Challenges Facing Social Workers in Domestic Violence Cases in Saudi Arabia

Dr. Aref Alsehaimi

Associate Professor of Social Work - Department of Social Sciences - College of Arts - University of Hail - Saudi Arabia

Abstract: Background: Domestic violence presents a complex issue to handle for social workers, more so in contexts shaped by cultural and institutional factors.

Aim: The current study aimed to examine administrative, social, and training challenges faced by social workers in Saudi Arabia and propose some solutions to the identified challenges.

Methodology: The research surveyed 378 social workers, male and female, using a validated questionnaire, measuring responses on a three-point Likert scale.

Results: The results indicated that administrative challenges were not as significant as social and training challenges. Social challenges, nonetheless, were more prominent and presented more significant challenges to social workers.

Keywords: Saudi Arabia, Social Workers, Domestic Violence, Abuse, Challenge

INTRODUCTION

Domestic violence (DV) is a major global problem. High rates of DV are consistently reported worldwide, both in developed and developing nations, with victims across all ages and sexes (Christaki et al., 2023; Aljomaie et al., 2022). It is a distinct form of violence that is often confused with intimate partner violence (IPV) (Walker-Descartes et al., 2021). While there are some overlaps between the concepts, DV and IPV are relatively distinct. DV only occurs within the household and may involve romantic partners, parents, children, siblings, the extended family, and even roommates, while IPV only involves romantic partners, who may or may not be living together (Gonzalez-Liencres et al., 2023). Therefore, to some extent, IPV also constitutes DV if it occurs within the household. Regardless, neither IPV nor DV is limited to physical aggression, and they may also involve emotional, psychological, and economic abuse (Navarro et al., 2023). DV comes with a range of adverse implications for its victims.

DV negatively impacts the physical and mental health of the victims. The physical implications of DV primarily revolve around the injuries suffered by the victims of abuse. DV victims often report injuries such as lacerations, abrasions, sprains, internal organ injuries, fractures, and concussions (Walker-Descartes et al., 2021). On the other hand, the mental health implications of DV include but are not limited to anxiety, dysthymia, depression, post-traumatic stress disorder (PTSD), the development of phobias, and the emergence of other detrimental habits such as excessive alcohol consumption and drug dependence (Potter et al., 2021). DV also impacts the development of children at all levels, infancy, childhood, and adolescence (Walker-Descartes et al., 2021). Anyone can be a victim of DV regardless of age, race, disability, or sex (Navarro et al., 2023). Nonetheless, DV is mostly perpetrated by males against females, which makes it a gendered form of violence.

Statistics on the prevalence of DV are not well captured. Nonetheless, what is available are the statistics on IPV and femicide, which support the sentiment of DV being gendered. Estimates by the WHO indicate that approximately 30% of women globally have been victims of sexual and physical IPV at some point in their lives or victims of sexual violence from individuals who are not their partners (Gonzalez-Liencres et al., 2023). The organization also highlights that over 640 million female individuals above 15 years have experienced IPV at least once in their lifetime. In 2019, the United Nations Office on Drugs and Crime (UNODC) also presented a report showing that over 46,000 female individuals globally had their lives ended by their intimate partners or a member of their family, a figure that translates to a rate of one murder every 11 minutes (Navarro et al., 2023). It also reported that 6 out of every 10 murders with female victims are perpetrated by their partners or a member of their family. Therefore, based on the statistics on IPV and femicide, it can be logically deduced that DV disproportionately impacts women. Nonetheless, it is important to reiterate that both men and women can be victims of DV.

Saudi Arabia's Role in Protecting the Family

Saudi Arabia has made some efforts to protect the family, more so within the context of DV. In 2001, Saudi Arabia ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which obliged the kingdom to afford women equal rights and shelter them against violence (Golestani, 2024). Later in 2013, the kingdom implemented the Protection from Abuse Act. This legislation criminalized DV and bestowed upon the Ministry of Human Resources and Social Development the responsibility to provide mechanisms for reporting DV (Subiani, 2023). It also mandated shelters for abuse victims and obliged authorities to track reported abuse (Bunch, 2022). Additionally, the legislation created Family Protection Units (FPUs) and the National Family Safety Program. These quasi-governmental agencies are tasked with facilitating DV awareness, prevention, and interventions (Subiani, 2023).

Through the convention and legislation, Saudi Arabia established a foundational legal and social framework to combat DV and protect the family.

Saudi Arabia adopted further initiatives to build on the earlier interventions. In 2018, the kingdom began allowing mothers to have full custody of their children after divorce without requiring additional legal processes (Golestani, 2024). Traditionally, children were deemed to belong to the father, and hence, custody was often automatically granted to the fathers following separation through divorce. In 2018, wives were also granted the right to hold a copy of their marriage contract, independently access legal buildings, and have guardianship over their children in matters such as school registration and hospital visits, which fall under administrative duties (Golestani, 2024). The passing of the Personal Status Law (PSL) in 2022 codified the rights afforded to mothers regarding the custody and guardianship of their children, albeit with some limitations (Alsafwani, 2024). Nonetheless, when examined objectively, a majority of the efforts towards protecting families within the context of DV are far from sufficient.

Despite the legislative changes and introduction of various programs, the efforts made by Saudi Arabia towards protecting families face significant barriers. One of them is the male guardianship system. This system constitutes an institution built on the view that women are legally minors, not enshrined in any laws (Bunch, 2022).

