

The Role of Sexual Dissatisfaction on The Sexual Somatic Symptom and Intimate Partner Abuse Among the Young Adults

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ABSTRACT

This dissertation explores the prevalence and impact of sexual dissatisfaction, sexual somatic symptoms, and intimate partner abuse among young adults aged 18–35 residing in Jaipur, Rajasthan. A two-phase survey design was employed using random sampling, with Phase 1 assessing sexual dissatisfaction among 80 participants (40 males and 40 females), and Phase 2 focusing on 60 sexually dissatisfied individuals to examine sexual somatic symptoms and intimate partner abuse. Standardized tools, including the Sexual Satisfaction Index (SSI) and the CASR-SF, were used for data collection. Statistical analyses revealed significant gender differences, with females reporting higher levels of sexual dissatisfaction, somatic symptoms, and intimate partner abuse. Correlation analysis indicated moderate associations between these variables, highlighting their interconnected nature. The findings underscore the need for greater awareness, intervention, and support services addressing sexual well-being and relationship health among young adults in India.

Keywords: *Sexual dissatisfaction, sexual somatic symptoms, intimate partner abuse*

Sexual Satisfaction

Sexual satisfaction in young adulthood (ages 18–30) is a multifaceted experience involving emotional, physical, and psychological well-being. It depends not only on the act of sex but also on open communication, emotional connection, and mutual respect. Healthy relationships—both committed and casual—can offer satisfaction if they are consensual and emotionally safe. Mental health, body image, and self-esteem greatly influence sexual fulfillment, while societal pressures and unrealistic media portrayals can negatively impact it. Comprehensive sex education improves communication and understanding of consent, whereas shame-based education fosters confusion and anxiety. Cultural and religious beliefs, especially those stigmatizing premarital sex or LGBTQ+ identities, can create internal conflicts, though supportive environments lead to greater fulfillment. Physical health, lifestyle choices, and media consumption also play roles—while some enhance satisfaction, others like excessive porn or substance use may hinder it. Ultimately, sexual satisfaction is a journey shaped by personal growth, self-awareness, and supportive relationships.

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Received: June 13, 2025; Revision Received: August 06, 2025; Accepted: August 10, 2025

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Encouraging open dialogue, education, and inclusivity helps young adults lead more fulfilling sexual lives rooted in trust, respect, and self-love.

Sexual Dissatisfaction

Sexual dissatisfaction is a personal and often sensitive experience marked by a lack of fulfillment in one's sex life. It can manifest as low desire, difficulty reaching orgasm, emotional disconnection, or feeling that sex is routine or meaningless. Left unaddressed, it may impact self-esteem, emotional well-being, and relationship health. The causes are varied and include poor communication, mismatched libidos, mental health issues like stress or depression, low self-esteem, and negative body image. Physical factors such as hormonal changes, medical conditions, or medication side effects can also contribute. Societal pressures and unrealistic media portrayals often worsen feelings of inadequacy and performance anxiety. Despite the challenges, sexual dissatisfaction can be a turning point for growth and deeper intimacy. Honest communication, therapy, medical support, and a willingness to explore emotional and physical needs can help restore connection. Every person's sexual journey is unique, and with patience, empathy, and openness, individuals and couples can rebuild fulfilling sexual and emotional relationships.

Somatic Symptoms

Somatic pain refers to discomfort in the outer parts of the body—skin, muscles, joints, or bones. It's usually easy to pinpoint and describe as sharp, dull, aching, or throbbing. There are two types:

- **Superficial somatic pain** (from skin or tissue), like cuts or burns
- **Deep somatic pain** (from muscles, joints, or bones), such as sprains, arthritis, or muscle strain.

Causes include injury, overuse, inflammation (like arthritis or tendonitis), and stress, which can lead to muscle tension—especially in the neck, back, and shoulders. Somatic pain often worsens with movement or pressure.

Treatment depends on the cause. Acute pain can be managed with rest, ice/heat, or over-the-counter painkillers. Chronic pain might require physical therapy or medical treatments. Stress-related pain can benefit from relaxation techniques, stretching, or therapy like CBT.

If the pain is persistent, worsening, or accompanied by other symptoms like swelling or fever, medical attention should be sought.

Intimate Partner Abuse

Intimate partner abuse involves one partner trying to control or harm the other through physical, emotional, psychological, sexual, financial, or verbal means. Often hidden due to shame or fear, it can have serious long-term effects on mental, emotional, and physical health.

Forms of abuse include:

- **Physical abuse:** Hitting, pushing, or threats of violence.
- **Emotional abuse:** Insults, manipulation, or gaslighting.
- **Sexual abuse:** Coerced or forced sexual acts.
- **Financial abuse:** Controlling money or preventing employment.
- **Verbal abuse:** Name-calling, yelling, or constant criticism.

