Original Article

Cukurova Anestezi ve Cerrahi Bilimler Dergisi

Partner Violence Exposure, Violence Awareness, and Their Impact on Female Sexual Function

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Abstract

Aim: This study aimed to examine the relationship between partner violence exposure, violence awareness, and female sexual dysfunction, particularly among women experiencing infertility and undergoing assisted reproductive treatment. **Methods:** This cross-sectional study included 50 women who applied to Family Health Centers and voluntarily agreed to participate. Ethical approval was obtained from the Clinical Research Ethics Committee of Çukurova University Faculty of Medicine (October 13, 2023; no: 49/137/2023). Participants completed the Exposure to Violence Scale (EVS), Domestic Violence Awareness Scale (DVAS), and Female Sexual Function Index (FSFI). **Results:** Sexual dysfunction was identified in 68% (n=34) of participants. No significant differences were found between women with and without sexual dysfunction in terms of violence awareness (DVAS) or exposure to violence (EVS) ($p>0.05$). However, women with higher exposure to domestic violence (low EVS scores) had significantly lower sexual arousal scores compared to those with normal exposure levels ($p<0.001$). **Conclusion:** While partner violence awareness and general exposure to domestic violence were not associated with overall sexual dysfunction, higher exposure to domestic violence was significantly linked to reduced sexual arousal. This finding highlights the importance of assessing sexual health and providing psychosocial support, particularly for women undergoing infertility treatment.

Keywords: Partner violence; Violence awareness; Sexual function; Infertility; FSFI

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1. Introduction

Sexual health is a state of physical, emotional, mental, and social well-being related to sexuality, and sexual function is a multifactorial phenomenon influenced by psychological, social, economic, political, and cultural factors[1]. Previous literature has largely focused on the sexual functions of women exposed to partner violence; however, the types of partner violence and women's awareness of violence have not been adequately emphasized. The Female Sexual Function Index (FSFI), whose Turkish validity and reliability have been confirmed, is frequently used to assess female sexual dysfunction[2,3].

In couples experiencing infertility, sexual health may influence not only individual physical and emotional well-being but also reproductive outcomes and adherence to assisted reproductive treatment protocols such as IVF[4]. Sexual dysfunction can increase psychological stress, reduce relationship satisfaction, and negatively impact treatment compliance, potentially leading to lower treatment success and higher healthcare costs[5,6].

This study aimed to investigate whether awareness of partner violence and exposure to such violence are associated with sexual dysfunction among women, particularly in the context of infertility and assisted reproductive treatment.

2. Methods

This cross-sectional survey study was conducted between January 2024 and June 2024 among women who applied to the Family Health Centers (Adana Huzurevleri No. 3 and Osmaniye No. 7) and voluntarily agreed to participate. A total of 50 women, aged 20–35 years, were included. All steps of the study conformed to the Declaration of Helsinki. Ethical permissions were obtained from the Clinical Research Ethics Committee of Çukurova University Faculty of Medicine (October 13, 2023; no: 49/137/2023).

Inclusion criteria: women of reproductive age with a partner and an active sexual relationship. Exclusion criteria: women with chronic systemic diseases (such as diabetes mellitus, thyroid disorders, renal or hepatic disease).

Exposure to Violence Scale (EVS): A 50-item Likert-type scale (total scores 50–150); lower scores indicate higher exposure to violence, comprising five subscales[7].

Domestic Violence Awareness Scale (DVAS): A 20-item Likert-type scale (scores 20–60); higher scores indicate greater awareness of violence, with four subscales[8].

Female Sexual Function Index (FSFI): A 19-item Likert-type scale (range 2–36) assessing six subdomains. Scores below 26.55 indicate sexual dysfunction[2,3].

Categorical variables were expressed as numbers and percentages; continuous variables as mean ± SD and median (min–max). Normality was assessed using the Shapiro–Wilk and Kolmogorov–Smirnov tests. Group comparisons used the Student's t-test or Mann–Whitney U test. Correlations were evaluated using the Pearson correlation coefficient. All analyses were performed using IBM SPSS Statistics Version 20.0[9]. A p-value <0.05 was considered statistically significant.

3. Results

Of the 50 participants, 34 women (68%) had sexual dysfunction, while 16 women (32%) had normal FSFI scores. There was no significant difference between participants with and without sexual dysfunction regarding violence awareness (DVAS) or exposure to violence (EVS) ($p>0.05$).

Based on DVAS midpoint scores, 24 women had low awareness and 26 had normal awareness. According to EVS midpoint scores, 14 women had high exposure to domestic violence (low scores) and 36 had normal scores.

The frequencies of the Domestic Violence Awareness Scale and its subdimensions are presented in Table 1. The frequencies of the Domestic Violence Against Women Scale and its subdimensions are presented in Table 2. The frequencies of the FSFI scale and its subdimensions are presented in Table 3.

Table 1. Domestic Violence Awareness Scale (DVAS) and its subdimensions

	Mean ± SD	Median (min–max)
Definition of domestic violence	14.14±2.20	15 (5–15)
Consequences of domestic violence	14.54±1.73	15 (5–15)
Acceptance of domestic violence	13.14±2.86	15 (5–15)
Normalization of domestic violence	13.84±2.56	15 (5–15)
Total score	55.66±7.25	60 (28–60)

Table 2. Domestic Violence Against Women Scale (EVS) and its subdimensions

	Mean ± SD	Median (min–max)
Physical violence	10.90±1.88	10 (10–17)
Emotional violence	17.62±2.82	17 (14–25)
Verbal violence	15.10±2.69	15 (11–22)
Economic violence	15.44±3.33	15 (10–23)
Sexual violence	12.68±3.05	12 (10–22)
Total score	71.74±12.08	71 (56–105)

