Research Article

Disclosure and Health Seeking Behavior of Domestic Violence Survivors of Women attending the National Guard Primary Healthcare Centers in the Western Region, Saudi Arabia, 2020

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Abstract

Background: Domestic violence is prevalent in Saudi Arabia, and the help-seeking behavior of Domestic Violence Survivors (DVS) varies in terms of the demographic factors, type of domestic violence, and cultural norms. The objective of the study was to explore disclosure and help-seeking behavior and the association with demographic factors of women attending the National Guard Primary Healthcare Centers in the Western Region of Saudi Arabia. **Methods:** A cross-sectional study was conducted with women who previously experienced domestic violence and attending a National Guard Primary Health Care Center in the Western Region of Saudi Arabia from January to May 2020. A non-probability convenient sampling method was used. In total, 1845 participants were invited to complete a validated, self-administered Arabic version of the Norvold Domestic Abuse Questionnaire (NORAQ) to determine the help-seeking behavior of survivors of domestic violence. All women between 18-65 years who met the inclusion criteria were included. The data were analyzed using SPSS (Statistical Package Social Sciences) version 24.0. **Results:** Only a third 34.3% of the domestic violence survivors attempted to find assistance. Although most of the DVS were not scared of disclosure, only 28.4% went to a formal sector, such as the police or a social agency. Financial dependence on the caregiver as well as living in the city was significantly associated with disclosure and help-seeking behaviors. **Conclusion:** Despite the prevalence of domestic violence, most domestic violence survivors do not seek assistance. Some disclosed the violence to their physicians, but very few reported it to the police or a social agency. Help-seeking behavior in Saudi Arabia needs to be supported, and awareness of the legal rights and reporting channels should be emphasized. Many formal and non-formal services are available; however, the information about these services should be accessible to women.

Keywords: Domestic violence, Help seeking behavior, Disclosure, Women abuse, Primary health care, Saudi Arabia

Introduction

Domestic Violence (DV) is a major public health concern in Saudi Arabia and globally. The prevalence of DV in the Western Region of Saudi Arabia is 33.24%, indicating that one in every three women is victims of abuse. [1,2] Abused women suffer from physical and mental health consequences [3]; however, Domestic Violence Survivors (DVS) find it difficult to disclose or seek assistance for such events. Inherent in disclosing, is a psychological burden for the women being abused, which can delay the process of seeking assistance. Reasons for the delay could be cultural norms, social control, healthcare system, or social institution regulations. [4,5]

If women decide to disclose being abused, she has two resources. Informal resources such as friends, neighbors, and families, are most frequently accessed; few would disclose to formal resources such as health personnel, social services, or the police in severe cases. Some do not disclose being abused at all. [6]

Factors contributing to DV disclosure are the severity of the abuse, the involvement of children, and trust in the healthcare or social system. Women tend to seek assistance from family before they approach more formal resources, in non-severe cases, and when finding other no familial resources were ineffective. [7]

The clinical presentation depends on the type of abuse. DV

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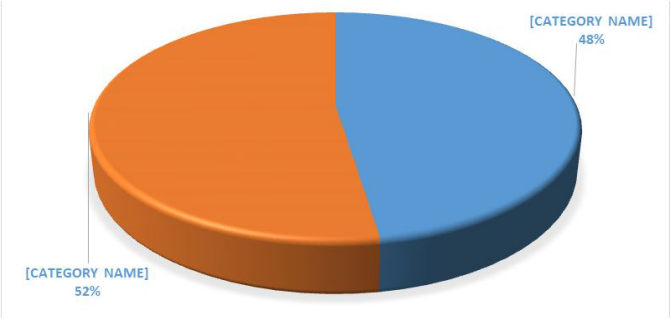

Figure 2: Prevalence of disclosure of the abusive event to a health professional.