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The effects can include depression, anxiety, PTSD, and feelings of isolation or low self-worth. Victims often feel trapped due to manipulation or fear of retaliation.

Steps toward healing include:

- Reaching out to trusted people for support.
- Seeking professional help through therapy or domestic violence services.
- Knowing legal rights, such as restraining orders and custody options.
- Creating a safety plan for leaving safely.

Abuse is never the victim's fault. With time, support, and resources, survivors can heal, rebuild confidence, and find safety and peace.

Objectives

1. To assess the level of sexual dissatisfaction among young adults.
2. To assess the level of sexual somatic symptoms among the sexually dissatisfied among young adults.
3. To assess the level of intimate partner abuse among the sexually dissatisfied young adults.
4. To examine the relationship among sexual dissatisfaction, sexual somatic symptoms and intimate partner abuse.

Hypothesis

- **HO.** There is no significant difference on sexual dissatisfaction among young adults.
- **HO.** There is no significant difference on sexual somatic symptoms among young adults.
- **HO.** There is no significant difference on intimate partner abuse among young adults.
- **HO.** There is no significant relationship among sexual dissatisfaction, sexual somatic symptoms and intimate partner abuse.

SAMPLE:

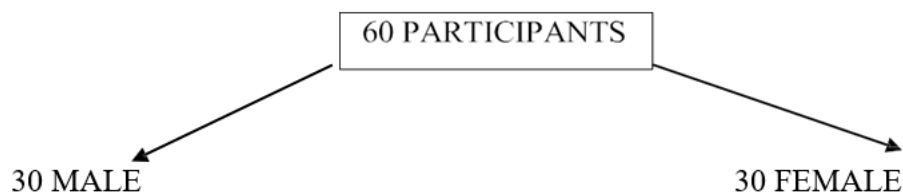
This sample aims to include;



The participants are located in the Jaipur district of the state Rajasthan. A mixed approach of random sampling was employed. Survey participants were randomly selected from the Jaipur district of Rajasthan. They were used to measure the sexual satisfaction among young adults. There were 60 participants found sexually dissatisfied.

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The survey aims to include;



The participants are located in the Jaipur district of the state Rajasthan. A mixed approach of random sampling was employed. Survey participants were randomly selected from the Jaipur district of Rajasthan. This sample size is used to measure the sexual somatic symptom and intimate partner abuse among the young adults.

Inclusion Criteria

Participants were eligible for the study if they met the following conditions:

1. Age: Young adults between the ages of 18 to 35 years.
2. Location: Residing in the Jaipur district, Rajasthan.
3. Relationship Status: Currently in an intimate relationship (dating, cohabiting, or married).
4. Language Proficiency: Able to read and understand Hindi or English (language of the questionnaire).
5. Consent: Willing to voluntarily participate and provide informed consent.
6. For Phase 2 (Sexual Somatic Symptoms & Intimate Partner Abuse): Must have been identified as sexually dissatisfied in Phase 1.

Exclusion Criteria

Participants were excluded from the study if they met any of the following conditions:

1. Below 18 or above 35 years of age.
2. Not residing in the Jaipur district at the time of data collection.
3. Not currently in an intimate relationship.
4. Unable or unwilling to provide informed consent.
5. Diagnosed mental illness or chronic physical health condition (as reported), which could independently influence sexual functioning or relationship dynamics.
6. Incomplete or invalid responses to the survey questionnaire.

Variables

Independent Variable-

- Sexual Dissatisfaction

Dependent Variable-

- Sexual Somatic
- Symptoms Intimate Partner Abuse

Psychological Tools

1. The Sexual Satisfaction Index (SSI) is a standardized, self-report measure designed to assess an individual's satisfaction with various aspects of their sexual relationship. It includes items related to physical intimacy, emotional connection, foreplay, orgasm, and sexual communication. Responses are rated on a 5-point Likert scale, and the total score

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ranges from 0 to 36, with higher scores indicating greater sexual satisfaction. Some items are reverse-scored to reflect dissatisfaction. The SSI is freely available for research and clinical use with proper citation.

Key Features:

1. **Structure:** The scale consists of 9 items. Responses are rated on a 5-point Likert scale
2. **Content:** Covers areas such as physical intimacy, emotional connection, desire for variation, sexual rejection, orgasm, and overall satisfaction. Some items are reverse-scored to reflect dissatisfaction (e.g., “I often feel rejected sexually by my partner”).
3. **Scoring:** Reverse scoring is applied to negatively worded items. 24 Total scores range from 0 to 36, with higher scores indicating greater sexual satisfaction.
4. **Applications:** Used in both clinical and research settings to assess sexual well-being and relationship quality. suitable for adult populations in intimate relationships.
5. **Reliability and Validity:** The scale has demonstrated good reliability and content validity in prior studies.

