Psychological Responses and Coping Mechanism Of Sexually Abused Teenagers: Basis for Psychiatric Nursing Care

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ABSTRACT

Introduction

This study was undertaken to provide basis for the "Psychological Response and Coping Mechanism of Sexually Abuse Teenagers: A Basis for Psychiatric Nursing Care" which discover the different responses and coping mechanism of sexually abused teenagers. Respondents (50) were from the government institutions supervised by the Department of Social Welfare and Development (DSWD) namely residents of Marillac Hills at Town Center North Gate Avenue, Filinvest, Corporate City, Alabang, Munting Lupa City. Age of the respondents from 11-17 years old was included as the subject of the study.

Methods

The study used a descriptive correlation research. The instrument used was a personal information sheet which includes their demographic variables, relationship to the Perpetrator, and reason for abused. Statistical measurements used are measures of Central Tendencies and Kruskall Wallis Two Way Anova by Ranks. This determines the respondents of the sample as to different area of functioning and coping mechanism. Also establish differences and correlation between two age groups (11-14 and 15-17 years old) based on the mentioned mechanism.

Results

In conclusion, the age group ratio was 3:1 (for 11-14 and 15-17 years old) distributed nationally from four regions of the country. Occupations of the parents were of blue-collar nature (driver, laborer, house maid) belong to the low socio-economic income of the society. Respondent educational attainment falls only up to the primary level of education. Majority of the respondents were abused by their father while other of their family relatives indicating that occurred within the household where the perpetrator tended to have close family relation with the victim. Result show there is no significant difference among the selected sexually abused teenagers when grouped as to birth of origin, father nature of work and five categories of coping mechanism.

Conclusions

Based on the findings of the study, special programs for sexually abused teenagers should be conducted by the agency concerned and assisted by the NGO's (the government centers). Their rights under the existing laws, victims of sexually abused women should be observed and respected. The center/agency in charge of sexually abused teenagers provide assistance for them to continue their education, constant counseling, ensure reintegration in their family and community. That the agencies in-charge of keeping peace and order should enforce strictly rules in order to avoid/or minimize sexual abused. Further study maybe conducted in other agencies.

INTRODUCTION

Adolescence is the period of development during which the individual makes the transition from childhood to adulthood, ages between 11 and 20 years old which also refers to psychological maturation of the individual, whereas puberty refers to the point at which reproduction becomes possible. Adjustment and adaptations are necessary to cope with simultaneous changes and the attempts to establish a mature sense of identity that are recognized by most teenagers successfully meet the challenges of this period. Adaptations required push the adolescent to develop coping mechanisms and style of behavior that are to be used or adapted throughout life. These challenges may cause the adolescent to be moody and difficult to deal with, more so, with a sexually abused teenagers.

The increase of sexually abused women and children cases in our midst has alarmed many that resulted to a joint desire from government and non government organization in combating such a problem by pooling and joining the resources at This study hopes to discover the psychological response and coping mechanism of sexually abused victims for the community to fully understand and respect them, thus, minimizing possible emotional breakdown brought about by the social stigma associated with discrimination. The theoretical model is a result of a systemic examination of the survival and coping strategies from the perspectives of women who were sexually abused as adolescents. This model made through qualitative data analysis, which included engaging participants in the analytic process in order to ensure that the model reflected their personal constructs. It establishes, from a multiple of strategies and symptoms, a coherent, constructfocused framework for understanding the oftenconfusing constellation of behavior patterns of the survivors of abuse.

This study was undertaken to provide bases for the "Psychological Response and Coping Mechanism of Sexually Abuse Teenagers: A Basis for Psychiatric Nursing Care". Also to discover the different responses and coping mechanism of

sexually abused teenagers. It also wanted to explore on their traumatic experiences they encountered on the onset of the abuse. The sexually abused teenagers came from the government institutions supervised by the Department of Social Welfare and Development (DSWD). The Fifty (50) sexually abused female teenagers have been the residents of Marillac Hills at Town Center North Gate Avenue, Filinvest, Corporate City, Alabang, Munting Lupa City. Ages from 11-17 years old were included as the subject of the study.

METHODS

The study used a descriptive correlation research. The instrument used in the study was the personal information sheet which includes the following variables: (a) Age, (b) Parents Status, (c) Relationship to the Perpetrator (d) Reason of being abused. Statistical measurements used are measures of central tendencies and Kruskall Wallis Two Way Anova by Ranks. This determines the respondents of the sample as to different area of functioning and coping mechanism. Also establish differences and correlation between two age groups (11-14 and 15-17 years old) based on the mentioned mechanism.

