Child abuse and neglect in the Arab Peninsula

Fadheela T. Al-Mahroos, MD, MHPE.

ABSTRACT

Objectives: To provide an overview of the problem and patterns of child abuse and neglect in the 7 countries of the Arab Peninsula, and to highlight some of the difficulties and shortcomings.

Method: This study was conducted by reviewing medical literature, published between January 1987 and May 2005. In addition, reports were obtained from regional meetings and professional organizations. Each study or report was reviewed, assessed, and summarized.

Results: Three studies from Kuwait identified 27 children; 22 with physical abuse, 3 with sexual abuse, and 2 with Munchausen's syndrome by proxy (MSP), and 3 deaths. Eleven case reports from Saudi Arabia identified 40 abused children; 24 with physical abuse, 6 with sexual abuse, 4 with MSP, and 6 with neglect. Fatal outcome was documented in 5 children. In Oman, 5 cases of MSP were reported. A total of 150 hospital-based cases were reported from Bahrain; 50 with physical abuse, 87 with sexual abuse, and 10 with both forms of abuse. In Yemen, population based surveys revealed a wide spread use of corporal punishments and cruelty to children at homes, schools, and juvenile centers, which ranged from 51-81%.

Conclusion: Children in the Arab Peninsula are subjected to all forms of child abuse and neglect. Child abuse is ignored or may even be tolerated and accepted as a form of discipline, abused children continue to suffer and most abusers go free, unpunished and untreated. Confronting these realities is a necessary step in the long and hard road to break silence, respond to and prevent child abuse and neglect in the Arab Peninsula.

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From the Sulmaniya Medical Complex, Ministry of Health, College of Medicine and Medical Sciences, Arabian Gulf University, Manama, Kingdom of Bahrain.

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Address correspondence and reprint request to: Dr. Fadheela T. Al-Mahroos, Sulmaniya Medical Complex, Ministry of Health, College of Medicine and Medical Sciences, Arabian Gulf University, PO Box 11602, Manama, Kingdom of Bahrain. Tel. +973 39235342. Fax. +973 17791706. E-mail: fadheela@batelco.com.bh

Violence has been part of the history of mankind and has resulted in an endless legacy of misery, destruction and in some circumstances led to the demise of vibrant civilizations. Amongst nations and within families, violence has always been an indicator of abuse of power to control, exploit, and oppress others. Above all, of all forms of violence, cruelty to children is a culmination of the societies' disregard to the protection of its most vulnerable members and disrespect to their basic human rights. The notion that child abuse and neglect are rare in the Arab Peninsula is a myth that can no longer stand the strength of the evidence, and is unacceptable denial. Like many other cultures around the world, infanticide is well recognized in the history of this region and was documented in the holy Qur'an 14 centuries ago; "when the girl-infant that was buried alive is asked: for what sin she was killed".[1] In addition, many recent reports documenting child abuse and neglect started to emerge from this region. All Arab Peninsula countries are oil producing and have high living standards except for Yemen, which is a primarily rural society and characterized by high rates of poverty. Under-5 mortality rates range from as low as 8 per 1,000 live births in the United Arab Emirates (UAE) to 27 per 1,000 live births in Saudi Arabia, while in Yemen it is 111 per 1,000 live births.[2] All countries in the region have ratified United Nations Convention on the Rights of the Child (CRC) and are bound to its articles, which unequivocally protects children from all forms of physical and sexual abuse (Article 19 and 34) and from inhuman and degrading treatment or punishment (Article 37) and calls the member states to take all appropriate legislative, administrative, social, and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation. Furthermore, Article 39 of the CRC requires States Parties to take all appropriate measures to promote physical and psychological recovery and social reintegration of abused children. Although all countries of the region have ratified the CRC, none of them have a law that bans physical and humiliating punishment of children except for Yemen. Current penal codes are inadequate in protecting children, and even those articles that prohibit and punish severe forms of physical injuries and sexual abuse are not enforced adequately. Some countries have school policies

prohibiting physical punishment; however, monitoring and enforcement of the policies are often ineffective. The aim of this study is to provide an overview of the extent of the problem and the pattern of child abuse and neglect in the 7 countries of the Arab Peninsula and to highlight some of the difficulties and shortcomings.