2. Sexual Somatic Symptoms This 15-question self-inventory has been developed to assess levels of sexual-somatic symptoms in individuals. The tool provides a simple and effective way to gauge the intensity of distress related to both sexual and somatic (bodily) symptoms. Based on the total score, the responses are categorized into four distinct levels: low (15–29), mild to moderate (30–44), moderate to high (45–59), and severe (60–75) sexual-somatic distress. This classification helps individuals and professionals alike to better understand the emotional and physical impact of sexual-somatic experiences and can serve as a starting point for further psychological evaluation or therapeutic support.

3. The CASR-SF It is a brief, validated self-report instrument developed to assess experiences of intimate partner violence (IPV) across multiple domains, including physical, emotional, sexual, and psychological abuse. Key Features:

1. **Structure:** The scale contains 15 items. Initial screening questions determine relationship history and fear of partner. Main items inquire about abusive behaviors and their frequency over the past 12 months.
2. **Response Options:** Respondents answer Yes/No to whether the behavior has ever occurred. If Yes, a 6-point frequency scale is used: Not in the past 12 months (0), Once (1), A few times (2), Monthly (3), Weekly (4), Daily/Almost Daily (5).
3. **Scoring:** The mean of the frequency scores is calculated (if at least 11 items are answered). The mean is then multiplied by 15 to yield a total abuse score.
4. **Applications:** Used in clinical and research settings to identify and quantify IPV experiences. Suitable for use with heterosexual women, youth, adolescents, and student populations.
5. **Reliability and Validity:** Demonstrates excellent reliability (Cronbach’s $\alpha = 0.942$). Validated for content, construct, and criterion validity with a solid factor structure.

Statistical Analysis

"Descriptive statistics, pearson’s correlation analysis, and t-test were employed to analyze the data and address the research objectives. Descriptive statistics summarized the mean (M), standard deviation (SD), and distribution of key variables. Pearson’s correlation coefficient was used to assess the relationships between [Variable A] and [Variable B], while an independent- samples t-test evaluated differences between [Group 1] and [Group 2].

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RESULT AND DISCUSSION

Table 1: Mean, standard deviation and t value of the Sexual dissatisfaction in the young adults

Variable	Group	N	Mean	SD	t-value	Significance
Sexual Dissatisfaction	Male	40	19.05	6.89	2.20	Significant
	Female	40	22.97	7.17		

This study examined gender differences in sexual dissatisfaction among young adults. Descriptive statistics indicated that males reported higher levels of sexual dissatisfaction (M = 19.05, SD = 6.89) than females (M = 22.97, SD = 7.17). A two-sample t-test revealed this difference to be statistically significant (t = 2.20, p < 0.05), leading to the rejection of the null hypothesis.

Female young adults reported significantly **lower** levels of sexual dissatisfaction than males. These results may be influenced by psychological, emotional, or social factors—such as emotional intimacy, communication styles, and societal expectations—that differ by gender. Future research should explore additional variables like relationship quality, sexual education, stress, and cultural context to better understand the gender disparity observed in sexual dissatisfaction.

Fig. 1: Graphical representation of mean scores of the sexual dissatisfaction among the young adults (MALE).

