Prevalence, Pattern and Risk Factors of female sexual violence

Rania Ahmed Abdullah Elbasuony¹, Hanan El-Sayed Mohamed El-Sayed², Amina Mohammed Rashad El-Nemer³

¹BSc. Faculty of Nursing, Mansoura University, Egypt ²Assist. prof of Women Health and Midwifery Nursing, Faculty of Nursing, Mansoura University, Egypt ³Prof. Woman's Health and Midwifery nursing, Dean of the faculty of Nursing, Mansoura University, Egypt

Abstract:

Background: Sexual violence is a major problem that affects millions of females every year, recent researches approve a negative impact of sexual violence upon victims' mental and physical health.

Aim: The aim of this study was to assess prevalence, pattern and risk factors of female sexual violence.

The study design was across sectional descriptive research design.

Study Subjects: The study subjects was include (351) female in reproductive age who was be chosen using simple random sampling.

Setting: This study was conducted at Borg – Noor El-Homos, Aga, El- Dakahlia.

Tool of data collection: A structured interview questionnaire consist of seven parts.

Study results: Showed that, about two third (66.7%) of study group exposed to sexual violence, the common form of sexual violence for girls and women was flirting (61.3%), followed by harassment (37.6%), the most common form of harassment was staring (44%). The most common form of sexual violence for married women was sex by force (59.4%). The female with the highest income and high educational level have high risk for sexual violence, the risk increases with single than married female. The major risk factors was the abuser using cigarettes (33.9%), followed by psychological problems(12.3%).

Conclusion: There was high level of sexual violence against female at Borg Noor- El homos-Aga-El Dakahlia. **Recommendation:** The study recommend legal declaration of violence as a punishable crime and magnification of the punishment of perpetrators of sexual assault crimes, and application of this punishment as early as possible to limit the wide spread of this problem.

Keywords: Violence, sexual, prevalence, pattern, risk factor.

I. Introduction

Sexual violence is defined as a sexual act committed against someone without that person's freely given consent. Sexual violence against woman by an intimate partner can include being forced to have sexual intercourse against her will; having sexual intercourse because she was afraid of what her partner might do; or being forced to do something sexual that she found humiliating or degrading (**Ibid**, **2009**).

Sexual violence include the following types (completed or attempted forced penetration of a victim, completed or attempted alcohol/drug-facilitated penetration of a victim , completed or attempted forced acts in which a victim is made to penetrate a perpetrator or someone else , non-physically forced penetration which occurs after a person is pressured verbally or through intimidation or misuse of authority to consent, unwanted sexual contact (**Basile et al, 2014**).

Around one hundred twenty million females worldwide (slightly quite one in 10) have practiced forced intercourse or alternative forced sexual acts at some point in their lives. Foremost common perpetrators of sexual violence against female are current or former husbands, partners or boyfriends (UNICEF global databases, 2014).

Research suggests that a very high number of girls and women in Egypt (up to 99.3 per cent according to one survey) have been subjected to one form or another of sexual harassment or violence, from having their bodies touched, being subjected to verbal abuse or dirty looks, to being raped (El-Deeb, 2013).

Risk factors of sexual violence include exposure to violence as a child, prior victimization, poor parental practices, harmful alcohol and substance use, unequal social norms that condone gender-based violence, lack of empowerment among women and girls, controlling male behavior, and laws and policies that perpetuate gender inequality (Lundgren & Amin, 2015).

Also risk factors for sexual violence may be similar to the violence include: young age; poor mental health levels related to low self-esteem, anger, depression, emotional insecurity or dependence, antisocial or borderline personality traits and social isolation, marital instability and divorce, history of perpetrating psychological abuse, unhealthy family relationships, poverty-related issues such as overcrowding or economic

stress, and low levels of community intervention against violence (Centers for Disease Control and Prevention, 2008).