RESULT

The age group ratio was 3:1 (for 11-14 and 15-17 years old) distributed nationally from four regions of the country. Occupations of the parents were of blue-collar nature (driver, laborer, house maid) belong to the low socio-economic income of the society. Respondent educational attainment falls only up to the primary level of education. Majority of the respondents were abused by their father while other of their family relatives indicating that occurred within the household where the perpetrator tended to have close family relation with the victim. Results show there were no significant difference among the selected sexually abused teenagers when grouped as to birth of origin, father nature of work and five categories of coping mechanism.

Table 1 Distribution of Respondents According to Age (n=50)

AGE	Count	Total	%
11 - 14	37	37	74%
15 - 17	13	13	26%
Total	50	50	100%

Table 2 Distribution of Respondents According to Place of Birth (n=50)

PLACE OF BIRTH	Age 11 – 14	Age 14 -17	TOTAL	%
Luzon Region	13	3	16	32%
Visayas Region	5	2	7	14%

Mindanao Region	3	1	4	8%
NCR Region	16	7	23	46%
Total	37	13	50	100%

 Table 3
 Distribution of Respondents According to Number of Siblings (n=50)

NUMBER OF SIBLINGS	Age 11 – 14	Age 15-17	TOTAL	%
Three and Below	16	4	20	40%
Four and Above	21	9	30	60%
Total	37	13	50	100%

 Table 4
 Distribution of Respondents According to Religion (n=50)

RELIGION	Age 11 – 14	Age 15-17	TOTAL	%
Roman Catholic	30	11	41	82%
Iglesia ni Cristo	3	1	4	8%
Protestant	0	0	0	0%
Born Again	4	1	5	10%
Total	37	13	50	100%

 Table 5
 Distribution of Respondents According to Ordinal Position (n=50)

BIRTH IN ORDER AMONG	Age	Age	Total	%
YOUR SIBLINGS	11-14	15-17		
First	12	4	16	32%
Middle	17	6	23	46%
Last	8	3	11	22%
Total	37	13	50	100%

Table 6 Distribution of Respondents According to Father's Status (n=50)

FATHER'S STATUS	Age 11 – 14	Age 15-17	Total	%
Alive	12	5	17	34%
Deceased	6	3	9	18%
Separated	8	1	9	18%
Living with new family	6	1	7	14%
No Idea	6	3	9	18%
Total	37	13	50	100%

Table 7 Distribution of Participants According to Mother's Status (n=50)

MOTHER'S STATUS	11 – 14	15-17	Total	%
Alive	18	6	24	48%
Deceased	3	1	4	8%
Separated	8	1	9	18%
Living with new family	7	4	11	22%
No Idea	1	1	2	4%
Total	37	13	50	100%

Table 8 Distribution of Respondents According to Nature of Work of the Father (n=50)

NATURE OF WORK	11 – 14	15-17	TOTAL	%
Laborer	12	4	16	32%
Driver	5	3	8	16%
Goverment Employee	2	0	2	4%
Working Abroad	3	0	3	6%
Professional	1	0	1	2%
Unemployed	4	2	6	12%
No Idea	10	4	14	28%
TOTAL	37	13	50	100%

 Table 9
 Distribution of Respondents According to the Nature of Work of the Mother (n=50)

NATURE OF WORK	Ages 11 – 14	Ages 15-17	Total	%
Laborer	0	0	0	0%
House Maid	15	3	18	36%
Gov't Employee	1	3	4	8%
Working Abroad	3	0	3	6%
Professional	0	0	0	0%
Unemployed	8	4	12	24%
No Idea	10	3	13	26%
TOTAL	37	13	50	100%

Table 10 Distribution of Respondents According to Educational Attainment (n=50)

EDUCATIONAL ATTAINMENT	Age 11 – 14	Age 15-17	Total	%
Elementary Level Only	16	8	24	48%
Currently Enrolled in Elementary	4	1	5	10%
Elementary Graduate	6	1	7	14%
High School Level Only	11	2	13	26%
High School Graduate	0	1	1	2%
TOTAL	37	13	50	100%

 Table 11
 Profile of the Respondents Relationships to the Perpetrators (n=50)

RELATIONSHIP TO THE PERPETRATOR	Age 11 – 14	Age 15-17	Total	%
Father	8	5	13	26%
Brother	2	2	4	8%
Uncle	4	3	7	14%
Cousin	3	0	3	6%

