



REMOTE HEALTH SERVICES TO GENDER-BASED VIOLENCE SURVIVORS

Training Manual for Health
Care Providers

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Table of contents

List of Acronyms	4
Introduction	5
Tips for the facilitator	7
Background information on violence	8
The role of the health care provider	12
The Basics of conducting virtual consultations.....	15
Virtual Consultation scenario	18
Part one: Dealing with Technical Issues	19
Part two: " Privacy"	21
Part three: Communication	23
Part Four: Telephone Encounter	24
Arabic scenario for virtual consultation:	26
Case 1: Scenario of domestic violence case.....	30
Scenario 2: Opening remarks and asking.....	34
Scenario 3: Responding	37
Scenario 4: Improved version of Scenario 1	40
Scenario 5: Improved version of Scenario 2 & 3	43
Arabic scenario for case of Samira	48
Case of a child witnessing violence:	63
Improved Scenario with the child:.....	71
Arabic scenario for case of child witnessing violence	74
Sexual violence case: Special Situation: Refugee.....	80
Part one: Breaking the ice	83
Clip 2: Facilitating Disclosure	86
Clip3:Reassurance and checking need for physical exam:	89
Clip 4: Discussing management / A multidisciplinary approach	91
Improved Scenario: Refugee, sexual violence.....	95
Part one: Breaking the ice	96
Clip 2: Facilitating Disclosure	97
Clip3:Reassurance and checking need for physical exam:	99
Clip 4: Discussing management / A multidisciplinary approach	100
Arabic scenario for sexual violence case:	102
Pre/Post-test:.....	115
Evaluation Form:	118
ANNEX I: Examples of questions/statements that can be used while communicating with survivors ..	120
a- Sample Direct Verbal Questions	120
b- Sample Framing Questions (Indirect Questions):	121
c- Sample Support Messages.....	121
ANNEX II: Important legislation for health care providers	122
ANNEX III: Resources available to family violence survivors.....	123
ANNEX IV: Treatment of sexual assault survivor	135
ANNEX V: Referral pathways for GBV survivors.....	137

List of Acronyms

DV	DV: Domestic violence
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ECP	ECP: Emergency contraceptive pill
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GBV	GBV: Gender based violence
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HIV	HIV: Human immunodeficiency virus
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IPV	IPV: Interpersonal violence
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IUD	IUD: Intrauterine device
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PEP	PEP: Post exposure prophylaxis
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STI	STI: Sexually transmitted infections
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VAW	VAW: Violence against women
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Introduction

During COVID -19, home was not a safe place for all. The weeks or months of confinement were quite difficult and possibly dangerous times for many, mostly among women and children. In Lebanon, domestic violence (DV) reporting to Kafa's hotline increased by 20% compared to before the lockdown, while reports to the national police hotline doubled in March 2020 as compared to March 2019^{2,3,4}. However, it is known that these numbers underestimate the full extent of domestic violence as women are afraid to report due to social pressure, worrying about the abuser knowing, and having limited access to the routes of support and safety^{5,6}.

Health care providers can play a vital role in addressing GBV in the current COVID-19 pandemic.

For many reasons, including national lockdown, community isolation, and economic hardships, the face to face medical encounters are becoming less favored; Medical consultations are slowly shifting to virtual method using phone or various telecommunication platforms. The regular ways of identifying and inquiring about GBV and supporting survivors are becoming less applicable.

Of the different known types of GBV, the current manual deals with the types commonly encountered in primary care in Lebanon, namely domestic violence and sexual violence. These types are defined as below:

Gender-based violence (GBV) is the general term for violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders, within the context of a specific society. Of the various types of GBV, the ones that will be included in this training toolkit are:

Intimate Partner Violence (IPV): specifically related to violence perpetrated by a partner or spouse (may include marital rape).

Domestic Violence (DV) describes harm done by any member of the household or domestic unit and can include IPV and violence against children.

Sexual violence is the non-consensual sexual contact of any kind, ranging from unwanted touching and indecent exposure to rape. General Objective of this training toolkit:

This training was designed to support health care providers with the knowledge and skills necessary to conduct long distance consultations with patients, recognize those who are at risk of GBV and guide them through a proper response.

Specific objectives:



Guiding healthcare providers on the proper and safest way to conduct virtual consultations and to specify when it is needed to conduct a face to face consultation with the appropriate safety measures



Helping healthcare providers facilitate disclosure of DV or GBV survivors.



Helping healthcare providers into properly responding to survivors or patients suspected of being abused.



Helping healthcare providers in properly referring survivors.



Helping healthcare providers understand the extent of their role and respect the patient's choice of being a survivor or are suspected of being abused.

The content of the toolkit

This training toolkit contains a training manual and a CD that contains filmed interviews of clinical encounters.

The training manual has 2 major sections:

1. Background information on:
 1. GBV: recognizing violent behaviors, health consequences of violence, symptoms and indicators
 2. The role of the health care provider in responding to a GBV survivor.
 3. The basics of conducting a virtual consultation
 4. The basics of responding to a violence survivor
2. Transcripts of the filmed interviews which are illustrative examples of clinical encounters done virtually with GBV survivors. The scenarios are drawn from real life encounters and illustrate how the health care provider conducts an online interview and provides care to a GBV survivor. The transcripts include boxes that correspond to the "stop and discuss" sign. The boxes contain discussion points to guide the facilitators on what to cover during the discussion.

The manual ends with six annexes:

Annex I: Example of statements that can be used to facilitate communication
Annex II: Legislations related to DV
Annex III: Available resources for a DV survivor
Annex IV: Treatment for survivors of sexual assault
Annex V: Workshop evaluation form
Annex VI: Pre- and post test.

The CD includes 9 filmed interviews.

Scenario 1: Recognizing indicators of abuse
Scenario 2: Introducing and asking
Scenario 3: The response
Scenario 4: An improved version of scenario Scenario 5: An improved version of scenario 2 and 3
Scenario 6: An interview with a child witness of DV
Scenario 7: An improved version of scenario 6
Scenario 8: The case of a survivor of sexual assault
Scenario 9: An improved version of scenario 8

Tips for the facilitator

The preferred facilitator of this training is a medical doctor who has experience in dealing with violence survivors and has received the training before. It is also preferable that the trainer has experience in training healthcare providers.

The duration of the training workshop is expected to be two days, each day around 4-6 hours, depending on how many role plays are deemed necessary for the participants to acquire the skills.

It is advisable to start with a “go-around”, asking participants to state their experience with virtual consultations and with caring for individuals who have been survivors of violence and their goals for the training workshop. This can be followed by a discussion (power point presentation or brainstorming) about violence (types, impact and indicators) then proceed with projecting the scenarios. When the sign “Discussion” appears on the screen, the facilitator is encouraged to bring out the points mentioned in the boxes following the scenarios transcribed below with points of discussion and then to ask two participants to replay the scenario as they consider appropriate, while the others comment on the role play, mentioning the positive and negative aspects. At the end, the improved version of the scenario is projected.

In order for the training to proceed smoothly, facilitators are advised to avoid going through discussions relating religion to violence. It is important to keep reminding the participants that the focus of the workshop is the relation of violence to ill health and that the aim of the training is to show what the health care providers are supposed to do to improve the wellbeing of their patients.

Moreover, participants commonly raise concerns regarding the usefulness of their role, feeling helpless and unable to make drastic changes in the survivor’s life. The facilitator is advised to keep highlighting that the role of the provider is to identify survivors/those at risk, listen to their complaints, concerns and fears, help them stay safe and guide them through the services available to them; all of these tasks are to be done through proper communication not causing further harm to the survivor.

Background information on violence

1-Behaviors considered to be violent

The following are examples of behaviors that, when done intentionally, are to be considered violent. Although the context may provide some justification to the behavior, it is important to acknowledge that there is NO justification for violence and recognize that there are always non-violent ways to deal with the presenting situation, and that violence begets violence and ill health. The health care provider needs to get familiar with these behaviors and have a high index of suspicion to the presence of DV when these behaviors are noted to occur.

Behaviors considered under physical violence include, but not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching, hitting, burning, use of a weapon (gun, knife, or other object), and use of restraints or one's body, size, or strength against another person, coercing other people to commit acts of physical violence, the use of chemical restraints such as intentional overmedication or administration of tranquilizers.

Behaviors considered under sexual violence include but not limited to: any sexual activity without consent, unwanted touching or indecent exposure, deliberately causing pain during sex, assaulting genitals, coercive sex without protection against pregnancy or sexually-transmitted diseases, forcing the survivor to perform sexual acts unwillingly, criticizing, or using sexually-degrading insults, rape within marriage or dating relationships, rape by strangers, systematic rape during armed conflict, unwanted sexual advances or sexual harassment, including demanding sex in return of favors, sexual abuse of mentally or physically disabled people, sexual abuse of children, forced

marriage or cohabitation, including the marriage of children, forced abortion, violent acts against the sexual integrity of women, including female genital mutilation and obligatory inspections for virginity, forced prostitution and trafficking of people for the purpose of sexual exploitation.

Behaviors considered under psychological or emotional violence include but not limited to: Humiliating the other, controlling what the other can or cannot do, withholding information from the other, getting annoyed if the other disagrees, deliberately doing something to make the other feel diminished or embarrassed (e.g., saying you are not smart, not attractive...), taking advantage of the other, disregarding what the other wants, isolating the other from friends or family, forbidding from meeting others, putting down capacity as parent or spouse, prohibiting access to transportation or telephone, coercing the other to engage in illegal activities, using children to control the other's behavior, threatening loss of custody of children, threatening separation or divorce, smashing objects or destroying property, denying access to money or other basic resources, disclosing information that would tarnish the other's reputation, withdrawing all interest and engagement (e.g. weeks of silence), blackmailing,

This chapter provides baseline information for the trainer and can be used by health care providers as well. As violence is becoming quite common, many behaviors are being unrecognized as being violent. It is crucial to recognize the behaviors considered to be violent and advise against them, and the signs or red flags of abuse that alert the health care provider to the possible presence of a violence survivor.

In addition to the above, psychological violence against children includes Belittling, degrading, shaming, or ridiculing a child, singling out a child to criticize or punish; and humiliating a child in public, rejecting the child (avoiding or pushing away), denying the child emotional responsiveness, making a child feel unsafe, setting unrealistic expectations with threat of loss, harm, or danger if they are not met, threatening or perpetrating violence against a child or child's loved ones or objects, child witnessing violence at home, neglecting mental health, medical, and educational needs, unreliable or inconsistent parenting, restricting a child's movements.

Behaviors considered to be under economic violence include but not limited to: Interfering with the survivor's work performance through harassing activities, denying the survivor's access to money or the means of obtaining it, to the point that he/she is entirely dependent on the abuser for food, clothing and shelter, prohibiting the survivor from working or attending school, intentionally withholding necessities such as food, clothing, shelter, personal hygiene products, or medication, stealing, exploiting, or destroying the survivor's money or assets, forbidding the survivor from maintaining a personal bank account

To note that, neglect or deprivation is another form of family violence that generally involves children, elderly, family members with disabilities and special needs requiring the care of another family member or caregiver. The term neglect can be only correctly utilized in the absence of poverty¹; i.e. when reasonable resources are available to the

family or caregiver and the parent or caregiver fails to provide for the development of the child (or dependent) in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions. Abandonment or desertion of the dependent family member by the individual's custodian or care provider assuming responsibility may be classified along with neglect.

2- Health Consequences of Violence⁸⁻¹⁴

Violence has untoward consequences extending beyond the individual to affect the family and society, in more than one aspect: financial, social and health. DV survivors are frequent users of health care services, including emergency rooms, primary care and community mental health centers.

The health consequences of violence can be short term including acute injuries like fractures, bruises, burns, scalds, STIs, unwanted pregnancy, hematomas and internal hemorrhages, sometimes resulting in death or disability. The long-term effect of violence includes a variety of somatic and stress related symptoms such as pains, fainting, gastrointestinal disorders and appetite loss, viral infections, and cardiac problems including hypertension and chest pain as well as menstrual irregularities, poor pregnancy outcomes, obstetrical complications and gynecological problems. In addition to: cancer, chronic lung disease, ischemic heart disease, liver disease, arthritis, chronic neck or back pain, migraine or other types of headache, and peptic ulcers were associated to exposure of violence.

Moreover, children exposed to violence are at risk of failure to thrive, poor hygiene, exposure to dangers in the environment as well as drugs, developmental delay, school failure, violence against others, asthma and bronchitis, speech and language delay, bed-wetting, sleep and eating disturbances, as well as a higher risk for diseases occurring during adulthood among some which are obesity, heart disease, hepatitis and diabetes

Chronic exposure to violence, abuse, or maltreatment destroys the sense of self and personal safety. Leading to poor self-esteem, negative emotional or life view, lack of trust and paranoid thinking, feelings of shame, guilt, helplessness, fear, and denial, self-harm, suicidal ideations or attempts, and even suicide or homicide. Exposure to violence has also been associated with emotional instability, anger, anxiety, depression, hyperactivity, traumatic and posttraumatic stress disorder, borderline personality disorder, panic disorder, emotional unresponsiveness, impulse control problems, personality disorder, psychosis, eating disorders, sleep disorders and sexual dysfunction.

Accordingly, violence survivors may display antisocial behaviors such as aggression or violence, delinquency and risk-taking violent or nonviolent criminal behaviors, disobedience, passive aggressiveness, smoking, alcohol or drug abuse, gang participation, abuse of children spouse or others. These consequences impact the way survivors interact with the health care team making them "difficult patients" by being angry, demanding, dependent, unsatisfied or non-compliant...Alternatively, they may display self-destructive behaviors manifested by non-compliance and decreased engagement in preventive health care, or possess limited social competency reflected by poor relationships, and difficulty making friends, insecure or disorganized attachment, self-isolation and withdrawal from relationships, low sympathy & empathy for others, dependency and sexual maladjustment or unsafe sexual practices.

Children may also have educational difficulties: poor school performance, absenteeism from school, learning impairments, impaired moral reasoning, delayed or impaired cognitive or language development. They can also display noticeable changes in their behavior such as irritability, sleep disturbances, heightened startle responses, increase in tantrums, delayed speech or skill development, and a regression to more childlike behaviors.

3- Indicators of Violence in Clinical Settings

There is no recommendation for DV universal screening yet. Health care providers are encouraged to have a high index of suspicion and to be familiar with medical clues suggestive of the presence of DV and to have a low threshold for asking about violence when the clues are present. These clues can be medical, or behavioral affecting even the way the survivor interacts with the health care services and staff.

Medical Clues

a. Injury

- Multiple sites of injury or multiple injuries at different stages of healing bruises having a form or pattern (usually the object used in physical abuse)
- Repeated injuries
- Injuries during pregnancy
- Injuries to face, arms, breast, abdomen, or genital area
- History inconsistent with injury
- Vague or nonspecific symptoms

b. Pains (Chronic pain, psychogenic pain)

c. Chronic headaches

d. Gastrointestinal complaints (diarrhea, nausea, vomiting, cramps, constipation...)

e. Palpitations, dyspnea, atypical chest pain

f. Frequent, unexplained gynecologic complaints; pelvic pain; Frequent vaginal and urinary tract infections

g. History of spontaneous abortions, miscarriages, and premature labor

h. Sleep and appetite disturbances, fatigue, decreased concentration

i. Somatization disorder

j. Signs and symptoms of Post-Traumatic Stress Disorder (PTSD), depression, or anxiety disorders

k. Feelings of isolation and an inability to cope

l. Sexual dysfunction

m. Suicidal attempts or ideations

n. Alcohol or drug abuse

o. Patient directly or indirectly brings up the subject of abuse

Patterns of Healthcare Utilization

- a. Changes in appointment patterns; frequently missing or cancelling appointments
- b. Delay in seeking medical care for an injury or a serious medical condition
- c. Late or sporadic access to prenatal care during pregnancy
- d. Frequent clinic visits with vague complaints or symptoms without evidence of physiologic abnormality, suggestive of help seeking behavior
- e. Multiple visits to the emergency department
- f. Frequent use of prescribed minor tranquilizers or pain medications
- g. Noncompliance with treatment regimens
- h. Overly protective spouse or family member: Perpetrator accompanies patient, insists on remaining in the exam room, and answers all questions directed to the patient
- i. Threatening spouse or family member: use of threatening words, gestures, or glares
- j. Patient's reluctance to speak or disagree in the presence of the perpetrator
- k. Intense irrational jealousy or possessiveness expressed by perpetrator or reported by patient
- l. Denial or minimization of violence by patient or by spouse or family member
- m. Have limited access to medical care or to medication
- n. Lack independent transportation, access to finances, or the ability to communicate by phone

Red Flags to the presence of violence

The presence of any of the following red flag sign(s), should alert the health care provider to initiate assessment for violence exposure:

Red Flags for Adults Survivors of Violence

- Suicidal attempt or suicidal ideations
- Injuries that are inconsistent with the explanation of how they were sustained
- Physical injury during pregnancy
- Several injuries, at different stages of healing
- Chronic or vague complaints with no obvious physical cause
- Delay in seeking medical care
- Overly protective spouse or family member accompanying the patient, insisting on remaining in the same room as patient while conducting virtual consultation and answering all questions directed at the patient.

Red Flags for Children Survivors of Violence 15

1. A child having injuries that are inconsistent with the explanation of how they were sustained
2. A child with several injuries, at different stages of healing
3. A child having recurrent, medically unexplainable somatic problems (e.g. failure to thrive, abdominal or genital pain or injuries, headaches, enuresis, encopresis, problems eating or sleeping)
4. A parent reluctant to speak in the presence of their spouse or family member
5. A parent (or adult family member) insisting on not leaving the other parent and child during the virtual consultation and answering all questions directed at them
6. A parent attempts to hide the child's injuries with clothing
7. History of frequent clinic visits or frequent appointments online with vague complaints or symptoms without evidence of physiologic abnormality prior to covid pandemic and with need of follow-up using telemedicine.
8. Multiple visits to the emergency department
9. Delay in seeking medical care
10. Mental health complaints such as but not limited to signs of depression, anxiety, panic disorder, signs of personality disorders, aggression at home/ school, isolation and suicidality.

The role of the health care provider

The care of DV survivors is a multidisciplinary one, as survivors may have needs that cannot be all met by the health care provider? The additional involvement of social workers, psychologists, lawyers as well as community resources may very well be requested, according to the survivor's perceived needs and readiness to follow up with the referral (survivor based approach).

Clinicians are encouraged to identify cases of abuse and provide competent, compassionate and confidential assessment, care, treatment and referral to all survivors. They are NOT responsible for solving violence, changing survivor's life, nor for determining the legal aspect of the violence.

The minimum response expected from clinicians can be summarized by the acronym LIVES (Listen, Inquire, Validate, Encourage safety, Support) which will be elaborated later¹⁹ (reference is made to the WHO curriculum of 2019).

Four guiding principles should govern the physician-survivor interaction: respect, safety, confidentiality, and non-discrimination.

Respect: conducting the interview in a private place, showing empathy and patience, avoiding being judgmental or having stereotyped ideas, and respecting the survivor's life choices.

Safety: providing a safe place when needed, setting a safety plan based on survivor's conditions, maintaining confidentiality.

Confidentiality: refusing to discuss the patient case with a family member or employee not related to case without getting patient approval first, storing all information and pictures related to the case in a restricted

location (locked cabinet or drawer), obtaining the consent of the person when there is a need to exchange information or ask for consultation. Confidentiality is limited by concerns of patient inflicting harm to self or others.

Non Discrimination: Survivors of violence should receive equal and fair treatment regardless of their age, race, religion, nationality, ethnicity, sexual orientation or any other characteristics.

What health care providers can do: LIVES

- **Listen:** Listen to the survivor closely, with empathy, and without judgment. Let the survivor share their experiences in a safe and private set up/place. Let them tell their story at their own pace, while encouraging them to keep talking through open ended questions (Would you like to tell me more?), or non-verbal cues (nodding head) or verbal cues (ehhein.., repeating the last words). Allow for silence, giving the survivor time to think and regain focus or take decision. Let them express what they want (how can I help), how they feel and acknowledge their feelings and needs, respect their wishes.
- **Inquire:** Try to identify what is most important for the survivor. Assess and respond to the various needs and concerns: emotional, physical, social, and practical. Start with open-ended questions that encourage the survivor to talk, ask for clarification if you don't understand, summarize what is being expressed, and restate what is being said to verify understanding. Never ask «why» the violence happened. This may push survivors to blame themselves
- **Validate:** Express belief in what has been said without judgment or conditions. Show understanding of the feelings by saying they are normal, that it is safe to express them, and that every person has a right to live without violence. Helpful expressions: "It's not your fault." "You are not to blame". "No one deserves to be hurt". "You are not alone". "Your life and your health are of value". "Everybody deserves to feel safe at home". "I am concerned this may be affecting your health"

- Enhance safety: Help assess the situation and discuss a plan to protect self from further harm. Assessing and planning for safety should be done with all survivors even if survivors do not expect that the violence will happen again. Safety is not just a one-time conversation but is an ongoing process that should be reevaluated at every encounter. Questions to assess immediate risk: Has the physical violence happened more often or gotten worse over the past 6 months?, was a weapon used or there were threats to use a weapon? Any attempts to strangle you? Do you think you could be killed? Were you ever beaten when you were pregnant?
- Safety plans: Survivors not facing immediate serious risk could benefit from having a safety plan. Check for the presence of a safe place to go and how to reach it, whether the children will be accompanying the survivor, what items to take or leave in a safe place (documents, keys, money, clothes, other things..), how to have access to money.. What is the support system the survivor has (family, friends, neighbors...)
- Support: Discuss the woman's needs with her, and share sources of help. Support survivors to connect with other resources for her health, safety, and social support. Remember that survivors face multiple barriers to reaching out for help. Offer to help by making a call on patient's behalf if it would be more comfortable for her. (refer to Annex V for referral pathways of GBV)

Virtual consultations can be either asynchronous or synchronous.

Asynchronous consultations occur when the physician and the patient are not in the same place nor time. Examples include text messages, WhatsApp, voice or email messages. These consultations have the advantage of being conducted at a pace comfortable to both patient and doctor, yet the amount of information exchanged can be limited, the non-verbal communication is missing and may not be suitable for urgent matters; It can be used for dermatology cases and in cases where the patient has any bruises or burns for example so the healthcare provider can be alerted to the possibility of GBV. It can also be used to answer parents' simple questions, or as an adjunct to audiovisual visits.

Tips when dealing with survivors

- a. Use text messages with survivors carefully. Avoid disclosing any sensitive information and better do it through a phone call if absolutely necessary. Rely on text messages for things like re-scheduling or cancelling appointments/ clarifications on how to use certain medications
- b. Talk to survivors about strategies to increase privacy which may include deleting the message history and not saving contact details such as the healthcare provider's name in the phone book address.
- c. Do not save the survivors' information on the phone including their full name. Better use a code for each patient or initials only so that if the doctor's phone was by mistake accessed by his/her family members/friends/strangers, no information would be revealed and confidentiality preserved
- d. Messages should be deleted if containing sensitive information or as per the request of the survivor
- e. Establish a method to verify identity, which may include a previously agreed upon code-word or phrase to minimize impersonation risk
- f. Check in regularly with the survivor to make sure messaging is still a safe method of communication.

Synchronous consultations, also referred to as real time, occur when the physician and patient are in the same time but not necessarily same place. Examples include phone or WhatsApp calls, video calls using WhatsApp, Skype, zoom or other online platforms. These consultations allow for better exchange of information and discussion, and for non-verbal communication mostly with video consultations. The current session is to familiarize the practicing physician with synchronous consultations mainly through online video consultation.

Telephone consultations:

Telephone contact for acute illness may allow minor problems to be dealt with, with or without a follow up face-to-face visit. It may miss rare but serious conditions and/or lead to higher rates of face-to-face visits in subsequent days.

Telephone consultations require considerable skill and judgment, perhaps because of lack of visual cues. The physician can't, for example, get a hint on the body language or formulate an assessment of the patient mental state as the patient's reactions are not seen. The physician is also unable to see any marks, bruises, skin changes, redness or swelling that the patient might be trying to hide.

Some qualitative studies showed that telephone consultations have a more linear format than face-to-face consultations and tend to focus on a narrow range of preplanned themes, with less opportunity for the patient to raise new issues spontaneously (abuse for example). Hence, it is preferred that physicians go for video consultations when dealing with new complaints, with unfamiliar patients, or for complaints where seeing the patient might provide an added benefit or additional significant input.

The Basics of conducting virtual consultations

Telephone encounters can be used to follow-up on a certain condition after an initial video/face-to-face encounter as for example following on depression symptoms after initiating treatment ...

The virtual consultation

a- Preparing for the virtual consultation

Hardware: need a screen space large enough to accommodate the patient video image, a high definition video camera better be positioned directly above the computer window with the patient's video image. This allows the physician to always be looking directly at the patient; microphone with good quality speakers or earphones to ensure more privacy and avoid patient being overheard by others. Do a quick equipment check-up prior to initiating the online video consultation: laptop/phone battery is full or charger is readily available, pen and paper in case there is a need to take notes, list of helpful numbers/resources that you may want to provide for the patient...

- Software: Choose a brand that makes it easy for patients to sign up. The fewer steps patients have to take, the more likely things will run smoothly

WhatsApp video call or FaceTime are easy for patients to use, but are usually done using the smaller screen of the smartphone; some physicians have privacy concerns and may not feel comfortable having their number widely known. Skype, Google hangouts, WebEx, or zoom may be better in this regard, but not widely known. These also may be more difficult for patients who don't normally use them

- The space: better conduct the virtual consultation in a quiet room, preferably with a door shut, so that people are not coming and going, violating your telemedicine patient's privacy. If you were conducting the consultation from home, try not to let other family members around, including your kids as this may create distractions. Also, make sure the room has adequate lighting so patients can see the person whom they are speaking with. Place your workstation in a location that protects the patient exchange from being seen, overheard or interrupted by

others. That includes ensuring that there is no visibility of your screen(s) through a window

Ask the patient, if possible, to choose a room with good lighting as you might need to see skin marks and bruises for example. Turn off all visible or audible notifications on your computer.

High speed internet connectivity is usually needed. Make sure the internet connection and speed are appropriate as poor internet connection is one of the main barriers hindering a comfortable online consultation.

b- Conducting the virtual consultation

During online consultations, it is crucial to pay attention to body language and how "present" you are even more than face-to-face consultations because the distance might make one appear less engaged than he/she actually is. Proper engagement and body language make patients more inclined to disclose sensitive information including the abuse.

- Assume a relaxed, calm and unhurried posture
- Maintain eye contact. Video connections do not allow patients to see either the doctor's screen or the doctor's surroundings, the patient will not know where your gaze has gone when you are not looking them in the eye. That impairs your ability to engage sufficiently to win patient trust, which is particularly important when you do not have an existing relationship. It is very important for the health care provider to look into the phone, Ipad, computer camera...Provide an explanation if you need to leave the desk or look away for any reason even for things as charging your phone or laptop.

- If the patient is not known to you as a physician and this is your first encounter, take a few minutes to introduce yourself to the patient and let the patient introduce him/herself and maybe do some small talk to “break the ice”, to build some trust and rapport.

Breaking the ice can be done by asking open ended questions on a general non-sensitive topic like:

- Tell me about you, what do you do on your time off?
- What do you do for living? Do you like what you are doing?
- It is nice weather these days, do you go out for a walk?
- Was it easy for you to find the place here?

- Remind the patient that everything they disclose is confidential and that you care about protecting their privacy.
- Ask whether they are in an appropriately private location or if other persons are present off camera. Better assume that there are people around if you don't have an answer. Document their response in the record. Consider rescheduling the visit if they are not alone.
- It may be helpful to ask the patient if she can wear earphones (if possible or if she prefers) so as your voice and questions won't be heard by anyone else.
- Listen attentively at all times. Patients refrain from sharing information if they do not feel heard and this is particularly important during an online video consultation.
- Constantly monitor if the person is comfortable and is safe during the sessions. You can use the below guiding questions:
 - » Are you comfortable and safe talking right now?
 - » Are you taking the call from a room that can ensure privacy and confidentiality of the conversation?
- Remember that patients are better off not disclosing or talking about the abuse in front of their children or other family members and not just the perpetrator; protecting privacy and communicating in the most private setting possible (patient alone) is always preferred.
 - » Agree on safe words, signs or codes that you can both use during the below situations:
 - If she feels unsafe or listened to
 - Before starting the session and specifically during texting to avoid possible impersonation
 - When she needs to inform the health care provider about her availability to receive a call
- If someone walks into the room and patient wants to change the conversation, use non-verbal cues as well as verbal cues to demonstrate understanding and to show empathy and respect for the patient. Many studies have shown that during an online video consultation, patients might feel more comfortable to disclose sensitive information while being attentive to the patients and showing empathy and understanding as this will even increase chances of disclosure of abuse.

- Consider use of ‘closed’ questions when asking about safety – questions with ‘yes/no’ answers, which may help your patient to share that they are being harmed, even if they cannot talk freely.

Examples of closed ended questions:

- Are you alone?
- Are you safe?
- Can you talk in private?
- Do you wish to end the encounter?
- You can try texting questions about abuse during the online consultation (in the chat box) instead of saying them out loud if needed and if possible /feasible in the language preferred by the patient.
 - » Remind the survivor to delete any text messages between both, if it is deemed to put the survivor in any danger
- The duration of the remote online video consultation is approximately expected to be 20- 30 minutes depending on the survivor's needs and safety.

General considerations for children and young people⁷:

- When communicating with children and young people: It is crucial to be mindful that during a video consultation, children and young people may feel less able to communicate effectively with clinicians and defer to parents.
- Safeguarding: assess whether a virtual consultation is appropriate in context of safeguarding. You may need to make alternative arrangements if there are any concerns such as arranging for a face to face consultation in the clinic under the safety precautions.

c- Prescribing Medications during an online consultation:

After the online video consultation, when there is a need to prescribe medications:

- Try sending a picture/ screenshot of the prescription written in clear handwriting to be dispensed by the pharmacy or send the name and instructions clearly by text/ WhatsApp to the patient especially if it is an over the counter medication such as some pain medications or birth control pills...
- Make sure the patient knows the medi-

cation prescribed and the instructions by making him/her repeat the instructions to demonstrate understanding.

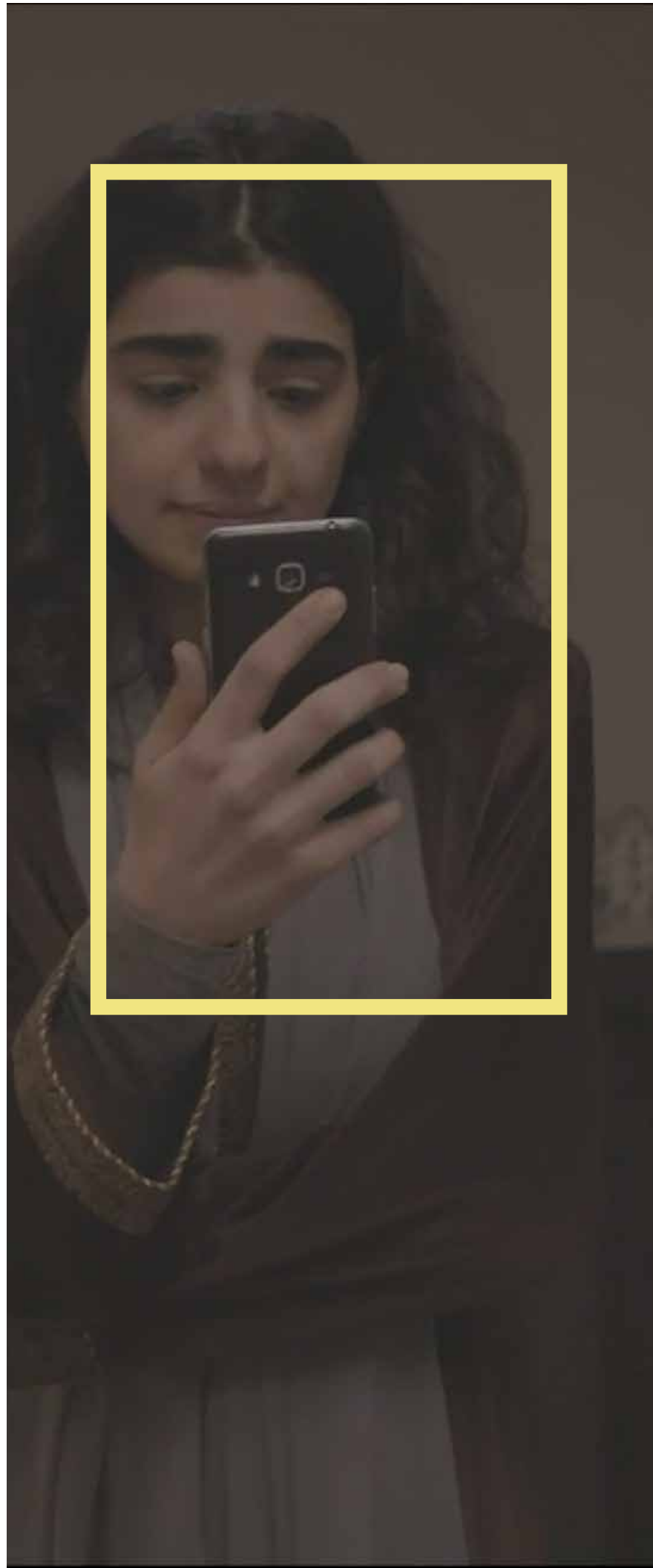
- » If a hard copy is needed, you can leave the prescription at your clinic for the patient to pick up. During COVID-19 times, remember to adhere to safety measures.

d- Concluding an Online Video Consultation:

- Summarize the main points discussed during the consultation and decisions taken.
- Ask the patient if he/she needs to disclose any more information or if he/ she has any questions.
- If any kind of medication/treatment is proposed, ask the patient if the instructions are understood and to repeat them if possible.
- Ask the patient if he/she is comfortable with the virtual consultation (the program, the setting...) and if he/she has any suggestions especially after the first encounter online.
- Schedule a follow up encounter date (if needed)

e- Documenting the virtual encounter:

- Document the encounter in the same way you usually document your clinic encounters, whether it is through electronic health records or paper charts.
- Mention that it was a virtual consultation and the name of the online platform used.
- Document the assessment/impression/ plan that was agreed upon after the encounter.
- Document any medications prescribed and the way of prescribing.
- Document any physical exam findings (bruises, marks...)
- Document whether or not the patient needs a face-to-face follow-up consultation
- Document follow-up date of the following online consultation



Virtual Consultation scenario



Introduction:

Conducting Online Video Consultations between physicians and survivors of gender- based violence (GBV) provides an opportunity for survivors to disclose the abuse, seek help and learn about their available options without risking exposure or spreading the virus. Online Consultations might have their limitations as well when compared to face to face consultations.

In this chapter, we will walk through the case of “Joy”, to learn some tips to be aware of, while conducting an online video consultation in such a case.

Part one: Dealing with Technical Issues

Part one: Dealing with Technical Issues

Joy is a 26-year-old woman living with her husband and three children. She is a house-wife and a well-known patient to Dr. Amal, her primary care physician. She left a message with the clinic secretary that she wants to consult "urgently" for a health complaint. The doctor called her back from the clinic.

Dr. A: "Hello Joy"

Joy: "Hi doctor"

Dr. A: "How are you doing?"

Joy: "I'm okay, thank God and you? "

Dr. A: "I'm fine. I received your message and wondering what is it so urgent. Can it wait till tomorrow and we can have an online video consultation through WebEx tomorrow?"

Joy: "Ehhhh... ehhhh yes, it can wait. I never used this WebEx before. Is it complicated?"

Dr. A: "No, no it's very easy. I will transfer you to my assistant to schedule an appointment and will send you the link with instructions how to get through. I am sorry I have some work to attend to. Stay safe! "

Question: Do you have any comments? If you were in place of Dr. Amal, how would you have responded to Joy? How to choose the program to be used in the online video consultation?



Discussion: Choosing the program for conducting an Online Video Consultation

For a smoother and more comfortable video consultation, it is best to choose a program where both the physician and the patient are comfortable using. It is a good idea to provide the patients with several options of programs and allow them to choose the program that suits them best.

Regarding applications that require a phone number, such as WhatsApp, the issue of physician's privacy is to be considered as the phone number would be available to the patient. In this case, the physician may choose to dedicate a separate phone number for remote consultations.

It is recommended to have a screen space large enough to accommodate the patient video image, a high definition video camera better be positioned directly above the computer window with the patient's video image. This allows the physician to always be looking directly at the patient; microphone with good quality speakers or earphones to ensure more privacy and avoid patient being overheard by others. Although WhatsApp videocall or facetime are easy for patients to use, they are usually done using the smaller screen of the smartphone

Communication barrier: better explore what is urgent by asking what is urgent and have the patient talk about it rather than proposing to meet second day



On the day of the consultation, “Joy” called the doctor that she is having some problems with the link and she is not sure how to use “WebEx” and that it is giving her an “error”.

Joy: “Can we have a WhatsApp Video call instead? ”

Dr. A: “Fine... fine... Although I don’t like to give my personal number usually but Corona times changed everything. Hehe...”

During the WhatsApp Video Call, the internet wireless connection was slow in the clinic with a lot of interruptions occurring, but the doctor concluded that Joy has some wrist pain since one week after sustaining a fall with a small bruise but with a full range of motion when she was in Turkey. Pain was improving in quality and there was no swelling. The doctor prescribed NSAIDS and requested a follow-up in one week. She also asked her to stay quarantined and in adherence to safety precautions while monitoring her symptoms for a total of 2 weeks although her PCR for Corona was negative.

She decided to call the internet company to check the problem with the internet speed as she will be using more of Online Video Consultations during the pandemic.

Dr. A: “Eff. Where is the emergency here... Some people really want attention! Corona effect, people are bored... But okay no problem, God give me the strength to have empathy!! ”. She said to herself.

Question: What are your comments? Any concerns? How can this encounter be improved? What other aspects of the setup for conducting an online consultation must the physician pay attention for?

Part two: "Privacy"

A week later, Joy called the clinic to schedule an online video follow-up consultation. A WhatsApp video call was scheduled because it was the only application which both the physician and the patient were comfortable using.

Secretary: "Hello Joy, the doctor can see you for follow-up tomorrow at 11 A.M."

Joy: "Can it be done after 5 p.m.?"

Secretary: "No, I am sorry as this is the only time available. "

Joy: "Okay"

During the follow-up consultation, the doctor noticed that Joy had puffy eyes and a red nose and looked pale. She was holding a tissue paper.

Dr. A: "Ohhh... You look tired today! Get well soon... Do you have flu symptoms?"

Joy sounding confused and looking anxious while moving her gaze to the right: "Mmm... No, no it is nothing don't worry. I just have allergies... Nothing else. I am sure.

Dr. A: "These can be Corona symptoms to be honest with you!! "

Joy (sounding even more confused and very anxious): "No, no definitely not. These are my allergies... Right doctor?? I tested negative before in the airport when I came back 5 days ago... Hehe... You usually give me nasal sprays and allergy medications this time of the year... This is the season!!"

Dr. A: "Mmmmm... dear... I am afraid I can't say so... You were abroad and now you developed symptoms... How about you repeat the PCR for Corona to be on the safe side... Do you have cough, or fever or shortness of breath? Did your sense of taste and smell change? "

Joy: "No none of these symptoms. But yes, sure doctor. I will do the test and get back to you... I might have to close now."

Dr. A: "Good... Also make sure to stay quarantined and stick to the precautions to be isolated in one room all the time!! Monitor your fever every few hours and take Paracetamol as needed... Watch out for shortness of breath or very high grade fever and if they happen contact me or head to the Government hospital. Take care"

Question: Do you have any comments? What could be the reason for patient's anxiety and confusion?

Later on, the patient sent the doctor a short voice message through WhatsApp and in a low voice that her husband was around and she did not want him to hear the conversation that she might have Corona and be scared as he is an anxious man and that she is sticking to quarantine anyways and sleeping in a different room and will repeat PCR.

The doctor replied that stricter measures should be taken and to stay in one room all day and not just during sleep especially now that she is symptomatic.



Discussion: Privacy matters

During video consultations, special attention must be made to privacy concerns because the surrounding of the patient is not visible and someone might be accidentally over hearing sensitive information that the patient is not comfortable sharing.

One tip is calling the patient prior to the consultation to ask about these matters and if they are alone and comfortable to talk preferably in a “yes/no” format so that anyone around would not be aware of the purpose of the call.

Make sure the virtual interview is conducted in a quiet room, preferably with a door shut, so that people are not coming and going, violating your telemedicine patient’s privacy. If you were conducting the consultation from home, try not to let other family members around including your kids as this may create distractions. Also, make sure the room has adequate lighting so patients can see the person whom they are speaking with. Place your workstation in a location that protects the patient exchange from being seen, overheard or interrupted by others. That includes ensuring that there is no visibility of your screen(s) through a window.

Additional tips:

- Ask whether they are in an appropriately private location or if other persons are present off camera, better to assume that there are. Record their response in the record. Consider rescheduling the visit if they are not alone.
- Remind the patient that everything they disclose is confidential and that you care about protecting their privacy.
- Constantly monitor if the person is comfortable and is safe during the sessions. You can follow the below guiding questions:
 - Are you comfortable and safe talking right now?
 - Are you taking the call from a room that can ensure privacy and confidentiality of the conversation?
- Agree on a safe words, signs or codes that you can both use during the below situations:
 - If she feels unsafe or listened to or to inform healthcare provider that someone walked into the room and she can’t talk anymore
 - Before starting the session specifically during texting to avoid possible impersonation
 - When she needs to inform the case worker about her availability to receive a call
- You can try texting questions about private matters during the online consultation (in the chat box) instead of saying them out loud if need be and if possible /feasible and in the language preferred by the patient.
- Remind the survivor to delete any text messages between both, if it is deemed to put the survivor in any danger
- It may be helpful to ask the patient if she can wear earphones (if possible or if she prefers) so as your voice and questions won’t be heard by anyone else.

One more note is that when asking about symptoms, it is better to ask about each one separately rather than all in one question.

Part three: Communication

Joy called the clinic to schedule a follow-up appointment. She checked the available appointments that week and chose an appointment in 2 days at 5:30 pm.

Joy: "Hello doctor"

Dr. A: "Hi, Joy. How are you today?"

Joy: "much better"

Dr.A: "Great then... Is there anyone around you? Are you alone?"

Joy (plugged earphones): "Yes, I am alone in the room."

Dr. A: "Did you do the test?"

Joy: "Yes... The PCR came back negative. My symptoms are gone... I am much better now. But I don't know doctor since the beginning of the pandemic I have been feeling down"

Dr. A noticed that her phone battery was about to die so she put the phone aside and got busy for a minute while searching for the charger to plug it and connect the phone. There was no longer any eye contact during this time while she was fixing the phone to the charger.

She did not inform Joy about this and just assumed that Joy will figure it out. While fixing her phone she asked Joy: "So tell me you mean you are depressed?"

Joy paused for a minute and appeared anxious then she answered "No, no I am fine, no need to worry doctor all is well. I guess it's normal to feel this way in such a difficult situation... but nothing over the top is going on..."

Question: What could the doctor have done better in this interaction? How might her actions have created barriers to disclosure or trust? Do you think online consultations might require more effort to "be present/ engaged" with the patient? Elaborate

Discussion: Communication skills during online video consultation

In this case, the patient felt uncomfortable disclosing mental health concerns when she the physician appeared as if she is not paying enough attention. Although the physician was just attempting to plug her phone in the charger but the patient would not know that and would assume the doctor is busy.

- During online consultations, it is crucial to pay attention to body language and how "present" you are even more than face-to-face consultations because the distance might make one appear less engaged than he/she actually is. Proper engagement and body language make patients more inclined to disclose sensitive information.

- Assume a relaxed, calm and unhurried posture
- Maintain eye contact. Video connections do not allow patients to see either the doctor's screen or the doctor's surroundings, the patient will not know where your gaze has gone when you are not looking them in the eye. That impairs your ability to engage sufficiently to win patient trust, which is particularly important when you do not have an existing relationship. Provide an explanation if you need to leave the desk or look away for any reason even for things as charging your phone or laptop.
- Use non-verbal cues as well as verbal cues to demonstrate understanding and to show empathy and respect for the patient. Many studies have shown that during an online video consultation, patients might feel more comfortable to disclose sensitive information so being especially attentive to the patients and showing empathy and understanding will even increase chances of disclosure. It is also preferable to use open ended questions with patients/survivors. For examples do not ask "are you depressed?" but better "how are you feeling", which gives the opportunity to express emotions rather than answering by "yes" or "no"

Part Four: Telephone Encounter

Joy was lost to follow up for 12 weeks. She then called the clinic and scheduled an appointment also online.

She agreed that the consultation will occur through a WhatsApp Video Call. However, on the day of the appointment, Joy wanted a WhatsApp Call (only by phone) instead of a video call because her internet connection is not going well today and she just wants a quick consultation and some creams.

Over the phone:

Dr. A: "Hi Joy. How are you doing?"

Joy: "I am fine doctor. Sorry my internet is not good today and I only have a red spot on my upper thigh that is painful and feels hot... I could not sleep last night. Can you give me a cream for it..."

Dr.A: "Mmmm... I can't answer such a question over the phone as I need to see it but do you have any fever?"

Joy: "No doctor"

Dr. A: "Do you remember being stung by any insect or were you outdoors?"

Joy: "I am always at home doctor... I don't remember being stung but maybe"

Dr.A: "How about you send me a picture on WhatsApp so I can see it?"

Joy sent the doctor a photo of her lesion over WhatsApp.

Through WhatsApp text:

Dr. A: "It is not clear dear... Can you please take a closer photo with more light in the room?"

Joy: Okay doctor...

Dr.A: "mmm... Okay I see it now. I think it could be an insect bite that got infected and you need antibiotics. I will send you the name of the antibiotic with instructions so you get them from the pharmacy. Can you mark around it and let me know if you improve in a few days... Make sure the redness does not increase and if it does please let me know immediately. I will also prescribe some pain meds for you..."

Question: What do you think are the limitations of a telephone consultation and in what situations do you think it would be beneficial?



Discussion: Telephone and texting encounters:

Telephone contact for acute illness may allow minor problems to be dealt with esp. if face-to-face or a video consultation is not feasible.

It has limitations as the physician is unable to see any marks, bruises, skin changes, redness or swelling that the patient might or might not be trying to hide.

It is preferred that physicians go for video consultations when dealing with new complaints, with patients not well known to them, or for complaints where seeing the patient might provide a significant input.

Telephone encounters can be used to follow-up on a certain condition after an initial video/face-to-face encounter as for example following on depression symptoms after initiating treatment ... As for consultations through texting: They have the advantage of being conducted at a pace comfortable to both patient and doctor, yet the amount of information exchanged can be limited, the non-verbal communication is missing and may not be suitable for urgent matters; It can be used for dermatology cases, to answer parents' simple questions, or as an adjunct to audiovisual visits.

It is important to stress on patient confidentiality especially regarding sending photos on Whatsapp. The names of the patients might be saved under code names and pictures deleted after proper documentation if they include patient's face or other elements that might identify the patient.

Messages should be deleted if containing sensitive information or as per the request of the patient.

