

INPLASY

Prevalence of Mental Illness Among Victims of Sexual Violence: A Systematic Review with Meta-Analysis

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - The review has not yet started.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 26 April 2026 and was last updated on 26 April 2026.

INTRODUCTION

Review question / Objective To investigate, through a systematic review with meta-analysis, the prevalence of mental illnesses among victims of sexual violence, focusing on the 18–24 age group, contexts, and types of mental disorders.

Rationale Sexual violence poses a significant challenge to public health, characterised by its high complexity and impacts that transcend socio-economic boundaries, resulting in serious consequences for victims' well-being (Campos, 2006). This form of violence is defined by the exercise of power through coercion, force, or psychological influence (Falco et al., 2023) and affects around 12 million people globally each year. It has a particularly high incidence among women and young people, often perpetrated by members of the victims' immediate circle (Batista et al., 2002).

In the Mozambican context, data from the Survey on Violence against Children (InVIC 2019) highlight the scale of the problem, indicating that approximately 9.5% of women and 8.3% of men

aged between 18 and 24 were victims of sexual violence in just 12 months (INS and INE, 2022). These findings highlight the marked vulnerability of young adults in the country and underscore the importance of a more profound understanding of the repercussions of this trauma at this stage of life.

From an epidemiological perspective, sexual violence is classified as one of the forms of aggression with the greatest potential for psychological and social harm (Batista et al., 2018). The consequences range from physical injuries and an increased risk of sexually transmitted infections to a broad spectrum of psychopathologies, including depression, suicidal ideation, substance abuse, and psychosomatic disorders (Miranda et al., 2020; Sousa et al., 2019). However, accurately estimating the burden of these mental disorders is hampered by underreporting. Clinical observations made at the Forensic Medicine Service of Maputo Central Hospital indicate that feelings of guilt, shame, and social stigma contribute to many victims not seeking help or failing to report the events. This conceals the true prevalence of associated mental disorders.

Thus, this systematic review with meta-analysis is based on the need to synthesise rigorous quantitative evidence regarding the prevalence of mental disorders among survivors of sexual violence. By focusing on the 18–24 age group and incorporating different socio-demographic contexts, this study aims to provide sound scientific evidence to inform the development of public policies, the improvement of mental health care protocols, and the implementation of early intervention strategies. This is with a view to mitigating the psychosocial impact on this vulnerable population.

Condition being studied The condition under investigation encompasses the prevalence of mental disorders and clinically significant psychological distress resulting from exposure to sexual violence.

Operationally, the condition is defined by:

The Precursor Event: Sexual violence, defined as any sexual act (attempted or consummated) without the victim's consent, involving force, coercion, or intimidation (WHO, 2010). This includes harassment, sexual exploitation, and rape.

The Clinical Outcome: Mental disorders identified or screened for using validated instruments, based on the criteria of the DSM-5 or ICD-10/11. The main focus is on post-traumatic stress disorder (PTSD), depressive episodes, anxiety disorders, and suicidal behaviour.

Population and Context: A condition is specifically identified in survivors in adolescence and early adulthood (18 to 24 years), taking into account the particularities of psychological development and social vulnerability factors that may exacerbate the psychopathological burden.

METHODS

Search strategy (Sex Offenses[mh:noexp] OR Rape[mh] OR Sexual Harassment[mh] OR (Sexual Behavior[mh] AND

Aggression[mh]) OR Sex Offen*[tiab] OR Sexual offen*[tiab] OR "Sexual* Abus*" [tiab] OR "Sexual* Violen*" [tiab] OR "Sexual* Assault*" [tiab] OR "Sexual* Aggress*" [tiab] OR "Sexual* Harass*" [tiab] OR "Sexual* Harrass*" [tiab] OR "Sex crime*" [tiab] OR "Sexual* crime*" [tiab])

AND (Mental Disorders[mh:noexp] OR Anxiety Disorders[mh] OR Anxiety[mh] OR Depressive Disorder[mh]

OR Depression[mh] OR Obsessive-Compulsive Disorder[mh] OR Borderline Personality Disorder[mh]

OR Stress Disorders, Traumatic[mh] OR Substance-Related Disorders[mh] OR Mental Disorder*[tiab]

OR Psychiatr*[tiab] OR Psycholog*[tiab] OR Mental Illness*[tiab] OR Mentally Ill[tiab] OR "Behav* Disorder*" [tiab] OR "Behav* Symptom*" [tiab] OR Psychopatholog*[tiab] OR Posttrauma*[tiab] OR PTSD[tiab] OR Stress disorder*[tiab] OR Anxiet*[tiab] OR Anxious*[tiab] OR Neuros*[tiab] OR