Moreover, sexual violence sometimes produces gynecological trauma, most notably in cases of rape with objects, or when a girl is forced to have sexual intercourse and give birth before her pelvis is fully formed, gynecological trauma may include tearing of the vagina; fistula (a tear between the vagina and bladder or rectum, or both), hemorrhaging, infection or ulceration; and other genital injury or complications during childbirth (**United Nations General Assembly, 2006**). Rape and domestic violence among women between the ages of 15 and 44 rated higher than cancer, motor vehicle accidents, war and malaria (**Transforming Communities Technical Assistance, Training and Resource Center (TC-TAT)**(2008).

Women who experience forced sexual intercourse by any perpetrator appear to be at greater risk of unintended or unwanted pregnancy than women with no history of abuse. Studies have documented pregnancy rates after non-partner rape ranging from 5% among women in the USA to 17% among adolescents in Ethiopia and 15–18% among girls and women seeking help at rape crisis centers in Mexico, Thailand and the Republic of Korea . The risk of unwanted pregnancy may occur, directly through forced sexual intercourse or difficulty in negotiating condom or contraceptive use in an abusive relationship (WHO, 2012).

Efforts to prevent the violence can be evaluated in three levels. The primary measure, requires the prevention prior to the occurrence of problem. The secondary measures are the attempts to reduce the frequency of occurrence of problems when it already occurred. The third measures includes to start an action when the prevalence of violence problem reaches to level of awareness and harming (**Oneri & Uzunboylu, 2015**).

1.1 Significance of the study

WHO (2013) reported that violence against women (VAW) is the most wide spread and persistent violation of human rights. At least one in three and 35% of women worldwide are experiencing sexual violence during their lifetime (McClintock, 2014). This means that more than one billion women worldwide are affected by VAW. At Mansoura University (Sadon, 2010) discussed violence against pregnant women but doesn't address sexual violence against female in reproductive age. So, it is important to assess the prevalence, pattern and risk factors of sexual violence among female.

1.2 Aim of the study

The aim of this study was to assess prevalence, pattern and risk Factors of female sexual violence.

1.3 Research question

What are the prevalence, pattern and risk factors associated with sexual violence against female at Borg –Noor El-Homos, Aga, Dakahlia?

1.4 Operational definition

Sexual violence: Any coerced sexual act, involving: any sexual act, attempt of a sexual act, sexual comments, or acts directed against a persons' sexuality using coercion, by any person regardless of his relationship to the victim, in any setting, including home and work[14].

II. Subjects And Method

2.1 Study design:

Across sectional descriptive design was utilized in this study.

2.2 Study Setting

This study was conducted at Borg – Noor El-Homos, Aga, El Dakahlia. During the period from the beginning of September 2015 to end of March 2016 .

2.3 Subjects of the study

The subjects of the study include 351 female in reproductive age (15- 49 years) who was chosen from the previous setting .

2.4 Sample size calculation

A total sample of 351 women were chosen from the previous setting according to the ingenious application of the equation to determine the sample size of any assumption that the phenomenon under study is in the community by 50% and 95% confidence factor (i.e., make a mistake 0.05), the sample size of 384 according to the equation: n = Z2 L (1-L) / D2. Where Z: distribution of natural and standard equal to 1.96 at the 95% confidence coefficient. L: the possibility of a phenomenon under study in society and equal to 0.5. D: allowable error is equal to 0.05.And that's where target of the project (female in reproductive age) 4100 Single, the sample correction for the size of the community in accordance with the equation: n * = n / ((n / N) + 1) Where: N refers to the size of the community: n * = 384 / ((384/4100) + 1) = 351.11. Almost 351 Single forms are distributed randomly on the target, taking into account the relative distribution to community groups.

2.5 Tool of Data Collection

Was a structured interview questionnaire schedule: It includes seven parts

Part 1: It included general characteristic of female it include 6 items Such as: Age , marital status, number of family members , occupation, education and income .

Part 2: It included questions related history of pregnancy and childbirth for married women it includes 4 items such as: number of pregnancies , number of births, number of abortions, and number of living children.

Part 3: It was include questions related to the exposure of female to sexual violence, person causing this violence, forms of violence. If the answer was yes she was asked to report the nature and frequency of the abuse **Part 4 :** It included risk factors of abuse : It included 3 items such as: the abuser use cigarettes, if your partner use drugs and/or alcohol excessively and if your partner have a mental health problem .