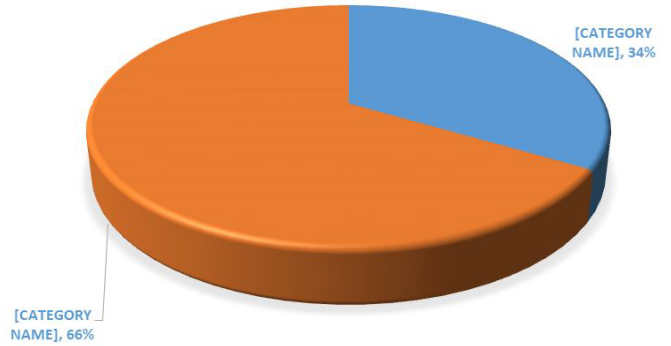

Figure 3: Percentage of domestic violence survivors who know where to in case of abuse.

level and help-seeking behaviors in the psychological and physical DVS groups ($p \leq 0.05$) but not in sexual abuse. The type of residence was significantly associated with physical abuse. Social status and financial dependency on the caregiver were associated considerably with help-seeking of all types of abuse ($p \leq 0.05$). However, family income, home type, age at marriage, and duration of the marriage, had no association with disclosure and help-seeking behaviors to any kind of abuse [Table 6].

Discussion

Despite the high prevalence of DV in women attending the National Guard Primary Healthcare Centers, the help-seeking prevalence is low. [1] More than half of the sample did not disclose DV. However, disclosing DV is multi-factorial; many cultural taboos and norms play a role. [11,12]

The literature review indicated that women could get assistance from formal resources such as health institutions, social workers, police, or domestic violence agencies, as well as informal resources, including friends and families. [8]

The current study indicated that most of the DVS did not try to find assistance from any resource, although more than half of the DVS disclosed the event of abuse to an informal resource such as friends or family. Possible reasons could be

Table 4: Comparison of disclosure and help-seeking behaviors among different types of abuse.

Variables	Psychological abuse (n=460)		Physical abuse (n=330)		Sexual abuse (n=159)	
	Mean	SD	Mean	SD	Mean	SD
Age at first abuse	13.07	11.27	12.79	10.094	9.92	7.633
Age of disclosure	14.85	11.63	13.62	10.572	11.92	8.492
	Frequency	%	Frequency	%	Frequency	%
Abuse last year						
• No	303	67.33	96	29.81	20	14.7
• Yes	147	32.66	226	70.18	116	85.29
Seeking assistance						
• No	331	73.38	256	79.25	121	87.68
• Yes	120	26.6	67	20.74	17	12.31
Disclosure of abuse to anybody						
• No	251	55.29	175	54.51	88	65.18
Yes (partially, all)	203	44.72	146	45.47	47	34.81
Disclosure to a medical practitioner						
• No	195	84.78	144	80.44	49	87.5
• Yes, she knows	5	2.17	3	1.67	1	1.78
• Yes, when she asked	17	7.39	20	11.17	5	8.92
• Yes, immediately	13	5.65	12	6.7	1	1.78

Table 5: The relationship between disclosure and help-seeking behaviors and demographic factors.

Variable	No	Asked for help No (%)	Did not ask for help No (%)	*Chi-square	p-value
Educational level					
Illiterate	39	10 (5.8)	29 (8.8)		
Undergraduate	221	70 (40.5)	151 (54.6)	4.149	0.246
Graduate	233	90 (52)	143 (43.2)		
Postgraduate	11	3 (1.7)	8 (2.4)		
Residence					
Unknown	8	2 (1.2)	6 (1.8)	2.672	0.282
City	399	144 (83.2)	255 (77)		
Village	79	27 (15.6)	70 (21.1)		

Home type					
Owned	319	103 (59.5)	216 (65.5)	1.713	0.206
Rent	184	70 (40.5)	114 (34.5)		
Family income					
< SAR 5000	190	69 (39.9)	121 (36.7)	0.5	0.499
> SAR 5000	313	104 (60.1)	209 (63.3)		
Social status					
Single	134	42 (24.30)	92 (27.8)		
Married	327	116 (67.1)	211 (63.7)	5.284	0.152
Divorce	25	12 (6.9)	13 (3.9)		
Widow	18	3 (1.7)	15 (5.5)		
Marriage duration					
< 5 years	100	31 (19.4)	69 (20.9)	5.286	0.15
5-10 years	87	35 (21.9)	52 (15.8)		
≥ 10 years	176	61 (38.1)	115 (34.8)		
Financially dependent					
Yes				1.301	0.05
No	250	83 (65.9)	167 (71.1)		
	109	43 (34.1)	66 (28.3)		
No of hospital visits					
1-3	231	75 (43.3)	156 (47.1)	2.353	0.312
4-6	153	60 (34.7)	93 (28.1)		
More than 7	120	38 (22.0)	82 (24.8)		

Table 6: The relationship between disclosure and help-seeking behavior by type of abuse.

