



Objectives:

- Differentiate intimate partner violence (IPV) from domestic violence (DV).
- Epidemiology of DV in Saudi Arabia.
- Identify different types of violence
- Identify different victims of domestic violence
- Recognize sign and symptoms of violence
- Identify risk factors in domestic violence
- List bio-psycho-social consequences of domestic violence
- Outline resources of victim support in Saudi Arabia

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[Color index : **Important** | **Notes** | Extra]



*الدكتور قال أن كل ال MCQs بتجي من السلايدات بس ادرسوا ال Appendix لل OSCE

Definitions:

Intimate Partner Violence (IPV): Behavior by an intimating partner that causes physical, sexual or psychological harm

Domestic Violence (DV): All behaviors/actions within the family result in mental or physical injury (or death) to another member of the family

* ال IPV جزء من ال DV

Who is reporting DV in KSA?

Reporter	Percentage
Parents	27.1%
Other	22%
police	10.7%
neighbors	9%
Other family members	8,7%
relatives	7.7%
Victims themselves	7.4%
Hospitals	4.9%
Didn't answer	2.6%
Total	100%

❖ Common forms of domestic violence in KSA: ¹

1-Psychological/emotional abuse

4-Physical abuse

2-Social abuse

5-Sexual abuse



3-Financial abuse

6-Neglect (in children)

*لازم تعرفوا أن العنف الأسري موبس ضرب (ركز على الست أنواع) و أكثر نوع شيوعا هو العنف النفسي مثل الشتم

❖ Risk factors of domestic violence in KSA: ¹

- | | |
|--|---|
| 1- Drug & alcohol abuse | 10- Conflicts (financial...etc) |
| 2- Unemployment | 11- Violent & explicit content in the media |
| 3- Low educational level | 12- Culture (male predominance) |
| 4- Low income | لازم يثبت أنه رجال بيت |
| 5- Child living with one parent or a step parent | 13- History of abuse during childhood |
| 6- Child Living with one parent | 14- Psychiatric illness |
| 7- Father married to >1 wife | 15- Medical illness |
| 8- Crowded house | 16- Early years of marriage |
| 9- Suspicion on wife's fidelity (إخلاق) | |

*سألت الدكتور على التعدادات في السلايدات و قالي ذاك أول ثلاثة و احفظ أول وحدة

Which family members are vulnerable the most to DV in KSA? ¹

- | | |
|------------------------------|------------------------|
| 1-Daughters (female + child) | 6- Wife's mother. |
| 2-Sons | 7- The Father. |
| 3-The Mother | 8- Husband's siblings. |
| 4- Husband's mother | 9- Wife's siblings |



5- Elderly in the family

Reaction of women after DV in KSA: ¹

- **Seeking separation or divorce (55.9%)**
- **Doing nothing (40.6%)**
- **Visit a doctor (7.0%)**
- **Did not visit a doctor while needed (7.0%)**
- Left home (3.5%)
- Contact human rights (3.5%)
- Call police (2.8%)
- Other action (1.4%)

المجموع فوق الـ 100% لأن
كان مسموح اختيار أكثر من
خيار في النموذج

❖ **Consequences of DV: ¹**

- **Medical problems (71.5%)**

For eg: Chronic pain, fatigue

- **Psychiatric problems (57.6%)**

For eg: depression, anxiety disorders, antidepressant use and suicidal behavior

- **Gynecologic & obstetric problems (22.2%)**

For eg: abortion, per vaginal bleeding

- **Physical injuries (15.4%)**

For eg: contusions, fractures, scars

❖ **Why DV is missed?**

Factors related to the victim:



- Women may not disclose abuse to doctors especially if they are males
- The victim thinks that addressing DV is not part of physician's job

Factors related to society:

- Negative cultural & social attitudes.
- Institutional constraints

❖ Signs and symptoms suggestive of abuse:

- Injuries that point to a defensive position over the face (bruises and marks on the inside of the forearms, back).
- Injuries to the chest and stomach, reproductive organs, and anus.
- The illness or injuries do not match the cause given.
- Delay in requesting medical care.
- Injuries and bruises of various colors, indicating injuries occurring regularly over a period of time.
- Repeat injuries, someone who is "accident prone".
- Injuries during pregnancy.
- Repeated reproductive health problems: repeat miscarriage, early delivery, sexually transmitted diseases.
- Behavioral signs: multiple visits, lack of commitment to appointments, not displaying emotion, crying easily, or poor eye contact.



