

Prevalence of Sexual Violence among Teenager Pregnant Women

Samar Zidan Ali*, Ragaa Ali Mohamed**, Soad Abd-Elsalam Ramadan***, Safaa Soliman Ahmed****

*Demonstrator in Maternity & Neonatal Health Nursing, Faculty of Nursing, Beni -Suef University

**Professor of Obstetrics & Gynecological Nursing, Faculty of Nursing, Cairo University

***Professor of Obstetrics & Woman Health Nursing, Faculty of Nursing, Benha University

****Assistant Professor of Maternity & Neonatal Health Nursing, Faculty of Nursing, Beni-Suef University

Abstract: Sexual violence is a major problem during pregnancy particularly among teenager because their pregnancy may have been a consequence of violence itself, or the case for its occurrence. **Aim:** The aim of this study was to study the prevalence of sexual violence among teenager pregnant women. **Design:** a descriptive research design was used. **Study Subjects:** 190 adolescent pregnant women were included in the study. **Setting:** The study was conducted at the obstetrics and gynecological outpatient clinic at Beni-Suef University Hospital. **Tools of data collection:** Two main tools were utilized for data collection: first, a structured interviewing questionnaire consisted of two parts. Part (1) personal characteristics of the teenager pregnant women, Part 2: knowledge of adolescent pregnant women regarding sexual violence. Second, Modified Abuse Assessment Screen (AAS). **Results** of the current study revealed that, (13.7%) of the study group experienced sexual violence, followed by (12.1%) physical violence, then emotional violence (10 %). the majority of the teenage pregnant women's was satisfactory knowledge about sexual violence. The husband was the most common perpetrator causing sexual violence. **Conclusion:** Sexual violence during pregnancy is prevalent among Egyptian adolescent women. **Recommendation:** The study recommends raising awareness among women to understand their rights, legal magnification of the punishment of perpetrators of sexual violence crimes, and application of this punishment as early as possible to limit the extensive spread of this problem.

Key words: Prevalence, Sexual violence, adolescent, Pregnant Women

Introduction

Sexual violence (SV) during pregnancy particularly among teenager is one of the most widespread violations of human rights worldwide. However it's remains a hidden problem predominant in the world (*Prochuk, 2018*) and it takes place in every country, in peacetime as well as in conflict, and affects women and girls regardless of age, ethnicity, or socio-economic status. (*Swedish International Development Cooperation Agency (Sida), 2015*)

World Health Organization (WHO) defines sexual violence as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using forcing, by any person regardless of the relationship to the victim, in any setting, including but not limited to home and work, forced sex in marriage and dating relationships. (*Women's Centre Cornwall, 2019*)

Internationally, 35% of adolescent women have experienced physical or sexual violence perpetrated by a partner, and about 7% of female more than 15years have experienced sexual violence by a non-partner. According to Egypt Demographic and Health Survey, (2015) in Egypt, global, 1 in 7 ever-married women in Egypt experienced sexual violence perpetrated by the husband. (*Scriver et al, 2019*)

Factors associated with increased risk for sexual violence during pregnancy are young age, consuming alcohol or drugs, having many sexual partners and having previously been raped or sexually abused, involvement in sex work, physical and mental disabilities, Low socioeconomic status is considered a risk factors for sexual abuse; In addition, societal gender power variations and hierarchical gender relations increase sexual violence. (*Henriksen, 2015*)

Health consequences of sexual violence during pregnancy is directly caused by sexual or physical trauma or indirectly, such as unintended pregnancies, gynecological problems, abortive pregnancy outcomes, preterm labor, sexually transmitted infections including HIV and premature rupture of membrane, fetal/neonatal adverse outcomes (fetal distress, fetal death, and small for gestational age, neonatal death and low birth weight). (*Ibrahim et al, 2015*)

Additionally, adverse mental health outcomes and behavioral risks such as anxiety, depression, post-traumatic stress disorder, suicide attempts, delayed prenatal care, poor maternal nutrition and drug and alcohol abuse are reliably related to sexual violence during pregnancy. It can manifest as an indicator for poor health status, poor quality of life and high use of health services. (*Gharacheh et al, 2016*)

