

THE PREVALENCE OF DOMESTIC VIOLENCE IN MAKKAH, SAUDI ARABIA

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Abstract

Background: Domestic violence (DV) is both a public health concern and a deprivation of a basic human right in Saudi Arabia. DV has a variety of short- and long-term physical and mental health repercussions

Objectives: To study the prevalence and types of domestic violence in Makkah.

Methods: A community-based study among different age groups from 1 year to older than 20 years. The data were collected from health care facilities during the time from January 2019 – June 2019.

Results: The prevalence of domestic violence in Makkah was high specially among kids, younger ages groups and women. The majority of aggressors were known and reported by mothers more than any other family members. The most common types of violence were physical abuse (33.6%) followed by sexual (23.7%) and multiple types (20.6%) then neglecting abuse (17.6%). The types of violence were correlated with younger age and the mother being the reporter for abuse.

Conclusion: The prevalence of domestic abuse during the study period was high specially among children and women. Further studies should be conducted to assess the prevalence of DV around KSA.

Key words: violence, Abuse, Physical, sexual, Makkah, KSA

INTRODUCTION:

Domestic violence (DV) is defined as violence performed against another individual by a member of the family or intimate partner[1]. Domestic violence is a global problem, with an approximated 30% of women who experience physical or sexual assault from their partner at some point in their lives[2]. Family and domestic violence especially child maltreatment, partner abuse, and elder violence, are widespread problems. Annually, about 10 million persons are believed to be affected by domestic and family abuse. It is a nationwide public health issue, and almost all healthcare providers will examine or treat a patient who has been a victim of personal or familial violence at some time[3, 4]. However, each type of familial violence breeds other forms of violence. The "cycle of abuse" is frequently extended from exposed children through adult relationships, and then into senior care[5, 6]. Domestic and family abuse is projected to cost the US economy more than \$12 billion each year. During the next 20 years, the number of people afflicted is predicted to climb, resulting in an increase in the old population[7]. Domestic and familial violence is hard to detect, and many incidents go unnoticed by health care providers or legal authorities. All healthcare providers, including psychiatrists, pharmacists, doctors, dentists, and registered nurses, will examine and perhaps treat a victim or abuser of family violence due to the rise of the problem in our society[8, 9]. [6][7]. Thus, this study aimed at studying the prevalence and types of domestic violence among subjects in Makkah, KSA.

Methods

This study was conducted during the period from May 2019 to December 2019. The included different age groups of Saudi subjects living in KSA who reported suffering from abuse.

Sample:

The study included all the reported cases of different types of domestic violence during the mentioned period.

Data collection:

The data were collected from the violence protection unit in Makkah. All types of abuse were collected among different age groups. The demographics and other information about types of violence, reporter, the aggressor and the need for psychological evaluation or forensic consultation.

Statistical analysis:Data were entered into the Statistical Package for Social Sciences (SPSS, version 24, SPSS, Chicago, IL, U.S.A.) and descriptive analysis conducted. Statistical significance was accepted at $p < 0.05$.

Results Demographics of the studied subjects:

The demographics of included subjects were shown in Table. 1. This study included all subjects suffering from abuse from babies less than 1 year to adults older than 20 years. The majority of abused subjects were Saudi nationality (74.8%), females (56.5%) and 74.8% were children. The majority of the subjects were from Makkah (94.7%).

Table. 1: demographics of the included subjects:

| | N | % |
|--------------------|-----|------|
| Age | | |
| <1years | 10 | 7.6 |
| 1-5years | 33 | 25.2 |
| 5-10years | 41 | 31.3 |
| 10-15years | 15 | 11.5 |
| 15-20years | 5 | 3.8 |
| >20years | 27 | 20.6 |
| Nationality | | |
| Saudi | 98 | 74.8 |
| Non-Saudi | 33 | 25.2 |
| Gender | | |
| Female | 74 | 56.5 |
| Male | 57 | 43.5 |
| Category | | |
| Child | 98 | 74.8 |
| Adult | 33 | 25.2 |
| City | | |
| Makkah | 124 | 94.7 |
| Outside Makkah | 7 | 5.3 |

