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Assessing the Role of Fear of Sexual Violence on Well-Being, Coping Mechanisms, and Social Avoidance in Women

Sugandha Kumar[1*], Sabronee K. Basu[2]

[1, 2] MSc. Clinical Psychology, Christ (Deemed to be University), Delhi NCR Campus, India
*Corresponding Author Email: sugandhakumar23@gmail.com

Abstract

This study examined the relationship between fear of sexual violence, social avoidance and distress, well-being, and coping mechanisms in a sample of N=133 women aged 18-29. Data was collected using the Fear of Rape Scale - Short Form (FORS), Social Avoidance and Distress Scale (SADS), WHO Well-Being Index, and Brief Cope Inventory. The results revealed that 16.3% of the variance in social avoidance and distress (SADS Total Score) was explained by the predictors. Fear of sexual violence (FORS) was a significant predictor, increasing social avoidance (Estimate = 0.1672, p = 0.008), while better well-being (WHO Total Score) significantly reduced it (Estimate= -0.3589, p=0.006). The coping mechanisms measured by the Brief Cope Inventory had no significant effect (p=0.427). These findings emphasize the impact of fear of sexual violence on heightened social voidance and distress, while improved well-being can mitigate its effects.

Keywords

Coping Mechanisms, Fear of Sexual Violence, Social Avoidance, Well-Being

INTRODUCTION

Sexual harassment and other forms of sexual violence in public spaces remain a daily reality for women and girls across both developed and developing countries in the 21st century. Many women and girls report experiencing and fearing different types of sexual violence, ranging from harassment to assault, including rape and femicide. Such incidents occur in various settings, including streets, public transport, parks, schools, workplaces, public sanitation facilities, water and food distribution sites, and even within their own neighborhoods. Sexual violence, particularly rape, is a pervasive issue that has far-reaching psychological, social, and emotional impacts on women globally. In a patriarchal society, women have reported of feeling continuously anxious about their physical bodies and physical safety. This concern of being sexually victimized prevents women from participating in the society to the best of their ability, limiting their opportunities at work places and social settings [1]. In fact, as per the evidence fear of victimization is fear of rape for women [2].

Several feminist scholars have argued that women's persistent fear of rape and heightened vigilance regarding their physical safety can negatively impact their mental health. While research on the specific psychological effects of fear of rape remains limited, existing literature suggests that lower perceptions of safety and fear of crime are linked to increased psychological distress among women, often contributing to depression. Overall, women tend to experience significant concerns about their safety, particularly regarding sexual violence, and these fears are associated with elevated levels of distress. [3]. This fear of crime is instilled in three ways - our direct knowledge about crime in the community, knowledge about crime through media and aspects of our personality [4]. Fear can be categorized as functional or dysfunctional. Functional fear encourages individuals to engage in behaviors that reduce the risk of sexual victimization, such as joining night patrols. In contrast, dysfunctional fear can be debilitating, restricting mobility and leading to the avoidance of public spaces, ultimately limiting opportunities. Additionally, this study highlights that only about 5% of women in Mexico City, São Paulo, and Lagos reported feeling safe on buses and at bus stops after dark. In comparison, around 60% of women in Paris and Tokyo expressed feeling safe in similar situations. [5].

Studies suggest that high levels of fear of sexual violence restrict people from engaging in social activities such as going out and interacting with others leading to social isolation and avoidance which results in poor mental health outcomes. The study revealed that adults experiencing high levels of fear were 50% more likely to develop symptoms of mental disorders and had a 90% higher risk of depression, indicating a clear connection between fear and declining mental health [2]. According to the World Health Organization (WHO), sexual violence is a significant factor contributing to poor mental health among women in various countries, including India. Many of these women silently suffer from depression and anxiety, which further reinforces their fear of leaving their homes.