Pregnancy is identified as a period when there is an increased risk of SV. Yet at the same time, it presents a unique opportunity for nurses to identify and screen of teenager pregnant women who experiencing SV. It is a comprehensive process involving repeated interaction with health care providers, offering the unique opportunity to building trust among pregnant woman and members of the health care team. (*Henriksen et al, 2019*)

Significance of the study

Government and grassroots groups have roles to play in creating the changes needed to change attitudes and criminalize all forms of violence. In 2014, the Egyptian government passed a law criminalizing sexual harassment in public places. Increased media attention of violence against girls and women in public has rallied social activists behind the cause and led to public outcries. Then, raising public support for criminalizing violence, especially when perpetrated by a husband inside the home, has been far more difficult. (*Mosleh et al, 2015*)

Researches supports the need for undergraduate and postgraduate nurses to receive interactive learning opportunities engaging the victims and training on sexual violence against women at multi-agency levels to raise awareness and identify proper interventions. Future research is needed to influence the nurse education by integrating post- and pre-registration courses and training programs in the nursing curriculum related to the issues of sexual violence against women. (*Marie et al, 2018*)

Aim of the Study

The aimed of this study to study the prevalence of sexual violence among teenager pregnant women

Research question

-What is the prevalence of sexual violence among teenager pregnant women?

Material and Method

Research design

A descriptive study design was utilized in this study.

Setting

This study was conducted at the obstetrics and gynecological outpatient clinic at Beni-Suef University Hospital which is located at the ground floor of the outpatient building that include one room.

Subjects

A purposive sample consisting of the available adolescent pregnant women (190) who attended the above mentioned setting at the time of study and accepted to participate in the study.

Tools of data collection

Two main tools were utilized for data collection

First tool: A structured interviewing questionnaire

It was designed by the researcher after reviewing the related literature consisted of two parts: **Part 1:** It included personal characteristics of the studied sample. It consisted of 4 sections: **Section 1:** Socio-demographic data of the studied women it consists of (5) items such as; age, level of education, age at marriage, duration of marriage and occupation, **Section 2:** Socio-demographic data of the partner it include (5) items such as; age, level of education, age at marriage, occupation and have you ever been married, **Section 3:** It included data about family it includes (3) items such as; family type, income and number of family members, **Section 4:** Obstetrical history for teenager pregnant women it includes (5) items such as; number of pregnancies, number of births, number of abortion, number of living children and duration of current pregnancy.

Part 2: knowledge of adolescent pregnant women regarding sexual violence, it consisted of five questions: **Question 1:** related to meaning of sexual violence **Question 2:** related to risk factors that help men to practice sexual violence **Question 3:** related to forms of sexual violence **Question 4:** related to consequences of sexual violence occurs during pregnancy **Question 5:** It included opinion of female about solutions are proposed to solve the problem of sexual violence.

Scoring system

This part consists of five questions in the form of multiple choice questions. Responses were scored two for “satisfactory knowledge” and one for “unsatisfactory knowledge” answers”. Scores was summed up and converted to percent. Responses were categorized as the following: Satisfactory knowledge $\geq 60\%$ (≥ 6 scores), Unsatisfactory knowledge $< 60\%$ (< 6 scores).

Second tool: Modified Abuse Assessment Screen (AAS)

It was modified by the researcher to suit the culture of society and to study percentage of sexual violence during pregnancy. It has been validated against more comprehensive instruments that have been used for pregnant women (*Espinosa & Osborne, 2002*). It consisted of five

questions to determine abuse status by asking women to choose yes or no about each point, the five questions on the AAS are: Have you ever been emotionally or physically abused by your partner or someone important to you?, Within the last year, have you ever been hit, slapped, kicked, or otherwise physically hurt by someone?, Since you've been pregnant, were you hit, slapped, kicked, or otherwise physically hurt by someone?, Within the last year, has anyone forced you to have sexual activities?, Are you afraid of your partner or anyone you listed above?

Scoring system:

If any question on the screen is answered positively, the abuse assessment screen is considered positive for violence. Responses of this part was scored one for "Yes" answers and zero for "No" answers then scores will be summed up and converted to percentage.