Neurotic*[tiab] OR Psychoneuros*[tiab] OR Obsessive-Compulsiv*[tiab] OR Phobia*[tiab] OR Phobic*

[tiab] OR Panic*[tiab] OR Agoraphob*[tiab] OR Depress*[tiab] OR Dysthym*[tiab] OR Melanchol*[tiab] OR Suicid*[tiab] OR Borderlin*[tiab] OR Substance Related[tiab] OR Drug Use[tiab] OR Substance-Induced[tiab] OR Substance Abus*[tiab] OR Substance Depend*[tiab] OR Chemical Depend*[tiab] OR Substance Addict*[tiab] OR Substance Use[tiab] OR Drug Depend*[tiab] OR Drug Addict*[tiab] OR Drug Abus*[tiab] OR Substance Use[tiab])

AND (Prevalence[mh] OR Incidence[mh] OR "surveys and questionnaires"[mh:NoExp] OR Health

Surveys[mh:NoExp] OR Health Status Indicators[mh:NoExp] OR Epidemiologic Studies[mh:NoExp] OR

Case-Control Studies[mh] OR Cohort Studies[mh] OR Cross-Sectional Studies[mh] OR epidemiology[sh]

OR epidemiolog*[tw] OR observational[tw] OR prevalen*[tw] OR incidence[tw] OR survey*[tw] OR questionnaire*[tw] OR cohort[tw] OR follow-up[tw] OR followup[tw] OR longitudinal[tw] OR prospective[tw] OR retrospective[tw] OR cross-sectional[tw] OR Case control[tw] OR case-crossover*

[tw]) AND 2020:3000[dp].

Participant or population Individuals (men and women) who have survived sexual violence, aged between 18 and 24.

Intervention Exposure to sexual violence.

Comparator Not applicable.

Study designs to be included This review will include observational studies, primarily cross-sectional studies and prevalence studies. In addition, baseline data from prospective and retrospective cohort studies will be considered. Case reports, case series, ecological studies and clinical trials whose primary focus is treatment efficacy rather than epidemiological estimation will be excluded.'

Eligibility criteria Inclusion Criteria

Studies containing data on the prevalence of mental disorders among victims of sexual violence.
 Studies published within the last 10 years.
 Victims of sexual violence (adolescents and young people).
 Studies that break down data by gender, age or cultural context are accepted.
 Languages: English, Portuguese, Spanish.
 Studies involving human samples.

Exclusion Criteria

Studies with inadequate methodology (e.g. lack of a clearly defined group).
 Case reports, narrative reviews, unpublished theses.
 Studies that do not specify sexual violence as the primary exposure factor.
 Mixed populations (e.g. general domestic violence) without separate data for victims of sexual violence.

Information sources

PubMed
 Embase
 PsycInfo
 Web of Science.

Main outcome(s) This systematic review provided a quantitative overview of specific findings regarding the prevalence of mental health disorders among victims of sexual violence, focusing on the 18–24 age group. The main findings include weighted prevalence estimates for PTSD, depression, and suicidal ideation, accompanied by subgroup analyses to identify variations by gender and geographical context.

Timetable (30-day implementation):

To ensure completion within one month, the study will follow an intensive workflow:

Week 1: Finalisation of the database search and screening of abstracts by two independent reviewers.

Week 2: Full-text reading of selected articles and assessment of risk of bias.

Week 3: Data extraction and conduct of the meta-analysis (statistical analysis of heterogeneity and pooled estimates).

Week 4: Drafting of the final manuscript, discussion of findings and submission for publication.

Impact Measures:

The study aims to impact public health by providing robust epidemiological evidence to support the development of early intervention protocols and supportive mental health policies. It is hoped that the results will help to bridge the data gap in developing countries, such as Mozambique, and raise awareness of the psychopathological burden of sexual violence in this vulnerable population.

Additional outcome(s) As a further step, subgroup analyses will be carried out to investigate variations in the prevalence of mental health disorders according to the victim's gender, the type of violence suffered, and the relationship with the perpetrator.

Data management The data will be managed through a structured workflow comprising three main stages to ensure the integrity and reproducibility of the findings:

Extraction and Organisation: The results of the database searches will be exported in RIS format and imported into the Rayyan QCRI software for the identification and removal of duplicates. The screening of titles and abstracts will be carried out independently by two reviewers.