Prevalence of abuse and its related factors: According to the type of transfer form, 3 types were frequently reported as social protection unit (35.1%), the health units (32.1%) and the police (31.3%). The majority of violence reporters were mothers (45.8%), and most of the aggressors were known (87%) and relatives (79.4%). As for the type of abuse, most of the subjects reported physical abuse (33.6%) followed by sexual (23.7%) and multiple types (20.6%) then neglecting abuse (17.6%). The factors affecting assault were mostly aggressor factors (37.4%) or victim factors (32.8%). Most of the subjects didn't require forensic examination or psychological evaluation. The majority were admitted to children emergency (58%) and while only 19.8% were admitted to children's clinics. Table. 2: Abuse type and its factors:

| | N | % |
|-----------------------------------|-----|------|
| Transfer from | | |
| The police | 41 | 31.3 |
| Social protection unit | 46 | 35.1 |
| The health | 42 | 32.1 |
| Other | 2 | 1.5 |
| Reporter | | |
| The mother | 60 | 45.8 |
| The father | 22 | 16.8 |
| A relative | 8 | 6.1 |
| A doctor | 15 | 11.5 |
| Other | 26 | 19.8 |
| Aggressor | | |
| Unknown | 17 | 13 |
| Known | 114 | 87 |
| its relation | | |
| Unknown | 6 | 4.6 |
| A stranger | 21 | 16 |
| A relative | 104 | 79.4 |
| its type | | |
| Sexual | 31 | 23.7 |
| physical | 44 | 33.6 |
| Psychological | 6 | 4.6 |
| Neglecting | 23 | 17.6 |
| Multiple | 27 | 20.6 |
| Factors leading to assault | | |
| Victim factors | 43 | 32.8 |
| aggressor factors | 49 | 37.4 |
| chronic disease | 9 | 6.9 |
| drugs | 2 | 1.5 |
| Multiple | 10 | 7.6 |
| Other | 18 | 13.7 |
| psychological evaluation | | |
| No | 96 | 73.3 |
| Yes | 35 | 26.7 |
| Forensic consultation | | |
| nothing | 45 | 34.4 |
| There is | 12 | 9.2 |
| not required | 74 | 56.5 |

| | Reception | |
|--------------------|-----------|------|
| women emergency | 20 | 15.3 |
| children emergency | 76 | 58 |
| women clinics | 9 | 6.9 |
| Children's Clinics | 26 | 19.8 |

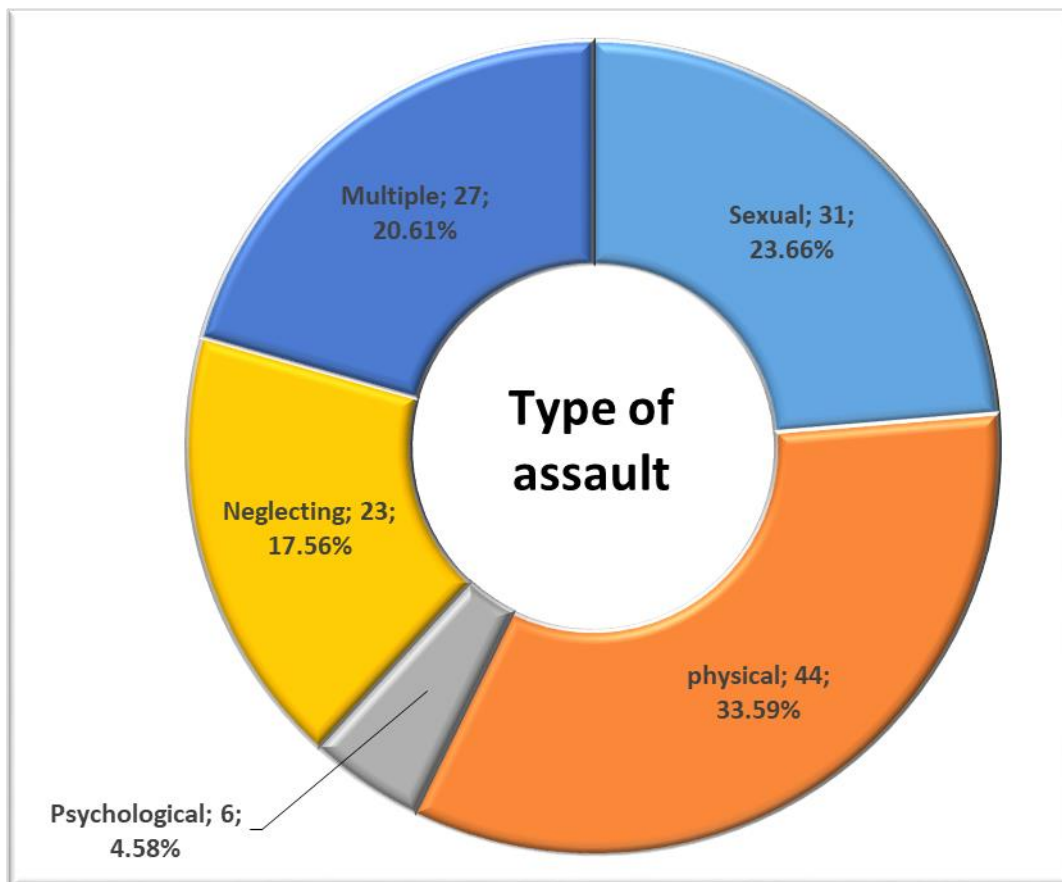


Fig. 1: the types of assault

Demographics correlation with violence:

Table. 3 showed that the type of abuse showed significant correlation with the younger age as the majority of children suffered from multiple types, sexual abuse and other types of violence higher than older age. Also, if the reporter was mother followed by the father, there would be a significant association with different kinds of abuse.

Table.3: relation between demographics of included subjects and type of assault:

| | | | its type | | | | | Chi-square | |
|-------------|------------|---|----------|----------|---------------|------------|----------|----------------|---------|
| | | | Sexual | physical | Psychological | Neglecting | Multiple | X ² | P-value |
| Age | <1years | ك | 0 | 1 | 0 | 8 | 1 | 41.825 | 0.003* |
| | | % | 0.00% | 2.27% | 0.00% | 34.78% | 3.70% | | |
| | 1-5years | ك | 9 | 8 | 2 | 6 | 8 | | |
| | | % | 29.03% | 18.18% | 33.33% | 26.09% | 29.63% | | |
| | 5-10years | ك | 11 | 14 | 0 | 5 | 11 | | |
| | | % | 35.48% | 31.82% | 0.00% | 21.74% | 40.74% | | |
| | 10-15years | ك | 3 | 5 | 2 | 3 | 2 | | |
| | | % | 9.68% | 11.36% | 33.33% | 13.04% | 7.41% | | |
| | 15-20years | ك | 1 | 4 | 0 | 0 | 0 | | |
| | | % | 3.23% | 9.09% | 0.00% | 0.00% | 0.00% | | |
| | >20years | ك | 7 | 12 | 2 | 1 | 5 | | |
| | | % | 22.58% | 27.27% | 33.33% | 4.35% | 18.52% | | |
| Nationality | Saudi | ك | 20 | 32 | 6 | 20 | 20 | 7.276 | 0.122 |
| | | % | 64.52% | 72.73% | 100.00% | 86.96% | 74.07% | | |
| | Non-Saudi | ك | 11 | 12 | 0 | 3 | 7 | | |
| | | % | 35.48% | 27.27% | 0.00% | 13.04% | 25.93% | | |
| Gender | Female | ك | 18 | 27 | 5 | 9 | 15 | 5.231 | 0.264 |
| | | % | 58.06% | 61.36% | 83.33% | 39.13% | 55.56% | | |
| | Male | ك | 13 | 17 | 1 | 14 | 12 | | |
| | | % | 41.94% | 38.64% | 16.67% | 60.87% | 44.44% | | |
| Category | Child | ك | 23 | 27 | 4 | 22 | 22 | 12.031 | 0.017 |
| | | % | 74.19% | 61.36% | 66.67% | 95.65% | 81.48% | | |
| | Adult | ك | 8 | 17 | 2 | 1 | 5 | | |
| | | % | 25.81% | 38.64% | 33.33% | 4.35% | 18.52% | | |
| Reporter | The mother | ك | 15 | 19 | 3 | 10 | 13 | 43.961 | <0.001* |
| | | % | 48.39% | 43.18% | 50.00% | 43.48% | 48.15% | | |
| | The father | ك | 6 | 7 | 1 | 2 | 6 | | |
| | | % | 19.35% | 15.91% | 16.67% | 8.70% | 22.22% | | |
| | A relative | ك | 4 | 2 | 0 | 0 | 2 | | |
| | | % | 12.90% | 4.55% | 0.00% | 0.00% | 7.41% | | |
| | A doctor | ك | 0 | 1 | 2 | 10 | 2 | | |
| | | % | 0.00% | 2.27% | 33.33% | 43.48% | 7.41% | | |
| | Other | ك | 6 | 15 | 0 | 1 | 4 | | |
| | | % | 19.35% | 34.09% | 0.00% | 4.35% | 14.81% | | |