The Pilot study

A pilot study was carried out on 10% of the duration of the study (a period of 3weeks) to ensure the clarity, feasibility, and objectivity of the content of the tool that was used in the study. According to the results obtained from data analysis. No modification was needed so the pilot study was included in the study subjects

Field work

The process of data collection was carried out for a period of six months from the beginning of July 2019 till the end of December 2019. The study was conducted at the previous mentioned setting three days per week (Sunday, Tuesday and Thursday) from 9AM to 1PM. The researcher introduced herself to the women and explained the aim of the study to each woman who meets the inclusion criteria to gain confidence and cooperation, and then an oral consent was obtained to participate in the study. Each woman was interviewed individually to give her chance to talk freely about sexual violence. The researcher filled the interviewing questionnaire by herself, filling questionnaire ranged from 15-20 minutes from the women and collection of questionnaire was done in the same day.

Validity & reliability

The tools were reviewed by three experts in the field of maternity and newborn health nursing tested the content validity. No modifications were done. Reliability for knowledge was done by Cronbach's Alpha test equaled 0.843 for 5 questions.

Ethical considerations

Before conducting the study, an official permission from the selected study setting was obtained for the fulfillment of the study. An oral consent was obtained from each woman to participate in the study. Each woman was freedom to withdraw from study participation when she wants. The data was collected and treated confidentially. In addition the study didn't lead to any physical, social or psychological harm to the participant.

Administrated design

An official permission letter to conduct this study was obtained from the dean of Benha Faculty of nursing and was directed to the director of Beni-suef university hospital to obtain the official agreement to conduct the study. The title and objectives of the study was explained.

Statistical analysis

Data was verified prior to computerized entry. The statistical package for social science (SPSS) was used for that purpose followed by data tabulation and analysis. Descriptive statistics were applied (e.g. mean, standard deviation, frequency of percentage, test of significance (t test, chi-square and Pearson correlation test) were used. Significant level value was considered when $P < 0.05$, no significant level was considered when $P > 0.05$ and a highly significant level value was considered when $P < 0.001$.

Results

Table (1) summarized the socio-demographic characteristics of the teenager pregnant women. The mean age of the teenager was 18.92 with SD 1.24. Regarding their educational level, near half of teenager had secondary level education (47.4%). With respect to their employment; most of them (86.8%) were house wife. Regarding teenager pregnant women duration of marriage; more than half (56.8%) were one year and less. In accordance to their previous marriage, none of them had previous marriage.

Table (2) displayed the socio- demographic characteristics of the studied group husbands. The mean age of study participants' husbands was 25.89 with SD 2.52, concerning their educational level, more than half of study participants' husbands had secondary level education (55.3%), With respect to their employment majority of them (91.1%) were working and near half of them (43.2%) were craftsman, more than half were marriage at age <25 years, majority of them (96.8%) had no previous marriage.

Figure (1): summarized the teenager pregnant women's total knowledge scores about sexual violence. The majority of them (88.4%) had a satisfactory knowledge level, while (11.6%) of them had unsatisfactory knowledge level regarding definition, risk factors, forms, consequences and proposed solutions of sexual violence.

Figure (2): Showed the consequences of sexual violence occur during pregnancy on adolescent pregnant women from their point of view as follow slightly less than half of the studied sample (42.1 %) reported that abortion, preterm labor, fetal death and sexually transmitted infections are the consequences of sexual violence while (5.3%) of them reported they don't know.

Figure (3): Showed the abuse assessment screening as follow thirteen and seven percent (13.7%) has experienced to sexual violence within the past year while two and one percent (2.1%) of them reported being afraid of their partners.

Table (3) summarized that; using chi-square test, There were statistical significant correlation between participants' total knowledge scores and their age ($\chi^2 = 5.23$, P-value=0.013*), educational level ($\chi^2 = 14.26$, P-value=0.003**). However, there were no statistically significant correlation between the studied groups total knowledge scores and their job, age at marriage and duration of marriage ($p > 0.05$).

Table (4): Showed that; using Pearson correlation, there was a strong negative significant statistical relation between total knowledge score of the studied group regarding sexual violence definition, risk factors, forms, consequences , proposed solutions of this problem and their exposure to sexual violence ($r = -0.826$, P-value=0.031*)

Table (1): Socio-demographic characteristics of the teenager pregnant women (n=190).