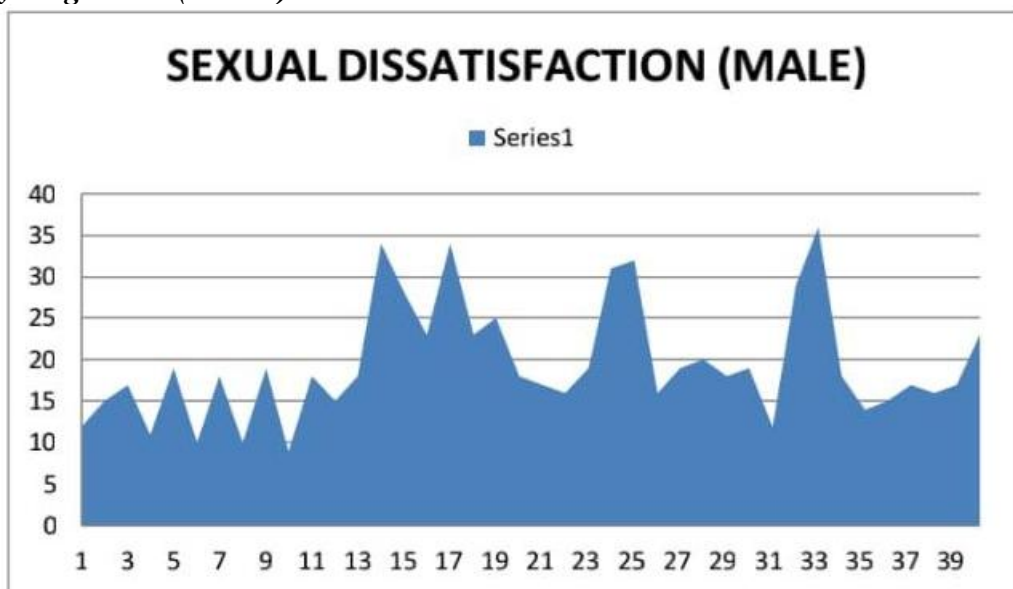


Figure 1 displays the average sexual dissatisfaction score reported by male young adults, which was **19.05**. This visual representation highlights the level of dissatisfaction within the male group, offering a clear understanding of their experiences as measured in the study.

While males overall reported higher dissatisfaction than females, this figure specifically emphasizes male participants' average score to illustrate their individual outcomes. When paired with female data in future figures, this chart will help visualize and compare gender differences more effectively.

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Fig. 2: Graphical representation of mean scores of the sexual dissatisfaction among the young adults (FEMALE).

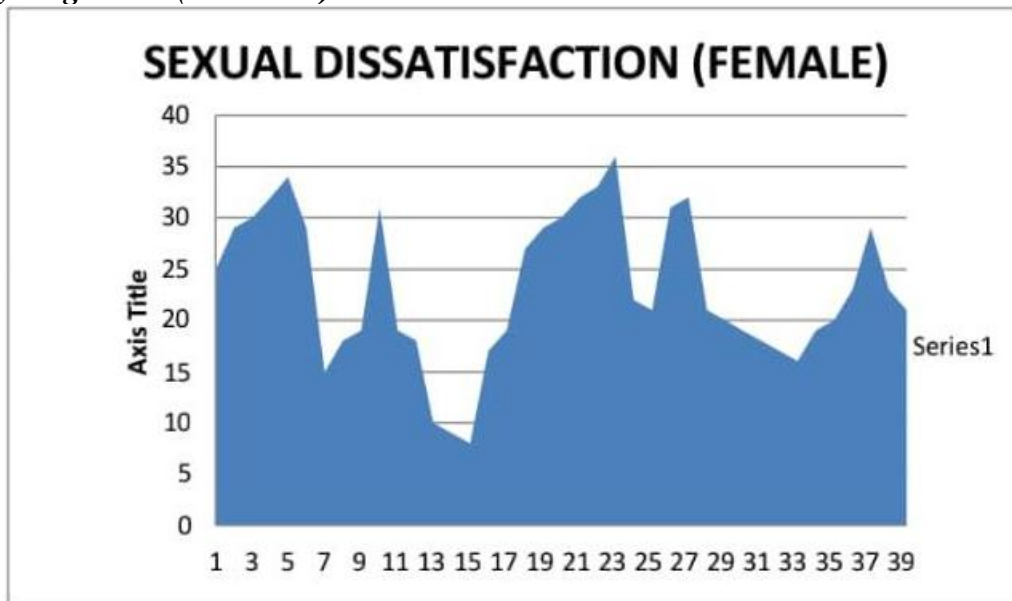


Figure 2 illustrates the average sexual dissatisfaction score among female young adults, which was **22.97**. This graphical representation highlights the level of dissatisfaction reported by female participants in the study.

When compared to male participants (Figure 1), females reported **lower sexual dissatisfaction**, reinforcing the statistically significant difference observed between genders. The figure offers a clear and accessible visual for understanding female responses and supports the overall findings regarding gender disparities in sexual dissatisfaction among young adults.

Table 2: Mean, standard deviation and t value of the sexual somatic symptom among the young adults.

Variable	Group	N	Mean	SD	t-value	Significance
Sexual Somatic Symptom	Male	30	15.7	3.86	9.50	Significant
	Female	30	24.8	3.53		

The study compared sexual somatic symptoms between young adult males and females. Females reported a significantly higher mean score (M = 24.8) than males (M = 15.7). A two-sample t-test confirmed this difference was statistically significant (t = 9.50, p < 0.05), leading to the rejection of the null hypothesis. These results suggest that gender may influence how sexual somatic symptoms are experienced or reported, possibly due to biological, emotional, or psychological facts.

