MAPPING VIOLENCE AGAINST WOMEN IN ARABIAN COUNTRIES

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ABSTRACT

Violence against women is a scourge affecting all countries. Violence against women in the Arabian region is widely recognized as a critical human rights violation that demands a policymaking intervention to effectively combat it. **Aim:** we aimed at mapping different types of violence against women in Arabic countries, assessing the knowledge of women regarding the support services that ensure their safety and determining factors standing against combating women violence. **Methods:** A cross-sectional study was implemented. An anonymous self-administered questionnaire was used to collect data about basic demographic data. Responses were received from Egypt, Sudan, Libya and Lebanon. Data about exposure was collected and analyzed. **Results:** The questionnaire was completed by 355 respondents from different countries; those who reported exposure to violence involved 149 women and those who didn't report exposure included 206 women. A statistically significant difference was detected between the four studied countries. Regarding the type of violence, the highest percentage of female participants reported verbal violence. In the current work, only 8.7% reported violence, in addition, more than two third of female participants were unaware about the support service nor the punishing laws for abusers. **Conclusion:** Women experience violence in Arabian region regardless of their age, level of education, income. Findings from this study suggests that the lack of awareness of women about the avenues of support and the laws that protect them is the deep-rooted factor that has attributed to the persistence of violence against women in the Arabian region.

Keywords: Woman, Violence, Mapping, Arabian region.

INTRODUCTION

Violence against women is a scourge affecting all countries and all socioeconomic levels. As it is deeply connected with fundamental questions of health, education, food security and poverty, it continues to explode across the world **(United nations 1993 and WHO 2021).**

According to the global statistics, one in three women worldwide experience physical or sexual violence, mostly by an intimate partner. Even the emerging data during the era of COVID-19 showed that domestic violence has intensified **(Roesch 2020).**

Many countries have laws, policies and different measures to combat violence. Unfortunately, challenges remain in implementing these measures **(Haj-Yahia et al 2001 and Saif El Dawla et al 2001)**. Most governments in Arabian region have signed international human rights treaties and conventions and are beginning to translate commitments into national laws, policy frameworks and strategies. However, progress has been slow, and more importantly uneven, with only a few countries on their way to fulfilling their obligations **(Women UN 2017)**

Despite considerable socioeconomic diversity, the twenty-two countries of the Arabian region share a common language, culture and religion. Some indicators of the status of women in the region have improved in recent years. However, by many measures, Arabian women in the region continue to experience barriers to full social, economic, and political access equality **(League of Arab States 2019 and Assaf et al 2012).**

There is much less consistency in available data on the prevalence of violence within different Arabian countries. We can assume that

the prevalence of violence should be relatively consistent across most societies. Hence, the current work is aimed at mapping different types of violence against women in Arabian countries, assessing the knowledge of women regarding the support services in different sectors that ensure their safety and protection and determining factors standing against combating women violence.

METHODOLOGY

Cross sectional study was implemented. An anonymous self-administered online questionnaire was used to collect data in a period of six months from September 2022 to February 2023 about basic background and demographic including age, occupation, education, and financial status. Data about exposure was collected including frequency of exposure and its relation to COVID-19, type of violence, place of exposure, perpetrator data, awareness about violence penalties and frequency and barriers against reporting violence to authorities. The questionnaire was administered in both Arabian and English to make it more convenient for the participants.

An ease of access nonprobability sample of women from different regions in Egypt and other Arabian countries; namely Lebanon, Sudan, and Libya; were invited to participate in this survey study. Data was cleaned coded and entered to SPSS 24 version. Descriptive statistical analysis revealed frequency and percentages of categorical variables. To map violence exposure and its related factors among countries, Chi square test was used to test statistical significance between groups belongs to different countries with significance level (P value <0.05).

The questionnaire was piloted on a sample of fifteen participants (excluded from the sample) and modified accordingly. Based on the pilot study Modifications included grouping categories for age rather than using it as a continuous variable and generating an Arabian version of the questionnaire.