Methods. This study was carried out by reviewing medical literature in Medline, World Health Organization (WHO) Index Medicus for the Eastern Mediterranean Region, and goggle search engine. In addition, reports were obtained from regional meetings and professional organizations in the region. The databases were searched for original research and case reports on child abuse in the region, published between January 1987 and May 2005, using the following terms: child abuse, physical abuse, sexual abuse, Münchhausen's syndrome by proxy (MSP), and one of the Arab Peninsula countries, which are Bahrain, Kuwait, Oman, Qatar, UAE, Saudi Arabia, and Yemen. Details of each study or report were reviewed, assessed, and summarized. The main limitation of this study is that most of the papers are based on limited case reports, or hospital based data. The only exception is the 3 studies from Yemen, which are based on community surveys. This limitation makes it difficult to draw firm conclusions and make the comparison between different countries difficult. In addition, the information on sexual abuse is even more limited or sketchy at best in most countries; this is probably due to cultural and social taboos, which resulted in avoidance of the subject by lay people and professionals alike. However, keeping the limitations in mind, this review is a starting point to identify the gaps in our knowledge, and in the response to child abuse and neglect in the region.

Results. Eight papers and reports were retrieved from Medline; 3 from Kuwait, 2 from Oman, 3 from Saudi Arabia, and one from Bahrain. No papers were retrieved from Qatar, UAE, and Yemen. Thirteen papers were retrieved from the WHO Index Medicus for the Eastern Mediterranean Region. Date of last search was 30th of May 2005. The remaining papers were from goggle search engine, and various peer reviewed medical publications in the region and from conferences and professional organizations.

Child abuse in Kuwait. Three studies from Kuwait identified 27 children; 22 with physical abuse, 3 with sexual abuse, and 2 with MSP, and 3 fatalities. The first case report from Kuwait by El-Hait et al,[3] described 8 children with physical abuse ranging from bruises to fractures and subdural hematoma and one fatal case. Several risk factors were identified such as low socioeconomic condition, prematurity, young mother and marital discord. A stepmother or a stepfather was believed to be the perpetrator in 3 cases. None of the children were removed from the family despite the fact that 4 of the surviving children continued to be abused. Three children were lost for follow up, and no legal action was taken in any of the cases including the death case. The authors concluded that the lack of management guidelines and legal backup are severely undermining the efforts in dealing with child abuse in Kuwait. Another paper by Doraiswamy and Al-Jabiry,[4] reported 3 cases of child abuse; one physical, one sexual abuse, and one MSP. A 12-month old female had 3 sewing needles inserted in her abdomen and one of them was in the bladder. The patient was one of 10 siblings. She received the needed medical and surgical care, but the perpetrators were not identified, and no legal actions were taken in any of the cases. In a recent report, Al-Ateeqi et al,[5] published a retrospective analysis of the medical records of children admitted to 2 hospitals in Kuwait, between 1991 and 1998. The study identified 16 children with evidence of abuse; 13 children had physical abuse, 2 children had sexual abuse, and one child had MSP. The perpetrators were the parents in 75% of the cases. Physical abuse manifested as bruises in 77%, burns in 38%, intracranial hemorrhage in 38%, fractures in 23%, and cut wounds in 15%. Seven of the children were returned to their biological parents, 7 were lost to follow-up, and 2 died. The study concluded that child abuse does exist in Kuwait and is probably under reported. In addition, management is not optimal and guidelines as well as legislation are needed. Qasem et al[6] used a cross-sectional survey to study the attitudes of Kuwaiti parents toward physical punishment of children. The cohort included 337 Kuwaiti mothers and fathers with at least one living child. Eighty-six percent of parents agreed with using physical punishment as a means of child discipline. In 2003, Al-Moosa et al[7] reported on the pediatricians' knowledge, attitudes, and experience regarding child maltreatment in Kuwait. Data were obtained from all pediatricians in public hospitals with pediatric emergency services using a structured detailed self-completed questionnaire. Fifty percent of 117 pediatricians reported having encountered at least one case of abuse and up to 3 cases of neglect in the past year. Participants would most likely alert social workers of suspected maltreatment cases and more than 80% did not know whether there is a legal obligation to report, or which legal authorities should receive reports of suspected cases.