Grandfather	2	0	2	4%
Step Father	2	0	2	4%
Not Related	16	3	19	38%
TOTAL	37	13	50	100%

Table 12 Profile of the Respondents Age of the Onset of Sexual Abuse (n=50)

AGE WHEN YOU WAS ABUSED	Age 11 – 14	Age 15-17	Total	%
Below 11 Years Old	15	1	16	32%
11 – 14 Years Old	17	10	27	54%
15 – 17 Years Old	5	2	7	14%
TOTAL	37	13	50	100%

Table 13 (a) Significant Differences between the two age groups of respondents in their responses on the three areas of functioning (n=50)

-	Weighted Mean		Mean Difference	SD X	Computed t-value	Df	Interpretation	Decision
Areas of Functioning	11-14	15-17						
Psycho-logical	2.57	2.56	0.01	0.17	0.06	18	Not Significant	Accept Ho
Behavioral	2.80	2.93	0.13	0.21	0.62	18	Not Significant	Accept Ho
Emotional	2.89	2.82	0.07	0.18	0.39	18	Not Significant	Accept Ho

t.05=2.101

Table 13 shows that the two groups of respondents did not differ significantly in their responses as effects of sexual abuse since the computed value of 0.06 for psychological, 0.62 for behavioral, and 0.39 for emotional are all less than the critical value of 2.10 at 0.05 level of

significance with 18 degrees of freedom, thus the null hypothesis (Ho) is accepted. Is there a significant difference between the two age groups of respondents in terms of their responses on the coping mechanisms?

Table 13 (b) Significant Differences between the two age groups of respondents in their responses on the different coping mechanisms

		Weight	ted Mean	Mean	SD	Computed	Df	Interpretation	Decision
				Difference	X	t-value			
Areas	of	11-14	15-17						_
Functioning									
Oral		2.91	2.80	0.11	0.24	0.46	18	Not Significant	Accept Ho
Gratification								_	_
Physical	and	2.21	2.32	0.11	0.20	0.55	18	Not Significant	Accept Ho
Mental									
Activities									
Emotional		2.64	2.83	0.19	0.24	0.79	18	Not Significant	Accept Ho
Coping									
Spiritual		2.30	2.69	0.39	0.20	1.95	18	Not Significant	Accept Ho
Social		1.91	2.15	0.24	0.09	1.95	18	Not Significant	Accept Ho

t.05 = 2.101

Table 13 (b) shows the two groups of sexually abused teenagers and their coping mechanisms brought about by the traumatic experiences. Based on the table the two groups did not differ in their responses since their computed values across five coping mechanism did not go beyond the computed value of 2.101 at 0.05 level

of significance with 18 degrees of freedom thus the null hypothesis is accepted. What are the relationship of the age groups in terms of their responses on the three areas of functioning and coping mechanisms?

Table 14 Correlation between the two age groups of respondents in the ranking of their responses and coping mechanisms (n=50)

Variables	r = coefficient	Interpretation
Responses on Areas of Functioning		
Psychological	+ 0.75	High Relationship
Behavioral	+ 0.90	Very High Relationship
Emotional	+ 0.12	Very low Relationship
Coping Mechanisms		
Oral Gratification	+ 0.67	High Relationship
Physical and Mental Activities	+ 0.67	High Relationship
Emotional	+ 0.69	High Relationship
Spiritual	+ 0.22	Very low relationship
Social	+0.88	Very High Relationship

Table 14 shows the correlation of responses on areas of functioning (Psychological, Behavioral and Emotional), and Coping Mechanism (Oral Gratification, Physical and Mental Activities, Emotional, Spiritual Responses and Social Interactions). Based on the table both ages groups exhibited Very High Relationship on Behavioral Responses and Very Low Relationship. Whereas on the aspect of coping mechanism both age groups revealed that they have Very High

Relationship on Social Interactions and Very Low Relationship on Spiritual Responses. Is there a significant difference on the psychological responses of sexually abused respondents on various functioning?