Part 5 : It included relationship and severity of abuse : it included 5 items such as: questions related to relationship to the person who has been abusive to you ,if your partner destroyed your possessions or things of value to you , the abuse become more frequent or more severe in recent, your partner controlled your money or keep track of your place , your partner ever: hit you , punched you , kicked you , burned you , attacked you with a weapon or object , forced or pressured you to have sex .

Part 6:It included opinion of female about cause of violence such as: low income level and increasing requirements of life, customs and traditions of the community, violence is embedded and personality traits, abused drugs and unemployment.

Part 7: It included consequences of violence: It include 2 items : First impact of violence on females lives as physical health problems, physical impairment and lack of commitment in the work , psychological distress ,suicidal thoughts and attempted suicides , hospitalization , absence from the work. Second impact of violence on children's lives as child has emotional problems(thumb-sucking, bed-wetting) , sadness and depression, loss of interest in activities, instability, lethargy, lack of value or frequent thoughts about death and suicide.

2.6 Validity of the tool

Tool were reviewed by three jury from experts in maternity nursing field tested the content validity. According to expert's suggestions the tools were modified.

2.7 The pilot study

A pilot study conducted on 10% (35 female) of the sample to test feasibility , clarity and objectivity of the tool. Modification, omission and addition were followed as needed according to the results of pilot study.

2.8 Ethical Consideration

Prior to the study formal consent was obtained from each female for enrolment in the study after clarification of the nature and purpose of the study. They reassured about the confidentiality of the obtained information and informed about their rights to withdraw from the study at any time.

2.9 Field work

A formal consent was obtained from all participants to participate in the study after explaining the nature and aim of the study then the researcher introduces herself to female, a full explanation of the aim was done to obtain their acceptance and cooperation. The females was invited to participate in the study by the researcher and informed of the voluntary nature of the study. After they provide informed consent, the female was asked to participate in a 30 to 40 minute face to face a structured interview at home or outside as the female prefer. If the female read and write she can answer the sheet but if she illiterate the researcher ask her and complete the sheet. Each female was be interviewed separately to give her chance to talk freely about her experience of violence.

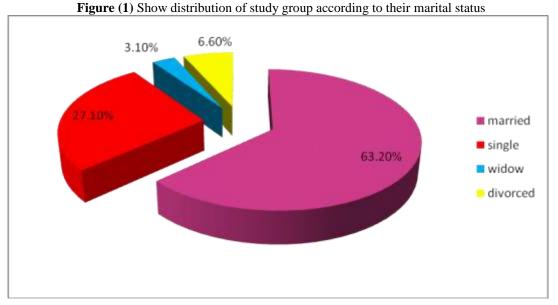
2.10 Statistical analysis

After data were collected, it coded, organized, categorized, and then transferred into especially designed formats. The statistical analysis of data was done by using SPSS program (Statistical Package for Social Science) version 20. As follows: Frequency distribution describes the variables and the study sample, descriptive statistics which uses the mean and standard deviation to describe the study variables such as age, Chi-square test: It is used to test for the existence significant difference between the actual and expected distribution and spearman's correlation: It is used to measure the range and direction of the relation between two variable, whether it is proportional or verse.

Table (1) : Frequency distribution	oution of study group according to the	ir general characteristic
Variable	Number (351)	Percentage (%)
Age		
15 - 20	62	17.7
20-30	130	37.0
30-40	97	27.6
40 - 49	62	17.7
MEAN± SD	29.66 ± 9.529	
Number of brother	27.00 ± 7.527	
0	37	10.5
1	108	30.8
2	112	31.9
3	61	17.4
4	19	5.4
5+	14	4.0
5+ MEAN± SD	1.91±1.328	
Number of sisters	1.91±1.328	
0	56	16.0
1	100	28.5
2	99	28.1
3	56	16.0
4	21	6.0
5+	19	5.4
MEAN± SD	1.85± 1.376	
Education	1.00_ 1.070	
Literacy	28	8.0
Read and write	23	6.6
Basic education	19	5.4
Secondary education	173	49.3
University education	88	25.1
Post graduate studies	20	5.7
Income		
Weak (less than 1200)	63	17.9
Average	208	59.3
Above-average	63	17.9
High	17	4.8

III. Results

Table (1) Presents the frequency distribution of study group according to their general characteristics. It was found that the mean age of the study group was (29.66 ± 9.529) , about (63.2%) were married, more than one third (41.3%) were house wife, near half of them (49.3%) were secondary education, also more than half of them (59.3%) were with in average income.