Child abuse in Saudi Arabia. Eleven case reports from Saudi Arabia identified 40 abused children; 24 with physical abuse, 6 with sexual abuse, 4 with MSP, and 6 with neglect. The first paper by Al-Mugeiren and Ganelin,[8] reported factitious hematuria in a 17-month-old child. The patient was discharged under parents' pressure and no social, psychological or legal intervention

was undertaken. The second report by Al-Eissa,[9] was on 7 children with physical abuse and neglect. Psychiatric referral was carried for the parents of a 5-month-old infant with severe shaken baby syndrome, but no referral to the police was mentioned. The custody of 2 children physically abused by the stepfather was transferred from the mother to the biological father. A severely neglected spastic child was discharged against medical advice. The fifth female child was poisoned by the mother in the midst of a chaotic social situation; mother had a difficult childhood, 3 daughters who were not the "longed-for boy" and a recent second marriage of the father. The sixth case was a 7-year-old boy who was strangulated when his mother punished him by tying a rope around his neck and hanging from a ceiling bar. The 7th case was a 6-year-old child who sustained severe injuries in his genitalia when his stepmother punished him for bed-wetting by tying his penis. Al-Jumaah et al,[10] reported a female with mouth ulcers whose mother was using flash caustic lye. Her sister died at 3 years of age with a similar history. The mother is a 24-year-old woman who is the second wife of a 50-year-old father. The patient received the needed medical care and was referred to social services and psychiatric care, but no referral to police. Kattan,[11] reported 10 children; 4 were physically abused, 2 were sexually abused, and 4 suffered from MSP. Injuries ranged from bruises to fractures, bleeding, and intracranial hemorrhage. The mother of a 4-month-old infant with severe subdural hematoma and several fractures was a 17-year-old who is the second wife of a 50-year-old man. The outcome was fatal in 2 children. Legal interventions were not mentioned. In another paper, Kattan et al[12] reported 2 sisters with subcutaneous fat necrosis, bruises, and fractures. Social service and psychiatric referrals were made, but no legal action was taken. In a study of 8 years experience of a regional burns unit in Tabuk, Saudi Arabia, Al-Shlash et al[13] retrospectively analyzed 435 consecutive burn admissions, 70% were children under 12 years, and 2 were attributed to child abuse. Nothing was mentioned regarding the contribution of child neglect to the rest of the cases. Furthermore, a paper by Al-Ayed et al,[14] reported 13 abused children; 4 with physical abuse, 3 with sexual abuse, one MSP, and 5 neglected children. Injuries ranged from bruises, burns, head injury, fracture, epistaxis, and anal laceration. One of the cases was a 10-year-old non-Saudi Arab boy who was used as a jockey for camel riding. The child was severely neglected with extensive skin infection, stomatitis, and failure to thrive. He received medical treatment and was discharged from the emergency room without social or legal intervention. Another report by Elkerdany et al[15] on 2 fatal cases of child abuse demonstrated a dramatic abuse and a striking failure to protect the children. The first child was a 6-day-old newborn who was admitted with extensive intracranial injuries, bilateral vitreous hemorrhage, and several fractures. The parents are cousins, and the mother is a 16-year-old uneducated second wife of a 35-year-old soldier. They indicated that they also had an 18-month-old daughter suffering from frequent fractures, who had repeatedly been admitted to the hospital. The child was treated and before discharge, he again developed more injuries. The social worker and the police were notified, and the baby was returned to his parents, as the police insisted that there was no law in the country that allowed anybody to take a child from his parents, under any circumstances. After 5 days, the parents again brought their baby with another skull fracture and severe brain injuries. The patient was operated on for evacuation of the subdural hygroma and discharged. Three weeks later, the patient was again brought to the emergency room by his parents, with bilateral subconjunctival hemorrhage and hyphema. Three months later, the patient was brought to the emergency room by his parents with bleeding from the left eye. During the same period of time, the child's sister, an 18-month-old girl, was brought to the emergency room by her parents due to a sudden loss of consciousness. The child was brutally injured, had extensive intracranial injuries and was brain dead. Roy et al,[16] reported rhabdomyolysis and acute renal failure in a 5-year-old female with ecchymoses, scars, swollen and tender thighs and buttocks. Abuse was committed by the stepmother. A care order was obtained from Riyadh Governor's Office, and the child was discharged to grandmother. Two older brothers were not investigated. In another paper, Karthikeyan et al[17] reported 3 cases; 2 with physical abuse, and one with sexual abuse. Injuries included fractures, bruises, bite marks, bilateral retinal hemorrhage, cerebral contusion, subdural hematoma, cerebral infarction, and one child died. Injuries in sexual abuse included anal tear and painful anal introitus. Children received medical, orthopedic, and supportive care but none received social or psychiatric care or police referral. An unusual case of impacted esophageal foreign body in a newborn at King Khaled University Hospital, Riyadh was reported by Al-Odaidan et al[18] and attributed the case to child neglect. Children are at