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Fig. 3: Graphical representation of mean scores of the sexual somatic symptoms among the young adults (MALE).

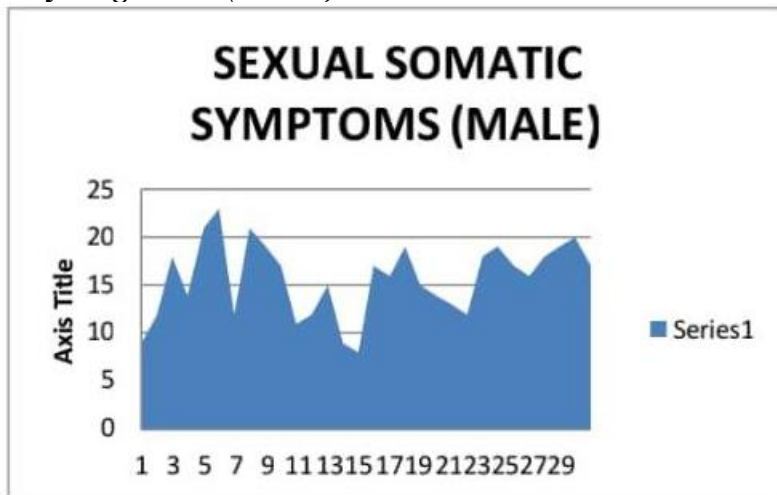


Figure 3 shows the mean score of sexual somatic symptoms among male young adults as 15.7, indicating fewer or less intense symptoms. While lower than the female group's scores, this figure focuses on the male participants' results, serving as a reference point for gender comparisons in the study.

Fig. 4: Graphical representation of mean scores of the sexual somatic symptoms among the young adults (FEMALE).

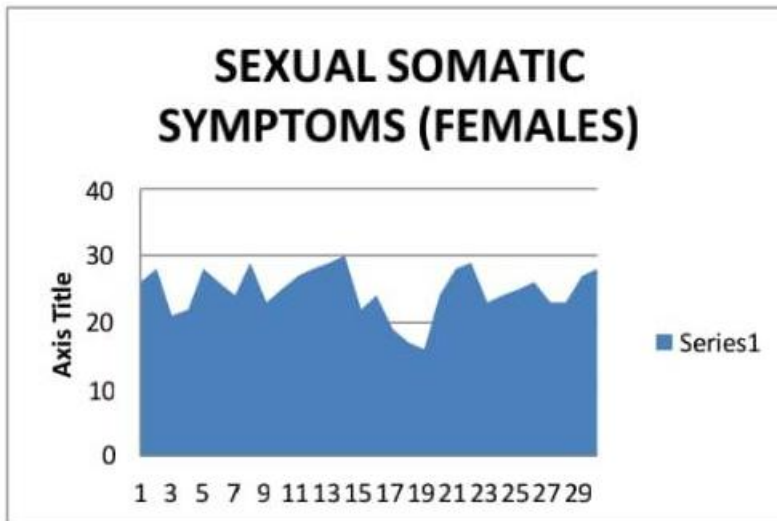


Figure 4 shows that female young adults had a mean sexual somatic symptom score of 24.8, significantly higher than males (Figure 3). This difference, confirmed by statistical analysis, suggests that females may experience or report more intense sexual somatic symptoms, possibly due to biological, emotional, or social factors. The graph highlights this gender gap and supports the conclusion that gender plays an important role.

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Table 3: Mean, standard deviation and t value of the intimate partner abuse among the young adults

Variable	Group	N	Mean	SD	t-score	Significance
Intimate Partner Abuse	Male	30	43.9	12.57	8.18	Significant
	Female	30	65.76	7.46		

The study found that females reported significantly higher levels of intimate partner abuse (M = 65.76) than males (M = 43.9). A two-sample t-test confirmed this difference as statistically significant ($t = 8.18, p < 0.05$), leading to the rejection of the null hypothesis. These findings suggest that females experience more abuse, potentially due to factors like gender dynamics, societal roles, and power imbalances in relationships. Further research is needed to explore the underlying psychological, social, and cultural influences.

Fig. 5: Graphical representation of mean scores of the intimate partner abuse among the young adults (MALE).