RESULTS

The questionnaire was completed by 355 respondents from different countries: 83 from Egypt, 37 from Libya, 107 from Sudan and 128 from Lebanon. They were categorized into two groups: a group of those participants who reported exposure to violence and involved 149 women (42%) and another group of those participants who didn't report exposure and comprised 206 women (58%).

In the current work, a statistically significant difference was detected between the two groups regarding their occupation where more than half of the exposed group had professional occupation compared to nearly one-third in the non-exposed group ($p < 0.05$). On the contrary, a nonsignificant difference was detected between both groups regarding their age, level of education and family salary. Also, aspects related to differences between the two groups regarding their number of family members, their housing and being the main family provider were non-statistically significant. **(Table 1)**

In the current work, more than half of participants in the exposed (50.3%) and non-exposed (56.8%) group were married and single respectively. In addition, 29.5% and 26.2% of exposed females had mental disorders and chronic illnesses respectively**.** The difference was statistically significant between the exposed and non-exposed females in regard to their marital status, presence of mental disorders and chronic illnesses, where ($p<0.05$). **(Table 2)**

In the current work, the relationship between the country and the exposure to violence was studied. A statistically significant difference was detected between the four countries where more than half (63.9%) and (73%) of the Egyptian and Libyan, respectively, reported exposure to violence. On the contrary, more than half of Sudanese (62.2%) and Lebanese (77.3%) participants reported no previous exposure to violence. **(Table 3)**

Regarding the type of violence, the highest percentage of the participants reported emotional abuse in the form of verbal violence among 82.6% participants followed by negative aggressive behavior in 68.5%of the sample. Regarding physical violence and sexual abuse, they were reported among 44.3% and 40.3% respectively and the highest percentages of them were among the female Sudanese participants, where more than half of them reported exposure to both. Additionally, 29.5% of the exposed females reported financial abuse. The difference between the four countries regarding the different types of violence was not statistically significant. On the other hand, a significant association was detected between the marital status and financial abuse, where 30.7% and 47.1% of the married and divorced

participants respectively reported financial abuse ($p<0.05$)**. (Fig. 2)**

In the current work, more than half of the female participants (53.7%) reported males as perpetrators of violence. Both sexes were reported as perpetrators in 39.6%. On the other hand, females' perpetrators were reported as the only perpetrator among 6.7% of the participants. Regarding the place of exposure, 80.5% of the participants reported exposure at home, 44.3% at public places, 28.2% at the workplace and 25.5% at the university. **(Table 4)**

Regarding the distribution of the studied participants in terms of the duration of exposure to violence, nearly one-third of the participants (29.5%) reported exposure for more than five years. On the other hand, 26.1% of the participants reported exposure just once. **(Table 5)**

In the current work, the highest percentage of the participants (47%) reported a decrease in the severity of violence during COVID-19 pandemic, only 13.5% of the participants reported exposure to more severe levels of violence during the pandemic. **(Fig. 1)**

In the current work, the severity of violence was estimated through severe physical injuries that necessitated medical treatment. This was reported among 20.1% of the female participants. Regarding psychiatric help, it was sought by 18.1% of the participants. However, a non- statistically significant association was detected between the need for psychiatric help and the different types of violence. **(Table 6)**

In the current study, only 8.7% reported violence to their lawyers, the police, office for women complaints, council for women affair and to office of human rights. On the other hand, the highest percentage (91.3%) of the participants didn't report the violence to anyone. Among these who stayed silent about violence, 82.4% refused to report on a voluntary basis and (8.8%) didn't report as they were prevented to do so by a family member or were threatened by the perpetrator. A non-statistically significant difference was detected in the current work between those who reported violence and those who didn't in regard to the type of violence. **(Table 7)**

In addition, more than two-thirds (67.1%) and (70.5%) of the female participants did neither know about the support services available to abused females nor were aware about the punishing laws for the abusers. **(Table 8)**

Table (1): Difference between the Respondents according to the exposure to violence (total number of 355)