Related topics

Al-Odaidan N, Amu OD, Fahmy M, Al-Khalifa H, Ghazal SS. An unusual case of impacted esophageal foreign body. ***Saudi Med J*** 2000; 21: 202-203.

Koul RL, Chacko A, Al-Lamki Z, Al-Amri AM, Al-Khusaiby S. Munchausen syndrome by proxy. ***Saudi Med J*** 2000; 21: 482-486.

Baeesa SS, Jan MM. The shaken baby syndrome. ***Saudi Med J*** 2000; 21: 815-20.

risk of abuse even before birth. Rachana et al[19] reported the prevalence and complications of physical violence during pregnancy. The authors studied 7105 pregnant women over a 3 year period at a teaching hospital in Dammam, Saudi Arabia. The prevalence of physical violence was 21%. Women, who reported/experienced physical violence, were more likely to be hospitalized antenatally for maternal complications such as trauma due to blows/kicks on the pregnant abdomen, abruptio-placenta, preterm labor, and renal infection. There was a positive association between physical violence during pregnancy and cesarean section, abruptio-placenta, fetal distress, and pre-maturity. These are all known to be associated with adverse maternal and fetal outcome. In an interview with parents in Asharq Al-Awsat newspaper, Al-Kinani[20] reported that a Saudi working mother installed a camera when she suspected that the maid was abusing her child. She said: "The maid left my child crying for hours while she took a bath or watched TV. When the child was hungry, she took the bottle, shouted at him and then threw the bottle at him. In the end, my child cried himself to sleep." Another father installed a secret camera in his home, and described his experience when he discovered that his maid was beating his young child.

Child abuse in UAE. No publications regarding child abuse in the UAE were found in Medline or WHO Index Medicus for the Eastern Mediterranean Region. The only document referring to child abuse in the UAE was found in a proceeding of a seminar regarding Child Abuse held in Dubai 7-8 October 1997. In a presentation at the seminar, Badrelddein,[21] drew attention to physical abuse cases seen in Al-Qasimi Hospital at Sharaqa; approximately 2 cases per year are identified with injuries ranging from multiple bruises to burns and fractures. In addition to several cases of abuse and neglect encountered by health professionals at Motherhood and Childhood Care facilities. No cases of sexual abuse were mentioned.

Child abuse in Qatar. Similar to UAE, no documented reports on child abuse and neglect in Qatar were identified in Medline or WHO Index Medicus for the Eastern Mediterranean Region.

Child abuse in Oman. Five cases of MSP were reported from the Sultanate of Oman. One case report by Koul et al[22] described 5 children; 3 females and 2 males, age ranged from 1-11 years. They were seen over a 4-year period from 1996-1999. In all children, the mother came up with a history of uncontrolled epilepsy. Carbamazepine was the most common antiepileptic drug used. It took 18 months to 6 years (mean 2.8 years) to establish the diagnosis of MSP. In another report by Bappal,[23] a case of factitious hypoglycemia was identified.

Child abuse in Bahrain. The first report on child abuse and neglect in Bahrain appeared in 1997. The study by Al-Mahroos,[24] included 184 schoolgirls; in the age group of 11-18 years. Corporal punishment at school was experienced by 23% and verbal insults were reported by 78% of the girls. Corporal punishment at home was reported by 25% of the girls. In another study by Al-Baharana,[25] of 556 school children in the age group of 9-12 years; corporal punishment at school was reported by 71% of the boys and 35% of the girls. Psychological maltreatment was reported by 45% of the boys and 40% of the girls. In a recent paper, Al-Mahroos et al[26] reported 150 children who were seen over a 10 year period from 1991-2001 in Salmaniya Medical Complex with the diagnosis of child abuse and neglect. The mean age was 7 ± 4 years; 53% were males, and 47% were females. Physical abuse was diagnosed in 50, sexual abuse in 87, both physical and sexual abuse in 10. Divorced parents were identified in 24% of the abused children. Socio-economic status was low in 64%. Males represented 63% and females 37% of the physically abused children. Manifestations of physical abuse ranged from bruises (45%), burns (27%), and fractures (25%) to head injuries (19%). Four patients (7%) died. In sexual abuse, the males represented 45% and females 55% of the abused children. Sexual offenders were males in 96.5% and females in 3.5% of the cases. Sodomy was the form of abuse in 74% of the boys and 8% of the girls. Gonorrhea was reported in 5% of the boys and 8% of the girls. Pregnancy occurred in 12% of the girls.