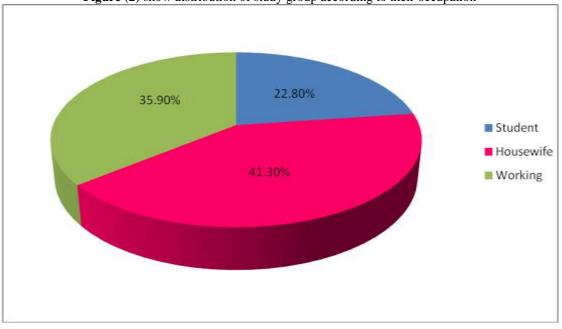


Figure (2) show distribution of study group according to their occupation

Table (2): Frequency distribution of study group according to their obstetrical history for married won	nen :
(n-256)	

Variable	(n=256) Number (256)	Percentage (%)
Number of pregnancies		
No	4	1.6
1-2	123	48.0
3-5	118	46.1
5+	11	4.3
Number of births		
1-2	142	55.5
3-5	106	41.4
5+	8	3.1
Number of abortions		
No	176	68.7
1-2	67	26.2
3-5	13	5.1
Number of living children		
1-2	141	55.1
3-5	106	41.4
5+	9	3.5

Table (2) Shows that, around half of the study group experienced from (1-2) pregnancies ,about 55.5% having (1-2) birth and 68.7% of them have no abortion, more than half of study group (55.1%) have (1-2) living children and about (41.4%) have (3-5) living children.

Variable	Number (351)	Percentage (%)	Chi-Square (P-value)
Exposure to sexual violence			
Yes	234	66.7	39.000
No	117	33.3	(0.000)
Forms of sexual violence for girls and women			
Flirting	215	61.3	
Rape	4	1.1	
Harassment	132	37.6	
Type of harassment (n= 234)			
Staring	103	44.0	
Touching	76	32.5	
Dirty wards	86	36.8	
Forms of sexual violence for women (n= 234)			
Sex by force	139	59.4	
The practice of false or sexual coercion	95	40.60	

Table (3) Shows that, about two third of study group (66.7%) had experienced sexual violence, the most common form of sexual violence for girls and women was flirting (61.3%), The most common types of harassment were staring (44%),touching (32.5%) and dirty words (36.8%). The forms of sexual violence for women were sex by force (59.4%) and practice of sexual coercion (40.60%).

Table (4): frequency distribution of the forms of sexual violence regarding to marital status

	Marital status						
Forms of sexual violence		Married	Single	Widow	Divorced		
		N=222	N=95	N=11	N=23		
Flirting		129(58.1%)	69(72.6)	7(63.6%)	10(43.4%)		
Rape			4(4.2%)				
Harassment		93(41.8%)	22(23.1%)	4(36.3%)	13(56.5%)		
Type of	Staring	60(27%)	36(37.8%)	3(27.2%)	4(17.3%)		
Harassment	Touching	51(22.9%)	16(16.8%)	4(36.3%)	5(21.7%)		
	Dirty words	46(20.7%)	30(31.5%)	3(27.2%)	7(30.4%)		

Table (4) Reveals that, the most common type of sexual violence the married, single and widows women exposed to it was flirting (58.1%, 72.6%, 63.6% respectively), also more than half (56.5%) of divorced women exposed to harassment, about 4.2% of single female exposed to rape. The most common type of harassment for married and single female was staring about (27%, 37.8% respectively) and for widow women was touching (36.3%) also more than one third (30.4%) of divorced women exposed to dirty words.