	Exposed (n= 149)		Non exposed (n= 206)		Test of Sig.	p
	No.	%	No.	%		
Age (years)						
18 –< 35	94	63.1	147	71.4	χ^2=	0.099
35 – <60	55	36.9	59	28.6	2.714	
Level of education						
Pre-university education	20	13.4	37	18	χ^2=	0.483
University education	79	53.0	107	51.9	1.456	
Post-university education	50	33.6	62	30.1		
Occupation						
● Not currently working	12	8.1	23	11.2	χ^2=	<0.05*
● Elementary occupation	14	9.4	12	5.8	18.073	
● Management and administrative position	9	6.0	19	9.2		
● Professional	86	57.7	80	38.8		
● Student	28	18.8	72	35		
Family Salary						
High	2	1.3	11	5.3	χ^2=	
Above average	41	27.5	41	19.9	6.104	0.107
Average	78	52.3	114	55.3		
Low	28	18.8	40	19.4		
Main family provider						
● Yes	22	14.8	23	11.2	χ^2=	0.314
● No	127	85.2	183	88.8	1.012	
Number of family members						
● ≤3	28	18.8	47	22.8		
● 4-6	74	49.7	81	39.3	χ^2=	0.152
● ≥7	47	31.5	78	37.9	3.762	
Housing						
No permanent residence	9	6	8	3.9	χ^2=	
Occupied without rent or payment	25	16.8	23	11.2	3.494	0.174
Owned or rented	115	77.2	175	85		

Chi square test was used to test statistical significance with significance level (P value <0.05).

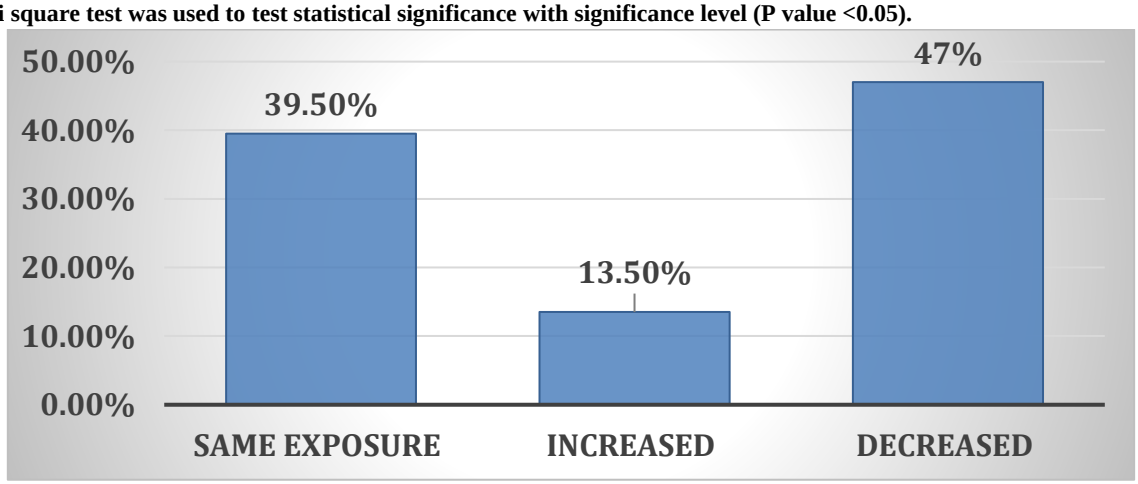

Figure (1): Distribution of studied participants' group according to the severity of exposure in relation to COVID-19.