Table 3. FSFI Scale and its subdimensions

	Mean ± SD	Median (min–max)
Sexual desire	3.73±1.50	3.6 (1.20–6.0)
Sexual arousal	3.61±1.57	3.45 (1.20–7.20)
Lubrication	3.89±1.53	4.5 (1.20–6.0)
Orgasm	3.90±1.42	4.4 (1.20–5.60)
Satisfaction	2.94±1.29	2.8 (1.20–6.40)
Pain/Discomfort	4.90±2.22	5.4 (1.20–7.20)
Total score	22.97±6.39	24.10 (8.70–34.10)

The mean scores of violence awareness and exposure to violence among participants with and without sexual dysfunction are presented in Table 4. No significant differences were found between women with and without sexual dysfunction in terms of DVAS and EVS scores ($p>0.05$). No correlation was found between DVAS and EVS scores ($r = 0.141$, $p = 0.328$).

Table 4. Violence Awareness and Exposure Scores According to Sexual Dysfunction Status

	Sexual dysfunction (n=34) Mean±SD Median (min–max)	Normal function (n=16) Mean±SD Median (min–max)	p
Awareness of domestic violence (DVAS)	56.18±7.55 / 60 (28–60)	54.56±6.65 / 56.5 (40–60)	0.145
Domestic violence against women (EVS)	71.21±13.33 / 66.5 (56–105)	72.88±9.17 / 76 (60–87)	0.255

Table 5. FSFI Scores According to Domestic Violence Awareness (DVAS) Levels

	Low DVAS (<29) n=24 Mean±SD	Normal DVAS (≥30) n=26 Mean±SD	p
Sexual desire	3.65±1.50	3.81±1.52	0.714
Sexual arousal	3.80±1.64	3.45±1.52	0.437
Lubrication	4.09±1.36	3.70±1.68	0.382
Orgasm	4.13±1.21	3.68±1.59	0.257
Satisfaction	3.15±1.23	2.75±1.34	0.282
Pain/discomfort	5.17±1.96	4.65±2.44	0.412
FSFI Total	23.99±5.50	22.04±7.10	0.286

Table 6. FSFI Scores According to Levels of Domestic Violence Exposure (EVS)

	High exposure EVS (<59) n=14 Mean±SD	Normal EVS (≥60) n=36 Mean±SD	p
Sexual desire	3.21±1.19	3.93±1.57	0.128
Sexual arousal	2.59±0.68	4.02±1.64	<0.001
Lubrication	3.73±1.35	3.95±1.61	0.651
Orgasm	3.94±1.22	3.88±1.51	0.886
Satisfaction	2.74±1.06	3.02±1.37	0.497
Pain/discomfort	5.66±2.28	4.60±2.15	0.131
FSFI Total	21.88±5.32	23.40±6.79	0.456

No statistically significant differences were found between DVAS groups in terms of FSFI total score and subdimensions ($p>0.05$) (Table 5). However, a statistically significant difference was observed in the sexual arousal subdomain between EVS groups ($p<0.001$);

women with higher exposure to domestic violence had significantly lower sexual arousal scores (Table 6).

4. Discussion

The present study examined the relationship between partner violence awareness, exposure to domestic violence, and female sexual function. Our findings indicate that sexual dysfunction was prevalent among participants (68%); however, neither violence awareness nor general exposure to violence showed a significant association with FSFI total scores. A significant relationship emerged specifically in the sexual arousal subdomain, which was markedly impaired in women experiencing higher levels of domestic violence. Existing literature has consistently demonstrated that intimate partner violence is associated with various forms of sexual dysfunction, including decreased sexual desire, arousal difficulties, and impaired overall sexual satisfaction. Despite its high global prevalence, affecting nearly one in three women worldwide, domestic violence remains underrecognized and frequently underreported[10,11].

Sexual health is not only essential for individual well-being but also plays a critical role in reproductive health. As Glasier et al. emphasized, sexual and reproductive health is a fundamental aspect of life, directly influencing women's quality of life, reproductive potential, and overall health[12].

Evidence from Daoud et al. shows that sexual dysfunction is common among infertile couples, negatively affecting relationship satisfaction and adherence to treatment protocols[4]. Esteves et al. further demonstrated that assisted reproductive treatments such as IVF may adversely affect sexual function and increase psychological stress[13]. Starc et al. reported that women experiencing recurrent implantation failure exhibit significant impairments in FSFI subdomains[14].

Ghoneim et al. found a strong association between experiences of violence and sexual dysfunction among infertile women, suggesting that awareness of domestic violence may partially modulate this relationship[15]. Similarly, Gungor et al. demonstrated that physiological factors such as vaginal discharge can influence sexual function, supporting the multifactorial nature of female sexual health[6].

The current study is limited by its cross-sectional design and relatively small sample size, which may restrict the generalizability of the findings. Future multicenter, prospective studies incorporating psychosocial, economic, and clinical factors are recommended to further elucidate these associations.

5. Conclusion

Although the sample size of this study was limited, our findings provide important insights into the interplay between partner violence and female sexual function, particularly in the context of infertility treatment. No significant associations were observed between overall sexual dysfunction and either violence awareness or general exposure to domestic violence. However, the marked reduction in sexual arousal among women with higher exposure to domestic violence is a clinically relevant finding, as it may affect not only psychological well-being but also reproductive outcomes and adherence to assisted reproductive treatment protocols.

These results underscore the need for routine assessment of sexual health and psychosocial support in reproductive medicine settings. Future multicenter, prospective studies with larger sample sizes are warranted to further elucidate the complex relationships between partner violence, sexual function, and infertility.

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Conflict of Interest: The authors declare no conflict of interest.

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Data Availability: The datasets used and analyzed during the current study are available from the corresponding author upon reasonable request.

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