Domestic Violence in Saudi Arabia

DV in Saudi Arabia has historically been underexplored. Until the 1990s, the exploration of the topic was deemed taboo, an issue that has affected the consistency of the findings and their generalizability, potentially owing to the resultant small sample sizes and specific populations studied (Alquaiz et al., 2021). Studies have reported broad variations in DV prevalence in Saudi Arabia. For instance, Kazzaz et al. (2019) reviewed eight studies that reported a lifetime prevalence of between 32.0% and 80.7% for DV. These high rates of DV prevalence estimates reflect the historically high rates of the issue in the Kingdom. One of the first studies on DV, carried out in 2004 by Tashkandi and Rasheed, placed the lifetime prevalence of DV in Medina at 56.7% (Alquaiz et al., 2021). A range of factors heightens the incidence of DV in Saudi Arabia.

The most common risk factor of DV stands as victim's and abuser's education levels. Low levels of education of both the victim and the abuser increase the likelihood of the incidence of DV (Kazzaz et al., 2019). Alcohol and drug abuse by the abuser also stands as a common risk factor for DV in Saudi Arabia. Women who reported spousal alcohol or drug addiction were 12.7 times more likely to report DV (Alquaiz et al., 2021). A spouse's complete dependence on their partner also increased the likelihood of the incidence (Al-shahrani & Hammad, 2025). Along with these factors, being young, between 30 and 40 years, lacking a support system, and belonging to a polygamous marriage heightened the risk

of exposure to DV. DV is also linked to an abuser's early exposure to DV during childhood, through experiencing beatings or witnessing DV (Alhelali et al., 2024). Its risk is also heightened by the presence of life pressures, such as financial crises resulting from economic downturns or joblessness (Alhelali et al., 2024). Therefore, a range of factors heightened the risk of DV, including psychological, environmental, and even economic factors. Like everywhere else in the world, DV in Saudi Arabia is linked to a range of adverse outcomes.

DV leaves victims with physical and psychological scars. Studies present DV as a significant predictor of depression, anxiety, and poor quality of life (Al-shahrani & Hammad, 2025). DV victims in Saudi Arabia also self-rated their health poorly (Kazzaz et al., 2019). The victims often report higher rates of somatic symptoms, insomnia, and hospital visits. Victims of DV, as earlier highlighted, can be men or women (Khadhar, 2022). Nonetheless, in Saudi Arabia, DV against men by women is rarely offensive. Instead, DV by women against is often driven by self-defense or a longing for emancipation, thereby being more defensive, or in reaction to oppression factors (Khadhar, 2022). Some of the women convicted of DV attributed their actions to the need to defend themselves while they were on the receiving end of mistreatment. Others attributed their use of violence to the need to free themselves from oppressive patriarchal practices. Regardless of the victim's gender, however, DV, whether perpetrated offensively or defensively, comes with detrimental health implications.

Social Workers Confronting Domestic Violence
Confronting DV often presents numerous challenges for social workers. Some of the challenges faced in confronting DV can be systemic. Systemic challenges primarily relate to the difficulties of operating within the social work and healthcare systems. Their professional position as social workers, combined with the flaws within the system, may introduce significant limitations for social workers confronting DV (Youngson et al., 2021). Specifically, it introduces limitations related to collaboration between different partners relevant to confronting DV, such as those in the healthcare system, law enforcement, and judicial system (Notko et al., 2022). Social workers report receiving little to no support from these entities (Notko et al., 2022). The result is that social workers confronting DV experience significant challenges in offering the necessary comprehensive interventions that would be sufficient in mitigating DV. Resource strains also constitute a different kind of systemic barrier that impedes social workers from effectively confronting DV (García-Quinto et al., 2020). A lack of adequate resources can introduce gaps in the availability of service personnel, which will subsequently deteriorate the quality of services offered with respect to DV. Other than systemic issues encountered in practice, social workers confronting DV may also have shortcomings in their training and preparation.

Social workers often lament about the poor preparation they receive in their roles, particularly in handling DV cases. In many cases, social workers claim that

their training does not include real-world cases that analyze DV cases that emerge in consultations when women do not have apparent DV symptoms or are simply unwilling to disclose the violence they go through (García-Quinto et al., 2020). Owing to the poor preparation for real-world cases, social workers may often experience difficulties in recognizing the victims of DV or associating the behaviors of DV victims with the likelihood of victimhood (Husso et al., 2021). They may hold the idea that they are not managing a DV client simply based on the client's surface-level appearance (Lundberg & Bergmark, 2021). This results in them not inquiring about DV, and subsequently missing the opportunity to make an impact. However, besides just poor perceptions of some clients not being victims of DV, social workers may also not inquire about DV from the clients they handle due to feeling ill-equipped to handle the cases if they emerged.

A final challenge relevant to social workers confronting DV relates to the individual factors that impede effective confrontation of the issue. Individual factors primarily revolve around the complexity of cases that the personnel handle (Youngson et al., 2021). Many confounding factors often need to be addressed in any single DV case that go beyond the violence itself, addiction, poverty, and poor mental health, among others. The public, in the sense of the clients handled by the social workers, also may have mistaken perceptions about social workers and their roles (García-Quinto et al., 2020). This often results in them having some level of mistrust for the personnel and subsequently failing to open up about DV. When compounded with systemic and training issues, the individual factors significantly impede the capacity of social workers to confront the issue of DV.