Variable	Psychological abuse		Physical abuse		Sexual abuse	
	*Chi-square	p-value	*Chi-square	p-value	*Chi-square	p-value
Educational level	19.42	0.022	28.761	0	15.053	0.187
Residence (city, urban)	0.887	0.188	0.377	0.291	5.477	0.486
Home type (rent,own)	0.502	0.974	13.984	0.002	0.836	0.99
Family income	3.179	0.206	3.794	0.056	0.668	0.888
Social status	25.422	0.001	25.338	0	24.795	0.008
Age at marriage	113.479	0.004	38.697	0.265	85.753	0.588
Marriage duration	3.186	0.783	3.664	0.297	14.908	0.088
Financially dependent	21.088	0	26.395	0	20.834	0

personal, complicated nature of the process or unclear help-seeking channels. Some DVS are afraid to disrupt their marital relationship, loss of their children, rejection by the family, or divorce. These results are similar to a study indicated that the DVS did not disclose being abused to their family or friend unless they were victims of abuse as well. [13] A qualitative study indicated that the barriers for women to disclose an event of abuse are related to four categories: the social context, family, individual, and the expectation from the health/community system including, feelings of shame and guilt, preservation of the unity of the family and upholding the gender role. From another perspective, the women thought that physicians are inexperienced in dealing with DV or had a negative past experience with their physician. [14]

Although DVS were not scared of informing and some were familiar with the available protection resource, almost none of the DVS disclosed the whole abuse event to anybody. The finding is similar to a study conducted in Pakistan, where women who screened positive for DV, chose to remain silent due to reasons such as the stigma of abuse, fear of the partner, distrust in the formal system, and the acceptance of violence. [15]

DVS usually present to their primary care physician with their abusive experience, which could be direct or indirect, and almost no one disclosed or discussed the experience during the clinical consultation. A small group did not disclose being abused because they thought their doctor knew, few disclosed the event only when the doctor asked, and only one revealed the whole event. A study reported similar findings that survivors of abuse did not disclose DV to a healthcare practitioner even though they visited the health facility in the same period for health concerns such as mental health problems, including anxiety, depression, and insomnia.[13] Possible explanations could be that the healthcare institution lacked policies, procedures, and trained personal in screening for DV or to individual factors such as fear, breach of confidentiality, or lack of trust in the healthcare system. The finding is supported by a Malaysian study highlighting barriers for DV disclosure to primary care physicians as the privacy of DV and the male gender role in the community. [14]

Current family medicine services in Saudi Arabia fail to recognize DV due to the lack of policy guidelines and screening programs. In the present study, the disclosure of DV to the medical practitioners was similar. The majority did not disclose or thought the doctor knew. The question is, why would the patient believe that the doctor knew? Could it be related to a long-term relationship with the primary care physician or because the patient presented many times with the same issue? A study emphasized that physicians avoided or were

not willing to discuss DV, the basis of the two main barriers, namely a negative past experience with the healthcare system or the unknown role of the healthcare provider. [15] Another study demonstrated that a DVS did not seek assistance from the primary care physician because of their perception that health care services are not appropriate for their needs, are not practical or, finally, not trained to manage cases of DV. The same study reports that women needed support and guidance from informal groups to access the formal support system. [16]

Less than half of the DVS in the current study reported the abuse event to the police, possibly due to the lack of proper channels, awareness programs, and information on the role of each sector. Most importantly, the unknown consequence of reporting in terms of the victim's safety and confidentiality. Two studies reported that women do not disclose being abused unless it is severe or their children suffered, because they are unsure about the consequences, they consider the abuse event as over or because they do not trust the attitude of the institutions. [17,18]

The relationship between disclosure and help-seeking behavior and demographic factors

The current study indicated a significant association between disclosure of DV and financial dependence on the abuser. This could explain the fear of reporting as they may endanger the financial support from the abuser, or they have no other place to go. These results are in line with a Canadian study reporting that financial independence is positively associated with women's help-seeking behavior. [19]