Impact with a bat will result in an area of central clearing surrounded by two parallel lines. The blood directly beneath the area of impact is forced upward and outward around a linear object, resulting in rupture of the vessel outside the area

Blows from a belt can exhibit several different patterns. If the belt impacts on edge, a linear contusion will be produced. If the belt impacts more on its side, a wider contusion may be imprinted. Woven belts will leave a mirror image of the weave imprinted on the skin.



The hand is the most common “weapon” of domestic violence. The slap mark present on this patient’s cheek shows areas of central clearing from impact with the extended fingers.



Injuries that are associated with falls would include contusions and abrasions to the bony surfaces of the body, including: extensor surfaces of the arms, elbows, knees and shins.

الوحيدة الي مو عنف



*ممكن نجبلكم صورة في ال OSCE وحتكون سهلة وواضحة

❖ Partner's behavior:

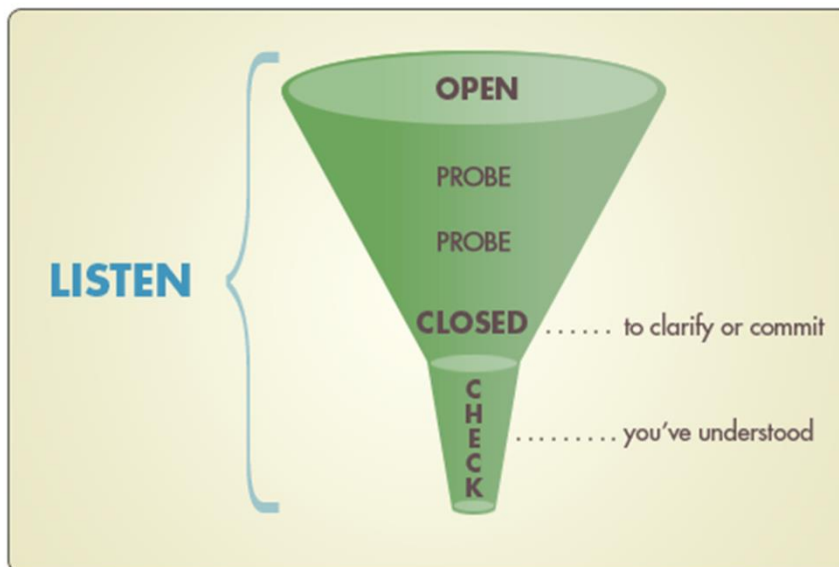
- Extreme and irrational jealousy or possessiveness.
- Attempts to control time spent with the healthcare providers.
- Speaks on behalf of the patient.
- Insists on staying close to the patient, who hesitates to speak before the partner.

❖ Family physician role in DV:

- Identify DV.
- Assess the patient and her family's level of safety.
- Provide ongoing medical care & non-judgmental support.
- Ensuring privacy and confidentiality.
- It is advisable not to discuss DV when children or the partner are present.
- Counseling about the nature and course of DV.
- Educating the patient about the range of available support services.
- Documenting findings.
- Refer for further management or assistance.



- Prevent further incidents of abuse.
- ❖ **How to address DV during the consultation?**
- **Use introductory statements:** “violence is so common around here, that we started asking everyone about it”
- **Then a funneling technique:** (funnel = قمع)
 - 1-moving from the broad less-threatening questions :“married couples may disagree; how do you resolve conflicts at home”
 - 2-to asking about specific behaviors “are you being hit?”
- **Ask in a non-judgmental way:** for example, avoid asking “what have you done for him to hit you?”
- **Avoid using emotionally charged words:** like “violence’ or “abuse”
- **Observe the patient’s non-verbal cues**
- **Don’t pressure her to leave the relationship**



Screening tools for IPV:

- HITS (Hurt, Insult, Threaten, Scream)
- WAST (Woman Abuse Screening Tool)




HITS (Hurt, Insult, Threaten, Scream):

- How often does your partner physically **hurt** you?
- How often does your partner **insult** or talk down to you?
- How often does your partner **threaten** you with physical harm?
- How often does your partner **scream** at you?