Table (2): Difference between exposed and non -exposed group regarding their marital status, physical disabilities, chronic and mental illnesses. (Total number of 355)

	Exposed (n= 149)		Non exposed (n= 206)		Test of Sig.	p
	No.	%	No.	%		
Marital status						
Single	59	39.6	117	56.8	χ^2= 23.366	<0.05*
Married	75	50.3	81	39.3		
Widowed	1	0.7	6	2.9		
divorced	14	9.4	2	1.0		
Physical disability						
Yes	1	0.7	2	1	χ^2= 0.052	0.820
No	148	99.3	204	99.0		
Mental Disorders						
Yes	44	29.5	25	12.1	χ^2= 16.706	<0.05*
No	105	70.5	181	87.9		
Chronic illness						
Yes	39	26.2	17	8.3	χ^2= 20.903	<0.05*
No	110	73.8	189	91.7		

Chi square test was used to test statistical significance with significance level (P value <0.05).

Table (3): Distribution of the exposed participants in the four countries according to the types of violence. (Total number = 355)

	Egypt		Libya		Sudan		Lebanon		Test of Sig.	p
	No.	%	No.	%	No.	%	No.	%		
Exposure to violence										
Exposed	53	63.9	27	73.0	40	37.4	29	22.7	χ^2= 51.453	<0.05*
Non-exposed	30	36.1	10	27.0	67	62.2	99	77.3		
Total	83	100	37	100	107	100	128	100		
Type of violence										
Financial abuse										
Force to give money										
● Yes	18	34.0	3	33.3	8	20	9	31	χ^2= 2.465	0.482
● No	35	66.0	18	66.7	32	80	20	69		
Emotional abuse										
a. social isolation										
● Yes	19	35.8	11	40.7	12	30.0	9	31.0	χ^2= 1.020	0.797
● No	34	64.2	16	59.3	28	70.0	20	69.0		
b. Verbal violence										
● Yes	41	77.4	25	92.6	31	77.5	26	89.7	χ^2= 4.607	0.203
● No	12	22.6	2	7.4	9	22.5	3	10.3		
c. Negative aggressive behavior										
● Yes	38	71.7	20	74.1	26	65.0	18	62.1	χ^2= 1.422	0.700
● No	15	28.3	7	25.9	14	35.0	11	37.9		
Physical violence										
● Yes	24	45.3	9	33.3	21	52.5	12	41.4	χ^2= 2.527	0.470
● No	29	54.7	18	66.7	19	47.5	17	58.6		
Sexual violence										
● Yes	17	32.1	9	33.3	22	55.0	12	41.4	χ^2= 5.643	0.130
● No	36	67.9	18	66.7	18	45.0	17	58.6		

Chi square test was used to test statistical significance with significance level (P value <0.05).

Table (4): Distribution of exposed group according to the perpetrator of violence & place of exposure. (Total number 149)

	Number	%
Sex of perpetrator		
Male	80	53.7
Female	10	6.7
Both	59	39.6
Place of exposure to violence		
Home		
Yes	120	80.5
No	29	19.5
Workplace		
Yes	42	28.2
No	107	71.5
Public places		
Yes	66	44.3
No	83	55.7
University		
Yes	38	25.5
No	111	74.5
Total	149	100

Table (5): Distribution of the exposed group according to the duration of exposure to violence

	Number	%
Once	39	26.1
< 1 year	37	24.8
>5 years	44	29.5
1-5 years	29	19.5
Total	**149**	**100**

Table (6): Distribution of exposed group according to the severity of violence

	Number	%
Need for medical treatment.		
Yes	30	20.1
No	119	79.7
Need for psychiatric help.		
Yes	27	18.1
No	122	81.9
Total	**149**	**100**

Table (7): Distribution of exposed group according to the reporting of violence

	Number	%
Reporting		
Yes	13	8.7
No	136	91.3
Causes of non-reporting:		
a. Voluntary	112	82.4
b. Threatened by perpetrator	12	8.8
c. prevented by family members	12	8.8
Total	**149**	**100**

Table (8): Distribution of the exposed participants according to their knowledge about supportive services and punishing laws to abusers.