Child abuse in Yemen. The studies conducted in Yemen are one of the most informative community-based reports regarding corporal punishment from the region. They included 2870 children and focused on identifying the prevalence of corporal punishment at homes, schools and alternative care institutions and at exploring children and parents' views regarding punishment. To estimate the prevalence of corporal punishment of children in the Yemeni rural and urban areas, and to identify the different types of corporal punishment and its impact on children, Alyaheri[27] studied 6-12 year old school children; 1325 students from Al-Mukalla City and 274 students from Tuban District rural areas. The number of boys and girls in the sample was almost equal (51% male, 49% females). Approximately 80% of the mothers of the rural area use corporal punishment to discipline children while 59% of urban mothers do. Boys are significantly more likely than girls to be spanked. Corporal punishment is associated with higher students' total difficulties scores for psychopathology, according to both parents and teachers. Mothers in the lowest educational groups are far more likely to use corporal punishment than

educated counterparts. Another study by the Social Workers' Association in Yemen,[28] explored children's views regarding corporal punishment and used individual and group interviews with 411 school boys and girls in the age group of 10-18 years. In addition, 411 parents and 20 social workers were interviewed. Approximately 80% of the children experienced corporal punishment and 1% reported brutal hitting. A third study from Yemen by Al-Thabhani[29] investigated different forms of violence committed against children. The study included 586 children, 397 parents, and 33 juvenile children from Social Guidance Centers. Most urban and rural children (88.2%) pointed out that the dominant pattern of treatment by their parents when they make mistakes is punishment. The most commonly used means of punishment against children at home are beating (38.6%), blaming (27.5%), hitting with a stick (12.5%) and mocking and ridiculing (8%). The persons who use punishment at home are fathers (32.3%), mothers (32.3%), and the older brothers (21.2%). The study also found that violence is the dominant means of punishing children at school (81.7%). The most common form of punishment is hitting with a stick (65%), followed by blaming (6.5%), and standing in the classroom (6%). The reasons that lead to punishment of children are the negligence of assignments (21.2%) and not following school instructions (9.9%). Sexual harassment was reported by 26.5% of the children at school and 17.9% within the family. The rate of sexual harassment against females is more in urban schools (44.3%). One of the striking findings of this study is the families' social backgrounds, which revealed that most of the sample mothers (51.6%) got married at an early age; between 10-16 years. In addition, the majority of the fathers and mothers (82.1%) believed that using punishment is the right way to discipline children. This study addressed juvenile children as well; most of them (71.8%) came from families suffering from a high prevalence of domestic violence. Approximately half of the children (46%) mentioned beating by the father, dismissal from the house (23%) or withdrawal of pocket money (23%). Most of their families suffer from divorce, second marriage, migration of the father, poverty, or children being forced to beg. Moreover, most of the fathers and mothers of the juvenile children are illiterate or have low levels of education. Most juvenile children who go to school (64.2%) face problems and are subjected to beating by teachers. In addition, many children encountered different forms of violence, sexual abuse and rape before joining the Juvenile center. Other remarkable findings of this study are the reasons for admission, and the way children are treated at the Social Guidance Houses (Juvenile Centers). One third of the children (33.3%) were enrolled by their families and the other third (32.2%) by the public prosecution and the juvenile court, the rest by the police and others not specified. Some children were enrolled as they encountered sexual assault, abuse or rape. This means that they were enrolled as a result of family problems and not due to delinquent acts committed by the children against the society. Punishment is the dominant way (75.7%) of treating whoever makes a mistake in the Juvenile Centers. Hitting with a stick is the common means of punishment. The harsh punishment in the Centers resulted in feelings of insult, oppression, depression, and anger. Some children expressed the desire to commit suicide and some wished that they had died before entering the center.[29] With respect to the national legislation regarding child protection; Yemen issued a national Child Rights Law[30] that complies with the commitments of Yemen towards international legislation on the Rights of the Child. However, considering the findings of the aforementioned studies, there is a big gap that still exists between the law and the practice of parents, teachers, and other professionals in Yemen. In addition, the law does not comply with the CRC regarding the legal age of marriage for girls.