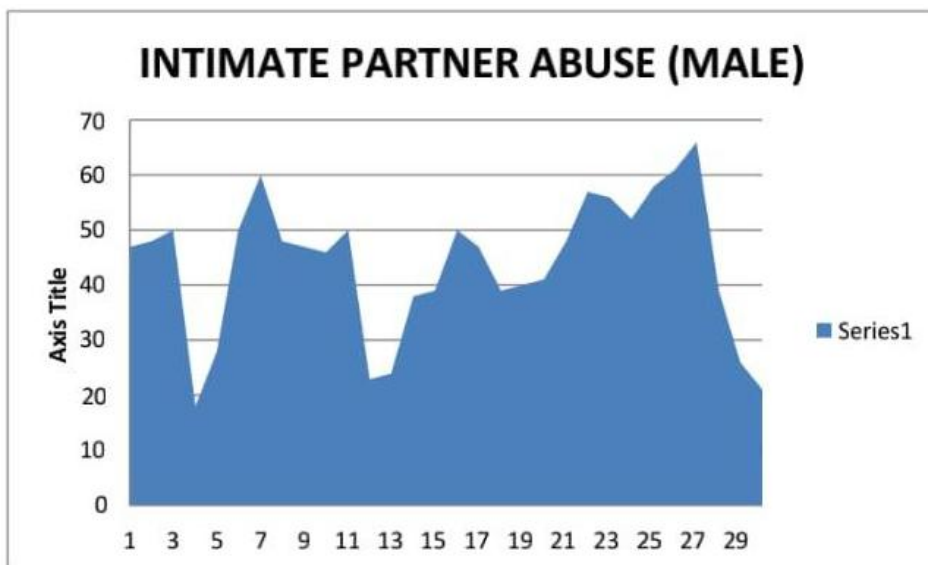


Figure 5 shows that male young adults reported a mean intimate partner abuse score of **43.9**. This lower average, compared to females, suggests that males experienced less abuse. The figure clearly visualizes these results and helps highlight gender differences in reported experiences of intimate partner abuse.

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Fig. 6: Graphical representation of mean scores of the sexual dissatisfaction among the young adults (FEMALE).

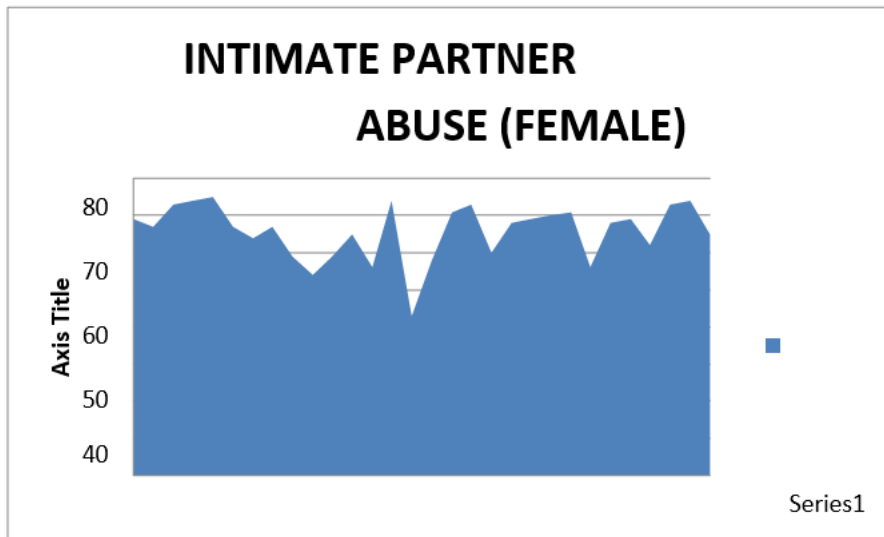


Figure 6 shows that female young adults reported a mean sexual dissatisfaction score of **22.97**, higher than that of males. This figure emphasizes the gender difference, supporting the study’s finding that females in this sample experienced greater sexual dissatisfaction.

Table 4 Correlation study between sexual dissatisfaction, sexual somatic symptoms and intimate partner abuse.

VARIABLE	SEXUAL DISSATISFACTION	SEXUAL SOMATIC SYMPTOM	INTIMATE PARTNER ABUSE
SD	1		
SSS	0.35	1	
IPA	0.13	0.59	1

- Sexual Dissatisfaction & Sexual Somatic Symptoms:** A **moderate positive correlation** ($r = 0.35$) suggests that as sexual dissatisfaction increases, physical symptoms related to sexual experiences also tend to increase.
- Sexual Dissatisfaction & Intimate Partner Abuse:** A **weak positive correlation** ($r = 0.13$) indicates a minimal relationship, likely not statistically significant.
- Sexual Somatic Symptoms & Intimate Partner Abuse:** A **moderate to strong correlation** ($r = 0.59$) shows that higher levels of somatic symptoms are associated with greater experiences of intimate partner abuse.