	Number	%
Knowledge about supportive services to abused females.		
Yes	49	32.9
No	100	67.1
Knowledge about presence of punishing laws to abusers		
Yes	44	29.5
No	105	70.5
Total	**149**	**100**

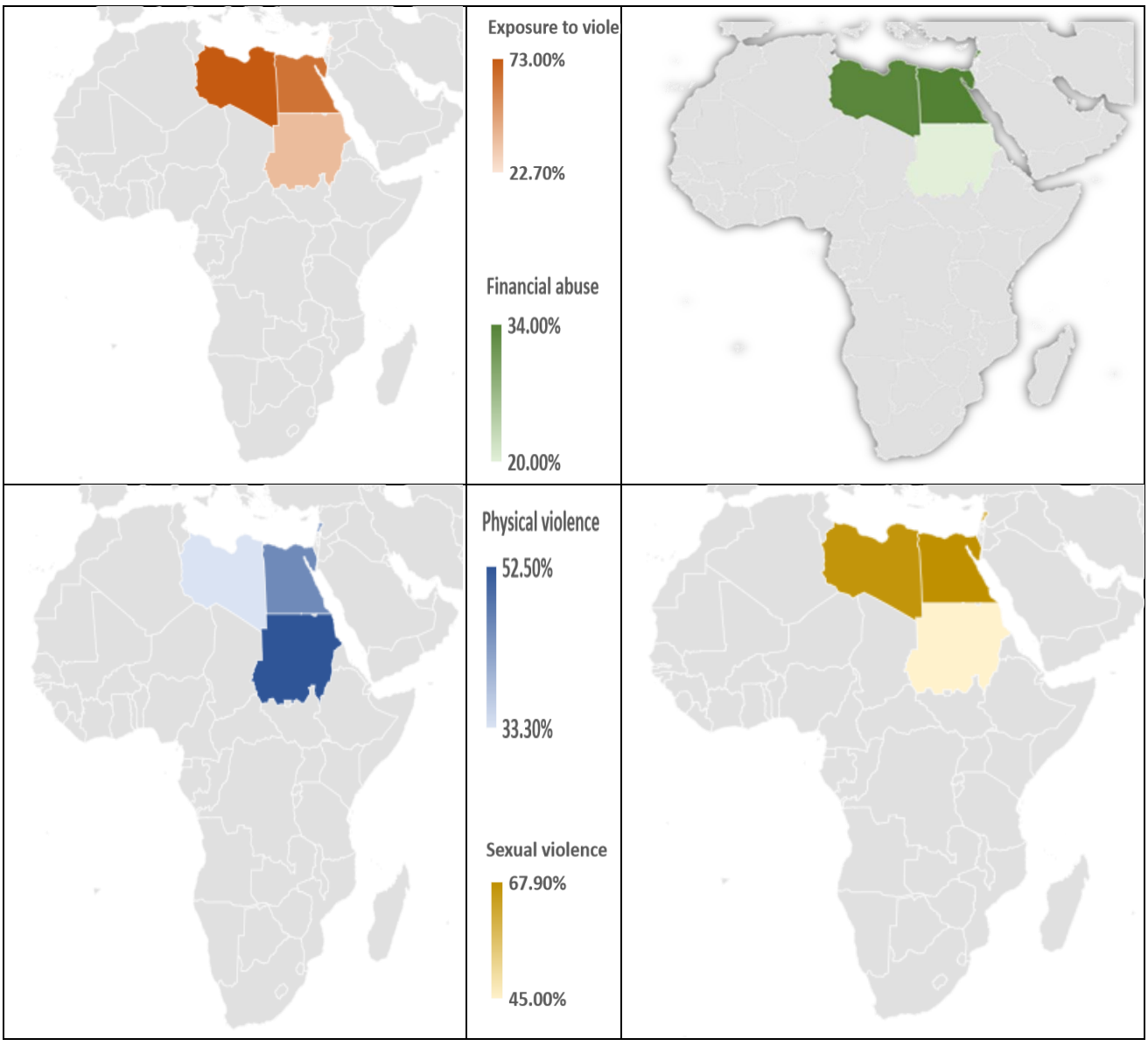

Figure 2: Mapping of different types of violence in the four countries

DISCUSSION

Information on reporting of women's abuse is rare, particularly in Arabian countries, as it is considered a personal concern rather than a criminal matter **(Abd-Rahman et al 2017 and Elghossain et al 2019)**.

