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CASE REPORT

Intimate partner violence: the silent sufferers

Basem Abbas Ahmed Al Ubaidi[1*]

[1]Consultant Family Physician, Ministry of Health, PO Box 12, Kingdom of Bahrain.

***Corresponding author:**
Basem Abbas Ahmed Al Ubaidi, Consultant Family Physician, Ministry of Health, PO Box 12, Kingdom of Bahrain, Tel: 009733190390, Email: bahmed1@health.gov.bh

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Abstract

Violence or abuse among domestic partners is the leading cause of morbid-dysfunctional families. Physicians usually deal with either acute or chronic presentation of intimate partner violence. Many victims of an abusive relationship are hesitant to seek help, yet the abusive problem is often overlooked, excused, or denied. Physicians need to understand the risk factors leading to an increase in the violent incidents and use specific screening questionnaires to assess the patient's living condition with an abusive partner.

Keywords: Intimate partner violence, Bahrain, psychological, physical

Introduction

Intimate partner violence (IPV) such as domestic violence and abuse, battering, or family violence is a pattern of assaultive and bullying behavior by a spouse or a partner against another in an intimate domestic relationship.[1] IPV may have any pattern of relationship exploitation (physical, threats, emotional or psychological, verbal, economic, and sexual abuse). It can affect any member of the family including spouse, older people, and children.[1,2]

Physical abuse is the use of any form of physical bullying (punching, pulling hair, slapping, shoving, biting, twisting arms, kicking, choking, hitting, and pushing down),[2] whereas threat is by carrying out something, which might hurt the partner emotionally (threatening to commit suicide, taking away children from partner, or to report partner to a governmental agency or betraying other important secrets).[2] However, emotional abuse is impassive behavior to the partner and is carried out by putting partner down, making partner feel crazy or bad about self, prohibiting the partner from seeing family and friends, ongoing degradation or threats) although, economic abuse is performed by preventing the partner from working or repossessing earnings.[2] On the other hand, verbal abuse is giving a bad partner naming or use harsh and insulting language to the partner.[2] However, economic abuse is keeping partner in financial shortage (inhibit any job opportunity, taking partner's money, making partner ask for money).[2] And, sexual abuse is by making partner do sexual things against her will or physically attacking the sexual parts of partner's body.[2]

IPV against women is a prevalent problem, which reached to 42% in the Kingdom of Bahrain[3], and is extended to 58.5% women in Saudi Arabia.[4] Globally, one in three women has a history of IPV.[5] It is commonly underreported as a public health problem with serious adverse health outcomes, which threatens women's mental and physical well-being.[6] The global prevalence rate of physical and sexual IPV against women varies from 15% to 71%, depending on the instrument used to measure IPV.[7]

The barriers to disclosure and/or seek professional help are different, such as cultural or traditional differences, confusion state, fear of retaliation or fear of family dysfunction, and shame.[8,9]

Case study

A 34-year-old Bahraini woman presented with a chief complaint of worsening depression symptoms—insomnia, loss of appetite, thoughts of guilt feelings, low self-esteem, and low-energy. She had multiple injuries all over the right side of her body such as contusion and abrasion with many longitudinal band lacerations. She claimed that she fell down during her household work. The patient had been taking antidepressant medications with psychotherapy in a psychiatric clinic. While, on using abuse screening questionnaire, she revealed that her husband was verbally threatened to harm her, then he abused her physically, emotionally on many occasions.

Case discussion

The patient's history suggested very high-risk factors for IPV. She was from the lower socioeconomic state, with a history of child maltreatment and witness for family violence. Her husband had antisocial personality disorder, with alcohol abuse and history of infidelity. The victim was accepting her husband violence and gender inequality. Both the couple had experienced family disruption and mental illness in their caregiver providers. Also, she was accepting her social isolation and was very hesitant to give history. However, she was open with the help of validation statement and IPV Screening Tool (IPV-ST; Tables 1 and 2).[10]

Then, the physician should follow mnemonic RADAR—**R**outinely screen for IPV, **A**sk direct questions, **D**ocument your findings, **A**ssess patient's safety, **R**eview options and referrals.

Table 1: Possible validation statement

Everybody deserves to feel safe at home.
No one deserves to be hit or hurt in relationships.
I am concerned about your safety and well-being. Let us work together on this.
Abuse is common and happens in all kinds of relationships. It tends to continue. You are not to blame.
Abuse can affect your health and that of your children.

