

CHILD ABUSE AND NEGLECT IN SAUDI ARABIA: WHAT ARE WE DOING AND WHERE DO WE STAND?

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Children have been recognized as victims of violence, neglect, abandonment and slavery throughout recorded history. Infanticide was an accepted practice for dealing with unwanted children in pre-Islamic cultures in the face of scarce resources. Islam began to preach against infanticide and intentionally inflicted injuries, and has considered them a capital offense, necessitating punishment to assailants. Prophet Mohammed (peace be upon him) affirmed in his sayings that children should be well-treated, fed, educated and gently disciplined in order to create a godly society on earth.

Child maltreatment is a serious and pervasive phenomenon that affects not only the children, but also the family and society. The child may be maltreated by a variety of acts of commissions or omissions by those responsible for his care. The reported incidence of child abuse varies with the definition, and is usually thought to be underestimated. Although the definition of child abuse and neglect is under debate, a plausible one is an illness or injury stemming from a situation in the environmental setting which threatens the child's well-being or survival. In general, an abused child is defined as one whose parent or other person legally responsible for his or her care inflicts or allows to be inflicted physical injury, sexual offence, or creates or allows substantial risk to the child. A neglected child is one whose physical, mental or emotional condition has been impaired because of failure to meet the child's needs for clothing, shelter, education, medical care, proper supervision or guardianship, or one who has been abandoned.¹

Until the 1990s, cases of child abuse and neglect went unpublished by medical professionals in Saudi Arabia.² Indeed, some have alleged that the inability or unwillingness of physicians to acknowledge the possibility that parents could abuse their children was the reason why it was hidden for so long. Some physicians resist diagnosing child abuse or neglect because of inadequate training, the problem of establishing the diagnosis with certainty, the risk of stigmatizing the family, personal and legal risks, and the potential effect on their practice. Others are reluctant to become involved in social or legal bureaucracy. Nevertheless, child abuse has recently become more visible in Saudi Arabia,³ and a continued annual increase in the number of cases is evident from another paper published in this issue of the *Annals*.⁴ I believe this is attributable, at least in part, to the fact that Al Ayed et al. are looking carefully at every injured or neglected child for

the possibility of abuse. This case report cries out for action on behalf of defenseless children,⁴ and the prevention of child abuse must involve reassessing the values, practices and realities of our social life. The values of a society may influence the method of child rearing at home. For example, the acceptance of corporal punishment in our society and schools may encourage parents to use harsh discipline. Acceptable methods of controlling behavior and of solving conflicts in our homes must be found.

The typical abusing family appears to have suffered serious environmental or social stresses, such as a crisis in housing, job, marital relationship, or in access to essential services or support.^{1,5} These problems may be associated with low parental tolerance of children, and with explosions of violence. Child abuse and neglect may be viewed as a symptom of a dysfunctional family and is a problem with complex and multivariate origins.⁵ It has been recognized that the propensity for child abuse and neglect has three interacting elements: a parent with a psychological predisposition, a child with qualities that are provocative, and a stressful event that triggers a violent reaction.¹ The recognition of child abuse also hinges on the same diagnostic principles valid for all medical problems, namely, a precise history, a thorough physical examination and appropriate laboratory and radiographic studies. One of the physician's responsibilities is to decide whether the injuries in a particular child are consistent with the child's age, level of activity and the proffered explanation for the injury. Failure to recognize abused children may increase their morbidity and mortality.

The complexity and nature of child abuse and neglect require the integration of medical, social and psychologic data that are best achieved by an interdisciplinary team.⁵ This child protection team usually provides consultative, diagnostic and evaluation services. Ideally, the team would include a pediatrician, a social worker, a psychiatrist, a psychologist, a nurse, a law enforcement officer and a hospital administrator. The professional team services aim to protect the child, and simultaneously help the parents to understand their own problems. The major services of this team include identification of abused or neglected children, treatment of injuries or conditions resulting from such abuse or neglect, early intervention for psychologic maladjustments, as well as rehabilitation of the child's parents and protection of the child from repetitive abuse or neglect. If the suspected incident of child abuse or neglect is substantiated, several outcomes are possible: counselling

or psychotherapy may be provided, placement of the child in a foster home of a close relative or in temporary shelter may be arranged, and/or criminal charges may be filed, depending on the circumstances.

Violence towards children should be considered a major national problem, and should become a focal point of substantial public and governmental attention in our country. A National Committee on Prevention and Management of Child Abuse and Neglect should be urgently established to assume an active leadership role in attacking the problem, to provide a mechanism for increasing knowledge about the causes of this problem, and to identify steps that can be taken to prevent and treat abuse. Professional representatives from the Ministries of Education, Health, Interior, Justice, Labor and Social Affairs, Colleges of Medicine, Law and Social Work, and major health institutes should constitute this committee. The committee should establish an understood local policy for the management of child abuse and neglect, facilitate existing programs of interdisciplinary teams for the management of child abuse and neglect in the tertiary hospitals, and work with other academic institutions to educate health professionals about their role in the identification and management of child abuse and neglect. It should also legally mandate health professionals to

report suspected child abuse and neglect, and distribute educational materials to the professional and public media.

In no health problem have the medical and social services shown more limitations than in the management of child abuse and neglect. The children who are least able to protect themselves continue to suffer. Even without physical damage from trauma or associated effects of neglect, children cannot be expected to thrive in a home in which fear of violence is an unrelenting specter. In light of these concerns about the rights of children to be protected from cruelty, it is anticipated that children should be acknowledged forthrightly and compassionately by all who care for them.

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