Discussion. There is no doubt that the children in the Arab Peninsula, just like the millions of other children around the world, are subjected to all forms of child abuse and neglect. The prevailing notion implies that the incidence of child abuse is low in this region and that "other societies have lessons to learn from the low incidence of this entity in our area"[31] is not an evidence-based assertion. Lack of adequate data does not imply low incidence of child abuse. Confronting these realities is indeed uncomfortable, but it is a necessary step in the long road to break silence, respond to and prevent child abuse and neglect in this region. The issue here is not whether it exists or not but rather to what extent and what are the patterns, characteristics and risk factors for child abuse and neglect, what are the challenges and what are the best ways to prevent and respond to child abuse and neglect in the Arab Peninsula.

Identifying the extent of the problem accurately is not possible from the currently available data. What is certain however thought, is that the medically reported cases are the most severe ones where the families are compelled, due to the gravity of the situation, to seek medical advice and these children are most likely to represent just the tip of the iceberg while most of the less severe cases go unnoticed and unreported. Available data uncover some disturbing realities regarding child abuse and neglect across the region; child abuse is ignored or may even be tolerated and accepted as a form of discipline. Abused children continue to suffer and are left to face their destiny and even die without

protection, abusers go unpunished, untreated, and they continue to abuse the same child and others. In addition, many abused children live with the consequences of abuse without support or rehabilitation who themselves might become abusers and this maintains the vicious cycle of violence from generation to generation. What is even more disturbing is that most cases of homicide cases were not prosecuted? How could this happen in societies, which pride themselves with the care provided for the children and the weak members of the society? How could this deep gap between words and deeds be bridged?

Characteristics of child abuse and neglect in the region. The pattern of child abuse is similar to what is seen in other parts of the world. The detailed data regarding abuse characteristics presented in all studies are mainly hospital-based, therefore, it is bound to over-represent severe cases and underestimate the size of the problem in the community. Most physically abused children presented with skin manifestations that ranged from bruises to burns. Many children presented with various bone fractures and internal organs injuries. Head trauma was responsible for the most fatalities among younger children. Many abused children presented with unusual manifestations of MSP, especially the case reports from Saudi Arabia and Oman. Child exploitation as a camel jockey is a unique phenomenon in this region. Its mere existence has been denied for a long time. However, the use of children as camel jockeys is identified in UAE, Qatar, Oman, and Saudi Arabia. Al-Ayed et al[14] identified the first medically reported case of child exploitation as a camel jockey in the region. An opportunity to save the reported child was lost as no attempt for protection, rehabilitation or legal intervention was undertaken. Recent international attention and local governments and civil societies commitment are promising to put an end to the blight of these exploited children through enacting and enforcing strict laws and the use of robots to replace children as camel jockeys. The hospital-based study from Bahrain[26] has the largest series and the only study that addressed sexual abuse with some details. Lack of data regarding sexual abuse is most likely to be a reflection of the social taboo that surrounds the issue of sexuality instead of the absence of the phenomena. Similarly, reports regarding psychological maltreatment are limited due in part to the elusiveness of this type of abuse and the difficulty in its documentation.

Risk factors for child abuse and neglect. The socioeconomic issues which came up in many families of abused children are poverty, and social circumstances which are characterized by marital discord, divorced parents, early marriages, age discrepancy between the young girls and the much older fathers and polygamy. In the study from Yemen, more than half of the wives were married at a young age of 10-16 years.[29] Obviously this does not imply a causal relationship but undoubtedly it emphasizes the need to study in depth each risk factor and its relationship with child abuse. These social circumstances can be a source of frustration and a perfect milieu for domestic violence. It does not serve the victims or the society to stifle facts to fit into the value system of the powerful individuals of the society. Therefore, these issues need to be studied carefully and addressed appropriately. The social values and attitudes represent another challenge to the efforts for ending child abuse and neglect, 86% of Kuwaiti parents,[6] and 82% of Yemeni parents,[29] believed that physical punishment is the appropriate means for child discipline.