Socio-demographic characteristics		No.	%
1. Age			
-	15:<18 years	32	16.8
-	18:20 years	158	83.2
Mean \pm SD (18.92 \pm 1.24)			
2. Educational level			
-	Illiterate	21	11.1
-	Read and write	61	32.1
-	Secondary level	90	47.3
-	University level	18	9.5
3. Employment			
-	House wife	165	86.8
-	Working	25	13.2
4. Duration of marriage			
-	One year and less	108	56.8
-	Two years	47	24.7
-	Three years	24	12.6
-	Four years	11	5.8
5. Previous marriage			
-	Yes	0	0
-	No	190	100

Table (2): Socio-demographic characteristics of the husbands as reported by the teenager pregnant women (n=190).

Socio-demographic characteristics	No.	%
1. Age		
- <25 years	53	27.9
- 25:<30 years	117	61.6
- 30: 35 years	20	10.5
Mean ± SD (25.89 ± 2.52)		
2. Educational level		
Illiterate	14	7.4
Read and write	38	20
Secondary level	105	55.3
University level	33	17.3
3. Employment		
Working	174	91.1
Not working	17	8.9
4. Work status		
Governmental work	38	20
Private work	31	16.3
Craftsman	82	43.2
Farmer	7	3.7
Free work	15	7.9
Not working	17	8.9
5. Age at marriage		
<25 years	106	55.8
25:<30 years	81	42.6
30: 35 years	3	1.6
Mean ± SD (24.44± 2.32)		
6. Previous marriage		
Yes	6	3.2
No	184	96.8
7. Number of Previous Marriage		
- One	6	3.2

Figure (1): Distribution of the teenager pregnant women's total knowledge scores about sexual violence (n=190).

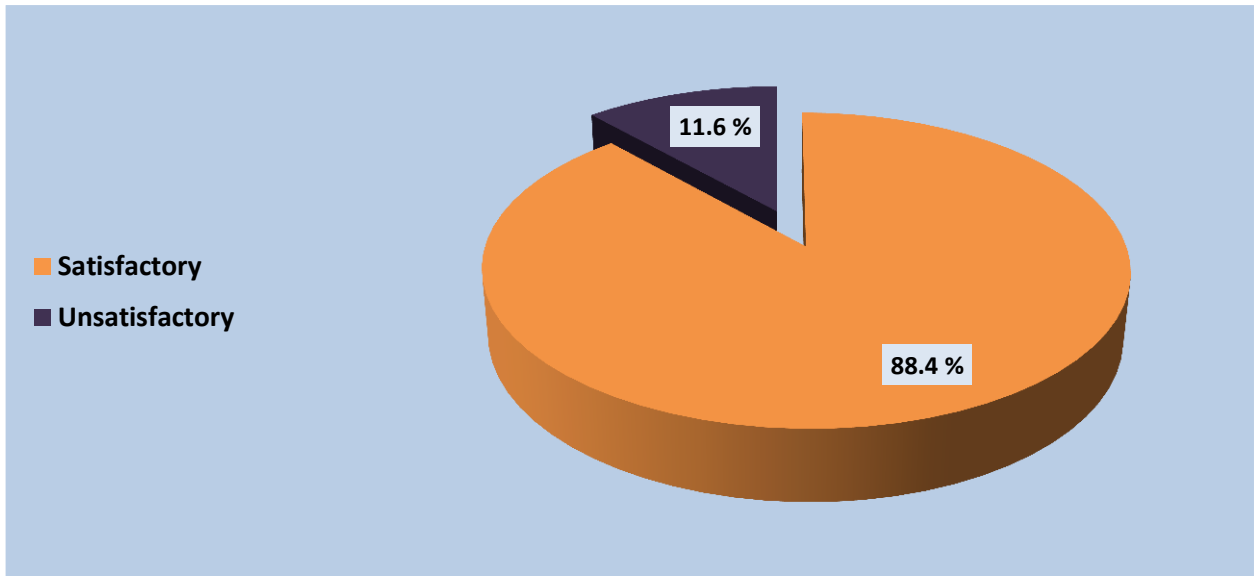


Figure (2): Distribution of the consequences of sexual violence from the teenager pregnant women point of view (n=190).