Scoring: *never* = 1 point, *rarely* = 2 points, *sometimes* = 3 points, *fairly often* = 4 points, *frequently* = 5 points. A 10 points is a positive screen

HITS is positive if it's 11 or above*



The HITS tool

- Circle choice that best describes frequency your partner acts in way depicted; 1=never 5=frequently

How often does your partner: 1 2 3 4 5

1. Physically hurt you	○ ○ ○ ○ ○
2. Insult or talk down to you	○ ○ ○ ○ ○
3. Threaten you with harm	○ ○ ○ ○ ○
4. Scream or curse at you	○ ○ ○ ○ ○

- Items scored 1-5 (range 4-20). Score greater than 10 considered positive.

❖ What if she discloses abuse?

- The initial response is to **show empathy**: “I am sorry this is happening to you”
- **Acknowledge** the difficulty to share the information: “this must be hard on you to talk about it”



- **Express validation** while alleviating guilt: “no one deserves to be hit or treated badly; it’s not your fault”
- **Offer help and assurance** of continuous assistance in the future: “you are not alone in this, we can help you take care of your health and support you while going through this problem”
- **Ask open-ended questions** to assess the safety of the patient
- Violence tends to escalate during life changes, for example: pregnancy, separation, illness, divorce or unemployment
- If danger indicators are present, the physician should discuss a safety plan with the victim

❖ **Indicators of Danger/red flags:**

- History of threats of murder or suicidal thoughts.
- Attempts of suicide or homicide.
- Increased severity or frequency of the perpetrator’s fits of anger.
- Using weapons or tools in the assault or an attempted strangulation.
- Alcohol or substance abuse.
- If the victim acknowledges a fear for life.

❖ **Safety Plan:** (important)

- Calling the police, or (the Ministry of Labor & Social Development) MLSD hotline. (1919) MCQ [احفظوها](#)
- Hiding money, a bag with extra clothes, having important documents in a safe place outside the home in the event of an urgent escape.
- Agreeing on a safe place to escape to (relatives, neighbors), ask: “If you decided to leave, where you could go?”
- a signal to alert neighbors to request their help.
- When the perpetrator is around, stay away from rooms with weapons, such as the kitchen, or with hard surfaces, such as a bathroom.



- The safety plan is to be revisited on later visits and modified according to situation.
- Safety plan should be discussed even when victims deny danger.

➤ Counseling:

- Counseling improves the patient's self-esteem and self-worth and assists the decision-making process.
- Providers are not supposed to encourage victims to leave the relationship.
- Counseling of couples is to be avoided when active violence, intimidation, fear, or control is present in the relationship.
- Physicians should also resist the repeated demands from the victim to confront the perpetrator as this may endanger the patient and the physician.

What should be included in the **documentation** of a DV case?

1- The occurrence, nature, and time of abuse and the perpetrator identity when possible.

2- Findings from the physical examination with an accurate recording of injuries, which includes nature, shape, and color of the injury

- If possible, photographs of any physical injuries may be obtained if the patient permits.
- The photographs must include the patient's face or identifying features with the injury to be useful as evidence.
- If a camera is not available, the physician should make a sketch of the injuries or use body maps to record injuries

3- The laboratory or radiological studies ordered, the medications prescribed, and the referral when done



4- Comments on comorbidities; pregnancy, if present; and degree of disability

❖ **Follow up:** Check for barriers to access and discuss solutions

What if she denied violence?