According to the World Health Organization (WHO), statistics on the prevalence of violence should be generated through population-based surveys, in which samples of randomly selected respondents are directly questioned about their experiences **(García-Moreno et al 2005).**

In the current work, our goal was to generate insights into the prevalence of violence in the Arabian region, its associated risk factors, and consequences on a wider scale. The women who responded to our call to fill out the questionnaire were from four Arabian countries: Egypt, Sudan, Libya and Lebanon.

In the present study, about 42% of the total sample reported exposure to violence; this percentage is higher than the global estimate reported by **WHO 2021** which declared that 30% of women worldwide have been subjected to physical and/or sexual intimate partner violence in their lifetime. This can be explained by the involvement of other forms of abuse in our study. According to United nation, 37% of Arabian women have suffered some form of violence in their lifetime and indicators refer that percentage might be higher because of under-reporting **(Sundaram et al 2004 and United Nations 2023).**

Looking at the prevalence of violence in each of the countries under study separately, the proportion of exposed women was higher in the samples from Egypt and Libya, whereas a higher proportion of women responding to the questionnaire from Sudan and Lebanon stated they had never been exposed to violence. The variance in prevalence can be in large part attributed to discrepancies in definitions and cultural meanings of violence between different populations **(García-Moreno et al 2005)**.

In a study by the Reuters news agency [(14)], results were shocking to the Egyptian society; data revealed that Egypt was the worst Arabian country in terms of how women were treated. (**Boros 2013).** Data from the United Nations Children's Fund also states that female circumcision is a widespread practice in Egypt, where nearly 9 in 10 females aged 15 to 49 years have undergone genital mutilation **(UNICEF 2020).**

Additionally, worrying levels of violence against women have been documented in Libya in recent WHO and UN reports **(United Nation 2022 and Ragrag 2021)**.

In an attempt to identify the risk factors associated with woman violence, the current findings show that women experience violence regardless of their age, level of education, income, conditions of housing or family members.

Empirical literature demonstrates that younger women are less likely to understand the complexities of domestic violence in relationships, potentially predisposing them to such type of violence **(Owusu Adjah et al 2016, Kargar Jahromi et al 2015 and Sapkota et al 2016).** In the present study, women aged 35-60 were less likely to experience violence compared to women aged 18–35 years; however, no significant relationship was detected between age and exposure to violence.

Several previous studies affirmed that higher educational level is a proven protective shield against domestic violence, which was not clearly significant in our study **(Jamali et al 2016, Puri et al 2012 and Shiraz 2016)**. The reason behind this may be the view that these women can act independently of their husbands, so men use violence as a tool for control to prevent their wives from being autonomous and from separating **(Brownridge et al 2008).**

Our findings showed that women's occupations do have a major impact on their exposure to violence. With increased participation of women in diverse professions, they may face specific challenges that are unique to the occupation. Additionally, in professions where women are underrepresented or working in male-dominated fields, they may face gender-based violence or harassment. Forms of psychological violence can occur in a variety of work contexts due to gender stereotypes, power imbalances, or workplace culture **(OECD/ILO/CAWTAR 2020).**

In the current work, more than half of the female participants reported males as perpetrators of violence and more than half of participants in the exposed group were married. The husband was the perpetrator in more than 70% of cases in our sample among married participants and across all four examined countries, where the female Sudanese participants reported violence by husband in

100% of the married participants. Consequently, the home was the highest place witnessing violence across all examined countries.

This high estimate which exceeded the global proportion of ever-partnered women stems from attitudes that domestic violence is a private matter and, usually, a justifiable response to misbehaviors on the part of the wife. The alleged religious justifications, plus the importance of preserving the honor of the family lead the community to join in a conspiracy of silence rather than disclosing these offences **(Douki et al 2003)**.