Arabic scenario for virtual consultation:

1/3

السيناريو باللغة العربية:

القسم الأول:

جوي امرأة في السادسة والعشرين من العمر، متزوجة و لديها ثلاثة أطفال هي ربة منزل و تتعالم دائماً عند طبيبة العائلة نفسها. تركت لها رسالة مع السكرتيرة بأنها تود رؤية الطبيبة لحالة طارئة. عاودت الطبيبة الإتصال بها من هاتف العيادة و حددت موعداً لإجراء المعاينة بالفيديو أون لاين بسبب جائحة الكورونا قبل تحديد إذا ما كانت هناك حاجة لمعاينة شخصية في العيادة وهذا للحد من انتقال الفيروس قدر الإمكان.

الطبيبة: مرحبا جوي
جوي: هاي دكتور
الطبيبة: كيفك اليوم؟
جوي: أنا منيعة، نشكر الله و أنت؟

الطبيبة: تمام، الحمد لله، وصلتني رسالتك. كنت بدي إطمئن شو الشئ الطارئ أو إذا بينظر لبكرا وبشوفك أون لاين بالفيديو بكرا على "WebEx" عال ه بعد الظهر إذا بنأسبك.

جوي: إي إيبيني بينظر لبكرا دكتور. بس ولا مرة بحياتي استعملت هيدا ال "الويب-إيكس"، شكرو معقدا!

الطبيبة: لا، لا: كثير هيّن. بكرا بحولك عند مساعدتي و هيبي بتبعتلك الرابط. بعذر منك لازم سكر التلفون لأن عندي كثير شغل، كورونا و حالة، بتعرفي... يلا أنتبهي عدالك!
في اليوم التالي في موعد المعاينة، اتصلت جوي بالطبيبة بأن لديها مشكلة مع الرابط و لم تعرف كيف تستعمل "WebEx"، وبأن الصفحة التي تفتح هي "error" أو خطأ.

جوي: دكتور، بعذر كثير بس فينا نستعمل الواتساب و نفتح video call؟ أسهل..

الطبيبة: أوكي.. أوكي.. مع إنو ما بحب أعطي رقمي الخاص بس حأعمل إستثناء كرمال وضع الكورونا المش طبيعي! بسيطة!

خلال مكالمة الفيديو على تطبيق واتساب، كانت جودة الإتصال بالإنترنت ضعيفة في العيادة مع الكثير من الإنقطاعات، ولكن الطبيبة استطاعت الإستنتاج بأن جوي لديها بعض الألم في راسها منذ أسبوع بعد أن وقعت مع كدمة بسيطة بدون أن يتأثر نطاق الحركة عندما كانت في تركيا. كان الألم يتحسن تدريجيا ولم يحدث أي ورم. وصفت الطبيبة لها أقراصاً للألم و طلبت منها المتابعة معها بعد أسبوع. كما طلبت منها البقاء في الحجر الصحي والالتزام بإحتياطات السلامة أثناء مراقبة أعراضها لمدة أسبوعين على الرغم من أن فحص (PCR) الخاص بكورونا كان سلبيا.

قررت الطبيبة الإتصال بشركة الإنترنت لإصلاح السرعة و تحسين نوعية الإتصال بالإنترنت لأنها ستعتمد على الإنترنت في معظم المعاينات في زمن الكورونا.

الطبيبة محدثة نفسها: أوف... وين الحالة الطارئة معا لها المريضة!! عنجد في ناس بتحب ال attention و تلفت نظر!! شكرو تأثير كورونا.. بس يلا، ربي عطيني القوة ليكون عندي صبر أكثر و تعاطف!!

القسم الثاني:

بعد أسبوع، اتصلت جوي بالعيادة لتحديد موعد للمعاينة أون لاين ومتابعة حالتها. تم الإتفاق على استعمال تطبيق واتساب video call لأنه التطبيق الوحيد الذي يرتاح باستعماله الطبيب والمريضة.

السكرتيرة: مرحبا جوي، الدكتورة فيا تشوفك للمتابعة بكرة عال ١١ الصبح.
جوي: فينا بعد الـه بليز!
السكرتيرة: بعذر، بس هيدا الوقت الوحيد المتوفّر. إذا بدك نهار ثاني بعطيكى.
جوي: خلص أوكى، بكرة عال ١١.

خلال المعاينة بالفيديو، لاحظت الطبيبة أن عيني المريضة منتفخة وانها أنفها محمر و بيدها منديل و تبدو شاحبة.

الطبيبة: شو هيدا؟ شكلك مرشحة؟ شو صاير؟ سلامتک.

جوي (تبدو متوترة و متلبكة و تميل نظرها لجهة اليمين): مميمم... لا لا هيدي مشي، ما تعتلي همّ. هيدي الحساسية روجعت.. ماشي.. ماشي!

الطبيبة: سلامتک.. بس بصراحة هيدي ممكن تكون عوارض الكورونا!!

جوي (وهي تبدو أكثر توتراً): لا لا شو هالحكى، أكيد لأ!! دكتورة.. هيدي حساسيتي.. كل مرة بتروجعلي بهالموسم و إنتي بتعطيني بخاذا و أدوية حساسية!! فحصى سلبي كان بالمطار لما رجعت..

الطبيبة: "بصراحة.. لازم ترجعي تعيدي الفحص لأنو هيدي يمكن كورونا، خاصة إنك كنتي مسافرة و هلق صار عندك عوارض.. عيدي الفحص و خيريني النتيجة.. كمان بدي إسألك إذا عندك حرارة أو سعلة؟ ضيق بالنفس أو مغيّرة حاسة الشم عندك؟"

جوي: " لا دكتورة.. ما عندي شي من هالعوارض.. بس أكيد دكتورة بعيد الفحص و برد عليكى خبر متل ما نصحتيني.. بس هلق صار لازم سكر.. "

الطبيبة: " كمان لازم تضلي بالحجر بغرفة لحالك وتلتزمي بالإجراءات الوقائية.. راقبي حرارتك و خدي بانادول إذا تعبتى.. انتبهى إذا صار عندك ضيق نفس أو حرارة عالية تحكييني أو تروحي للمستشفى الحكومي.. انتبهى عحالك.. "

لاحقاً، أرسلت المريضة للطبيبة رسالة صوتية قصيرة عبر واتس اب وبصوت خافت بأن زوجها كان موجوداً ولم تكن تريده أن يسمع أنها قد تكون مصابة بكورونا ويتخاف لأنه رجل قلق وأيضاً أخبرتها أنها ملتزمة بالحجر الصحي على أي حال وتنام في غرفة وحدها حالياً وستعيد فحص الكورونا.

أجابت الطبيبة أنه يجب اتخاذ إجراءات أكثر صرامة والبقاء في غرفة واحدة طوال اليوم وليس فقط وقت النوم خاصة الآن بعد أن ظهرت عليها أعراض.

القسم الثالث:

اتصلت جوي بالعيادة لتحديد موعد للمعاينة. استفسرت عن الأوقات المتاحة و اختارت موعداً بعد يومين عند الخامسة و النصف بعد الظهر.

جوي: مرحبا دكتورة.
الطبيبة: هاي جوي، كيفك اليوم؟
جوي: كتير أحسن..
الطبيبة: خي، الحمد لله. بدّي إسألك.. في حدا حواليك بالغرفة؟ إنتي وحدك؟
جوي: (قامت بوضع سماعات للأذنين): نعم، أنا وحدي.
الطبيبة: "خيريني.. عملتي الفحص؟"

جوي: "إي.. إي الفحص طلع سلبي.. و حاسة حالي كتير أحسن و عوارضي راحو.. بس بصراحة صرلي من أول الكورونا مش على بعضي و ضاربة معي على زعل شوي"

لاحظت الطبيبة بأن بطارية هاتفها على وشك النفاذ لهذا وضعت هاتفها على جنب وانشغلت لدقيقة وهي تبحث عن الشاحن. لم يعد هناك اتصالاً بالعين بين الطبيبة و المريضة خلال هذا الوقت الذي كانت الطبيبة تصل فيه الهاتف بالشاحن.

لم تخبر الطبيبة المريضة بأمر بطارية الهاتف وانشغالها البسيط بالشاحن لأنها اعتقدت أن جوي ستفهم هذا الأمر وحدها. خلال بحثها عن الشاحن، سألت الطبيبة جوي: "إي، خبريني هلق قصدك إنك مكتئبة؟"

سكتت المريضة لبرهة وبدأت متوترة ثم قالت: "لا لا أنا منيحة.. ما تقلقي.. كلو منيح.. عادي نحس هيك بهالوضع.. ماشي زايد عن حدو"

القسم الرابع:

لم تتصل جوي بالعيادة للمتابعة لمدة ١٢ أسبوع. اتصلت بعد هذه المدة بالعيادة لتحديد موعد أون لاين.

اتفقت جوي مع السكرتيرة بأن الموعد سيكون من خلال Whatsapp video call. ولكن، في نهار الموعد، اتصلت جوي بالطبيبة هاتفياً بدل مكالمة الفيديو معتذرة:

الطبيبة: مرحبا جوي.. كيفك؟

جوي (عبر الهاتف): بعذر دكتورة.. بس ما عم بقدر إفتح فيديو هلق.. الإنترنت اليوم تعبان من الصبح.. بس عندي استشارة بسيطة و سريعة ويمكن لازملي شي مرهم..

الطبيبة: خير.. تفضل.. شو سؤالك؟

جوي: "عندي بقعة حمرا على فخذي من فوق وعم توجعني بالليل أكثر شي و حاستا سخنة.."

الطبيبة: "بصراحة قبل ما أعطيك علاج لازم شوفا.. بس بدي إسألك إذا عندك حرارة.."

جوي: لا ما في حرارة

الطبيبة: "بتذكري إذا عقصك شي؟ أو إذا كنتي بمكان بالطبيعة أو في شجر و نباتات؟"

جوي: "لا ما عم بظهر دكتورة.. ما بتذكر شي عقصني بس ممكن"

الطبيبة: "شو رأيك تبعتيلي صورت عالواتساب لشوفا؟"

ترسل المريضة الصورة للطبيبة من خلال الواتساب.

بالمراسلة على واتساب:

الطبيبة: ما كتير واضحة بصراحة.. فيكي تصوريا أقرب مع إضاءة أكثر.

جوي: أوكي دكتورة

الطبيبة: "ممممم.. أوكي.. قدرت شوفا هلق أوضح.. شكلا عقصة و عاملة إلتهاب.. هلق ببعثلك إسم دوا الإلتهاب وكيف تاخدي مع دوا للوجع.. علمي حوالها وخبريني إذا تحسنتي بعد كم يوم.. إذا زاد الإحمرار إحكيني فوراً.. سلامتك.."



Below are the scenarios of interviews done through online consultations. Enclosed in the boxes are the authors' suggestions for points to be raised during discussions along with some questions following the scenarios. Facilitators are encouraged to follow the sequence, but they are also free to tailor the discussions the way they feel more comfortable or fitting the group better.

Case 1: Scenario of domestic violence case

Scenario 1- Recognising indicators of abuse

Because of the Corona pandemic, the health care facilities are adopting a triage system to decide whether to proceed with a face to face or telemedical consultation.

Samira is calling the clinic to book an urgent appointment.

Secretary: Ms Samira, let me explain to you, because of the corona pandemic in order to avoid crowding and increasing the spread of the virus, we are asking a few questions to know which is better, to have a face to face or online consultation. Have you been in contact with someone who had Covid or came from abroad,

Samira: why all these questions, what kind of investigation am I being subjected to? I have to answer and give a report who did I meet or talk to. I am just calling to have an urgent appointment; can you give me one?

Secretary: As I told you madam that we are asking these questions to know if the doctor will see you online or face to face. Believe me I have no interest in your life

Samira: give me the earliest online appointment. I am not sure I can come anyway.

Secretary: agree, better online; you had several missed appointments even before corona. What about tomorrow at 3 pm. This is our only available spot. Would you prefer skype, webex or whatsapp?

Samira: Ehhh Ehhhhh...Tomorrow at 3? I cannot. Can we make it at 5? I prefer Whatsapp video call. I am not familiar with the other ones.

Secretary: I told you it is the only available slot tomorrow or it will be postponed for next week

Points for discussion: what are indicators of abuse: non verbal cues (tone of voice), lack of trust, skepticism, aggressiveness...

Samira: ok will take it. I am sure there are other slots but you are doing this to punish me. You have my number I will be waiting for your call

The doctor has a separate mobile line dedicated for online WhatsApp consultations.

Doctor: Hello Samira, can you hear me?

Samira: (voice not clear): How a..re... yo..u doc..tor...?
Doctor: There seems to be a connection problem I guess.
Samira (voice still not clear): Yes, yes, the connection today is not good and the wireless network does not reach the kitchen as the router is far from here. I just have a quick question.

The doctor could not hear what Samira said clearly due to poor connection. The video quality was also poor. There was also a lot of background noise and shouting of kids. The doctor started to feel a bit frustrated.

She sent Samira a text message through WhatsApp that she can't hear her clearly and if she could move to a place with a better signal.

Samira replied that she can only talk from the kitchen at the moment and she only has a quick question.

Samira then sent a voice message to the doctor (talking in a low hurried voice): "apologies for the poor signal, I forgot to tell my husband about the online appointment and it is the time for him to talk to his family in Germany. I have to sit in the kitchen (where wireless connection is poor) with the kids so they wouldn't disturb him".

She sent another WhatsApp voice message (also in a low and hurried anxious voice) explaining the reason for the consultation: "I had a cup of coffee with my neighbor in the morning few days ago, she arrived from the gulf. I am feeling feverish and tired today but my temperature was 36.6. I took it using ear thermometer, and my throat hurts a bit. I still have this shortness of breath that I used to have before, may

be a bit more now, and may be because I am more stressed with the kids all the time at home. I also have those headaches and am too tired and feel like fainting sometimes, I get nauseated sometimes, and have those abdominal cramps with diarrhea every now and then, but you told me before it is a large intestine thing, I take care of my husband's sick mother and visit her frequently to give her the medications. I don't know if I should do the Corona test, it is very bad for old people you know".

Discussion points:

Indicators of abuse: multiple symptoms- non verbal cues (low hurried voice)

Although discussed in the previous chapter, it is good to re-emphasize the importance of a good quality internet connection for a convenient consultation with a good voice and video quality so that no important points are missed and good communication with good body language is secured. Poor internet quality can also trigger feelings of frustration and interfere with optimal care. A good solution is to reschedule the appointment or move to a place with better connection. However, in this case, it seemed that the patient can only have this consultation while in the kitchen which raises a question on why can't she talk from another room where potentially might be a better internet connection. Her kids were also around which also interferes with the privacy.

The patient asked for this appointment urgently so it might be a good idea to inquire through text or a brief phone call about the main reason for the appointment to decide on any red flags or if the patient needs emergency room visit before re-scheduling.

What would you recommend? Any comments?

The doctor replied to Samira's voice note advising her to do the PCR test and to keep abiding by the self-isolation and preventive measures of wearing a mask and use hand hygiene, in addition to observing her temperature, it is also preferred that she does the test as soon as possible while sticking to the precautions.

Two days later, Samira called the clinic in the morning insisting to talk to the doctor on the spot, complaining angrily that she had sent

several WhatsApp messages over the past hour with no reply. There was another argument when the secretary asked her about the urgency of the matter, she replied "it is none of your business, just give me an appointment today". She was given an appointment at 4:00pm and Samira agreed reluctantly blaming the secretary for "forcing her to accept appointment at weird times". The consultation was also to be done through WhatsApp Video call.

Doctor: Hello Samira, can you hear me?

Samira: Hi doctor, yes I can hear you. Can you?

Doctor: Yes. The connection seems better today. Tell me what happened with your Corona test result?

(in the background, can see the secretary coming in and bringing papers to the doctor and handing her written notes to read and reply back)

Samira: The test was negative thank God but I still feel very tired. I have a headache all day and my appetite is very poor during the day but I eat so much during the night. I also have joint pains which I read can be symptoms of Corona also. Is it possible that I have the virus and the test was wrong or it did not show yet? Do I do antibody test? Shall I do it another lab, you know you can't trust those people"

Doctor: Samira, you always had those symptoms, why are you worried and obsessed about corona now? Keep taking Panadol and monitor your temperature before you take it and if you did not improve or it became worse in a week, we can talk again and I will tell you what we can do then.

Samira (with kids' noise heard in the same room): Okay doctor, but Panadol is not doing anything. Do you have something stronger? Maybe something that also numbs the pain of the heart (Samira chuckles... hehe...).

Doctor: hehe... pain of the heart??? What Samira, are you having an affair? Hahahaha... Everyone is having heart pain these days. (Doctor is busy looking at her chart) Unfortunately, we only need to be patient till this situation is over. This year 2020 is so weird, the worst economic situation ever plus the Corona pandemic... God be with us all!! You know you can have Advil when you have pains but only take it after meals. You don't have high blood pressure, right? (looking at the screen) By the way, what is wrong with your left eye? It seems you have a bruise around it?

Samira: (sounds confused): Oh this! It is nothing. I bumped into a glass door which I thought was not there... Stupid me... Stress is really too much. Sometimes I feel I can't take it anymore.

She starts shouting looking sideways: "Stop pulling your sister's hair Malik or I will hit you with the big stick. Oh my God when will you take my soul so I can get some rest "

Then she froze for a minute as if trying to hear something and looking back but with poor eye contact screen she says (Samira worried and distracted) " Anyways bye bye doctor, it seems my husband is back. My husband is here. I have to go. Yalla bye, thank you!

The doctor hears a man's voice saying: Wlee you are always talking to people? Who are you talking to?

Call disconnects before the doctor had the chance to say goodbye, conclude the consultation or add any recommendation/schedule a follow-up.

Any comments? If the bruise was due to domestic violence, what do you think were barriers to disclosure?

Discussion points: more indicators of abuse, privacy, asking about violence, violence begets violence

Before starting to discuss with the patient her symptoms online, make sure that her privacy is ensured and that her husband or kids or any other family member are not around. Disclosure of abuse will be affected by lack of privacy and it is not recommended that parents disclose abuse in front of their kids.

Perpetrators are always monitoring their victims and may not only be listening to what the victim is saying but also what the person on the other end of the phone is asking. Little escapes their notice, which can be extremely difficult when the only access you have to a patient is on the phone or video call.

Prior to conducting any conversation around domestic abuse, ask the patient if it is safe to talk, saying a simple "yes" or "no" will do. If possible, ask the patient to wear earphones so your question is not heard by anyone else except the patient. If it isn't safe to talk then ask for a suggested safe time to call back. Be aware that situations change quickly and that risk is dynamic. Ask if the patient is alone to ensure that the perpetrator isn't in the same room. Be aware that the perpetrator may be in the house or enter the house and ask the patient to terminate the call if the perpetrator comes into the room. Ask if the patient feels safe and if there is any immediate danger. Always advise calling the police if there is any immediate danger. Consider use of 'closed' questions when asking about safety – questions with 'yes/no' answers may help your patient share that they are being harmed, even if they cannot talk freely.

It is an alarming sign that the patient had to urgently close when her husband arrived.

In addition, the doctor in this case assumed that the patient mentioned her "heart pain" in reference to the general country's situation and did not ask her in particular about anything else bothering her. Even though the patient chuckled while mentioning her emotional pain or appeared as if she is joking, it does not mean it is not serious.

The doctor was also busy looking at her chart without telling the patient which she might have interpreted as the doctor being too busy for her. Victims of violence are usually very sensitive to these matters so if the doctor had to look away for any reason, she must inform the patient and excuse herself especially during an online consultation as any distraction from the doctor's side even if well-intended can be easily misunderstood.

The story that the patient provided is a bit weird meaning how she can attempt to walk through a glass door and have a defined bruise only over one eye so this might also point to the possibility of domestic violence.

In such situations, it might be important to schedule a follow-up with the patient during a time that both the doctor and the patient are available (ask the patient to schedule the appointment beforehand so more time slots might be available) and also to point to the patient to be alone during the consultation away from her husband and kids to mimic the privacy of clinic settings as much as possible.

The doctor got worried and asked the secretary to call Samira the second day and schedule an online consultation where she can be alone without family members around. The secretary calls the number available in the file and gets a male voice at the other end.

Secretary: "I am calling from Dr Amal clinic to schedule an appointment for an online consultation with Ms Samira.

Man: "With my wife? Why?"

Secretary: "she called feeling sick but the doctor couldn't talk to her because of poor connection and too much children noise, so is it possible to schedule an appointment when she can talk to the doctor quietly"

Man: "Oh I didn't notice she was sick. Apologies for the inconvenience. Yes of course I will tell her to call you back and I will take care of the kids when she has the consultation"

Secretary: "that would be great. I am expecting her to call back"

Man: "Sure, she will be calling in one hour. Very nice of you to call back"

Secretary: “ you are welcome, we are just doing our work”
After they hang up the secretary comments “what a nice sweet man. I wonder how he can tolerate such an unpleasant woman”

Discussion: Protecting survivors and ways to ensure their safety. Characteristics of aggressors, survivors

Samira called the clinic same day afternoon and talked to the secretary in a polite composed tone: “Apologies for bothering the doctor with my kids’ noisiness. I am not good in raising them well. But my husband is a very hard working and a really nice guy and he wants to check if it is possible to have the online consultation on Saturday morning, the day he visits his mom, so he takes the kids too and while she helps him in taking care of them”

An appointment was scheduled for Saturday at 10:00 am for a WhatsApp video call. She asked if the call will be on time, as her husband will be coming back to take her to visit his parents and he doesn’t like to wait. The secretary promised to make it on time.

On Saturday morning:

Doctor: Hi Samira, can you hear me?

Samira: Doctor, hello, yes I can, but first I want to point out to you that this secretary of yours is not good, who does she think she is

Doctor: Why, what happened?

Samira: She doesn’t know how to deal with people, she kept me waiting on the phone for over ten minutes. And when I told her I want to schedule an appointment to book a consultation after her majesty could answer, she criticized me and complains to my husband about having my kids around during the consultation. What does it have to do with her? I am a mother and always busy with the kids especially now that we are confined and they are not going to school! Why is she criticizing me? She also refused to give me an appointment yesterday and made me wait till today although I told her that I am very tired and need an urgent consultation...

Doctor: It seems you are very angry Madame Samira, calm down, what happened? Why are you angry?

Samira: I am telling you doctor. It is a major hassle to book an appointment. It is already bad enough that we can’t go to see you in the clinic now and we have to depend on this online stuff which is so uncomfortable...

Doctor: Ok calm down now I will talk with the secretary later; how are you? Do you still have pains or fever? How are your symptoms?

Samira: My symptoms are worse. I am not having any improvement at all.

Doctor: Are you taking the Advil I prescribed last time regularly?

Samira: Sometimes I forget it.

Doctor: Eh you must take it as you are supposed to and then we wonder why you are not getting better

Samira: Doctor, it is the same whether I take it or not. I don’t mean to be insulting doctor, but I am not sure you are able to know what diseases I have. Perhaps you should get me for few days in hospital and get me checked from head to toes and find out what I have.

Doctor (irritated): Samira, we did so many tests for you before and they are all fine. Don’t tell me what I should be doing. I’m the doctor and I know what should be done. I have told you many times that most of your symptoms are mostly psychological, you are stressed. If you are not trusting my opinion, why don’t you consult someone else?

Samira: Apologies doctor for sounding like this, I have full trust in you.

Discuss again consequences of violence on the survivor and highlight its effect on the doctor-patient relationship; the importance of non-verbal communication

Survivors frequently present with multiple complaints, are unsatisfied with the care they receive, and try to gain control of the relationship, making them difficult to manage. Physicians can get irritated easily and may show rejection, reply defensively or even offensively. Responding to patients aggressively makes them feel less comfortable and less likely to disclose personal information. It is preferable to use reflective replies or negotiation skills like, “What makes you forget to take the medication? “Or “It seems you have worries about your health, let us go over your complaints and then we decide what is better for you.”

It is better for physicians to maintain good eye contact with the patients whenever possible, assume a relaxed posture and maintain a calm tone of voice. This is of particular importance during online consultations as the body language is not as obvious as in face-to-face consultations.

Doctor: ok then shall I give you a medication for stress?

Samira: No I don't want to get hooked on them and I don't want something to put me to sleep. I have a lot of things to do. My life is so full of running around, I cannot relax, my husband is always angry especially now with the lockdown and having to work from home. The children are not tolerating the confinement and always fighting with each other and I have to keep them quiet so he can work. Our income is not like before you know especially with the pandemic and closing of everything. Things are getting worse and am wondering what is worth living for

Doctor: it seems you are quite sad. It is a phase. Corona won't stay for long. You won't get sleepy if you take the medication. The newer medications are taken in the morning so you can function better. I can write a prescription, and your husband can pass to the clinic to pick it up. You can't get the medication without it. Don't let him come without a mask. We are open from 9:00 am till 3:00 pm. You take one pill per day and let us schedule another online appointment, ok?

Samira: no no, not my husband. He always says I am crazy and he will use this prescription as a proof.

Doctor: Oh; it seems you are not happily married. Maybe it is something you need to talk about to someone. I am ready to listen if you want but now we don't have much time to talk because the next patient started calling me on Skype. I am going to write the prescription and you find a way to pick it up and start taking the medicine one tab in the morning. (Doctor starts writing on the file and seems busy). Now that Corona is not a possibility for you, I guess we can meet again in a month. Next time, we will talk more about your problems and you will tell me if the medication helped you.

Discuss recognizing clues, funnelling technique, preparing the stage, minimizing or trivialising concerns – non-verbal communication

When starting the interview with survivors, it is important to use the funnel technique, recognizing the clues that indicate the presence of violence, starting with broad, opening statements or framing questions, and

then proceeding to direct questions. Reflecting feelings can also be a good starting point. Yet, it is better before to prepare the stage by making sure the person is alone, in a private place, especially during an online consultation where the room is not showing. It is also important to reserve adequate time, and seeming unhurried when discussing is asked personal issues with patients.

Minimizing the patient's concerns is to be avoided as well as giving "quick fix solutions." It is better to recognize the seriousness of the issue by showing readiness to help and to listen when time permits.

It would have been helpful to open the subject of the eye bruise and ask the patient if she improved (even if no signs are visible today or the eye appears better) and ask her again on how it happened (using the funnelling technique). For example the doctor can start by "During this lockdown and the stressful economic situation, the rates of domestic violence have increased dramatically worldwide so I am asking all my married patients about it. So may I ask if anyone is being harsh on you? Did anyone hit you for example in the past month? "

Scenario 2- Opening remarks and asking

Doctor: Hello Mrs. Samira? Can you hear me well?

Samira: Yes, I can hear you quite well.

Doctor: Is anyone with you in the room? Where are your kids?

Samira: Yes, I am alone. My husband is watching T.V. in the living room. My kids are playing video games in their room. I am in my room and locked the door from the inside pretending I am busy waxing haha...

Doctor: O.K. good. How are you doing? Have you started taking the antidepressant?

Samira: I am getting so much worse doctor. This is why I booked an appointment before the month is over honestly.

Doctor (with a cynical smile): yes, I have noticed that.

Samira: I am not sleeping well. I have pain all over my body, and the dizziness is really disturbing me as for not letting me move around, and my tummy is now getting distended. When I eat my belly becomes like the balloon. This is new. I used to have a bloating stomach when I was a teenager then it improved. Now it's back. I still get those bad headaches.

Doctor: Many people are having these symptoms in the lockdown. You can avoid the food that would bring the colic like cabbage and beans and don't follow the news anymore and don't go over the social media. They all increase the stress and you don't need more

Samira: yes doctor, I don't want more stress. I have enough. But the social media is my way out. I wish I can find something not upsetting.

Doctor: It is normal in the lockdown and the big surprises in this country to feel upset. Who's happy to be honest?

Do you have any comments?

Discuss: directive questions, misinterpretation, non-verbal communication

When communicating with patients it is better to avoid directive or leading questions, and avoid misinterpretation. So interpreting the patient's statement "I am getting worse" as she is in pain and directing the question accordingly may take the interview in the wrong direction. Using direct questions may help in clarifying. "What do you mean by worse?" or "How is it getting worse?"

When encouraging patients to speak out, it is important to recognize the difficulty of such disclosure, yet using coercion as a way of encouragement is to be avoided as patients may interpret it as mingling in their personal affairs. Patients need to feel comfortable and left to decide of whether and when they want to discuss personal issues. Encouraging and reassuring statements can help like "I know these are private issues and it may be difficult to talk about them, but I want you to know I am here to help you and am ready to listen to you whenever you feel ready to speak"

Samira: yes you are right doctor, this is what I keep telling my husband when he gets angry, I tell him we are not much different from other houses. You know we are all stressed especially during these times. No one knows what will happen next and if we will have food on our table tomorrow. But maybe he gets more stressed as he feels responsible towards us. Anyways, Thank God for everything...

Doctor: What is going on Samira? You must tell me everything so I can help you. I am honestly still not convinced that your eye bruise is due to the accident you told me. I even mentioned it as a note here in your chart. If you start talking about what is going on in your life, I would help you to change it and you can live happily. You can tell me everything, and nothing will leave this room.

Samira: What do you mean doctor? I am a liar? No I did not lie doctor... I did not see the glass door. I was absent minded thinking of how to sort out so many issues. You

know when they are at home, they become so demanding and difficult to please, the children keep shouting and complaining of getting bored and they are fighting with each other, and my husband is finding it difficult to stay home. He used to come in the evening when it is quiet at home, and while children are sleeping. He has always been a nervous guy and now it is getting worse... (she stops and pauses, looking down, taken by her thoughts)

Doctor: eh hh I apologize, I did not mean to say you are a liar. I am worried and I am just trying to help you talk. I am just thinking that you may be subject to violence? Are you? Does your husband hit you?

Discuss: coercion, false promises, validating patients symptoms, asking about violence, paraphrasing or restating, confidentiality

-When addressing psychosomatic illnesses, it is better to recognize the patient's symptoms as genuine and avoid saying "It is all in your head" or "you are not really sick" or alluding to it being unreal. Some people interpret this as being called crazy. Better validate patients' symptoms while relating to psychological distress.

- When asking about violence, it is advisable to avoid using the word "violence", as it may intimidate or embarrass people. Some people who are in a violent relationship may also not know they are in a violent relationship. Accordingly, it is better to ask about specific behaviours like: "He is taking out his anger on others? Would he hit anyone or shout at anyone?"

If the person seems reluctant to disclose violence, it is not advisable to coerce him/her through conditioning offering to revealing their secrets. The message is better be: I am ready to help regardless. Similarly, insisting to know details is counterproductive. Knowing details of the violent incident is only helpful if the patient feels better talking about it.

Moreover, introductory statements can be helpful in asking about violence "I know many patients who have similar complaints are living in relationships that make them feel unsafe. Rates of conflicts in marital relationships increased during the pandemic. Are you in a relationship where you feel threatened or that makes you unhappy?"

- Paraphrasing or restating can often be used to facilitate the interview, to encourage the patient to speak out and to clarify certain points. Yet when paraphrasing, misinterpretation is to be avoided as it may lead mislead the interview in the wrong direction
- Do not be worried that online settings might make disclosure of violence more difficult. Studies have shown that patients might feel more at ease disclosing violence or sensitive information through online platforms remotely from

their homes as they feel more at ease than during face-to-face settings but of course if conducted properly and privacy is ensured from both the patient's and doctor's end.

Samira: Violence?? No... No... Hit me??? Definitely not!!! I wouldn't let him, he wouldn't dare!!... Honestly doctor, my husband is a very nice man when he is relaxed and in good mood... But when he gets angry, we better get away from him... It is just that children are more afraid of him now because he is always in the house and they are not used to each other before. Maybe he is not feeling productive and worried about his work. They are threatening to fire employees doctor because they can't afford anymore. Kids can be really exhausting too, and the man is really a hard worker, but can you blame him for getting angry sometimes??? He has to secure an income and attend to our needs at home. And you know everything is getting more expensive and the currency is going down, and he might lose his job anytime now... He has the right to get nervous.

Doctor: Well yes he won't get upset for no reason... Children from one side and I am sure you do provoke him, and may be you do also nag about the cost of living and how hard life is becoming

Discuss: justifying violence and blaming survivor

It is common for survivors, when narrating the violent incident, to justify violence. Health care providers may also blame the survivor for precipitating the violent incident thinking that this may lessen the anger and decrease the gap between the couple. However, this would increase the risk of further victimisation. Providers are expected, when dealing with survivors, to communicate that there is no justification for violence and that there are better ways to resolve conflicts. Regardless of how difficult the situation is whether economically or from the lockdown, there is no justification for violence. This is helpful in decreasing self-blaming and improving self-esteem. Similarly, health care providers should be cautious not to use words, questions or statements that may directly or indirectly blame the survivor or accuse of causing the violent incident; as for example using the why questions "Why did he beat you" or asking "What have you done so you were beaten?".

Samira: May be you are right, but I am really overwhelmed, am doing things beyond my capacity, and the lockdown is not making it easier for us. The teachers now don't leave us alone as we have also to attend to our kids' online sessions and they give them a lot of assignments and leave it for us to teach them. It is difficult to cope with 2 kids. Last time I asked him to teach Malek and I teach the girl, he said it is not my role, it is the mother's role. I got angry and told him that he is staying all the time at home and his work is reduced to less than half what he used to have before and he is having enough time to help with the teaching instead of watching TV. He got really angry and started throwing the kitchen chairs to the floor then few glasses at me. When I

told him to stop this tantrum he pushed me onto the wall and ordered me to shut my mouth then went to his room. It's my fault, I have angered him, and I should have picked a better time to talk to him. But I am always anxious and worried about the kids' future and I just don't know how to wait and keep my mouth shut!!

Doctor: Well couldn't you have just waited for a better time to talk to him? When he is in a better mood? You might have brought it on yourself to get beaten. You shouldn't have told him he is spending his time watching TV and doing nothing. Be careful next time. Were you hurt?

Samira: No, thank God I was not hurt. Maybe a bruise on my arm and back and a small piece of glass cut my foot, but it was a really small cut, nothing really significant! Don't worry doctor, my husband is really sweet when he is not angry but this situation made us all stressed. He does not do such things frequently.

Doctor: Can you show me the injuries?

Samira: Is there anyone in the room with you who can see me? You know doctor I am veiled.

Doctor: Don't worry Samira. I am the only one who can see you. There is no one else in the clinic. I am going to lock the door from the inside so no one would get in.

Samira: Alright, here is my arm bruise (patient rolled up her sleeve).

Doctor: I can't see it clearly... Can you turn on more lights if possible, and please get closer to the camera as much as you can.

Samira: Okay, doctor, just a moment...

Doctor: This bruise looks like it is healing, nothing to worry about. You can take Panadol or Advil to ease the pain, can you show me your back bruise and foot injury

Samira: Sure...

Samira showed the doctor her injury sites which thankfully did not appear worrisome or infected. They were fortunately minor injuries and were improving with pain 3/10.

Discuss: Showing empathy, use of empowering messages. Limitations of physical exam- Can discuss blaming survivor again

Communicating empowering messages, giving recognition and showing empathy are essential elements of the interview. This decreases the survivors' feelings of isolation, and improves their self-esteem. Showing empathy is also communicated through body posture, facial expressions, respecting episodes of silence.

Validate the patient's experience with phrases like 'I believe you' or 'This is not your fault.' A patient will be in an extremely vulnerable situation if self-isolating with the perpetrator. Ask about what support the patient has and what support they might need.

While conducting online consultations, the possibility of conducting a proper physical exam is compromised but it is important to document any skin bruises or marks reported by the patient. It should be stressed to the patient that the encounter is confidential and private before asking them to show sites of injury. Ask the patient for proper lighting if possible and to get closer to the camera for your maximal viewing. You can also ask the patient to send you pictures of their injuries if they are okay with it to include it in their file while emphasizing confidentiality. Document it all in the patient's chart.

Doctor: hmmmmm. They are healing well with no complications but you could have prevented this by being wiser, instead of provoking him to do this to you!

Samira: Well I don't know anymore what to do. No matter what I do, no one is pleased or satisfied. Maybe if I die, everyone will be happy. Suicide is the solution to my problems.

Doctor: Heyy what are you talking about??!! It is not worth it... If you are feeling that bad, why don't you get a divorce...? Leave the house. I can connect you to an organization who deals with these issues and they can file for divorce.

Discuss: Suicide, minimizing, suggesting collaboration and not giving solutions

Survivors are at higher risk of committing suicide or even homicide. It is recommended to ask the patient about suicidal or homicidal thoughts and if present to assess their seriousness and act accordingly. A common reaction to such disclosure is to minimize the emotion hence missing the opportunity to possibly save the patient.

Health care providers need also to refrain from giving solutions. It is better to discuss alternatives for solution and leave it to survivor to choose what is perceived to be a better fit. In this process, providers need to show concern and offer support, suggesting cooperation and collaboration.

Scenario 3- Responding

Samira: Get a divorce?? Ehhhhh ...I don't know.....it crossed my mind before but avoided thinking about it. He always threatens of taking my kids if I don't follow his orders. My parents used to tell me leave the kids and we take care of you, but not of his kids and I can't live without my kids. And he wouldn't leave me alone. I tried that before, he started talking about me that I left my kids to live my life fully, going around and sleeping with men. My parents mediated my come back and he was nice for few days but later he made me live days of hell, questioning me day and night asking me with whom I was sleeping. He started beating me when the kids are around telling them that he is punishing me for leaving them and he dragged me on the floor while pulling my hair saying that I am a dirty woman and I should be grateful to him for accepting me back to his life and any other man would have killed me on the spot. He woke me up at night and threatened if I leave home again he would slaughter me, and that he has all day to do it now since we are in lockdown.

Doctor (furious): oh what?? How could you tolerate all of this? Why are staying with this beast? Where is your pride? God will help you if you decide to change your destiny instead of letting your fear from this beast and the money situation keep you in this hell... If I were in your place, I would not have hesitated a second, I would have just left.

Discuss: non-verbal response, use of loaded words- may discuss safety assessment, guidance

The physician shows anger and disdain which may make the patient feel humiliated. Along the same vein, it is better to avoid the use of loaded heavy words (animal, beast) when referring to perpetrator. Although the intent may be to alleviate the patient's anger, the hidden meaning may be degrading "If you are staying with an animal, then you are no better". In addition, giving oneself as example "If I were you" can be intimidating and should be avoided.

Safety assessment and planning are part of the management of the survivors and to be done, preferably at each encounter, whenever there is concern about patient safety. It entails asking about how the violence sever-

ity and frequency are progressing over time and what strategies did the survivor use to stay safe and whether they were successful. A common question crosses the mind when listening to survivors, "why doesn't she leave"; a better question to ask is "why is she staying". Understanding why she is staying is helpful to recognize the "positive aspects" of the survivor's life, the coping mechanisms and what she has to lose if she took the decision of leaving hastily.

Samira: This applies to you, doctor; but people like me are doomed.

Doctor: Why don't you sue him? You can report him to police

Samira: Police? Will they help? They are so busy chasing corona cases, and suppose they help, he will be in jail for few days and then go out and kill me. I told you he threatened to slit my throat with a knife if I leave the house again, what about calling the police?!!!

Doctor: This is all nonsense, he wouldn't dare doing such a thing. He knows he might go to jail if he did it. He is just trying to scare you so you wouldn't leave! You are just giving excuses because you don't want to leave him.

Samira: I can't leave him, he is the father of my kids and when he is in good mood he is adorable. I don't know what to do. I think it is my fate and I should accept it... My neighbor is advising me to get pregnant. She said her husband became so nice to her when he knew she is bearing his child.

Doctor (astonished): What???? Are you really considering getting a third child???

Discuss: Minimizing danger sign... safety assessment and safety planning

In the above scenario, the physician minimized the danger that might be possible inflicted by the perpetrator and dismissed his threats as "non-sense". Danger signs should all taken seriously at all times and the safety of the patient assessed during each encounter. Phrases as "I am afraid of him" or "He will kill me" or "He will slit my throat" etc. point out that the patient might be in danger. Dismissal of such concerns might miss out on the possibility of saving the patient. Tips for safety planning to teach the patient:

- Hide money, extra car keys, or a bag with extra clothes;
- Have important documents (IDs, passports, certificates, bank account numbers, driving license, insurance policy, marriage license) in a place outside the home in the event of an urgent escape;
- Agree on a safe place to escape to (shelters' hotlines should be provided when available);
- Agree with neighbors on signals to alert requesting their help
- Avoid rooms with weapons (such as the kitchen) or with hard surfaces (such as a bathroom) when the perpetrator is around

Call 112 for the police: It is now an alternative as the internal security forces have received training in responding to family violence calls

Samira: You are right, I'm not thinking straight. My health is barely good and the children are getting more difficult to handle, they are being beaten and I am barely able to control them... Malik my son does not focus and he does not care about studies. I don't know what to do anymore

Doctor: Did you try to talk to him quietly and ask him to be more patient, maybe he will change...

Samira: I'm really trying every day to make things better. How about if you talk to him, for sure he will listen to you. You are a well-known doctor and I'm sure he will listen to you.

Doctor: Alright let him be next to you during the follow-up, and I will talk to him. Keep taking your medicine and let me know how you feel in a month.

Discuss: focusing, couple intervention

Survivors can get very confused, get lost in details, have contradictory statements, or think impulsively. Providers need to help them focus by showing contradictions or consequences of their impulsive thoughts. Survivors can also be manipulative and try to persuade providers to intervene with the perpetrator. Providers need to refrain from jumping to the rescue for several reasons, some of which include risk to the physician's personal safety, risk for the escalation of violence by the perpetrator, ineffective intervention (change of behaviour is long process), increased dependency on the provider, while showing concern and providing support.

Samira: OK. I will tell him to book an appointment for a check-up as well since he has time now because he is spending more time at home, and you talk to him, but please don't mention what I told you to him.

Doctor: Oh don't worry, of course your secret is safe with me.

Samira: Thank you doctor

Doctor: We are bound to respect confidentiality as doctors. No worries. On another subject, I am trying to reach your cousin in Latifeh but haven't been able to. Can you ask her to call me?

Samira (concerned): why? Is she ok?

Doctor: her mammography result is suspicious and she will have to do biopsy

Samira: oh, she has breast cancer? Poor woman, she has 3 little kids, what will happen to them?

Doctor: she doesn't have cancer yet.

Discuss: Confidentiality

Confidentiality is of utmost importance in all encounters with patients and more so when dealing with violence survivors, because of safety concerns and the need to build trusting relationships.

Confidentiality can be communicated directly through informing the patient that what is being said will remain confidential within the limits of confidentiality that will be agreed upon. It is also communicated indirectly by not revealing information (whether personal or not) of other patients, to other persons, family members or even colleagues without having the consent of the person involved. During an online consultation, it is important to stress on the idea of confidentiality and to emphasize that no one can see or hear the patient other than the doctor.

Samira: Hopefully not. I will book an appointment for my son Malik too, maybe you can find a solution to his problem.

Doctor: Don't worry, next time you will have your son present for a check-up and I will also talk to your husband. Your problems will be solved Inshallah but you have to be strong. Now keep on taking the antidepressants once daily, and if one pill doesn't help, take two. From now till the we have the follow-up appointment, if anything happens you can talk to one of those groups that are women's right advocate groups, they may be able to help you, ok?? Come back in a month and book your appointment early with the secretary... Don't wait for the last minute like you usually do...

Discussion: Closing the interview, False reassurance or promises

Sometimes when closing the interview health care providers give falsely reassuring promises. While well intended, such approach may not help survivors regain hope; on the contrary, this may place the survivor at risk of increasing disappointment and helplessness. When closing the interview, it is important to

reassure the survivor that violence was not their fault that no one deserves to be treated in a violent way, refer or provide with list of resources of agencies where they can seek help, schedule a follow up appointment, and end the interview with a positive statement, assuring of willingness to help. Highlighting negative behavior is to be avoided

Doctor after disconnecting: Uffff what a patient!!!!!! , sometimes I feel like beating her and sympathize with her husband. Ok what am I going to write on her file?? She has been nagging a lot... is it worth documenting?

Discussion: Self-care, documentation

Dealing with survivors of abuse or mistreatment represents an undeniable challenge, and it usually brings out various reactions in the care provider. When dealing with a person whose physical and emotional safety is continuously undermined, it is natural that these encounters stir feelings (love and hate, concern, anger, frustration, etc.) within the care provider that vary according to past experiences. It is important to differentiate between the feelings raised by the recipient and those resulting from recalling personal experiences or cases. Refrain from feeling angry at the patient for not taking action or for going back on decisions made; this should not be interpreted as failure as many factors could have prevented patients from doing so.

Physicians often underestimate their role. At the end of every clinical encounter with the survivor, the physician is advised to stop for a moment and recognise that they helped a person who was in need; Simply listening to disclosure of abuse was found to decrease somatic complaints and improve wellbeing. Considering the limited control that the physician has on the life, decisions, and special circumstances of the survivor, the provider needs to keep in mind that assisting abused patients does not mean saving the patients but assisting them in carrying out the changes themselves; and acknowledging that change is a long process and doesn't happen overnight.

Although the survivor may not be willing at the time of the interview to report violence to authorities, the information provided during the encounter can be useful at a later stage, in case legal channels are pursued; hence the importance of documenting the following information in the medical chart:

- Detailed description of the incident using the patient's own words, including the name of the alleged perpetrator and relationship to survivor
- Date, time and location of the violent incident
- Description of the injuries when present: type, position, colour, size, shape; can use body pictogram/map or even photographs but only after obtaining patient's approval.
- Document the assessment of the mental status, danger severity
- Write details of intervention and measures taken
- History of DV including previous and current complaint and injuries

- Document the follow up plans
- Make sure you document all enquiries, disclosures and referrals on the patient's record. -Ensure you document any disclosure on the medical records of any children or vulnerable adults in the household.
- Document any concerns that you have, even if the patient does not disclose domestic abuse.

Scenario 4: Improved version of Scenario 1

Because of the Corona pandemic, the health care facilities are adopting a triage system to decide whether to proceed with a face to face or tele medical consultation.

Samira is calling the clinic to book an urgent appointment.

Secretary: Ms Samira, let me explain to you, because of the corona and to avoid crowding and increasing the spread of the virus, we are asking few questions to know which is better, to have a face to face or online consultation. Have you been in contact with someone who had Covid or came from abroad,

Samira: why all these questions, what investigation am I subject to? I have now to answer to you and give a report who did I meet or talked to. I am just calling to have an urgent appointment, can you give me one?

Secretary: As I told you madam that we are asking these questions to know if the doctor will see you online or face to face. Believe me I have no interest in your life

Samira: give me the earliest online appointment. I am not sure I can come anyway.

Secretary: agree, better online; you had several missed appointments even before corona. What about tomorrow at 3 pm. This is only available spot. Would you prefer skype, WebEx or WhatsApp?

Samira: Ehhh Ehhhhh..Tomorrow at 3? I cannot. Can we make it at 5? I prefer Watsapp video call. I am not familiar with the other ones.

Secretary: I told you it is the only available slot tomorrow or it will be for next week

Samira: ok will take it. I am sure there are other slots but you are doing this to punish me. You have my number I will be waiting for your call

The doctor has a separate mobile line dedicated for online WhatsApp consultations.

Doctor: Hello Samira, can you hear me?

Samira: (voice not clear): How a..re... yo..u doc..tor...?

Doctor: There seems to be a connection problem I guess.

Samira (voice still not clear): Yes, yes, the connection today is not good and the wireless does not reach the kitchen as the internet router is far from here. I just have a quick question.

The doctor could not hear what Samira said clearly due to poor connection. The video quality was also poor. There was also a lot of background noise and shouting of kids. The doctor started to feel a bit frustrated.