Women use a variety of coping strategies to prevent or

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reduce the chances of sexual victimization, especially in transit environments, where perceptions of safety influence their behavior. These strategies are often precautionary and align with avoidant coping mechanisms, specifically behavioral disengagement which involve reducing efforts to directly deal with the stressors. Common strategies include altering travel times or routes to avoid potentially dangerous situations, dressing in a certain way to avoid attracting attention, carrying weapons like pepper spray or sharp objects, or positioning themselves near bus drivers for a sense of security. The active use of these coping strategies globally highlights the kind of fear that persists and how women manage this fear of sexual victimization in public spaces [5].

Furthermore, it was found that the fear of sexual violence leads to restricted mobility and education, constant stress about safety and victim blaming attitude of families. Safety and Avoidance Strategies are the common coping strategies used by women. Safety strategies include carrying a pepper spray, not going out alone, emergency numbers, risk assessment, escape from a situation and fake phone calls while avoidance coping strategies involve avoidance of public spaces, avoidance of certain timings and avoidance of attention [6].

Rationale

There are numerous studies that talk about the direct consequences of sexual violence there has been limited quantitative research on how the fear of such violence impacts the well-being and behavior of women who have not directly experienced assault but still live under its shadow. By measuring fear, coping mechanisms, social avoidance, and well-being this research seeks to fill this critical gap, offering insights into how deeply this fear is ingrained in the everyday lives of Indian women, how it leads to social avoidance, what impact it has on their well-being, and how they cope with it.

Need for the Study

Given the high incidence of sexual violence cases in India, it is essential to understand how even the threat of such violence can lead to social avoidance, changes in partner selection, and alterations in women's perceptions of safety. This study aims to fill a critical gap by quantitatively measuring fear, coping mechanisms, social avoidance, and well-being, offering new insights into the psychological and social implications of living under the constant fear of sexual violence. By exploring the coping mechanisms women adopt—whether problem focused, emotional focused or avoidance coping—this research will shed light on the psychological toll of constantly living under a perceived threat. Furthermore, this study is crucial in raising awareness about how ingrained this fear is in the lives of women, even those who have not directly experienced sexual violence.

Theoretical Framework

The Shadow of Sexual Assault Hypothesis, first introduced by Warr in 1984, proposes that the fear of sexual assault serves as a "master offense" for women, influencing their overall fear of crime. Warr suggested that for young women, concerns about crime are deeply connected to the fear of rape, making it a dominant and primary issue. He termed crimes associated with sexual assault as "perceptually contemporaneous offenses", implying that women may fear other crimes, particularly violent ones, because they are seen as potential precursors to sexual violence [7].

The Transactional Model of Stress and Coping, introduced by psychologist Richard Lazarus in 1989, describes stress as a dynamic process involving three key stages. First, a person comes across a potentially stressful event. Second, the individual assesses the challenges of the situation (primary appraisal) and evaluates their own capacity to handle those challenges (secondary appraisal). Based on this evaluation, the person selects and uses a coping strategy. The outcome may result in changes in the individual's health, mood, or behavior. Additionally, personality traits can influence each step of this model, impacting how stress is perceived and managed [8].

Self-Determination Theory (SDT) asserts that human growth and development are driven by the fulfillment of three fundamental psychological needs: autonomy, competence, and relatedness. Autonomy involves having control over one’s actions, making independent choices, and engaging in self-directed behavior. Competence refers to a sense of mastery and effectiveness in handling tasks, which comes from participating in activities that challenge and develop one’s skills, fostering a sense of achievement and progress. Relatedness encompasses the need for meaningful relationships and a sense of belonging, as humans are inherently social beings who thrive when they feel connected and cared for within a community. Various social environments, including family, workplace, and cultural settings, can either support or hinder the satisfaction of these needs. When these needs are met, individuals tend to experience higher motivation, well-being, and personal growth. Conversely, environments that fail to nurture these needs can result in feelings of alienation, decreased motivation, and poorer psychological health [9]. According to literature rooted in Self-Determination Theory, achieving overall well-being and optimal functioning requires the fulfillment of these three core psychological needs: autonomy, competence, and relatedness [10].

