IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e- ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 7, Issue 4 Ver. VIII (Jul.-Aug. 2018), PP 63-71
www.iosrjournals.org

Impact of Violence on Female Sexual Function among Married Women

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Abstract:*violence especially from intimate one have significant mental, physical, sexual, and social consequences. This violence may influence the sexual life in their families, especially women's sexual function.The aim of this descriptive comparative quasi-experimental study was to describe the impact of violence on female sexual function among married women. A total of100 married and sexually active violated and non-violated women who attended gynecological outpatient clinic at El-Manial University Hospital in Cairo, Egyptwere recruited for this study. The required data was collected through A semi-structured Interview Questionnaire (was developed by the researcher), violence questionnaire and Female Sexual Function Index (FSFI). Results indicated that the age range of the sample was 17- 40 years; the mean age of women in violated and the non-violated groups was (27.96 ± 6.35 & 28.1 ± 6.63 respectively). Also, 64% of violated women lived in rural area as compared with 44% in the non-violated group. The also revealed that the mean score of sexual function was 18.8±2.3 and 27.6±2.2 for violated and non-violated women respectively. In addition, a highly statistically significant relationship was observed among the total domains of sexual function in violated and non-violated women. In fact, the two groups were significantly correlated with sexual desire, sexual arousal, lubrication, orgasm, sexual satisfaction, and pain during intercourse (p<0.001, <0.001, <0.001, <0.001, <0.001&=0.036 respectively). In addition, there was a statistically significant difference between the level of violence and total sexual function mean score (p<0.001).Conclusion, this study showed that there was an effect of intimate partner violence on domains of female sexual function.*

Keywords:*violence, Intimate partner violence, female sexual function*

Date of Submission: 06-08-2018 Date of acceptance: 20-08-2018

I. Introduction

A woman's sexuality could be a crucial portion of her life, from which she can determine pleasure, confidence, intimacy, and motherhood. An assortment of variables can influence a woman's sexuality, among them physical disorders, social-religious convictions, age, mental variables, sadness, mental pressure, incredulity, an unfulfilling relationship with one's life partner and emotional and physical violence. In this manner, in case the adjustment of a woman's sexual functioning is disturbed; feelings of inadequacy and emotional trouble may result (Kargar, Jamali, Rahmanian, &Javadpour, 2016).

Violence against women – particularly intimate partner violence (IPV) is any kind of abuse by someone within an intimate relationship; itincludes all acts of violence against women within family or intimate relationships. Itbreakthrough across all communities, races and cultures, and is the leading cause of injury to women ages 15 to 44 years. It is an issue of increasing concern because it has such a negative impact on all family members. WHO defines violence against women as any act that can physically, mentally, or sexually harm a woman and restrict her freedom in life (Garcia-Moreno, Jansen, Ellsberg, Heise, &Watts, 2006).

Globally, the prevalence of IPV is staggering. A 2013 WHO multi-country study that researched the prevalence of IPV among more than 24 thousand women in 10 countries found that women are subjected to different kinds of violence: almost one third (30%) of all women who have been in a relationship have experienced IPV, and in some parts of the world, up to 38% of women have been abused by an intimate partner (World Health Organization, 2013).

The prevalence of IPV in Armenia is also recognizable. In a 2016 survey published by the United Nations Fund for Population Interventions (UNFPA) revealed that, 45.9% of surveyed women were victims of psychological violence and/or emotional abuse, 21.3% were victims of financial abuse, and 12.5% were victims of physical abuse (Vladimir, Jina, 2016).

According to the WHO, sexual health is characterized as "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity". Sexual health refers to a state of well-being that lets a woman completely take part in and appreciate sexual action.A range of physical, psychological, interpersonal, and social variables influence a woman's sexual health(Flynn, et al., 2016).