She sent Samira a text message through WhatsApp that she can't hear her clearly and if she could move to a place with a better signal.

Samira replied that she can only talk from the kitchen at the moment and she only has a quick question.

Samira then sent a voice message to the doctor (talking in a low hurried voice): "Apologies for the poor signal, I forgot to tell my husband about the online appointment and it is the time for him to talk to his family in Germany. I have to sit in the kitchen (where wireless connection is poor) with the kids so they wouldn't disturb him".

She sent another WhatsApp voice message (also in a low and hurried anxious voice) explaining the reason for the consultation: " I had a cup of coffee with my neighbor in the morning few days ago, she arrived from the gulf. I am feeling feverish and tired today but my temperature was 36.6. I took it using ear thermometer, and my throat hurts a bit. I still have this shortness of breath that I used to have before, may be a bit more now, maybe because I am more stressed with the kids all the time at home. I also have those headaches and am too tired and feel like fainting sometimes, I get nauseated sometimes, and have those abdominal cramps with diarrhea every now and then, but you told me before it is large intestine thing, I take care of my husband's sick mother and visit her frequently to give her the medications. I don't know if I should do the Corona test, it is very bad for old people you know".

The doctor replied to Samira's voice note advising her to do PCR and to keep respecting the self-isolation and preventive measures of masks and hand hygiene, to keep observing her temperature, and that it is preferred that she does the test as soon as possible

and sticks to the precautions of face mask and frequent hand sanitization while monitoring and to call back in case of worsening symptoms, fever or positive test. She also advised the patient to book a follow up appointment from today to secure a convenient time where she can have her privacy for follow-up without any other family members present in the same room where the consultation is to be conducted.

Two days later, Samira called the clinic in the morning insisting to talk to the doctor on the spot, complaining angrily that she had sent several WhatsApp messages over the past hour with no reply. There was another argument when the secretary asked her about the urgency of the matter, she replied "it is none of your business, just give me an appointment today". She was given an appointment at 4:00pm and Samira agreed reluctantly blaming the secretary for "forcing her to accept appointment at weird times". The consultation was also to be done through WhatsApp Video call.

Before opening video, the doctor called Samira through Whatsapp phone call from her clinic and locked the door from the inside for full privacy with patient:

Doctor: Hi Samira, How are you?

Samira: Hi, I'm good thank God...

Doctor: I am calling to check if you are alone and you can talk privately. It is better if you are completely alone without your husband nor your kids around..

Samira: Yes doctor, I am alone now in the room and my husband is not at home.

Doctor: Ok good.. If at any point during our conversation you felt that you are not safe and you can't talk freely let me know by using a code phrase... What code phrase would you suggest?

Samira: Thanks doctor.. Mmm if there is someone around me I will say: "I have a new red spot".

Doctor: Ok then deal. I also would like to remind you that it is better to delete any messages between us for your privacy so that no one accidentally sees them.

Samira: Sure doctor

Doctor: Let's open the video then

Through Whatsapp Video call:

Doctor: Hello Samira, can you hear me?

Samira: Hi doctor, yes I can hear you. Can you?

Doctor: Yes. The connection seems better today. Tell me what happened with your Corona test result?

Samira: The test was negative thank God but I still feel very tired. I have a headache all day and my appetite is very poor during the day but I eat so much during the night. I also have joint pains which I read can be symptoms of Corona also. Is it possible that I have the virus and the test was wrong or it did not show yet? Do I do antibody test? Shall I do it another lab, you know you can't trust those people".

Doctor: It is reassuring that you have a negative PCR but keep monitoring your temperature. It seems you have several complaints. We will tackle them one by one starting with the one bothering you the most. Oh, I see you have a bruise around your left eye. Are you okay? How did it happen?

Samira (with kids' noise heard in the same room): Oh this! It is nothing... I bumped into a glass door which I thought was not there... Stupid me... Stress is really too much so sometimes I don't focus while walking... Anyway doctor, I asked for this follow-up to discuss the afternoon headache. Panadol is not doing anything. Do you have something stronger? Maybe something that also numbs the pain of the heart (Samira chuckles... hehe...).

Doctor: Pain of the heart? What do you mean dear?

Samira: (sounds confused): Sometimes I feel I can't take it anymore. Sigh... My head feels like it is going to explode. I live for my kids but there is numbness inside me. No one is satisfied no matter what I do. It is like no one appreciates what I do for them and it is always me taking the blame. Life is all about running these days.

Doctor: silent pause...

She starts shouting looking sidewise: "Stop pulling your sister's hair Malik or I will hit you with the big stick. Oh my God when will you take my soul so I can get some rest "

Then she froze for a minute as if trying to hear something and looking back but with poor eye contact screen she says (Samira worried and distracted) " Anyways bye bye doctor, it seems my husband is back. My husband is here. I have to go. Yalla bye, thank you!

The doctor hears a man's voice saying: Wlee you are always talking to people.. Who are you talking to?

Call disconnects before the doctor had the chance to say goodbye, conclude the consultation or add any recommendation/schedule a follow-up.

The doctor got worried and asked the secretary to call Samira the second day and schedule an online consultation where she can be alone without family members around. The doctor instructed the secretary not to give out any information and not to discuss anything related to the patient's health unless it is the patient herself. The secretary calls the number available in the file and gets a male voice at the other end.

Secretary: "I am calling from Dr Amal clinic. Is Samira available?"

Man: "My wife? Why?"

Secretary "We are just doing follow-ups on our patients especially during Corona pandemic and we want to update our patients on our services. Can I talk to her please?"

Man "She is not here right now but yes of course I will tell her to call you back "

Secretary "that would be great. I am expecting her to call back"

Man: "Sure, she will be calling in one hour. Very nice of you to call"

Secretary " You are welcome, we are just doing our work"

After they hang up the secretary comments "What a nice sweet man. I wonder how he can tolerate such an unpleasant woman"

Samira called the clinic same day afternoon and talked to the secretary. The secretary informed Samira that the doctor would like to see her for an online follow up consultation during a time where she can be in a private space without her kids or her husband around. Samira replied in a polite composed tone "Apologies for bothering the doctor with my kids' noisiness. My husband says I am not good in raising them well. But he told me you called and thank you for this. Yes I would schedule a follow up appoint-

ment on Saturday morning which is the time my husband visits his mother weekly, and I will ask him to take the kids with him as well so we can talk quietly."

An appointment was scheduled for Saturday at 10:00 am for a WhatsApp video call. She asked if the call will be on time, as her husband will be coming back to take her visit his parents at 11, and he doesn't like to wait. The secretary promised to make it on time.

On Saturday morning:

Through the phone before opening video call:

Doctor: Hi Samira, How are you?

Samira: Hi, I'm good thanks...

Doctor: I am calling to double check if you are alone and you can talk privately.

Samira: Yes doctor, I am alone now in the room and my husband is not at home. He took the kids and went to visit his mother but he is coming back soon so I don't have a lot of time.

Doctor: Ok no problem... But please please I want to remind you that if at any point during our conversation you felt that you are not safe and you can't talk freely let me know by using a code phrase... Let's use the one we agreed on last time.. What was it? Do you remember

Samira: Thanks doctor... Mmm yes I remember so if there is someone around me I will say: "I have a red spot".

Doctor: Ok then deal. I also would like to remind you that it is better to delete any messages between us for your privacy so that no one accidentally sees them.

Samira: Sure doctor

Doctor: Let's go to video then.

During Whatsapp video call:

Doctor: Hi Samira, can you hear me and see me alright?

Samira: Doctor, hello, yes I can, but first I want to point out to you that this secretary of yours is not good, who does she think she is

Doctor: Why, what happened?

Samira: She doesn't know how to deal with people, she kept me waiting on the phone for over ten minutes. And when I told her I want to schedule an appointment to book a consultation after her majesty could answer, she criticized me about having my kids around during the consultation. What does it have to do with her? I am a mother and always busy with the kids especially now that we are confined and they are not going to school! Why is she criticizing me? She also refused to give me an appointment yesterday and got me wait till today although I told her that I am very tired and need an urgent consultation...

Doctor: Yes you are right, sometimes waiting can be difficult... I am emphasizing privacy matters for all my patients so this is routine practice for everyone. She was just following the general instructions. What do you have today?

Samira: I am telling you doctor. It is a major hassle to book an appointment. It is already bad enough that we can't go to see you in the clinic now and we have to depend on this online stuff which is so uncomfortable...

Doctor: Ok calm down now I will talk with the secretary later; you are more important now. How are you? How are your symptoms? What is bothering you?

Samira: My symptoms are worse. I have this headache all the time but mainly in the afternoon when I finish my daily chores and just want to sit for a quiet moment. I always feel like I am hot but when I measure my temperature, it is normal. Panadol is like candy to me, I took the whole packet yesterday with no improvement. I also have this weird dizziness and joint pains.

Doctor: Did you try the Advil I prescribed last time or just Panadol?

Samira: Sometimes I forget it.

Doctor: Why are you forgetting? Are there too many things on your mind?

Samira: Doctor, it is the same whether I take it or not. I don't mean to be insulting doctor, but I am not sure you are able to know what diseases I have. Perhaps you should get me for few days in hospital and get me checked from head to toes and find out what I have.

Doctor: Let's first see what's going on with you, and then we'll decide what are the tests you should be doing

Samira- Ok as you want doctor.

Doctor: You told me last time that you are having episodes where you feel you will nearly faint? How are they since the last time we talked? Did you faint at any point?

Samira: They are the same but no I never completely lost consciousness.

Doctor: Does anything make them increase?

Samira: I feel when I become upset they become more intense. Anyway, everything is tiring me and making me cry.. Life is full of stress and tears!

Doctor: Stress and tears??

Samira: Life is so full of running around, I cannot relax, my husband is always angry especially now with the lockdown and having to work from home. The children are not tolerating the confinement and always fighting with each other and I have to keep them quiet so he can work. Our income is not like before you know especially with the pandemic and closing of everything. Things are getting worse and am wondering what is worth living for

Doctor: Mmmmmmm... It seems there are plenty of things that are tiring and upsetting you... What do you say if we have another meeting very soon so we have ample time to talk more about it? I know that your husband is coming back soon and you do not have so much time to talk more..

Samira: Yes, thank you doctor. I will call the clinic to schedule an appointment this week or next week depending on my time...

Scenario 5: Improved version of Scenario 2 & 3

The doctor called the patient before opening video on the day of the appointment:

Doctor: Hi Samira, How are you?

Samira: Hi, I'm good thanks... How about you doctor?

Doctor: Also fine... Thanks dear. I am calling to double check if you are alone and you can talk privately.

Samira: Yes doctor, I am alone now in the room and my husband is watching T.V. in the living room. I am in my room and locked the door from the inside pretending I am busy waxing haha.... My kids are in their room. I let them use PlayStation for a bit although I don't think it is healthy on the long run.

Doctor: Ok good... And please I want to remind you that if at any point during our conversation you felt that you are not safe and you can't talk freely let me know that by using a code phrase... Let's use the one we agreed on the times before... Do you remember it?

Samira: Thanks doctor... mmm yes... If there is someone around me I will say: "I have a red spot on my arm".

Doctor: Ok then... Deal. I also would like to remind you that it is better to delete any messages between us for your privacy so that no one accidentally reads them and you get in some kind of trouble.

Samira: Sure doctor

Doctor: Let's go to video then.

During Whatsapp video call:

Doctor: Hello Mrs. Samira? Can you hear me well?

Samira: Yes I can hear you quite well.

Doctor: O.K. good. How are you doing?

Samira: I am getting so much worse doctor. This is why I booked an appointment so soon.

Doctor: What is going on?

Samira: I am not sleeping well. I have pains all over, and the dizziness is really disturbing me and not letting me move around, and my tummy is now getting distended. When I eat my belly becomes like the balloon. This is new. I used to have bloating when I was a teenager then it improved. Now it's back. I still get those bad headaches.

Doctor: It seems there are a lot of things upsetting you. Last time you told me that you are having lot of problems and stressors at home, what is going on?

Samira: What is going on? My sad life is going on... but no doctor nothing is going on... Just like other people... ordinary life stress.

Doctor: I know it may be difficult to talk especially about the private issues but talking about what upsetting you may help you feel relieved and maybe I can support you or do something.

Samira: I don't think my problems can be solved. I'm here because of my bloating, headache and body aches.

Doctor: I understand you are in a lot of pain. The body gets tired when you feel psychologically down and very stressed.

Samira: You may be right, I have noticed that when I am upset all my pains increase. The pains are increasing. Nothing helps.

Doctor: Ok, let us talk about the things that are upsetting you. I promise you that everything you tell me will stay between us and no one will know about it unless I find there may be a risk for your safety or the safety of another person. You can decide who you want me to talk to at that time. Agree?

Samira: Well I agree, but now I can't think of someone you can talk to when needed. I don't trust anyone doctor... But I will let you know when this happens.

Doctor: You know Samira, in this lockdown, the rates of marital conflicts and problems in the household increased dramatically. I am asking all my married patients about it. This can cause a great deal of stress which might affect our bodies. How are things with your husband during these times?

You told me that your husband gets angry ... How does he behave when he gets angry?

Samira: He is a man... How do you expect him to behave?? He gets angry and he stops "seeing around him".

Doctor: Does he beat you when he gets angry?

Samira: Sometimes but not much

Doctor: Does he scream and shout?

Samira (tearful): Yes, he screams and sometimes I scream back because I cannot take it anymore but then I feel guilty for shouting in front of the kids. I mean he is not the only one affected by the situation. I am a human too. But I am really overwhelmed, am doing things beyond my capacity, and the lockdown is not making it at all easier for us. The teachers now don't leave us alone as we have also to attend to our kids' online sessions and they give them a lot of assignments and leave it for us to teach them. It is difficult to cope with 2 kids. Last time I asked him to teach Malek and I teach the girl, he said it is not my role, it is the mother role. I got angry and told him that he is staying all the time at home and his work is reduced to less than half what he used to have before and he is having enough time to help with the teaching instead of watching TV. He got really angry and started throwing the kitchen chairs to the floor then few glasses at me. When I told him to stop this tantrum he pushed me onto the wall and ordered me to shut my mouth then went to his room. It's my fault, I have angered him, and I should have picked a better time to talk to him. But I am always anxious and worried about the kids' future and I just don't know how to wait and keep my mouth shut!!

Doctor: It is not your fault! We all can get stressed, but we shouldn't hit, shout or curse or else people will start killing each other. Tell more what is going on. Were you hurt?

Samira: No, thank God I was not hurt. Maybe a bruise on my arm and back and a small piece of glass cut my foot, but it was a really small cut, nothing really significant! Don't worry doctor, my husband is really sweet when he is not angry but this situation made us all stressed. He does not do such things frequently.

Doctor: Is it okay if you show me the injuries? I assure you this is strictly confidential as my clinic is locked from inside and I am alone here so no one else is able to see.

Samira: Yes sure doctor. Here is my arm bruise (patient rolled up her sleeve).

Doctor: I can't see it clearly... Can you turn on more lights if possible please and get closer to the camera as much as you can...

Samira: Okay, doctor, just a moment...

Doctor: I am sorry this happened to you. This bruise looks like it is healing with nothing alarming. You can take Panadol or Advil to ease the pain. Can you show me your back bruise and foot injury.

Samira: Sure...

Samira showed the doctor her injury sites which thankfully did not appear worrisome or infected. They were fortunately minor injuries and were improving with pain 3/10.

Doctor: I am really sorry for what you went through. I am here to listen to you and try to help. Tell me more about what is going on.

Samira: Akhhhhh, my problem has no solution. My life is all about the pain. A few bruises won't make a difference honestly. Sometimes I feel I deserve it for all the bad choices I made. My husband is not pleased with whatever I do. He is always nervous. May be if I die, everyone will be happy. Suicide is the solution to my problems.

Doctor: It is not your fault dear Samira and definitely no one deserves to be treated like that. Are you thinking of suicide?

Samira: Sometimes I feel I wish I die and get rid of this world but I have 2 kids that are my whole life, I have to raise them, and see them grow. I am sure one day it will be better.

Doctor: It is good you are being hopeful, did you ever occur to you to leave home and this situation?

Samira: I don't know.....it crossed my mind before but avoided thinking about it. He always threatens of taking my kids if I don't follow his orders. My parents used to tell me leave the kids and we take care of you, but not of his kids and I can't live without my kids, and he wouldn't leave me alone. I tried that before, he started talking about me that I left my kids to live my life fully, going around and sleeping with men. My parents mediated my come back and he was nice for few days but later he made me live days of hell, questioning me day and night asking me with whom I was sleeping. He started beating me when the kids are around telling them that he is punishing me for leaving them and he dragged me on

the floor while pulling my hair saying that I am a dirty woman and I should be grateful to him for accepting me back to his life and any other man would have killed me on the spot. He woke me up at night and threatened if I leave home again he would slaughter me, and that he has all day to do it now since we are in lockdown.

Doctor: And do you think he will do that?

Samira: Frankly he scares me, I am always frightened of what he may do, now more than ever. He also threatened me that he will take the kids if I leave another time and would not let me see them and that he will destroy my reputation in front of everyone... And you ask why I am nervous??!!! I will have heart disease later too.

Doctor: Do you think if one time he gets angry, would he pull a knife? What can you do? How would you defend yourself?

Samira: I don't know doctor but he has crazy moods so he might do it... Nothing surprises me anymore... I don't know what to do. I think it is my fate and I should accept it... My neighbor is advising me to get pregnant. She said her husband became so nice to her when he knew she is baring his child.

Doctor: Perhaps... But I understood from you that you are not financially well off and you already have 2 kids, did he change after you had any of your children?

Samira: You are right, I'm not thinking straight. My health is barely good and the children are getting more difficult to handle, they are being beaten and I am barely able to control them... Malik my son does not focus and he does not care about studies. I don't know what to do anymore. I'm really trying every day to make things better. How about if you talk to him, for sure he will listen to you. You are a well-known doctor and I'm sure he will listen to you.

Doctor: Did anyone from your family try to talk to him at least once? If I talk to him, he may change for a short period and then will go back to what he used to be. I don't think this is a good solution. What I can do is to give you the addresses of organizations who work on these issues and if you want to call them and see what they can do to help you. From now till then, I am here if you need anything.

Samira: I appreciate it doctor.

Doctor: I would also advise you to keep an emergency bag ready with some money, extra car keys, and extra clothes and also to have important documents such as IDs, passports, certificates, bank account numbers, and the driving license in a safe place, perhaps outside the home, in the event of an urgent escape.

I would advise you to decide from now on a safe place to escape to such as shelters' hotlines I provided in case things escalated further just for your own protection. It is also a good idea to agree with trusted neighbors on signals to alert requesting their help. Finally, my dear, try to avoid rooms with weapons (such as the kitchen) or with hard surfaces (such as a bathroom) when your husband appears angry.

Samira: I don't know. All of this seems like an over-reaction... all of these precautions... it is my husband at the end of the day, and we have been together for 11 years now... But I promise to keep these tips in mind. Let me think about it... I am thinking to bring my son as well and you will solve his problem. I told you he is not focusing and missing the online school sessions. Teachers are complaining. He is also becoming more and more aggressive especially with his sister.

Doctor: For sure bring your son to be examined and we will see what his problem is. Meanwhile, think well about what we said and if you need anything you can talk to me

Samira: O.K. Thank you doctor!





Arabic scenario for case of Samira

1/14

السيناريو باللغة العربية:

بسبب جائحة كورونا، اعتمدت مراكز الرعاية الصحية نظام فرز لتقرير ما إذا كانت المتابعة مع الطبيب ستستمر في استشارة وجهاً لوجه أو من خلال استشارة طبية عن بعد حسب كل حالة.

اتصلت سميرة بالعيادة لحجز موعد طارئ:

السكرتيرة: مدام سميرة، خيلني فسرلك، بسبب كورونا و لنخفف عجقة وانتشار الفيروس، عم نطرح هالكم سؤال لنعرف أي أحسن، إذا موعد بالعيادة أو أونلاين.. شفتي حدا بها الفترة مصاب بالكورونا أو جايي من السفر؟

سميرة: لشو كل هالأسئلة، شو هيدا تحقيق؟؟ شو يعني لازم جاوبك و أعطيك تقرير مع مين حكيت و مين شفت؟ حلو والله! أنا عم تلفن لأخذ موعد ضروري.. فيكي تعطيني؟

السكرتيرة: مثل ما قلتك مدام، عم بسأل هالأسئلة لأعرف إذا الدكتور حشوفك أونلاين أو بالعيادة.. صدقيني ما همي شو بصير بحياتك..

سميرة: عطيني أقرب موعد.. أصلاً مش عالأكد قادرة إجي عكل حال..
السكرتيرة: تمام.. لكن اتفقنا يكون الموعد أونلاين.. مبين عندي إنك ما جيتي أكثر من موعد من قبل كورونا حتى.. شو رأيك بكرأ عال3 بعد الظهر؟ ما في غير هالموعد.. بتفضلي Skype أو WebEx أو الواتساب؟

سميرة: إيبني.. إيبيني.. بكرأ عالساعة 3؟؟ ممم ما فيي.. ما فينا بكرأ عال5؟ أكيد بفضل واتساب.. مني سامعة بالباقيين..
السكرتيرة: قلتك هيدا الموعد الوحيد الموجود بكرأ أو بدا تتأجل للأسبوع الجاي..

سميرة: خلص ماشي لكن بكرأ عال3.. أكيد في مواعيد فاضية تانية بس عم تعملي هيك عن قصد لترعجيني بس.. معك رقمي.. حأنظر اتصال الواتساب..

في ما يلي تفاصيل معاينات سميرة مع الطبيبة أون لائن بال Whatsapp video call:
كانت الطبيبة فد خصصت رقماً هاتفياً مختلفاً عن رقمها الخاص لمعاينات الواتساب.

الطبيبة: مرحبا سميرة، عم تسمعيني؟
سميرة: (الصوت متقطع وغير واضح): ك..يف..ك د..كتو..رة؟
الطبيبة: يمكن في مشكلة بالكونكشن..

سميرة: (الصوت ما زال غير واضح): إي.. إي.. الإنترنت مش منيح اليوم.. و ال wireless ما بيوصل عالمطبخ لأن ال router بعيد بأوضة القعدة.. معلي سامحيني بس عندي سؤال بسيط..

لم تستطع الطبيبة سماع ما قالته سميرة بوضوح نظراً لتدني جودة الإتصال بالإنترنت.. الصورة على الفيديو كانت أيضاً غير واضحة. بالإضافة إلى ذلك، فإن صراخ الأطفال وضجتهم في الخلفية زادوا من سوء الوضع ما أدى إلى بدأ شعور الطبيبة بالتوتر.

أرسلت الطبيبة لسميرة عندها رسالة نصية من خلال الواتساب بأنها لا تستطيع سماعها بوضوح وطلبت منها إذا أمكن الانتقال إلى مكان في البيت حيث إشارة الإنترنت أفضل.

ردت سميرة بأنها لا تستطيع إلا أن تتكلم من المطبخ حالياً و بأن لديها سؤال بسيط فقط.

بعد ذلك، أرسلت سميرة رسالة صوتية للطبيبة بصوت منخفض ومستعجل: " بعذر منك دكتورة الإرسال الضعيف.. نسيت خبر زوجي عالموعد أونلاين وهلق وقت يحكي مع قرايينو بألمانيا.. اضطريت إني إقعد بالمطبخ مع الولاد لما يزججو بس الإرسال هونيك ما بيوصل مزبوط.. "

أرسلت بعدها رسالة صوتية ثانية أيضاً عبر واتساب بصوت منخفض و مستعجل لتفسر سبب الموعد: " شربت فنجان قهوة مع جارتني الصبح من كم يوم، إجت من الخليج.. حاسة حالس محرورة و تعبانة اليوم بس لما قيس الحرارة بتكون 36.6 من الدينة. زلاعي عم يشوكوني كمان شوي.. و بعد عندي ضيقة النفس يلي كان عندي يها من قبل بس كان زايدة هلق ممكن لأنني عم ضل متوترة والولاد كل الوقت بالبيتز كمان عندي أوجاع راس وكتير تعبانة وبحس حالي رح غيب عن الوعي.. عم تلعي نفسي كمان و عندي أوجاع بطن و إسهال كل فترة و الثانية بس قالولي إنا قصة مصران غليظ.. عكل حال أنا بهتم بأمر زوجي المريضة وبزورا دايماً لأعطيا أدويتنا.. مبعرف إذا برايك لازم أعمل فحص الكورونا لأن عرفت بيأذي كبار السن أكثر.. "

ردت الطبيبة على الرسالة الصوتية لسميرة ونصحتها بإجراء اختبار كورونا (PCR) والالتزام بالحجر والتدابير الوقائية كالإلتزام باللقنعة وتعقيم اليدين المتكرر ومراقبة الحرارة، وبأنه يفضل إجراء الفحص بأسرع ما يمكن وإعادة الاتصال بالعيادة في حالة تفاقم الأعراض أو ظهور الحرارة أو إذا كانت نتيجة الاختبار إيجابية.

بعد يومين، اتصلت سميرة بالعيادة في الصباح مصرة على التحدث إلى الطبيبة على الفور، واشتكت غاضبة من أنها أرسلت عدة رسائل عبر WhatsApp خلال الساعة الماضية دون رد. و عندما سألتها السكرتيرة عن مدى حدة خطورة الأمر، أجابت " هذا ليس من شأنك، فقط أعطني موعداً اليوم ". وتم تحديد موعد لها في الساعة 4:00 بعد الظهر ووافقت سميرة على مضض مع إلقاء اللوم على السكرتيرة "لإجبارها على قبول مواعيد في أوقات غريبة". تم الإتفاق على إجراء الاستشارة من خلال مكالمة فيديو WhatsApp.

الطبيبة: مرحبا سميرة، عم تسمعينني منيح؟
سميرة: هاي دكتورة، إي عم بسمعلك. إنتي عم تسمعينني؟
الطبيبة: إي.. الإنترنت شكلو أحسن اليوم.. خبريني.. طلعت نتيجة فحص الكورونا؟

(تظهر في الفيديو السكرتيرة في الخلف تجلب بعض الأوراق للطبيبة وتعطيها بعض الرسائل من المرضى لترد عليها).

سميرة: ما عندي كورونا الحمد لله حسب الفحص.. فحصي سلبي. بس بعدني حاسة حالي كتير تعبانة. عندي وجع راس كل النهار و شهيتي عالكل كتير خفيفة خلال النهار بس بالليل كتير عم باكل ولقمش.. كمان عندي أوجاع بمفاصلي و قرأت إني هولي من عوارض كورونا. قولك معقول عندي الفيروس والفحص غلط أو بعدو ما بين؟ بعمل فحص الantibody بالدم؟.. شو رأيك؟ بركي بتصحيني بمختبر أحسن؟ بتعرفي ما فينا نوثق بمين ما كان هالأيام..

الطبيبة: سميرة.. كان دايماً عندك هالعوارض.. لشو الفلق و الهوس بكورونا هلق؟؟ خليكي عالبنادول وراقبي حرارتك قبل ما تاخدي و ذا ما تحسنتي أو صرتي أسوأ خلال أسبوع، حكييني وبقلك شو لازم تعملي..

سميرة (صراخ الأطفال مسموع من نفس الغرفة): أوكي دكتورة، بس الPanadol ما عم يعملني شي. فيكي تعطيني شي أقوى؟ يمكن شي بشيل وجع القلب كمان.. (تضحك سميرة هههه)

الطبيبة: هههه وجع القلب؟؟ شو سميرة شكلك مغرومة؟؟ هاهاه.. كلنا قلبنا موجوع هالأيام. (تبدو الطبيبة منشغلة بالنظر في ملف المريضة). و بالنسبة لوجع القلب، للأسف بس بدنا صبر بهالحالة. سنة ال2020 كتير إجت صعبة مع وضع إقتصاد سيء جداً هيدا ما عداكي عن الكورونا.. عنجد الله يساعدنا كلنا جربي الIbuprofen كمان إذا ما ارتحتي كفاية عال Panadol بس خدي بعد الأكل. إنتي ما عندك ضغط صح؟.. على فكرة، (تنظر الطبيبة إلى الشاشة) كان بدّي إسألك شو بها عينك؟ ليش مزرق حوالها هيك؟ شو يلي صار؟

سميرة: (تبدو متوترة و غير مرتاحة): آه.. هيدي.. مّا شي.. خبطت بباب قزاز ماشفتو.. ما أهبلني.. السترس أحياناً عم بكون كتير.. أحياناً عم حس إني ما بق فيني إتحمّل..

تبدأ سميرة بالصراخ و هي تنظر نحو اليمين: خلص مالك.. وقّف تشد شعرك أختك أو حاضريك بالمسطرة الكبيرة.. يا رب خدني و ربحني.. (سميرة مخاطبة إبنها)

ثم بدت سمييرة وكأنها قد جمدت في مكانها وكأنها تحاول سماع شيء ما وتحاول النظر مجدداً إلى الشاشة ولكنها بدت مشتتة و قلقة ولا تنظر للطبيبة ولكنها تقول: عكل باي باي دكتورة.. إجا جوزي.. يه يه إجا جوزي..شكلكو رجع هلق... يلا لازم سكر.. شكراً.

تسمع الطبيبة صوت رجل يقول: مع مين عم تحكي ولي؟ بظلك عم تحكي مع ناس اسم الله..

قُطع الاتصال قبل أن تتاح الفرصة للطبيبة لتقول وداعاً أو تُنهي الاستشارة أو تُضيف أي توصية أو تُحدد موعداً للمتابعة.

قلقت الطبيبة و طلبت من السكريتيرة الإتصال بسميرة في اليوم التالي لتحديد موعد لاستشارة عن بعد بحيث بإمكانها أن تكون لوحدها بدون أي أفراد من العائلة حولها.. اتصلت السكريتيرة بالرقم الموجود في الملف ورد عليها رجل بدا أنه زوج المريضة:

السكريتيرة: "عم بتصل من عيادة الدكتورة أمال لنحدد موعد لإستشارة أون لاين مع مدام سمييرة."
الزوج: "مع مرتي؟ ليش؟"

السكريتيرة: " اتصلت بالعيادة وكانت تعبانة شوي بس ما قدرت تحكي الدكتورة مزبوط لأن الإنترنت كان ضعيف وقتنا و كان في ضجة ولاد.. فينا نحدد موعد لما يكون فيها تحكي مع الدكتورة برواق؟"

الزوج: "آه ما انتبهت إنها مريضة.. بعذر عن هالموقف.. إي أكيد. رح قلا ترجع تتصل وأنا بهتم بالولاد بوقت الموعد"
السكريتيرة: "تمام لكن.. أنا ناطرة مّا إتصال فإذا".

الزوج: "أكيد، رح تتصل فيكي بعد شي ساعة.. شكراً كثير لإهتمامك."
السكريتيرة: "ولو هيدا واجباً".

بعد ما انتهت المكالمة تعلّق السكريتيرة: " شو هالرجال الرايق الآدمي.. مدري كيف طايق يعيش مع هيك مرا مشكلجية".

اتصلت سمييرة في العيادة في اليوم نفسه بعد الظهر و تحدثت إلى السكريتيرة بصوت لائق ومهذب:
"بعذر لإزعاجي للدكتورة بطوشة الولاد هيدك المرة.. أنا ما عم بعرف ربيهن. بس جوزي كثير بيشتغل وإنسان خلوق و يشوف إذا فيني إحجز موعد أونلاين السبت لأنو هيدا النهار يلي بزور إمو فيه ورح ياخذ الولاد معو يزورو ستن ويساعدو يهتم فيها".

تم الإتفاق على موعد نهار السبت 10 صباحاً من خلال الفيديو عالواتساب وسألت سمييرة السكريتيرة إذا بإمكان الموعد أن يكون على الوقت تماماً لأن زوجها سيعود ليصطحبها لزيارة والدته أيضاً و هو لا يحب الإنتظار. السكريتيرة أكدت لسميرة أن الموعد سيكون على الوقت تماماً.
نهار السبت صباحاً:

الطبيبة: هاي سمييرة.. عم تسميعيني؟
سميرة: مرحباً دكتورة.. إي عم بسمعك. بس أوّل شي بدّي قلّك إنّو هيدي سكريتيرتك مش منيحة أبداً. مين مفكرة حاله؟
الطبيبة: ليش شو صار؟

سميرة: أوّل شي ما بتعرف تتعامل مع الناس بالمرّة.. خلّتنى ناطرة عالتلفون أكثر من 10 دقائق.. و لمّا قتلّا إنّو بدّي إحجز موعد بعد ما فضيت جلالتا ترد، انتقدتني و اشتكت لجوزي إنّو ولادي كانو حدّي بالموعد الماضي. شو دخلا أساساً؟ إنا أم و عندي مية شغلة أعملا و دايماً راکضة ورا الولاد خاصة هلق بالحجر و مافي مدارس! ليش عم تعلق عليّ؟ و كمان ما قبلت تعطيني موعد مبارح و أجّلتنى لليوم مع إنّو قتلّا إنّو كثير تعبانة و بدّي شوفك ضروري.

الطبيبة: شكلك كثير معصبة مدام سمييرة.. روقي.. شو يلّلي معصبك هلق؟
سميرة: هلق بعدني قايلتلك.. طوشة كبيرة لنوصلك. بكفي إنّو ما بق فينا نشوفك بالعيادة عرواق مثل قبل و بدنا نستعمل الأون لاين يلي عنجد مزعج!

الطبيبة: خلص روقي.. بحكي مع السكرتيرة بعدين. إنتي كيفك؟ بعد حاسة بأوجاع أو حرارة؟ كيف عوارضك؟
سميرة: عوارضي أسوأ بصراحة.. تحسن صفر..
الطبيبة: عم تاخدي الIbuprofen كمان بانتظام؟
سميرة: أحياناً بنساه.
الطبيبة: إي لازم تاخدي مثل ما قلتك بالأول بعدين منحكي إذا بقي الوجع ولي ما عم تتحسني..

سميرة: دكتورة.. نفس الشيء إذا باخدو أو لأ.. يمكن ما عم تعرفني تحكمني.. ما قصدي شي و مع احترامامي يعني.. بس بركي لازم روح كم يوم للمستشفى وإفحص حالي من فوق لتحت و أعمل جردة لحالي لشوف شو بني..

الطبيبة (بتوتر): سميرة.. صرنا عاملين كتير فحوصات لحد هلق و كلو طبيعي.. بليز ما تقليلي شو أعمل. أنا الدكتورة و درسنا 12 سنة لنعرف نحكمك مدام.. قلتك كذا مرة إنو معظم عوارضك نفسية و إنك موترة.. هيدا كلو براسك.. وإذا منك مقتنعة بحكي فيكي تستشير رأي دكتور ثاني..

سميرة: لا بعتمد دكتورة ما قصدي.. إنتي بتعرفني كل ثقتي فيكي..
الطبيبة: طيب حاطيكي دوا للسترس..

سميرة: لا ما بدي صير متكلة عاللدوية وما بدي شي ينممني.. عندي مية شغلة أعملا.. حياتي كلا ركض بركض.. ما فينا ترتاح جوزي دايماً معضّب خاصة هلق مع فترة الحجر و صاير شغلو من البيت. الولاد ما متحملين الحجر ودايماً عم يتخانقو وبدي ضل عم هديهن ليقدر يشتغل.. مدخولنا مش مثل قبل خاصة هلق مع كورونا و إنو كل شي مسكر.. الإشي عم تصير أسوأ وعم بسأل لشو حياتي..

الطبيبة: يم.. شكلو إنك كتير زعلانة.. أوكي.. هيدي فترة و بتمرق.. الكورونا بدا تخلص بالنهاية.. ما حتنعسي إذا أخذتي الدوا.. هولي أدوية جديدة وبيتأخدو الصبح ليصير فيكي تتصرفي بطريقة أريح.. حاكيتلك الوصفة وجوزك في يمرق ياخدا من العيادة لأن ما فيكي تجيبي الدوا بلاها.. ما تخلي يجي بلا ماسك.. نحنا فاتحين من ال9 لل3.. خدي حبة كل يوم و خليني شوفك قريباً كمان أونلاين..

سميرة: لا لا مش جوزي ياخدا.. هوي دايماً بقول عني مجنونة و حيستعمل الوصفة كدليل يهتني في..

الطبيبة: مممم.. شكلك مش مبسوطة مع زوجك.. يمكن لازم تحكي بهالموضوع مع حدا.. أنا جاهزة إسمعلك إذا بدك بس هلق ما عنا وقت لأن المريض اللي بعدك بلس يدقلي عسكايب.. رح إكتيلك الوصفة ولاقي طريقة لتجيبها وبلشي الدوا حبة باليوم الصبح (تبدأ الطبيبة بالكتابة في الملف و تبدو منشغلة). وهلق بما إنو بين ما عندك كورونا، فيني شوفك بعد شي شهر ونحكي أكثر عن مشاكلك و تخبريني إذا الدوا ساعدك..

خلال الموعد اللاحق:

الطبيبة: مرحبا سميرة، عم تسمعينني منيح؟
سميرة: إي دكتورة، الصوت و الصورة تمام..
الطبيبة: في حدا حدك أو معك بالغرفة عم يسمعك كمان؟ وين ولادك؟

سميرة: إي أنا لحالي.. جوزي عم يحضر أخبار بأوضة القعدة. ولادي عم يلعبوا PlayStation بغرفتهم. أنا بغرفتي مقفلة الباب عاملة حالي مشغولة بالwax.. ههه

الطبيبة: أوكي تمام.. كيف كل شي؟ بلشتي دوا الكآبة؟
سميرة: بصراحة دكتورة، حاسة حالي عم صير أسوأ من آخر مرّة شفتك فيا. كرمال هيك أخذت الموعد بصراحة قبل ما يمرق شهر..

الطبيبة (مع ابتسامة ازدراء): إي لاحظت

سميرة: ما نمت كل الليل من الوجع.. و الدوخة كتير عم تزعجني و ما عم تخليني إتحرك بحرية مثل ما بدّي. و بطني كتير عم ينفخ صاير. بس أكل بطني عم ينفخ مثل البالون.. هيدا العارض جديد.. بس كنت بعمر المراهقة كان عندي المصران الغليظ و كان ينفخ بطني بعدين تحسنت.. هلق رجعت نفس الشيء.. وبعده عندي وجع راس بعد الظهر..

الطبيبة: كثير من الناس عم يصير معن متل عوارضك بهالحجر.. لازم تنتبهني على أكلك لأن بعض أنواع الأكل بتعمل مغص و أوجاع بطن بحالتك مثل الملفوف ,والعدس. كمان خففي من متابعة الأخبار وملاحقة وسائل التواصل الإجتماعي لأنو يزيدو من السترس وما ناقصك.

سميرة: إي دكتور ما ناقصني توتر أكثر.. بس ما في شي ثاني يسليني غير الأخبار ووسائل التواصل.. ياريت بلاقي شي ببسط..

الطبيبة: هلق بصراحة، من الطبيعي بظروف الحجر المنزلي والمفاجآت يلي عم تصير بالبلد إنو الواحد يحس حالو زعلان و متوتر.. مين مبسوط بصراحة؟

سميرة: إي إي معك حق دكتور.. هيدا اللي بضل قلو ياه لجوزي بس يبلش يعصب.. بقلو ما كثير بيختلف وضعنا عن غير بيوت.. كلنا مش رايقين بهالوقوات الصعبة و ما حدا عارف شو يلي حيصير بالفترة الجايي و إذا حنلاقي حتى أكل بكرا.. بس بركي هوي عم بعصب لأن عم حس بالمسؤولية تجاهنا.. عكل حال الحمد لله على كل شي..

الطبيبة: شو يلي عم يصير؟ لازم تحكي كل شي يا سميرة.. بصراحة، أنا متي مقتنعة إنو الزراق والضربة يلي شفتا حول عينك بس حادثة بالغلط.. حتى إنني حطيتي عندي ملاحظة هون بملفك. إذا بتبلشي تحكي عاالي عم بصير بحياتك، يمكن إقدر ساعدك ويصير فيكي تعيشي مرتاحة ومبسوطة.. فيكي تحكي اللي بدك ياه وكلو بضل بيناتنا..

سميرة: شو قصدك دكتور؟ أنا كذابة؟ لا ما عم كذب دكتور.. كل يلي صار إنو ما شفت الباب القزاز.. كان عقلي شارد.. و عندي مشاكل وين ما كان.. و بتعرفي الولاد بالبيت و بدي ضل وراهن وما عاجبن العجب..واحد بضلو يصرخ والتاني بعصب و قال شو عم يزهقو كمان، و جوزي ملاقاها صعبة قعدة البيت.. معود يرجع عشية والبيت رايق و الولاد نايمين..طبعو عصبي من يوم يومو وهلق أسوأ.. (تتوقف عن الكلام لبرهة و تنظر للأسفل وتبدو غارقة بأفكارها)

الطبيبة: بعذر.. ما قصدت إنك كذابة.. أنا قلقك وكنت عم جرب ساعدك لتحكي.. هل عم تتعرضي للعنف؟ شو؟ عم يضربك زوجك؟

سميرة: العنف؟ لا..لا.. أكيد لأ !! ما بيسترجي.. ما بسمحو!! بصراحة دكتور.. جوزي ما في أحسن منو هوي و رايق.. بس لما يعصب، أحسن نبعد عنو.. الولاد بخافو منو أكثر هلق لأنو دايمًا بالبيت وهني ما معودين عهيك ويمكن ما حاسس حالو شخص مفيد و منتج أذ قبل ومشغول بالو عشغلو.. عم يحكو بالشغل إنو بدن يصرفو موظفين لأنو الشركة بلشت تخسر. والولاد بصراحة بتعبو كثير مرات وهوي شغل من الفجر للنجر كل حياتو فهل فيكي تلومي إذا عصب أحيانًا؟؟ يعني لازم يأمثلنا مصروف البيت وكل شي نحنا بحاجتو بالبيت. كل شي صابر أعلى والعملة ما في و إلا عم تنهار و يمكن يخسر شغلو بأي وقت.. من حقو يعصب !!

الطبيبة: إي أكيد مش رح يعصب بلا سبب.. الولاد من طرف و أنا متأكدة إنو بتستفزي، يمكن ما عم تعملي متل ما بدو أو عم تنقي فوق راسو أحيانًا عن الغلا و الظروف الصعبة!!

سميرة: إي يمكن معك حق.. أنا عنجد ما بقا فيني و عم بعمل إشيا فوق طاقتي... و الحجر زايد الطين بلة.. هيدا غير إنو المعلومات ما عم يتركونا بخالنا لأنو هلق صار في حصص الأون لاین وعم يعطون دروس ووظائف أكثر من لما كانوا يروحوا عالمدرسة و صرنا نحنا كمان بدنا نشرح و ندرّس كمان.. الله وكيك ما حدا فهمان شي عهاالأون لاین.. شو فيني أعمل أكثر؟ مبارح، بلشت عم قلو لجوزي إنو بركي بدرّس هوي الصبي مالك و أنا بدرّس البنت.. فا شو بقلبي؟؟ قال هيدي مش شغلتنو،هيدي شغلة المرا.. فعصبت وقتلتنو إنو عم يشتغل من البيت و بس نص الوقت ومعو وقت فاضي يساعدي بدل ما يقضيا تلفزيون.. عصب عليي وبلش يصرخ. بعدين قام وقف وبلش يرمي كراسي المطبخ وشوية كبايات قزاز.. رجع دفشني عاليط بس قلتنو يوقف هالنوبة وفات غفرتو. أنا الحق عليي لأنني عصبتو و كان لازم نقى وقت أفضل لإحكي معو عن مشاكل الولاد.. بس أنا دايمًا متوترة و إم عجة ومستعجلة لحل كل بشي بنفس الساعة.. ما بعرف كيف إنظر وخلي تقمي مسكر شوي!!

الطبيبة: أوف... طب ما كان فيكي تنطري شوي؟؟؟؟!! لما يكون بمزاج أروق... يمكن إنتي جيتيا عدالك إنو يضربك لما عصبتى. ما كان لازم تقليلو إنو بقضي وقتو عالتلفيزن ما عم يعمل شي! إنتبهني بليز!! إتأذيتي؟ صرلك شي؟

6/14

سميرة: لأ الحمد لله.. ما تأذيت.. يمكن كدمة بسيطة على إيدي وضهري وشقفة قزاز صغيرة جرحتلي إجري بس شي بسيط جداً الحمد لله.. مشي مهم إطلاقاً.. ما تعتلي هم دكتورة.. جوزي ما في أطيب من قلبو خاصة هوي و مزاجو رايق بس هالذالة جنتنا كلنا هوي ما بيعمل مثل هالشي عطول.. قليل..

الطبيبة: فيني أطلب منك تفرجيني الكدمات والجروح إذا أمكن؟
سميرة: في حدا معك بالعيادة أو ممكن يفوت؟ بتعرفي دكتورة.. أنا مرا محبة..

الطبيبة: ما تعتلي هم هالموضوع سميرة.. أنا بس بقدر شوفك.. مافي حدا ثاني معي بالعيادة.. عادة بقفل الباب من جوا خلال المعاينات أون لاین كرمال خصوصية المريض..

سميرة: أوكي شكراً دكتورة.. هيدي الضربة يللي على إيدي (سميرة رفعت عن كمها).
الطبيبة: ما عم بقدر شوفا مزبوط.. فيني أطلب منك تصوّي أضوية أكثر إذا ممكن وتقرّبي عالكاميرا أكثر على قد ما فيكي.
سميرة: أوكي دكتورة.. يلا لحظة.

الطبيبة: أنا آسفة صار معك هالشي.. هالكدمة مبيّنة إنو بمرحلة تحسن و ما في علامات خطرة.. فيكي تاخدي Advil أو Panadol لتخففي وجع.. فيني شوف يللي على ضهرك و إجرّك؟
سميرة: أكيد دكتورة..

أظهرت سميرة للطبيبة مواقع الإصابات الأخرى التي لم تبدو، ولحسن الحظ، مقلقة أو عليها أي علامات التهاب. كانت إصابات طفيفة مع تحسن في مستوى الألم 3/10.

الطبيبة: ممممم.. وضع الكدمات مبين عم يتحسن و الحمد لله ما في شي خطر بس كان فيكي تتجنبي كل هالشي بالتصرف شوي بحكمة أكثر بدل ما تستفزي يعمل فيكي هيك..

سميرة: ما بهم و الله ما بق أعرف شو بدي أعمل.. ما بيعجبو شو ما بعمل. دايماً معصب. أحياناً بقول لحالي يمكن أحسنلي إذا بموت، بركي بينبسطو.. بركي الإنتحار راحتني..

الطبيبة: له شو عم تحكي؟؟!! منو مستاهل... إذا هلقد حاسة الوضع سيء، ليش ما بتطلبي الطلاق... اتركي البيت. فيني حولك مؤسسة بتعامل بهالقضايا و بيرفعولك دعوى طلاق..