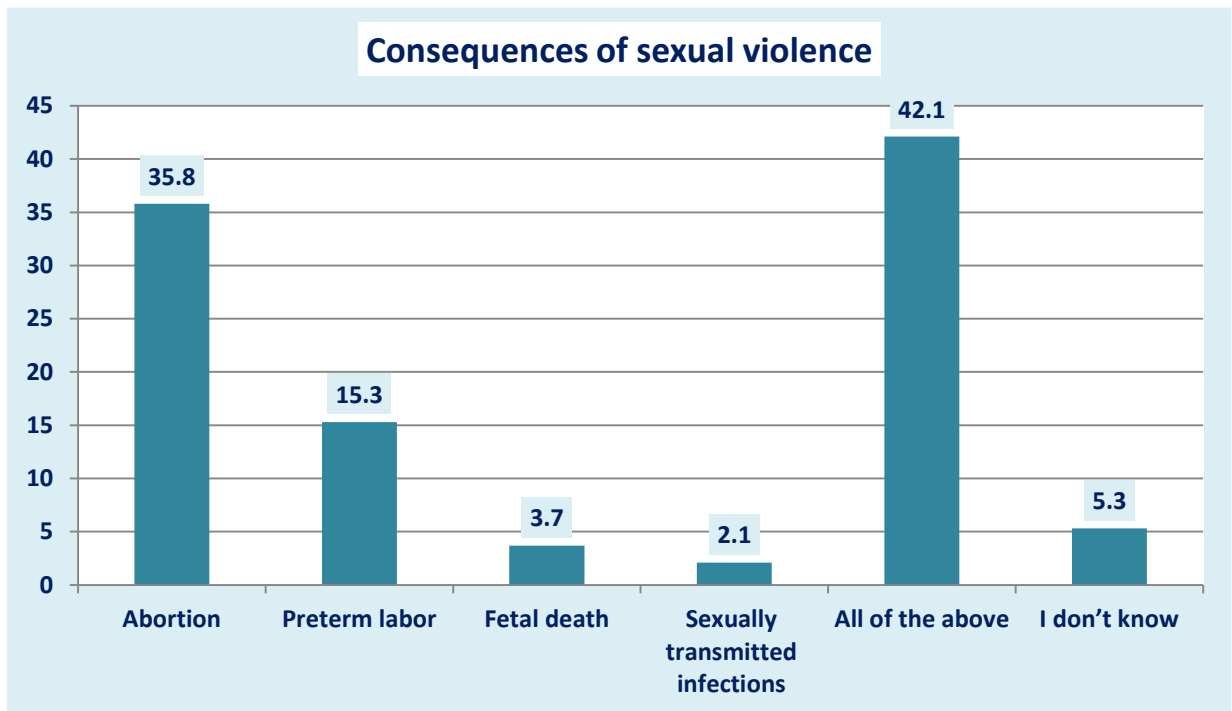


Figure (3): Distribution of the teenager pregnant women according to their experience of violence (n=190).



Table (3): Relation between total knowledge scores of the studied group and their socio-demographic characteristics (n=190).

Demographic characteristics	Satisfactory (n=168)		Unsatisfactory (n=22)		X ²	P-Value
	No.	%	No.	%		
Age					5.23	0.013*
- 15:<18 years	32	16.8	0	0		
- 18:20 years	136	71.6	22	11.6		
Educational level					14.26	0.003*
- Illiterate	19	10	2	1.1		
- Read and write	51	26.8	10	5.3		
- Secondary level	86	45.3	4	2.1		
- University level	12	6.2	6	3.2		
Age at marriage					0.279	0.380
- <18 years	94	49.5	11	5.9		
- >18 years	73	38.4	12	6.2		
Job					1.73	0.628
- House wife	144	75.8	21	11.1		
- Working	24	12.6	1	0.5		
Duration of marriage					7.81	0.099
- One year and	101	53.2	7	3.6		

less						
- Two years	39	20.5	8	4.3		
- Three years	19	10	5	2.6		
- Four years	9	4.7	2	1.1		

Table (4): correlation between the teenage pregnant women’s total knowledge score and exposure to sexual violence

		Total knowledge	Sexual violence
Total knowledge	r	1	-0.826
	P	--	0.031*
Sexual violence	r	-0.826	1
	P	0.031*	--

Discussion

Regarding to the age of the study sample as a part of demographic characteristics, the current study revealed that, the majority of the study sample was aged between (18-20) years old with mean age was 18.92 ± 1.24 . These findings were highly supported by *Deckerm et al, (2018)* in Malawi who study sexual violence among adolescent girls and young women and reported that mean age of participants was 19.55 ± 2.70 .