The current work showed a significant association between women's exposure to violence and mental health disorders or chronic diseases. Brown et al illustrated a similar result in a ten-year study; exposure to violence is associated with poor physical and mental health of mothers **(Brown et al 2020).**

A study in Rwanda showed that exposure to intimate partner violence either was strongly correlated with all types of mental problems in women. Physical violence increased the likelihood of present depression in women by four times (**Umubyeyi 2014).**

At the population level, partner violence has been shown to be a major contributor to disease burden among women. An Australian study that examined 1257 female patients found that women experiencing depression were 5.8 times more likely to have experienced violence than women who did not **(Hegarty et al 2004)**.

Studies investigating violence against women mainly focus on physical violence; nonetheless, in our study, to clarify the overall problem, we included all forms of woman violence to comprehensively measure violence experienced by women. Our study found that women who completed the survey revealed instance to the exposure of verbal and psychological violence. Our findings had a different pattern than previously reported in Egypt by Habib et al. who found that the most common form was physical abuse **(Habib et al 2011).**

This different pattern can be explained by the difference in the sample as our study included high percentage of health professional who are more exposed to verbal violence than to physical violence. Moreover, psychological violence has various forms in the Arabian region, including insults, sarcasm in front of others, threats to harm children, ignoring the woman's opinion, constant threat of being kicked out from home, and punishing the mom for giving birth to girls **(Lu et al 2020).**

In accordance with our results, Sabri et al concluded that according to the Composite Abuse Scale, the highest prevalence type of violence is harassment **(Sabri 2021).**

Whatever the type of violence, it is well known that domestic abuse doesn't tend to be an isolated incident. Abusers repeat their abusive behaviors again, often escalating them, and typically don't accept blame or show remorse. Hence, it is well known that violence is a vicious cycle that is hard to break and has the propensity to continue. Current study confirmed this fact; nearly one-third of the participants reported exposure to violence for more than five years **(Both et al 2019)**.

Moreover, about one-fifth of the victims suffered severe physical injuries that required medical attention, and about 18 % of the women were emotionally abused to the point of requiring psychiatric treatment. This high rate could be explained by the delay of the abused women in reaching out to health care services until the late stages of the abuse cycle. This is in accordance with the report issued by the WHO in 2013 which confirmed that violence has hazardous effects on woman either psychological or physical **(Mavrikiou et al 2014 and Karakurt et al 2014)**.

Despite major consequences of violence on women health, the current findings were disappointing as less than 9% of the participants had ever reported experiencing violence to anyone regardless of the type of violence, where the majority of them refused to report voluntarily despite the fact that almost all participants in our study are highly educated women and are expected to be fully aware of the domestic violence and its detrimental consequences. This finding was in accordance with Wali et al. who found that 97.2% of victims in Saudi Arabia were reluctant to seek help **(Wali et al 2018)**.

Haj Yahia examined attitudes toward various issues related to domestic violence; 80% of participants indicated that "wife abuse" does not justify reporting the husband to the legal authorities **(Haj-Yahia et al 2018).**

These findings are relevant to the patriarchal sociocultural context in many Arabian countries, which advocates male

dominance and subordination of women in public as well as in the private spheres of life.

What worsens the situation is previous reports that stated that even if violence is disclosed, family, police and even health professionals were not of great help, and all are concerned with maintaining marital status. Moreover, the lack of abuse detection by health professionals is alarming **(Rakovec-Felser 2014)**.

Another explanation for this high disappointing percentage of under-reporting may be the lack of awareness of females of support services for abused women. This was confirmed in our study where more than two-thirds of impacted participants are still not aware of the support services for abused females or the punishing laws for the abusers, despite the efforts to address violence against women, in addition to the developed and adopted interventions that have been taking place over the past decades.