- a.) Psychological
- b.) Behavioral
- c.) Emotional

Table 15 Summary of Values Showing the Results of the Kruskal Wallis H-Test for the Significant Difference among the Selected Sexually Abused Respondents when Grouped According to Origin of Birth in their Reactions Towards certain Variables Related to Traumatic Experiences (n=50)

	NCI	R	LUZ	LUZON		VIS/MIN		Degrees	Decision
Indicators	Weight- ed Mean	Rank	Weight- ed Mean	Rank	Weight- ed Mean	Rank	H-Value	Of Freedom	
Psycho- logical	2.70	187	2.46	143	2.41	135	2.00	2	p>.05 not sig
Behavioral	2.98	178	2.77	130	2.87	157	1.47	2	p>.05 not sig
Emotional	2.99	205	2.84	143	2.68	117	5.25	2	p>.05 not sig
Average Weighted Mean	2.89)	2.69		2.65				C
Total Sum of Ranks	57	0	416		409			H.05 = 5.9	91
Final Rank	1		2		3				

Table 15 shows that there is no significant difference among the selected sexually abused respondents when grouped according to their birth of Origin in their reactions towards certain variables related to their traumatic experiences as revealed by the computed H-value of 2.00 for

psychological reaction, 14.7 for behavioral, and 5.25 for emotional which are all less than the critical value of 5.991 at the .05 level of significance with 2 degrees of freedom.

Table 16 Summary of Values Showing the Results of the Kruskal Wallis H-Test for the Significant Difference Among Sexually Abused Respondents when Grouped According to Origin of Birth in the Frequency of Occurrence of Coping Strategies (n=50)

	NC	NCR LUZON VIS/MIN		MIN	COMP- UTED	Degrees	Decision			
Indicators	Weight- ed Mean	Rank	Weig- hted Mean	Rank	Weight- ed Mean	Rank	H-Value	Of Freedom		
Oral Gratifica- tion	2.85	162	2.73	152	2.73	151	0.07	2	p>.05 not sig	
Physical and Mental Activities	2.10	144	2.08	146	2.18	175	0.75	2	p>.05 not sig	
Emotional	2.80	172	2.73	159	2.55	134	0.94	2	p>.05 not sig	
Spiritual	2.60	206	2.28	133	2.20	126	5.04	2	p>.05 not sig	
Social	2.06	190	1.86	90	2.11	185	8.17	2	p>.05 not sig	
Average Weighted Mean	2.48		2.34		2.35				6	
Total Sum of Ranks	874		680		77	771		H.05 = 5.991		
Final Rank	1		3	3	2					

Table 16 shows the summary of values showing the results of the Kruskal Wallis H – Test to determine the difference among sexually abused respondents when grouped according to Origin of Birth and their coping mechanisms. Based on the table there is no significant differences in the five categories of Coping mechanisms since the

computed value is less than the tabular value, thus null hypothesis is rejected. Is there a significant difference among the various functioning responses of the Sexually Abused Respondents as regards to their Father's Nature of Work?

Table 17 Summary of Values Showing the Results of the Kruskal Wallis H-Test fro the Significant Difference Among the Selected Sexually Abused Respondents when Grouped According to their Fathers Nature of Work in their Reactions Towards certain Variables Related to Traumatic Experiences (n=50)

	Gov't		Laborer		No Work		Comp- uted	Degrees	Decision
Indicators	Weight- ed Mean	Rank	Weight- ed Mean	Rank	Weight- ed	Rank	H- Value	Of Freedom	
Psycho- logical	2.87	185	2.58	151.5	Mean 2.44	128.5	2.06	2	p>.05 not sig
Behavioral	2.98	165	2.98	164.5	2.79	135.5	0.71	2	p>.05 not sig
Emotional	2.88	170	2.79	138	2.88	157	0.64	2	p>.05 not sig

Average	2.91	2.78	2.70	
Weighted				
Mean				
Total Sum of	520	454	421	H.05 = 5.991
Ranks				
Final Rank	1	2	3	

Table 17 shows that there is no significant differences among the selected sexually abused respondents when grouped according to their birth of origin in their reactions towards certain variables related to their traumatic experiences as revealed by the computed H-value of 2.06 for psychological

reaction, 0.71 for behavioral, and 0.64 for emotional which are all less than the critical value of 5.991 at the .05 level of significance with 2 degrees of freedom.