Intimate male partner violence can adversely affect many aspects of a woman's life; for example, it can weaken her self-confidence and destruction of her inter-personal relationships, decrease her self-esteem and cause sexual disorders (Allen, Swan&Raghavan, 2009).Intimate partner violence and sexual dysfunction are inter-connected, sexual disorders have been found to be altogether more predominant among aggressive individuals (Beyraghi, Ershadi, Azar, &Mousavi, 2009).A study in the United State showed that 47 percent of the women surveyed had been the victim of a type of touch-involving sexual abuse in their lives; 68 percent of the victims mentioned intimate partner sexual violence as the source of their sexual abuse, which included a wide range of sexual activities from forced touching to forced intercourse (Berek, 2012).

Exposure to IPV is an important contributor to sexual risk and adverse sexual health outcomes. Women who experience IPV are at greater risk of sexual transmitted diseases (STDs), vaginal bleeding, vaginal infection, fibroids, decreased sexual desire, genital irritation, pain during intercourse, pelvic pain, and urinary tract infections. Similarly, women who tolerate forced sex in a relationship experience more gynecological issues, such as urinary problems, decreased sexual desire, and abdominal pain & cramping. There is compelling and consistent evidence that physical IPV has an effect on women's sexual dysfunction, specifically in relation to chronic pelvic pain, as well as sexual satisfaction and lack of sexual pleasure (Silverman, Decker, Saggurti, Balaiah& Raj 2008; and Coker 2007).

International and Egyptian researchers alike have confirmed that violence against women is both varied and widespread in Egypt. According to the 2005 Egypt Demographic and Health Survey (EDHS),a third of women are physically abused by their husbands, 47 % of them reported ever having experienced physical violence since the age of 15 years. Most victims suffer silently and don't seek help to prevent or stop the violence because they think it is a part of life or they are embarrassed by the abuse. In 2014, 14 % of Egyptian women who have completed at least secondary education reported having experienced spousal abuse; while, in 2015 the prevalence of women who experience physical and/or sexual intimate partner violence increased to 26 %(Ministry of Health and Population,2015).

Significance of the study:

Violence against women is a worldwide epidemic. It may take different forms depending on history, culture, background, and experiences, but it causes great suffering for women, their families, and the communities in which they live. It is often imbedded in concepts of gender and the roles of men and women that are considered the "norm" in a given culture at a given time, and it is manifested in efforts to exert power and control over women's bodies and lives.

Gender-based violence causes a host of health problems that drain health systems' resources, limit women's growth and productivity, and hinder governments from achieving their national goals related to health and women's empowerment. The impact of violence on women's health, in particular, is well documented. IPV is a major cause of disability and death among women worldwide, and puts women at a higher risk for unintended pregnancies and sexually transmitted infections, including HIV/AIDS and sexual dysfunction. Yet, violence against women can be reduced or even eliminated with adequate awareness, resources, and political will (Kargar, Jamali, Rahmanian&Javadpour, 2016).

Due to cultural and religious reasons, people do not feel comfortable about discussing their sexual problems; on the other hand, sexual health and satisfaction play a major role in improving a couple's quality of life and life satisfaction. Since, intimate partner violence, as one of the aspects of domestic violence, can influence a couple's life in a variety of way. The present study aimed to explore the impact violence on women's sexual health.

Aim of the study:

The study aimed to describethe impact of violence on female sexual function among married women.

The research questions:

To achieve the aim of the current study the following research questions were formulated:

Q1. What are the characteristics of women exposed to different pattern of violence?

Q2. What are the patterns and causes of violence among violated women?

Q3. What are the characteristics of women's sexual function that exposed to violence?

Q4.What is the impact of violence on women's sexual health?

Operational definition:

violence: in this study it means women`s exposed to physical, psychological/emotional, sexual, economical violence from intimate partner.

Female sexual function:in this study it evaluated through Female Sexual Function Index (FSFI) domains, which include the six domains of sexual desire, sexual arousal, lubrication, orgasm, sexual satisfaction, and pain during intercourse.

II. Subjects And Methods

Research design and setting:descriptive comparativeresearch designwas used in the current study, which was carried out in gynecological outpatient clinic at El-Manial University Hospital in Cairo, Egypt. It is a university affiliated to Cairo University hospitals providing free health care to maternity as well as gynecological clients, being large university hospital in a metropolitan city.