Education has been shown to be a source of empowerment for females. Concerning to level of education, the result of the present study indicated that, nearly to half of studied sample was secondary education, and the lowest level had university education, this may be due to the most common studied sample was satisfactory socioeconomic status. The result of the present study in the same line with *Ahmed et al (2017)* in Egypt who study violence against female: prevalence, pattern and risk factors and reported that near to half of studied sample was secondary education.

Regarding to knowledge about sexual violence, Concerning to definition of sexual violence, the results of the current study shows that, (37.4) of the studied sample had define sexual violence as somebody forces somebody else into unwanted sexual issues without their consent, The present study results was supported with (*Schrijver et al, 2018*) in Europe who study Prevalence of sexual violence in Migrants, Applicants for International Protection and they

reported that, sexual violence It means that somebody forces somebody else into unwanted sexual matters without their consent. According to (*Smith et al, 2017*) There is no universal definition of sexual violence. In fact, definitions vary depending on the perspective from which this type of violence is regarded (e.g. legal, clinical or scientific).

Regarding to risk factors of sexual violence, the results of the current study shown that, the most common risk factor was media(Watch pornographic pictures and movies through TV or the internet), followed by consuming alcohol or drugs , low socioeconomic status and then young age. the results of the present study was disagreement with *Bessa et al(2014)* in Brazil who study Violence against women during pregnancy and they reported that, the use of alcoholic beverages by intimate partner and the use of other drugs consider a major risk factors of violence against women during pregnancy. This difference may be related to change in the culture and religion of the participants.

Regarding to Forms of sexual violence, the current study revealed that, the commonest type of sexual violence was sexual harassment followed by rape and attempted rape. The present study results were in the same line with *Mohammed & Hashish, (2015)* who reported that the commonest type of sexual violence was sexual harassment, followed by sexual assaults and then rape. This may be due to the sexual harassment which didn't need a private place so public areas were suitable.

Regarding to studied sample total knowledge about sexual violence. The results of the current study showed that, the majority of the teenage pregnant women's was satisfactory knowledge about sexual violence. The present study findings were supported by *Alizadeh et al (2019)* who study sexual health and its related factors among Iranian pregnant women and they found that the level of awareness about sexual violence in pregnancy was high.

While the present study results were in disagreement with *Abeid et al, (2015)* who studied knowledge and attitude towards rape and child sexual abuse and establish that, Most of the women respondents had poor knowledge on sexual violence. The researcher opinion to this point, may be due to the higher education were associated with better knowledge towards sexual violence.

Concerning to abuse assessment screen the results of the present study was disagreement with *Allsworth et al(2009)* in Island who study Physical and Sexual Violence and Incident Sexually Transmitted Infections and reported that Abuse was common; 46% reported some

emotional or physical abuse in their lifetimes, and almost 25% reported physical or sexual abuse in the past year. The observed difference might be due to sexual autonomy imbalance and nearly half of pregnant women had secondary education level.

Concerning to sexual violence, within the past year, has anyone forced you to have sexual activities" The results of the current study showed that, (13.7%) of them experienced forced sexual activities Within the past year, The present study results were in the same line with *Chaudhary & Chaudhary (2017)* in Nepalgunj who study Gender Based Violence Among Pregnant Women and shows that (13.24%) of pregnant women were being forced sexual acts against their will.

Also, the results of the current study was inconsistent with *Abdel-Tawab et al (2017)* in Egypt who studied Married Adolescent Girls in Rural Assiut and Souhag and reported that 11.1% of studied sample were being forced to do sexual acts against their will in Assiut and 5.2% of studied sample were being forced to do sexual acts against their will in Souhag. Furthermore, disagree with *Noori et al (2017)* who reported that 14.4% of the studied sample experienced sexual violence during pregnancy.