Statement of the Problem

The fear of sexual violence is a persistant and deeply ingrained issue affecting millions of women in India. This fear not only impacts their psychological well-being but also leads to social avoidance behaviors, restricting women from participating in various public and social activities. The societal and cultural pressures around sexual violence in India often stigmatize victims, which further results to the psychological distress and isolation that many women experience [11]. While the direct psychological effects of sexual violence have been widely studied, the broader implications of the fear of such violence on mental health, coping strategies, and social participation has limited

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exploration. This study aims to fill this critical gap by investigating how the fear of sexual violence impacts women's mental health, the coping strategies they use, and the degree to which it leads to social avoidance.

Hypothesis

H1: Fear of sexual violence and well-being of women have a significant relationship.

H2: Fear of sexual violence and social avoidance behaviors among women have a significant relationship.

H3: The choice of coping mechanisms will significantly mediate the relationship between fear of sexual violence and well-being.

Objectives

1. To examine the impact of the fear of sexual violence on the psychological well-being of women.
2. To assess the relationship between fear of sexual violence and social avoidance behaviors among women.
3. To identify the coping mechanisms used by women in response to the fear of sexual violence and how these mechanisms influence their well-being.

MATERIALS AND METHODS

Design

The study followed a cross-sectional survey design. This design is chosen to examine the impact of the fear of sexual violence on social avoidance, well-being, and coping mechanisms among women in India. By using correlation analysis, the study aims to determine the strength and direction of these relationships.

Participants

Participants for this study were recruited through purposive sampling to ensure adherence to the defined inclusion criteria. Eligible participants must fall within the age range of 18 to 29 years and be proficient in English to comprehend and effectively complete the study questionnaires. Additionally, participants should have access to technology to facilitate their participation, as data collection will be conducted using Google Forms. The sample size is 113 participants from the northern region of India.

Inclusion Criteria

Women aged 18 to 29 years, residing in India (urban and semi-urban areas), literate in English, and either pursuing or having completed college education with employment status were included.

Exclusion Criteria

Exclusion criteria comprised women below 18 or above 29, those with diagnosed severe psychiatric conditions, illiteracy in English, lack of consent, or undergoing treatment for trauma related to sexual violence.

Measures

Fear of Rape Scale - Short Form

The ‘Fear of Rape Scale - Short Form’ consists of 16 items that measure fear of rape across three key dimensions: Taking Rape Precautions (9 items), Fear of Men (4 items), and Safety Concerns (3 items). The items related to rape precautions and fear of men are rated on a 5-point Likert-type scale, ranging from 0 (never) to 4 (always). In contrast, items assessing safety concerns are also rated on a 5-point Likert-type scale, from 0 (very unsafe) to 4 (very safe), but these scores are reversed. Mean scores are calculated, with higher values reflecting greater fear of rape. The original, longer version of the ‘Fear of Rape Scale’ was developed by Senn and Dzinas in 1996, while Carretta and Szymanski introduced the short form in 2020 [12]. Research by Senn and Dzinas (2020) provided validation for the short form, demonstrating structural validity through exploratory factor analysis and reliability, with alpha coefficients ranging from .75 to .95.

Social Avoidance and Distress Scale (SADS)

Developed by Watson and Friend in 1969, this scale measures an individual's inclination to withdraw from social interactions, engage in conversations, or avoid social settings (social avoidance). It also assesses the extent to which a person experiences negative emotions, such as anxiety or distress, in social situations (social distress) [13]. The Social Avoidance and Distress Scale (SADS) consists of 28 true/false items that evaluate social anxiety based on feelings of distress, discomfort, fear, and avoidance. The total raw score ranges from 0 to 28, with scores of 0-1 considered low, 2-11 categorized as average, and 12 or higher indicating high levels of social anxiety [14]. The scale demonstrates strong reliability, with an internal consistency of .94 and a test-reliability range of .68, making it a well-regarded tool for assessing social distress and avoidance [15].