Definitions and Types of Domestic Violence

There is no single agreed-upon definition of DV. In some contexts, authors use the term to refer to violence against women, while in others, there is greater emphasis on the domestic nature of violence in the case of DV (Bonamigol et al., 2021). Each definition thus approaches the phenomenon from a unique perspective, with some definitions overlapping in meaning. UK law, for instance, defines DV as physical violence, threats, or intimidation, along with any other form of abuse, which directly or indirectly causes risk or harm to another party related to the victim or child (Bojaruniec, 2023). On the other hand, Indian law defines DV as any act or omission that harms, injures, or threatens the health, safety, life, or body of an injured party, or which is intended to cause harm, and which involves sexual, verbal, emotional, and economic abuse (Bojaruniec, 2023). It offers a specified subtype of DV that frames the context of this type of violence as domestic, involving the husband and their wife. In China, DV is defined as acts of beating, tying, mutilating, and incapacitating a family member, violating their physical freedoms, and subjecting them to mental abuse and intimidation (Bojaruniec, 2023). Legal definitions of DV, nonetheless, are not as straightforward as those advanced in scholarly contexts.

Scholarly definitions of DV are relatively clearer. In the case of the definitions that focus on violence against women, DV is often considered synonymous with "wife beating" and IPV, viewed through the lens of one partner exerting power and control over another in an intimate relationship (Mogaji, 2024). It may or may not include elements beyond physical abuse, such as mental or emotional abuse. On the other hand, definitions focusing on the environment of the act view DV through the lens of its damaging implications for people in the domestic environment, such as children and relatives (Mogaji, 2024). In this case, DV is defined as the behavior exhibited by an individual within a family towards another, involving physical or emotional assault, driven by frustration, desire, revenge, self-defense, or anger, and resulting in physical or psychological harm. With there being varied definitions of DV, there are also multiple types of it.

Physical abuse is one of the more common types of DV. It includes actions such as beating, slapping, kicking, hair-pulling, biting, denying medical care, or the forced use of drugs and alcohol (Singla, 2024). Another type of DV is psychological abuse, also considered emotional abuse, and which entails actions that undermine a person's self-worth, such as name-calling or isolating them (Luneva, 2023). Financial or economic abuse is also another type of DV characterized by constraining the finances of the partner (Yagoubi & Ahmadi, 2025). Sexual abuse is also another form of DV (Singla, 2024). It can take the form of both depriving a partner of sex or forcing a partner into sex, along with cheating on the partner or forcing them to dress provocatively.

Statement of the Problem

DV is a pressing social concern in Saudi Arabia that threatens the stability of families and the well-being of the victims. The issue persisted despite a range of government initiatives that have been implemented to prevent it, including, but not limited to, the enactment of protective laws and the establishment of specialized institutions. Social workers are expected to contribute to the mitigation of DV. Nonetheless, their work is often constrained by administrative barriers such as unclear protocols and limited resources, deeply rooted social norms enabling DV, and gaps in training that leave them ill-prepared for practice.

Study Significance

This study holds significant value for the practical and academic spheres of social work. The study sheds light on the specific challenges encountered by social workers in practice while dealing with DV in Saudi Arabia, more so those related to the administrative system, the society, and their professional training. This can be beneficial to policymakers and administrators who can pick up some of the gaps to resolve in social work practice. Academically, the research contributes to the limited body of literature on DV in the kingdom, providing a localized view of the issues facing social workers when handling DV cases.

Study Aims

The current study aims to understand the challenges faced by social workers in Saudi Arabia when handling DV cases. It will evaluate these challenges from three lenses, specifically, administrative, social, and training. The overarching objective will be to learn about the repercussions of the challenges faced by social workers in DV cases, from the perspective of the social workers. Additionally, the study proposes some initiatives to address the identified challenges.

METHODOLOGY

Criteria for Selecting the Research Object

The research object for the current study was social workers involved in handling DV cases in Saudi Arabia. This research object was selected primarily because it aligned with the study's objective: to understand the challenges faced in managing DV and to develop practical solutions to this problem. Previous studies into this topic selected the same research object. The research object also presented a more feasible target for data collection since social workers are an accessible and professionally trained group that is capable of providing informed responses through the questionnaires, unlike, for instance, the victims of DV.

Research Design

The current study utilized a quantitative approach to investigate the challenges faced by social workers when handling DV cases in Saudi Arabia. This approach was opted for to allow for systematic data collection and more straightforward statistical analysis. A structured electronic questionnaire was developed for the data collection. The questionnaire was designed to capture the perspectives of social workers on the administrative, social, and training-related challenges encountered in their practice when handling DV. The study targeted social workers across various fields, including family counseling, school counseling, and social protection centers, to acquire a comprehensive view of the challenges from diverse professional contexts. A link to the electronic questionnaire was sent to participants via email to ensure more widespread accessibility of the survey and support respondents' convenience. The focus on social workers was deliberate. The study deemed them to be in the best position to respond accurately to the survey items, given their experience and familiarity with the field.

Target Population

The study population comprised male and female social workers in Saudi Arabia who are directly involved in handling DV cases. Focusing on the group ensured that the study captured the perspectives of the professionals with the most relevant experience. A convenience sample of 378 social workers was drawn from this population. To ensure the validity and reliability of their

responses, the participants were required to have practical experience in managing or working on DV cases. Second, they needed to have attained, at least, an undergraduate level education in social work or a related field.

Data Collection

The collection of data for the current study was done using a structured survey using an online questionnaire designed to align with the objectives of the study. The questionnaire was reviewed by the researcher's university instructors and refined through expert opinions from professionals knowledgeable in the subject area to ensure validity. On the other hand, the reliability of the instrument was tested by computing Cronbach's alpha coefficient, which yielded a value of 0.91, indicative of acceptable levels of reliability. Further revisions to the clarity of language, style, content, and format were made to the questionnaire, which was then administered to the 378 participants. Respondents were asked to indicate their level of agreement with the items presented through a three-point Likert scale. Response options were coded as "scarcely" (1), "sometimes" (2), and "always" (3).