سميرة: اطلب الطلاق؟؟ ما بعرف... خطرتلي قبل بس ما خليت حالي فكر فيا كثير.. دايماً بهددني بالولاد وإنو بياخذ إذا ما بسمع الكلمة.. أهلي بقولولي اتركيلو الولاد وارجعي لعنا منتهم فيكي بس ما دخلنا بولدو.. أنا ما فيني عيش بلا ولادي و هوي ما رح يتركني بحالي.. جربت مرة من قبل فل، بلش يحكي عليي إنو أنا تركت الولاد لروح عيش حياتي و نام مع رجال.. أهلي تواسطولي لرجعني و كان منيح كم يوم بس بعدا قلبلي حياتي جيم ويسألني ليل نهار مع مين كنت عم نام و أضر.. رجع بلش يضربني حد الولاد ويقلن إنو عم بقاصصني لأنو إمن وحدة وسخة وتركتن و حتى إنو جرّني من شعري عالارض و قللي إنو لازم بوس الأرض وج و قفا لأن قبل يرجع هيك مرا عبيتو وإنو أي رجال ثاني كان قتلني بنفس الثانية. فيقني مرة بالليل وهددني إذا بترك البيت بعد مرة رح يدبحني , و إنو معو كل النهار ليعملها لأنو هلق في حجر.

الطبيبة (بعصية): أوقف.. بعد كل هيدا و بعدك باقية مع هالحيوان؟ وين كرامتك؟. الله يساعدك إذا قرّرت تغيري مصيرك بدل ما تسمحني لخوفك من هالوحش و لوضع المادي الصعب إنو يتركك عيشة بهالجيم... إذا كنت بمطرحك، كنت ما ترددت لحظة و تركتو من زمان لو شو ما كانت الحالة.. كنت حملت حالي و فليت..

سميرة: هيدا الشئ بينطبق عليك دكتورة، بس أنا اللي متلي منحوسين..
الطبيبة: ليش ما بتحاكمي؟ قانونياً فيكي تبغني عتو قوى الأمن..

سميرة: قوى الامن؟؟ ليش يساعدو؟؟ ما هلق كلو مشغول بالكورونا و الضبوبة!! مين فاضيلي؟؟ وافترضني ساعدوني.. بفوت كم يوم عالجيس و بيرجع بيطلع بيقتلني.. قتللك، هددني يدبحني بالسكين من رقبتي إذا بترك البيت بعد مرة، كيف إذا بجيب الدرك!!!

الطبيبة: لا لا هيدا كلو مش منطقي، ما بيسترجي يعملها، بعرف إنو بفوت عالجيس إذا عملها. هوي بس عم يستعمل الخوف ليسيطر عليك! وإنتي عم تعطي أعذار لأنو ما بدك تفلي!!

سميرة: ما فيّ إتركو هيك.. هوي بي ولادي.. وبس يكون رايق ما في أحلى منو.. مبعرف شو أعمل.. هيدا قدرني ولازم إقبلو.. جارتني قالتلي بركي جرب جيب ولد تالت.. قال جوزا تغير معا بس عرف إنا حبلى..

الطبيبة (مصدومة): نعممم؟؟ عجب عم تفكرني تجيبي ولد تالت؟؟
سميرة: إي معك حق.. يمكن ما عم فكر مزبوط.. صحتي صايرة على قدّي و الولاد صعب التّعامل معهن و بصراحة دكتوراة عم ينضربو و يادوب فيني سيطر عالوضع.. ابني مالك ما برکز و ما بيهتم بدرسو... مبق عارفة شو أعمل!

الطبيبة: جربتني شي مرّة تكوني صبورة أكثر، و تحكي معو برواق يمكن بفيق.
سميرة: أنا عجب كل يوم بجرب زبط الإشي بيناتنا.. شو رأيك دكتوراة تحكي معو؟ أكيد بيسمع منك.. إنتي دكتوراة معروفة بالبلد وأنا متأكدة إنو بيسمع منك.

الطبيبة: أوكي.. مش مشكلة.. اطلبي منّو يكون موجود حدّك خلال المعاينة الجاية و أنا بحكي معو.. خليك عم تاخدي الدّوا وخبريني كيف بتصيري بعد شهر.

سميرة: أوكي، رح قلّو ياخذ منك موعد أون لايّن ليعمل check-up بما إنو معو وقت هلق بالحجر و إنتي بتحكي معو بس ما تخبرني شو حكيتلك إذا بتريدي..

الطبيبة: إي أكيد.. ما تعتلي هم.. سرّك بأمان معي.
سميرة: شكرًا دكتوراة

الطبيبة: أكيد لازم دايماً نحترم خصوصية المريض كأطباء.. ما تعتلي هم.. عفكرة، هلق تذكرت، عم جرب أوصل لبنت عمك لطيفة بس ما كانت ترد.. فيكي قليلا تتواصل معي؟

سميرة (تبدو قلقة): خير لي في شي؟ هبي منيحة؟
الطبيبة: صورة الثدي عندا ما بطمن و بدّا خزعة..
سميرة: يي سرطان ثدي هالمعترّة.. عندا 3 ولاد صغار شو بدو يصير فيهن..
الطبيبة: بعد ما بين سرطان
سميرة: إي انشاءالله.. يمكن آخذ موعد لإبني مالك لتحكيلي معو.. بركي بتساعديني نحلّو مشكلتو كمان.

الطبيبة: خلص ما تعتلي هم.. انشاءالله المرأة الجايي بحكي مع إبنك وزوجك و منعملنّ check-up و منحل هالمشاكل بس لازم تضلي قوية.. هلق خليك عم تاخدي مضادات الإكتئاب مرة باليوم وإذا حبة وحدة ما عم تساعدك كفاية خدي اثنين.. من هلق للموعد الجايي، إذا أي شي بيصير معك فيكي تحكي مع الجمعيات اللي بتشتغل بقضايا العنف الأسري و حقوق المرأة ليساعدوكي.. أوكي؟؟ خيني إرجع شوفك بعد شهر و احجزي موعدك على بكير مع السكريتيرة من هلق.. ما تنطري لآخر دقيقة متل دايماً..

الطبيبة (لوحدها): أوففف.. شو هالمريضة.. هلكتني.. أحياناً بحس بدي أضربا و أوقف مع جوزا!! شو بدّي إكتب بملفها؟؟ نقاعة؟؟ محرزة نكتب عن هالحالة!!!!

السيناريو الأفضل للعنف المنزلي:
بسبب جائحة كورونا، اعتمدت مراكز الرعاية الصحية نظام فرز لتقرير ما إذا كانت المتابعة مع الطبيب ستستمر في استشارة وجهًا لوجه أو من خلال استشارة طبية عن بعد حسب كل حالة.
اتصلت سميرة بالعيادة لحجز موعد طارئ:

السكريتيرة: مدام سميرة، خيني فسرلك، بسبب كورونا و لنخفف عجة وانتشار الفيروس، عم نطرح هالكم سؤال لنعرف أي أحسن، إذا موعد بالعيادة أو أونلاين.. شفتي حدا بهاالفترة مصاب بالكورونا أو جايي من السفر؟

سميرة: لشو كل هالأسئلة، شو هيدا تحقيق؟؟ شو يعني لازم جاوبك و أعطيك تقرير مع مين حكيت و مين شفت؟ حلو والله! أنا عم تلفن لآخذ موعد ضروري.. فيكي تعطيني؟

السكريتيرة: متل ما قلتلك مدام، عم بسأل هالأسئلة لأعرف إذا الدكتوراة حتشوفك أونلاين أو بالعيادة.. صدقيني ما همي شو بصير بحياتك..
سميرة: عطيني أقرب موعد.. أصلاً مش عالأكيد قادرة إجي عكل حال..

السكرتيرة: تمام.. لكن اتفقنا يكون الموعد أولناين.. ميين عندي إنك ما جيتي أكثر من موعد من قبل كورونا حتى.. شو رأيك بكرأ عال3 بعد الظهر؟ ما في غير هالموعد.. بتفضلي Skype أو WebEx أو الواتساب؟

سميرة: إيببي.. إيببيبي.. بكرأ عالساعة 3؟؟ ممم ما فيي.. ما فينا بكرأ عال5؟ أكيد بفضل واتساب.. مني سامعة بالباقيين..

السكرتيرة: قلتلك هيدا الموعد الوحيد الموجود بكرأ أو بدا تتأجل للأسبوع الجايي..
سميرة: خلص ماشي لكن بكرأ عال3.. أكيد في مواعيد فاضية ثانية بس عم تعملي هيك عن قصد لتزعجيني بس.. معك رقمي.. حأنظر اتصال الواتساب..

في ما يلي تفاصيل معاينات سميرة مع الطبيبة أون لاي بال Whatsapp video call:
كانت الطبيبة قد خصصت رقماً هاتفياً مختلفاً عن رقمها الخاص لمعاينات الواتساب.

الطبيبة: مرحبا سميرة، عم تسمعينني؟
سميرة: (الصوت متقطع وغير واضح): ك..يف..ك..د..كتو..رة؟
الطبيبة: يمكن في مشكلة بالكونكشن..

سميرة: (الصوت ما زال غير واضح): إي.. إي.. الإنترنت مش منيح اليوم.. و ال wireless ما بيوصل بالمطبخ لأن ال router بعيد بأوضة القعدة.. معلي سامحيني بس عندي سؤال بسيط..

لم تستطع الطبيبة سماع ما قالته سميرة بوضوح نظراً لتدني جودة الإتصال بالإنترنت.. الصورة على الفيديو كانت أيضاً غير واضحة. بالإضافة إلى ذلك، فإن صراخ الأطفال وضجتهم في الخلفية زادوا من سوء الوضع ما أدى إلى بدأ شعور الطبيبة بالتوتر.

أرسلت الطبيبة لسميرة عندها رسالة نصية من خلال الواتساب بأنها لا تستطيع سماعها بوضوح وطلبت منها إذا أمكن الانتقال إلى مكان في البيت حيث إشارة الإنترنت أفضل.

ردت سميرة بأنها لا تستطيع إلا أن تتكلم من المطبخ حالياً و بأن لديها سؤال بسيط فقط.

بعد ذلك، أرسلت سميرة رسالة صوتية للطبيبة بصوت منخفض ومستعجل: " يعتذر منك دكتورة عالإرسال الضعيف.. نسيت خبر زوجي عالموعد أولناين وهلق وقت يحكي مع قرايينو بألمانيا.. اضطريت إنو إقعد بالمطبخ مع الولاد لما يزعبو بس الإرسال هونيك ما بيوصل مزبوط.. "

أرسلت بعدها رسالة صوتية ثانية أيضاً عبر واتساب بصوت منخفض و مستعجل لتفسر سبب الموعد: " شربت فنجان قهوة مع جارتني الصبح من كم يوم، إجت من الخليج.. حاسة حالس محرورة و تعبانة اليوم بس لما قيس الحرارة بتكون 36.6 من الدنية. زلاعمي عم يشوكوني كمان شوي.. و بعد عندي ضيقة النفس يلي كان عندي ياها من قبل بس كان زايدة هلق ممكن لأنني عم ضل متوترة والولاد كل الوقت بالبيتز كمان عندي أوجاع رأس وكثير تعبانة وبحس حالي رح غيب عن الوعي... عم تلعي نفسي كمان و عندي أوجاع بطن و إسهال كل فترة و الثانية بس قالولي إنا قصة مصران غليظ.. عكل حال أنا بهتم بأم زوجي المريضة ويزورا دائماً لأعطيها أدويتا.. مبعرف إذا برايك لازم أعمل فحص الكورونا لأن عرفت بياذي كبار السن أكثر.. "

ردت الطبيبة على الرسالة الصوتية لسميرة ونصحتها بإجراء اختبار كورونا (PCR) والالتزام بالحجر والتدابير الوقائية كالإلتزام بالأقنعة وتعقيم اليدين المتكرر ومراقبة الحرارة، وبأنه يفضل إجراء الفحص بأسرع ما يمكن وإعادة الاتصال بالعيادة في حالة تفاقم الأعراض أو ظهور الحرارة أو إذا كانت نتيجة الاختبار إيجابية.

كما نصحتها بالامتناع عن زيارة والدتها زوجها حتى تعرف النتيجة. طلبت الطبيبة من سميرة أيضاً أن تتصل بالعيادة و تحدد موعد المعاينة من اليوم لضمان وقت مناسب بإمكانها فيه الحصول على خصوصيتها دون وجود أي أفراد آخرين من العائلة في نفس الغرفة التي ستجرى فيها الاستشارة.

بعد يومين، اتصلت سميرة بالعيادة في الصباح مصرة على التحدث إلى الطبيبة على الفور، واشتكت غاضبة من أنها أرسلت عدة رسائل عبر WhatsApp خلال الساعة الماضية دون رد. و عندما سألتها السكرتيرة عن مدى حدة خطورة الأمر، أجابت " هذا ليس من شأنك، فقط أعطني موعداً اليوم ". وتم تحديد موعد لها في الساعة 4:00 بعد الظهر ووافقت سميرة على مضض مع إلقاء اللوم على السكرتيرة "لإجبارها على قبول مواعيد في أوقات غريبة". تم الإتفاق على إجراء الاستشارة من خلال مكالمة فيديو WhatsApp.

قبل فتح الفيديو، اتصلت الطبيبة بسميرة على الهاتف من خلال مكالمة الواتساب و قامت بقفل الباب من الداخل في عيادتها حيث ستجري الإستشارة وذلك لخصوصية أكبر مع المريض..

الطبيبة: مرحبا سميرة، كيفك؟

سميرة: الحمد لله تمام..

الطبيبة: عم تلفن لإتأكد إذا إنتي لخالك وفيكي تحكي عراحتك.. من الأفضل ما يكون في ولا حدا حواليك لا زوجك ولا ولدك أو أي حدا يقدر يسمعنا لراحة أكثر.

سميرة: إي دكتور أنا لحالي بالغرفة وجوزي مش بالبيت..

الطبيبة: أوكي تمام.. إذا بأي لحظة نحنا وعم نحكي حسييتي خالك مش مرتاحة تحكي براحتك و في حدا حولك فينا تتفق عكلمة سر بتقولها و هيك أنا بعرف إنو في حدا سامع.. شو كلمة السر يلي بدك ياها؟

سميرة: أوكي.. شكرا دكتور..ممم.. إذا في حدا حولي رح قول "عندي بقعة حمرا جديدة".

الطبيبة: طيب تمام، اتفقنا و كمان بدي ذكرك إنو من الأفضل تمدي أي رسائل بيناتنا كرمال خصوصيتك أحسن ما حدا يقرأهن بالغلط.

سميرة: أكيد دكتور

الطبيبة: يلا خيلنا نتقل للفيديو.

خلال مكالمة الفيديو:

الطبيبة: مرحبا سميرة، عم تسميعيني منيح؟

سميرة: هاي دكتور، إي عم بسمعك، إنتي عم تسميعيني؟

الطبيبة: إي.. الإنترنت شكلو أحسن اليوم.. تمام.. خبريني.. طلعت نتيجة فحص الكورونا؟

سميرة: ما عندي كورونا الحمد لله حسب الفحص.. فحصى سليبي. بس بعدني حاسة حالي كتير تعبانة. عندي وجع راس كل النهار و شهيتي عالكل كتير خفيفة خلال النهار بس بالليل كتير عم باكل ولقمش.. كمان عندي أوجاع بمفاصلي و قرأت إنو هولي من عوارض كورونا. قولك معقول عندي الفيروس والفحص غلط أو بعدو ما بين؟ بعمل فحص الantibody بالدم.. شو رأيك؟ بركي بنتصحيني بمختبر أحسن؟ بتعرفي ما فينا نوثق بمين ما كان هالليام..

الطبيبة: هوي شي بطمئن للحقيقة إذا فحص ال PCR سليبي بس خليك عم تراقبي الحرارة بهالفترة.. من الظاهر إنو عندك عدة شكاوي.. رح نمشي فيهن وحدة وحدة و خطوة بخطوة ونبلش بالعارض يلي زاعبك أكثر شي.. اتفقنا؟ آه... كان عم شوف من عندي من الشاشة إنو عندك كدمة و زراق حوالين عينك.. إنتي منيحة؟ كيف صارت؟

سميرة: (مع أصوات الأولاد مسموعة من نفس الغرفة): آه.. هيدي.. مّا شي.. خبطت بباب قزاز ماشفتو.. ما أهبلني.. السترس أحيانا عم بكون كتير و كنت عم فكر و ما ركزت أنا و ماشية.. على كل حال دكتور، أنا طلبت هالموعد بصراحة لإطمئن على موضوع وجع الراس يلي عم يضل يصير بعد الظهر. Panadol ما عم يعمل معي شي.. فيكي تعطيني شي أقوى؟ يمكن شي بشيل وجع القلب كمان.. (تضحك سميرة هههه)

الطبيبة: وجع القلب؟ شو بتقصدي عزيزتي؟

سميرة (تبدو مشوشة): أحيانا بحسّ حالي إنو ما عاد فيني إتحمّل.. آخ.. بحسّ راسي كأنو رح ينفجر.. أنا عابشة لولادي بس في فراغ جواتي و شعور كأنني مخدرة.. ما حدا بيعجبو العجب شو ما أعمل.. وما حدا يقدر شو بعمل كرمالين ودايما بيطلع الحق عليي آخر شي.. الحياة كلها ركض بركض هالليام..

الطبيبة: وقفة صامتة..

سميرة (تنظر على الجنب): خلص مالك.. وقّف تشد شعر أختك أو حاضريك بالمسطرة الكبيرة.. يا رب إيمتي حتاخذني و تريّحنني.. (سميرة مخاطبة إبنها)

ثم بدت سميرة وكأنها قد جمدت في مكانها وكأنها تحاول سماع شيء ما وتحاول النظر مجدداً إلى الشاشة ولكنها بدت مشتتة و قلقة ولا تنظر للطبيبة ولكنها تقول:
عكل باي باي دكتور.. إجا جوزي.. يه يه إجا جوزي..شكرو رجع هلق... يلا لازم سكر.. شكراً.

10/14

تسمع الطبيبة صوت رجل يقول: مع مين عم تحكي ولي؟ بـّلك عم تحكي مع ناس اسم الله..

قُطع الاتصال قبل أن تتاح الفرصة للطبيبة لتقول وداعاً أو تُنهي الاستشارة أو تُضيف أي توصية أو تُحدد موعداً للمتابعة.

قلقت الطبيبة وطلبت من السكريتيرة الإتصال بسميرة في اليوم التالي لتحديد موعد لاستشارة عن بعد بحيث بإمكانها أن تكون لوحدها بدون أي أفراد من العائلة حولها. أعطت الطبيبة تعليمات للسكريتيرة بأن لا تعطي أي معلومات تخص المريضة لأي شخص ما عدا المريضة نفسها. اتصلت السكريتيرة بالرقم الموجود في الملف ورد عليها رجل بدا أنه زوج المريضة:

السكريتيرة: "عم بتصل من عيادة الدكتورة أmaal لنحدد موعد لإستشارة أون لاين مع مدام سميرة. الزوج: "مع مرتي؟ ليش؟"

السكريتيرة: "نحن بس عم نتصل بالمرضى لنخبرن إنو صرنا مناخذ مواعيد أونلاين بفترة الحجر و نتابع مع مدام سميرة.. فيني إحكي؟ هي موجودة؟"

الزوج: "هلق هي منا هون.. بس أكيد رح قلا ترجع تتصل بس تصير بالبيت"

السكريتيرة: "تمام لكن.. أنا ناطرة منا إتصال فإذا.."

الزوج: "أكيد، رح تتصل فيكي بعد شي ساعة.. شكراً كثير لإهتمامك."

السكريتيرة: "ولو هيدا واجبنا.."

بعد ما انتهت المكالمة تعلّق **السكريتيرة:** "شو هالرجال الرايق الآدمي.. مدري كيف طابق يعيش مع هيكم مرا مشكلجية".

اتصلت سميرة في العيادة في اليوم نفسه بعد الظهر وتحديثت إلى السكرتيرة. أبلغت السكرتيرة سميرة أن الطبيب يود رؤيتها للحصول على استشارة متابعة عبر الإنترنت خلال الوقت الذي يمكن أن تكون فيه في مكان خاص دون وجود أطفالها أو زوجها.

وتحدثت إلى السكريتيرة بصوت لائق و مهذب: " بعذر لإزعاجي للدكتورة بطوشة الولاد هيديك المرة.. أنا ما عم بعرف ربيهن. بس جوزي صابر عليي بعدو و هو ي خبرني إنو اتصلتو فيني و شكراً كثير.. إي فيني إحجز موعد أونلاين السبت لأنو هيدا النهار يلي بزور إمو فيه ورح ياخذ الولاد معو يزورو ستن ويساعدو يهتم فيها وبصير فينا نحكي برواق".

تم الإتفاق على موعد نهار السبت 10 صباحاً من خلال الفيديو عالواتساب وسألت سميرة السكرتيرة إذا بإمكان الموعد أن يكون على الوقت تماماً لأن زوجها سيعود ليصطحبها لزيارة والدته أيضاً و هو لا يحب الإنتظار. السكرتيرة أكدت لسميرة أن الموعد سيكون على الوقت تماماً.

نهار السبت صباحاً:

قبل فتح الفيديو، اتصلت الطبيبة بسميرة على الهاتف من خلال مكالمة الواتساب و قامت بقفل الباب من الداخل في عيادتها حيث ستجري الإستشارة وذلك لخصوصية أكبر مع المريض..

الطبيبة: مرحبا سميرة، كيفك؟

سميرة: الحمد لله تمام..

الطبيبة: عم تلفن لإتأكد إذا إنتي لالك وفيكي تحكي براحتك.. من الأفضل ما يكون في ولا حدا حواليك لا زوجك ولا ولدك أو أي حدا يقدر يسمعنا لراحة أكثر.

سميرة: إي دكتورة أنا لحالي بالغرفة وجوزي مش بالبيت..أخذ الولاد وراحو يزورو ستن بس راجع لياخذني فما عندي كثير وقت..

الطبيبة: أوكي تمام.. إذا بأي لحظة نحنا وعم نحكي حسييتي حالك مش مرتاحة تحكي براحتك و في حدا حولك فينا نتفق عكلمة سر بتقولها و هيكم أنا بعرف إنو في حدا سامع مثل هيديك المرة.. خلينا نستعمل كلمة السر يلي اتفقنا عليها المرة الماضية..بتذكري شوكانت؟

سميرة: أوكي.. شكرا دكتورة..ممم.. إي بتذكر. إذا في حدا حولي رح قول " عندي بقعة حمرا "

الطبيبة: طيب تمام. اتفقنا وكمان بدي ذكرك إنو من الأفضل تمحي أي رسائل بيناتنا كرمال خصوصيتك أحسن ما حدا يقرأهن بالغلط.

سميرة: أكيد دكتور
الطبيبة: يلا خيلنا ننتقل للفيديو.

خلال اتصال الفيديو عالتساب:

الطبيبة: هاي سميرة.. عم تسميعيني وتشوفيني منيح؟
سميرة: مرجبا دكتور.. إي عم بسمعك منيح و كلو تمام.. بس أول شي بدّي قلّك إنو هيدي سكريتيرتك مش منيحة أبداً. مين مفكرة حالا؟

الطبيبة: ليش شو صار؟
سميرة: أول شي ما بتعرف تتعامل مع الناس بالمرّة.. خلّتنني ناطرة عالتلفون أكثر من 10 دقائق.. و لما قلتلا إنو بدّي إحجز موعد بعد ما فضيت جلاتنا ترد، انتقدتنني إنو ولادي كانو حدّي بالموعد الماضي. شو دخل أساساً؟ أنا أم و عندي مية شغلة أعملا و دايماً راکضة ورا الولاد خاصة هلق بالحجر و مافي مدارس ! ليش عم تعلق عليّ؟ و کمان ما قبلت تعطيني موعد مبارح و أجّلتنني لليوم مع إني قلتلا إني كثير تعبانة و بدّي شوفك ضروري.

الطبيبة: إي بفهمك... النظرة ممكن تكون مزعجة.. و أنا بصراحة عم أگّد على موضوع الخصوصية بشكل روتيني مع المرضى خلال المعاينة أون لاین لمصلحة المريض ولتواصل أريح. السكريتيرة بس كانت عم تتبع التعليمات.. خبريني، شو عندك اليوم؟

سميرة: هلق بعدني قايلتلك.. طوشة كبيرة لنوصلك. بكّفي إنو ما بق فينا نشوفك بالعيادة عرواق متل قبل و بدنا نستعمل اللون لاین يلي عنجد مزعج !

الطبيبة: أوكي.. خلص طوّلي بالك و روّقيها.. بحكي مع السكريتيرة بعدين.. إنتي أهم هلق.. كيفك اليوم؟ كيف صاروا عوارضك؟ شو يلي زاعجك؟

سميرة: عوارض أسوأ بصراحة.. عندي وجع راس كل النهار بس بزيد بعد الظهر بس خلّص كل شغل البيت و إحي بدّي إقعد لإرتاح.. دايماً بحسّ حالي كان محرورة بس وقت ما أخذ الحرارة بتكون طبيعية.. Panadol صاير متل البونبون صراحة، أخذت كل الباکیت مبارح بدون تحسّن... کمان عندي هالدوخة الغريبة وأوجاع مفاصل.

الطبيبة: عم تاخدي الIbuprofen کمان متل ما وصفتلك أو بس جربتي الPanadol؟

سميرة: أحياناً بنسأه..

الطبيبة: ليش عم تنسي؟ كثير قصص شاغلة بالك؟

سميرة: دكتور.. نفس الشئ إذا باخدو أو لأ.. يمكن ما عم تعرفني تحكّميني.. ما قصدي شئ و مع احترامامي يعني.. بس برکي لازم روح کم يوم عالمستشفى وإفحص حالي من فوق لتحت و أعمل جردة لحالي لشوف شو بني..

الطبيبة: خلّينا بالأول نحكي بتفاصيل شو عم يصير معك و شو حاسّة و منقرّر سوا شو لازمك فحوصات ومنتفق على خطة..

سميرة: أوكي، متل ما بدّك دكتور..

الطبيبة: خبرتيني المرّة الماضية إنو عم يصير عندك حالات عم تحسني في إنو حتغيبني عن الوعي.. كيف صارو؟ شئ مرة غبتي تماماً عن الوعي؟

سميرة: بعدن نفس الشئ..

الطبيبة: في شئ يخلّين يصيرو أسوأ؟

سميرة: بس عصب أو إزعل، بيجو و بحسّ حالي مخنوقة.. أصلاً كل شئ بزعل صاير. الحياة كلاً دموع و كآبة!
الطبيبة: دموع و كآبة؟؟؟

سميرة: حياتي كلا ركض برکض.. ما فينا نرتاح. جوزي دايماً معصّب خاصّة هلق مع فترة الحجر و صاير شغلو من البيت. الولاد ما متحملين الحجر ودايماً عم يتخانقو وبدي ضل عم هديهن ليقدريش تغل.. مدخولنا مش متل قبل خاصة هلق مع كورونا و إنو كل شئ مسكر.. الأشياء عم تصير أسوأ وعم بسأل لشو حياتي..

الطبيبة: ممممم.. يّلي مبيّن إنو في كثير إشيا عم اتعبك و تزعلك للأسف. شو رأيك إذا منحدد موعد قريب لنحكي أكثر عن هالموضوع و يكون معنا وقت أكثر؟ بعرف إنو جوزك راجع ياخذك بعد شوي.

12/14

سميرة: أوكي دكتورة.. شكراً.. رح إتصل بالعيادة الأسبوع الجايي أو بعد حسب وقتي..

في الموعد اللاحق:
على الهاتف قبل الموعد:

الطبيبة: (على الهاتف): مرحبا سميرة.. كيفك؟

سميرة: الحمد لله.. تمام

الطبيبة: رح إتصل فيكي لموعد الفيديو بعد 10 دقائق.. إنتي لالحالك؟ فيني نحكي؟

سميرة: إي أنا لالحالي.. فيني نحكي. جوزي عم يحضر أخبار بأوضة القعدة. ولادي عم يلعبوا PlayStation بغرفتهم. أنا بغرفتي مقفلة الباب عاملة حالي مشغولة بالwax.. ههه

الطبيبة: بس رجاءً رجاءً إذا بأي لحظة خلال حديثنا حسييتي إنك مش مرتاحة تحكي و في حدا حدك أو عم براقبك و بدك توقف، خلينا نتفق على كلمة سر بتقوليا و أنا بعرف إنك مش بأمان..

سميرة: إي أوكي.. شو بتقترحي كلمة سر؟ بدك متل هيديك المرة؟ رح قلك " طالعيلي بقعة حمرا"..
الطبيبة: تمام اتفقنا.. وكمان بدي ذكرك تمحي كل الرسائل بيني و بينك عالتلفون أحسن ما يكون في حدا مراقبك تلفونك أو بفتش في و يعملك هالشئ مشاكل..

سميرة: أنا دايمًا تمحي كل شئ.. أءمن.. بخاف صراحة..
الطبيبة: طيب.. حدقك بعد 5 دقائق لنبلش مكالمة الفيديو

بعد 5 دقائق على مكالمة الفيديو:

الطبيبة: مرحبا سميرة، عم تسمعييني منيح؟

سميرة: إي دكتورة، الصوت و الصورة تمام..

الطبيبة: أوكي تمام.. كيف كل شئ؟

سميرة: بصراحة دكتورة، حاسّة حالي عم صير أسوأ من آخر مرّة شفتك فيا. كرمال هيك أخذت الموعد بصراحة.
الطبيبة: ليش؟ شو عم بصير؟

سميرة: ما نمت كل الليل من الوجع.. والدوخة كتير عم تزعجني و ما عم تخلييني إتحرّك بحرية متل ما بدّي. وبطني كتير عم ينفخ صاير. بس أكل بطني عم ينفخ متل البالون.. هيدا العارض جديد.. بس كنت بعمر المراهقة كان عندي المصران الغليظ و كان ينفخ بطني بعدين تحسنت.. هلق رجعت نفس الشئ.. وبعدو عندي وجع راس بعد الظهر..

الطبيبة: من الواضح إنو في كتير إشيا عم تزعلك.. المرّة الماضية خبرتيني إنّو عندك كتير مشاكل و ضغوطات بالبيت، شو عم بصير؟
سميرة: شو عم بصير؟ حياتي الكثيبة عم بتصير.. بس لأ دكتورة ما في شئ غير العادة.. متلي متل هالناس. ضغوطات الحياة الطبيعية..

الطبيبة: بعرف يمكن هالإشيا شخصية و حساسة و صعبة الواحد يحكي عنّا، بس يمكن إذا حكيتي تتراحي ويمكن إقدر ساعدك.

سميرة: ما بعتمد مشاكلي إلا حل.. أنا اتصلت فيكي بسبب الدوخة، وجع الراس و المفاصل و النفخة.
الطبيبة: بفهم إنك عم تحسي بأوجاع كثيرة.. الجسم بيتعب لما تحسي حالك نفسياً تعبانة ومضغوطة.

سميرة: يمكن معك حق.. لما كون حاسّة بالسسترس أوجاعي بتزيد بس عم باخد دوا الوجع وما عم يساعدني، بالعكس، كل ما لا الأوجاع عم بتزيد.

الطبيبة: أوكي.. خلينا نحكي عن الإشيا يلّي عم تزعجك.. بوعدك إنو كل شئ بينحكا رح يضل بيناتنا و ما حدا حيعرف في. بس إذا حسيت يمكن يكون في خطر على سلامتك أو سلامة أي شخص ثاني ساعنا بتقرري مين بدك ياني إحكي بوقتنا.. اتفقنا؟

سميرة: أوكي اتفقنا.. بس هلق ما عم يخطر عبالني حدا نحكي معو وقت الحاجة ما عندي ثقة بحدا دكتورة.. بخبرك بس يصير هالشئ و يخطرلي حدا.

الطبيبة: بتعرفي سميرة.. بهالحجر المنزلي، كثير ارتفعت معدلات المشاكل الزوجية فعم بسأل كل مرضاي المتزوجين عن هالموضوع.. هيدا النوع من المشاكل كثير بيعمل توتر و بعلي السترس يلي بسببنا مشاكل و أوجاع بالجسم، كيفك إنتي و زوجك هالفترة؟ خبرتيني من قبل إنو زوجك طبعو عصبي؟ كيف بيتصرف لما يعصب؟

سميرة: هوي رجال.. كيف بدو يتصرف يعني؟؟ بيتصرف مثل كل الرجال.. بعصب و ببطل يشوف قدامو.
الطبيبة: معقول يضربك بس يعصب؟
سميرة: أحياناً بس ما كثير
الطبيبة: بصرخ و بعيط؟

سميرة: (تبدو دامعة): إي كثير بصرخ و أحياناً أنا بصرخ برجع لأنو ما يعود فيني إتحمّل و بعدين بحس بالذنب لأنني صرخت حد الولاد.. بخاف يتعقدوا.. إنو مش بس هوي الوحيد يلي متأثر بالوضع.. أنا إنسان كمان.... أنا عنجد ما بقا فيني و عم يعمل إشيا فوق طاقتي... و الحجر زايد الطين بلة.. هيدا غير إنو المعلومات ما عم يتركونا بحالنا لأنو هلق صار في حصص الأون لاين و عم يعطون دروس ووظائف أكثر من لما كانوا يروحوا عالمدرسة و صرنا نحنا كمان بدنا نشرح و ندرّس كمان.. الله وكيلك ما حدا فهمان شي عها الأون لاين.. شو فيني أعمل أكثر؟ مباح، بلشت عم قلو لجوزي إنو بركي بدرّس هوي الصبي مالك و أنا بدرس البنات.. فا شو بقلتي؟؟ قال هيدي مش شغلتي، هيدي شغلة المرا.. فعصبت و قتلنو إنو عم يشتغل من البيت و بس نص الوقت ومعو وقت فاضي يساعدي بدل ما يقضيا تلفزيون.. عصب علي و بلش يصرخ. بعدين قام وقف و بلش يرمي كراسي المطبخ و شوية كبايات قزاز.. رجع دفشني عاليط بس قتلنو يوقف هالنوبة وفات غفرتو. أنا الحق علي لأنني عصبتو و كان لازم نقى وقت أفضل لإحكي معو عن مشاكل الولاد.. بس أنا دائماً متوترة و إم عجة و مستعجلة لحل كل بشي بنفس الساعة.. ما بعرف كيف إنطر وخلي تمّي مسكر شوي !!

الطبيبة: لأ سميرة.. الحق مش عليك و الذنب مش ذنبك أكيد.. كلنا منتوتر و ممكن نحس حالنا مضغوطين بس ما لازم نضرب و نعيّط و نسبّ بعض وإلا الناس بتبلش تقتل بعضها.. خبرتيني أكثر عن شو عم بصير.. أتذيتي أو تعوّرتي بعد هالحادثة؟

سميرة: لأ الحمد لله.. ما تأذيت.. يمكن كدمة بسيطة علي أيدي وضهري و شقفة قزاز صغيرة جرحتلي إجري بس شي بسيط جداً الحمد لله.. مشي مهم إطلاقاً.. ما تغتلي هم دكتورة.. جوزي ما في أطيب من قلبو خاصّة هوي و مزاجو رايق بس هالحالة جنتنا كلنا هوي ما بيعمل مثل هالاشيا عطول.. قليل..

الطبيبة: فيني أطلب منك تفرجيني الكدمات والجروح إذا أمكن؟ بطمّنك إنو أنا وحدي بالعيادة و الباب مقفل من جواً لمحد يفتو إنتي و عم تفرجيني.. بس من الأفضل إطمّن إنو الإصابات سليمة..

سميرة: أوكي شكراً دكتورة.. هيدي الضربة يلي علي أيدي (سميرة رفعت عن كُمها).
الطبيبة: ما عم بقدر شوفا مزبوط.. فيني أطلب منك تصوّي أضوية أكثر إذا ممكن و تقرّبي عالكاميرا أكثر على قد ما فيكي.

سميرة: أوكي دكتورة.. يلا لحظة.
الطبيبة: أنا أسفة صار معك هالشي.. هالكدمة مبيّنة إنو بمرحلة تحسن و ما في علامات خطرة.. فيكي تاخدي Panadol أو Advil لتخففي وجع.. فيني شوف يلي على ضهرك و إجرى؟
سميرة: أكيد دكتورة..

أظهرت سميرة للطبيبة مواقع الإصابات الأخرى التي لم تبدو، ولحسن الحظ، مقلقة أو عليها أي علامات التهاب. كانت إصابات طفيفة مع تحسن في مستوى الألم 3/10.

الطبيبة: أنا بأسف إنو هالشي صار معك.. أنا موجودة لأسمعك و جرب ساعدك؟ خبرتيني كمان شو عم بصير..
سميرة: أخفف.. شو بدي إحكي لإحكي.. مشكلتي ما إلا حل.. حياتي كلا وجع بوجع.. شويّة كدمات ما رح تعمل فرق بصراحة.. أحياناً بحسّ إنني بستاهل هالشي بسبب كل الخيارات السيئة يلي عملتا بحياتي.. جوزي ما بيعبو شو ما عملت.. دائماً معصب.. أحياناً بقول لحالي أحسنلي إذا بموت، بركي كلو بينبسط و حلي إنتحر..

الطبيبة: الذنب مش ذنبك أكيد.. وما حدا بيستاهل يلي عم تمرقي في.. عم تفكّري بالانتحار؟
سميرة: أحياناً بحس إنو بتمنى الموت و إتخلص من هالذنب بس عندي ولدين هني كل حياتي و لازم ربّين وشقةن عم يكبروا.. إلي عم يشوفو بكفي.. ما رح انتحر و عيشن بعذاب أكبر.. انشالله الأمور يوما ما بتصير أحسن.

الطبيبة: هيدا شي منيح إنو عندك أمل.. شي مرّة خطر ببالك تتركي البيت و هالوضع مثلاً؟
سميرة: ما بعرف... خطرلني قبل بس ما خليت حالي فكر فيا كثير.. دايماً بهددني بالولاد وإنو بياخذن إذا ما بسمع الكلمة.. أهلي بقولولي اتركيلو الولاد وارجعي لعنا منهتم فيكي بس ما دخلنا بولادو.. أنا ما فيبي عيش بلا ولادي و هوي ما رح يتركني بحالي.. جربت مرة من قبل فلّ، بلّش يحكي عليي إنو أنا تركت الولاد لروح عيش حياتي و نام مع رجال.. أهلي تواسطولي لرجعني و كان منيح كم يوم بس بعدا قلبلي حياتي جحيم ويسألني ليل نهار مع مين كنت عم نام و أضره.. رجع بلّش يضربني حد الولاد ويقلن إنو عم بقاصصني لأنو آمن وحدة وسخة وتركتن و حتى إنو جرّني من شعري عالارض و قلّي إنو لازم بوس الأرض و و قفا لأن قبل يرجع هيك مرا عبيتو وإنو أي رجال ثاني كان قتلني بنفس الثانية. فيقني مرة بالليل وهددني إذا بترك البيت بعد مرة رح يدبحني , و إنو معو كل النهار ليعملها لأنو هلق في حجر.

الطبيبة: برأيك ممكن يعمل؟
سميرة: بصراحة دكتورة، بخوفني.. دايماً عيشة بخوف من شو ممكن يعمل.. و هلق أكثر من قبل.. هددني مرّة ياخذ مني الولاد و ما يخليني شوفهم و يفضحني بين العالم و بتسأليني ليش بدل متوترة و زعلانة؟؟!! رح يصير معي بالقلب كمان !!

الطبيبة: برأيك إذا عصّب معقول يحمل سكين؟ وشو بتعملي إذا صار هيك؟ كيف ممكن تحمي حالك؟
سميرة: مبعرف دكتورة.. بس عندو مزاجات عصبية سو كل شي ممكن.. هيدا قدري ولازم إقبلو.. جارتني قالتلي بركي جرب جيب ولد تالت.. قال جوزا تغير معا بس عرف إنا حبلى..

الطبيبة: ممكن.. بس حسب ما فهمت من حكيك إنو الأوضاع المادية بتراجع و عندكن ولدين.. حسيتي تتغير بعد ما جبتي أي واحد من ولادك؟

سميرة: إي معك حق.. يمكن ما عم فكر مزبوط.. صحتي صايرة على قدّي و الولاد صعب التّعامل معهن و بصراحة دكتورة عم ينضرو و يادوب فيني سيطر عالوضع.. ابني مالك ما برّكز و ما بيهتم بدرسو.. مبق عارفة شو أعمل! شو رأيك دكتورة تحكي معو؟ أكيد بيسمع منك.. إنتي دكتورة معروفة بالبلد وأنا متأكدة إنو بيسمع منك..

الطبيبة: شي مرّة جرّب حدا من عيلتك يحكي معو؟ إذا أنا حكيت معو يمكن يتغير لفترة قصيرة و يرجع لعوايدو بالضرب و الصريخ والعصبية.. برأيي هيدا منو حلّ فعّال.. يلي فيني أعملوا إنو أعطيك عناوين و أرقام الجمعيات و المؤسسات يلي بيهتموا بهالأمور و خطوط السّاخنة لتحكين بأي وقت بتحسّي حالك مش بأمان. هني بيقدروا يساعدوكي.. و من هلق و رايح أنا هون إذا احتجتني لشي.

سميرة: مشكورة دكتورة
الطبيبة: كمان بنصحك تخلي معك شنتّة طواريء فيا شويّة مصاري، مفاتيح سيارة إضافيّة، و شوية تياب و غراض أساسية.. وجرّبي تخلي المستندات المهمة مثل الهويات و الباسپورات ووراق البنك التأمين ودفتر السّواعة بمحل آمن وممكن حتّى خارج المنزل في حال زاد العنف و صار لازم تظهري من البيت بشكل طاريء..قرري من هلق عمحل آمن ممكن تروحي عليه إذا اضطريتني تهربي لتحمي حالك وخلي ارقام الخطوط السّاخنة لجمعيات الحماية من العنف الأسري أو قوى الأمن يلي صار عندن خطّ ساخن مخصص للعنف الأسري (1745) في حال زادت وتيرة العنف خاصة جسدياً.. وفكرة منيحة كمان تتفقني مع الجيران قبل بوقت على إشارة لتنبيهين إنو عم تتعرضي لأذي و بدك مساعدة.. ونصيحة أخيرة، إنو لمّا يكون زوجك حواليك ومعصّب بعدي عن الأماكن يلي فيا إشيا مؤذية مثل المطبخ لأنو في ساكين أو عن الأماكن يلي فيا أسطح صلبة مثل الحمام..

سميرة: مبعرف.. كلّ هيدا شكلو ردّ فعل مبالغ في.. كلّ هالاحتياطات.. بضل جوزي آخرة النهار.. وصرلنا مع بعض 11 سنة. بس بوعدك خلي هالنصايح بحالي.. خليني فكر بالموضوع.. عم فكر أخذ موعد لإبني كمان بركي بتحليلي مشكلتو كمان.. خبرتك إنو ما عم برّكز و عم يقفي حصص اللون لاین و المعلومات عم يشتكو.. وكمان صاير عدواني أكثر خاصّة مع إختو.

الطبيبة: شني أكيد.. خدي موعد لإبنك إذا بدك و منشوف وبين المشكلة.. خلال هالوقت، فكرني منيح بالحكي يلي حكينا في و إذا عزتي شي، احكيني..
سميرة: أوكي.. شكرا إلك دكتورة..

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Case of a child witnessing violence:



Samira called the clinic to schedule an appointment for her son Malik who is 11 years old, also remotely through a WhatsApp Video Call.

Samira: Bonjour Doctor

Doctor: Bonjour how are you Ms. Samira?

Samira: Last time I closed WhatsApp feeling much better after our conversation, so I took an appointment for my son beforehand as agreed.

Doctor: Hopefully you will always be happy and no more have problems at home. Before we start, to ask you if you are alone or is there anyone else around you.

Samira: Yes doctor, we are alone now in the house. I know the rules now that you would rather us be alone for privacy. That's why I booked the appointment during the time my husband visits his mother weekly.

Doctor: Good. Good. By the way, how are things at home? Is there still fighting, hitting or beating?

Samira: Ehh... Fighting never ends... but I am using your tips from last time that when I feel my husband is angry and starting to shout, I avoid the kitchen where there all the knives and stay in the corridor... I hate to admit it but I felt bad about myself after all the bruises I got. I am trying to cope but it is difficult sometimes... Anyways, enough talking about me... I am here to talk about my son and his problem.

The doctor heard footsteps approaching and saw that Samira shifted her gaze and looked way then started to look anxious.

Man to Samira: Wallah you seem busy... Who are you talking to? Don't you have to cook the lunch?

Samira: (addressing the man): No... No... No one... It's just that Malik was having tummy pains and I told you the teachers said he is not focusing so I took an appointment for him on WhatsApp.

Man's voice: Is it paid as well if the appointment is on WhatsApp??

Malik (child) before Samira could answer or say anything addressing his father: Dad... Daddy... My mom was sad after you hit her and the doctor is so nice... She is helping her fix the bruises.

Man (husband) to Samira: What??? You have no respect for the secrets of the household? You are displaying our secrets to people? You have such a "long tongue" that I know how to cut for you!!! I will show you. You b****!

Samira (looking afraid): Sorry... sorry... doctor... I have to close now... bye... Talk later!!

Call disconnects.

Samira sent a WhatsApp voice message at 2:00 am (in a whispering voice) to the doctor apologizing for closing the call so abruptly and that she was not expecting her husband to come home this early. She also mentioned that she will reschedule the appointment for her son next week.

Questions:

- a- What do you think some of the draw backs of using WhatsApp and how can they be avoided?
- b- What advice can be given to the patient concerning keeping the thread of the messages between her and the doctor?



Discuss: Child in the room

Some physicians argue that family violence can be discussed in front of children as they are already witnessing the situation within their home and are aware of it. Yet, many physicians agree that it is possible to discuss family violence with the patient in the presence of the child as long as the child is non-verbal or younger than three years of age. The choice of not raising the issue of family violence in the presence of children is often justified by the concerns that the child's presence can be a barrier to the disclosure of the parent, the possible negative emotional effects on the child upon listening to the conversation, and the fear that the child might reveal the conversation to the perpetrator, hence endangering the survivor parent and other family members as well. It is preferable to arrange for a private interview and ask about violence in the absence of the child and not to bring up the topic of violence in the presence of the child.

(The Family Violence Prevention Fund, 2004; City & County of San Francisco Department of Public Health Community Public Health Services, 1996; Mc Calister, 2004)

Discuss: Privacy during remote consultations:

Re-emphasize the importance of asking if the patient/s are alone and maybe it would be a good idea to conduct a brief phone call just prior to the video call just to make sure of privacy issues and that the patient is free to talk and no one else is capable to over-hear the conversation.

Discuss: Healthcare provider's self-care

WhatsApp and texting (when the survivor has the mobile phone's number of the doctor) might pose a problem related to the patients constantly communicating with the doctor and sometimes at inappropriate times or excessively.

It is important that the doctor dedicates a separate mobile number for patients and to be clear about the availability times' of the doctor to reply.

It is crucial for doctors to keep a healthy work-life balance, boundaries, and to be aware when showing signs of vicarious trauma (which is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured) or signs of burnout.

Discuss: Issues of confidentiality related to mobile phone usage and texting with survivors

Mobile phones offer convenience, and messaging can increase access for some survivors, keep survivors engaged, and can be used to relay information when a survivor isn't able to talk on the phone. However, privacy and safety issues need to be considered:

- All phones the doctor is using to communicate with survivors should require a passcode, password, biometric factor, or other security measure to unlock the phone.
- Minimize the amount of information synced to cloud accounts.
- Phone location should not be stored in the history of the device and should be turned off if not needed by the doctor.
- Do not save the survivor's information on the phone including their full name but instead use a code for each patient or initials only so that if the doctor's phone was by mistake accessed by his/her family members/friends/strangers, no information would be revealed and confidentiality preserved

- e. Messages should be deleted if containing sensitive information or as per the request of the survivor
- f. Talk to survivors about how to increase privacy if there is a concern that the phone might be monitored. Strategies may include deleting the message history and not saving contact details such as the healthcare provider's name in the phone.
- g. Remind the survivor about cloud accounts such as iCloud or Google that may backup the messages

One concern when messaging with survivors is impersonation—someone else pretending to be the survivor. Someone other than the survivor could view or send messages either on the survivor's device or on another device connected to the survivor's account. This can be fairly easy to do, particularly if the survivor's phone doesn't have a passcode (or the abusive person knows the passcode).