Subjects:Purposive sample with a total of 100 married women (half of them exposed to any type of intimate partner violence)and sexually active at least for the last monthbefore assignment were recruited. Women who had positive history of chronic diseases such as hypertension, diabetes mellitus, etc., psychological disease such as depression, and consuming drugs affecting sexual function and history of extreme stressful events like relatives death will beexcluded from the study.

Tools for data collection:Three tools were used for data collection. A semi structured interview questionnaire; violence questionnaire; and Female Sexual Function Index (FSFI).

1. A semi-structuredInterview Questionnaire: it included data related to demographic characteristicsof the women and their partners as age, residence, and level of education, employment, monthly income,type of home, smoking and addiction for the husband.
2. Violence questionnaire: it included data related to physical, psychological/ emotional, sexual, and economic abuse, it includes 40 items which is answered by means of a four pointLikert-type scale with the following response options: "Never", "Once", "Sometimes" or "Many times". To determine the extent of intimate partner violence, the researcher used the number of abused women (at least one positive answer to the violence questionnaire) in the violated group to determine the rate of the different areas of violence (physical-, sexual- or emotional-and economical violence). So, women who had the score of zero after they had completed the questionnaire were non-abused and women who gained a score above zero were considered abused. Then the total domestic violence scale score will be translated into: None: 0 score, mild: 1-40, moderate: 41-80, or severe: 81-120.
3. Female Sexual Function Index (FSFI) is a questionnaire designed by Rosen et al., (2000)the questionnaire consists of 19 items assessing the subjects in the six domains of sexual desire, sexual arousal, lubrication, orgasm, sexual satisfaction, and pain during intercourse. The five point Likert scale is used and each domain score is reached by adding domains questions and multiplying the obtained score by the multiplier factor of that domain. The sexual function total score is obtained by adding the scores of all domains. The minimum and maximum score is two and thirty six. Cut-off point of FSFI questionnaire is below 26.55 that indicate sexual dysfunction (Wiegel, Meston, Rosen, 2005).

Validity and reliability:

The tools were thoroughly reviewed by three experts in maternal & newborn health nursing for content validation. As per their opinions, no modifications were required. Female Sexual Function Index (FSFI) overall test-retest reliability coefficients for each of the individual domains were 0.79 to 0.86 and a degree of internal consistency was (Cronbach's alpha) 0.82.Good construct validity was demonstrated by highly significant mean difference scores between the FSFI study and control groups for each of the domains ($p < or = 0.001$).Reliability of the violence questionnaire was performed to confirm its consistency. The reliability of the questionnaire being 81% based on Cronbach's alpha method

Pilot Study:

A pilot study was carried out on 10 women representing 10% of the total sample to test study tools in terms of their clarity, applicability and time required to fill.

Procedure:

Upon obtaining official permission from director of the selected setting, and explained the purpose and benefits of the study to women and then a written approval from the administrative authorities to conduct the study was obtained. Women who were willing to participate and met the eligibility criteria were recruited purposefully for the study and asked for verbal and written consent to confirm their acceptance. Subjects will be divided in two groups 50 women each, first group for non-violated women, and second group for violated women.Data were collected through the period from the mid of October 2017 to the end of February 2018. A semi-structured Interviewwas used to collect demographic data, violence, and Female Sexual Function Index (FSFI) questionnaire.The researcher asked the woman the questions in simple Arabic language and

recorded her answer on the questionnaire sheet. The time consumed to fill the questionnaires ranged from 35 to 40 minutes.

Ethical considerations:

Ethical approval was obtained from the research ethical committee of the Faculty of Nursing, Cairo University. Then official permission was granted from director of El-Manial University Hospital in Cairo, Egypt, to facilitate data collection process. The researcher explained the aim of the study to the women and informed them that the information obtained will be confidential, their participation was in a voluntary base and they have the rights to refuse and/or withdraw at any time without providing a reason and without any effect on the women`s routine care. A written Informed consent was taken from women to obtain their acceptance to participate in the research.