Table (5) : Frequency distribution of study group according to risk factors of violence

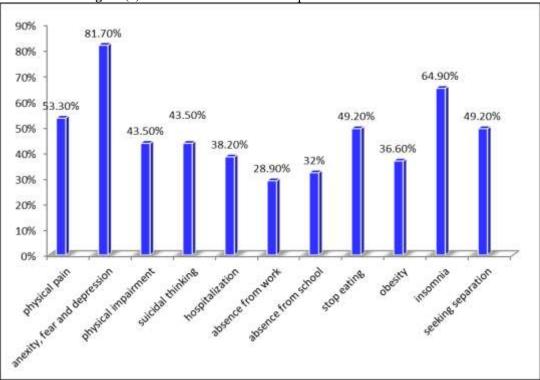
Variable	Number (351)	Percentage (%)
Smoking		
Yes	119	33.9
No	159	45.3
I don't know	73	20.8
Using alcohol / drug		
Yes	34	9.7
No	216	61.5
I don't know	101	28.8
Psychological problems		
Yes	43	12.3
No	156	44.4
I don't know	152	43.3

Table (5) Illustrates the risk factors of violence against female. It is obvious that around one third (33.9%) of the abuser were smoked, (9.7%) were alcoholic and drug used, about (12.3%) of the abuser having psychological problems.

Table (6) Frequency distribution of the study group according to their relationship & seventy of violence							
	_	The	relationship with	the abuser			
Severity / Relation		Good Bad relation		Unsteady relation	No relation		
The abuser destroying the property N=101		9(8.9%)	40(39.6%)	38(37.6%)	14(13.8%)		
The abuser control the money N =87		12(13.7%)	34(39%)	30(34.4%)	11(12.6%)		
The Abuser Make any of this things							
Burning	N=22	3(13.6%)	3(13.6%)	4(18.2%)	12(54.6%)		
Threatened with a gun	N=28	2(7.1%)	2(7.1%)	9(32.2%)	15(53.6%)		
Attack with a weapon or object	N=36	2(5.6%)	9(25%)	13(36.1%)	12(33.3%)		
Pressure in order to have sex	N=28	1(3.5%)	16(57.2%)	2(7.1%)	9(32.1%)		
Burning the house	N=10	1(10%)	5(50%)	3(30%)	1(10%)		
The abuse become more frequent N=122		15(12.2%)	47(38.5%)	42(34.4%)	18(17.7%)		

Table (6) Frequenc	y distribution of the s	tudy group	according to their	relationship &	severity of	of violence
	<i>j</i> a iotiio a tion or the b	Broup	according to men	eranomp er		

Table (6) Show that, around half of the study group was bad relation with the abuser destroying property, the abuser control the money, the abuser burning the house and the abuser who pressure to have sex (39.6%, 39%, 50% & 57.2% respectively). More than half of the abuser burning the victim and threatened with a gun (54.6%, 53.6% respectively) had no relation. In addition, more than one third of studied group which the abuse become more frequent was bad relation and unsteady relation (38.5% & 34.4% respectively).





IV. Discussion

The aim of this study is to assess violence against female: Prevalence, pattern and risk factors. The present study findings showed that. Two third of studied group experiencing sexual violence. Flirting was the most common form of sexual violence for girl or women, followed by harassment (37.6%). The major risk factors of violence against female in the present study was the abuser using cigarettes, followed by psychological problems.

The present study results were answer the research question about what are the prevalence, pattern and risk factors associated with sexual violence against female at Borg –Noor El-Homos, Aga, Dakahlia is answered. As regard to the age of the studied group as a part of the general characteristics, the present study results showed that, the majority of the study group were aged between (20-30) years old. This finding was in agreement with (**Gurung & Acharya, 2016**) in Nepal who study gender based violence among pregnant women and reported that most common age of the respondent (20-30) years old. Moreover the result of the present study in the same

line with (Shuib, 2013) in Malaysia who study domestic violence and women's well-being and reported that the majority of respondent between age (18-29) years old.