Table 2: Intimate partner violence-screening tool

Does your partner threaten you or yield on you?
Does your partner physically hurt or sexually abuse you?
Has your partner treated you badly?
Has your partner destroyed your things or stolen things?
Has your partner ever abused or used your children to threaten you?
What happens when your partner fights with you?
Has your partner ever prevented you from leaving the house, getting a job, seeking a friend, and continuing education?
Has your partner involved in drug or alcohol abuse?
How does your partner behave when he uses drugs or alcohol?
Does your partner have a gun (or any weapons) in the house?
Does your partner threaten you by any weapon?
Do you feel safe with your partner in your home?

She did not call the police or asked any help from any agencies. Also, she was beaten by her father from preschool age until she was 13 years of age; and her parents were divorced.

She had the various medical complication of both acute and chronic squeal for being a victim of IPV. There were different contusion and laceration and blunt abdominal trauma; however, there was no

fracture and concussion. The patient was frequent attender for many psychosomatic disorders, chronic pain syndrome, negative health behavior, besides the history of chronic depression, and anxiety.[11,12] Consequently, the physician should be enough alert to suspect IPV by having high suspicions of affirmative clinical indicators (Table 3).[11]

Table 3: Clinical indicators for suspected intimate partner violence

General	Physical
Delay in seeking treatment/inconsistent explanation of injuries	Obvious injuries, especially to the head/neck or multiple areas
Multiple presentations to general practice	Bruises in various stages of healing
Noncompliance with treatment and attendances	Sexual assault
Accompanying partner who is over-attentive	Sexually transmissible infections
Identifiable social isolation	Chronic pelvic pain
Recent separation or divorce	Chronic abdominal pain
History of child abuse	Chronic headaches
Age < 40 years	Chronic back pain
Abuse of a child in the family	Numbness and tingling from injuries and lethargy
Psychological	**Pregnancy indicators**
Insomnia	Miscarriages
Depression	Unwanted pregnancy
Suicidal ideation	Antepartum hemorrhage
Anxiety symptoms and panic disorder	Lack of prenatal care
Somatoform disorder	Low birth weight of infant
Post-traumatic stress disorder	
Eating disorders	
Drug and alcohol abuse	

Once physician had a patient-centered approach and used open-ended question in the supportive, nonjudgmental, welcoming, and nonthreatening environment, the patient declared all her painful scars in her relationship. Also, the physician was alert to her acute and chronic signs of abuse. Correspondingly, the physician assured her about consultation privacy, safety, and confidentiality issues.[9] As well, the physician addressed her social/psychological needs and assessed her safety concerns for her family. Lastly, the physician offered her referral to mental health, social worker, and Batelco Centre for Family Violence Victims (women's shelters, support groups, and legal advocacy). Finally, the physician discussed with her about the importance of the legal tools and he agreed with her about a safety plan for violent partner.[12,13]

The physician asked the patients the following questions at the consultation: *If you decided to leave, where could you go? Can you keep clothes, money, and copies of keys and important papers in a safe place? Where could you go in an emergency? How would you get there? Many women call a women's shelter to learn more about it.* and *Would you like to use our office phone?* Moreover, the physician validated patient's strengths and documented the observation, assessment, and her future plans. To finish, the physician offered regular follow-up appointment and assessed her barriers to contact him.[12,13]

Conclusion

IPV is a common and serious primary health problem, which compromises the social and family fabric of Bahrain's society. IPV is not limited to physical violence but also includes different types of violent and controlling behavior. Thus, general physicians need to have a high index of suspicion and to have a proper approach the victims of violence in a sensitive and nonjudgmental way. Recognizing the women's autonomy is the primary focus in the process of supporting them to accomplish safer and healthier lives.

Recommendation

1. Promote gender equality and women's human rights to reject gender disparity in basic education.
2. Encourage women to have a paid job and be independent financially.
3. Inspire women to have a role in political dimension and share of parliamentary seats.
4. Create an action plan for the political empowerment of women by having active Supreme Council of Women.
5. Establish, implement, and screen action plans to address violence against women by developing and monitoring legislation and other related actions.
6. Forced marriage is an abuse of human rights and cannot be justified by any religious or cultural basis.
7. Stop honor killings, when women are murder in the name of the family honor.
8. Enlist social, political, religious, and other leaders in speaking out against violence in the family.
9. Establish systems for data collection and screen violence against women.
10. Support research on the causes, consequences, and costs of violence against women and on effective prevention measures.

Conflicts of interest

None

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