In an effort to model risk factors of violence against woman, we asked participants about the change in the severity of violence during the outbreak of COVID-19, as emerging data and reports have shown that domestic violence against women has intensified as women were trapped with the perpetrators of violence. This was not in accordance with our findings which showed no significant change in the severity of violence during the pandemic and even it was reported to be less. This can be explained by disruptions in the patterns of daily routine activities of life caused by lockdowns that have been linked to changes in opportunities for sexual harassment, other types of violence in streets and public places, as our study report all kinds of violence and not only domestic violence **(Elsaid et al 2022)**.

CONCLUSION

Violence against woman is still a serious problem and greater investment in preventing and responding to violence is needed across Arabian countries.

The study reveals significant insights into the prevalence of violence against women in Arabian countries. Despite variations in demographics and country of origin, a concerning number of women experience various forms of violence, predominantly emotional abuse. The lack of awareness of women about the avenues of support and the laws that protect them and punishes the abusers is the deep-rooted factor that has attributed to the persistence of violence against women in the Arabian region.

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AUTHORS' CONTRIBUTIONS

All authors participated in data collection from different countries. SA, MA, MG were involved in the conception of the study and obtaining ethical approval. HA analyzed and interpreted data. SA, MA drafted the manuscript. SA, AS, and MS revised the manuscript. All authors reviewed the manuscript.

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None.

AVAILABILITY OF DATA AND MATERIALS

The datasets generated and/or analyzed during the current study are not publicly available due to limitations of ethical approval involving the patient data and anonymity but are available from the corresponding author on reasonable request.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

We confirm that all methods were carried out under relevant guidelines and regulations. The approval of the Ethical Committee of the Faculty of Medicine at Alexandria University, Egypt, was obtained prior to conducting the study **(Serial No: 0305420, IRB No:00012098, FWA No: 00018699)**. Informed consent to participate was obtained from the participants.

CONFLICT OF INTEREST

The authors declare that they have no competing interests.

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رسم خرائط العنف ضد المرأة في الدول العربية

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الملخص

العنف ضد المرأة آفة تؤثر على جميع البلدان. من المعروف أن العنف ضد المرأة في المنطقة العربية هو انتهاك خطير لحقوق الإنسان يتطلب تدخلاً من قبل السياسات المختلفة لمكافحته بشكل فعال. الهدف: هدفنا التعرف على أنواع مختلفة من العنف ضد المرأة في البلدان العربية، وتقييم معرفة المرأة فيما يتعلق بخدمات الدعم التي تضمن سلامتها وتحديد العوامل التي تقف ضد مكافحة العنف ضد المرأة. الطرق: تم تنفيذ دراسة مقطعية حيث تم استخدام استبيان مجهول المصدر ذاتيًا لجمع بيانات حول البيانات الديموغرافية الأساسية. ووردت ردود من مصر والسودان وليبيا ولبنان. تم جمع وتحليل البيانات المتعلقة بالتعرض. النتائج: تم إكمال الاستبيان من قبل 355 مجيباً من مختلف البلدان؛ أولئك الذين أبلغوا عن تعرضهم للعنف شملوا 149 امرأة وأولئك الذين لم يبلغوا عن تعرضهم للعنف شملوا 206 امرأة. تم اكتشاف فروق ذات دلالة إحصائية بين الدول الأربع التي شملتها الدراسة. وفيما يتعلق بنوع العنف، فإن أعلى نسبة من المشاركات الإناث أبلغن عن عنف لفظي. في الدراسة الحالية، أبلغ 8.7% فقط عن تعرضهم للعنف، بالإضافة إلى أن أكثر من ثلثي المشاركات لم يكن لديهن علم بخدمة الدعم أو القوانين العقابية للمعتدين. الاستنتاج: تتعرض النساء للعنف في المنطقة العربية بغض النظر عن عمرهن ومستوى تعليمهن ودخلهن. وتشير نتائج هذه الدراسة إلى أن قلة وعي المرأة بسبل الدعم والقوانين التي تحميها هو العامل المتأصل الذي يعزى إلى استمرار العنف ضد المرأة في المنطقة العربية.