cumulative, relational and socio-structurally embedded and not as presentation of isolated

symptoms that are detached from context. Life histories were largely shaped by authoritarian family systems, emotional neglect, sexual trauma, achievement pressure, financial precarity, marital strain and socio-cultural restriction. This is consistent with a broader literature on adverse childhood experiences (ACEs) and child maltreatment, which elucidate that abuse, neglect and household dysfunction are associated with poorer adult mental health and inhibited psychosocial functioning across multiple domains (Baldwin et al., 2023; Felitti et al., 1998; Hughes et al., 2017; Norman et al., 2012; Scott et al., 2012).

Not all participant described singular catastrophic incidents during childhood, instead many reported a prolonged exposure to authoritarian control, dismissal, fear and conditional regard and all these experiences point towards psychological significance of chronic domination, even in the absence of discrete traumatic episodes. Erosion of selfhood which interferes with a stable sense of agency, legitimacy and voice is related to repeated invalidation as a theme that is consistent with work linking coercive control to depression, anxiety and suicidality in both domestic and wider relational contexts (Kanougiya et al., 2021; Lohmann et al., 2024).

Sexual trauma also organizes as a force in adult identity, intimacy and embodiment as sexual victimisation reverberated into various distressing responses such as disgust towards sex, efforts to reduce attractiveness in order to look less desirable, fear of men, chronic mistrust and difficulty in tolerating psychological intimacy. These patterns corroborate with the fact that childhood sexual abuse and sexual assault including shame, post-traumatic stress, suicidality and enduring interpersonal disturbance are associated with long term psychiatric and psychosocial consequences (Dworkin et al., 2017; Hailes et al., 2019). While family silence, minimization and stigmatizing responses often intensify the aftermath of abuse by leaving survivors both violated as well as unsupported.

In several cases academic success, occupational status and professional competence appeared to operate as the moral and relational currency through which dignity, legitimacy and familial acceptance was associated thus identifying achievement pressure as a form of conditional worth and failure becomes not just disappointing but identity-threatening too. This paves way for perfectionism, rumination, overwork, fear of mistakes and humiliation by virtue of academic and work-related setbacks. While looking at broader research it aligns to the fact that adverse childhood experiences (ACEs) are linked to later internalizing problems and with clear evidence that financial worries intensify psychological distress,

particularly when self-worth is tied to performance and provision (Baldwin et al., 2023; Hughes et al., 2017; Ryu & Fan, 2023).

Women's narratives exposed the intersection of in-law control, unpaid domestic labour, reproductive pressure, disproportionate child caregiving responsibilities, emotional neglect, dependence and high exit barriers to leaving the marriage and all of these were consistent with the work done on intimate partner violence stigma and South Asian family systems where may be sustained not only by the partner but also by wider kinship structures, social shame and pressure to preserve marriage (Bhandari & Sabri, 2020; Overstreet & Quinn, 2013). The accounts also resonate with evidence that unequal unpaid labour is associated with poorer women's mental health and that gendered expectations of caregiving and self-sacrifice continue to shape women's wellbeing globally (Ervin et al., 2022; Seedat & Rondon, 2021; UN Women, 2023).

This reading is consistent with trauma-informed perspectives that the many so-called maladaptive coping strategies such as rumination as a function of threat monitoring, perfection as a defence against humiliation, people-pleasing as a means to preserve attachment in volatile family systems, use of pornography, gaming, smoking and compulsive routines as a form of numbing, distraction, or temporary control in emotionally barren conditions are to be contextually viewed as meaningful attempts to survive chronic non-safety rather than as isolated deficits in culturally constrained settings where exit options are constricted and compliance is socially rewarded.

Symptoms such as avoidance, compulsive control, anger, sexual shutdown, pornography use, or suicidal thinking maladaptive though are better understood as responses to lives driven by fear, humiliation, scarcity and non-relational recognition as this formulation considers patriarchy, family honour, arranged marriage pressure, caste or community restrictions, financial dependency and coercive family structure risks as an outcome of social production of distress thus the symptoms are not be interpreted at the level of individual pathology.

The suffering of participants did not arise from one domain alone, but rather the distress originated from a multitude of factors such as early abuse, family hierarchy, educational and occupational evaluation, sexual trauma, financial insecurity and gendered relational burden and hence this study advocates for a life-course and socio-structural approach to mental health as a key implication of this study is that prevention and intervention cannot be fully individualized. Efforts to either mitigate or eliminate

mental health burden in such populations require not only therapeutic help, but also proactive steps such as sexual abuse prevention, family violence prevention, stigma reduction, attention to women's unpaid labour with stronger material and relational supports across the life course (Ervin et al., 2022; Hughes et al., 2017; Seedat & Rondon, 2021).

IV. CONCLUSION

On employing the "Reflexive Thematic Analysis (RTA)" qualitative method across the dataset of 20 clinical case-history summaries it is quite clear that distress is deeply shaped by the interaction of early adversity, adult relational strain and socio-cultural constraints as participants' distress is a combination of multiple factors such as authoritarian family control, emotional neglect, sexual abuse, achievement pressure, marital deprivation, financial precarity and stigma. These experiences are closely linked with psychological sequelae such as fear, shame, low self-worth, mistrust, loneliness, anger, helplessness, compulsivity, avoidance, depression and suicidal ideation.

Healing cannot be considered complete if it is limited to symptoms alone as distress needs to be adequately and comprehensively understood by placing participants within their developmental history, family systems, gendered social location and material conditions. It calls for acknowledging trauma, rebuilding a sense of agency, affirming lived experiences of people and maintaining ongoing focus on the relational and structural factors that create and perpetuate suffering.

V. ACKNOWLEDGEMENT

I am extremely grateful to my guru, teacher and research guide **Dr. K. Vidhya Sagar** for always encouraging and guiding me towards producing quality research work that could serve a larger purpose.

I express my sincere gratitude to **Dr. Nagajyothi Koripella**, Pro Vice Chancellor, Bharatiya Engineering Science & Technology Innovation University (BESTIU) for being a visionary and a constant source of inspiration to all the research scholars.

Finally, I would like to thank all the participants of this research survey for their valuable participation and inputs. I am also very thankful for the collaboration and support

received from my co-scholars at BESTIU throughout this research journey till date.

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