To minimize impersonation risks:

- h. Establish a method to verify identity, which may include a previously agreed upon code-word or phrase.
- i. Check in regularly with the survivor to make sure messaging is still a safe method of communication.
- j. If either the advocate or survivor becomes uncomfortable with messaging, check in by other methods – directly over the phone or video for example

Use text messages with survivors carefully avoiding disclosing any sensitive information and better done through a phone call if absolutely necessary and rely on text messages for things like re-scheduling or cancelling appointments/ clarifications on how to use certain medications...



Samira called the clinic and scheduled an online appointment for her son the week after. On the day of the appointment, the doctor called Samira 5 min earlier, on the phone, (WhatsApp Call):

Doctor: Hi Samira. How are you?

Samira: I'm fine doctor. How about you?

Doctor: I am fine as well... Thanks. Before we open the video call, I would like to make sure you can have this consultation while you and your son can talk freely in private without the conversation being over-heard by anyone else.

Samira: Yes, doctor I am alone now. My husband is not home. I will call Malik for the video consultation in a minute.

Doctor: ok... good... good... I would also like to take this opportunity to remind you that it may be best to delete the messages thread with me in case someone is monitoring and going through your phone..

Samira: I always delete the messages doctor...

Doctor: Great... Let's move now to the Video call...

Samira: sure

WhatsApp Video call started while Samira and her son Malik are sitting next to each other.

Doctor: Hello...

Samira: Hello doctor...

Doctor: So tell me Samira, what is the reason you are concerned about Malik?

Samira: (talking to her son) can't you stay still for a while? Stop moving your leg... Then talking to doctor, this boy is exhausting me, I don't know what is going on with him these past few months he is getting me tired. He is always complaining from pain in his abdomen. I took him to a very good doctor before everything closed and he did all the necessary blood tests, and he told me there is nothing wrong with him and that he is just trying to get my attention. But how come there is nothing wrong and; and every day he wakes up in the morning and starts vomiting two or three times. The teachers are also complaining he is missing the online classes and every now and then I see him hitting his sister!! The aggression with his sister is increasing... He was not like this before. Is it possible his hormones are starting to act up?

Doctor: Is he losing weight?

Samira: His weight is okay, it is not dropping and may be increasing a little (mother going to her son) Can't you stay quiet a bit? Sit here and don't move, ok?

Doctor: May God be with you, he didn't stop moving around since we opened the video.

Samira: I told you he is getting me exhausted, (to her son) stay still. Stop! I said stop!

Doctor: Is he always like this?



Discuss: indicators of child abuse, physician's non-verbal communication with the child

Children survivors have several manifestations of abuse that health care providers are to be aware of; Hyperactivity is one, as well as multiple non-specific complaints.

The physician ignored the child, no greeting nor eye contact, apparently considering the child as problematic and sympathizing with mother.

Putting the child at ease is an important preparatory phase to the interview. Showing respect to the child by addressing him/her casually, maintaining an objective non biased attitude are helpful to gain his/her confidence.

Samira: Always. There are several complaints about him like I told you from the teachers... Zero focus!!!! They always say he is smart and he can give more, but is not focusing but missing classes. And OMG!! If I take my eyes off of him, then immediately I hear him fighting with his sister.

Doctor: Ah, shame on you, a good son like you would beat his sister??? You should love your sister... Oh... don't make me get upset with you. Please Ms. Samira can you please go outside so I can talk to Malik privately and then I will tell you what we did.



Discuss: Being judgmental , lecturing, confidentiality

Frequently, the health care provider adopts the attitude of a parent while dealing with children, and tries to give advice or lecture the child thinking it is a good way of correcting a behavior. This is to be avoided as the parent can be the abuser. The child will feel judged and will have difficulty engaging in the interview, perceiving the provider as potential abuser. A good way to engage the child is to address him/her at his/her cognitive mental level using words he can understand, while being non-judgmental. Maintain open body language. Be calm and patient, DO NOT display shock, disbelief, anger or any other reactions that may cause the child/adolescent distress.

Confidentiality is a major issue when dealing with children especially teenagers. It is important that the child feels that the information he/she will declare to the physician will stay confidential unless there is risk of harm or danger to his/her safety. It is better to inform the parents that the information revealed by the child or teenager will stay confidential and they will be informed when a harm or hurt is expected to happen.

Samira: (talking to the child): You will listen to the doctor now, ok (mother no longer appears on the screen and moves to another room).

Doctor: Dear, what is your name? You don't want to answer me? You want to tell me what is going on at your home. How are things at home? Are they always fighting? Are you good with your studies online?

Malik: (yes)



Discuss: Interviewing and examining the child alone, questioning, observing non-verbal cues of the child

For an adult survivor, asking about exposure to violence and performing a physical exam are better done alone. However, in the case of a child, the comfort of the child is a prime concern. An abusive parent is closer to a child than a well-intentioned care provider. Hence, it is recommended to ask the child if he/she would like to have the accompanying person stay in the room during the interview. It is an opportunity to observe the parent-child interaction and how the child responds to questions for example, when the child looks at the parent for approval... It is also more difficult to ensure that the care provider left the room and is not over-hearing the conversation while conducting a remote consultation rather than a face-to-face setting.

When interviewing the child, it is always better to start with informal chat to break the ice. When the child seems to be at ease, the provider can proceed with open ended questions while letting the child speak without interruption. Direct questions can be used for clarification but better avoid questioning which sounds like interrogating or asking questions in a way that implies the child is not saying the truth. Whenever possible, avoid making the child repeat narrating the incident several times because children may get emotionally upset; an abused child, wanting to please, may also change the story thinking that the interviewer did not like the previous version. It is also important to keep in mind the child's cognitive development; for example, young children do not have a clear notion of time and may confuse yesterday with tomorrow, one hour with 6 hours, may not understand the difference between huge and big. Thus, the presence of such contradictions in the child's story doesn't imply lying or making up stories.

Doctor: And your mother tells me you are beating your sister?

Malik: yes

Doctor: Ok, you have to promise me that you will be a good son and brother no matter what happens at home and you will listen to what they tell you so that they don't beat you, ok? Bravo you are doing good..



Discussion: Making assumptions, lecturing, examining a child

When asking children about violence, providers make commonly false assumptions about the identity of the perpetrator or the place where the incident happened and ask questions accordingly. It is better to ask open ended questions like "Who hurt you?", "Where did this happen?"

Occasionally, health care providers engage in a long discourse of what the child is supposed to do, using vague words "You have to behave" or "listen to your parents". This is to be avoided as the child may not know what he is supposed to do so he is "behaving" or "listening". Because of this attitude, the child will see in the doctor "another parent".

When wanting to examine a child, better take the permission after explaining to the child what will be done during the exam. The exam online is limited and may only be limited to skin lesions or bruises/rashes. For the safety of the provider, it is best to examine the child with the parent present, to protect the provider from potential future accusations of abuse.

Respect the child's opinion, beliefs and thoughts. Use comforting statements appropriate to the cultural context... examples include:

"I believe you" – build trust

"I am glad that you told me" – builds a relationship with the child

"Thank you for sharing your experience" – expresses empathy

"You are very brave to talk with me" – reassuring and empowering

Do not make promises you cannot keep such as saying "everything will be OK" when it is not within your control to assure a child's well-being.

Do not force the child/adolescent to continue talking with you if s/he does not want to.

Allow the child/adolescent to lead the conversation, even if this means providing company in silence. Maintain eye contact with open body language to show the child/adolescent that they can open up to you if s/he wants to.

Doctor: Call your mom back my dear...

Malik: Okay. One moment doctor...

Samira: (gets in) what is going on my dear, one second I will come sit next to you.

Doctor: I don't know It seems your son is scared, I could not talk to him at all. Anyway we need to do a stool test, and see if he needs medication if the test turns out to be abnormal.

Samira: Ok doctor

Doctor: He might be acting aggressively with his sister but he seems very attached to you

Samira: My children are all I have in life, but if he follows what I tell him to do I will give him anything he wants. He needs to focus on his education. He is acting like a complete failure... It makes me sad that he is throwing all his potential.

Doctor: ok, did you listen to what your mother was saying? Ok you have to promise me you will be good. So let us meet when the results are out



Discussion: closing the interview with a child

When closing the interview, avoid justifying violence “Your parents are overwhelmed and you were misbehaving”, “your parents beat you because they care for you”, lecturing blaming or telling the child what to do” your parents are working hard to secure a good living for you, is this how you show appreciation? Why don’t you reward them by following what they tell you do?”

Improved Scenario with the child:

Samira called the clinic to schedule an appointment for her son Malik who is 11 years old, also remotely through a WhatsApp Video Call.

On the day of the appointment, the doctor called Samira 5 min earlier, on the phone, (WhatsApp Call):

Doctor: Hi Samira. How are you?

Samira: I’m fine doctor. How about you?

Doctor: I am fine as well... Thanks. Before we open the video call, I would like to make sure you can have this consultation while you and your son can talk freely in private without the conversation being over-heard by anyone else.

Samira: Yes, doctor I am alone now. My husband is not home. I will call Malik for the video consultation in a minute.

Doctor: ok... good... good... I would also like to take this opportunity to remind you that it may be best to delete the messages thread with me in case someone is monitoring and going through your phone..

Samira: I always delete the messages doctor...

Doctor: Great... Let’s move now to the Video call...

Samira: Sure

WhatsApp Video call started while Samira and her son Malik are sitting next to each other.

Samira: Bonjour Doctor

Doctor: Bonjour how are you Ms. Samira? How are you my little dear?

Malik: smiles

Samira: Last time I closed WhatsApp feeling much better after our conversation, so I took an appointment for my son beforehand as agreed.

Doctor: That’s good... You and your son are always welcome. What is your name my little dear, how are you?

Malik: (smiles again and looks down as if embarrassed or shy)

Samira: (talking to her son) What..Why won't you reply to the doctor?? Can't you stay still for a while? Stop moving your leg...

Doctor addressing Malik: May I ask you to go get some papers and crayons as we might do a small fun exercise together in a bit? Okay?

Malik: Ok doctor

Malik left to get the crayons.

Doctor: By the way, how are things at home? Is there still fighting, hitting or beating?

Samira: Ehh... Fighting never ends... but I am using your tips from last time that when I feel my husband is angry and starting to shout, I avoid the kitchen where there all the knives and stay in the corridor... I hate to admit it but I felt bad about myself after all the bruises I got. I am trying to cope but it is difficult sometimes...

Malik is back next to his mom...

Doctor addressing Malik: Hello again cutie... Thank you for getting the crayons. Tell me Samira more about your concerns with Malik.

Samira: This boy is exhausting me, I don't know what is going on with him these past few months he is getting me tired. He is always complaining from pain in his abdomen. I took him to a very good doctor before everything closed and he did all the necessary blood tests, and he told me there is nothing wrong with him and that he is just trying to get my attention. But how come there is nothing wrong and; and every day he wakes up in the morning and starts vomiting two or three times. The teachers are also complaining he is missing the online classes and every now and then I see him hitting his sister!! The aggression with his sister is increasing... He was not like this before. Is it possible his hormones are starting to act up?

Doctor: Ok does he eat well?

Samira: Yes he has good appetite MashAllah.

Doctor: Does he have other symptoms like fever and headache?

Samira: No, nothing besides his abdominal pain

Doctor: And how is his weight?

Samira: His weight is okay, it is not dropping and may be increasing a little (mother going to her son) Can't you stay quiet a bit? Sit here and don't move, ok?

The doctor heard footsteps approaching and saw that Samira shifted her gaze and looked way then started to look anxious.

Man to Samira: Wallah you seem busy... Who are you talking to? Don't you have to cook the lunch?

Samira: (addressing the man): No... No... No one... It's just that Malik was having tummy pains and I told you the teachers said he is not focusing so I took an appointment for him on WhatsApp.

Man's voice: Is it paid as well if the appointment is on WhatsApp??

Samira to her husband: Don't worry... The doctor takes into consideration our situation... I prepared the lunch for you. It is ready in the kitchen! I hope you enjoy it. I will finish with the doctor and come join you. It won't take long... I just need to check on Malik.

Husband: OK

(Husband's footsteps leaving.)

Samira to the doctor: That was my husband... He left the room now. We can continue doctor. Sorry about this. I did not know he will come back early. I will close the door so we can talk more freely.

Doctor: It is okay... No problem. Let's continue now... Dear Malik, can you make a drawing for me with the crayons you got then show it me on the screen? a car or a sun, whatever you want

Samira: Stop. Sit down... See , the doctor is getting upset with you

Doctor: No I am not upset with you

Samira: There are several complaints about him like I told you from the teachers... Zero focus!!!! They always say he is smart and he can give more, but is not focusing but missing classes. And OMG!! If I take my eyes off of him, then immediately I hear him fighting with his sister.

Doctor: Why do you think he is beating his sister and fighting more with her?

Samira: I don't know doctor... Maybe because he is used to the beating and shouting around the house? But he should love his sister not hit her!!!

Doctor: So he may be imitating someone.

Samira: Perhaps, you know better, remember what I told you the last time

Doctor: Honey, what did you draw, show me on the camera, what is this?

Malik: Sun

Doctor: Wow quite good, and what is this under the sun? What did you draw as well?

Malik: Home

Doctor: Home, This your home? Beautiful... How beautiful are the roof and windows, bravo you are good... Can I ask few questions about your tummy?

Malik: nods his head

Doctor (addressing Malik): When do you feel the pain most my dear?

Malik: Everyday... Everyday.

Doctor: Can you stand up and hop on one leg for me?? You are a strong boy right?

Malik stood up and jumped and does not look distressed

Doctor: Bravo Malik... strong jump. Do you feel any pain now?

Malik: No

Doctor (addressing Malik): okay that is good.

Doctor addressing Samira: Ok Samira... I am going to ask you to send the blood tests you said Malik did before as screenshots to this WhatsApp number and then I will review them to check that everything is okay and add them to the file. In the meantime, I will order for him a stool test. Please follow up with me when he does it so we talk more... If after the results, I feel there is a need for examination face-to-face, I will ask you to come to the clinic.

Samira: ok, doctor...

Doctor addressing Malik: You did well today Malik... I requested that you do a test then I will see you next week after you do it and then we can talk more.. Okay dear?

Malik: O.K.

Doctor: Do you have any questions for me?

Samira: No

Doctor: and you Malik?

Malik: (looking at his mother): no

Doctor: okay then, Bye. Bye... Take care.

Malik and Samira: Bye doctor

Arabic scenario for case of child witnessing violence

1/6

السيناريو باللغة العربية:

اتصلت سميرة بالعيادة لتحدد موعداً لابنتها مالك البالغ من العمر 11 عاماً، أيضاً من خلال تطبيق واتساب عبر الفيديو.

سميرة: صباحو دكتورة

الطبيبة: أهلاً، كيفك سميرة؟

سميرة: المرة الماضية رحت كثير بعد ما حكينا وأخذت موعد لابني قبل بوقت متل ما اتفقنا.

الطبيبة: انشالله عطول بتضلي مبسوفة و بتخلص كل المشاكل بالبيت. قبل ما نبليش بدّي إسألك إذا إنتي لمالك أو في حدا حواليك.

سميرة: إي دكتورة.. نحنا لحالنا هلق بالبيت.. ههه صرت معوودة عالتيعليمات إنو بتفضلي نكون لحالنا لنحكي بخصوصية فأخذت الموعد بالوقت يلي بزور زوجي إمو كل أسبوع.

الطبيبة: أوكي تمام.. عفكرة.. كيف صارت الأمور بالبيت؟ بعد في صريخ و ضرب و مشاكل؟

سميرة: آخخ.. ليش يخلص الخناق؟؟ بس عم بتبع نصايحك من المرة الماضية لمّا حس إنو زوجي معصب و بدو يبلش مشاكل.. عم يّعّد عن المطبخ محلّ ما في كل السكاكين و عم ببقى بالكوريدور.. ما بحب إعترف بس عم بحسّ بشعور كثير بشع و بكره حالي بعد كل هالكدمات اللي صارتلي. عم جرب إتأقلم بس الوضع صعب هلق.. خلص بكفي حديث عني.. أنا أخذت هالموعد لإحكي عن إبني.

تسمع الطبيبة صوت خطي تقترب و تلاحظ أن سميرة حوّلت نظرها لليمين بعيداً عن الشاشة وبدأت قلقة.

رجل مخاطباً سميرة (زوجها): والله شكلك مشغولة.. مع مين عم تحكي؟؟ ما لازم تحضريلنا الغدا بقا؟

سميرة مخاطبة زوجها: لا.. لا.. ما حدا.. بس مالك عم بيصير معو أوجاع بالبطن و قتللك المعلومات قالو إنو ما عم يركّز بحصص الأون لاین فأخذتو موعد مع الدكتورة هون عالواتساب. الزوج: كمان مندفع كشفية الحكيم إذا عالواتساب؟

مالك (الطفل) قبل أن تتمكن سميرة من الإجابة مخاطباً والده: بابا.. بابا.. ماما كانت زعلانة بعد ما ضربتنا هيديك المرة والدكتورة كثير لطيفة.. عم تساعد ماما لتحسن مطرَح ما تعوّرت.

الزوج مخاطباً سميرة: نعمممم؟ إنتي ما عندك أي إحترام للأسرار البيت؟؟ عم تخبري أسرارنا و تفضحينا حدّ الغربا؟ عنجد لسانك طويل و ما حدا غيري حيريكي و يقصّلك ياه.. أنا بفرجيكلي ولي ش *****...

سميرة (تبدو خائفة): عفواً.. عفواً دكتورة.. لازم سكر هلق.. بعدين.. باي.. باي..

ينقطع الإتصال..

ترسل سميرة للطبيبة عند الساعة الثانية ليلاً رسالة صوتية بصوت هامس تعتذر فيها عن إغلاق المكالمات سريعاً و أنها لم تكن تتوقع أن يعود زوجها إلى المنزل بهذه السرعة.. كما ذكرت أنها ستأخذ موعداً آخر لابنها الأسبوع القادم.

اتصلت سميرة بالعيادة وحددت موعداً أون لاين لابنها خلال الأسبوع اللاحق..
في يوم الموعد، اتصلت الطبيبة بسميرة قبل الموعد بـ 5 دقائق على الهاتف (WhatsApp Call):

الطبيبة: مرحبا سميرة، كيفك؟
سميرة: الحمد لله تمام دكتورة، و إنتي؟

الطبيبة: الحمد لله بخير.. شكراً.. قبل ما نفتح الفيديو، حابّة إتأكد إنو فينا نعمل هالاستشارة مع ابنك بدون ما حدا تالت من العيلة يسمعنا وتتم بخصوصية..

سميرة: إي دكتورة أنا لحالي.. جوزي مش بالبيت.. رح نادي لمالك ليحي يقعد حدّي هلق..
الطبيبة: أوكي، تمام.. كمان بدّي إستغل الفرصة لذكرك إنو من الأفضل تمخّي كل الرسائل بيني وبينك في حال حدا كان عم يراقبك تلفونك أو يفتشلك فيه..

سميرة: أنا دائماً بمخّي كل الرسائل.. أضمن.
الطبيبة: أوكي منيح.. يلا خلينا نفتح فيديو..
سميرة: أكيد

بدأت مكالمة WhatsApp Video بينما سميرة و ابنها جالسين قبالة كاميرا الهاتف..

الطبيبة: مرحباً..
سميرة: مرحبا دكتورة.
الطبيبة: خبّريني سميرة، شو سبب قلقك عمالك؟

سميرة: (مخاطبة ابنها): ليش ما فيك تقعد هادي لثانية؟؟؟ خلص وقف تحرّك إجرك.. ثم تخاطب الطبيبة: هالولد متعبني.. ما بعرف شو صايرلو هالكذا شهر الماضيين.. هلكني.. دائماً عم يشتكي من الوجع ببطنو.. عرضتو على دكتور كثير معروف قبل تسكير الكورونا وعملو كل الفحوصات اللازمة و قلّي إنو ما إشبو شي و بسى عم يدّلع.. بس ما فهمت.. كيف ما إشبو شي و كل يوم بفيق الصبح وببّلس يراجع مرتين أو ثلاثة. المعلمات كمان عم يشتكو إنو ما يحضر صفوف اللون لاين و كل شوي بشوفو عم يضربا لأختو.. كثير زائدة عصيتو خاصة على إختو.. ما كان هيك بالأول.. معقولة هرموناتو عم تتغيّر؟

الطبيبة: عم يخسر من وزنو؟
سميرة: وزنو منيح.. ما عم ينزل.. وحتّى يمكن عم بزيد شوي.. (مخاطبة ابنها): يعني ما فيك تقعد هادي ولا دقيقة؟ قعود هون ولا حركة.. سامع؟

الطبيبة: الله يعينك.. ما وقف حركة من أول ما فتحنا الفيديو..
سميرة: قلتك متعبني.. (مخاطبة ابنها): خلص بقا!!! قلتك خلص يههه
الطبيبة: هوّي هيك دائماً؟

سميرة: دائماً.. قلتك ما ماشي حالو بالدرس و ما بركز و المعلمات مش مبسوطين منو.. بقولولي زكي بس في يعطي أكثر.. و صاير ما يحضر الصفوف من الأساس و مقضيها بلاي ستايشن. و إقفف إذا بشيل نظري للحظة، دغري بسمعو عم يتخانق مع إختو و يضربا..

الطبيبة: يي، يا عيب الشوم يا مالك.. شب مهذب متلك معقول بيضرب إختو هيك؟؟ لازم تحبا لإختك و تحضنا.. رح تخليني إزعل منك هيك.. بليز مدام سميرة ممكن تسميلي إحكي أنا ومالك لحالنا وبرجع بخبرك على شو اتفقنا..

سميرة: (مخاطبة إبنها): رح تسمع للدكتورة هلق.. أوكي؟؟ (تخرج سميرة لغرفة أخرى)
الطبيبة: حبيبي، شو إسمك؟ ممم.. ما بدك تجاوبني؟ ولا بدك تقللي شو عم بصير معك بالبيت.. كيف الأشياء بالبيت؟ عم يتخانقوا أهلك عطول؟ هالدرس أون لاين منيح؟

مالك: (إي)

الطبيبة: و إمك عم تخبرني إنك عم تضرب إختك؟

مالك: (إي)

الطبيبة: أوكي.. بس لازم توعديني إنو حتكون شب عاقل لو شو ما صار بالبيت.. ورح تسمع الكلمة أحسن ما أهلك يعيطو عليك أو يضربوك.. برافو.. شاطر إنتا. يلا حبيبي رجاع نادي لأمك..

مالك: أوكي لحظة

سميرة: شو عم بصير حبيبي.. يلا جايي أقعد حدك..

الطبيبة: مبعرف شكلو إبنك خيفان.. ما قدرت إحكي معو.. بس عكل حال لازم يعمل فحص خروج.. ومنشوف إذا لازموا دوا حسب النتيجة..

سميرة: أوكي دكتورة..

الطبيبة: يمكن هو عصبني مع إختو بس مبين إنو متعلق فيكي..

سميرة: ولادي هنّي كل شئ بحياتي و إذا بيسمع كلمتي بعطي شو ما بدو.. و لازم يركز عدروسو و ياخدا بجديّة.. عم يتصرف كأنو فاشل.. عم بزعلني إنو هيك مضيع حالو..

الطبيبة: أوكي.. يمعت يا مالك شو قالت إمك؟؟ لازم توعديني إنو تصير شاطر.. خليني إرجع شوفكن بس تطلع النتيجة.

سميرة: اتفقنا دكتورة

السيناريو الأفضل بحالة الطفل:

اتصلت سميرة بالعيادة لتحدد موعداً لابنها مالك البالغ من العمر 11 عاماً، أيضاً من خلال تطبيق واتساب عبر الفيديو.

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الطبيبة: أوكي، تمام.. كمان بدّي إستغل الفرصة لذكرك إنو من الأفضل تمحّي كل الرسائل بيني وبينك في حال حدا كان عم يراقبك تلفونك أو يفتشلك فيه..

سميرة: أنا دائماً بمحّي كل الرسائل.. أؤمن.

الطبيبة: أوكي منيح.. يلا خلينا نفتح فيديو..

سميرة: أكيد

بدأت مكالمة WhatsApp Video بينما سميرة و ابنها جالسين قبالة كاميرا الهاتف..

سميرة: صباحو دكتور..

الطبيبة: مرحبا.. كيفك مدام سميرة.. كيفك يا مالك؟

مالك: يتسم بخجل

سميرة: المرة الماضية رحت كثير بعد ما حكينا وأخذت موعد لابني قبل بوقت متل ما اتفقنا.

الطبيبة: هيدا شي كثير منيح و بيسعدني.. شو إسمك يا شاطر؟ كيفك اليوم؟

مالك: (يتسم بخجل وينظر إلى الأرض)

سميرة: (مخاطبة ابنها): شو.. ما بذك ترد عالدكتورة؟؟ ما فيك تهذا لحظة.. خلص وقف هز إجر..

الطبيبة: مخاطبة مالك: فيني أطلب منك تروح تجيب وراق و أقلام تلوين لنعمل تمرين صغير

سوا بعد شوي..

مالك: أوكي

ذهب مالك لإحضار الأغراض

الطبيبة: عفكرة.. كيف صارت الأمور بالبيت؟ بعد في صرخ و ضرب و مشاكل؟

سميرة: آخخ.. ليش يخلص الخناق؟؟ بس عم بتبع نصايحك من المرة الماضية لما حس إنو

زوجي معصب و بدو يبلش مشاكل.. عم بعد عن المطبخ محل ما في كل السكاكين و عم ببقى

بالكوريدور.. ما بحب إترف بس عم بحس بشعور كثير بشع و بكره حالي بعد كل هالكدمات

اللي صارتلي.. عم جرب إتأقلم بس الوضع صعب هلق..

رجع مالك ليجلس قرب والدته..

الطبيبة (مخاطبة مالك): مرحبا مالك.. كيفك مرة ثانية حبيبي؟ شكراً لأنك جيت التلوين.

خبريني سميرة، شو يلي شاغل بالك عمالك؟

سميرة: هالولد متعبني.. ما بعرف شو صايرلو هالكذا شهر الماضي.. هلكني.. دايماً عم

يشتكي من الوجع ببطنو.. عرضتو على دكتور كثير معروف قبل تسكير الكورونا وعملو كل

الفحوصات اللازمة و قلتي إنو ما إشبو شي و بس عم يدلع.. بس ما فهمت.. كيف ما إشبو

شي و كل يوم بفيق الصبح و ببلش يراجع مرتين أو ثلاثة. المعلمات كمان عم يشتكو إنو ما

يحضر صفوف الآون لآين و كل شوي بشوفو عم يضربا لأختو.. كثير زائدة عصيتو خاصة على

إختو.. ما كان هيك بالأول.. معقولة هرموناتو عم تتغير؟

الطبيبة: أكلو منيح؟

سميرة: إي شهيتو منيحة ماشالله

الطبيبة: عم بصير عندو عوارض ثانية متل الحرارة أو وجع الراس؟

سميرة: لا ماشي أبدا غير وجع البطن

الطبيبة: وكيف وزنو؟

سميرة: وزنو منيح.. ما عم ينزل.. وحتي يمكن عم يزيد شوي.. (مخاطبة ابنها): يعني ما فيك

تقعد هادي ولا دقيقة؟ قعود هون و لا حركة.. سامع؟

تسمع الطبيبة صوت خطي تقترب و تلاحظ أن سميرة حوّلت نظرها لليمين بعيداً عن الشاشة

وبدت قلقة.

رجل مخاطباً سميرة (زوجها): والله شكلك مشغولة.. مع مين عم تحكي؟؟ ما لازم تحضريلنا الغدا بقا؟

سميرة مخاطبة زوجها: لا.. لا.. ما حدا.. بس مالك عم بيصير معو أوجاع بالبطن و قتللك المعلومات قالو إنو ما عم يركّز بحصص الأون لاین فأخذتلو موعد مع الدكتور هون عالواتساب.

الزوج: كمان مندفع كشفية الحكيم إذا عالواتساب؟

سميرة (مخاطبة زوجها): ما تعتل همّ.. الدكتور بتراعينا دايماً و خبرتنا عن وضعنا.. حضرتلك الغدا حبيبي.. هوّ بالمطبخ.. صحتين.. رح خلّص مع الدكتور و إلحقك.. بس بدّي إطمئن على مالك..
الزوج: ماشي

(يغادر الزوج)

سميرة للطبيبة: هيدا كان زوجي.. ترك الغرفة هلق.. فينا نرجع نكمّل دكتور.. بعذر عن هيدا الشي.. ما كنت بعرف حيرجع هالقد بغير.. حسر الباب هلق لنحكي عرواق أكثر..

الطبيبة: أوكي.. منا مشكلة.. خرينا نكمّل هلق.. مالك حبيبي.. فيك ترسملي بأقلام التلوين يلي جبتن أي شي عبالك وتفرجينني ياه عالكاميرا؟ سيارة، شمس.. أي شي بيخطرلك..

سميرة: خلص إهدا.. عم قلك إهدا.. شفت.. الدكتور زعلت منك..
الطبيبة: لاء ما زعلت منك حبيبي

سميرة: دكتور ما ماشي حالو بالدرس و ما بركز و المعلومات مش مبسوطين منو.. بقولولي زكي بس في يعطي أكثر.. و صاير ما يحضر الصفوف من الأساس و مقضيها بلاي ستايشن.. و إففف إذا بشيل نظري للحظة، دغري بسمعو عم يتخانق مع إختو و يضربا..

الطبيبة: ليش برأيك عم يتخانق مع إختو أكثر و يضربا؟
سميرة: مبعرف و الله يا دكتور.. يمكن لأنو معوّد عالضرب والصريخ بالبيت بحسو شي عادي.. بس لازم يجبا لأختو مش يضربا..

الطبيبة: يعني ممكن يكون عم بقلّد حدا؟
سميرة: يمكن.. إنتي بتعرفي أكثر.. مذكرة شو حكينا المرة الماضية؟
الطبيبة: شو يا بطل شو رسمت مالك؟ فرجينني عالكاميرا... شو هول؟
مالك: شمس

الطبيبة: واو.. حلوة.. وشو هيدا تحت الشمس؟ شو رسمت كمان؟
مالك: بيت

الطبيبة: بيت؟ هيدا بيتكن؟ شو حلو مع الشبايك و الحديقة.. برافو.. إنت ولد شاطر.. فيني إسألک عن وجع بطنك لأنو إمك خيفانة عليك؟

مالك يهز برأسه موافقاً..

الطبيبة: إيمتى بتحس بالوجع حبيبي؟
مالك: كل يوم.. كل يوم..
الطبيبة: فيك تقوم هلق يا بطل و تنط على إجر واحدة وتورجينني؟؟ إنت قوي صح؟

قام مالك و قفز بدون أي إنزعاج ظاهر أو أي ألم..

الطبيبة: برافو مالك.. نطة قوية.. حاسس بوجع هلق؟
مالك: لأ
الطبيبة: (مخاطبة مالك) أوكي منيح..

الطبيبة مخاطبة سميرة: أوكي سميرة.. حأطلب منك تبعتي فحوصات الدم يّلي عملا مالك من قبل عالواتساب لراجعن و شوف إذا فين شي لزيدين عالملف و نطّمن.. بهالوقت، رح إطلبلو فحص خروج.. بليز تابعي معي بس تطلع النتيجة لنحكي أكثر.. إذا بعد ما طلعت النتيجة حسيت في حاجة إفحصو بالعيادة بخبرك لتجو أو منكمل عالواتساب فيديو..

سميرة: اوكي دكتور

الطبيبة مخاطبة مالك: برافو كنت كثير منيح اليوم.. طلبت إنك تعمل فحص.. و بشوفك الأسبوع الجايي انشاالله بس تطلع النتيجة لنحكي أكثر.. اتفقنا حبيبي؟

مالك: اتفقنا
الطبيبة: في أي سؤال إلي؟
سميرة: لأ دكتور شكرأ
الطبيبة: و إنت يا مالك؟
مالك (وهو ينظر إلى أمه): لأ

الطبيبة: طيب كثير منيح.. باي.. انتبهو عداكن وتذكروا تلتزمو بإجراءات الوقاية من الكورونا
مالك و سميرة: باي دكتور..



References:

20- National Network to End Domestic violence, Safety Net Project (2020), Using Technology to Communicate with Survivors During a Public Health Crisis <https://www.techsafety.org/digital-services-during-public-health-crises>

21- National Network to End Domestic Violence, Safety Net Project (2020), How to Operate as a Remote Workplace During A Public

Health Crisis <https://www.techsafety.org/remote-work-public-health-crisis>

22- How to support survivors of Gender based violence when a GBV actor is not available in your area: A STEP-BY-STEP POCKET GUIDE FOR HUMANITARIAN PRACTITIONERS https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_PocketGuide021718.pdf:

Sexual violence case:

Special Situation: Refugee



Due to the lockdown that occurred with the Corona Pandemic, the doctor started scheduling appointments virtually through video online consultations. Nadia called to schedule an appointment with the doctor and she agreed with the secretary that the appointment will take place over WhatsApp Video call as this is the application where the patient is most comfortable using. Around ten minutes before the appointment, the doctor called the patient by phone (WhatsApp call) from a line dedicated to the patients (not from personal phone number).

Doctor: Hello Nadia. How are you?

Nadia: Hi doctor, I am okay Thank God. How about you?

Doctor: I am fine. Thanks. I am just calling to check if you can talk with full privacy during the appointment before we open the video. I do this with all the patients as I prefer that we talk freely with no one around that can over hear the conversation.

Nadia: (voice not clear due to poor internet connection): Doctor, my family is here and my cousins and their children. We all live together in this room. I can't have the appointment alone.

Doctor (hearing a lot of background noise and children crying): I couldn't hear you well. Is there any way we can have this conversation in a more private setting?

Call disconnects due to poor internet connectivity.

Nadia texted the doctor by WhatsApp a minute later:

Nadia: Sorry doctor. Internet is very bad. We are three families living together in a very small place so I can't be alone. I can ask my friend as she lives alone with her mother.. Maybe I can talk from there. Her internet might be better. How much time would this appointment take online?

Doctor: O.k. Around 20- 30 min.

Nadia: Ok doctor. I will ask my friend first then call the secretary to re-schedule.

Doctor: Hello Nadia. How are you?

Nadia: Hi doctor, I am okay Thank God. How about you?

Doctor: I am fine. Thanks. I am just calling to check if you can talk with full privacy during the appointment before we open the video. I do this with all the patients as I prefer that we talk freely with no one around that can over hear the conversation.

Nadia: (voice not clear due to poor internet connection): Doctor, my family is here and my cousins and their children. We all live together in this room. I can't have the appointment alone.

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Doctor: O.k. Around 20- 30 min.

Nadia: Ok doctor. I will ask my friend first then call the secretary to re-schedule.

Doctor: Ok deal. I need to ask you also if there is anything urgent going on with you. What's the reason for your appointment?

Nadia: Yes, doctor. It can wait a bit. I am just having this dizziness and fatigue since one month.

Doctor: Did you lose consciousness at any point?

Nadia: No doctor.

Doctor: Alright then. We will discuss it more when you are in a more private setting if possible or then we will see what we can do. Take care.

Nadia: Bye doctor. Thanks



Discussion: Problems with remote consultation in case of Refugee

Although internet connection could pose a problem in any remote consultation, this problem is more prevalent in the case of a refugee. In many cases, even access to internet or phones may even be a problem.

Always check with the patient, esp. in the case of refugee about availability of good internet connection or phone availability and find the best possible option for remote consultation.

Privacy issues might pose an additional concern particularly in the case of a refugee. In most cases, refugees live in crowded homes and small spaces. Arrange with the patient for the maximal privacy conditions possible for the online consultation.

Nadia called the clinic the following day and scheduled an online appointment at 3:00 pm through WhatsApp Video Call as she prefers.

The doctor called Nadia 10 min before the appointment on WhatsApp Call:

Doctor: Hello Nadia. How are you doing?

Nadia: I am fine. How about you doctor?

Doctor: Fine as well. Thanks. I called you now before the appointment to make sure you can talk privately and comfortably before we open the video.

Nadia: Yes doctor. I am alone now. I am at my friend's house.. The one I told you about that lives with her mother. She let me sit in the living room and use the internet. I told her it's just 20 min right?

Doctor: That's good. Yes 20 min is fair. It's good the internet connection is okay today. I would also like to point out to you that if at any point during our discussion you don't feel safe or comfortable to talk or that someone is over hearing the conversation, we can agree on a safe word to use so I get notified. Can you think of a "code" word or "safe" word that you would say to me in such case?

Nadia: OK doctor... mmmm... I feel safe now but if something like that happened I will say "Corona cases are increasing"...

Doctor: OK... deal then. I would also like to remind you that it is always better to delete the thread of messages between us in case someone is spying on your phone or if someone goes through your phone for more privacy. I ask all my patients to do this. There are many privacy concerns when conducting WhatsApp Consultations unfortunately.

Nadia: OK sure doctor

Doctor: Let's go to the video now to discuss what's bothering you.



Discussion: briefly go over main privacy/confidentiality concerns previously discussed

Importance of a private setting and option of calling before the appointment to make sure although privacy might be more difficult to attain in the case of refugees.

Agreeing on a "safety" or "code" word to inform the doctor that patient is not feeling safe or privacy is breached.

Reminding the patient to delete message.

Ways to decrease impersonation (code word over texting, avoiding sharing sensitive information over text, deleting messages thread, saving healthcare worker's name under a code name).

During the WhatsApp Video Call:

Part one: Breaking the ice

Nadia: Hello doc.(Patient is very shy and confused and looks down)

Doctor: Good morning Nadia. Tell me dear now that we can see each other, what is bothering you?

Nadia: Doctor, I'm not feeling well. I'm very dizzy. (Not maintaining good eye contact.)

Doctor: Dizzy? Just dizzy? What else

Nadia: Nothing just dizziness and I am always so tired doctor, yesterday I could not even get up from my mattress (Becomes tearful)

Doctor: ehh yes the circumstances you are living in are not easy. And now with the lockdown and the economic situation in the country. It is normal to feel tired... No one is happy anymore to be honest. What else? (seems busy)



For discussion: not paying attention to non-verbal cues, tears; misinterpreting, language barrier

Language can be a barrier that prevents survivors from expressing their complaints and disclose violence when present. However, due to the lockdown situation and remote consultations, it might be difficult to arrange for an interpreter or trustworthy people from the refugee committee to also be present to help in the interpretation.

Many times, survivors' words are not consistent with their body language. Like in this scenario, the patient denied distress ("nothing, just dizziness ") but she was tearful. It is better, in this situation, to confront tactfully the patient, pointing out the discrepancy noted like saying "but I can see you are about to cry as if there is something deeply upsetting you." Misinterpreting the distress to be solely related to the living conditions can prevent the refugee from disclosing other causes of distress.

Funnel technique can encourage patients to talk, like "I can see you are quite upset. Would you like to talk about it for me to see how I can help"

In addition, refugees might be more sensitive, so the fact that the doctor appeared busy might be interpreted as the doctor not caring so the patient would be much less likely to disclose violence. Listen attentively and be engaged at all times particularly during a remote consultation where body language is not as clear as face-to-face.

Nadia (anxiously): No no it is just dizziness, do you want to give me a medication?

Doctor: In a while, I see. Do you have other symptoms? Like nausea, vomiting, headache, I don't know or numbness in your limbs? Fever? Decrease hearing? Did you lose consciousness once? Did you take your blood pressure? Do you have other things? Tell me.

Points for discussion: asking several questions in a row without waiting for answers, focusing on bodily symptoms

When asking about associated symptoms, it is better to ask about each symptom separately, it allows the survivor to answer appropriately. It also gives the impression that the physician is not in a hurry.

Again the doctor is missing clues, misinterpreting the symptoms and making assumptions that the survivor's symptoms are related to her living conditions. It is apparent that the physician is avoiding the psychological distress of the patient, making it more difficult for her to express herself. It is better to use broad opening statements like "You have been living in this situation for a long time. Did anything happen a month ago?"

Nadia: All my body aches, mostly my head, and above all, the dizziness and fatigue. Yesterday I took a full pack of Panadol but it didn't help (tearful)

Doctor: Nadia, what is wrong, it seems you are sad or something is bothering you. Tell me quickly what is wrong because I have appointments scheduled on skype in a few minutes.

Nadia: No, No I am not upset All is well, better than other people. Thank God (smiling)

Doctor: It seems that you are afraid that this dizziness is related to a cancer or other... No don't worry about this dizziness it is an easy problem to handle and treat. And it is so common these days.



For discussion: indicators of violence; lack of time as a barrier; active listening; misinterpreting

The patient is presenting with many non-specific psychosomatic complaints, which may be related to psychological distress. Interpreting her upset as worry about dizziness without exploring other causes of psychological distress doesn't facilitate disclosure. Asking about sensitive issues should be done in private (as in above scenario). However, active listening skills and non-hurried attitude are important.

Nadia: Ok doctor do you want to give me a medication because I am in a hurry. I need to go prepare lunch for my children.

Doctor: Oh I see. How old are they?

Nadia: 7 and 9 years

Doctor: This means you got married early; because in the file you are 27 years old now

Nadia: Yes I got married when I was 16 years.

Doctor: Yes I know in your community they marry girls early, isn't it a pity that they marry you at this young age when you are still a child to bring children to this world? Ok I will give a medication to be taken 3 times daily and you will follow up also on WhatsApp in a week. I will send you the name of the medication by WhatsApp... Save the name and show it to the pharmacist. It doesn't need a special prescription.

Nadia: Thanks doctor



For discussion: respect of cultures

Physicians working with refugees need to get familiar with their traditions, habits and beliefs. Although some of these may need to be addressed as they can affect the health and well being of women, as early marriage in this case, the approach needs to be respectful, so as not to intimidate or alienate the refugee. A better approach would be "How was your experience being married at a young age?"

Clip 2: Facilitating Disclosure

After one month during a WhatsApp Video Call appointment: (patient did not follow up one week after the first appointment as instructed):

After checking on the phone prior to the appointment that patient is alone and in a private setting and agreeing on a safe word, she will be conducting the video call from her friend's place where there is more privacy than her home and better internet connection.

Doctor: Nadia, how are today?

Nadia: Doctor I am not good, dizziness is getting worse and I can't sleep, I wake up in morning and my heart is beating fast. My weight has dropped. I have irregular periods and abdominal pain. Will you give me a medication?

Doctor: I won't give you a medicine till I know what is going on with you. I see in your file that you had anemia, are you eating well?

Nadia: I had anemia long time ago. I was treated for it and I am well now.... Thank God; and now I eat whatever is available; there is quite of hard work. I used to work to feed my kids... but now with the lockdown situation no one is agreeing that I work. They are afraid I have Corona.

Doctor: What do you work?

Nadia: clean houses on demand, Sometimes now I don't have enough money to cover the needs of children; things have been very difficult esp. after my husband was taken on the border to go fight and we haven't heard from him since, and on top of this, people don't leave you alone, they just add to your sorrow. (Silence) please doctor give me vitamins so I feel more energetic.

Doctor: what do you mean by people don't leave alone? Is there anyone bothering you? A lot of stigma that you are a refugee and that you might have Corona? Is this what u mean?

Nadia: No No who would want to bother me? Why would anyone bother me? No no nothing of the sort... But people are afraid of getting sick so they are being precautions... I mean this disease is scary.

Doctor: Nadia what's going on? This is the first time I see you like this, It seems that something major has happened and is affecting you... what is bothering you?

Nadia: stays silent- confused

Doctor: Don't be afraid you can tell me anything and whatever you tell me will stay between us.



For discussion: preparing for asking about violence, confidentiality.

During an online consultation, it's not as easy to prepare the set up for asking about violence such as having brochures available in clinic. However, paying attention to your posture, opening introductory statements, listening and facilitation skills, and emphasizing confidentiality might facilitate asking about violence.

What might be a good aspect about online consultations is that physical touching, which is to be avoided without prior permission from the refugee and which may be culturally inappropriate or disturbing for survivors of sexual violence, is not possible.

Also, in this scenario, the doctor just assumed that the patient is suffering from Corona related stigma and the general situation and did not just ask an open ended question which would have allowed the patient to express more openly. The doctor should have asked instead: for example: "You seem like something is on your mind. Would you like to share with me what is bothering you so I can try and help? Everything that is said during our conversation will remain between us."

Nadia: I can't talk.

Doctor: Why can't you? What are you afraid of?

Nadia: silence

Doctor: What Nadia you don't want to talk?

Nadia: Doctor.... Last week...

Doctor: what happened?

Nadia: Our neighbor...

Doctor: What does your neighbor has to do with this?

Nadia: No, no, nothing

Doctor: What's the story? Tell me, don't be afraid.

Nadia: He owns a mini market next door, and we owe him a lot of money as he is the only one who still accepts to give us rice and bread and stuff in debt to pay later when things are better... We need to eat. He is always weird with me, and I never felt comfortable around him... I went at night to get water from the fountain in the camp, and he was there waiting for me... It seems he saw me pass by his market.

Doctor: Waiting for you? What do you mean waiting for you?

Nadia: Yes, he was waiting for me. It is not the first time, he has been bothering me for some time and trying to touch me and saying things that make me uncomfortable, but this time he.....he.... bothered me a lot

Doctor: Bothered you a lot? What did he do to you? Why did you go in the night? Couldn't you have gone in the morning?



For discussion: facilitating disclosure: active listening, respecting silence, not to pressure for disclosure, blaming survivor

To facilitate disclosure and receive the necessary information, it is better for the physician to keep the survivor comfortable while narrating talking about the incident: respecting episodes of silence, validating feelings, not pressuring to proceed. The provider has to be careful, when asking questions or commenting on the incident, not to insinuate blame for the survivor ("Why did you go in the night? Couldn't you have gone in the morning?"). Sexual violence, like other forms of violence is the responsibility of the perpetrator and him alone and should not be related to what the survivor did or the way she was dressed.

Nadia: He attacked me. I couldn't defend myself. He threatened he'll kill me and then things happened...

Doctor: What do you mean things happened? Explain it further to me..., and you say he threatened to kill you? As if there is no order in this world? Why you couldn't defend yourself?

Nadia: (crying)

Doctor: It seems it was a terrible thing what you went through!! And then what did you do, what happened? Did you escape?

Nadia: I don't know I think passed out... I don't know... I don't remember... Someone killed me!!

Doctor: You don't remember? Is this possible??

Nadia: All what I remember is that he told me you can go but...but if you want money you can come to home to take money for your children and he threatened to kill me if I told anyone. He also told me that he will not give us any more food and stuff in debt from his market if I refused to do what he asks other times, and told me I would have to pay what I owe him right away.. Crying...



For discussion: types of violence that refugees can be exposed to; what information needed to collect from the survivor; psychological impact of rape, the importance of not showing disbelief

Refugee conditions are associated with increased risk of sexual exploitation, violence, and early marriage and trafficking. It may better to screen for them like asking "Is anyone making you feel uncomfortable", "Is anyone asking you to engage in sexual acts against your will?"