WHO 5 - Well-Being Index

The WHO-5 Well-Being Index is a tool used to evaluate well-being over the past two weeks. It comprises five positively worded items, each rated on a 6-point Likert scale from 0 (at no time) to 5 (all of the time). The total raw score is then transformed into a 0-100 scale, with lower scores indicating poorer well-being. A score of 50 or below suggests reduced well-being and may indicate the need for further assessment of depressive symptoms, while a score of 28 or lower is considered a potential indicator of depression [16]. The scale demonstrates strong internal consistency, with Cronbach’s alpha values ranging between 0.81 and 0.90 [17].

Brief Cope Inventory

The scale is a 28-item self report measure developed by Charles S. Carver in 1989, which assesses how people emotionally respond to serious situations. It helps evaluate how individuals cope with various adversities. In counseling contexts, the scale is beneficial for identifying both constructive and unconstructive responses to stressors. It assesses primary coping strategies through three subscales:

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Problem-Focused Coping, Emotion-Focused Coping, Avoidant Coping. Additionally, it reports on specific coping mechanisms like self-distraction, denial, substance use, behavioral disengagement, emotional support, venting, humor, acceptance, self-blame, religion, active coping, use of instrumental support, positive reframing, and planning.

The scores consist of the average score of all three categories of coping to determine how much the respondent is using each style. High scores in problem-focused coping indicate that the coping strategy is aimed at modifying the stressful situation; it indicates grit and problem-solving skills. For Emotional-Focused Coping, scores are not associated with psychological health or illness. Furthermore, high scores on Avoidant Coping Strategies indicate physical or cognitive efforts to not engage in the stressor. Low scores are typically reflective of adaptive coping [18].

Procedure

The study uses a comprehensive approach to investigate the impact of the fear of sexual violence on social avoidance, well-being, and coping mechanisms among women in India. Participants were recruited from the target population through random sampling from various cities, ensuring representation across diverse demographics. Participants were then circulated with a google form link which will comprise of the combined questionnaires for this study including the Fear of Rape Scale- Short Form, Social Avoidance and Distress Scale (SADS), WHO 5 - Well-Being Index and Brief Cope Inventory. Data collected from these measures was analyzed using appropriate statistical methods to examine the correlations and associations between fear and the aforementioned outcomes.

Statistical Analysis

For statistical analysis, Jamovi was used to to explore relationships between fear of sexual violence and three key psychological variables: social avoidance and distress, well-being and coping mechanisms. This aimed to raise awareness of how women's fear leads to social and psychological consequences in their lives.

RESULTS

As per Table 1, the correlation matrix reveals significant and non-significant relationships among the Total Score of FORS, SADS Total Score, WHO Total Score, and Total Brief Cope. A significant positive correlation ($r = 0.301$, $p = 0.001$) exists between FORS and SADS Total Score, indicating that higher FORS scores are associated with increased social anxiety or depressive symptoms. Conversely, SADS and WHO Total Score show a significant negative correlation ($r = -0.310$, $p < .001$), suggesting that higher levels of social anxiety or depression are strongly linked to lower well-being. The correlation between FORS and WHO Total Score is negative ($r = -0.183$, $p = 0.053$), implying that greater FORS scores may be associated with lower well-being, though this relationship is not statistically significant. Similarly, the relationship between FORS and Total Brief Cope ($r = 0.157$, $p=0.098$) suggests a weak positive correlation, indicating that individuals with higher FORS scores may engage in more coping strategies, but the result is not strong enough to confirm. The correlation between SADS and Total Brief Cope ($r = 0.153$, $p = 0.105$) is also weak and non-significant, suggesting a potential but insignificant association between higher social anxiety/depressive symptoms and greater use of coping mechanisms. Lastly, WHO Total Score and Total Brief Cope show a weak negative correlation ($r = -0.172$, $p = 0.069$), indicating that higher well-being may be linked to lower reliance on coping strategies, though the result is not statistically significant. Overall, the strongest findings suggest that higher FORS scores are associated with greater social anxiety/depressive symptoms, and higher social anxiety/depression is significantly linked to lower well-being, while other correlations remain inconclusive.