Table 18 Summary of Values Showing the Results of the Kruskal Wallis H-Test for the Significant Difference Among Sexually Abused Respondents when Grouped According to Nature of Work in the Frequency of Occurrence of Coping Strategies (n=50)

	Gov't		Labo	Laborer		Vork	Comp- uted	Degrees	Decision
Indicators	Weight- ed Mean	Rank	Weight- ed Mean	Rank	Weight- ed Mean	Rank	H- Value	Of Freedom	
Oral Gratifica- tion	2.80	154	2.85	166	2.76	145	0.26	2	p>.05 not sig
Physical and Mental Activities	1.95	119	2.07	145	2.36	201	4.51	2	p>.05 not sig
Emotional	2.47	151	2.76	186	2.40	122	0.24	2	p>.05 not sig
Spiritual	2.17	99	2.45	155.5	2.76	210.5	8.00	2	P<.05 sig
Social	1.63	72.5	2.00	161.5	2.24	231	16.26	2	P<.05 sig
Average Weighted Mean	2.20		2.43		2.50				
Total Sum of Ranks	595.5		814		909	909.5		H.05 = 5.991	
Final Rank	3		2		1				

Table 18 shows the summary of values showing the results of the Kruskal Wallis H –test for the significant difference among sexually abused teenagers when grouped according to the nature of work of their perpetrators and their ways of coping. Based on the table, the following coping mechanism did not have a significant difference such as Oral Gratification, Physical and Mental Activities and Emotional Responses since the computed values is less than the tabular value. Thus, the null hypothesis is accepted. Whereas, the following coping mechanism Spiritual (8.00) and

Social Coping (16.26) obtained a significant difference when they are grouped according to their nature of work since the computed value is greater than the tabular value of 5.991. Therefore, the null hypothesis is rejected due to the above mentioned two coping mechanism. 8. Is there a significant difference in the responses of the sexually abused respondents in various functioning when grouped according to their educational attainment?

Table 19 Summary of Values Showing the Results of the Kruskal Wallis H-Test for the Significant Difference among the Selected Sexually Abused Respondents when Grouped According to their Educational Attainment in their Reactions towards certain Variables Related to Traumatic Experiences (n=50)

	Elem Level		Elem Graduate		High School		Comp- Degrees uted		Decision
Indicators	Weight-	Rank	Weight-	Rank	Weight-	Rank	H-	Of	
	ed Mean		ed		ed		Value	Freedom	
			Mean		Mean				
Psycho-	2.47	176	2.62	186.5	2.22	102.5	5.38	2	p>.05 not
logical									sig
Behavioral	2.87	179.5	2.81	187.0	2.44	98.5	6.16	2	p<.05 sig
Emotional	2.83	183.5	2.87	196.5	2.40	85.0	9.57	2	p<.05 sig
Average	2.7	2	2.77		2.35				
Weighted									
Mean									
Total Sum of	539		570		28	286		H.05 = 5.991	
Ranks									
Final Rank	2		1		3				

Table 19 shows that there is no significant differences among the selected sexually abused respondents when grouped according to their educational attainment towards psychological responses as revealed by the computed H-value of 5.38 for psychological reaction. Whereas 6.16 behavioral responses and 9.57 emotional responses revealed to have significant differences when determined by educational attainment since the computed value is greater than the tabular value.

CONCLUSIONS

Based on the findings of the study, special programs for sexually abused teenagers should be conducted by the agency concerned and assisted by the NGO's (the government centers). Their rights under the existing laws, victims of sexually abused women should be observed and respected. The center/agency in charge of sexually abused teenagers provide assistance for them to continue their education, constant counseling, ensure reintegration in their family and community. That the agencies in-charge of keeping peace and order should enforce strictly rules in order to avoid/or minimize sexual abused. Further study maybe conducted in other agencies.

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REFERENCES

- 1. Protacio-Marcelino, E.; dela Cruz, T.; Balanon, F.; Camacho, A. & Yacat, J. Child Abuse in the Philippines: An Integrated Literature Review and Annotated Bibliography. Quezon City: University of the Philippines Center for Integrative and Development Studies (2002).
- 2. United States: Reece, R.M. Treatment of Child Abuse: Common Ground for Mental Health, Medical and Legal Practitioners.
 Baltimore: Johns Hopkins University Press. (2000).
- 3. Myers, M. (2006). Coping ability of women who become victims of rape. Dissertation Abstracts International: Section B: The Sciences and Engineering, 67(2-B), pp. 1159.
- 4. Sarkar, N. N., Sarkar, R. (2005) Sexual assault on woman: Its impact on her life and living in society. *Sexual & Relationship Therapy*, 20 (4), 407-419 Database: Academic Search Premier
- 5. Messman-Moore, T., Brown, A. (2006). Risk Perception, Rape, and Sexual Revictimization: A Prospective Study of College Women. *Psychology of Women Quarterly*, 30 (2) p159-172.
- 6. Cloitre, M., Rosenberg, A. Follette, V., Ruzek, J. (2006). Sexual Revictimization: Risk Factors and Prevention. *Cognitive-behavioral therapies for trauma* (2nd ed.). New York, NY, US: Guilford Press, 2006. pp. 321-361.
- 7. Bernadette Madrid, (2001), "The Interpretation and Limits of Medical Evidence in Child Abuse Cases".