Regarding to employment, the result of the present study revealed that, more than one third of studied group was house wife, this may be due to their living in rural area and because the most common study group was secondary education. This result was supported by (**Gurung & Acharya, 2016**). who reported that more than one third of women was house wife. While the present study finding was inconsistent with the findings of survey studies by (**Hsin Lee, 2014**) in Taiwan who study conditions and patterns of intimate partner violence and reported that the majority of the participants were employed.

Concerning to level of education, the finding of the present study showed that, near to half of studied group was secondary education and the lowest percent had basic education , the possible explanation may be due to the most common studied group was average socioeconomic status. The current study results were agree with (Gurung & Acharya, 2016).who reported that, more than half of studied groups was secondary education. Also the present study result was in the same line with (Mohammed & Hashish, 2015) in Egypt who study sexual violence against females and its impact on their sexual function and reported that, the highest percent of participants had a high school education.

Concerning to sexual violence, the result of the present study show that, two third of studied group experiencing sexual violence. The results of the present study were in disagreement with the study conducted by (Gurung & Acharya, 2016). who reported that one third of study group exposed to sexual violence. Moreover the results of the present study were contrast with study conducted by (Blasco & Herbert, 2015) who reported that around one third of study group were sexually abused by their partners.

Regarding to forms of sexual violence, the result of the present study revealed that, the commonest type of sexual violence was flirting (verbal harassment). This may be due to the verbal harassment which did not need a private place; so public areas were suitable. This study result was consistent with study conducted by (**Mohammed & Hashish, 2015**) who reported that the commonest type of sexual violence was verbal harassment. The present study results were consistent with the study reported by (**Young et al, 2009**) who study adolescents' experiences of sexual assault by peers: prevalence and nature of victimization occurring within and outside of school, they found (53%) being sexually assaulted.

Regarding to the most common form of harassment, the present study result showed that, the most common type of harassment was staring followed by touching, the result of the present study was disagree with (Mohammed & Hashish, 2015) who reported that the most common type of harassment was touching different body parts. Also the present study finding was inconsistent with (Jewkes&Dartnall,2016) in Australia who study sexual violence and reported that, rape and sexual harassment of women and girls being the most common type of harassment. The possible explanation of this differences because the sexual relations outside of marriage are illegal in country and religion.

The present study findings were in disagreement with (**Cloutier et al, 2002**) in North Carolina, who study sexual assault: prevalence and health risk factors and they found that forced rape was more prevalent than sexual assaults. This differences in the prevalence estimates of sexual violence were due to usage of various definitions, the different subject and used different methodology to measure it. Also there was no gold standard for measuring sexual violence as some experiences were difficult to categorize.

The result of the present study showed that the most common form of sexual violence for married women was sex by force, the present study results were in the same line with (Gurung & Acharya, 2016) who reported that the most common form of sexual violence for married women was physically forced her to have sexual intercourse even when she did not want.

In relation to marital status and the occur of sexual violence, the results of present study showed that, there were negative correlation between marital status and sexual violence, this result was consistent with (El-Elemi et al, 2011) conducted in Suez Canal area, Egypt about reported cases of female sexual assault over 5 years period and reported that the majority of the victims of sexual assaults were non-married women.

Regarding to risk factors of violence, the results of the present study showed that, around one third of the abuser using cigarettes, followed by psychological problems and then use alcohol and drugs. The present study findings were inconsistent with (Jeevasuthan & Hatta, 2013) who study behavioral problems of children exposed to domestic violence in rural villages of srilanka and reported that, alcohol and substance abuse is the main factor for domestic violence in this study area. Furthermore the result of the present study was disagreement with (Moura & Drezett, 2014) in Brazil who study violence against women during pregnancy and they reported that, the use of alcoholic beverages by intimate partner and the abuse of other drugs consider a major risk factors of violence against women. This difference may be related to change in culture and religion.