Data Analysis

The study analyzed the data collected through the questionnaire using the Statistical Package for the Social Sciences (SPSS) software. Data analysis included the computation of basic demographics along with the mean and response values. The response "scarcely" was assigned the value 1, "sometimes," 2, and "always," 3. The proportions of responses for each item were also converted to percentages.

Piloting the Questionnaire

Before the main study, the questionnaire was piloted on a random sample of 25 social workers to evaluate its feasibility and effectiveness. The pilot testing was conducted physically using paper-based questionnaires. The researcher, assisted by a team of research assistants, organized a three-hour session during which the nature and purpose of the questionnaires were explained to participants. The research team then distributed the questionnaires, supervised their filling, and collected them once the respondents were done. The feedback and observations from the pilot study were used to refine the research instrument. Adjustments made to the questionnaire following pilot testing focused on the number and type of questions posed, as well as procedures to optimize data collection in the main study.

RESULTS

The Administrative Challenges for Social Workers

Table 1 presents findings on the administrative challenges faced by social workers in managing DV cases. The results indicated that administrative

challenges were largely not significant impediments in handling DV cases among social workers in Saudi Arabia (M = 2.58, SD = 0.318). Means closer to 3 are considered favorable within this context, except for the third item in the questionnaire regarding delays in service from approval and coordination times, which was inverted. Higher means mostly indicate a lower perception of administrative challenges, with responses skewed towards "Always" and "Sometimes."

A majority of the respondents felt that their professional position within the multidisciplinary team was clear and respected, with the item yielding the highest mean (M = 2.79, SD = 0.41). Similarly, a majority of the respondents highlighted that they "Sometimes" or "Always" received adequate human and technical resources to manage cases (M = 2.68, SD = 0.512), and that the clarity of internal protocols for dealing with DV cases was "Sometimes" to "Always" sufficient (M = 2.67, SD = 0.482). A majority of the respondents also deemed that the exchange of information between social work and other sectors, such as health and education, was "Sometimes" to "Always" easy and secure (M = 2.63, SD = 0.535). Most of the respondents also reported that "Sometimes" to "Always" they had a unified referral path within the organization and with partner organizations (M = 2.6, SD = 0.522). Similarly, a majority also indicated that a clear point of contact was available for each partner, "Sometimes" to "Always" (M = 2.44, SD = 0.577).

The item on approval and coordination time delays ranked lowest of all seven. The majority of the respondents responded that approval and coordination "Sometimes" cause significant delays in service delivery, and a sizeable proportion indicated that they "Always" caused delays (M = 2.25, SD = 0.583).

Items		Scarcely	Sometimes	Always	Mean	SD	Rank	The level
The clarity of the internal protocol for dealing with cases of domestic violence is sufficient.	Fer	2	120	256	2.67	0.482	3	High
	%	0.5	31.7	67.7				
There is a unified referral path within the organization and with partner organizations.	Fer	6	138	234	2.6	0.522	5	High
	%	1.6	36.5	61.9				

Approval/coordination time causes a significant delay in service delivery.	Fer	28	226	124	2.25	0.583	7	Middle
	%	7.4	59.8	32.8				
Exchange of information between sectors (social/health/education) is easy and secure.	Fer	10	118	250	2.63	0.535	4	High
	%	2.6	31.2	66.1				
A clear point of contact is available for each partner.	Fer	16	178	184	2.44	0.577	6	High
	%	4.2	47.1	48.7				
Adequate human and technical resources are available to manage cases.	Fer	8	106	264	2.68	0.512	2	High
	%	2.1	28	69.8				
My professional position within the multidisciplinary team is clear and respected.	Fer	0	80	298	2.79	0.41	1	High
	%	0	21.2	78.8				
The overall mean of the administrative challenges for social workers.					2.58	0.318	High	

Table 1: The Administrative Challenges for Social Workers

The Social Challenges for Social Workers

Table 2 presents findings related to the social challenges experienced by social workers in managing DV cases. Overall, the respondents perceived social challenges as significant and had to contend with deeply rooted traditional and stigma-related barriers that affected the handling of domestic violence cases (M = 2.40, SD = 0.418). Mean scores closer to 3 were unfavorable within this context. They indicated higher perceptions of social barriers among the respondents.

Respondents detailed that social stigma, "Sometimes" to "Always", hindered disclosures of DV within the social workers' professional community (M = 2.66, SD = 0.529). They also pointed out that some families refuse the intervention of social workers in their cases, "Sometimes" to "Always" (M = 2.59, SD = 0.524). Moreover, respondents outlined that family and tribal customs and traditions "Sometimes" to "Always" influenced the decisions to report or follow up with DV (M = 2.57, SD = 0.585). Additionally, they reported that victims of domestic violence "Sometimes" to "Always" feared collaboration owing to their concerns about social consequences (M = 2.51, SD = 0.561).

On the other hand, the majority of the social workers also highlighted that "Sometimes" families consider domestic violence a means of correcting family behavior (M = 2.23, SD = 0.635). Most of the respondents also reported that "Sometimes" families consider domestic violence a family issue (M = 2.15, SD = 0.613). As per most of the respondents, too, some families also "Sometimes" did not allow contact with the victims of DV (M = 2.07, SD = 0.656). Nonetheless, the three lowest-ranking items stood as relatively more insignificant barriers compared to those ranking in the top four.