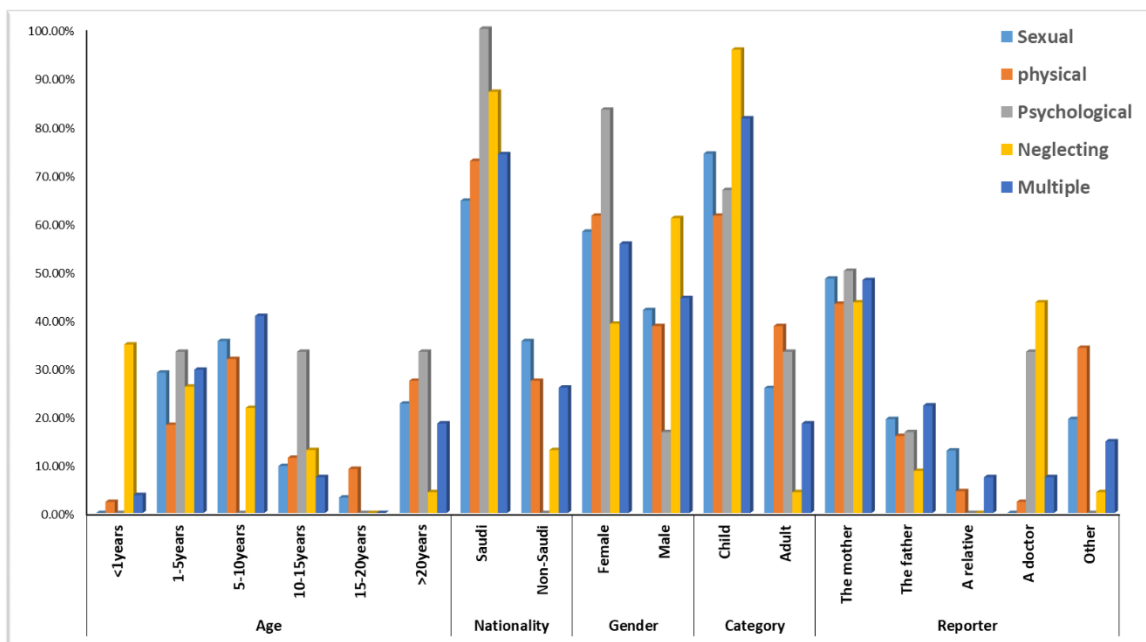


Fig.2: relation between demographics of included subjects and type of assault

Discussion and conclusion

According to our understanding, this is one of a small number of researches looking at the incidence of domestic violence in Saudi Arabia and is the first of its type to include all ages groups and different types of violence in KSA. Nevertheless, the research group does not represent all Saudi population and due to time and sample size constraints, thus the findings cannot be generalized to all Saudi subjects.

The prevalence of domestic violence in Makkah was high specially among kids, younger ages groups and women. Also, this study showed that the majority of aggressors were known and reported by mothers more than any other family members from which we could conclude that the mothers in this study had good knowledge about abuse types and the need for consultation as well as reporting the aggressor.

Furthermore, the most common types of violence were physical abuse (33.6%) followed by sexual (23.7%) and multiple types (20.6%) then neglecting abuse (17.6%). The types of violence were correlated with younger age and the mother being the reporter for abuse.

Accordingly, children who were subjected to DV are more likely to develop depression, emotional problems, stress, and educational issues [10]. Family violence and child molestation occur at a rate between 45 – 70 percent in the same family, showing that intimate partner violence is a risk factor for child assault [11]. DV has major economic repercussions, including an additional workload on the medical network in the presence of higher health-care expenditures, as well as negative effects on afflicted persons' schooling and employment productivity [12].

However, the high prevalence of child abuse and women abuse in this study, Saudi Arabia's nationwide child abuse avoidance plan is now evidence-based according to the recommendations of the United nations independent panel research on abuse against children [13].

This study emphasizes the importance and scope of DV in our society. The government must adopt regulations against family violence that include appropriate consequences for offenders thus they are held responsible for their acts. Millions of lives will be saved and protected as a result of such legal judgements, laws, and processes.

A further major significance of this study is that it focuses on the prevalence of DV to draw the attention Saudi Arabian health officials toward DV high incidence. This phenomenon should be well-understood by health care professionals, social services, judicial, and security sectors. This may be accomplished by training courses that will assist stakeholders in identifying DV instances and providing victims with the needed assistance on a variety of levels, including medical treatment for their traumas, sociological, legal, and psychiatric support, and victim rehabilitation services.

In conclusion, the overall prevalence of domestic abuse during the study period was high specially among children and women. Further studies should be conducted to assess the prevalence of DV around KSA. Also, educational programs should be conducted to inform the population with definitions and factors that could help them identify violence and how to react and interact.

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