Standardisation of Data Extraction: A standardised electronic form (using Microsoft Excel or Google Sheets) will be used to extract data from the full-text articles. The extracted data includes: study identification (author, year, country), sample characteristics (sample size N, age, gender), type of sexual violence, diagnostic criteria used (DSM/CID) and prevalence figures (n/N) with their respective confidence intervals.

Storage and Security: All raw data, exclusion spreadsheets, and statistical analysis scripts will be stored on encrypted cloud services (OneDrive or institutional Google Drive) to prevent loss of information. Upon completion of the study, the final database will be deactivated by the principal investigators, in accordance with ethical guidelines for the sharing of scientific data.

Quality assessment / Risk of bias analysis The studies will be assessed for methodological quality using appropriate tools, such as the Newcastle-Ottawa Scale or the Cochrane Risk of Bias Tool. This will help to identify potential biases that may affect the results.

Strategy of data synthesis Data Synthesis and Statistical Analysis

Data synthesis will be conducted using a systematic, step-by-step approach:

1. **Assessment of Heterogeneity:** Before pooling the results, variability between studies will be

quantified using Cochran's Q test and the I² index. This analysis will determine whether discrepancies in the results are due to chance or to methodological and population differences.

2. Meta-analysis Model: The choice of statistical model will be guided by heterogeneity: Fixed-Effects Model: Applied in cases of low heterogeneity, assuming a common effect across studies. Random-Effects Model: Preferably adopted if heterogeneity is high, allowing for real variation between different samples.

3. Clinical Interpretation: The final results will be interpreted from an epidemiological and clinical perspective, discussing the implications for mental health care and the limitations of the current state of evidence. This approach will ensure reliable conclusions regarding the psychopathological burden in survivors of sexual violence.

Subgroup analysis Calculation of Prevalence and Subgroups: The overall prevalence of mental disorders will be calculated using weighted averages, integrating the extracted data. To explore moderating variables, subgroup analyses will be conducted considering age (focusing on 18–24 years), gender, and type of violence, provided there is sufficient data.

Sensitivity analysis Publication Bias and Rigor: The robustness of the findings will be assessed for publication bias using funnel plots and Egger's test to determine whether the absence of unpublished studies distorts the overall estimate.

Language restriction Yes.

Country(ies) involved Moçambique.

Other relevant information English, Portuguese, Spanish.

Keywords Sexual Violence; Mental Disorders; Prevalence; Meta-Analysis.

Dissemination plans 1. Publications in Scientific Journals:

Priority will be given to submitting the final manuscript to leading journals in the field, with a view to peer recognition and international indexing:

Revista Brasileira de Psiquiatria (RBP): Latin America's leading journal (Qualis A1), ideal for the rigour of meta-analysis.

Debates in Psychiatry: Official publication of the Brazilian Psychiatric Association (ABP), focusing on clinical updates.

Journal of Clinical Psychiatry (USP): Focused on the interfaces between psychiatry and neurosciences.

Public Health Journals: Such as the Revista de Saúde Pública or Cadernos de Saúde Pública, given the social impact of the topic.

2. Institutional Dissemination (Mozambique):

Technical Report to MISAU: Submission of results to the Ministry of Health and the Management of the Infulene Psychiatric Hospital to inform public policy.

Presentation to the Mozambican Medical Association: Sharing of data with the Mozambican medical profession (OrMM).

3. Media and Academic Communication:

Events: Presentations at national and international congresses on Psychiatry and Trauma.

Contributions of each author

Author 1 - Flávia Georgina Morgado Chope - Conception and Design: Responsible for the original idea, formulation of the research question (PICO) and design of the protocol.

Search and Screening: Implementation of the search strategy in the databases and initial selection of titles and abstracts.

Statistical Analysis: Responsible for conducting the meta-analysis and interpreting the data.

Writing: Drafting.

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Author 2 - Dickson Mocambique - Screening and Selection: Will act as the second independent reviewer in the selection of articles and the reading of full-text articles (essential for avoiding bias).

Data Extraction: Responsible for extracting data into the management spreadsheet, and checking the figures (n/N) to ensure the accuracy of the meta-analysis.

Quality Assessment.

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Author 3 - Milton Mocambique - Methodological Supervision: Critical review of the statistical rigour and theoretical framework of the study.

Intellectual Review: Contribution of clinical insights regarding the implications of the results for psychiatry.

Final Approval: Review and approval of the final version of the manuscript before submission to journals (RBP, Debates em Psiquiatria, etc.).

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