Items		Scarcely	Sometimes	Always	Mean	SD	Rank	The level
Social stigma hinders disclosure within my professional community.	Fer	10	110	258	2.66	0.529	1	High
	%	2.6	29.1	68.3				
Family/tribal customs and traditions influence the decision to report or follow up.	Fer	18	128	132	2.57	0.585	3	High
	%	4.8	33.9	61.4				
Victims of domestic violence fear cooperation for fear of social consequences.	Fer	12	162	204	2.51	0.561	4	High
	%	3.2	42.9	54.0				
Some families refuse the intervention of social workers in their cases.	Fer	6	142	230	2.59	0.524	2	High
	%	1.6	37.6	60.8				
Families consider domestic violence a family issue.	Fer	46	228	104	2.15	0.613	6	Middle
	%	12.2	60.3	27.5				
Some families consider domestic violence a means of correcting family behavior.	Fer	42	206	130	2.23	0.635	5	Middle
	%	11.1	54.5	34.4				
Some families do not allow contact with victims of domestic violence.	Fer	68	214	96	2.07	0.656	7	Middle
	%	18.0	56.6	25.4				
The overall mean of the social challenges for social workers.					2.40	0.418	High	

Table 2: The Social Challenges for Social Workers

The Training Challenges for Social Workers

Table 3 outlines the challenges faced by social workers related to their training to handle DV cases. Overall, the respondents perceived training challenges as moderate (M = 2.11, SD = 0.47). Mean scores closer to 3 were favorable in this context. They indicated lower perceptions of the existence of barriers in training, limiting effective management of DV cases.

Most of the social workers interviewed reported that a guide for dealing with DV cases is provided "Sometimes" to "Always" (M = 2.51, SD = 0.552). They also outlined that training is "Sometimes" to "Always" updated regularly, and is reflective of national regulations (M = 2.44, SD = 0.604). These two items were perceived as the least prominent training-related challenges to social workers, ranking first and second in mean scores, respectively. Other items were rated at a "Middle" level, indicating that they were more significant training-related barriers.

When asked whether their organization provided regular short training modules on DV, a majority of the respondents indicated that this only happened "Sometimes" (M = 2.21, SD = 0.599). The majority of the respondents also pointed out that simulations and case studies relevant to the local context are only available "Sometimes" (M = 2.05, SD = 0.671). Most of the social workers interviewed also pointed out that social workers in DV cases are "Scarcely" to "Sometimes" selected based on the training courses they have completed (M = 1.99, SD = 0.715). They also highlighted that training "Scarcely" to "Sometimes" covers response, safety, and support measures, referral options, and safe support of DV victims (M = 1.88, SD = 0.616). The item on professional licenses ranked lowest of all items considered. Most of the respondents reported that they only "Scarcely" to "Sometimes" get provided with a professional license when working on DV cases (M = 1.66, SD = 0.694).

Items		Scarcely	Sometimes	Always	Mean	SD	Rank	The level
The organization provides regular short training modules on domestic violence.	Fer	36	226	116	2.21	0.599	3	Middle
	%	9.5	59.8	30.7				
The training covers response, safety and support measures, referral options, and safe support.	Fer	96	230	52	1.88	0.616	6	Middle
	%	25.4	60.8	13.8				

Simulations/case studies relevant to our local context are available.	Fer	76	208	94	2.05	0.671	4	Middle
	%	20.1	55.0	24.9				
There is a guide for dealing with domestic violence cases.	Fer	10	164	204	2.51	0.552	1	High
	%	2.6	43.4	54.0				
The training is updated regularly and reflects national regulations.	Fer	22	166	190	2.44	0.604	2	High
	%	5.8	43.9	50.3				
Social workers in domestic violence cases are selected based on the training courses they have completed.	Fer	98	186	94	1.99	0.715	5	Middle
	%	25.9	49.2	24.9				
Social workers in domestic violence cases are provided with a professional license.	Fer	178	152	48	1.66	0.694	7	Middle
	%	47.1	40.2	12.7				
The overall mean of the training challenges for social workers.					2.11	0.470	Middle	

Table 3: The Training Challenges for Social Workers

DISCUSSION OF THE RESULTS

The current study aimed to explore the challenges faced by social workers in Saudi Arabia when addressing domestic violence cases. It leveraged survey data from 378 social work personnel to assess three domains of concern, which included the administrative, social, and training aspects of social work. The results suggested that social challenges presented the most pressing concern for social workers in Saudi Arabia, along with training-related challenges. While some administrative challenges did exist, they were often not severe.

The results of the study suggested that the protocols for handling DV cases were clear, collaborations are relatively seamless, and there are relatively sufficient resources to handle DV cases, even while there are some delays in service delivery. These insights are fascinating, especially since many studies report the contrary, significant administrative barriers. Studying the barriers to increasing DV screening in Florida, Fischer (2021) highlighted how facilities sometimes lack clear protocols for screening, and how social workers are often unaware of the protocols if present. The sentiments by Fischer (2021) have been backed by Alhajaji et al. (2024), who also highlighted the lack of clear protocols as a systemic barrier in Qatar. Alhajaji et al. (2024) also highlighted the lack of

collaboration between stakeholders as a systemic barrier in facilitating social work targeting DV cases in the kingdom. Ntshongwana and Tanga (2022) brought up a similar issue in their assessment of social work impediments in South Africa. The authors also presented the issue of inadequate resources within social work departments as a pressing issue in South Africa, and the issue also came up in the studies by Alhajaji et al. (2024) and Fischer (2021). Nonetheless, from the responses in the current study, Saudi Arabia has overcome these issues to establish a relatively strong administrative foundation for the undertaking of social work to mitigate DV.