Table 1: Correlation Matrix

		Total Score of FORS	SADS Total Score	WHO Total Score	Total Brief Cope
Total Score of FORS	**Pearson's r**	—			
	df	—			
	p-value	—			
SADS Total Score	**Pearson's r**	**0.301****	—		
	df	**111**	—		
	p-value	**0.001**	—		
WHO Total score	**Pearson's r**	**-0.183**	**-0.310*****	—	
	df	**111**	**111**	—	
	p-value	**0.053**	**< .001**	—	
Total brief cope	**Pearson's r**	**0.157**	**0.153**	**-0.172**	—
	df	**111**	**111**	**111**	—
	p-value	**0.098**	**0.105**	**0.069**	—

Note. *** p < .05, ** p < .01, *** p < .001**

As per Table 2, the linear regression analysis showed that 16.3% of the variance in social avoidance and distress (SADS Total Score) was explained by the predictors ($R^2 = 0.163$). The Total Score of FORS (fear of sexual violence) was a significant predictor of increased social anxiety and distress (Estimate = 0.1672, p = 0.008), indicating that higher levels

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of fear led to heightened social anxiety. On the other hand, the WHO Total Score (well-being) significantly decreased social anxiety and distress (Estimate = -0.3589, p = 0.006), suggesting that better well-being is associated with reduced anxiety. The Total Brief Cope score, which measured coping mechanisms, did not have a significant effect on social anxiety and distress (p = 0.427), indicating that the coping strategies assessed did not strongly influence the outcome in this model.

Table 2: Linear Regression

Model Fit Measures for SADS

Model	R	R^2
1	0.403	0.163

Predictor	Estimate	SE	t	p
Intercept	8.3776	4.9634	1.688	0.094
Total Score of FORS	0.1672	0.0618	2.706	0.008
WHO Total score	-0.3589	0.1276	-2.812	0.006
Total brief cope	0.0597	0.0749	0.797	0.427

DISCUSSION

The results of this study emphasize the significant role that fear of sexual violence plays in heightening social anxiety and distress among women. The finding that fear of sexual violence (as measured by the FORS) is a significant predictor of social avoidance aligns with previous research, which demonstrates that the constant fear of victimization can lead to socially anxious behaviors and psychological distress [2] (Spohn et al., 2016). This fear restricts women's ability to participate in public life, reinforcing social isolation and limiting their opportunities for personal and professional development.

A useful framework for understanding these results is the *Shadow of Sexual Assault Hypothesis* [8]. This theory postulates that for women, the fear of sexual assault functions as a "master offense," overshadowing other types of fear, such as fear of theft or physical harm. Stemming from the patriarchal social structures, this fear leads to increased anxiety, hypervigilance, and avoidance behaviors. The current study supports this hypothesis, confirming that women with a higher fear of sexual violence are more likely to experience heightened social avoidance and distress. This persistent fear can lead to higher levels of vigilance and anxiety, particularly in social situations where the risk of victimization is perceived to be higher. Empirical research further validates this by showing that women who fear sexual victimization are more likely to withdraw from social environments to avoid potential danger, thus reinforcing avoidance and distress [2].

At the same time, the study highlights the critical role of well-being against the negative effects of fear. The negative association between well-being and social anxiety/distress suggests that promoting psychological health can help reduce the adverse impacts of fear. This finding aligns with Self-Determination Theory, which suggests that fulfilling basic psychological needs—autonomy, competence, and relatedness—increases overall well-being. Women who feel competent and autonomous are likely to have greater confidence in navigating public spaces, which in turn reduces their anxiety in social situations [19]. The ability to meet these psychological needs provides individuals with greater internal resources to manage the stressors associated with fear, explaining why women with higher well-being reported lower levels of social avoidance and distress in this study. This finding is also corroborated with research which showed that women with higher perceived safety report better mental health outcomes, whereas those who feel unsafe exhibit greater psychological distress [5].