- University of the Philippines, Manila, Philippine General Hospital, Philippines (2002).
- 8. Perla D. Santos-Ocampo, (2002), "Protecting Children's Right in Developing Country, University of the Philippines Pediatrics International, 44,570-575.
- 9. Richard Velayo, (2005), "A Perspective on Child Abuse in the Philippines: looking at Institutional Factors", 191-205, doi: 10.1007/03-387-28811-2-10.
- 10. Arlyn G. Verba, (2002), "Improving Referral System of Child Abuse Cases in the Philippines".
- 11. Jay A. Yacat & Michelle G. Ong, (2002),
 Beyond the Home: Child Abuse in the
 Church and School Program on
 Psychosocial Trauma and Human Rights,
 Center for Integrative and Development
 Studies, University of the Philippines,
 Save the Children (UK) Philippines.
- 12. Bernadette Madrid, Heather Rachael Spiegel, Amelia Fernandez & Victoria Hererra, (2001), Examining the Mandatory Death Penalty for Familial Child Perpetrators: An Academic Treatise for Physicians, UP CM-PGH Child Protection Unit and the Advisory Board Foundation, featured paper (http:www.childprotection.org.ph) Collette A. Gushurts, (2003), "Child Abuse: Behavioral Aspects and Other Associated Problems, 0031-3955/03/ \$-see matter, Elsevier Inc. 10.101066/S0031-3955.
- 13. Ann S. Botash, (2010), "Child Sexual Abuse in Emergency Medicine, Child Abuse Referral and Evaluation Program".

 Department of Pediatrics, State University, New York University Upstate Medical University.
- 14. U.S. Department of Health and Human Services Administration on Children, Youth, and Families, (2003), Child Maltreatment (2001), Washington, D.C., U.S. Government Printing Office.
- 15. Naughton, A., & Health, A., (2001),
 Developing an Early Intervention
 Programme to Prevent Child
 Maltreatment. Child Abuse Review,
 10,85-96.
- 16. Peterson, L., Tremblay, G., Ewigman B., & Saldana L., (2003), "Multilevel Selected Primary Prevention of Child Maltreatment. Journal of Consulting and Clinical Psychology.
- 17. Huebner, C.E., (2002), "Evaluation of a Clinic-based Parent Education Program to Reduce the Risk of Infant and Toddler

- Maltreatment, Public Health Nursing, 19, 377-389.
- 18. Garcia E., & Musitu G., (2003), "Social Isolation from Communities and Child Maltreatment: A Cross-Cultural Comparison. Child Abuse and Neglect, 27, 153-168.
- Jewkes R., Garcia-Moren C., Sen P., (2002), "Sexual Violence. In: World Report on Violence and Health. Geneva, World Health Organization, 149-181.
- 20. Acosta ML., (2002), "Collecting Evidence for Domestic and Sexual Assault: Highlighting Violence Against Women in Health Care System Intervention. International Journal of Gynecology and Obstetrics, 78 (suppl.1): S 99-S104.
- 21. Watts C., Zimmerman C., (2002), "Violence Against Women: Global Scope and Magnitude. Lacet, 359: 1232-1237.
- 22. Stevens L., (2001), "a Practical Approaches to Gender-Based Violence: A programme Guide for Health Care Providers and Managers: New York, NY, United Nations Population Fund.
- 23. Draucher CB., (2002), "Domestic Violence: The Challenges for Nursing. Online Journal of Issues in Nursing, 7:1-20.
- 24. Campbell R., (2001), "Mental Health Services for Rape Survivors: Issues in Therapeutic Practice. Violence Against Women Online Resources, 1-9.
- 25. Finkel MA., (2002), "The Evaluation and The Physical Examination, In: Fnkel MA., Giordino AP., eds. Medical Evaluation of Child Sexual Abuse: A Practical Guide, 2nd ed. Thousand Oaks, CA. Sage Publications 2002:23-84.
- 26. Muram D., (2003), "The Medical Evaluation of Sexually Abuse Children. Journal of Pediatric and Adolescent Gynecology, 2003, 16:5-14.