While administrative challenges are relatively subdued in Saudi Arabia, social challenges remain prominent. The study respondents pointed to stigma within the professional communities and the family's refusal to allow interventions as some of the most prominent barriers in managing DV cases. Customs, the fear of social consequences, and the belief that domestic violence is a family matter were also highly rated, thereby underscoring the entrenched nature of the social issues. Nonetheless, a look into available literature indicates that societal factors do present substantial barriers to mitigating DV in the Arab regions, the Middle East, and North Africa, not just by impeding interventions, but also by promoting the violence in the first place (Kisa et al., 2023; Mojahed et al., 2022). The patriarchal systems in these regions enable men to dominate over women in these societies, giving them authority over the women's decisions and actions (Alghamdi, 2025). The result of this social structure is gender violence emerging and being fostered as part of perpetuating male dominance (Alghamdi, 2025; Kisa et al., 2023; Mojahed et al., 2022). Consequently, social workers are also confronted by deeply entrenched cultural factors that not only tolerate domestic violence but also resist intervention, thus making societal attitudes a primary barrier to effective case management, as is the case in the current study. Based on the prominence of social factors impeding the management of DV cases, it is clear that administrative or social work training reforms alone may never be sufficient to address this barrier.

The results related to training challenges also indicated potential shortcomings in the training of social workers to manage DV cases. The availability of guides dealing with domestic violence and the consistent updating of training to align with national regulations were highly rated, but other dimensions, such as the presence of practical simulations and case studies, the comprehensive coverage of content, and licensing provisions, were not as highly rated. The comprehensiveness of training was also lowly rated relative to other items under the training dimension. The findings resonate with research from Alshammari (2021), which also identifies the issue of healthcare professionals dealing with DV cases in Saudi Arabia being ill-equipped with the requisite knowledge, training, and skills to manage the cases. Literature from outside Saudi Arabia emphasizes the importance of providing specialized training for the management of DV cases (Pelkowitz et al., 2023). Nonetheless, it also points out that the lack of adequate training is a prevalent issue in the field of social work

that impedes the capacity of personnel to effectively dispense their duties (Ndjebet et al., 2025; Pelkowitz et al., 2023). Without robust training, social workers are unable to identify trauma in victims of DV, offer psychological support to them, or make appropriate referrals. Therefore, the absence of comprehensive training coupled with cultural factors in the case of Saudi Arabia risks prolonging the harm occurring to the victim and yielding more adverse outcomes.

The current study demonstrates that Saudi social workers largely face challenges that are cultural and professional. Administrative challenges are limited to delays in service delivery from extended approval and coordination times. However, the social challenges are rooted in culture and traditions that limit disclosure and cooperation from the victims, while training challenges mainly have to do with the lack of comprehensiveness in the social workers' preparation for real-life cases. The reduced nature of administrative challenges is a phenomenon that is relatively unique to Saudi Arabia, as studies tend to report severe limitations within this context. Nonetheless, the social and training challenges are consistent with the current literature. More specifically, the social challenges appear to be context-related, stemming from the culture of Arab nations. On the other hand, the issue of inadequate training is a prevalent underlying issue in social work, particularly in the context of the professionals' readiness for real-world cases.

CONCLUSION

This study examined the challenges faced by social workers in Saudi Arabia when handling DV cases, focusing on administrative, social, and training challenges. It revealed that administrative challenges were not significantly prominent. Respondents reported delays in service delivery from lengthy approval and coordination times, but that was just about it with regard to this specific category. More prominent, however, were the social challenges. Stigma, cultural and tribal norms, as well as family resistance, acted as powerful deterrents for the disclosure of violence and the cooperation of victims. Training challenges were also evident from the study. The overall training environment was considered ineffective by the study responses and insufficient in preparing them for real-life cases. The findings from this study underscore that the challenges faced by social workers in Saudi Arabia when managing DV cases go beyond institutions, spilling over to become deeply embedded social issues. Therefore, the challenges facing social workers handling DV are multi-layered. Addressing the challenges thus requires a holistic approach that combines professional development initiatives and potential actions to trigger culture shifts.

RECOMMENDATIONS

Overcoming the challenges impeding the effective mitigation of DV by social workers will be far from easy, especially for the social challenges. Therefore, focus could be directed towards addressing the relatively more surmountable training-related barriers first, which can feasibly be addressed to yield a positive impact. Al-Salmi et al. (2024) outline that the most important way to overcome knowledge-deficit-related obstacles is through implementing mandatory and culturally relevant training programs. These programs would aim to enhance the capacities of social workers to detect victims and offer them support. Once effective training is in place, focus could be directed towards potential initiatives to spur culture changes. Rabaan et al. (2021) highlight the concept of resistance practices that can assist women in gaining agency and autonomy, to leave situations of domestic violence eventually. Better trained personnel could expose Saudi Women victims of DV to resistance practices. Subsequently, this could spur some social changes that will mitigate the social challenges.

Study Contributions

The current study offers an integrated view of three dimensions of challenges faced by social workers in Saudi Arabia when handling DV cases: administrative, social, and training. This approach has not been explicitly combined before in this way by previous studies, as far as the research conducted by this study is concerned. Collectively, the findings of the study extend the literature on DV and Social Work by linking institutional, cultural, and professional barriers. This approach highlights the need for multi-layered strategies to improve the capacity of social work to respond to DV.