The current study also did not reveal a significant association with the educational level, home type, and place of residence, social status, and the duration of the marriage. In contrast, a study conducted in India reported that women tend to report abuse if they were severely abused, educated, married after the age of 21 years, or have no children. [20]

The relationship between help-seeking behavior and different kind of abuse

Based on the findings of the current study, the educational level is significantly associated with psychological and physical abuse, but not with sexual abuse, because women with higher educational levels tend to report violence. In contrast, sexually abused women felt shame and guilt. This finding is supported by a study revealing that survivors of sexual assault do not disclose the event because of the perceived support and the adverse reaction from the community. [21]

Another significant association, women living in the city tend to disclose physical abuse, possibly due to a higher level of independence and easier access to formal resources such as the police and hospitals. However, for psychological and sexual abuse, the same situation did not apply. Similar findings were presented in a Dhaka study. [22]

Conclusion

The prevalence of DV in Saudi Arabia is high; unfortunately, most DVS does not attempt to obtain assistance or disclose the DV to informal resources. Only a minority of DVS in this study approached the police or formal protection services. Several barriers to disclosure have been identified, including personal, related to the community, or related to the healthcare system. DVS approach formal or informal sectors for assistance for physical or physiological abuse, but not sexual abuse. Some demographic factors are associated with disclosure of DV, including financial dependence on the caregiver or living in the city, but no other demographic factors.

Recommendations

The cycle of domestic violence must be broken; however, this cannot be achieved without collaboration between different sectors. Women should be empowered to disclose DV without the feeling of guilt or shame, be aware of her legal rights, the consequence of reporting, and the penalty for the abuser in a safe, confidential manner. The community and families have to be educated and allow non-stigmatization, non-judgmental decisions for battered women. A unified health-based policy should be introduced to all health sectors. This policy should include procedures for screening, transportation, and management of such cases. In addition, healthcare providers should be trained in the aspects of interviewing, examination, and documentation.

It is suggested that broader community outreach programs are required to challenge and change norms and cultural taboos, to ensure that family and friends can provide appropriate support for women in abusive relationships who are seeking assistance. The non-formal facilities should be strengthened to facilitate the transition from the non-formal sector to the formal sector through ongoing awareness programs in the school, universities, and shopping malls. An example is a program empowering women to finish their education and find employment to release them from the financial dependency on the caregiver. It is also recommended that all DVS should be aware of their legal rights should they decide to leave the partner and her power to keep her children.

The effect of different awareness programs and the implementation of a national health policy related to help-seeking behaviors require in-depth research.

Limitations of the study

This study was conducted with the DVS attending the Primary Health Care Centers in the Western Region of Saudi Arabia, limiting the generalizability of the findings. Due to the nature of quantitative research, the reasons and opinions of the DVS were not explored. In addition, the expectations from the formal and non-formal resources were not explored. The study may also suffer from recall or social bias due to the sensitive nature of the topic.

Implications for practice and research

This study showed that domestic violence survivors did not disclose the violent event, based on this study; it is a good chance for policymakers to review current recommendations and protocols in dealing with such cases.

This study is a call for more detailed studies in a broader population, including a qualitative approach to highlight what could be added to current domestic violence services from the

victim's perspective. Besides, this study revealed that DVS would not disclose being abused unless they were asked by a health care provider, which calls for a national policy and screening programs.

This is the first Saudi study that shows that women in abusive relationships may choose to stay silent because of the lack of a wide-base national program that can empower the women to ask for help from the appropriate channels.

Declarations

Ethics approval and consent to participate

Ethical approval was obtained from the Institutional Review Board of King Abdullah International Medical Research Center with a reference number RJ20/ 024/ J. Ethical principles were maintained throughout the research process. All participants signed informed consent, and confidentiality and anonymity assured as no personal identifiers were used. All data were stored on workplace computers with access to study personal only.

Consent to publish

Written informed consent for publication was obtained.

Availability of data and materials

All data generated or analyzed during this study are included in this published article.

Competing interests

The Author declares that they have no competing interests.

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Authors' Contributions

The Author contributed to all the parts, proposal writing, data collection, data analysis, and writing the discussion.

The correspondence author (R.M.W) is the owner of the intellectual idea, analysis, writing the result, and the discussion section and final review.

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