Regarding number of times of exposure to sexual violence, the current study revealed that, 5.3% of them were exposed to such experiences once in their lifetime. the result of the present study were supported by *Mohammed & Hashish, (2015)* who reveals that nearly all participants had a history of exposure to sexual violence and only 5.4% had this bad experience once in their lifetime.

As regard to most common person causing sexual violence, the result of the present study revealed that, the husband was the most common perpetrator causing sexual violence followed closely by relatives. These findings were in the same line with *Stark et al (2017)* in Ethiopia who study Prevalence and associated risk factors of violence against conflict-affected female adolescents and reported that husband was the most frequently reported perpetrator of sexual violence, followed closely by caregivers or relatives. According to *ones et al (2019)* the most commonly reported perpetrators of sexual violence across all countries are intimate partners, defined as either a current or former husband or partner.

The present study findings showed that, there was statistically significant relation between studied sample total knowledge scores and their age. These results were supported with *Kaplan et al(2012)* in Egypt who study Husband's Control and Sexual Coercion Within Marriage and

found that a relationship between women's age during reproductive years and experiencing sexual violence.

Conclusion

The present study concluded that the majority of the studied sample (18-20) years. The majority of the teenage pregnant women's was satisfactory knowledge about sexual violence. Regarding to Abuse Assessment Screen, (13.7%) of the study group experienced sexual violence, followed by (12.1%) physical violence, then (10 %) experienced emotional violence. There was a strong negative significant statistical relation between total knowledge scores of the studied group regarding sexual violence meaning, risk factors, forms, consequences, proposed solutions of this problem and their exposure to sexual violence.

Recommendations

Based on the results of the present study, the following recommendations were suggested:-

- Designing and implementing an educational program to the women regarding the effect of sexual violence on pregnancy out comes.
- A promise for routine screening of SV in all pregnant women who attended antenatal care using validated screening instruments.
- Emphasize the application of laws on the punishment of perpetrators of sexual violence against women, and application of this punishment as early as possible to limit the wide spread of this problem.
- Raising awareness among adolescent pregnant women regarding understand their rights.

Recommended Researches:

- It was suggested to be replicated in larger sample and another different setting focusing on perpetrators' characteristics and the causative factors influencing perpetration and focus on research that prevent sexual violence to occur.
- Wider scale population-based surveys are required for more detailed addressing of sexual violence during and away from pregnancy among Egyptian women.

References:

- Abdel-Tawab N, Oraby D, El-Gibaly O, Darwish M, Aziz M, Elgazzar A, and Mahmoud H, (2017):** Married Adolescent Girls in Rural Assiut and Souhag: Limited Choices and Unfulfilled Reproductive Health Needs. Final Report, Cairo: Population Council.
- Abeid M, Muganyizi P, Massawe S, Mpembeni R, Darj E& Axemo P, (2015):** Knowledge and attitude towards rape and child sexual abuse – a community-based cross-sectional study in Rural Tanzania. BMC Public Health (2015) 15:428 DOI 10.1186/s12889-015-1757-7
- Ahmed R, El-Sayed H& Mohammed A, (2017):** violence against female: prevalence, pattern and risk factors, (master, faculty of nursing: Mansoura university).pp8.
- Alizadeh S, Riazi H, Majd H& Ozgoli G, (2019):** Sexual health and its related factors among Iranian pregnant women: A review study. AIMS Medical Science, 6(4): 296–317. DOI: 10.3934/medsci.2019.4.296.
- Allsworth J, Anand M, Redding C& Peipert J, (2009):** Physical and Sexual Violence and Incident Sexually Transmitted Infections. Journal of women’s health, Vol 18, (4) Mary Ann Liebert, Inc. DOI: 10.1089=jwh.2007.0757
- Bessa M, Drezett J, Rolim, M& Abreu, L, (2014):** Violence against women during pregnancy: Sistematized revision. Reprodução & Climatério. 29. 10.1016/j.recli.2014.09.001
- Chaudhary SK & Chaudhary P, (2017):** Gender Based Violence Among Pregnant Women: A Hospital Based Study. Journal of Nepalgunj Medical College, 15(2).
- DeckermR, Wood N, Ndinda E. et al, (2018):** Sexual violence among adolescent girls and young women in Malawi: a cluster-randomized controlled implementation trial of empowerment self-defense training. BMC Public Health 18, 1341 (2018) doi: 10.1186/s12889-018-6220-0.
- Espinosa, L & Osborne K,(2002):**Domestic violence during pregnancy: Implications for practice. Journal of Midwifery & Women’s Health, 47(5), pp 305-317.
- Gharacheh M, Azadi S, Mohammadi N, Montazeri S& Khalajinia Z, (2016):** Domestic Violence during Pregnancy and Women's Health-Related Quality of Life. Global Journal of Health Science; v8n2p27, ISSN 1916-9736 E-ISSN 1916-9744 Published by Canadian Center of Science and Education.
- Henriksen L, (2015):** Sexual violence, pregnancy and childbirth Studies investigating the association of experienced sexual violence and outcomes in pregnancy and childbirth.
- Henriksen L, Flaathen E, Angelshaug J, Garnweidner-Holme L, Småstuen M, Noll J, Taft A, Schei B & Lukasse M, (2019):** The Safe Pregnancy study - promoting safety behaviours in antenatal care among Norwegian, Pakistani and Somali pregnant women: a study protocol for a randomized controlled trial. BMC Public Health, 19(724).