Regarding to severity of violence and the relationship with the abuser of the current relation. The current study finding showed that, around half of the studied group was bad relation with the abuser destroying property, the abuser control the money, the abuser burning the house and the abuser who pressure to have sex. Also more than half of the abuser burning the victim and threatened with a gun had no relation. The results of the present

study in the same line with the study conducted in Western Michigan by (Kathryn & Bell, 2006) who study understanding style/leave decision in violent relationships: A behavior analytic approach and they reported in cases of domestic violence, victims of violence often state that they will never return to the batterer and if continue will be bad relation with him. The possible explanation may be due to the women didn't love any one abusing her.

Regarding to consequences of violence on female . The present study result showed that, most consequences of violence for female was anxiety , fear and depression followed by insomnia and inability to sleep .The present study findings were consistent with the study conducted by (**Basu et al, 2013**) who study trauma sequel and cortisol levels in women exposed to intimate partner violence and reported that women exposed to IPV show that common mental disorders include depression, anxiety, post-traumatic stress disorder (PTSD), suicidal behavior, sleep and eating disorders. Moreover the present study results were in the same line with (**Blasco & Herbert, 2015**) who reported that the incidence of depression was higher than expected in the IPV. Also the present study finding were in the same line with (**Haqqi & Faizi, 2010**) in Karachi who study prevalence of domestic violence and associated depression in married women at a tertiary care hospital in Karachi and reported that, depression is the most frequent psychological response reported by female victims of partner abuse, other psychological responses include panic disorder, and anxiety disorders.

V. Conclusion

Study concluded that about two third of study group exposed to sexual violence, the most common form of sexual violence for girls and women was flirting, followed by harassment, the most common form of harassment was staring. The most common form of sexual violence for women was sex by force. The female with the highest income and high educational level have high risk for sexual violence, the risk increases with single than married female.

VI. Recommendation

- The study recommend legal declaration of violence as a punishable crime and magnification of the punishment of perpetrators of sexual assault crimes, and application of this punishment as early as possible to limit the wide spread of this problem.
- There is a need for more researches in this area, focusing on perpetrators' characteristics and the contributory factors influencing perpetration and concentrate on research that prevent sexual violence to occur.
- Routinely statistical data on the incidence of sexual violence against female .
- Preventing child exposure to direct and indirect violence.

Acknowledgements

Researchers offer grateful thanks to all participants for their cooperation during the research process.

References

- [1]. Basile K. C., Smith S. G., Breiding M. J., et al.(2014):Sexual violence surveillance: Uniform definitions and recommended data elements, Version 2.0. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; Available at http://www.cdc.gov/violenceprevention/sexualviolence/definitions.html. Last accessed 25 April 2016.
- Basu A., Levendosky A.A., &Lonstein J.S. (2013): Trauma sequel and cortisol levels in women exposed to intimate partner violence. Psychodynamic Psychiatry, 41(2): 247-275.
- [3]. Blasco C., & Herbert J. (2015) : Different profiles of mental and physical health and stress hormone response in women victims of intimate partner violence. Journal of Acute Disease,3(4): 303-313.
- [4]. **Centers for Disease Control and Prevention (2008):** Intimate Partner Violence: Risk and protective factors intimate partner violence:" National Center for Injury Prevention and Control, Atlanta. Available at http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/riskprotectivefactors.html.
- [5]. Cloutier, S., Martin, S.L. & Pool, C. (2002): Sexual assault among North Carolina women: Prevalence and health risk factors. J Epidemiol Community Health, 56(4): 265–271.
- [6]. EI-Elemi, A., Moustafa, S., &Hagras, A.(2011): Reported cases of female sexual assault over 5 years period in Suez Canal area, Egypt: demographic study. Egypt J Forensic Scio. 1:118–23.
- [7]. **El-Deeb, B. (2013):** 'Study on ways and methods to eliminate sexual harassment in Egypt', Available at (http://harassmap.org/en/wp-content/uploads/2014/02/287_Summaryreport_eng_low-1.pdf). last accessed 24 June 2016.
- [8]. Gurung, S & Acharya J. (2016):Gender-based violence among pregnant women of syangja district, Nepal. Song public health prospect, 7 (2) 101-107.
- [9]. Haqqi, S &Faizi A. (2010): Prevalence of domestic violence and associated depression in married women at a tertiary care hospital in Karachi. Procedia Social and Behavioral Sciences, 5 : 1090–1097.
- [10]. Hsin Lee, F., Yang, Y & Wang, H. (2014): Conditions and Patterns of Intimate partner violence among Taiwanese women. Asian Nursing Research, 9: 91-95.
- [11]. Ibid (2009): Literature review of violence against women, available at http://pdf.usaid.gov/pdf_docs/Pnadq891.pdf. Last accessed 10 November 2015.
- [12]. Jewkes, R & Dartnall, E. (2016): Sexual Violence. International Encyclopedia of Public Health (Second Edition), Pages 491-498.