History taking should include, when possible, date and time of the assault, whether it was a single incident or repeated over days; whether physical force was used; if oral, vaginal or anal penetra-

tion occurred; number of assailants; whether the assailant was a stranger or an acquaintance; and whether the survivor lost consciousness during or after the assault. It is also important to ask about past medical history including allergies, last menstrual period, current contraceptive methods, and medications including alternative or herbal remedies, family or social support.

It is possible for rape survivors to have lapses of memory loss or lose consciousness during the act of rape. It is better to recognize it as a possible reaction and not show disbelief or pressure the survivor to remember details.

Clip3: Reassurance and checking need for physical exam:

Doctor: And what are you planning to do?

Nadia: (crying) I don't know what to do doctor... I'm dead now doctor. This man ended my life. I am thinking of killing him then killing myself, but my children...

Doctor: Be patient, don't put yourself into more trouble. You will get over it for sure. This has happened to others and they got are living well now.

Nadia: Crying



For discussion: appropriate response, validate feelings, asking about seriousness of suicide and homicide

Suicidal and homicidal thoughts after rape. It is important to recognize the feelings without and inquire further about seriousness of these thoughts, by exploring whether the survivor is trying to set plans for suicide or homicide. The physician should not refrain from asking "How are you thinking of killing yourself". If there is already a set plan, then an immediate psychiatric evaluation should be sought. If the survivor has not set plan yet, then the provider can ask about reasons for wanting to live and validate and reinforce these reasons. Trivializing or minimizing suicidal thoughts may deter the patient from expressing her true feelings or thinking.

Doctor: Do you have any pains now?

Nadia: Yes doctor I have some pain in my lower abdomen since a week and some pain in my sensitive area.

Doctor: Do you see any new secretions from your intimate area?

Nadia: (Voice not clear due to an internet problem)

Line keeps disconnecting.



For Discussion: deciding on a face-to-face consultation

Sometimes, remote consultations are not enough and a face-to-face consultation is needed even during lockdown. This might be the case if the patient has an important concern that can't be solved over the phone, yet internet connection is not available or so poor that it compromises the quality of a video consultation.

In addition, survivors of sexual violence with gynecological symptoms need physical examination and further assessment.

If the patient has other complaints that would necessitate a physical exam then a face-to-face consultation needs to be scheduled while abiding to proper hygiene precautions.

Precautions for conducting a face-to-face consultation and a physical exam:

- 1) Recommendations before proceeding in the face to face session:
 - a. Sterilize/sanitize the room before receiving the survivor (chair/desk/door handle/ pen/etc...)
 - b. Place the chairs in a way to keep at least 1.5m between the Case manager and the survivor
 - c. Place the hand gel in an accessible place to both
 - d. Make sure to aerate the room before, during, and after the session
 - e. Avoid, if possible, having a desk or table that case worker and survivor can lean on or have contact with
 - f. Remove all the unnecessary objects on the surface of the desk.
- 2) Recommendations during the face to face case management session:
 - a. The healthcare worker should be the one opening the door to the survivor
 - b. Avoid handshaking or any other form of physical contact (greeting, physical contact to show empathy with a distressed survivor and other circumstances)
 - c. Keep 1.5 to 2 meters between the healthcare worker and the survivor
 - d. Make sure for the healthcare worker to wash hands with soap and water for at least 20-30 seconds before and after the session
 - e. Make sure the survivor uses hand gel before and after the session, out of courtesy the healthcare worker should do the same
 - f. Avoid handing documents from healthcare worker to survivor (leaflets, brochures, action plan, safety plan etc.)
 - g. Avoid receiving documents from the survivor unless it's necessary and ask the survivor to leave the documents on the desk
- 3) Recommendations after the face to face case management session:
 - a. Re-sterilize/sanitize the counseling room including the door handles/chairs/desk/ etc.
 - b. Arrange the new handled documents/sheets in a plastic file cover and place it in a separated drawer in the iron cabinet (keep this drawer only for new forms)

The doctor called Nadia through a regular phone call and asked her to come to the clinic for a physical examination and a face-to-face consultation. The doctor reminded Nadia not to come without a mask.

Clip 4: Discussing management / A multidisciplinary approach

In the clinic on the day of the appointment:

Doctor: (wearing a mask): Hi Nadia, come in.

Nadia (wearing a mask): Hi doctor

There was no shaking of hands and 1.5 m was between the doctor and Nadia. After a recap of the history and reason for the visit:

Doctor: We have talked a lot now, let us go for what is more important and examine you. Please can you go over the examination table and lie over your back?

Nadia: Why on my back? I think I will get dizzy.

Doctor: Nadia I want you to lie on your back so I can examine your tummy, chest, and make sure that your genitals are intact esp. after you told me you were having pains and secretions. Go ahead, I will call the nurse to help you.



For discussion: taking permission for exam, pelvic exam, presence of a chaperon

It is important to highlight that if the survivor presents after the rape and she is in pain from trauma she could have received, it is advisable to give her analgesics and make sure the vital signs are stable before proceeding with the evaluation. Physical exam is to be done after giving a description of what it entails and taking the survivor's approval. It is to be made clear that the survivor has the right to change her mind and go back on her approval anytime during the physical exam. A pelvic exam is NOT indicated unless the patient is actively bleeding or has vaginal discharge suggestive of infection. If the patient presents soon after rape and is planning to file a report, then the exam is better be done by a specialized doctor versed in collecting evidence, if her condition allows waiting. The presence of a staff member while doing the exam is recommended.

Doctor: Your physical examination shows that you might have an infection, you don't need an acute medical or surgical intervention but I will give you antibiotics and might do some tests. Now tell me when was your last menstrual period?

Nadia: 2 weeks ago. Why are you asking?

Doctor: Do you use contraception?

Nadia: I don't need to, I told you my husband was taken at the border and I don't know anything about him... Could I get pregnant from this?



For discussion: needed medical interventions: preventing pregnancy, STIs, tetanus, mitigating psychological impact

Discuss different situations: survivor presenting within 72 hours of the assault, more than 72 hours. The facilitator is advised to refer to the information to be provided in the annex about medical management of rape survivors depending on how soon after the rape did the survivor present for care.

Doctor: The probability of you getting pregnant is low maybe less than 5%. Let us talk about something more important, which is your safety and your kids' safety. Since he is your neighbor and owns the market next to your house, then there is a good chance that you will meet him again

Nadia: Ehh...I'd rather die but not meet him for once again. I am changing my route every time I go out and going through a much longer road to avoid passing by the market. My heart feels like it is falling to the ground every time I see the market.

Doctor: Look, from now on you should not go out alone, always go out with a group of people, let a friend or family member be with you and avoid the places where he can be present



For discussion: how to set safety plan

Since the aggressor is close to survivor, it is crucial to set a safety plan with her to prevent further victimization and also to give her a sense of security. The provider should not dictate a safety plan as he is not familiar with the set-up of the refugee, or with what can be done. The refugee may be intimidated and would agree with the provider, not daring to express her concern that the plan may be difficult to apply considering her living conditions. A better approach would be to suggest a safety plan and then ask if it is feasible to be implemented, and then modify according to the feedback of the survivor.

Doctor: Nadia, do you want to report the incident?

Nadia: Report? To whom?

Doctor: To responsible legal authorities

Nadia: No, no please doc don't report to anyone. I am scared of what people may say about me or may call my kids, God forbid. No no please don't tell anyone..

Doctor: Nadia, as you wish you know more what is best for you, I will not report if you don't want to. But someone like this animal should be punished.



For discussion: reporting, coercion into taking decisions

Legally, the health care providers are bound to report to authorities all cases of rape they come across in their clinical practice. However, the survivor is to be made aware of the consequences of the reporting some of which may include rape incident may become known to her community. This may entail her being labelled, or even risking honor killing by her family. Accordingly, the provider is advised not to push her to report the incident as she will be bearing the consequences of it.

Nadia: No, I don't want. I don't want doctor. The most important thing is to protect my kids. I live for them.

Doctor: we can talk about it later, you can change your mind later

Nadia: No no I don't think so

Doctor: I'll write you the names of social organizations that take care of survivors of sexual violence; they can provide you with guidance and support if you decided to talk to them and these are all the hotlines currently available for protection.

Nadia: I don't want to call them

Doctor: Keep phone numbers with you, you might need to use it one day

Nadia: thank you doctor

Doctor: I want to tell you a few things in this regard, you might develop some bothersome feelings like sadness, anxiety and insomnia

Nadia: Ehh doctor, now I am having these feelings and every day I hope they decrease. Sometimes I think I'd rather be dead than to have these feelings. They are very bothersome and don't let me think

Doctor: yes I know this is why I am telling you about them and am going to give you medicines. I'll write you an anxiolytic medication called diazepam to take it every day for a week and get back to me later

Nadia: Thank you doctor



For discussion: referral, knowledge of resources available, follow up, closing the interview, documentation.

The care of sexual assault survivor is also multidisciplinary and the provider may need the help of other disciplines like psychologist to provide support to the survivor. When advising referral, the provider needs to explain that the referral is being done for better care and it is not the end of the clinical relation and assure availability when needed. A follow up appointment two weeks from the rape incident is advised to check for possibility of pregnancy, STI, and reassess the psychological state. A closer follow up may be needed in case of suicidal thoughts. Several UN agencies have set in place referral networks for violence survivors that vary by region and are regularly updated. The provider is advised to be familiar with them.

The documentation has to include: the information received from the survivor regarding the incident (date, time, nature, identity of perpetrator) using the patient words; the physical exam with description of the injuries if present (if the patient refuses the exam or part of it, this should also be documented) without stating conclusions about the rape; also the assessment of the psychological status; the medical management; safety plan; referral; and follow up plan should be included.

However, due to the lockdown there might always be potential changes and adaptation regarding the provision methods of service delivery and response. It is crucial to stick to the below:

- Re-assure clients that support services will always be available, even if the modality changes, and that they will never be alone
- Share any relevant information such as changes in services, hotline numbers, and how to reach relevant service providers in case of a change, as well as their new modality of operations



Improved Scenario: Refugee, sexual violence

Due to the lockdown that occurred with the Corona Pandemic, the doctor started scheduling appointments virtually through video online consultations. Nadia called to schedule an appointment with the doctor and she agreed with the secretary that the appointment will take place over WhatsApp Video call as this is the application where the patient is most comfortable using.

Around ten minutes before the appointment, the doctor called the patient by phone (WhatsApp call) from a line dedicated to the patients (not from personal phone number).

Doctor: Hello Nadia. How are you?

Nadia: Hi doctor, I am okay Thank God. How about you?

Doctor: I am fine. Thanks. I am just calling to check if you can talk with full privacy during the appointment before we open the video. I do this with all the patients as I prefer that we talk freely with no one around that can over hear the conversation.

Nadia: (voice not clear due to poor internet connection): Doctor, my family is here and my cousins and their children. We all live together in this room. I can't have the appointment alone.

Doctor (hearing a lot of background noise and children crying): I couldn't hear you well. Is there any way we can have this conversation in a more private setting?

Call disconnects due to poor internet connectivity.

Nadia texted the doctor by WhatsApp a minute later:

Nadia: Sorry doctor. Internet is very bad. We are three families living together in a very small place so I can't be alone. I can ask my friend as she lives alone with her mother... Maybe I can talk from there. Her internet might be better. How much time would this appointment take online?

Doctor: O.k. Around 20- 30 min.

Nadia: Ok doctor. I will ask my friend first then call the secretary to re-schedule.

Doctor: Ok deal. I need to ask you also if there is anything urgent going on with you. What's the reason for your appointment?

Nadia: Yes, doctor. It can wait a bit. I am just having this dizziness and fatigue since one month.

Doctor: Did you lose consciousness at any point?

Nadia: No doctor.

Doctor: Alright then. We will discuss it more when you are in a more private setting if possible or then we will see what we can do. Take care.

Nadia: Bye doctor. Thanks

Nadia called the clinic the following day and scheduled an online appointment at 3:00 pm through WhatsApp Video Call as she prefers.

The doctor called Nadia 10 min before the appointment on WhatsApp Call:

Doctor: Hello Nadia. How are you doing?

Nadia: I am fine. How about you doctor?

Doctor: Fine as well. Thanks. I called you now before the appointment to make sure you can talk privately and comfortably before we open the video.

Nadia: Yes doctor. I am alone now. I am at my friend's house... The one I told you about that lives with her mother. She let me sit in the living room and use the internet. I told her it's just 20 min right?

Doctor: That's good. Yes 20 min is fair. It's good the internet connection is okay today. I would also like to point out to you that if at any point during our discussion you don't feel safe or comfortable to talk or that someone is over hearing the conversation, we can agree on a safe word to use so I get notified. Can you think of a "code" word or "safe" word that you would say to me in such case?

Nadia: OK doctor... mmmm... I feel safe now but if something like that happened I will say "Corona cases are increasing"...

Doctor: OK... deal then. I would also like to remind you that it is always better to delete the thread of messages between us in case someone is spying on your phone or if someone goes through your phone for more privacy. I ask all my patients to do this. There are many privacy concerns when conducting WhatsApp Consultations unfortunately.

Nadia: OK sure doctor

Doctor: Let's go to the video now to discuss what's bothering you.

During the WhatsApp Video Call: Part one: Breaking the ice

Nadia: Hello doc.(Patient is very shy and confused and looks down)

Doctor: Good morning Nadia. Tell me dear now that we can see each other, what is bothering you?

Nadia: Doctor, I'm not feeling well. I'm very dizzy. (Not maintaining good eye contact.)

Doctor: OK so you've been feeling dizzy? What other feelings you've been experiencing?

Nadia: Nothing just dizziness and I am always so tired doctor, yesterday I could not even get up from my mattress (Becomes tearful)

Doctor: Too much tiredness? What is making you so tired?

Nadia (anxiously): I don't know doctor, do you want to give me a medication to get rid of this

Doctor: not yet, relax, I still have many questions to ask you first. Do you have nausea?

Nadia: No

Doctor: vomiting?

Nadia- No no nothing of the sort only headache and all my body aches sometimes. I am very much in pain doctor. Yesterday I took a full pack of Panadol but it didn't help (tearful)

Doctor: Nadia, I can see you are upset, what is going on?

Nadia: No, No I am not upset All is well, better than other people. Thank God (smiling)

Doctor: Thank God better than others, but as if you are upset with something

Nadia: Ok doctor please give me a medication because I am in a hurry. I need to go prepare lunch for my children.

Doctor: Feel free if you are in a hurry but I care about you and am next to you. I promise you no matter what you tell me, things will stay between us unless I feel you may be in danger, then we will ask help from someone. What do you say?

Nadia: Thank you doctor, but my kids are very small, 7 and 9 years and I have to go attend to them now...

Doctor: As you want. I wish you could stay so we can talk. May be next time you have more time. I will give you medicine one tablet three times just to alleviate your dizziness, but it is better if I know why you are dizzy... I will send you the name of the medication by WhatsApp. Save the name and show it to the pharmacist. It doesn't need a special prescription. Schedule a follow up online video call appointment in a week if possible

Nadia: OK thank you doctor... I will try my best but you know it's really crowded at my house and internet quality is really poor, and it cuts a lot... Maybe I will ask my friend again.

Doctor: OK dear... Don't worry. We will see what will be our best option. Maybe we can do it over the phone and if need be we can schedule an appointment in the clinic if we cannot use online video.

Clip 2: Facilitating Disclosure

After one month during a WhatsApp Video Call appointment: (patient did not follow up one week after the first appointment as instructed):

After checking on the phone prior to the appointment that patient is alone and in a private setting and agreeing on a safe word, she will be conducting the video call from her friend's place where there is more privacy than her home and better internet connection.

Doctor: Nadia, how are today?

Nadia: Doctor I am not good, dizziness is getting worse and I can't sleep, I wake up in morning and my heart is beating fast. My weight has dropped. I have irregular periods and abdominal pain. Will you give me a medication?

Doctor: let us talk about each symptom separately. You said you have abdominal pain, irregular periods, and your weight is dropping, and I see in your file that you had anemia. Which problem would you like to talk about first?

Nadia: I had anemia long time ago. I was treated for it and I am well now.... Thank God; and now I eat whatever is available; there is quite of hard work. I used to work to feed my kids... but now with the lockdown situation no one is agreeing that I work. They are afraid I have Corona.

Doctor: stays silent

Nadia: I clean houses on demand. Sometimes now I don't have enough money to cover the needs of children; things have been very difficult esp. after my husband was taken on the border to go fight and we haven't heard from him since, and on top of this, people don't leave you alone, they just add to your sorrow. (Silence) please doctor give me vitamins so I feel more energetic..

Doctor: People don't leave alone? What do you mean? Is there anything bothering you

Nadia: No No who would want to bother me? Why would anyone bother me? No no nothing of the sort... But people are afraid of getting sick so they are being precautious... I mean this disease is scary.

Doctor: Nadia, what's going on? What is bothering you? This is a safe space for you to talk... Sometimes when you talk you would feel better.

Nadia: stays silent- confused

Doctor: Don't be afraid you can tell me anything and whatever you tell me will stay between us.

Nadia: I can't talk.

Doctor: silence

Nadia: Doctor, last week... my neighbor... I went at night to get water from the fountain in the camp, and he was there... It seems he saw me pass by his market. He owns a mini market next door, and we owe him a lot of money as he is the only one who still accepts to give us rice and bread and stuff in debt to pay later when things are better... We need to eat. He is always weird with me, and I never felt comfortable around him... When I went on that day, he was there waiting for me (covers her face with her hands). It is not the first time he does, he always follows me, bothers me, and even touches me, but this time he bothered me a lot.

Doctor: Bothered you a lot?

Nadia: He attacked me... I couldn't defend myself. He threatened he'll kill me And then things happened...(cries)

Doctor: Silence... It seems it was a terrible thing what you went through!! If you want to wait a bit for you to relax and then we can continue.

Nadia: I don't know what happened. I may have lost consciousness. I don't remember...

Doctor: Sometimes it happens following a great shock, people may forget

Nadia: All what I remember is that he told me you can go but...but if you want money you can come to home to take money for your children and he threatened to kill me if I told anyone. He also told me that he will not give us any more food and stuff in debt from his market if I refused to do what he asks other times, and told me that I would have to pay what I owe him right away also if I refuse his demands... crying..

Clip3:Reassurance and checking need for physical exam:

Doctor: And what are you planning to do?

Nadia: (crying) I don't know what to do doctor... I'm dead now doctor. This man ended my life. I am thinking of killing him then killing myself

Doctor: Kill him and kill yourself? What are you considering doing?

Nadia: I don't know, these thoughts keep crossing my mind. Sometimes I remember my kids and say it is enough. I try to forget.

Doctor: Great, good thinking. If you feel that you are about to act upon those thoughts, call me or the center immediately to help you. Do you have any pains now?

Nadia: OK. Yes doctor I have some pain in my lower abdomen since a week and some pain in my sensitive area.

Doctor: Do you see any new secretions from your intimate area?

Nadia: (Voice not clear due to an internet problem)

Line keeps disconnecting.

The doctor called Nadia through a regular phone call and asked her to come to the clinic for a physical examination and a face-to-face consultation. The doctor reminded Nadia not to come without a mask.



Clip 4: Discussing management / A multidisciplinary approach

In the clinic on the day of the appointment:

Doctor: (wearing a mask): Hi Nadia, come in.

Nadia (wearing a mask): Hi doctor

There was no shaking of hands and 1.5 m was between the doctor and Nadia.

After a recap of the history and reason for the visit:

Doctor: I need to examine you now. If you remember anything that you didn't mention please let me know. Please can you go over the examination table and lie over your back?

Nadia: Why on my back? I think I will get dizzy.

Doctor: We can begin by examining you while you are sitting then when you are feeling more comfortable, we can continue while you are on your back. Don't worry, if something bothers you just let me know and I will stop immediately..

Doctor: Your physical examination shows that you might have an infection, you don't need an acute medical or surgical intervention but I will give you antibiotics and might do some tests. Now tell me when was your last menstrual period?

Nadia: 2 weeks ago. Why are you asking?

Doctor: Do you use contraception?

Nadia: I don't need to, I told you my husband was taken at the border and I don't know anything about him... Could I get pregnant from this?

Doctor: The probability of you getting pregnant is low less than 5%. We can prevent this by putting IUD. Let us talk about important, which is your safety and your kids' safety. Since he is your neighbor and owns the market next to your house, then there is a good chance that you will meet him again.

Nadia: Ehh...I'd rather die but not meet him for once again. I am changing my route every time I go out and going through a much longer road to avoid passing by the market. My heart feels like it is falling to the ground every time I see the market.

Doctor: What will you do if he threatens you again? What do you say If you start going out within a group and stop going out alone, what if you have a friend or family member always with you, and try to avoid the places where he is usually present. Do you think if you do this you will be safe?

Nadia: Perhaps... I will try

Doctor: Good... Nadia, do you want to report the incident?

Nadia: Report? To whom?

Doctor: To responsible legal authorities

Nadia: No, no please doc don't report to anyone. I am scared of what people may say about me or may call my kids, God forbid. No no please don't tell anyone.

Doctor: You know your society better than me. What you are saying is possible to happen.

Nadia: Yes doctor... I don't want to report... No way. I don't want doctor. The most important thing is to protect my kids. I live for them.

Doctor: Great, you are a mother who assumes well her responsibility. About reporting, perhaps you can change your mind later, and then we can see what to do.

Nadia: No no I don't think I will change my mind.

Doctor: I will write the names of the non-governmental organizations that provide care for the people who underwent similar experience to you and they can you provide support and guidance if you decided to make them contribute. They will help you further but I will also be available always to help you and hear from you so you can even have more support in such difficult times. These are all the hotlines currently available for your protection as well.

Nadia: I don't want to call them

Doctor: Keep phone numbers with you, you might need to use them one day

Nadia: Thank you doctor

Doctor: I want to tell you now about things that may happen to you later, you might develop some bothersome feelings like sadness, anxiety and insomnia

Nadia: ehh doctor, now I am having these feelings and every day I hope they decrease. Sometimes I think I'd rather be dead than to have these feelings. They are very bothersome and don't let me think

Doctor: These feelings are possible to happen, but if they start controlling you or you start having thoughts of hurting yourself or others, you should seek immediate help

Nadia: Ok doctor

Doctor: I will write you now the name of a medication, called Diazepam that will take of your anxiety (diazepam) I want from you to take it every night for a week

Nadia: Ok

Doctor: Don't forget to take the medication

Doctor: I want to check on you daily for a week on the phone or video call depending on the status of the internet and your privacy at home but you will tell me what you prefer. Whenever you feel you want to get rid of your life, you go straight away or call immediately to seek medical care. Agree?

Nadia: Ok

Doctor: Don't forget I am next to you to help you. I will contact you tomorrow.

Nadia: Thanks Doctor.

Doctor: Take care.

Arabic scenario for sexual violence case:

1/12

حالة خاصة: لاجئة تعرضت للعنف الجنسي:

بسبب الإغلاق الذي حدث مع جائحة كورونا، بدأت الطبيبة في إجراء الاستشارات من خلال تطبيقات الفيديو عبر الإنترنت. اتصلت نادية لتحديد موعد مع الطبيبة واتفقت مع السكرتيرة على أن الموعد سيتم عبر مكالمة فيديو WhatsApp لأن هذا هو التطبيق الذي تتمكن المريضة من استعماله براحة.

قبل الموعد بحوالي عشر دقائق، اتصلت الطبيبة بالمريضة عبر الهاتف (WhatsApp call) من خط مخصص للمرضى (وليس من رقم هاتف شخصي).

الطبيبة: مرحبا نادية.. كيفك؟
نادية: مرحبا دكتورة.. أنا منيعة الحمد لله و أنتِ؟

الطبيبة: تمام.. شكراً.. بس عم تلفنك لإتأكد إذا فيكي تحكي بخصوصية نحنا و بالفيديو.. هيدا شي روتيني منسألوا لكل المرضى لأنو بفضل نحكي بحرية بدون أي حدا يكون قادر يتسمع على الإستشارة.

نادية: (صوت متقطع وغير واضح): دكتورة، عيلتي هون وولاد عمي وولادن.. كلنا عايشين سوا بهالغرفة.. ما فيني كون لحالي.

الطبيبة: (تسمع الكثير من الضجيج وبكاء أطفال): منّي قادرة إسمعك مزبوط. في شي طريقة نقدر نعمل إستشارة الفيديو بمكان أكثر خصوصية؟

ينقطع الخط بسبب ضعف الإنترنت.
أرسلت نادية رسالة نصية عبر الواتساب للطبيبة بعد دقيقة:

نادية: (عبر الواتساب): بعتمد دكتورة. الإنترنت كثير سييء عنّا.. يمكن ما يربط الفيديو. نحنا ثلاث عيل عايشين سوا بمكان صغير فصعبة كون لحالي. فيني أطلب من رفيقتي اللي عايشة لحالا مع إمّا.. بحكيا إذا فيني إحكي من عندا خاصة إتو الإنترنت عندا يمكن يكون أحسن. تقريباً أدّي بدأ وقت الإستشارة؟

الطبيبة: أوكي.. تقريباً حوالي 20-30 دقيقة..
نادية: أوكي دكتورة.. رح إسأل رفيقتي قبل بعدين إحكي السكرتيرة لإرجع زبط موعد..

الطبيبة: أوكي تمام.. بدّي إسألك إذا في شي طارئ، عم بصير معك.. شو سبب الموعد؟
نادية: إي دكتورة.. موضوعي بينظر كم يوم.. عندي دوخة و تعب صرلن شي شهر..
الطبيبة: شي مرة غبتي عن الوعي؟
نادية: لا دكتورة..

الطبيبة: طيب أوكي.. منحكي بعوارضك أكثر بس نكون بمكان أكثر خصوصية إذا ممكن أو منشوف شو عنا خيارات. انتبهني لذلك..
نادية: باي دكتورة.. شكراً..

اتصلت نادبة بالعيادة في اليوم التالي و سَجَلت موعداً عند الساعة الثالثة ظهراً من خلال الواتساب فيديو كما تفضل.

اتصلت الطبيبة بنادية 10 دقائق قبل الموعد على الهاتف من خلال الواتساب:

الطبيبة: مرحبا نادبة، كيفك؟
نادية: الحمد لله أنا منيحة.. وإنتي دكتورة كيفك؟

الطبيبة: كمان تمام الحمد لله.. شكراً. تلفنتلك هَلِّق قبل الموعد لِتأكد إنو فيكي تحكي بخصوصية وراحة قبل ما نفتح الفيديو..

نادية: إي دكتورة.. أنا لحالي هَلِّق.. أنا حالياً عند رفيقتي اللي خبّرتك عنّا يلّي عايشة مع إمّا.. فأنا بأوضة القعدة لحالي و هني جوّا و في إنترنت.. هيّي بس قصّة 20 دقيقة؟

الطبيبة: طيب منيح.. إي 20 دقيقة وقت كافى مبدئياً.. شكلا الإنترنت ماشية اليوم.. كمان حاجة قلّك إذا بأي لحظة خلال حديثنا ما حسّيت خالك بأمان أو حسيتي إنك مش مرتاحة تحكي وفي حدا عم يسمع حديثنا، فينا نتفق على كلمة "أمان" أو "سر" بتقوليلي يها وأنا بفهم و بنهي الحديث..

نادية: أوكي دكتورة.. ممممم.. أنا هَلِّق مرتاحة إحكي بس إذا حسّيت متل ما قلتني رح قول إنو " حالات الكورونا عم تزيد " كعبارة سر بيناتنا..

الطبيبة: أوكي اتفقنا.. وكمان بدّي ذكرّك إنو دائماً من الأفضل تمحّي الرسائل النصيّة بيناتنا في حال حدا عم يراقبك تلفونك لخصوصية أكثر.. بطلب من كل مرضاي هيدا الشي.. للأسف، مع التواصل أكثر عواتساب من ورا الكورونا في خوف أكثر عالسرّية..

نادية: أوكي أكيد دكتورة..
الطبيبة: خلينا نفتح فيديو يلا لنشوف شو زاعجك..

خلال مكالمة الفيديو عالواتساب: المقطع الأول: كسر الجليد

نادية: مرجبا دكتورة. (تبدو المريضة خجولة جداً و متوتّرة وتنظر للأرض)
الطبيبة: أهلاً نادبة.. خبريني هَلِّق بما إنو صار فيني نشوف بعض، شو يلّي زاعجك؟
نادية: دكتورة أنا مني منيحة أبداً.. كثير داخة (لا تنظر مباشرة نحو الطبيبة بل تنظر للأسفل)

الطبيبة: داخة؟ بس داخة؟ شو كمان؟
نادية: ماشي بس دوخة.. وكمان عم ضل تعبانة دكتورة.. مبارح ما كان حتى فيني قوم من التخت. (تبدو دامعة)

الطبيبة: إي صح الأوضاع يلّي إنتي عايشة فيها مش سهلة أبداً.. وهَلِّق مع التسكير و الحجر والوضع المعيشي بالبلد، طبعي إنو تحسي بالتعب.. ما حدا مبسوط بقا بصراحة.. شو كمان؟ (تبدو الطبيبة مشغولة ببعض الأوراق على جنب)

نادية: (تبدو متوترة): لا لا بس قصة دوخة.. فيكي تعطيني دوا؟
الطبيبة: يلا بعد شوي بشوف.. عندك عوارض ثانية؟ مثل لعية نفس، إستفراغ، وجع راس، مبعرف ممم أو تنميل بإيديكي وإجريككي؟ حرارة؟ خافف سمعك؟ غبتي عن الوعي شي مرة؟
 عم تقيسي ضغطك؟ عندك شي ثاني؟ خبريني..

نادية: كل جسمي أوجاع.. أكثر شي راسي و الدوخة هالكتني والتعب كمان.. مبارح أخذت ظرف بانادول بكاملو بس ما ساعدني.. (تبدو دامعة)

الطبيبة: نادية، شو صاير؟ شكلك زعلانة أو شي زاعجك.. قليلي بسرعة شو القصة لأنو عندي مواعيد لمرضى عسكايب بعد شوي..
نادية: لا لا مني زعلانة.. كلو تمام، أحسن من غيري.. الحمد لله (تبتسم)

الطبيبة: شكلك خايفة هالدوخة تكون مرتبطة بهيداك المرض أو تكون شي خطير.. بس ما تخافي مشكلتك بسيطة و ما بتعتل هم وإلا علاج.. و هيّي كثير شائعة..

نادية: أوكي.. بذك تعطيني دوا لأنني بصراحة مستعجلة.. لازم روح حضّر غدا لولادي..
الطبيبة: آه فهمت عليك.. أدّي أعمارن اسم الله؟

نادية: 7 و 9 سنين
الطبيبة: آه هيدا معاناتو إنك تجوزتي كثير صغيرة، لأنو بملّك هلق عمرك 27 سنة..

نادية: إي فتت عبيت جوزي و أنا عمري 16 سنة..
الطبيبة: إي بعرف عندك بجوزو البنت كثير بغير، مش حرام جوزوك هلقد بغير؟.. كنتي بعدك ولد وجوزوكي لتجيبني ولاد! أوكي رح أعطيك دوا لتأخدي 3 مرات باليوم وترجعني تتابعي معي كمان مثل اليوم بالواتساب بعد أسبوع.. هيدا الدوا خابعتلك إسمو عالواتساب.. مابدو وصفة خاصّة.. حفطي الإسم و فرجي للصيدلي..

نادية: ميرسي دكتورة..

المقطع الثاني: تسهيل الإفشاء والحديث عن العنف الجنسي:

بعد شهر خلال موعد مكالمة فيديو عبر WhatsApp: (لم تتابع المريض بعد أسبوع من الموعد الأول حسب التعليمات):

بعد تحقق الطبيبة عبر الهاتف قبل الموعد من أن المريضة بمفردها وفي مكان خاص و بعد الاتفاق على كلمة آمنة، بدأت مكالمة الفيديو من منزل صديقها حيث توجد خصوصية أكبر من منزلها واتصال إنترنت أفضل.

الطبيبة: كيفك اليوم نادية؟
نادية: مش منيحة دكتورة.. الدوخة ما في إلا بتصير أسوء و ما عم بقدر نام، بفيق الصبح و قلبي عم بدق بسرعة ووزني عم ينزل.. عندي خريطة بالدورة الشهرية ووجع بطني.. في شي دوا لحالتي؟

الطبيبة: ما فيني أعطيك دوا لأعرف شو عم بصير معك بالضبط.. شفت بملّك إتو عندك فقر دم؟ عم تاكلي منيح؟

نادية: كان عندي فقر دم من زمان وتعالجت و تحسّن.. الحمدلله.. وهلق باكل أي شي متوفّر، حاسّة إنني مضغوطة.. مدري كيف.. كنت عم بشتغل لطعمي ولادي بس هلق مع التسكير والكورونا ما حدا قبلان يشغلني.. خايفين يكون معي كورونا..

الطبيبة: شو بتشتغلي؟

نادية: بنصف بيوت حسب الطلب. أحياناً هلق ما عم يكون معي مصاري لغطّي حاجات الولاد والإشيا صارت كتير صعبة خاصة بعد ما أخذو جوزي عالحدود ليحارب وما سمعنا خبرو من وقتنا وفوق هيدا الناس ما بتتركك بحالك.. ما في إلا بيزيدو من وجعي..(صمت).. أرجوك دكتورة عطيني فيتامينات لحس حالي نشيطة أكثر..

الطبيبة: شو قصدك بـ"الناس ما عم تتركك لحالك"؟ حدا عم يضايقك؟ حاسة إنو في تنمر عليك إنك لاجئة ويمكن عندك كورونا؟ هيدا قصدك؟

نادية: لا لا مين بدّو يزعجني؟ ليش أصلاً حدا بدّو يزعجني؟ لا لا ما في منو هالحكي.. بس الناس خيفانة يمرضو و عم ياخذو احتياطات.. إنو الكورونا بتخوّف!!

الطبيبة: نادية.. شو القصة؟ هيدي أول مرّة بشوفك هيك.. شكلو شي مهم صاير معك و عم بآثر عليك.. شو زاعجك بالطبط؟

نادية تلتزم الصمت وتبدو مشوشة

الطبيبة: ما تخافي.. فيكي تخبريني أي شي.. وشو ما بتقولي لي بضل بيناتنا..
نادية: ما فيني إحكي
الطبيبة: لي ما فيكي تحكي؟ من شو خايفة؟

نادية تبقى صامتة

الطبيبة: شو نادية ما بدك تحكي؟

نادية: دكتورة.. من أسبوع..

الطبيبة: شو صار؟

نادية: جارنا..

الطبيبة: شو خص جاركن بالموضوع؟

نادية: لا لا مشي

الطبيبة: شو القصة؟ خبريني ما تخافي..

نادية: هوّي عندو ميني ماركت جنب بيتي.. وبدّو منا كتير مصاري لأنو هوّي الوحيد يلّي بعدو راضي ببيعنا بالدّين رز وخبز وشوية احتياجات لندفعلو بعدين بس تتحسن أحوالنا شوي.. بدنا ناكل ونعيش.. بس دايمًا حرّكاتو غريبة معي وما برتحلو.. رحت بالليل لجيب مي من نافورة المي بالمخيم وكان هونيك ناظرني.. شكلو شافني مارقة من حد الدكان أنا ورايحة..

الطبيبة: ناظر؟ شو قصدك ناظر؟

نادية: إي كان ناظرني.. هيدي مش أول مرة.. صرلو فترة عم يضايقني بس هل المرة.. هل مرّة ضايقني كتير..

الطبيبة: ضايقك كتير؟ شو عملك؟ ليش رحتي بالليل يا عمّي؟ ما كان فيكي تنطري للصبح؟

نادية: هجم عليي وما قدرت دافع عن حالي.. هددني إنو بدّو يقتلني.. و بعدين صار اللي صار.. (تبكي)

الطبيبة: شو قصدك "صار اللي صار"؟ اشرحيلي أكثر.. وقلّتي هددك إنو يقتلك؟ شو ما في نظام و قانون؟ هيك سايبة القصة؟ ليش ما قدرتي تدافعي عن حالك؟

نادية: (تبكي)

الطبيبة: كتير شي صعب يلّي مرقتي في.. و بعدين شو عملتي؟ شو صار؟ قدرتي تهربي..؟

نادية: مبعرف.. يمكن غبت عن الوعي.. مبعرف.. ما بتذكر.. كان حدا جاب سكين و شكّا بقلبي..

الطبيبة: ما بتذكري؟ معقول؟

نادية: كل شي بتذكرو إنو قللي فيكي تروحي.. بس.. بس.. إذا بدك مصاري فيكي تجي عييتي تاخدي مصاري لولادك وهووي هددني يقتلني إذا بخبر حدا.. كمان خبرني إنو مبقا رح يعطينا مونة بالدين من محلو إذا رفضت أعمل شو بيطلب مني بغير مرآت، وكمان قللي إنو لازم إدفع شو بيتوجب علينا دغري.. (تبكي)

المقطع الثالث: طمأنة المريضة و التأكد من الحاجة للفحص السريري:

الطبيبة: وشو قررتي تعملي هلق؟
نادية: (تبكي): ميعرف شو أعمل دكتورة.. أنا ميتة هلق دكتورة.. هيدا الرجال نهالي حياتي.. أنا عم فكر إقتلو إرجع إقتل حالي... بس ولادي..

الطبيبة: اصبري.. كوني صبورة.. ما تفوتني حالك بمشاكل.. رح تتخطي هيدا الموضوع أكيد.. يلي صاير معك صاير مع غيرك وعاشين ماشي حالن هلق..

نادية: (تبكي)

الطبيبة: عندك أي أوجاع هلق؟
نادية: إي دكتورة عندي وجع بطني من تحت صرلي شي أسبوع وكمان وجع بالمنطقة الحساسة..

الطبيبة: عم تشوفي أي إفرازات من تحت؟
نادية: (الصوت غير واضح بسبب مشكلة في الإنترنت)

الخط ينقطع بشكل متكرر.
اتصلت الطبيبة بنادية من الخط العادي و ليس من مكالمة على واتساب وطلبت منها أن تأتي للعيادة من أجل فحص سريري في العيادة. الطبيبة ذكرت نادية أن لا تأتي بدون كمامة..

المقطع الرابع: مناقشة التعامل مع هذه الحالة وتعاون مجالات متعددة:

في العيادة يوم الموعد:

الطبيبة: (مرتدية كمامة): مرحبا نادية.. تفضلي..
نادية: (مرتدية كمامة): مرحبا دكتورة

لم يكن هناك مصافحة و تمت المحافظة على مسافة 1.5 متراً بين الطبيبة و نادية. بعد مراجعة سبب الزيارة وما تشعر به نادية و عوارضها:

الطبيبة: حكينا كثير هلق، خلينا نروح عالشي الأهم وإفحصك.. فيني أطلب منك تطلعي على كرسي الفحص و تستلقي على ظهرك؟

نادية: ليش عضهري؟ بركي دخت أكثر؟
الطبيبة: نادية، بدّي ياكى تستلقي عضهرك حتى إقدر إفحصك بطنك، صدرك، و إتأكد إنو المنطقة الخاصة عندك منيحة خاصة إنو قلتيلي إنو كان عندك أوجاع و إفرازات.. يلا حضري حالك، رح إبعث ورا السكريتيرة تساعدك..

الطبيبة: فحصك السريري بفرجي إنو يمكن عندك إتهاب بس ما بدك تدخل جراحي أو طبّي غير أدوية إتهابات تاخديا اليوم ويمكن شوية فحوصات.. خبريني هلق إيمتنى آخر دورة شهرية إلك؟

نادية: من أسبوعين.. ليش عم تسألني؟
الطبيبة: بتستعملي مانع حمل؟

نادية: لاء لأتني مني بحاجة.. قلتلك جوزي أخذو عالحدود ومبعرف شي عنو.. معقول إحبل من هالداثة كمان؟ ولي عحطي..

الطبيبة: إحتمال إنك تحبلي أقل من 5%.. خلينا نحكي عن شي أهم وهو سلامتك و سلامة ولدك.. لأنو جارك و قاعد بالميني ماركت حد بيتك، ففي إحتمال كبير إنو تلتقي أكثر من مرة.

نادية: إيببيبي.. بفضل موت علي إنو إلتقي في بعد مرة.. عم غير طريقي كل مرة بظهر فيا و بروح بطريق كثير أطول لإتجنب إمرق حد الدكان.. قلبي بحسو حيوقع من محلو كل مرة بشوف الدكان..

الطبيبة: شوفي.. من يوم ورايح ما لازم تظهري لحالك.. دايماً ظهري مع مجموعة.. خلّي شخص من عيلتك أو صديقة تزل معك وتجنبي الأماكن يلي ممكن يكون موجوداً فيها..

الطبيبة: نادية.. بذك تبلغي عن الداثة؟

نادية: نبلي؟ لمين؟

الطبيبة: للسلطات المختصة و المسؤولية

نادية: لاء لاء أرجوكي دكتورة ما تخبري حدا.. أنا خيفانة شو بدا تحكي الناس عني أو عن ولادي لا سمح الله إذا إجالن خبر باللي صار.. لا لا ما بدّي حدا يعرف و لا نبلي رجاء..

الطبيبة: متل ما بذك نادية.. ما رح نبلي إذا ما بذك.. بس واحد متل هالحيوان لازم يتعاقب..

نادية: لاء ما بدّي.. ما بدّي دكتورة.. أهم شي إنو إحمي ولادي.. أنا عايشة كرمان..

الطبيبة: فينا نحكي عن هالموضوع بعدين و فيكي ترجعي تغيري رأيك..

نادية: لا لا ما بعتمد إرجع غير رأيي

الطبيبة: إاكتبلك كل أسامي المنظمات الإجتماعية يلي بيهتموا بالناجيات من العنف الجنسي، هني قادرين يعطوكي دعم و إستشارات إذا قررتي تحكي معن.. هيدي كل الخطوط الساخنة يلي فيكي تطلبيا لتساعدك.

نادية: ما بدّي دقلن.

الطبيبة: خلّي الأرقام معك على كل حال، يمكن تحتاجين شي يوم..

نادية: شكراً دكتورة..

الطبيبة: بدّي قلبك كذا شغلة بهاالخصوص.. يمكن تبلشي تحسسي مشاعر مزعجة متل الزعل، التوتر والأرق.

نادية: إي دكتورة.. عم حسّ فين كلن هدول وكل يوم بقول ياريت بخفو هالمشاعر.. أحياناً بقول يا ريت موت ولا حس هيك... كثير مزعجين و ما بخلوني فكر مزبوط..

الطبيبة: إي بعرف.. كرمان هيك عم قلبك عنن و رح أعطيك أدوية.. إاكتبلك عدوا للتوتر بريحك إسمو "Diazepam" لتأخدي كل يوم حبة لأسبوع و ترجعي تراجعيني..

نادية: ميرسي دكتورة..

السيناريو الأفضل: قصة لاجئة تعرضت للعنف الجنسي:

بسبب الإغلاق الذي حدث مع جائحة كورونا، بدأت الطبيبة في إجراء الإستشارات من خلال تطبيقات الفيديو عبر الإنترنت. اتصلت نادية لتحديد موعد مع الطبيبة واتفقت مع السكرتيرة على أن الموعد سيتم عبر مكالمة فيديو WhatsApp لأن هذا هو التطبيق الذي تتمكن المريضة من استعماله براحة.

قبل الموعد بحوالي عشر دقائق، اتصلت الطبيبة بالمريضة عبر الهاتف (WhatsApp call) من خط مخصص للمرضى (وليس من رقم هاتف شخصي).

الطبيبة: مرحبا نادية.. كيفك؟
نادية: مرحبا دكتورة.. أنا منيحة الحمد لله و أنت؟

الطبيبة: تمام.. شكراً.. بس عم تلفنلك لإتأكد إذا فيكي تحكي بخصوصية نحنا و بالفديو.. هيدا شي روتيني منسألوا لكل المرضى لأنو بفضل نحكي بحرية بدون أي حدا يكون قادر يتسمع على الإستشارة.

نادية: (صوت متقطع و غير واضح): دكتورة، عيلتي هون وولاد عمّي وولادن.. كلنا عايشين سوا بهالغرفة.. ما فيني كون لحالي.

الطبيبة: (تسمع الكثير من الضجيج وبكاء أطفال): مئّي قادرة إسمعك مزبوط. في شي طريقة نقدر نعمل إستشارة الفيديو بمكان أكثر خصوصية؟

ينقطع الخط بسبب ضعف الإنترنت.
ارسلت نادية رسالة نصية عبر الواتساب للطبيبة بعد دقيقة:

نادية: (عبر الواتساب): بعذر دكتورة. الإنترنت كثير سيّء عنّا.. يمكن ما يربط الفيديو. نحنا ثلاث عيل عايشين سوا بمكان صغير فصعبة كون لحالي. فيني أطلب من رفيقتي اللي عايشة لحالا مع إمّا.. بحكيا إذا فيني إحكي من عندا خاصة إنو الإنترنت عندا يمكن بكون أحسن. تقريباً أدّي بدّا وقت الإستشارة؟

الطبيبة: أوكي.. تقريباً حوالي 20-30 دقيقة..
نادية: أوكي دكتورة.. رح إسأل رفيقتي قبل بعدين إحكي السكرتيرة لإرجع زبّط موعد..
الطبيبة: أوكي تمام.. بدّي إسالك إذا في شي طارئ، عم بصير معك.. شو سبب الموعد؟
نادية: إي دكتورة.. موضوعي بينظر كم يوم.. عندي دوخة و تعب صرلن شي شهر..
الطبيبة: شي مرّة غبتي عن الوعي؟
نادية: لا دكتورة..

الطبيبة: طيب أوكي.. منحكى بعوارضك أكثر بس نكون بمكان أكثر خصوصية إذا ممكن أو منشوف شو عنا خيارات. انتبهني لحالك..
نادية: باي دكتورة.. شكراً..

اتصلت نادية بالعيادة في اليوم التالي وسجّلت موعداً عند الساعة الثالثة ظهراً من خلال الواتساب فيديو كما تفضل.

اتصلت الطبيبة بنادية 10 دقائق قبل الموعد على الهاتف من خلال الواتساب:

الطبيبة: مرحبا نادية، كيفك؟
نادية: الحمد لله أنا منيحة.. وإنتي دكتورة كيفك؟

الطبيبة: كمان تمام الحمد لله.. شكراً.. تلفنتلك هلق قبل الموعد لإتأكد إنو فيكي تحكي بخصوصية وراحة قبل ما نفتح الفيديو..

نادية: إي دكتورة.. أنا لحالي هلق.. أنا حالياً عند رفيقتي اللي خبرتك عنّا يلّي عايشة مع إمّا.. فأنا بأوضة القعدة لحالي و هني جوا و في إنترنت.. هيّي بس قصّة 20 دقيقة؟

الطبيبة: طيب منيح.. إي 20 دقيقة وقت كافى مبدئياً.. شكلا الإنترنت ماشية اليوم.. كمان حابة قلّك إذا بأي لحظة خلال حديثنا ما حسيت حالك بأمان أو حسيتي إنك مش مرتاحة تحكي

وفي حدا عم يسمع حديثنا، فينا نتفق على كلمة "أمان" أو "سر" بتقوليلي يها وأنا بفهم و بنهي الحديث..