Here is a **clear, concise, and professionally edited version** of your **conclusion** for improved readability, grammar, and flow. It maintains the original meaning and research integrity:

CONCLUSION

This study investigated **sexual dissatisfaction**, **sexual somatic symptoms**, and **intimate partner abuse** among young adults in the Jaipur district of Rajasthan. Using a quantitative, survey-based method and purposive sampling, the research explored **gender-based differences** and **inter-variable correlations** to better understand the sexual and relational well-being of individuals aged 18 to 35. Data collection occurred in two phases: the first with 80 participants (40 males, 40 females) to assess sexual dissatisfaction, and the second with a subsample of 60 sexually dissatisfied individuals (30 males, 30 females) to examine sexual somatic symptoms and intimate partner abuse.

Key Findings:

- **Sexual Dissatisfaction:** Females reported significantly higher sexual dissatisfaction than males. This may be linked to gender-specific emotional needs, unmet relational expectations, and cultural norms around sexual expression. Lower dissatisfaction in males could reflect different perceptions of intimacy or reduced emotional engagement, though further research is needed.
- **Sexual Somatic Symptoms:** Females also reported significantly more sexual somatic symptoms, suggesting a psychosomatic response to dissatisfaction or relationship conflict. This aligns with literature indicating that women are more emotionally responsive in relationships and more likely to express or internalize distress through physical symptoms.
- **Intimate Partner Abuse:** Female participants reported significantly higher levels of abuse—including emotional, psychological, and sexual—than males. These findings reflect broader gender-based violence patterns, particularly in patriarchal contexts where women face increased vulnerability. However, male experiences should not be overlooked, as underreporting due to stigma remains a concern.

Correlation Analysis:

- **Sexual Dissatisfaction & Sexual Somatic Symptoms:** A **moderate positive correlation** ($r = 0.35$) suggests that greater dissatisfaction is associated with more physical symptoms.
- **Sexual Dissatisfaction & Intimate Partner Abuse:** A **weak positive correlation** ($r = 0.13$) indicates a minor relationship, suggesting possible shared or mediating factors.
- **Sexual Somatic Symptoms & Intimate Partner Abuse:** A **moderate to strong correlation** ($r = 0.59$) highlights how abuse can significantly impact both emotional and physical well-being.

These correlations led to the **rejection of Hypothesis 4**, confirming significant relationships among the three variables.

Implications:

The findings underscore the complex interplay between **emotional intimacy**, **physical health**, and **abuse** in relationships. There is an urgent need for **holistic interventions**—including:

- Comprehensive sex and relationship education
- Accessible mental health services
- Legal and social support systems, especially for women

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- Culturally sensitive community outreach to encourage open dialogue around intimacy and abuse

Limitations:

While the study provides valuable insights, it has several limitations:

- A **small, geographically limited sample** restricts generalizability.
- Cultural norms specific to Rajasthan may not reflect the wider Indian context.
- **Self-reported data** may be influenced by social desirability, especially on sensitive topics.
- Its **cross-sectional design** limits causal interpretation.

Recommendations for Future Research:

- Employ **longitudinal designs** to assess changes over time and intervention impact.
- Incorporate **qualitative methods** (e.g., interviews, focus groups) to explore lived experiences in depth.
- Examine factors such as **relationship duration, sexual orientation, education, cohabitation, and mental health**.
- Include **diverse gender identities and sexual minorities** for broader inclusivity.

REFERENCES

- Ahuja, R. (2021). Gender and violence in India: A study on intimate partner abuse. *Journal of Gender Studies*, 30(1), 69–82. <https://doi.org/10.1080/09589236.2020.1797659>
- Chandra, P. S., Carey, M. P., Thomas, T., & Varma, D. (2007). Intimate partner violence and sexual coercion among pregnant women in India: Relationship with depression and post-traumatic stress disorder. *Journal of Affective Disorders*, 102(1–3), 227–235. <https://doi.org/10.1016/j.jad.2006.09.026>
- Dalal, K., & Lindqvist, K. (2012). Intimate partner violence against women in India: A review of the literature. *International Journal of Injury Control and Safety Promotion*, 19(3), 1–13. <https://doi.org/10.1080/17457300.2011.616052>
- Dube, S. S., & Gaur, S. (2019). Relationship between intimate partner violence and mental health in Indian women. *Indian Journal of Psychiatry*, 61(5), 491–498. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_338_19
- Gangoli, G., & Rew, L. (2021). Violence against women in India: Evidence from field studies. *Indian Journal of Gender Studies*, 28(2), 151–165. <https://doi.org/10.1177/09715215211027802>
- Gunarathne, L., Bhowmik, J., Apputhurai, P., & Nedeljkovic, M. (2023). Factors and consequences associated with intimate partner violence against women in low- and middle-income countries: A systematic review. *PLOS ONE*, 18(11), e0293295. <https://doi.org/10.1371/journal.pone.0293295>
- Kamimura, A., Ganta, V., Myers, K., & Tiwari, T. (2014). Intimate partner violence and physical and mental health among women utilizing community health services in Gujarat, India. *BMC Women's Health*, 14, 127. <https://doi.org/10.1186/1472-6874-14-127>
- McCloskey, L. A., & Lichter, D. T. (2020). Gender differences in intimate partner violence and the consequences for health. *International Journal of Women's Health*, 12, 329–340. <https://doi.org/10.2147/IJWH.S295852>
- Ministry of Health and Family Welfare, Government of India. (2015). *National Family Health Survey (NFHS-4), 2015–16*. <https://rchiips.org/nfhs/NFHS-4Reports/India.pdf>