- [13]. Jeevasuthan, S &Hatta, Z.(2013): Behavioral problems of children exposed to domestic violence in rural villages : Amicro social work inquiry in piranpattru village at chankanai divisional secretariat, Jaffna, srilanka. Procedia - Social and Behavioral Sciences 91: 201 – 207.
- [14]. Kathryn, M., & Bell, E. (2006): Understanding style / leave decision in violent relationships : A behavior analytic approach . Behavior and Social Issues, 14: 21-45.
- [15]. Lundgren, R & Amin, A (2015): Addressing Intimate Partner Violence and Sexual Violence Among Adolescents, Journal of adolescent health, 56(1) 42-50.
- [16]. McClintock, H. (2014): Patricia sweeping the yard, Uganda. close the gap how to eliminate violence against women beyond 2015. Available at http://www.pdffiller.com/56381490-bn-close-gap-violence-women-2015-11031en_0pdf accessed on 13 may 2015.
- [17]. Mohammed, G., & Hashish, R., (2015): Sexual violence against females and its impact on their sexual function Egyptian. Journal of Forensic Sciences, 5: 96–102.
- [18]. Moura, M & Drezett, J. (2014): Violence against women during pregnancy: Systematized revision, eprodclim. 29(2):71–79.
- [19]. Oneri G., & Uzunboylu, H.(2015): A Survey regarding of domestic violence against women, Procedia Social and Behavioral Sciences 190: 24 – 31.
- [20]. Sadon, O. (2010): Domestic violence against pregnant women at El-Mansoura university hospital. Thesis Submitted for Partial Fulfillment of the requirements for the master degree of woman's health and midwifery the graduated call, the University of Zagazig.
- [21]. Shuib, R., Endut, N., Ali, S., et al. (2013): Domestic violence and women's well-being in Malaysia, Procedia Social and Behavioral Sciences 91:475–488.
- [22]. Transforming Communities Technical Assistance, Training and Resource Center (TC-TAT)(2008): Making the case for domestic violence prevention through the lens of cost-benefit: A manual for domestic violence prevention practitioners, san Rafael, California. Available at http://www.transformcommunities.org/cdvp/Domestic-Violence-Prevention.pdf. Last accessed 18 December 2015.
- [23]. UNICEF global databases (2014): Ending child marriage: Progress and prospects, p. 2, 4. Available at http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-andfigures#sthash.PeGLbuZq.dpuf. last accessed 14 may 2016.
- [24]. **United Nations General Assembly (2006):** In-depth study on all forms of violence against women: Report of the secretary general, 61(122) 42.
- [25]. WHO (2012): Understanding and addressing violence against women, Health consequences. Available at http://apps.who.int/iris/bitstream. Last accessed 14 may 2014 .
- [26]. WHO (2013): Violence against women: A 'global health problem of epidemic proportions, Available at http://www.who.int/mediacentre/news/releases. Last accessed 17 June 2016.
- [27]. WHO (2010): Sexual violence and coercion: implication for sexual and reproductive health . in social determinants of sexual and reproductive health . Available at http://ac.els-cdn.com. Accessed on December 11, 2016.
- [28]. Young, A.M., Grey, M., & Boyd, C.J. (2009): Adolescents' experiences of sexual assault by peers: Prevalence and nature of victimization occurring within and outside of school. J Youth Adolescence 38:1072–83.