نادية: أوكي دكتور.. ممممم.. أنا هلق مرتاحة إحكي بس إذا حسيت متل ما قلت رح قول إنو "حالات الكورونا عم تزيد" كعبارة سر بيناتنا..

الطبيبة: أوكي اتفقنا.. وكمان بدّي ذكرك إنو دائماً من الأفضل تمخّي الرسائل النصيّة بيناتنا في حال حدا عم يراقبك تلفونك لخصوصية أكثر.. بطلب من كل مرضاي هيدا الشي.. للأسف، مع التواصل أكثر عواتساب من ورا الكورونا في خوف أكثر عالسريّة..

نادية: أوكي أكيد دكتور..
الطبيبة: خلينا نفتح فيديو يلا لنشوف شو زاعبك..

خلل مكالمة الفيديو عالواتساب:

المقطع الأول: كسر الجليد

نادية: مرجبا دكتور.. (تبدو المريضة خجولة جداً و متوتّرة وتنظر للأرض)
الطبيبة: أهلاً نادية.. خبريني هلق بما إنو صار فيني نشوف بعض، شو يّلي زاعبك؟
نادية: دكتور أنا متي منيحة أبداً.. كثير داخة (لا تنظر مباشرة نحو الطبيبة بل تنظر للأسفل)
الطبيبة: أوكي فإذا عم تحسي بدوخة؟ شو كمان عم تحسي؟

نادية: ماشي بس دوخة.. وكمان عم ضل تعبانة دكتور.. مبارح ما كان حتى فيني قوم من التخت. (تبدو دامعة)

الطبيبة: عندك كثير تعب؟ شو يّلي متعبك؟
نادية: (تبدو متوترة): لا لا بس قصة دوخة.. فيكي تعطيني دوا لإرتاح؟

الطبيبة: مش هلق دغري.. ارتاحي.. بعد عندي كم سؤال بدّي إسألك ياهن لإطمئن عنك بالأول.. عندك لعية نفس؟

نادية: لاء
الطبيبة: عم تراجعني

نادية: لا لا ما عندي هيك عوارض بس كل جسمي أوجاع.. أكثر شي راسي و الدوخة هالكتني والتعب كمان.. مبارح أخذت ظرف بانادول بكاملو بس ما ساعدني.. (تبدو دامعة)

الطبيبة: نادية.. كأني حاسستك مضايقة ومش على بعضك.. خير شو اللي صاير معك؟
نادية: لا لا مني زعلانة.. كلو تمام، أحسن من غيري.. الحمد لله (تبتسم)

الطبيبة: الحمد لله أحسن من غيرك بس كأن في شي مزعلك..
نادية: لا دكتور.. بدك تعطيني دوا لأنني بصراحة مستعجلة.. لازم روح حذر غدا لولادي..

الطبيبة: إي عرياحتك أكيد نادية بس أنا بهتم لأمرك و أنا حدك.. وبوعدك إنو شو ما حكيتي بضل بيناتنا ما عدا إذا في خطر مباشر عليك لأن وقتا لازم نطلب مساعدة.. شو رأيك؟

نادية: شكراً دكتور.. بس ولادي كثير صغار وأعمارن 7 و 9 سنين وعنجد لازم روح إهتم فين هلق.
الطبيبة: متل ما بدك و بترتاحي بس كنت بتمنى تبقي شوي لنحكي أكثر. يمكن المرة الجايي يكون عنا وقت أكثر.. رح أعطيك دوا 3 مرات باليوم بس ليريحلك الدوخة بس أفضل إذا منعرف السبب.. خدي موعد للمراجعة كمان عالواتساب فيديو بعد أسبوع إذا أمكن.

نادية: أوكي ميرسي دكتور.. رح أعمل جهدي بس بتعرفني كثير عجة بيتي و الإنترنت تعبان وكثير بيقطع.. بركي برجع بطلب من رفيقتي..

الطبيبة: أوكي تمام.. ما تقلقي.. رح نشوف شو أفضل خيار عتّا.. يمكن بظمن عليكي عالتفون أو منسجل موعد بالعيادة إذا لقينا في حاجة وما كان في حل ثاني..

المقطع الثاني: تسهيل الإفشاء والحديث عن العنف الجنسي:

بعد شهر خلال موعد مكالمة فيديو عبر WhatsApp: (لم تتابع المريض بعد أسبوع من الموعد الأول حسب التعليمات):

بعد تحقق الطبيبة عبر الهاتف قبل الموعد من أن المريضة بمفردها وفي مكان خاص و بعد الاتفاق على كلمة آمنة، بدأت مكالمة الفيديو من منزل صديقها حيث توجد خصوصية أكبر من منزلها واتصال إنترنت أفضل.

الطبيبة: كيفك اليوم نادية؟
نادية: مش منيحة دكتور.. الدوخة ما في إلّا بتصير أسوء و ما عم بقدر نام. بفيق الصبح و قلبي عم بدق بسرعة ووزني عم ينزل.. عندي خبطة بالدورة الشهرية ووجع ببطني.. في شي دوا لحالتي؟

الطبيبة: خلينا نحكي عن كل عارض لحالو.. قلتي إنو عندك أوجاع بطن، دورات شهرية مش منتظمة و إنو وزنك عم ينزل.. عم شوف بملفك إنو كان عندك فقر دم.. أي مشكلة بتحبي نحكي عتّا بالأول؟

نادية: كان عندي فقر دم من زمان وتعالجت و تحسّن.. الحمدلله.. وهلق باكل أي شي متوفر، حاسّة إني مضغوطة.. مدري كيف.. كنت عم بشتغل لطعمي ولادي بس هلق مع التسكير والكورونا ما حدا قبلان يشغلني.. خايفين يكون معي كورونا..

الطبيبة: (تلتزم الصمت)

نادية: بنصف بيوت حسب الطلب. أحياناً هلق ما عم بكون معي مصاري لغطي حاجات الولاد والإشيا صارت كثير صعبة خاصة بعد ما أخذو جوزي عالحدود ليحارب وما سمعنا خبرو من وقتنا وفوق هيدا الناس ما بتتركك بحالك.. ما في إلّا بزيدو من وجعي..(صمت).. أرجوك دكتور عطيني فيتامينات لحس حالي نشيطة أكثر..

الطبيبة: الناس ما عم تتركك بحالك؟ شو قصدك؟ في شي عم يزعجك؟

نادية: لا لا مين بدو يزعجني؟ ليش أصلاً حدا بدو يزعجني؟ لا لا ما في منو هالحكي.. بس الناس خيفانة يمرضو و عم ياخذو احتياطات.. إنو الكورونا بتخوف!!

الطبيبة: نادية.. شو صاير؟ شو يلّي مضايك؟ هيدي جلسة آمنة وفيكي تحكي يلّي بقلبك.. أحياناً لما يحكي الواحد بيرتاح..

نادية تلتزم الصمت و تبدو مشوشة

الطبيبة: ما تخافي.. فيكي تخبريني أي شي.. وشو ما بتقولي لي بضل بيناتنا..
نادية: ما فيني إحكي
الطبيبة: (تلتزم الصمت)

10/12

نادية: دكتورة.. هيداك الأسبوع.. جارنا.. رحت بالليل لجيب مي من نافورة المي بالمخيم وكان هونيك ناظرني.. شكلو شافني مارقة من حد دكانو أنا و رايحة.. هوّي عندو مينني ماركت جنب بيتي.. و بدّو منا كثير مصاري لأنو هوّي الوحيد يلّي بعدو راضي يبيعنا بالدّين رز وخبز وشوية مونة لندفعلو بعدين بس تتحسن أحوالنا شوي.. بدنا ناكل ونعيش.. بس دايمًا حركاتو غريبة معي و ما يرتحلو... لما رحت هيداك النهار، كان هونيك ناظرني (غطت وجهها بيديها).. هيدي مش أول مرة.. صرلو فترة عم يضايقني بس هل المرة... هل مرّة ضايقني كثير..

الطبيبة: ضايقك كثير؟

نادية: هجم عليي وما قدرت دافع عن حالي.. هددني إنو بدّو يقتلني... وبعدين صار اللي صار.. (تبكي)

الطبيبة: (صمت).. نادية.. كثير شي صعب يلّي صار معك.. إذا بدّك ريّخي هلق.. خدي نفس.. ومنرج منكفي..

نادية: مبعرف شو رج صار يمكن غبت عن الوعي.. مبعرف.. ما بتذكّر..
الطبيبة: أحيانًا بصير هيك و مننسى لأنو منكون تحت تأثير صدمة كبيرة..

نادية: كل شي بتذكرو إنو قلّي فيكي تروحي.. بس.. بس.. إذا بدّك مصاري فيكي تجي عبيتي تاخدي مصاري لولادك وهوّي هددني يقتلني إذا بخبر حد.. كمان خبرني إنو مبقا رح يعطينا مونة بالدين من محلّو إذا رفضت أعمل شو بيطلب مني بغير مرّات، وكمان قلّي إنو لازم إدفع شو بيتوجب علينا دغري إذا ببقى رافضة.. (تبكي)

المقطع الثالث: طمأننة المريضة والتأكد من الحاجة للفحص السريري:

الطبيبة: وشو قررتي تعملي هلق؟

نادية: (تبكي): مبعرف شو أعمل دكتورة.. أنا ميتة هلق دكتورة.. هيدا الرجال نهالي حياتي.. أنا عم فكر إقتلو إرجع إقتل حالي... بس ولادي..

الطبيبة: تقتلي و تقتلي حالك؟ شو عم تفكرّي تعملي؟

نادية: مبعرف.. هالأفكار عم تضل تخطر عبالّي.. أحيانًا بتذكر ولادي وبقول خلص أفكار سودا.. بجرب إنسى

الطبيبة: منيح، تفكيرك صح و بمحلّو.. إذا شي مرّة حسيتي حالك بدّك تسمعي لهالأفكار وتصرّفي عاساسا و ما قدرتي تسيطر عليا، كيني دغري أو إحكي المركز فوراً للمساعدة.. هلق بدّي إسألّك.. عندك أي أوجاع هلق؟

نادية: إي دكتورة عندي وجع بطني من تحت صرلي شي أسبوع وكمان وجع بالمنطقة الحساسة..

الطبيبة: عم تشوفي أي إفرازات من تحت؟

نادية: (الصوت غير واضح بسبب مشكلة في الإنترنت)

الخط ينقطع بشكل متكرر.

اتصلت الطبيبة بنادية من الخط العادي و ليس من مكالمة على واتساب وطلبت منها أن تأتي للعيادة من أجل فحص سريري في العيادة. الطبيبة ذكرت نادية أن لا تأتي بدون كمامة..

المقطع الرابع: مناقشة التعامل مع هذه الحالة وتعاون مجالات متعددة:

في العيادة يوم الموعد:

الطبيبة: (مرتدية كمامة): مرحبا نادية.. تفضلي..

نادية: (مرتدية كمامة): مرحبا دكتورة

لم يكن هناك مصافحة و تمت المحافظة على مسافة 1.5 متراً بين الطيبة و نادية. بعد مراجعة سبب الزيارة وما تشعر به نادية و عوارضها:

الطيبة: أوكي نادية.. هلق صار وقت إفحصك إذا ما عندك مانع.. إذا تذكرتي بعد شي و حابة تخبريني ياه قوليلي.. فيني أطلب منك تطلعي على كرسي الفحص و تستلقي على ظهرك؟

نادية: ليش عضهري؟ بركي دخت أكثر؟

الطيبة: فيني بلش الفحص إنتي وقاعدة بعدين إذا حسيتي حالك مرتاحة أكثر فيني نكفي إنتي ومسطة عضهرك. وإذا خلال الفحص في شي زعجك، ما تعتلي هم.. خبريني وفورا بوقف..

الطيبة: فحصك السريري بفرجي إنو يمكن عندك إتهاب بس ما بدك تدخل جراحي أو طبي غير أدوية إتهابات تأخديا اليوم و يمكن شوية فحوصات.. خبريني هلق إيمتى آخر دورة شهرية إلك؟

نادية: من أسبوعين.. ليش عم تسألني؟

الطيبة: بتستعملي مانع حمل؟

نادية: لاء لأنني مني بحاجة.. قلتك جوزي أخذو عالحدود ومبعرف شي عنو.. معقول إحبل من هالحادثة كمان؟ ولي عحظي..

الطيبة: إحتمال إنك تحبلي أقل من 5%.. فيني نمنع هالش شي بحط لولب.. خلينا نحكي كمان عن شي مهموهوي سلامتك و سلامة ولادك.. لأنو جارك و قاعد بالميني ماركت حد بيتك، ففي إحتمال كبير إنو تلتقي أكثر من مرة.

نادية: إيبيني.. بفصل موت علي إنو إلتقي في بعد مرة.. عم غير طريقي كل مرة بظهر فيا و بروح بطريق كثير أطول لإتجنب إمرق حد الدكان.. قلبي بحسو حيوقع من محلو كل مرة بشوف الدكان..

الطيبة: شو حتعملي إذا رجع و هددك؟ شو رأيك إذا بتبلسي توقفي تظهري لحالك؟ بتزبط معك مثلاً إنو دايماً تظهري مع مجموعة أو تخلي شخص من عيلتك أو صديقة تزل معك و تجربتي تتجنبي الأماكن يلي ممكن يكون موجود فيا.. برأيك بتحسسي بتكوني بأمان أكثر إذا بتعملي هيك؟

نادية: يمكن.. رح جرب

الطيبة: أوكي نادية.. تمام.. بدك تبليغي عن الحادثة؟

نادية: نبليغ؟ لمين؟

الطيبة: للسلطات المختصة و المسؤولية

نادية: لاء لاء أرجوكي دكتورة ما تخبري حدا.. أنا خيفانة شو بدّا تحكي الناس عنّي أو عن ولادي لا سمح الله إذا إجالن خبر باللي صار.. لا لا ما بدّي حدا يعرف و لا نبليغ رجاء..

الطيبة: أوكي.. إنتي بتعرفي مجتمعتك والناس يلي حواليك أكثر مني.. وبصراحة اللي عم تقولي ممكن يصير..

نادية: إي.. ما بدّي بلّغ.. ما بدّي دكتورة.. مستحيل.. أهم شي إنو إحمي ولادي.. أنا عايشة كرمان..

الطيبة: عظيم.. إنتي إم بتهتم بولادا و حاملة مسؤوليتن منيح.. وبالنسبة للتبليغ، يمكن ترجعي تغيري رايك بعدين فساتنا منشوف شو منعمل..

12/12

نادية: لا لا ما يعتقد إرجع غير رأيي
الطبيبة: إكتبلك كل أسامي المنظمات الإجتماعية يلّي بيهتمّوا بالناجيات من هيك حوادث
 مؤسسة، هنّي قادرين يعطوكي دعم وإستشارات إذا قررتي تحكي معن وتخليين بساعدوكي..
 بس انا كمان حدّك دايماً وبدعمك عطول بهيك أوقات صعبة.. هيدي كمان كل الخطوط الساخنة
 يلّي فيكي تطلبيا لتساعدك.

نادية: ما بدّي دقّلن.
الطبيبة: خلّي الأرقام معك على كل حال، يمكن تحتاجين شي يوم..

نادية: شكراً دكتورة..
الطبيبة: بدّي قلبك كذا شغلة بهاالخصوص يمكن يبلشو يصيرو معك بعدين.. يمكن تبلّشي
 تحسّس مشاعر مزعجة مثل الزعل، التوتر والأرق.

نادية: إي دكتورة.. عم حسّ فين كلّن هدول وكل يوم بقول ياريت بخفّو هالمشاعر.. أحياناً
 بقول يا ريت موت ولا حس هيك... كثير مزعجين و ما بخلوني فكر مزبوط..

الطبيبة: هيدي مشاعر كثير محتمل يصيرو بهيك وضع بس إذا فقدتي السيطرة علين أو
 بلشتي تفكري بأفكار سودا و إنو تأذي حالك أو غيرك، فوراً لازم تطلبني مساعدة طبية.

نادية: أوكي دكتورة..
الطبيبة: إكتبلك عدوا للتوتر برّحك إسمو "Diazepam" لتأخدي كل يوم حبة لأسبوع قبل ما
 تنامي..

نادية: أوكي ماشي
الطبيبة: ما تنسي تأخدي الدوا

الطبيبة: رح إطمّن عليك كل يوم من هلق لأسبوع عالتلفون أو بالفيديو حسب وضع بيتك
 بالنسبة للعجقة و اللنت وإنّتي خبريني شو بتفضلي.. بأي لحظة بتفكري لا سمح الله إنو تنهي
 حياتك، دغري طوارئ أو اتصلني بالخطوط الساخنة أو فيني لطلب المساعدة.. إتفقنا؟

نادية: أوكي
الطبيبة: ما تنسي أنا هون حدّك لساعد.. بحكيكي بكرا..
نادية: شكراً دكتورة
الطبيبة: انتبه عمالك

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- 31- Remote GBV CM consultations- Amal Farhat/Zeinab Mortada
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- 33- https://healthinnovationnetwork.com/wp-content/uploads/2017/01/eConsult_final_report.pdf
- 34- <https://www.england.nhs.uk/wp-content/uploads/2019/09/online-consultations-summary-tocolkit-for-practises-dec-2019.pdf>
- 35- Addressing domestic violence: improving the health care response: A training toolkit by Dr Jinan Ust
- 36 -Remote GBV CM manual by Amal Farhat and Zeinab Mortada

Pre/Post-test:

Choose the best answer/s:

1. During an Online consultation with your patient Zahra, you see her husband sitting next to her once you open the camera. Which of the following is the most appropriate action:
 - A. Ask the patient for her preference "Do you prefer to conduct this consultation while you're alone?"
 - B. Conduct the consultation without pointing out anything so as not to anger the husband.
 - C. Conduct a brief consultation and assess for any health emergencies then call the patient to schedule a follow up during a time when she can be alone.
 - D. Insist that the husband leaves to ensure privacy by saying for example "I usually conduct all online consultations while the patient is alone. This is a routine thing I always do so I would kindly ask you to leave."
2. You are conducting an online consultation with your patient Latifa. You notice she is anxious and afraid and also has a bruise around her eye. She maintains poor eye contact. You suspect GBV. She remains silent and denies violence. The best response would be:
 - A. "It is good news that there is no violence. If you ever face it, please know I am here for you whenever you feel like talking about anything. Everything we discuss here stays with us. I know it is difficult sometimes to talk about certain private matters."
 - B. "Why aren't you talking my dear? What's on your mind? Sometimes if we talk we feel comfortable. Tell me what is going on so I can help you and solve your problems so you can rest."
 - C. "I am honestly not convinced my dear Latifa that this bruise is nothing. You seem sad and definitely something is going on that is really upsetting you. Open your heart to me and I will help you find a solution to your problem. Everything we speak about stays here. Don't worry."
 - D. "OK I am glad there is no violence. I apologize for asking. But I ask because I care, and it really looked like there was certain signs I was aware of. Everything we discuss stays between us for sure."
3. Which of the following are possible health consequences of GBV?
 - A. Fractures
 - B. Anxiety and Depression
 - C. Cancer
 - D. a & b
 - E. All of the above
4. Which of the following scenarios should raise suspicion abuse? (More than one answer may be applicable)
 - A. Samir is an 8 year old boy who started a month ago to have episodes of nocturnal enuresis after being dry for 5 years
 - B. Lara is a 23 year old woman who is brought to the emergency room by her husband for a suicide attempt.
 - C. The school counselor calling Mounir's parents because he is bullying some of his friends.
 - D. A patient calling your clinic and always fighting with the secretary over minor issues and appointment times.
5. An example of funneling technique:
 - A. "You look like you are under a lot of pressure. Are you subject to violence?"
 - B. "During COVID pandemic, the rates of marital conflicts have increased and a lot of couples are facing problems. How are you managing conflicts at home?"
 - C. "Everything we discuss will stay between us if you decide to tell me about your personal issues. Is anyone hitting you at home?"
 - D. "I always like to ask my patients about violence because I find it very prevalent in our community so I am here to help and listen to you if you decide to open your heart and tell me your story."
6. During an online consultation, Nadia disclosed that she is being subject to domestic violence, and said: "Last time, he started beating me when he asked me to prepare his lunch and I told him that we need to talk about our son who is not submitting the assignments required by the teacher during the online sessions. He told me it is not his job to care for the kids and that he is already stressed and his work is not like before. I wish I did not irritate him. What was I thinking? Why was I nagging while he was about to have lunch!?"
 - A. Fractures
 - B. Anxiety and Depression
 - C. Cancer
 - D. a & b
 - E. All of the above

Which of the following is not a proper response to the above disclosure of violence? (More than one answer could apply)

- A. "I am sorry this animal did this to you... You are right... He got angry and beat you because you talked to him before him having lunch. You know the fastest way to a man's heart is his stomach. Feed him, then talk to him or else he might always use violence..."
- B. "That is a sad thing... I am sorry for what is going on but it is not your fault. Such a disgusting monster!"
- C. "I am terribly sorry to hear that. But please understand that this is never your fault. Tell me more if it is okay with you. I can help you leave him if you want to save yourself."
- D. "No way! I cannot believe what he did that to you! How dare he? But you know everyone is stressed these days with the bad economic situation and Corona. You should have stayed calm and talked to him when he is in a good mood."

7. In which of the following situations, it is not okay to ask about GBV?

- A. During an online consultation when you only see the patient through the camera.
- B. It is always okay to ask about violence and it should be part of the screening process in every consultation as to increase possibility of recognizing abuse.
- C. When a child is present in the room
- D. When you are with the patient in the clinic privately.

8. Which of the following is considered psychological violence (more than one answer)?

- A. Samiha's husband threatened to divorce her if she continues to see Lama; a friend of hers he doesn't like because she dresses provocatively and he considers her bad mannered. He explains: "I am just trying to protect you from the bad people..."
- B. Manal addressing her son Wael: "Either you stay still and finish all your homework or I will get the stick and beat you till all your feet are blue."
- C. Dalal's husband insists that you contact him if you need to talk to his wife about her medical condition. Dalal says: "Yes, my husband loves me so much that he is jealous of the wind that touches my skin... hehe"

- D. Tala (7 years old) refuses to eat her vegetables and starts spitting in her plate and throwing food on the floor. Her mother Samar warns if she doesn't fix her behavior, she will not be watching her favorite.

9. During an online consultation with Dalia, she disclosed being subject to sexual abuse: "Doctor, he is my neighbor, he followed me while I was going to buy a recharging card for my phone at night. Honestly doctor, I know it is because of the tight clothes I was wearing. God is teaching me a lesson. "Patient sobs...

Which of the following is the best response?

- A. "Oh my God, that is horrible... No my dear don't say that...Your neighbor is an animal."
- B. "I am very sorry this happened to you, I am here to listen and help you out of this problem so you can go back to living normally just like before the incident. "
- C. "I am really sorry this happened to you, it is not your fault this happened. I am here to listen and help if you would like."
- D. "This is a terrible thing. Your clothes have nothing to do with the incident. But I think it is because you went out at night which is something a good girl should not do."

10. Which of the following is not a consequence of sexual abuse?

- A. Depression
- B. Homicide
- C. Aggressive behavior
- D. None of the above

11. Faten is a 22 year old known patient to you. She is always coming to the ER with suicidal ideations especially when she fights with her fiancée and her mom always tells you that her daughter loves the attention and is a bit of a "drama queen". She calls you for an urgent online consultation because of dizziness. The following scenario occurs mid-consultation.

Faten: "He is a family friend... and we were alone at home and he ... you know... touched me... then he said that I am always turning him on and that he will make me very happy and then..."

Doctor: "Then what?"

Faten: "I do not remember doctor... I may have fainted... I cannot remember... I want to die!!"

Which of the following is the best response?

- A. "Sometimes when we are subject to a major trauma, we might forget what happened. What do you mean you want to die? Are you thinking of suicide?"
- B. "What do you mean you forgot what happened? Is that possible? If you want me to help you, please try to remember. This is a serious issue and I am worried about you."
- C. "Mmmmm... Faten, sometimes we might hear things from others we wouldn't like. I care about you so I must be honest with you... I think you might have some kind of a personality disorder which is really common and please

do not take this the wrong way but usually people do not forget major things like that . You are always creating some kind of drama around you. Are you being subject to abuse at home? What are you running away from? Everything that we discuss stays between us."

- D. "Oh my God my dear, he is such an animal, but what do you mean you don't remember? Can you squeeze your mind for me a little so I see how I may help you best?"

12. The role of healthcare provider dealing with a survivor of GBV is to:

- A. Support the patient and provide guidance to available resources
- B. Convince the patient to leave the perpetrator and help her start a new life away from him
- C. Provide referral pathways for survivors
- D. Listen to the patient and allow her to ventilate and validate her feelings
- E. A,b, and c but not d
- F. A,c and d but not b
- G. All of the above

Answer by True or False:

1. It is advisable in cases of domestic violence to try as physicians to talk to the husband to try to alleviate conflict as patients tend to listen and respect doctors' opinions.
2. Presence of domestic violence in a house hold is intimately related to socioeconomic status.
3. Telephone encounters can be readily used for follow-up during COVID pandemic but might have a limited role in disclosing new complaints.
4. It is acceptable to disclose violence in front of a child during an online consultation if need be because the child is already witnessing violence at home.
5. Prior to an online video consultation, it is better to call the patient while using directive yes/no questions to ensure she is in a private setting.

Answer Key:

Multiple choice:

1. C
2. A
3. H
4. A,B,C,D
5. B
6. A,B,C,D
7. A,B,C
8. A,B,C
9. C
10. H
11. A
12. F

TRUE OR FALSE

1. False
2. False
3. True
4. False
5. True

Evaluation Form:

Date: / /

Age: Gender: F M

1- Rate your overall impression of the facilitators on the following criteria:

	Poor				Excellent
Knowledge of material	1	2	3	4	5
Preparedness	1	2	3	4	5
Communication skills	1	2	3	4	5
Attentiveness	1	2	3	4	5
Comfort level with training material	1	2	3	4	5
Ability to engage participants	1	2	3	4	5
Clarity of voice online	1	2	3	4	5

Comments:

2- Rate your overall impression of the workshop on the following criteria:

	Strongly disagree			strongly agree	
a. Introductory part of this workshop was informative	1	2	3	4	5
b. The filmed scenarios are technically good	1	2	3	4	5
c. messages from the scenarios were clear	1	2	3	4	5
d. Role play is a good idea	1	2	3	4	5
e. The workshop will make a difference in my practice	1	2	3	4	5
f. I feel more confident now in dealing with violence survivors	1	2	3	4	5
g. I would recommend this workshop to others	1	2	3	4	5
h. There was no technical issue during the workshop and I could hear everything clearly	1	2	3	4	5

3- What did you find the most beneficial out of this workshop?

4- How could this workshop be improved? Any suggestions or feedback?

5- Did the workshop meet your expectations?

Yes

No,

Please explain:

ANNEX I: Examples of questions/statements that can be used while communicating with survivors

a- Sample Direct Verbal Questions

When asking about gender-based violence among adults:

- "Are you (or have you ever been) physically hurt or threatened by your spouse?"
- "Have you ever been hit, kicked, slapped, pushed or shoved by your spouse or other family member(s)?"
- "Since you've been pregnant, were you hit, slapped, kicked, or otherwise physically hurt by someone?"
- "Do you have guns in your home? Has your spouse or other family member(s) ever threatened to use them against you?"
- "Did someone cause these injuries? Was it your spouse or other family member(s)?"
- "Has your spouse or family member(s) ever threatened to hurt you or someone close to you?"
- "Are you (or have you ever been) in a relationship in which you felt you were treated badly? In what ways?"
- "Are you (or have you ever been) in a relationship with someone who yells at you, puts you down, or calls you names?"
- "Has your spouse or family member(s) ever destroyed things that you cared about?"
- "Do you feel controlled or isolated by your spouse or other family member(s)?"
- "Do you ever feel afraid of your spouse or other family member(s)?"
- "Has your spouse or other family member(s) ever prevented you from leaving the house, seeing friends, getting a job, or continuing your education?"
- "Has your spouse ever forced you to have sex when you didn't want to or forced you to engage in sex that makes you feel uncomfortable?"
- "Has your spouse ever refused to practice safe sex?"

When asking about child neglect or maltreatment:

- "Has your spouse ever threatened or abused your children?"
- "Is your child home alone at times?"
- "Do you ever feel so frustrated with your baby/ child that you don't know what to do?"
- "Is your child still in school?"
- "Do you think your child may be depressed?"
- "Do you worry about the friends your child has?"
- "Do you think that your child may be smoking, drinking, and/or using drugs?"
- "When riding in a car is your baby/ child ALWAYS in a car seat or booster seat, or wears a seatbelt (as applicable to child age)?"

- "When riding a bike does your child ALWAYS wear a helmet?"
- "Are there guns in your home or in any home where your baby/ child spends time?"
- "Are medicines and cleaning supplies locked and out of reach?"
- "Is there a swimming pool where you live? If so, is there a self-latching gate and fence around the pool?"
- "Has your child taken water safety or swim lessons?"
- "Does your teenager drive? If so, do you have concerns about the way he/she drives?"

b- Sample Framing Questions (Indirect Questions):

- "We all fight at home. What happens when you and your spouse (or other family member) fight or disagree?"
- "Because violence is so common in many people's lives, I've begun to ask all my patients about it."
- "I know I have been seeing you in clinic for a few years now. I have started to ask all my patients more about their relationships." "What happens when you and your spouse disagree?"
- "I don't know if this is a problem for you, but many of the women I see as patients are dealing with abusive relationships. Some are too afraid of uncomfortable to bring it up themselves, so I've started asking about it routinely."
- "If a family member or friend was being hurt or threatened by their spouse or other family member(s), do you know of resources that could help them?"
- "I'm concerned that your symptoms may have been caused by someone hurting you."

c- Sample Support Messages

- "I am asking you about this because I am concerned for your safety."
- "No one deserves to be hurt or threatened by her/his partner."
- "I'm sorry this happened. You don't deserve this. It's not your fault."
- "Many people who are being hurt by their partners are afraid or ashamed to talk about it. I want you to know that I would like to talk about this if this ever happens to you."
- "There is help here and in other places for people who are being hurt by their spouses or other family member(s)."
- "Sometimes people are afraid to talk about this because they think their family and friends will find out. Let me explain the privacy of your care."
- "Patients do not have to have police intervention unless they want it".
- "We can help you even if you don't have legal documentation."
- "If this ever happens to you please let us help you. We would never ask you to do anything you are not ready to do."

ANNEX II: Important legislation for health care providers

LOP circular of 2019 mentions the following legislations:

05/07 2012 THU 12:45 FAX 961 1 616772 3 4 syndicat des hopitaux >>> A U B 001/002

الجمهورية اللبنانية
وزارة الصحة العامة
الوزير

رقم المرفقات : ٢٠١٢
تاريخ : ٢٩ ذى الحجة ١٤٣٤

تعميم رقم ٥٨

يتعلق بالإبلاغ عن ضحايا أعمال العنف بما في ذلك العنف المنزلي

نظراً لتكرار الحوادث المتأصلة عن فعل الغير خاصة حالات العنف المنزلي التي تطال النساء والأطفال،
وعملًا بالقوانين التي تنص على وجوب إبلاغ السلطات المختصة عند الاستيحاء بهذه الحالات لاسيما المادتين ٣٩٩ و ٤٠٠ من قانون العقوبات، والمادة ٢٦ من القانون ٤٢٢ تاريخ ٢٠٠٢/٦/٦ (حماية الأحداث المخالفين للقانون أو المعرضين للخطر)،

لذلك،
على الأطباء المعمرين وغيرهم من المهنيين الصحيين في معروض ممارستهم المهنية، وأور الإشتباه بأن حالة المريض قد تكون ناجمة عن تعدي، خاصة عند الشك بتعنيف الطفل حتى لو كان المشبه به أهل الطفل أو أحد أقربائه، ولاي سبب كان لتبرير هذا التننيف، القيام فوراً بإبلاغ النيابة العامة أو قاضي الأحداث أو قوى الأمن الداخلي.

يتحمل المهني الصحي كامل مسؤولياته الشخصية في حال الأفعال أو غرض النظر ويحال على القضاء المختص.

كما تعتبر المؤسسة الصحية المعنية مسؤولة أيضاً عن الإبلاغ وفقاً للآليات المحددة في القوانين وعن حسن تنفيذ هذا التعميم تحت طائلة الملاحقة التأديبية.

وزير الصحة العامة
علي حسن خليل

بطلب
- المديرية العامة للصحة
- مديرية الطبية طارية
- المديرية العامة لقوى الأمن الداخلي
- المستشفيات الحكومية
- نقابة المستشفيات
- نقابة الأطباء في بيروت والشمال
- نقابة الممرضات
- المرفقات

رئيسة مصلحة للأرصدة
٢٠١٢
٢٩ ذى الحجة ١٤٣٤
رئيسة مصلحة السر
عناية حسن

الجمهورية اللبنانية
وزارة الصحة العامة

الشفاء - بناية محسن منصور - بيروت، لبنان هاتف ٦١٥٧١٦ - ٦١٥٧١٧ - ٦١٥٧١٨ - ٦١٥٧١٩ - ٦١٥٧٢٠ - ٦١٥٧٢١ - ٦١٥٧٢٢ - ٦١٥٧٢٣ - ٦١٥٧٢٤ - ٦١٥٧٢٥ - ٦١٥٧٢٦ - ٦١٥٧٢٧ - ٦١٥٧٢٨ - ٦١٥٧٢٩ - ٦١٥٧٣٠ - ٦١٥٧٣١ - ٦١٥٧٣٢ - ٦١٥٧٣٣ - ٦١٥٧٣٤ - ٦١٥٧٣٥ - ٦١٥٧٣٦ - ٦١٥٧٣٧ - ٦١٥٧٣٨ - ٦١٥٧٣٩ - ٦١٥٧٤٠ - ٦١٥٧٤١ - ٦١٥٧٤٢ - ٦١٥٧٤٣ - ٦١٥٧٤٤ - ٦١٥٧٤٥ - ٦١٥٧٤٦ - ٦١٥٧٤٧ - ٦١٥٧٤٨ - ٦١٥٧٤٩ - ٦١٥٧٥٠ - ٦١٥٧٥١ - ٦١٥٧٥٢ - ٦١٥٧٥٣ - ٦١٥٧٥٤ - ٦١٥٧٥٥ - ٦١٥٧٥٦ - ٦١٥٧٥٧ - ٦١٥٧٥٨ - ٦١٥٧٥٩ - ٦١٥٧٦٠ - ٦١٥٧٦١ - ٦١٥٧٦٢ - ٦١٥٧٦٣ - ٦١٥٧٦٤ - ٦١٥٧٦٥ - ٦١٥٧٦٦ - ٦١٥٧٦٧ - ٦١٥٧٦٨ - ٦١٥٧٦٩ - ٦١٥٧٧٠ - ٦١٥٧٧١ - ٦١٥٧٧٢ - ٦١٥٧٧٣ - ٦١٥٧٧٤ - ٦١٥٧٧٥ - ٦١٥٧٧٦ - ٦١٥٧٧٧ - ٦١٥٧٧٨ - ٦١٥٧٧٩ - ٦١٥٧٨٠ - ٦١٥٧٨١ - ٦١٥٧٨٢ - ٦١٥٧٨٣ - ٦١٥٧٨٤ - ٦١٥٧٨٥ - ٦١٥٧٨٦ - ٦١٥٧٨٧ - ٦١٥٧٨٨ - ٦١٥٧٨٩ - ٦١٥٧٩٠ - ٦١٥٧٩١ - ٦١٥٧٩٢ - ٦١٥٧٩٣ - ٦١٥٧٩٤ - ٦١٥٧٩٥ - ٦١٥٧٩٦ - ٦١٥٧٩٧ - ٦١٥٧٩٨ - ٦١٥٧٩٩ - ٦١٥٨٠٠ - ٦١٥٨٠١ - ٦١٥٨٠٢ - ٦١٥٨٠٣ - ٦١٥٨٠٤ - ٦١٥٨٠٥ - ٦١٥٨٠٦ - ٦١٥٨٠٧ - ٦١٥٨٠٨ - ٦١٥٨٠٩ - ٦١٥٨١٠ - ٦١٥٨١١ - ٦١٥٨١٢ - ٦١٥٨١٣ - ٦١٥٨١٤ - ٦١٥٨١٥ - ٦١٥٨١٦ - ٦١٥٨١٧ - ٦١٥٨١٨ - ٦١٥٨١٩ - ٦١٥٨٢٠ - ٦١٥٨٢١ - 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ANNEX III: Resources available to family violence survivors

ABAAD (Dimensions)-Resource Center for Gender Equality: <http://abaadmena.org/>

Non-profit, non-politically affiliated, non-religious civil association founded in June 2011 with the aim of promoting sustainable social and economic development in the MENA region through equality, protection and empowerment of marginalized groups, especially women. Specific projects include working with men to prevent gender based violence.

Address: Furn Chebbak, Sector 5, 51 Bustani Street, Najjar Bldg., Ground Floor

P.O.Box: 50-048 Beirut-Lebanon

Tel/fax: 01 283 820; 01 283 821

Mobile (office): 70 283 820

ABAAD Hotline: 81 78 81 78

Men's Center Phone: 71 283 820

KAFA (enough) Violence & Exploitation <http://www.kafa.org.lb/>

Lebanese non-profit, non-political, non-confessional civil society organization committed to the achievement of gender-equality and non-discrimination, and the advancement of the human rights of women and children

Address: 43, Badaro Street, Beydoun Bldg, First Floor. Badaro

Phone: 961-1-392220

Fax: 961-1-392220

Email: kafa@kafa.org.lb

Kafa Hotline for victims of intimate partner violence: 03-018019

Kafa hotline in collaboration with internal security forces: 1745

Socio-legal counselling, legal representation, psychotherapy, covering forensic doctors' reports, referral to shelters

KAFA hotline for migrant domestic workers who are physically and sexually abused: 76-090910

Socio-legal counselling, legal representation, referral to shelters

YWCA Lebanon: <http://www.lebanonywca.org/saynotoviolence.html>

Young Women's Christian Association is a volunteer movement whose mission is to achieve social justice through programs for community development.

Locations in cities across the country (Beirut, Ach-Chiyah, Bauchrieh, Hadath, Jbeil, Tripoli, Ablah, Sidon, Tyre, Marjeyoun)

Hotline: 01-367300

Rassemblement Democratique des Femmes Libanaises (RDFL – The Lebanese Women Democratic Gathering)

<http://www.rdflwomen.org/>

Secular non-governmental women organization which works with the democratic forces and represents a part of the advocacy secular democratic women's movement, on basis of international pacts and treaties

Address: Zekak Al Blat, Batriarkieh, Nahhas Str., Al Rayes & Hammoud Bldg., 1st Floor P.O Box 14-5620 Beirut Lebanon

Phone: (01)370120

Fax: (01) 370189

Email: rdfl@inco.com.lb

RDFL Hotline: 01-370120

Caritas Migrant Center

<https://www.facebook.com/CaritasLebanonMigrantCenter/info>

The Caritas Lebanon Migrant Center is an autonomous, specialized center of Caritas Lebanon (a Jesuit Christian Charity founded in Lebanon in 1976). Combining both individualized legal and social support as well as advocacy efforts with the public and relevant government agencies, CLMC carries out different activities in support of respect for the human rights of migrants.

Address: Takla Center - Facing Futuroscope - Charles Helou Blvd, Sin El Fil, Beirut

Caritas Hotlines: 03-092538 and 03-290066

The Lebanese Coalition to Resist Violence against Women (LECORVAW)

<http://www.lebanesewomen.org/about1.html>

A nongovernmental organization which aims to break the silence on the issue of domestic violence and to promote women's human rights and equality between man and women in all fields.

Beirut Damascus Road – Sodeco – Bassoul Building, 2nd Floor

Telefax: 01 612 846 – 01 612 899

Hotline: 03 829 809

Tripoli Amine Moukaddem Sreet – Abdel Wahab Building, 2nd Floor

Telefax: 06 624 060

Hotline: 03 416 735

Email Beirut: lecorvaw@inco.com.lb

Tripoli: l_corvaw@idm.net.lb

ACTED

ACTED's mission is to save lives and support people in meeting their needs in hard to reach areas. ACTED develops and implements programs that target the most vulnerable amongst populations that have suffered from conflict, natural disaster, or socio-economic hardship. ACTED's approach looks beyond the immediate emergency towards opportunities for longer term livelihoods reconstruction and sustainable development.

Address: Ortho. Hosp. st, Nahr, Beirut, Lebanon

Telephone: +961-1-561030 | +961-1-561031

ActionAid

ActionAid has been present in the Arab Region operating across Jordan and Lebanon since the mid 2000's, implementing programmes focusing predominantly on young people. In 2018 our new regional strategy People's Action for Equity and Social Justice in the Arab Region 2018-2022 – identified three programme priorities:

- Humanitarian Response and Protection
- Women's Rights
- Youth Civic and Political Participation

Address: Joub Jannine - Nabatiyeh Rd
Phone: 71 442 641

Akkarouna

Akkarouna is a local non-profit NGO that is managing 3 office in the Northern Region of Lebanon, Namely in Akkar, Tripoli and Baddawi. Its aim is to achieve sustainable socio-economic growth through youth, women and children empowerment by building their capacities, enhancing community networks, implementing development projects and spreading awareness about rights and citizenship under 5 pillars: Shelter, Protection, Social Stability, Livelihood and Governance.

Address: Tripoli –Lebanon
Phone: 71 373 342

Basmeh & Zeitooneh:

Non-governmental organization dedicated to serving and empowering individuals so that they may lead a life of dignity especially in areas with high concentrations of the most marginalized and desperate Syrian refugees.

Address: Farhat Neighborhood, Opposite of the UNRWA water tank, Shatilla, Beirut, Lebanon
Phone number: +961 76 939 238
Email: contact@basmeh-zeitooneh.org

CARE

Cooperative for Assistance and Relief Everywhere "CARE" is a leading relief and development non-governmental organization fighting global poverty. All their projects focus on ensuring women and girls have a voice in their own development and the basic services they need to receive.

Address: Sami El Solh Ave. Beirut, Beirut, Lebanon
Email address: joumanaatieh@careliban.org
Phone: 01 380815

Diakonia:

Diakonia is a Swedish organization for international development co-operation. Diakonia's goal is a fair and sustainable development in which living standards for the most vulnerable people are improved, and democracy, human rights and gender equality are respected. The starting point for this is the gospel with Jesus as the role model and, based on this, their policy.

Five themes are the basis of their policy
Socio-Economic Justice
Human Rights
Gender Equality
Conflict and Justice
Emergency Response and Disaster Resilience

Address: ALAM Street near MC Donalds Sami el Soloh, Beirut, Lebanon
Email address: jean-paul.chami@diakonia.se
Phone: +9611390073
Fax: +9611390073

Dorcas

Dorcas is a Christian relief and development organisation active in Eastern Europe, Africa and the Middle East. Dorcas works together with local partner organisations. Dorcas is committed to fulfil the command Jesus Christ gave to His followers to take care of the poor and oppressed (Mt.25.31-46), irrespective of their race, religion, gender or political conviction, by encouraging self-reliance through development, providing social care and assisting in emergency situations.

Address: Bouchrieh, Lebanon
Email address: Office@lebanon.dorcas.org
Phone: +9611873458
Fax: +9611896585

Danish Refugee Council Handicap International (HI)

The Danish Refugee Council has been one of the largest INGOs operating in Lebanon since September 2004. DRC's main focus in Lebanon includes the provision of emergency assistance to displaced Syrians, and supporting the capacities of hosting communities across Lebanon. This includes four sectors of intervention: Direct Assistance, Protection, Shelter / Collective Site Management and Coordination and Community Empowerment and Livelihoods...

Address: Sassine Square, Beirut, Lebanon
Email address: info@drclebanon.dk
Phone: +9611339052
Fax: +9611339052

International Medical Corps (IMC)

From Relief to Self-Reliance, International Medical Corps is a global, humanitarian, non-profit organization dedicated to saving lives and relieving suffering through health care training and relief and development programs. Established in 1984 by volunteer doctors and nurses, International Medical Corps is a private, voluntary, nonpolitical, nonsectarian organization. Its mission is to improve the quality of life through health interventions and related activities that build local capacity in underserved communities worldwide.

Address:
Charles Al Helou Street, Beirut, Lebanon
Email address: gghareeb@internationalmedicalcorps.org
Phone: +9611323870
Fax: +9611323871

International Alert

International Alert is a 29-year old independent peace-building organization. They work with people who are directly affected by violent conflict to improve their prospects of peace, and we seek to influence the policies and ways of working of governments, international organizations like the UN and multinational companies, to reduce conflict risk and increase the prospects of peace.

Address: Kalaa'a Street, Beirut, Lebanon
 Email address: info@internationalalert.org
 Phone: +9611744037

Intersos

INTERSOS is a non-profit humanitarian aid organization that works to bring assistance to people in danger, victims of natural disasters and armed conflicts. Established in 1992 with support from the Italian Federation of Trade Unions, its actions are based on the values of solidarity, justice, human dignity, equal rights and opportunities for all people and respect for diversity and coexistence, paying particular attention to the most vulnerable and the unprotected.

Address: Tayouneh, Sami Solh Boulevard
 Beirut, Lebanon
 E-mail: lebanon@intersos.org
 Phone: +9611382177

International Organization for Migration (IOM)

Established in 1951, IOM is today a proactive, responsive and results-oriented intergovernmental organization dedicated to promoting humane and orderly migration worldwide by serving the policy and program needs of governments and migrants.

Address: Jnah Street, Beirut, Lebanon
 Email address: iombeirut@iom.int
 Phone: +9611841701
 Fax: +9611841705

International Rescue Committee (IRC)

The International Rescue Committee (IRC) responds to the world's worst humanitarian crises and helps people to survive and rebuild their lives.

Address: Naccache Street, Achrafieh, Beirut, Lebanon
 Email: <https://www.rescue.org/page/contact-irc>

Lebanese Red Cross (LRC)

The Lebanese Red Cross is a humanitarian organization and an auxiliary team to the medical service of the Lebanese Army. Its headquarters is in the Lebanese capital city of Beirut.

Headquarters

Address: Spears Street, Kantari, Beirut-Lebanon
 Phones: +961 1 372802- 3- 4- 5
 Beirut Explosion direct financial assistance program: +961 1 365520
For Emergencies Call 140

Makhzoumi Foundation

Makhzoumi Foundation is a private non-profit Lebanese organization with a mission to help individuals contribute better to their economical and environmental growth, and encourage the continuous development of their level of education, information technologies, entrepreneurship and awareness.

Address: Kornish El-Mazraa, Beirut, Lebanon
Email address: info@makhzoumi-foundation.org
Phone: +9611661346
Fax: +9611663901

Medecins du Monde

Medecins du Monde (MdM) is an international humanitarian organization providing care to the most vulnerable populations affected by war, natural disasters, disease, famine, poverty or exclusion. Originally established in France in 1980, the Medecins du Monde international network is composed of 15 member associations and works in 64 countries.

Address: 100 General Chehab Street, Beirut, Lebanon
Email address: info@mdm-me.org
Phone: +9611289882

Mercy Corps

Mercy Corps exists to alleviate suffering, poverty, and oppression by helping people build secure, productive, and just communities. The agency pursues its mission through emergency relief services, sustainable community development, partnering closely with civil society, and facilitating economic development.