Statistical analysis:

Data entry and statistical analysis were done using SPSS 20.0 statistical software package. The data were analyzed using descriptive statistics, including frequency, percentage, mean, and standard deviation, one's descriptive statistics and frequencies were run to examine normality and determine if any skewness or kurtosis occurred. Assessment of normality was made through histogram; 95% confident interval (CI). In addition, student's t-test was used to compare the FSFI domains between non-abused and abused women. The $p<0.05$ were considered to be statistically significant.

Data Analysis and Findings

Findings of this descriptive comparative study presented in three main sections: description of the sample, Patterns of violence among violated women and impact of violence on female sexual function

Section 1: Description of the Sample

It included Socio-demographic characteristics:

The age range of the sample was 17-40 years; the mean age of women in violatedand the non-violated groups was (27.96 ± 6.35 &28.1 ± 6.63 respectively). Also, 64% of violated women lived in rural area as compared with44% in the non-violated group. Regarding to the level of education, 36% of women in the violated group had primary/ preparatory education compared to 46% of women in the non-violated group. Regarding to the occupation64% of women in violated group were working, while, 68% of women in non-violated group were housewives. In relation to husband's characteristics, their age ranged from 22-50 years, the violated women's husbands had mean age of 34.56 ± 6.01 years, and the non-violated women`s husbands had mean age of34.72 ± 9.69 years. Regarding Husbands' educational level, 56% of the violated group had secondary education, while, 44% of the non-violated group had primary/preparatory education. Forty eight percent of the women in the violated group their husband worked in private work, as compared with 44% in the non-violated group. The violated group had mean income of 1132 ± 438.6 L.E. /month, while, 1064 ± 354.4L.E. /month inthe non-violated group. Forty percent of women in the violated group livedwith husband's family flat, while, 46% of women in the non-violated group lived with husband's family in separate apartment. Twelve percent of the husband's in the violated group has two wives, as compared with 24% of the husbands in the non-violated group. Regarding husband's addiction, 60% in the violated group were smokers, as compared with 52% in thenon-violated group, and only 8% in the non-violated group were alcoholic(table 1).

Table (1) Distribution of the sample according to their socio-demographic characteristics

Items	Violated women (N=50)		Non-violated women (N=50)	
	No.	%	No.	%
Age / years				
<20	4	8	3	6
20<30	26	52	20	40
30<40	18	36	23	46
>40	2	4	4	8
Mean ±SD	27.96 ± 6.35		28.1 ± 6.63	
Residence				
Urban	18	36	28	56
Rural	32	64	22	44
level of Education				
Read& write	14	28	10	20
Primary/ preparatory education	18	36	23	46
Secondary education	18	36	17	34
Occupation				
House wife	18	36	34	68
Working	32	64	16	32
Husband's age / years				

20<30	4	8	10	20
30<40	36	72	26	52
40>50	10	20	14	28
Mean ±SD	34.56 ± 6.01		34.72 ± 9.69	
Husbands' educational level				
Read& write	12	24	10	20
Primary/preparatory education	6	12	22	44
Secondary education	28	56	16	32
University education	4	8	2	4
Husband's job				
not working	6	12	10	20
Worker	12	24	12	24
private work	24	48	22	44
governmental work	8	16	6	12
Income/ L.E/ month				
<500	6	12	4	8
500<1000	8	16	12	24
1000<1500	20	40	26	52
>1500	16	32	8	16
Mean ±SD	1132 ± 438.6		1064 ± 354.4	
Type of housing				
Separate apartment	12	24	16	32
With husband's family in separate apartment.	18	36	23	46
With husband's family flat.	20	40	11	22
Marital status				
One wife	44	88	38	76
Two wives	6	12	12	24
Husband's addiction				
Non	10	20	12	24
Smoking	30	60	26	52
Drugs	10	20	8	16
Alcohol	0	0	4	8

Section II: Patterns of violence among violated women: Which include five main parts

a. Pattern of physical violence

Regarding physical violence, the mean of violated women who reported never violence was 3.68±9.137, while who reported once was 3.28±7.27, and who reported sometimes was2.56±5.74, also who reported many times was1.48±3.654 (table 2).

