Correspondence

Family profile of victims of child abuse and neglect in the Kingdom of Saudi Arabia

To the Editor

I read with interest, the recent study on "family profile of victims of child abuse and neglect in the Kingdom of Saudi Arabia" by Alghamdi & Saleheen.1 Abuse is defined as an act of commission and neglect as an act of omission. This is a pervasive national problem throughout the world with a short and long term physical, mental health, and social consequences to the child, family, and community at large. In 2010, the United Nations Children Emergency Fund (UNICEF) found 33 countries affected with child abuse and neglect (CAN. The percentage of children aged 2-14 years who experienced any violent discipline (physical punishment or psychological aggression) were 40% from Bosnia and Herzegovina (recorded lowest) and 95% from Yemen as the highest number of cases. The HealthCare professionals' responsibility is to identify the maltreated children and help them to ensure their protection and health. They should assume a more vital and strategic role related to prevention, treatment, and advocacy. The broad approach must be identified, child and family welfare approach focus on the family as a whole and child safety approach must be established.²

In 2013, alleged maltreatment of approximately 6.4 million children were recorded in the United Sates of America (USA).³ In the Kingdom of Saudi Arabia (KSA), there are 39 child protection teams (CPTs) in major hospitals across the 13 provinces. The CPTs function is under the jurisdiction of the National Health Council. Each CPT is composed of a core multidisciplinary team (pediatricians, social workers, psychologists) in addition to ad hoc members, surgeons, legal service providers, nurses, and others.⁴

Saudi Arabia reported a high number of Shaken baby syndrome (SBS). Out of the 248 substantiated child maltreatment cases, 36 had fatal shaken. The age of the children was between 4 days and 2 years old.

New parents must understand SBS by highlighting the dangers of shaking infants, and how to respond when infants cry.⁵

In Khaibar area of Medina, KSA, there was a young boy and his 2 sisters who were brutally abused by their own mother. The mother is in her 40s and mentally unstable. The father, who has diabetes, was too weak to protect them. The children endured great mental agony and physical torture over the past 2 years. The mother beat them brutally and the 2 girls were isolated from their brother. The mother shaved the girls' heads and neglected the 3 children. The 2 girls are receiving monthly aid for their disabilities as one of them has a mild intellectual disability since birth, while the other has hereditary anemia.⁶ In our study, hereditary blood disease (sickle cell disease in childhood in Medina) in this region. Approximately, 73.5% of patients were mainly from Medina and neighboring area of Khaibar, KSA. It will be in the interest of the patients if the treating doctor will look into the social aspect to prevent the child abuse.7 There is a regional variation of CAN in Saudi Arabia. In remote areas of Southern (Aseer, Tehama) region, some parents used to treat their sick children by burning the skin of the patient (Kawi).8

We also noticed 3 children whose enlarged tonsils were removed manually (by fingers) and were admitted in Aseer Central Hospital, Aseer, KSA for treatment for severe bleeding. These cases were reported in local medical journal.

In Jeddah (western region of Saudi Arabia), when treatment fails, they bring the child to our clinic for treatment after their parents treated them at home.

Recognition of CAN is expanding in Saudi Arabia. This is due to the successful adoption of a system of intervention consisting of child protection centers in conjunction with mandatory reporting and data collection strategies. In addition, the changes in public attitudes towards a better understanding of CAN enhanced further recognition and reporting of neglect and milder forms of abuse.

We believe that the number of reported CAN cases in KSA will continue to rise; hence, adequate multisectorial services for the abuse victims require further development and improvements throughout the country. Children's rights include freedom of association with both parents, human identity as well as the basic needs for physical protection, food, universal state, paid education, health care, criminal laws appropriate for the age, development of the child, equal protection of the child's civil rights, freedom from discrimination on the basis of the child's race, gender, sexual orientation, gender identity, national origin, religion, disability, color, ethnicity, or other characteristics. Interpretation of children's rights range from allowing children the capacity for autonomous action to the enforcement of children being physically, mentally, and emotionally free from abuse. The UNICEF is promoting the rights of every child, everywhere, in everything the organization does. Thanks to its global presence in every country in



the world. It is uniquely positioned to make a difference in the lives of the children. UNICEF has more than 60 years' experience working for children and the only organization specifically named in the convention on the rights of the child as a source of expert assistance and advice. UNICEF's mission is to advocate for the protection of children's rights, help meet their basic needs, expand their opportunities to reach their full potential, helps to strengthen laws and policies, and improve understanding of the convention at all levels of society. Children must have the respect, to enjoy love and affection from their parents. If the parents themselves do not care about the rights of their children; if they do not provide proper religions and formal education; if they neglect their character-building; if they put so much burden upon them that is beyond their strength; if they behave towards the children tyrannically, then they are compelling the children to revolt. Parents are responsible to teach the children how to live in society with respect and honor. Teachers also play an important role to prevent this menace. Magnitude of the problem is far less in KSA as compared to USA.² As practicing pediatricians, we suggest that concerned authorities should provide every hospital and health center contact phone numbers and people to be contacted to inform such cases. The person should be available round the clock like the Toxicology Center. In medical colleges, post-graduate students should be allotted CAN topics for research. I recommended further studies on this subject.

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Reply from the Author

Dr Nabi described the different types of child maltreatment practiced in Saudi Arabia and the progress occurring in the field from the commencement of child protection centers (CPC) in the health care facilities to the approval of child protection legislations in 2013, and finally the establishment of the National Registry to register all cases of child maltreatment that is presented to the health care facilities in the kingdom. The availability of the National Family Safety Registry and the instigation of researches on different types of child maltreatment will provide us with more information about the incidence and prevalence of child maltreatment, risk factors, indicators, and short and long term consequences, which will clarify the picture about the situation of child maltreatment in Saudi Arabia..

I would like to add 2 major global development in the field of child maltreatment, one is the World Health Organization resolution in the general assembly WHA67.15, which state that "strengthening the role of health systems in addressing violence and in particular against women and girls, and against children (WHA67.15, May2014)". Second, child abuse is now recognized as a pediatrics subspecialty by the American Board of Medical Sub-Specialties in both United States of America and Canada which shall encourage physicians from KSA to enroll and enable them to to be enrolled in this sub-specialty and enable them to expand their knowledge and expertise in this field.

I would like to thank Dr Nabi for his valuable comments on the paper. His letter is an addition to the article, which provide an altruistic dimension to the issue of child maltreatment.

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