Address: Alfred Naccache Str., Facing Hotel Dieu de France (After Al Bahriya insurance)
Beirut, Lebanon
Email address: hsalhab@mercy Corps.org
Phone: +9611425466-7
Fax: +9611425469

Mosaic-MENA

MOSAIC, the MENA Organization for Services, Advocacy, Integration and Capacity building, is a holistic program committed to improve the health and wellness of LGBTIQ persons in Lebanon and beyond. Through its national presence in Lebanon and its regional networks in the MENA region, MOSAIC strategic goal is to achieve the coexistence of people of diverse sexual orientations and gender identities (SOGI) in LGBTIQ-friendly communities and national systems.

Address: Badaro - Nadine El Ghourayeb Bldg - 1st Floor, Sami El Solh Street, Beirut, Lebanon
Email address: mosaic@mosaic-mena.org
Phone: 0096176945445
Fax: 009611395445

Mouvement Social

Mouvement Social has centers widely spread all over the Lebanese territory close to the most disadvantaged people.

At the service of: the Human Being... All the Human Being... and every Human Being... is at the forefront of the organization's priorities. It aims to build a fair and humane society, to improve the citizenship and autonomy of the underprivileged through socio-economic development projects and to implicate Lebanese youths in the development and improvement of their society.

Address: 185 Badaro Street, Beirut, Lebanon

Email address: mouvementsocial@mouvementsocial.org

Phone: +9611383718

Fax: +9611387736

Norwegian Refugee Council (NRC)

NRC provides humanitarian aid to refugees from Syria, Palestine, and vulnerable Lebanese communities. This assistance includes education, shelter, community management and coordination, water and sanitation, and information, counselling and legal assistance services. NRC also engages in advocacy with governments and donors to expand and safeguard refugee rights and protection.

Address: Weavers Center, 10th Floor, Clemenceau, Beirut, Lebanon

Email: lb.recruitment@nrc.no

Phone: +961 1 366 113(4) (5)

OXFAM

Oxfam has been working in Lebanon since 2006. Oxfam has a regional Gender Justice Hub that administers a regional gender justice program and a Lebanon program working on Water and Sanitation activities, Protection and Emergency Food and Sustainable Livelihoods programs. Oxfam works with local Lebanese non-governmental organizations and local municipalities.

Address: Sodeco Sodeco Square Building, Bloc B, 1st and 2nd Floor, Beirut, Lebanon

Email address: lebanonjobs@oxfam.org.uk

Phone: +9611611823/4/5

Première Urgence

Première Urgence - Aide Médicale Internationale is a not-for-profit, non-political and non-religious NGO. Born in March 2012 from the merger of 2 highly experienced and complementary French NGOs (PU and AMI), its objective is to bring about a global response to the basic needs of populations suffering from acute humanitarian crisis and to allow them to recover their autonomy and dignity.

Address: Ain El Remmeneh, Sanine Street, Beirut, Lebanon

Phone number: 01 215 676

RESTART Lebanon

Restart Center for Rehabilitation of Victims of Torture and Violence Restart Center is a Non-Governmental Organization (NGO) active in the field of rehabilitation of victims of torture and violence. Restart was established in 1996.

Address: Damm w Farez Behind SahSeh, Tripoli, North Lebanon, Lebanon

Email address: info@restartcenter.com

Phone: +9616410577

Fax: +9616410577

RET Liban

RET Liban is an independent, neutral, non-religious, non-political, non-governmental local Lebanese organization.

Since 2014, RET has started its operations in Lebanon, responding to the most substantial gaps in education, protection, social cohesion and livelihoods, supporting the displaced populations in Lebanon, while targeting the most vulnerable community members, with particular attention given to youth and women.

Address: Assad Eid Building, 3rd floor, Shukri Shoucair Street, Geatawi, Ashrafieh, Beirut, Lebanon

Email address: info@retliban.org

Phone: +9611565466

Read More at: <https://daleel-madani.org/civil-society-directory/ret-liban> Copyrights © 2019 Lebanon Support. All rights reserved.

Rene Moawad Foundation (RMF)

RMF provides medical care to the poor; develops agriculture and rural enterprises; conducts literacy campaigns and vocational training; encourages public political participation; promotes democratic values; and protects the environment.

Address: Alfred Naccach Street Facing Hotel Dieu Hospital, Beirut, Lebanon

Email address: rmf@rmf.org.lb

Phone: +9611613367-8

Economical Intervention for Local Development (SHEILD)

SHEILD is a Lebanese association. The mission of SHEILD is to bring relief to the population in general and to those who suffered and still suffering from war and from the absence of governmental health and social care and protection in particular, through direct assistance as well as through community based interventions to enhance human rights and social awareness, economical conditions and protection for all community categories, following a participatory approach through involving local stakeholders and authorities in a system of coordination to assess needs and implement programs responding to these needs with the most vulnerable and deprived in the center of attention and focus.

Address: Abo Dib Street Facing Coral Station, Tyre, Lebanon

Email address: a_roz@sheild-lb.org

Phone: +9617350924

Fax: +9617350924

Secours Islamique France (SIF)

Secours Islamique France (SIF) is a Non-Governmental Organization of international solidarity based in France. Founded in 1991, SIF is an apolitical neutral organization whose objective is to provide immediate and long-term support to vulnerable population affected by natural disasters, armed conflicts and other types of crisis.

Address: Sami Soleh Street, Beirut, Lebanon

Email address: hr.sif.lebanon@gmail.com

Phone: +9611385531/2

United Nations High Commissioner for Refugees (UNHCR)

The agency is mandated to lead and co-ordinate international action to protect refugees and resolve refugee problems worldwide. Its primary purpose is to safeguard the rights and well-being of refugees. It strives to ensure that everyone can exercise the right to seek asylum and find safe refuge in another State, with the option to return home voluntarily, integrate locally or to resettle in a third country. It also has a mandate to help stateless people.

Address: Dr. Philippe Hitti Street P.O.Box: 11-7332, Beirut, Lebanon

Email address: lebbe@unhcr.org

Phone: +9611849201

Fax: +9611849201

United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)

UNRWA provides assistance and protection for some 5.6 million registered Palestine refugees to help them achieve their full potential in human development.

Address: Sportive City Road opposite Sportive City P.O.Box 11-0947, Beirut, Lebanon

E mail: a.othman@unrwa.org

Phone: +96118404905

Fax: +9611840466

Union of Relief and Development Associations (URDA)

In June 2012, the Syrian refugee crisis reached its peak in Lebanon. Immediately, thirty humanitarian non-governmental organizations felt the need to coordinate their humanitarian efforts under one strong umbrella, thus paving the way for the Union of Relief and Development Associations to be born.

URDA provides its services through seven different humanitarian programs:

- Relief
- Shelter
- Healthcare
- Education
- Protection
- Development
- Sponsorship

Address: Khaldeh, Behind Al-Rammal Supermarket, Al-Anwar Building, Ground floor, Mount Lebanon, Lebanon

Email address: info@urda.org.lb

Phone: +961 5 807 046

Fax: +9611755004

Welfare Association

The Welfare Association is a non profit organization aims to help the Palestinian refugees in the Palestinian camps in Lebanon.

Address: Al Akhtal Al Sagher Street, Beirut, Lebanon

Email address: welfarelb@jwelfare.org

Phone: +9611850218

Fax: +96118502181

World Vision International (WVI)

World Vision is a Christian humanitarian organization dedicated to working with children, families and their communities worldwide to reach their full potential by tackling the cause of poverty and injustice

Address: Al Mountazah, Mansourieh, Lebanon

Email address: lbn_cv@wvi.org

Phone: +9614401980

Fax: +9614401982

Youth Network for Civic Activism (YNCA)

Non-profit organization with the purpose of:

- 1- Ensuring safe spaces for vulnerable groups including women, youth and persons with disabilities
- 2- Enhancing Child Protection in South Lebanon
- 3- Enhancing social stability between Syrian refugees and their host communities in South Lebanon and between various Lebanese fractions
- 4- Advocating for related issues

Address: Tawfeer Building, Second Floor, Nabih Berri Highway, Nabatieh, Lebanon

Email address: info@ynca-lb.org

Organizations for Child Protection:

Plan International

Plan International is an independent development and humanitarian organization that advances children's rights and equality for girls. We strive for a just world, working together with children, young people, our supporters and partners.

Address: Sassine Square behind LibanPost, Beirut, Lebanon

Email address: colin.lee@plan-international.org

Terre des Hommes Lebanon (TdH- L)

Terre des hommes (Tdh) is the leading Swiss organization for children's aid. Through our health, protection and emergency relief programs, we provide assistance to over three million children and their families in more than 45 countries each year. Major Child protection

concerns such as gender-based violence, child labor, early marriage, school dropouts and negative coping mechanisms are widespread and increasing. Tdh opened its Lebanese delegation in 1977. After a few years out of the country in the 90's, Tdh reopened an office in 2006 in South Lebanon to respond to the humanitarian needs generated by the 33-day war. Tdh soon became, and still is today, the main child protection (CP) agency in the South.

Address: Behind Najem Hospital, Tyre, Lebanon
 Email address: humanresource@tdh.ch
 Phone: +9617344197
 Fax: +9617344197

Himaya

Himaya is a local NGO founded in 2009 with the mission to promote a global protection of innocence in danger.

In order to ensure the achievement of its mission, himaya works not only with the child but with his family and environment as a whole.

The organization strives for change on a national level in order to ensure a long lasting impact on the lives of children in Lebanon.

Address: Street Mar Charbel - 58, Fanar, Lebanon
 Email address: recruitment@himaya.org
 Phone: +9617930105
 Fax: +9611395315

Association du Foyer de l'Enfant Libanais

SEF (Service de L'Enfant au Foyer) is a Lebanese non-profit organization that provides quality comprehensive services for children and their mothers suffering from domestic violence regardless of their social, religious or political affiliation.

SEF shelters, supports and empowers children and their mothers, over a period of time, by creating a supporting environment for growth and advocating for their rights while working towards their safe and sustainable reintegration in society.

Address: Couvent of the Resurrection, Miled Al Naddaf
 New Rawda, Mount Lebanon, Lebanon
 Email address: info@sefliban.com
 Phone: 03 - 30 25 34
 Fax: 01 - 68 64 55

Save the Children International

For more than five decades, Save the Children has used rights-based approaches in Lebanon to increase access for children, adolescents and youth to quality education, and strengthen child participation and protection at the family, school and community levels. Save the Children empowers civil society in Lebanon in times of peace and in times of conflict to respond to the needs of children in Lebanon.

Address: Al Nasra Street P.O.Box: 113-7167, Beirut, Lebanon
 Email address: lebanonhrb@savethechildren.org
 Phone: +9611614680
 Fax: +9611614680

United Nations Children's Fund (UNICEF)

The United Nations Children's Fund UNICEF is a United Nations Program headquartered in New York City that provides long-term humanitarian and developmental assistance to children and mothers in developing countries. It is one of the members of the United Nations Development Group and its Executive Committee.

Address: Sodeco, Beirut, Lebanon
Email address: ddaccache@unicef.org
Phone: +9611607582

L'Union pour la Protection de l'Enfance au Liban (UPEL)

UPEL is an association of public utility that works for juveniles who have problems of moral disorder or difficulties with the law. These juveniles conflict with justice, laws and regulations and therefore need control, protection, prevention and care. The Assembly of the Union for the Protection of Juveniles has helped the youth for more than seventy nine years. The government contracted UPEL to secure social services to the juvenile courts, to ensure juveniles an education, to address the prevention of hazards, and rehabilitate youth.

Address: N/A Palace of Justice, Beirut, Lebanon
Email address: info@upel.org
Phone: +9611427973
Fax: +9611427973

War Child Holland (WCR)

War Child works towards a world in which children are never involved in armed conflict. War Child believes that all children and young people should be protected from armed conflict and should be enabled to meaningfully participate in issues concerning them. Ultimately, children should be supported to enjoy their right to healthy psychosocial development and live a dignified life.

Address: Hussien Al Owaini St., Beirut , Lebanon
Email address: hr.lebanon@warchild.nl
Phone: +9611801725
Fax: +9611801725

Women's Shelters:

Maryam & Martha: <http://maryamandmartha.org>

Lebanese NGO that shelters and rehabilitates abused and isolated women, provides support reinforcement, and identification of opportunities and works towards changes which impact women who are financially, socially and physically vulnerable.
Phone: 09-236961/2 03-553121

Centre de Formation Professionnelle du Bon Pasteur/Soeurs du Bon Pasteur (Sehaile/Keserwan)

Located in Sehaile in Keserwan, the center, which is affiliated with the Catholic Church, provides sanctuary and protection for girls and young women from all over Lebanon who have been abused. The center accommodates 40 young women aged between 13 and 22 years, providing them with full boarding, vocational training and an illiteracy elimination program. Phone: 03-827532

Other resources for domestic workers:

Migrant Community Center:

<https://www.facebook.com/MigrantCommunityCenterLebanon/info>

MCC is a community center where migrant workers can come to meet, organize, discuss issues and hold celebrations and miscellaneous events. Members of the MCC are free to communicate and to work on cases that involve abuses that have been inflicted on domestic workers, such as, physical abuse, non-payment of wages and incidents related to discrimination.

Address: Shartari bldg, 2nd floor, Boutros Dagher Street,
Gemmayze (near La Tabkha), Beirut
Phone: 01 444283
Email: MCCbeirut@gmail.com

ANNEX IV: Treatment of sexual assault survivor

	< 72 hours since incident	> 72 hours since incident
Prevent sexually transmitted diseases	- Give prophylactic antibiotics to treat gonorrhoea, chlamydia and syphilis - Give the shortest (and easiest) course possible [eg. 250 mg IM ceftriaxone + 1g azithromycin orally will be sufficient presumptive treatment for gonorrhoea, chlamydia and syphilis]	Test for STIs and treat accordingly

Prevent HIV	It is believed that starting PEP as soon as possible (and, in any case, within 72 hours after the rape) is beneficial. [PEP = 2 or 3 antiretroviral (ARV) drugs given for 28 days. PEP can start on the same day as emergency contraception and preventive STI regimens. Note that follow up scheduling differs if PEP has been given.	Offer voluntary counselling and testing after 3 months. Follow up visits depend on whether PEP is given: if PEP: 1 week, 6 weeks, 12 weeks; if no PEP: 2 weeks and 12 weeks.
Prevent Hep B	Hepatitis B vaccine within 14 days of the incident. If fully vaccinated, no additional doses of hepatitis B vaccine need be given. Provide medication only in exceptional	If she has not been fully vaccinated, vaccinate immediately, no matter how long it is since the incident.
Prevent tetanus	If there are any breaks in skin or mucosa, tetanus prophylaxis should be given unless the survivor has been fully vaccinated. If the wound is clean, minor and recent (<6hrs old), use tetanus toxoid (active protection) rather than tetanus Immunoglobulin (passive protection). The complete course takes 6-12 months to complete.	If she has not been fully vaccinated, vaccinate immediately, no matter how long it is since the incident. If there remain major, dirty, unhealed wounds, consider giving tetanus immunoglobulin if this is available
Prevent pregnancy	Taking emergency contraceptive pills (ECPs) within 120 hours (5 days) of Unprotected intercourse reduces the chance of pregnancy by 56-93%. Pro-gestosterone only pills are recommended. ECPs are not a form of abortion.	If pregnant, counsel on all options. <5 days after incident, a copper IUD will prevent > 99% of pregnancies. There is no evidence of efficacy of ECPs >5 days post-incident
Wound care	Clean and suture any wounds. Provide analgesia and antibiotics if severe/dirty.	Treat, or refer for treatment, all unhealed wounds, fractures, abscesses, and other injuries and complications.
Mental health care	All survivors should be offered a referral to the community focal point for sexual and gender-based violence, if coexists Explain to the patient that symptoms of anxiety (eg dizziness) are common.	Explain to the patient that symptoms of anxiety (eg dizziness) are common

Annex V: Referral pathways for GBV survivors

If a survivor approaches to seek help, kindly follow the below instructions:

1. All actions taken will be guided by respect for the wishes, the rights, and the dignity of the survivor.
2. Talk to the survivor in a private setting, reassure about confidentiality (information will be shared only if survivor provides consent and only with persons involved in assisting her/him).
3. Maintain a non-judgmental manner, do not laugh or show any disrespect for the survivor or her/his culture, family or situation.
4. Be patient and show empathy at all times, use healing statements to comfort her/him such as: I am sorry that happened to you, it's not your fault, you are safe right now, I am here to support you.
5. Do not ask survivor detailed questions about the SGBV incidents; obtain only minimal information which would allow you to do the referral (UNHCR registration number, name of survivor, contact details, assistance needed).
6. Provide the survivor with information on case management service providers, briefly explain that these service providers have specialized case workers who will assist survivors in reaching the different type of assistance they need; including psycho-social, medical, legal, financial, among others if needed, and assistance to find safe accommodation. All these services are free of charge. Remind survivors of sexual violence that specialized medical assistance is important and should be provided as soon as possible after the incident notwithstanding how long time elapsed since the incident. Service providers assist all refugees without any discrimination, information is confidential and nothing will be done without the express consent of the survivor.
7. You need to obtain the survivor's consent for referrals to case management.
8. If within your organization you have to make referrals through other members of your organization e.g. your supervisor; you need to inform the survivor about that.
9. If survivor provides consent: immediately contact service providers directly by phone. Additional information can later on be provided by e-mail using the IA referral form (password protected, password to be sent separately).
Limit to confidentiality: if survivor is a child, s/he should be referred in any case to ensure her/his best interest. If survivor is an adult but is not conscious, at risk of being hurt or to hurt someone else, s/he should be referred anyway.
10. If survivor does not provide consent: you have to respect her/his choice and provide the survivor with hotlines for communities explaining that s/he can seek help through these hotlines anytime. If the survivor is a survivor of rape, sexual violence or physical violence or there is still an immediate risk on her/his safety; you should sensitize her/him again on the risks for her/his health/life if help is not sought. If the survivor was subjected to rape and is unwilling to be referred to case management partners but willing to seek medical assistance, contact directly health facilities mentioned at the end of the document to organize an appointment for the survivor.
11. Ensure all information about the survivor is destroyed or kept in locked cabinet.

Referred by الإحالة من	Referred to الإحالة إلى
Insert the contact information for the referring agency. أدخل معلومات الاتصال الخاصة بمنظمة الإحالة.	Insert the contact information of the agency you are referring to أدخل معلومات الاتصال الخاصة بالمنظمة التي تقوم بالتحويل إليها
Sector: القطاع Agency/Center: المنظمة/المركز Location: المنطقة Focal Point Name: جهة الاتصال Email: البريد الإلكتروني Phone: رقم الهاتف	Sector: القطاع Agency/Center: المنظمة/المركز Location: المنطقة Focal Point Name: جهة الاتصال Email: البريد الإلكتروني Phone: رقم الهاتف

استمارة الإحالة بين الوكالات:

Priority الأولوية	Date of Identification تاريخ اكتشاف الحالة	Referral Date تاريخ الإحالة
Indicate the priority of the case so the receiving agency knows the timeframe to respond. Consider if there are indications of immediate risk to personal safety as expressed by the person being referred. تحديد أولوية الحالة حتى تعرف منظمة الاستلام الإطار الزمني للرد. خذ بعين الاعتبار إذا كانت هناك مؤشرات على خطر فوري على السلامة الشخصية كما عبر عنها الشخص المحال		
■ Fast-track (high risk) - serious imminent risk to personal safety (life-threatening situation) requiring immediate intervention within 1-48 hours الإحالات الطارئة- خطر وشيك على السلامة الشخصية (حالة مهددة للحياة) تتطلب التدخل الفوري خلال 1-48 ساعة ■ Regular (medium/low risk) - likelihood of serious risk to personal safety requiring speedy intervention within 1-14 days الإحالات العادية (متوسطة / منخفضة المخاطر) - احتمال حدوث مخاطر خطيرة على السلامة الشخصية تتطلب التدخل السريع في غضون 1-14 يومًا		

Phone:

رقم الهاتف

Caregiver informed of the referral? ☐ Yes ☐ No (If no, explain)

هل تم تبليغ مقدم(ة) الرعاية عن هذه الإحالة؟ ☐ نعم ☐ كلا (إذا كان الجواب كلا، الرجاء

الشرح) _____

Needs for specific services and assistance الاحتياجات الخاصة

Indicate the service/s which you are referring for. Please refer to the IS Service Mapping to ensure the service is available and the case meets the eligibility requirements for the service.

حدد الخدمة\ الخدمات التي تشير إليها. يرجى الرجوع إلى نظام الإحالة للتأكد من أن الخدمة متاحة وأن الحالة تفي بمتطلبات الأهلية للخدمة.

☐ Child Protection: This can include children with specific needs, survivors of/ children at risk of abuse, neglect or violence, children taking care of siblings alone, child head of household, separated or unaccompanied children, children at risk of/early marriage, children engaged in the worst form of child labour – e.g. street-based, exploitative or physically dangerous work.

حماية الطفل: يمكن أن تشمل الأطفال ذوي الاحتياجات الخاصة، ناجين / أو المعرضين للإساءة أو الإهمال/ العنف، المسؤولين عن رعاية أشقائهم من دون وصي، رب(ة) الأسرة، المنفصلين عن الأهل البيولوجيين/ غير المصحوبين من قبل وصي قانوني، المستخدمين في أسوأ أشكال عمالة الأطفال والمعرضين لخطر الزواج المبكر- على سبيل المثال: عمل الأطفال في الشوارع، والعمل الاستغلالي، والعمل الخطير جسدياً، وما إلى ذلك

☐ SGBV (Prevention and response including safe spaces and psychosocial support): This can include survivor/ at risk of physical and/or psychological violence, abuse or neglect, exploitation, early marriage, tracking.

العنف المبني على أساس النوع الاجتماعي (خدمات الوقاية والاستجابة للعنف المبني على أساس النوع الاجتماعي): يمكن أن يشمل الناجي(ة) / المعرض(ة) لخطر العنف الجسدي و / أو العنف النفسي، الإساءة أو الإهمال، الاستغلال، والزواج المبكر الخ.

☐ Legal: This can include family members arrested / detained / at risk of deportation, or in need of mediation with landlord, employer, service provider or support for other legal issues (i.e. residency, birth or marriage registration).

قانونية: يمكن أن يشمل أفراد الأسرة الموقوفين / المعتقلين / الصادر بحقهم (إ) أمر مغادرة، في حاجة إلى الوساطة مع مالك الأرض/البيت أو صاحب العمل أو مزود الخدمة أو الحاجة إلى الدعم الفردي في المسائل القانونية (أي تسجيل الإقامة أو الولادة أو الزواج).

☐ Protection: This can include persons with specific needs, such as older person or person with disability or person with serious medical condition unable to care for self and/or lacking a caregiver, single parent caring for dependents (<18 years or adult who needs a caregiver), persons facing specific protection risks (e.g. risk of eviction, security incident or harassment).

Case Information (only include if consent has been obtained)
معلومات الحالة (فقط بعد موافقة الشخص)

Insert the basic biodata and contact information which is needed for the case to access the required service. Check the IS Service Mapping to see whether additional information requirements are needed to access the service.

أدخل البيانات البيولوجية ومعلومات الاتصال اللازمة للحالة للوصول إلى الخدمة المطلوبة. تحقق من خدمة نظام الإحالة لمعرفة ما إذا كانت هناك حاجة إلى معلومات إضافية للوصول إلى الخدمة

Name:	UNHCR Case Number:
الاسم	رقم الملف لدى المفوضية السامية للأمم المتحدة
Address:	لشؤون اللاجئين
العنوان	Age:
Phone:	العمر
رقم الهاتف	Sex: [F] [M]
Belongs to Whom:	الجنس [ذكر] او [انثى]
صاحب الرقم	
Preferred method of contact:	
الطريقة المفضلة للاتصال	
Preferred date/time for contact:	
الوقت والتاريخ المفضل للاتصال	

Caregiver information (when case is a minor (below 18 years)
معلومات عن مقدم الرعاية اذا كان الشخص قاصراً (عمره أقل من 18 سنة)

Name of Caregiver:
اسم مقدم(ة) الرعاية
Relationship to Child:
صلة القرابة بالطفل(ة)
Address:
العنوان

■ Livelihoods: it can include vulnerable Lebanese in needs of financial services (financial literacy, savings and loans) or vulnerable individuals or households (a) in need of financial literacy and savings (b) willing to enroll in short term vocational trainings (c) willing to engage in Labor Intensive Projects; for Non-Lebanese terms and conditions apply as per the Lebanese laws, rules & regulations. Syrians are limited to work in the sectors specified by MOL decisions. Strong focus is on Women and Youth.

سبل العيش: يمكن أن تشمل اللبنانيين المحتاجين إلى خدمات المالية (الالمام بالأمور المالية، الإيدخار والقروض) أو الأفراد أو الأسر الضعيفة (أ) المحتاجين إلى الالمام بالأمور المالية والإيدخار (ب) المستعدين للتسجيل في دورات تدريبية مهنية قصيرة المدى، (ج) المستعدين للانخراط في مشاريع العمل المكثفة؛ تطبق الشروط والأحكام بالنسبة لغير اللبنانيين بحسب القوانين، القواعد، والأنظمة اللبنانية. على سبيل المثال يقتصر عمل السوريين على القطاعات الذي تحددها قرارات وزارة العمل. يجب أن يكون التركيز على النساء والشباب.

■ Water, sanitation and hygiene: Only in informal settlements it can include rehabilitation or the construction of latrines, construction of grey water system, de-sludging services, water trucking requests and the distribution of hygiene kit, drainage kit, garbage bins, and water tank. In informal settlements and urban areas, it can include requests for hygiene promotion sessions.

المياه والصرف الصحي والنظافة الصحية: فقط في المخيمات ويمكن أن تشمل إعادة التأهيل أو بناء المراحيض ، بناء نظام المياه المبتدلة ، خدمات إزالة الرواسب ، طلبات نقل المياه بالشاحنات وتوزيع أدوات النظافة ، مجموعة الصرف الصحي ، صناديق القمامة ، وخزان المياه . أما في المخيمات والأحياء ، يمكن أن تتضمن طلبات لجلسات تعزيز النظافة

Case Narrative وصف الحالة

Describe the minimum information required by the receiving agency to be able to respond to the referral. This can include problem description, whether s/he receives other assistance, number in the household, etc. For referrals to SGBV, CP and Protection case management, do not provide details of the case or incident.

صف الحد الأدنى من المعلومات التي تطلبها المنظمة المتلقية لتكون قادرة على الرد على الإحالة. يمكن أن يشمل ذلك وصف المشكلة ، سواء كان يتلقى مساعدة أخرى، عدد أفراد الأسرة. لا تقدم تفاصيل الحالة أو الحادث عن حالات العنف القائم على النوع الاجتماعي، حماية الطفل، إدارة الحالات

الحماية: يمكن أن يشمل الشخص الذين لديهم احتياجات خاصة كالمسنين، أو الشخص ذو الإعاقة الذي يفتقر إلى مقدم الرعاية و / أو غير قادر(ة) على رعاية نفسه، والأفراد الذين يواجهون مخاطر حماية معينة (مثل خطر الإبعاد، المضايقة من قبل أفراد المجتمع / السلطات، وغيرها).

■ Basic Assistance: This can include complaints and support needs related to lost/exceeded PIN, lost card, mistreatment by bank staff, card malfunction, concerns related to exclusion from cash/food, persons in need of Core Relief Items/Non-Food Items (referrals are not accepted for multi-purpose cash)

المساعدة الأساسية/المساعدة الغذائية: يمكن أن تشمل ارقام التعريف الشخصي المفقودة، البطاقة المفقودة، سوء المعاملة من قبل موظفي البنك، عطل في البطاقة، المخاوف المتعلقة بالاستبعاد من المساعدة النقدية/ الغذائية، في حاجة إلى مواد الإغاثة الأساسية / المواد غير الغذائية. (لا يتم قبول الإحالات للمساعدات النقدية المتعددة الأغراض)

■ Food Security and Agriculture: This can include lost PIN, lost card, mistreatment by bank staff, card malfunctioning, concerns related to exclusion from cash/food; it can also include most vulnerable individuals or households (a) willing to enrol in short term vocational trainings (b) willing to engage in agricultural seasonal/casual labour. For non-Lebanese terms and conditions apply as per the Lebanese laws, rules & regulations. Syrians are limited to work in the sectors specified by MOL decisions.

الأمن الغذائي والزراعة: يمكن أن يشمل ذلك فقدان رقم التعريف الشخصي ، أو البطاقة المفقودة ، أو سوء المعاملة من قبل موظفي البنك ، أو خلل في البطاقة ، الحالات المتعلقة بالاستبعاد من النقد / الغذاء ؛ يمكن أن يشمل أيضًا الأفراد أو الأسر الأكثر ضعفًا (أ) الراغبين في الالتحاق بالتدريب المهني القصير المدى (ب) الراغبين في العمل الزراعي الموسمي/ العرضي. تطبق الشروط والأحكام على غير اللبنانيين حسب القوانين والقواعد اللبنانية. يقتصر العمل في السوريين القطاعات التي تحددها قرارات وزارة العمل.

■ Health: This can include individuals in need of specialized mental health services and individuals in need of hospital care (not otherwise covered by UNHCR/NEXTCARE).

الصحة: يمكن أن تشمل الأفراد الذين يحتاجون إلى خدمات الصحة العقلية المتخصصة والأفراد الذين يحتاجون إلى الرعاية في المستشفيات (الذين لا تشملهم تغطية من قبل المفوضية السامية للأمم المتحدة لشؤون اللاجئين/ NEXTCARE).

■ Education: It can include a child not attending school or at risk of dropping out from school, or community learning spaces, rejected enrolment of child by public school. It also includes children and youth who have special needs in need for learning support or referral to specialized services.

التعليم: يمكن أن يشمل الطفل الذي لا يذهب إلى المدرسة أو المعرض لخطر ترك المدرسة، أو مساحات التعلم المجتمعية، والإبلاغ عن العقاب البدني / الإساءة البدنية أو اللفظية من قبل المعلمين أو أقرانهم في المدارس العامة، ورفض تسجيل الأطفال في المدارس الحكومية. ويشمل أيضا الأطفال والشباب ذوي الاحتياجات الخاصة أو المحتاجين إلى دعم تعليمي أو إحالة إلى الخدمات المتخصصة.

■ Shelter: It can include new arrivals/homeless/eviction cases with no shelter, bad shelter conditions in informal settlements, residential and non-residential structures, heavy flooding/inundation informal settlements and destroyed shelters due to fire or natural hazards. informal settlements and destroyed shelters due to fire or natural hazards.

المأوى: يمكن أن يشمل الوافدين الجدد / المشردين / حالات الإخلاء من دون مأوى، وظروف المأوى السيئة في المستوطنات غير الرسمية، والمباني السكنية وغير السكنية، والفيضانات / الغمر الشديد في المستوطنات غير الرسمية، والملاجئ المدمرة بسبب الحريق أو الأخطار الطبيعية.

Checklist of Referral تفاصيل الإحالة

Check that you have considered all aspects of conducting a safe referral prior to sending the referral.
تحقق من أنك قد درست جميع جوانب إجراء إحالة آمنة قبل إرسال الإحالة.

Individual is informed of available service options and consents to go ahead with the referral? ☐ Yes
☐ No (If no, explain) _____

هل تم إبلاغ الشخص بالإحالة والخدمات المتوفرة؟ ☐ نعم ☐ كلا (إذا كان الجواب كلا، الرجاء الشرح) _____

Individual has signed consent to release information. ☐ Yes ☐ No (If no, explain) Hotline Referral _____

هل وقع(ت) الشخص الموافقة على مشاركة المعلومات؟ ☐ نعم ☐ كلا (إذا كان الجواب كلا، الرجاء الشرح) _____

Any contact preferences? 0 Yes 0 No (If yes, explain) _____

أي تفضيلات اتصال؟ ☐ نعم ☐ كلا (إذا كان الجواب نعم، الرجاء الشرح) _____

Any risks or immediate safety concerns observed/expressed? ☐ Yes ☐ No (If yes, explain) _____

ملحظة أو أخبار عن أي مخاطر أو مخاوف السلامة الفورية
أي تفضيلات اتصال؟ ☐ نعم ☐ كلا (إذا كان الجواب نعم، الرجاء الشرح) _____

Referral pathways in Bekaa Area: Bekaa

Service	Focal Point for referral (Name and Last Name)	Telephone	Email	Target Groups (specify if the services are targeting specific groups such as children, PWD, LGBTIQ)	Geographical Coverage
CMR					
Rachaya Governmental Hospital	Hassan Khwayer Nissrine Hamdan	03445520 - 71445520 08591503 ext: 204		All groups All groups	Rachaya

Consent to Release Information الموافقة على مشاركة المعلومات

Read the disclosure with the individual. Inform the individual how his/her data will be used by the service provider and answer any questions s/he might have before s/he signs the disclosure. For children under 18 years where the caregiver may be implicated in the abuse informed assent should be sought instead.

Explain to the individual that s/he has the right to request that his/her information not be documented and can request retrieval of the information at any time. S/he has the right to refuse to answer any questions they prefer not to and the right to ask questions or for explanations about the referral process at any time.

اقرأ الكشف مع الفرد. أخبر الفرد بكيفية استخدام بياناته من قبل مقدم الخدمة وأجب عن أي أسئلة قد تكون لديه قبل أن يوقع الكشف. بالنسبة للأطفال دون سن 18 عامًا حيث قد يكون مقدم الرعاية متورطًا في الإستغلال يجب أن يتم تطبيق الموافقة المستنيرة بدلاً من ذلك.

وضح للفرد أنه يحق له طلب عدم توثيق معلوماته ويمكنه طلب استرداد المعلومات في أي وقت. وله الحق في رفض الإجابة على أي أسئلة يفضلون عدم الإجابة عليها ، كما يحق له طرح أسئلة أو توضيحات حول عملية الإحالة في أي وقت

I _____ (person of concern name), acknowledge that the service provider, _____ (service provider name) has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. I understand that my information will be treated with confidentiality and respect and will only be shared as needed to provide assistance and may be used for purposes of humanitarian analysis. By signing this form, I authorize this exchange of information to the specified service provider/s for the specific purpose of providing assistance to my family and/or myself.

أنا _____ (اسم الشخص المعني) ، أقر بأن مقدم الخدمة ، _____ (اسم مقدم الخدمة) قد شرح بوضوح الإجراء الخاص بالإحالة إلي وأدرج المعلومات الدقيقة التي سيتم الكشف عنها. أفهم أنه سيتم التعامل مع معلوماتي بسرية واحترام ولن يتم مشاركتها إلا عند الحاجة لتقديم المساعدة ويمكن استخدامها لأغراض التحليل. من خلال التوقيع على هذا النموذج ، أصرح بتبادل المعلومات هذه لمقدم / مقدمي الخدمة المحددين لغرض محدد هو تقديم المساعدة لعائلتي و / أو لنفسي.

Signature of Client:
توقيع العميل

Date:
التاريخ

Baalbeck Governmen- tal Hospital	Dr. Mohamad Yahfoufi Ghada Chaaban	03758435 03318225		All groups All groups	Baalbeck
MSF PHC clinic & Mother & Child Centre	Abir Al Mokdad	70830862		All groups	Aarsel
Zahle (Elias Hrawi) hos- pital	Dr. Sandra Bi- agini Rabiha Saad Hospital Landline	70756722 3729386 8825600		All groups All groups All groups	Zahle
MSF PHC Clinic in Hermel	Zeina Wehbe Fatima Houjeiri	70957326 71248696		All groups All groups	Hermel
MSF PHC Clinic in Baalbeck	Doua' Sanouh Hanan Yazbek	3052459 71002378		All groups All groups	Baalbeck
Labwe Municipality Center	Dima Rabah Nancy Rabah	70540418 71137252		All groups All groups	Labwe
Case Management					
Mosaic	Pia Maria Dab- bak	76945445	pia@mosaic-mena.org	LGBTIQ	All Bekaa
KAFA	Maya Haddad	70 997269	maya.haddad@kafa.org.lb	Women and Girls	All Bekaa
Mercy Corps	Faten Geha	76 847473	fgeha@mercycorps.org	Women and Girls	All Bekaa
ABAAD	Mireille Daher Zeinab Mortada	71563569 3507831	mireille.daher@abbadme- na.org zeinab.mortada@abaad- mena.org	All groups	Central & West Bekaa North Bekaa
Himaya	Samar Nahas Leila Sonble	71802883 79300418	samar.nahhas@himaya.org leila.sonble@himaya.org	Children Children	Central & West Bekaa North Bekaa
IMC	Chaza Fouani	71491434	cfouani@internationalmed- icalcorps.org	Women and girls	Central Bekaa & Younin

Nabad For development	Alia El Romeh Zahraa Abdel Sater	81222073 79111063	alia.romeh@nabadlb.org zahraa.abdulsater@naba- dassociation.org	All groups	Kfarzababad, Ain Kfarzabad, Deir eL Ghazel, Dakwe, Deir Ain Al Jawze, Al Jazira BJ, Ouseya, Hawsh Al Harimi Rayak, Aali Nahri, Dawha, Massa , Raait, Sariin, Hellaniy, Tamnin, Ain Tini, Bedneyil, Beit Chama, Hawsh Refka, Baalbeck, Younin, Talia, Britel, Nabi chit, Chlifa, laa, Yamouni, Tay-be, Hawsh Tal Safiyi, Btedaii, Hellaniyi
DRC	Mohamad Abou Esper	70299109	mohammad.esper@drc. ngo	Women and Girls	El Marj, Al Faour, Bar-Elias, Qab Elias, Baalbek, Tal Al Abyad, Tarayya, Hadath Baalbek, Btedii, Nabi Sheet, Hammoudyi, Talya, Hizzine, Britel, sariin el Faouqa, Sariin el Tahta, Houch rafqa
Specialized Mental Health					
MAGNA	Rayan El Najjar	71159303	mhpss_beqaa@lebanon. magna.org	All groups	Baalbeck, Chaat, Younine, Rasm El HAdath
MDM	Buthaina Mahmoud	70125868		Community mental health and substance use center; Only Mental health support	Baalbeck
Humedica	Maria Kassouf	78840125	mhpss.lebanon@humedica.org	All groups	Central Bekaa
Legal assistance (for GBV related issues)					
INTERSOS	Hiba Chamoun	71673036	legal.bekaa.lebanon@intersos.org	All groups	Central & West Bekaa
IRC	Tarek Rifai	70606643	Tarek.Rifai@rescue.org	All groups	North Bekaa

Mount Lebanon

Service	Focal Point for referral (Name and Last Name)	Telephone	Email	Target Groups (specify if the services are targeting specific groups such as children, PWD, LGBTIQ)	Geographical Coverage
CMR					
MSF Birth Centre (RHUH) 24/7	Johanna Dibiasi (24/7) Midelt Ali (Mo - Fr 8 am-4.30pm) Dr. Christine Khady (Mo - Fr 8 am-4.30pm)	76192060 71159002 70328274	MSFOCB-SB-MWAM@msf.org MSFOCB-SB-IPDSup@msf.org MSFOCB-SB-ObgynTL@msf.org	All groups	Beirut, Mount Lebanon
MSF Family Centre Bourj el Barajneh (Mo-Fr 8am-4.30pm)	Wafaa Chreif (Mo - Fr 8 am-4.30pm)	81784308	MSFOCB-SB-BBOPDSup@msf.org	All groups	Beirut, Mount Lebanon
MARSA	No specific focal point	1380515		All groups (including LGBTIQI)	All Lebanon
Makhzoumi Foundation	Rana Baytamouni Farah Mashharawi	01/660890 Ext: 110 & 237	r.baytamouni@makhzoumi-foundation.org f.mashharawi@makhzoumifoundation.org	All groups	All Lebanon
SIDC NGO	Patrick Farah	01/482 428 70/498 229	p.farah@sidc-lebanon.org	All groups	All districts
Case Management					
ABAAD GBV Case Management	Leila Hamdan	ABAAD Hotline 81788178	leila.hamdan@abaadmena.org	GBV survivors from all Nationalities	Rmeileh, Mereijeh, Ain Remmeneh, Burj Hammoud, Sed Bauchrieh, Jbeil, Messaitbeh & Ghebaireh
ABAAD CP Case Management	Randa Khayat	ABAAD Hotline 81788178	randa.khayat@abaadmena.org	Children	Rmeileh, Mereijeh, Ain Remmeneh, Burj Hammoud, Sed Bauchrieh, Jbeil, Messaitbeh & Ghebaireh)
SIDC NGO	Cynthia Skaff	01/482 428	c.skaff@sidc-lebanon.org	All groups including LGBTIQI	All Beirut and Mount Lebanon
Dorcas Tabitha	Norma Nazarian	81478127	n.nazarian@tabithalb.org	All groups	Achrafiyeh - Bourj Hammoud and Central Beirut
Dorcas Tabitha	Lara Zeidan	81/930078	l.zeidan@tabithalb.org	Women	aley and upper Aley

MOSAIC	Fatima Karaki Ribal Maatouk Rabih Maher Fatima Karaki	76945445 71046248 1395445 76945445	fatima@mosaic-mena.org Ribal@mosaic-mena.org Rabih@mosaic-mena.org Fatima@mosaic-mena.org	LGBTIQ+ LGBTIQ+ LGBTIQ+ LGBTIQ+	National National National National
Helem	Wael Chamas	71916146	wael@helem.net	LGBTIG+ Communi- ty	Beqaa, Beirut and ML
UNRWA	Dareen khatib	81/995585	d.khatib4@unrwa.org	Palestin- ian Wom- en and Children	National
KAFA	Celine el Kik Marleine Teb- shrani	03-018019 03-018019	celine.elkik@kafa.org.lb marleine.tebshrani@kafa. orb.lb	All groups	National (exept Bekaa)
IMC	Thia Dagher	81866781	tdagher@international- medicalcorps.org	All groups	All Beirut and Mount Lebanon
Concern Worldwide	Omar Al Ajami	70017161	omar.alajami@concern.net	All groups	"Borj Hammoud Rmeil Zkak Blat"
Specialized Mental Health					
SIDC NGO	Maria Stephan	"01/491 705 76/028 221"	m.stephan@sidc-lebanon. org	All groups	National
DORCAS TABITHA	Raghda Al Arab	05/556769	r.elarab@tabithlb.org	All groups	Aley and Upper Aley
Legal assistance (for GBV related issues)					
DORCAS	Raghda al Arab	05/556769	r.elarab@tabithalb.org	Women and Girls	Aley and upper Aley
KAFA	Farah Imad	76-434728	farah.imad@kafa.org.lb	Migrant domestic workers and wom- en victims of prosti- tution and trafficking for sexual exploita- tion	National
Safe Shelters					
ABAAD	Jihane Isseid	ABAAD Hotline 81788178	jihane.isseid@abaadmena. org	GBV survivors from all nationali- ties or at risk	BML (Rmeileh, Mereijeh, Ain Remmeneh, Burj Hammoud, Sed Bauchrieh, Jbeil, Messaitbeh & Ghe- baireh)

CARITAS	Nancy Chehade	79303202	nancy.chehade@caritas.org.lb	Emergency Safe Shelter for SGBV survivors, women and girls/ with children (boys up to 8 years old)	National
KAFA	Joelle Ibrahim	71-966256	joelle.ibrahim@kafa.org.lb	Migrant domestic workers and women victims of prostitution and trafficking of sexual exploitation	National

South

Service	Focal Point for referral (Name and Last Name)	Telephone	Email	Target Groups (specify if the services are targeting specific groups such as children, PWD, LGBTIQ)	Geographical Coverage
CMR					
Marjaayoun Hospital (prioritized facility)"	Walid Abu Salha	03-817853	abousalhawaleed@yahoo.fr	All groups	Marjayoun
Saida Governmental Hospital	Dr. Walid Fares Head of ER	03-693874		All groups	Saida
Nabatieh Governmental Hospital	Dr. Najwa Shkaroun			All groups	Nabatyeh
MAP	Kafa Hourani	70-802857		Palestinians (all age and gender)	Saida

Case Management					
IMC	Reem Albitar Asifa Khrawish Saada Charaf	78 972145 81 615279 78 972173	relbitar@internationalmedicalcorps.org akhrawish@international-medicalcorps.org scharaf@internationalmedicalcorps.org	Women and Girls Women and Girls Women and Girls	Saida Sour/Tyre Jezzine
INTERSOS	Sally Al Keiss Sawsan Atoui	81 314085 81 314054	marjaayoun4.safespace@intersos.org protection.south.lebanon@intersos.org	All groups Women and Girls	Hasbaya, Marjayoun, Nabatieh, Bent Jbeil
ABAAD	Fatima Masarra	81 790400	wgss.bintjbeil@abaadmena.org	Palestinians (all age and gender)	Bent Jbeil
NABAA	Hiba Hamzah Aya Al-Hussein	70 539239 76 123962	h.hamzi@nabaa-lb.org alhussienaya@gmail.com	Palestinians (all age and gender)	Sour/Tyre Saida
AL NAJDEH	Hiba Hajaj	70 895667	h.hajaj1@hotmail.com	Palestinians (all age and gender)	Sour/Tyre
TdH Kausanne	Alia Al Turki	03 981211	Alia.alturki@tdh.ch	Children	Saida, Sour/Tyre, Jezzine
Specialized Mental Health					
INTERSOS	Sally Al Keiss	81 314085	marjaayoun4.safespace@intersos.org	All groups	Hasbaya, Marjayoun, Nabatieh, Bent Jbeil

North T5

Service	Focal Point for referral (Name and Last Name)	Telephone	Email	Target Groups (specify if the services are targeting specific groups such as children, PWD, LGBTIQ)	Geographical Coverage
CMR					
Tripoli Gov Hospital	Dania El Haj	76740058		All groups	T5
IMC Tal Maayan PHC	Mariana Yaakoub	70448063	myaccoub@International-MedicalCorps.org	All groups	Akkar
Notre dam hospital Qobayat	DR Mohamad Merhi	70083653		All groups	Akkar

Case Management					
DRC	Jessica Estephan	71776349	jessica.estephan@drc.ngo	All Groups	Akkar and T5
IRC	Dina Tannous	81666148	Dina.Tannous@rescue.org	Women and Girls	Akkar
LECORVAW	Rayan Kashkash	70462731	rayan_kachkach@hotmail.com	Women, Girls PWD	T5
Concern Worlwide	Monica Rahal	76448759	Monica.Rahal@concern.net	All groups	Akkar and T5
Abaad	"Souad Meshlewi Jana Mallat"	"81790300 81790600"	"wgss.qobbeh@abaadme-na.org wgss.bebnine@abaadme-na.org"	Women and Girls	Akkar and T5
AND	Nicole el Nahri	79300818	nicolenahry@gmail.com	Women and Girls	Akkar
IMC	Fadila Tossiyeh	3443208	tossyeh@International-MedicalCorps.org	Women and Girls	Akkar and T5
Specialized Mental Health					
Restart	Rayan Kabbara		rayan@restartcenter.com	All groups	Akkar and T5
IMC	Rouba Al Khoury Nisrine Assi		ralkhoury@International-MedicalCorps.org; nassi@InternationalMedi-calCorps.org	All groups	Akkar and T5
Legal assistance (for GBV related issues)					
Intersos	Nour Nafeh	79303503	Po.legal.north.lebanon@intersos.org	"Women Men Children PWD"	Akkar and T5

Helplines for SGVB Survivors

ABAAD Safeline
+961 81 78 81 78

Embrace Hotline
1564