Table (2) Distribution of the violated women according to physical violence (N=50)

Physical violence	**Never**		**Once**		**Sometimes**		**Many times**	
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Slap the victim	18	36	4	8	12	24	16	32
Throw on things against the victim	12	24	18	36	12	24	8	16
Driveand pull the victim away	6	12	14	28	18	36	12	24
hold the victim from clothes	8	16	8	16	24	48	10	20
kicked the victim with his legs	10	20	22	44	14	28	4	8
knocked and blessed the victim	8	16	16	32	16	32	10	20
Hit the victim	10	20	26	52	10	20	4	8
Suffocate the victim	40	80	6	12	2	4	2	4
Used a firearm against the victim	44	88	6	12	0	00	0	00
pushed the victim toward the wall	16	32	16	32	10	20	8	16
used a sharp weapons against the victim	12	24	28	52	10	20	0	00
Mean ±SD	3.68±9.137		3.28±7.27		2.56±5.74		1.48±3.654	

b. Pattern of psychological/ emotional violence

In relation psychological/ emotional violence, the mean of violated women who reported never violence was0.8±2.249, and who reported once time of violence was2.28±4.295, and who reported sometimes was 7.44±11.169,while who reported many times was 5.48±8.814 (table 3).

Table (3) Distribution of the violated women according to psychological/ emotional violence (N=50)

Psychological/emotional violence	Never		Once		Sometimes		Many times	
	No.	%	No.	%	No.	%	No.	%
Describe the victim with ugly things	2	4	12	24	20	40	16	32
Insulted the victim	2	4	8	16	20	40	20	40
Pull his face in front of the victim	2	4	4	8	22	44	22	44
Did not care and neglect the violence	0	00	2	4	22	44	26	52
Break the victim own stuff even if it is important	2	4	2	4	20	40	26	52
Prevent the victim from meeting friends	0	00	10	20	26	52	14	28
Reduce the victim business	2	4	4	8	26	52	18	36
Criticizes the victim in front others	2	4	10	20	20	40	18	36
threatened to beat the victim	2	4	0	00	30	60	18	36
Ignores the victim illness and feelings of fatigue	0	00	0	00	32	64	18	36
Watching victim in all actions	2	4	8	16	22	44	18	36
Threatenvictim to divorce	0	00	8	16	22	44	20	40
Threaten to harm the victim's family	12	24	16	32	20	40	2	4
Threatens the victim to take her children	0	00	6	12	28	56	16	32
Ignore the victim when talking or displays to her	2	4	10	20	20	40	18	36
Preventthe victim from visiting her family	10	20	14	28	22	44	4	8
Mean ±SD	0.8±2.249		2.28±4.295		7.44±11.169		5.48±8.814	

c. Pattern of sexual violence

The mean of violated women who reported never sexual violence was1.4±7.253, and who reported once time was 0.8±3.703, and who reported sometimes of violence was1.04±4.356, while who reported many times of violence was 0.76±3.402 (table 4).

Table (4) Distribution of the violated women according to sexual violence (N=50)

Sexual violence	Never		Once		Sometimes		Many times	
	No.	%	No.	%	No.	%	No.	%
Forcethe victim on the sexual relationship while not her desire	12	24	24	48	10	20	4	8
Force the victim to have forbidden or undesirable sexual relations	50	100	0	00	0	00	0	00
Ignore the victim desire to develop a sexual relationship	4	8	8	16	22	44	16	32
Cause injury or pain to the victim during sexual intercourse	4	8	8	16	20	40	18	36
Mean ±SD	1.4±7.253		0.8±3.703		1.04±4.356		0.76±3.402	

d. Pattern of economic or financial violence

Regardingeconomic / financialviolence, the mean of violated women who reported never timesof violence was2.28±6.074, and who reported once time was 2.72±5.907, and who reported sometimes was2.52±6.031, while who reported many times was 1.48±3.541(table 5).