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- National Commission for Women. (2016). *Annual Report 2015–16*. https://ncw.nic.in/sites/default/files/Annual_Report_2015-16.pdf
- Patel, V., & Ramaswamy, P. (2017). Mental health and intimate partner violence in India. *Journal of Clinical Psychiatry, 11*(2), 87–93. https://doi.org/10.4103/psychiatry.India.nJPsychiatry_241_17
- Puri, J. (2023). Intimate partner violence in people with adverse childhood experiences. *International Journal of Indian Psychology, 11*(4), 2858–2864. <https://doi.org/10.25215/1104.269>
- Raj, A., & Silverman, J. G. (2018). Intimate partner violence in India: A review of the evidence on health consequences, policy interventions, and recommendations. *International Journal of Social Welfare, 27*(4), 342–352. <https://doi.org/10.1111/ijsw.12399>
- Rajasthan State Government. (2019). *State action plan for prevention of violence against women*. <https://wcd.rajasthan.gov.in/content/dam/wcd/rajasthan/State%20Action%20Plan%20for%20Prevention%20of%20Violence%20Against%20Women.pdf>
- Rani, S., & Renu, P. (2015). Addressing intimate partner violence in India: Challenges and policy recommendations. *Gender & Development, 23*(1), 105–121. <https://doi.org/10.1080/13552074.2015.1004517>
- Sabri, B., Rai, A., & Rameshkumar, A. (2022). Violence against women in India: An analysis of correlates of domestic violence and barriers and facilitators of access to resources for support. *Journal of Evidence-Based Social Work, 19*(6), 700–729. <https://doi.org/10.1080/26408066.2022.2105671>
- Saha, M., & Hossain, D. (2019). Preventive interventions for intimate partner violence in India: A systematic review. *Journal of Preventive Medicine & Public Health, 52*(4), 289–297. <https://doi.org/10.3961/jpmp.19.043>
- Sen, S., & Nair, S. (2017). Domestic violence and mental health: A study of Indian women. *Journal of Clinical Psychology, 73*(7), 876–884. <https://doi.org/10.1002/jclp.22456>
- Sinha, A., Chowdhury, B., & Heuveline, P. (2022). Physical intimate partner violence in India: How much does childhood socialisation matter? *Asian Population Studies, 19*(3), 231–250. <https://doi.org/10.1080/17441730.2022.2035921>
- Speizer, I. S., & Pearson, E. (2011). Intimate partner violence and women's reproductive health in India. *Journal of Interpersonal Violence, 26*(3), 497–517. <https://doi.org/10.1177/0886260510369075>
- United Nations Development Programme. (2016). *Human development report 2016: Human development for everyone*. http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf
- Varma, D., Chandra, P. S., Thomas, T., & Carey, M. P. (2007). Intimate partner violence and sexual coercion among pregnant women in India: Relationship with depression and post-traumatic stress disorder. *Journal of Affective Disorders, 102*(1–3), 227–235. <https://doi.org/10.1016/j.jad.2006.09.026>
- Vinayak, S., & Safariolyaei, N. (2017). The effect of gender and age on intimate partner emotional abuse. *International Journal of Indian Psychology, 4*(3), 1–8. <https://doi.org/10.25215/0403.024>
- Vyas, S., & Heise, L. (2016). What works to prevent intimate partner violence? An evidence synthesis of interventions in low- and middle-income countries. *The Journal of Development Effectiveness, 8*(3), 240–249. <https://doi.org/10.1080/19439342.2016.1187246>

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Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Poonia, P. & Yadav, S. (2025). The Role of Sexual Dissatisfaction on The Sexual Somatic Symptom and Intimate Partner Abuse Among the Young Adults. *International Journal of Indian Psychology*, 13(3), 1765-1778. DIP:18.01.162.20251303, DOI:10.25215/1303.162