Study Limitations

A key limitation of the current study was its reliance on a convenience sample, which may not have fully captured the diversity of social workers' experiences across Saudi Arabia. The use of self-reported data also introduced the potential for response bias, which could yield an inaccurate picture of the challenges faced. Moreover, the quantitative approach did not allow for the capturing of specific details on the challenges faced. Therefore, future research could adopt a mixed-method approach and random sampling to provide deeper and richer insights into how administrative, social, and training challenges impact the handling of DV cases.

REFERENCES

1. Alghamdi, J. (2025). Solutions of Domestic Violence Against Women: A Focus on Saudi Arabia: A Literature Review. Al-Hikmah: International Journal of Islamic Studies and Human Sciences, 8(1), 422-440. https://doi.org/10.46722/hikmah.v8i1.578

2. Alhajaji, A., Aref, A., & Lansford, J. E. (2024). Exploring the state of Qatar's child protection system through the lens of frontline social workers. International Social Work, 67(5), 1239-1255. https://doi.org/10.1177/00208728241245916

3. Alhelali, M. H., Alamri, O. A., Abdulrahman, A. T., Alomair, M. A., & Alsaedi, B. S. (2024). Exploring Domestic Violence Causes in Saudi Arabia: Factor Analysis Approach. Systems, 12(7), 252. https://doi.org/10.3390/systems12070252

4. Alquaiz, A. M., Almuneef, M., Kazi, A., & Almeneessier, A. (2021). Social determinants of domestic violence among Saudi married women in Riyadh, Kingdom of Saudi Arabia. Journal of Interpersonal Violence, 36(3-4), NP1561-1585NP. https://doi.org/10.1177/0886260517746128

5. Alsafwani, B. (2024). The Child's Right in Custody and Foster Care in Saudi Arabia. Community: Jurnal Hasil Penelitian dan Pengabdian Masyarakat, 3(2), 84-91. https://doi.org/10.61166/community.v3i2.50

6. Al-Salmi, S., Aly, F. W., Najeeb, F. S., Shaikh, Z., Zuaiter, F. A., Doherty, S., & Sefen, J. A. N. (2024). Scoping review of healthcare professionals' views on intimate partner violence in the Middle East and North Africa. BMJ Open, 14(8), e079866. https://doi.org/10.1136/bmjopen-2023-079866

7. Al-Shahrani, H. F., & Hammad, M. A. (2025). Mental health disorders and quality of life among Saudi women who have experienced domestic violence. Frontiers in Public Health, 13, 1568733. https://doi.org/10.3389/fpubh.2025.1568733

8. Alshammari, K. (2021). The understandings, experiences, and practices of nurses and student nurses concerning domestic violence against women within healthcare encounters in Saudi Arabia: A hermeneutic phenomenological study [Doctoral dissertation, University of Nottingham, United Kingdom]. ProQuest Dissertations Publishing. https://search.proquest.com/openview/e76a9570cb1c5a57aaaec048879dcced/1?pq-origsite=gscholar&cbl=2026366&diss=y

9. Bojaruniec, M. (2023). Is this already violence? Defining violence and domestic violence and its impact on awareness of the problem. Journal of Modern Science, 53(4), 291-307. https://www.ceeol.com/search/article-detail?id=1277600

10. Bonamigo, V. G., Carvalho, D. R., & Cubas, M. R. (2021). Domestic violence: A Rodger's evolutionist conceptual analysis. Revista Brasileira de Enfermagem, 74(Suppl 3), e20200376. https://doi.org/10.1590/0034-7167-2020-0376

11. Bunch, R. D. (2022). Shackled by Shari'a: Saudi Women Still Controlled by Male Guardianship System despite Present (Cosmetic) Reforms. J. Glob. Just. & Pub. Pol'y, 8, 73. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3800435

12. Fischer, B. L. (2021). Barriers to and Increasing Domestic Violence Screening in Nursing [Doctoral dissertation, Florida State University]. https://purl.lib.fsu.edu/diginole/FSU_libsubv1_scholarship_submission_1614096070_584eebc3

13. García-Quinto, M., Briones-Vozmediano, E., Otero-García, L., Goicolea, I., & Vives-Cases, C. (2022). Social workers' perspectives on barriers and facilitators in responding to intimate partner violence in primary health care in Spain. Health & Social Care in the Community, 30(1), 102-113. https://doi.org/10.1111/hsc.13377

14. Golestani, H. (2024). Assessing Gender Equality in Custody and Guardianship Laws: A Comparative Analysis of Iran and Saudi Arabia in Light of CEDAW [Master's Thesis, Tilburg University]. http://arno.uvt.nl/show.cgi?fid=177324

15. Gonzalez-Liencres, C., Seinfeld, S., Holma, J., & Vall, B. (2023). New approaches to understand domestic violence and reduce its prevalence. Frontiers in psychology, 14, 1120345. https://doi.org/10.3389/fpsyg.2023.1120345

16. Husso, M., Notko, M., Virkki, T., Holma, J., Laitila, A., & Siltala, H. (2021). Domestic violence interventions in social and health care settings: Challenges of temporary projects and short-term solutions. Journal of Interpersonal Violence, 36(23-24), 11461-11482. https://doi.org/10.1177/0886260519898438

17. Kazzaz, Y. M., AlAmeer, K. M., AlAhmari, R. A., Househ, M., & El-Metwally, A. (2019). The epidemiology of domestic violence in Saudi Arabia: a systematic review. International Journal of Public Health, 64(8), 1223-1232. https://doi.org/10.1007/s00038-019-01303-3