Table (5) Distribution of the violated women according to economic or financial violence (N=50)

Economic / financial violence	Never		Once		Sometimes		Many times	
	No.	%	No.	%	No.	%	No.	%
Take the victim's money	22	44	18	36	4	8	6	12
Did not provide the requirements of the family in the need for money	24	48	16	32	6	12	4	8
Did not give the victim personal pocket money	24	48	14	28	10	20	2	4
Take over all of victim`s property from jewelry or real estate	8	16	14	28	18	36	10	20
Prevent the victim from buying her own property	14	28	18	36	12	24	6	12
Prevent the victim from social courtesies	2	4	14	28	22	44	12	24
Buys expensive things for himself while buying cheap things for the victim	10	20	14	28	16	32	10	20
Buys expensive gifts for his family and friends while buying cheap gifts for the victim`s family and her friends	8	16	14	28	16	32	12	24

Forces the victim to buy cheap things from the market even if it was not good	2	4	14	28	22	44	12	24
Mean ±SD	2.28±6.074		2.72±5.907		2.52±6.031		1.48±3.541	

E. Causes of violence

The results showed that there were various causes of violence among violated group, 52% of women mentioned that the cause was a dereliction in homework, 32% reported that violence happenedwhen she leave home without permission, 20% of women reported that the cause was her husband has no work or source of income, 28% reported that the illness of her husband was the cause of violence, 40% of women reported that involvement of the husband's parents in their affairs was the cause, while 24%,60% &60% of women mentioned that high financial burden, the aggression personality of their husbands and his nature is nervous were the cause of violence respectively, while, 12% & 16% of women reported that violence occurs when she provocate her husband while he talkand when she was seek respectively (table 6).

Table (6) Distribution of the violated women according to causes of violence (N=50)

Causes	**No.**	**%**
When there is a dereliction in homework	26	52
When I leave home without permission	16	32
Because he has no work or source of income	10	20
Because of his illness	14	28
His parents involvement in our affairs	20	40
The high financial burden on him	12	24
The nature of his personality is aggressive	30	60
His nature is nervous	30	60
When i provocate him while he talk	6	12
It happens when i am sick	8	16

Section III: Impact of violence on female sexual function: include two parts

A. Female sexual function index parameters among violated and non-violated women:

As the results showed, the mean score of sexual function was 18.8±2.3 and 27.6±2.2 for violated and non-violated women respectively. In addition, a highly statistically significant relationship was observed among the total domains of sexual function in violated and non-violated women. In fact, the two groups were significantly correlated with sexual desire ($p<0.001$), sexual arousal ($p<0.001$), lubrication ($p<0.001$), orgasm ($p<0.001$), sexual satisfaction ($p<0.001$) and pain during intercourse ($p=0.036$) (table 7)

Table (7) Comparison between violated and non-violated women in relation tofemale sexual function index parameters

Sexual function domains	**Violated women(N=50)**	**Non-violated women(N=50)**	**t-test**	
	Mean± SD	**Mean± SD**	**t**	**p-value**
Libido	3.47±1.04	4.76±0.39	8.215	<0.001
Sexual arousal	3.49±0.89	4.9±0.398	10.419	<0.001
Lubrication	3.05±0.56	4.8±0.395	18.528	<0.001
Orgasm	2.9±0.52	4.96±0.566	18.941	<0.001
Sexual satisfaction	2.4±0.61	4.89±0.50	22.00	<0.001
Pain	2.9±0.42	3.07±0.27	2.125	0.036
Total sexual function	18.8±2.3	27.6±2.2	19.431	<0.001

B. Impact of violence on female sexual function index parameters:

The results revealed that there was a statistically significant difference between the level of violence and total sexual function mean score ($p<0.001$) (table 8).

Table (8) Impact of violence on female sexual function index parameters (N=50)

Level of violence						**Total sexual function**	**Two-independent sample test**	
Mild		**Moderate**		**Sever**		**Mean± SD**	**z**	**p-value**
No.	**%**	**No.**	**%**	**No.**	**%**			
4	8	38	76	8	16	18.8±2.3	7.935	<0.001

III. Discussion

In the current study the researcher attempted to explore the impact of violence on female sexual function among married women. The results showed that there was a significant difference between the women who had experienced violence and the women who had not, in relation to the total domains of sexual function index, in addition, there were a statistically significant difference between violated and non-violated women in

relation to different domain of sexual function index as sexual desire, sexual arousal, lubrication, orgasm, sexual satisfaction and pain during intercourse.