- Ibrahim Z, Ahmed W, El-Hamid S & Hagra A, (2015):** Intimate partner violence among Egyptian pregnant women: incidence, risk factors, and adverse maternal and fetal outcomes, *Clinical and experimental obstetrics & gynecology an International Journal*, 42(2):212-9, Italy.
- Kaplan R, Khawaja M & Linos N, (2012):** Husband's Control and Sexual Coercion within Marriage: Findings From a Population-Based Survey in Egypt.
- Mohammed G & Hashish R, (2015):** Sexual violence against females and its impact on their sexual function, *The International Association of Law and Forensic Sciences (IALFS), Elsevier, Egyptian Journal of Forensic Sciences (2015) 5*, 96–102
- MOSLEH H, ABDELHAI R, ROUDI F & ASHFORD L, (2015):** ADVANCING EGYPTIAN SOCIETY BY ENDING VIOLENCE AGAINST WOMEN. Available at: <https://www.researchgate.net>
- Noori A, Sanago A, Jouybari L, et al. (2017):** Survey of types of domestic violence and its related factors in pregnant mothers in Kalaleh at 2014. *Iran J Obstet Gynecol Infertil* 19: 54–62.
- Prochuk A, (2018):** Women's Experiences of the Barriers to Reporting Sexual Assault, West Coast LEAF.
- Scriver S, asante F, Fanny A, Ballantine C, Raghaven S, Duvvury N, (2019):** Economic and Social Costs of Violence against Women in Ghana: Summary Report. Violence against Women & Girls, Available at: <https://www.ipsos.com>.
- Scriver S, asante F, Fanny A, Ballantine C, Raghaven S, Duvvury N, (2019):** Economic and Social Costs of Violence against Women in Ghana: Summary Report. Violence against Women & Girls, Available at: <https://www.ipsos.com>.
- Smith SG, Chen J, Basile KC, Gilbert LK, Patel N, Merrick MT, Jain A, & Walling ML (2017):** The National Intimate Partner and Sexual Violence Survey (NISVS): 2010–2012 state report. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. [Google Scholar] [Ref list]
- Stark L, Asghar K, Yu G, Bora C, Baysa A & L Falb K, (2017):** Prevalence and associated risk factors of violence against conflict-affected female adolescents: a multi-country, cross-sectional study. 7 (1).
- Swedish International Development Cooperation Agency (Sida), (2015):** Preventing and Responding to Gender-Based Violence: Expressions and Strategies, Edita, 2015, pp5. available at: www.sida.se/publications

Women's Centre Cornwall, (2019): What are Sexual Violence / Sexual Abuse / Sexual Assault and Rape, Available at:[https:// www. womens centre cornwall .org.uk/...sexual-abuse/what-is-sexual- violence-sexual-abuse-sexual-assault-and-rape](https://www.womenscentrecornwall.org.uk/...sexual-abuse/what-is-sexual-violence-sexual-abuse-sexual-assault-and-rape).