- You should respect the patient's decision even despite your clinical suspicion.
- It is better to acknowledge the relation of the complaints to violence:
"sometimes patients having symptoms like yours turn out to be abused???"
"اتوقع قصده كذا" sometimes patients complain of symptoms which turn out to be DV, such as complaining about back pain"
- Express readiness to discuss DV in future visits whenever the patient wishes.
- Provide education about the impact of violence on the health of victims and children witnessing it.
- Provide a list of resources and organizations offering support to abused women.
- Give a close follow-up visit.

Multidisciplinary Approach:

- Physicians
- Social workers
- Psychologists/psychiatrists
- Community resources (police, MLSD)

❖ Use **leaflets** about DV in Patients' waiting area.

❖ **Child Abuse:** [MCQ 116111](#) [خط مساندة الطفل](#)

رقم 1919 حق العنف الأسري بشكل عام أما 116111 خاص بالأطفال

- In the US, child abuse is the 3rd leading cause of death in children 1-4 years of age.
- There is an increased risk of abuse in children with disabilities.
- When a sexually transmitted infection (STI) is detected in a child, evaluation for sexual abuse is mandatory.



❖ Child abuse history:

- Physicians must evaluate the consistency of a caregiver's history with other findings from the history or physical examination.
- Pregnancy history, including whether the pregnancy was planned or unplanned. ولدكم جا غلطة؟ :)

❖ Historical components that suggest intentional trauma:

- No or vague explanation for a significant injury.
- Significant delay in seeking medical attention.
- An important detail of the history changes dramatically over time.
- Explanation is inconsistent with the pattern, age, or severity of the injury.
- History does not explain the injuries identified.
- Explanation is inconsistent with the child's physical or developmental capabilities.
- Different witnesses provide markedly different explanations for the injury.

Physical Examination for Suspected Child Abuse:

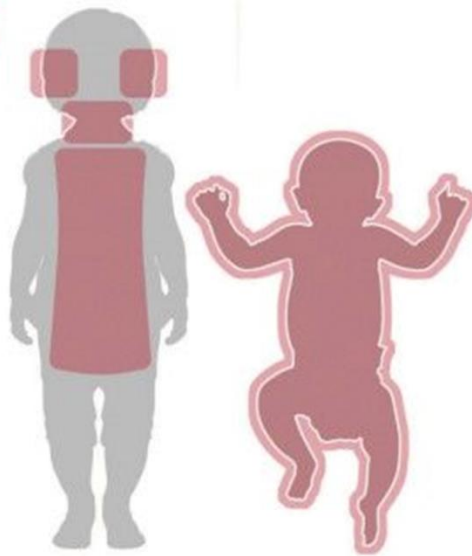
- Low weight might be suggestive of neglect.
- Bruises on the **torso, ear, or neck (TEN)** in a child **four years or younger**.
- Bruises of **any region** in a child **younger than four months**.
- Bruises at different stages of healing.
- Burn injuries.
- Palpate for tenderness, especially of the neck, torso, and extremities.



BRUISING RULES

Torso Ears Neck
4 years & under

OR ANY BRUISING ON AN INFANT
4 MONTHS OR YOUNGER



- ❖ Sometimes in child abuse cases, you need to admit the child to provide a safe place for the child. (even if the symptoms doesn't require admission, so you can make sure that he's safe)

Saudi Law of Protection from Abuse:

❖ Article 3:

- Anyone who becomes aware of a case of abuse must report it immediately.
- Any employee in the government, military, or private sector who becomes aware of a case of abuse, **must report such case immediately to his employer**, who in turn must report it immediately to the Ministry or the police.

❖ Article 5:

- The identity of a person reporting a case of abuse may not be disclosed except with his consent.



- Any employee in the government, military, or private sector who violates any of the provisions relating to reporting cases of abuse, shall be subject to a disciplinary action. (In case of a suspected DV you must: 1- report it to your employer 2- document the incident)

❖ **Article 6:**

- An individual reporting a case of abuse (with good intent) shall be exempted from liability if it is established that such case is not a case of abuse (إذا بلغت على عنف أسري و طلع ما في عنف عوافي ما عليك شيء)