These findings are in agreement with that found by thestudy done byUlloaand Hammett (2015)who examined the impact of changes in rates of IPV over time on individuals' relationship experiences, specifically, on their levels of relationship satisfaction and concluded that the correlation between increases in perpetration of domestic violence and lower satisfaction is significant; previous researches have repeatedly reported a negative correlation between intimate partner violence and satisfaction.

Also, these findings are at the same line with study done by, Sheikhan, Ozgoli, Azar, &Alavimajd(2014) who concluded that women who have experienced intimate partner violence often suffer from sexual dysfunction and have difficulty initiating an intimate relationship. Fear of intimate relationships, loss of sexual desire, difficulty in sexual preference and arousal and inability to achieve orgasm are among the consequences of domestic violence

In relation to effect of violence on female sexual function index parameters the results showed that a highly statistically significant difference between the level of violence (especially moderate level) and total sexual function mean score.

These findings are matched with Hastuti, Tutur, Kardiatun, &Ligita (2011) whofound that domestic violencewas proven to have a relationship with women'ssexual function where women suffering domesticviolence had 4, 045 times the risk of having sexualdysfunction (OR= 4,045, 95% CI 1,34-12)compared to women without domestic violence,and there was a significant relation between domestic violenceagainst women and women's sexual dysfunction ($p< 0,013$).

Moreover, Mohammed & Hashish (2014) who evaluated the magnitude of sexual violence (prevalence, scene, pattern, assailants, and contributing factors), and its impact on female sexual function and indicated that the desire, arousal, lubrication, orgasm and satisfaction significantly decreased with increasing severity of violence (P value = 0.024, 0.024, 0.018, 0.004 and 0.000, respectively). Also pain showed significant increase in relation to increasing severity of violence (P value = 0.024)

Regarding causes of violence, the results revealed that more than half of the violated women reported personality factors as aggression or nervousness, near half of the sample reported financial factors, more than two third of the sample reported relationship factors as a man parents involvement in their affairs, more than one quarter of the women reported physical health, and others factors related to behavior of the victims. These findings are congruent with Goodwin, Chandler, and Meisel (2003) who studied Violence against Women: The Role of Welfare Reform." Final report to the National Institute of Justice" and revealed that intimate partner violence is linked with unemployment; which by direct relation lead to financial burden on family. In addition, Abramsky et al. (2011) who evaluated the factors associated with recent intimate partner violence "Findings from the WHO multi-country study on women's health and domestic violence", reported that violence is a result of factors operating at four levels: individual, relationship, community and societal, at the individual level, young age; low level of education and personality disorders were factors associated with a man's increased likelihood of committing violence against his partner, at the Relationship factors, conflict or dissatisfaction in the relationship; male dominance in the family; economic stress and man having multiple partners were considered as risk factors of violence. While, in relation to Community and societal factors, gender-inequitable social norms; poverty; low social and economic; weak legal sanctions against IPV within marriage and high levels of general violence in society were considered as risk factors.

IV. Conclusion

The study concluded that there were various causes of violence among violated group.Also, The results showed that there was a significant difference between the women who had experienced violence and the women who had not, in relation to the total domains of sexual function index, in addition, there were a statistically significant difference between violated and non-violated women in relation to different domain of sexual function index as sexual desire, sexual arousal, lubrication, orgasm, sexual satisfaction and pain during intercourse, so there was an effect of intimate partner violence on different domains of femalesexual function.

V. Recommendations

Based on the findings of the study the following recommendations were suggested

- Screening women for violence become an important part during all stages of women's health as during adolescence, pregnancy and menopause
- Effective steps can be taken toward improving the health of women, families and the society through study the impact of violence on such variables as general health and quality of life of women.
- Health Policymakers with mass media and community leaders should raise women's awareness to avoid accepting violence as usual part of men's life especially in Arab communities.

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