18. Khadhar, F. (2022). Exploring motivations for domestic violence by women in Saudi Arabia. Journal of Family Violence, 37(2), 355-365. https://doi.org/10.1007/s10896-021-00267-4

19. Kisa, S., Gungor, R., & Kisa, A. (2023). Domestic violence against women in North African and Middle Eastern countries: A scoping review. Trauma, Violence, & Abuse, 24(2), 549-575. https://doi.org/10.1177/15248380211036070

20. Kramer, M. (2023). Freedom on Paper: Reforms to Women's Rights in Saudi Arabia Will Not Be Effective until Male Guardianship Is Abolished. Brook. J. Int'l L., 49, 249. https://brooklynworks.brooklaw.edu/bjil/vol49/iss1/7

21. Lundberg, L., & Bergmark, Å. (2021). Self-perceived competence and willingness to ask about intimate partner violence among Swedish social workers. European Journal of Social Work, 24(2), 189-200. https://doi.org/10.1080/13691457.2018.1540970

22. Luneva, D. A. (2023). Domestic abuse: Essence of concept, causes and types. Инновационная наука, (3-2), 78-81. https://cyberleninka.ru/article/n/domestic-abuse-essence-of-concept-causes-and-types

23. Mogaji, R. I. (2024). Redefining Domestic Violence: An Earth-Eco-Socialist Consideration. International Journal for Multidisciplinary Research, Review, and Studies, (1)1, 1-16. https://philpapers.org/rec/MOGRDV

24. Mojahed, A., Alaidarous, N., Shabta, H., Hegewald, J., & Garthus-Niegel, S. (2022). Intimate partner violence against women in the Arab countries: a systematic review of risk factors. Trauma, Violence, & Abuse, 23(2), 390-407. https://doi.org/10.1177/1524838020953099

25. Navarro, R. T., Javier, C. A., Cadorna, E. A., Garcia, G. A., & Gorospe, B. M. (2023). Domestic Violence Against Women: A Global Perspective. Journal of Namibian Studies: History Politics Culture, 33, 3872-3889. https://www.researchgate.net/profile/Bonna-Mae-Gorospe/publication/373172706_Domestic_Violence_Against_Women_A_Global_Perspective/links/64de4c91caf5ff5cd0c34896/Domestic-Violence-Against-Women-A-Global-Perspective.pdf

26. Ndjebet, S. L., Biyong, I., Masse, B., Makenga, J. C., Bof, D. A., & Loemba, H. (2025). Factors limiting the detection of domestic violence by general practitioners in Yaoundé: Assessment of knowledge, attitude and practices.

Journal of Public Health and Epidemiology, 17(3), 94-101. https://academicjournals.org/journal/JPHE/article-full-text-pdf/519EE1873525

27. Notko, M., Husso, M., Piippo, S., Fagerlund, M., & Houtsonen, J. (2022). Intervening in domestic violence: interprofessional collaboration among social and health care professionals and the police. Journal of Interprofessional Care, 36(1), 15-23. https://doi.org/10.1080/13561820.2021.1876645

28. Ntshongwana, Z., & Tanga, P. (2022). Social work impediments in providing effective services to families confronting family violence in South Africa. African Journal of Social Work, 12(1), 42-49. https://doi.org/10.4314/ajsw.v12i1

29. Pelkowitz, L., Crossley, C., Greville, H., & Thompson, S. C. (2023). Dealing with intimate partner violence and family violence in a regional centre of Western Australia: A study of the knowledge, attitudes, and practices of local social workers. International Journal of Environmental Research and Public Health, 20(9), 5628. https://doi.org/10.3390/ijerph20095628

30. Potter, L. C., Morris, R., Hegarty, K., García-Moreno, C., & Feder, G. (2021). Categories and health impacts of intimate partner violence in the World Health Organization multi-country study on women's health and domestic violence. International Journal of Epidemiology, 50(2), 652-662. https://doi.org/10.1093/ije/dyaa220

31. Rabaan, H., Young, A. L., & Dombrowski, L. (2021). Daughters of Men: Saudi women's sociotechnical agency practices in addressing domestic abuse. Proceedings of the ACM on Human-Computer Interaction, 4(CSCW3), 1-31. https://doi.org/10.1145/3432923

32. Singla, P. (2024). Domestic Violence Against Women and Its Types, Causes, Effects and Remedies. SSRN. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=5447355

33. Subiani, S. A. (2023). Saudi Women's Abuse and Help-Seeking Experiences: A Qualitative Thematic Analysis [PhD Dissertation, University of Tennessee]. https://trace.tennessee.edu/utk_graddiss/8121/

34. Walker-Descartes, I., Mineo, M., Condado, L. V., & Agrawal, N. (2021). Domestic violence and its effects on women, children, and families. Pediatric Clinics, 68(2), 455-464. https://doi.org/10.1016/j.pcl.2020.12.011

35. Yagoubi, H., & Ahmadi, R. (2025). Examining types of domestic violence against Afghan women in Mashhad, Iran. Gender and Sustainability in the Global South, (0). https://doi.org/10.1515/gsgs-2024-0008

36. Youngson, N., Saxton, M., Jaffe, P. G., Chiodo, D., Dawson, M., & Straatman, A. L. (2021). Challenges in risk assessment with rural domestic violence victims: Implications for practice. Journal of Family Violence, 36(5), 537-550. https://doi.org/10.1007/s10896-021-00248-7