However, the study's results reveal that the coping mechanisms measured by the Brief Cope Inventory did not significantly influence social anxiety and distress. This may be due to the type of coping strategies typically employed in response to fear of sexual violence. Many women adopt avoidant strategies—such as altering travel routes, carrying protective devices such as pepper spray, or avoiding certain places—which may provide short-term emotional relief but fail to address the root causes of their fear and distress. According to Lazarus and Folkman's Transactional Model of Stress and Coping, these avoidant strategies fall under emotion-focused coping [8]. While these approaches may help manage immediate distress, they tend to exacerbate anxiety in the long term by reinforcing the avoidance of situations that could provoke fear [6].

Researchers argue that such strategies contribute to greater social isolation and psychological harm by reinforcing the perception that the external world is too dangerous to engage with. This sense of helplessness often increases distress, as women are deprived of positive social experiences that could otherwise alleviate anxiety and foster well-being [5][6]. The concept of learned helplessness provides further insight into why avoidant coping strategies may fail to mitigate social anxiety. When women repeatedly encounter stressors that feel uncontrollable—such as the constant fear of sexual violence—they may develop a sense of helplessness, believing that their efforts to protect themselves are futile. This, in turn, reinforces social withdrawal, creating a cycle of fear, avoidance, and distress [20].

Implications

The findings of this study have several important implications for research, policy, and interventions aimed at addressing the psychological impact of the fear of sexual violence on women. The study highlights the need for policies that create safer public spaces for women. Urban planners and policymakers should prioritize safety measures such as improved lighting, better public transportation security, and public awareness campaigns to reduce the fear of sexual violence. Moreover, The findings suggest that avoidant coping strategies might not be effective in reducing social anxiety and distress, which implies that women may benefit from learning more adaptive coping mechanisms.

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Empowerment programs that teach problem-focused coping, emotional regulation techniques, and assertiveness training could help women navigate their fear more effectively, reducing the long-term psychological harm caused by avoidance. The study's results support the argument that fear of sexual violence not only affects those who have been victims of such violence but also those who live under the threat of victimization. This finding underscores the need for comprehensive strategies that go beyond addressing the consequences of sexual violence to also include preventative measures, such as public education campaigns aimed at reducing the fear of victimization and promoting gender equality. The study fills an important gap in understanding the indirect effects of sexual violence on women's mental health by focusing on the fear of sexual violence rather than direct victimization.

Limitations and Future Directions

While this study provides invaluable insights, several limitations should be considered when interpreting the results. The sample size of 113 women may limit the generalizability of the findings to the broader population. While the participants represent a specific demographic (women aged 18-29), their experiences may not fully capture the diversity of fear responses and coping strategies across different age groups, cultural backgrounds, and socioeconomic statuses. Future research could expand the sample to include a more diverse group of women. The study relied on self-report questionnaires, which are subject to biases such as social desirability, inaccurate recall, and underreporting of sensitive experiences. Future studies could incorporate a mixed-methods approach, combining self-reports with qualitative interviews or behavioral observations to gain a more nuanced understanding of women's experiences. While the study examined fear of sexual violence, well-being, and coping mechanisms, it did not account for other potentially important variables that could influence social anxiety, such as past experiences of sexual violence, trauma history, or personality traits. Including these variables in future research could offer a more comprehensive understanding of how different factors interact to influence women's mental health.

CONCLUSION

In conclusion, the study highlights the complex interplay between fear of sexual violence, social avoidance and distress, well-being, and coping mechanisms. While fear of sexual violence significantly increases social anxiety and distress, promoting well-being appears to buffer against these effects by providing individuals with the psychological resources needed to manage fear. However, avoidant coping strategies, commonly employed in response to this fear, may perpetuate distress by limiting women's engagement with the social world and reinforcing feelings of helplessness. This suggests that interventions should not only focus on addressing the fear of sexual violence but also promote psychological resilience and more adaptive coping mechanisms that empower women to navigate public spaces with confidence.

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