Response to child abuse and neglect. Across the region, hospital-based data indicated that children tend to receive the needed medical and surgical care but the perpetrators, as a rule, are not identified, and in most cases no legal actions are taken despite the clarity and gravity of the abuse such as the finding of sewing needles in the abdomen of a child, severe head injuries, and fatal abuse. The vast majority of abused children were returned to their biological parents without identifying abusers or holding them responsible for their actions or rehabilitating them. Several children were lost to follow-up and many died. Professionals, in general, are unaware of their legal responsibilities, as reported by Al-Moosa et al,[7] 80% of the pediatricians did not know which legal authorities should receive reports of suspected cases of child abuse and neglect. The report by Elkerdany et al,[15] on the 2 fatal cases of child abuse demonstrated a dramatic abuse and a striking professionals' failure to protect the children, despite the numerous encounters with health professionals. The police insistence that "there is no law in the country that allows anybody to take a child from his parents, under any circumstances" is an indefensible statement as the laws in Saudi Arabia derived from Sharia, which emphasizes the care and protection of the child and punishes offenders. In addition, such inaction contradicts the CRC which is ratified by all countries and which states in Article 19-1 that "State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse…" Nonetheless, more recent reports such as the paper by Roy et al,[16] demonstrated more inclination of medical professionals to use legal means to protect children in Saudi Arabia. The response of health professionals by providing the needed medical care and overlooking the social and legal ramifications of child abuse might reflect the fact that medical doctors do what they know best and are

trained for; which is treating diseases and injuries. At the same time, it exposes the deficiency in the professionals' response to the social, psychological, and legal needs of children and their families and calls for better education and training of professionals on recognition and integrated response to child abuse and neglect. It also reveals the deficiency in child protection laws, policies and procedures for preventing and responding to child abuse and neglect. In addition, it exposes the lack of alternative care options and calls for providing a temporary or permanent protective home environment. The findings of the study from Yemen by Al-Thabhani[29] call for a clear legal and administrative steps that should be taken to protect juveniles against violence and all forms of abuse that they might encounter while in detention. Moreover, Juvenile Centers are not the right place for abused children; this is a clear re-victimization of maltreated children who do not represent a threat to the society but vice versa, the society is a threat to them and they are entitled and deserve to be protected and provided a healthy family environment.

Preventing and responding to child abuse and neglect. Throughout the region, inadequate or the sheer lack of child protection laws, policies, guidelines, and procedures, which outline to professionals, among others, what to do when confronted with child abuse and neglect makes them a top priority in preventing and responding to child abuse and neglect. Therefore, there is a need to enact child protection laws throughout the region and codes to protect professionals reporting child maltreatment. In addition, there is an obligation for ensuring that the justice system is sensitive and responsive to children's needs and enforcing the court's role in rehabilitation of abused children and offenders. Moreover, enacting policies for child abuse prevention in all establishments caring for children and holding the perpetrators accountable is extremely important in sending a clear message that the society has a zero tolerance for child abuse and neglect. However, having laws is inadequate in protecting children from abuse and neglect; as demonstrated by the case of Yemen, corporal punishment of children remains a widespread phenomenon despite the prohibition by law, therefore reforming mores and cultures are as important as reforming laws. Thus, having the law by itself is insufficient and will not ensure children's safety unless the root causes are addressed, social attitudes are challenged and laws enforced. The second most pressing issue is the need for the identification of a child protection authority responsible for investigating; managing and providing safe alternative care options for the victim of child abuse and neglect. At the professional level, the reports indicated that the communication and coordination of efforts between different professionals ranged from inadequate in some countries to non-existent in others. This calls for clear mechanisms for coordinating professionals' efforts as part of multidisciplinary teams, which include physicians, psychologists, social workers, and justice and law enforcement workers. Opportunities throughout the region include the free access to medical services in all countries (except for Yemen) and the ratification of the UN convention on the rights of the child, which need to be exploited to improve the response to child abuse and neglect. At the public level, the need is urgent for increasing public awareness, educating parents on a child's normal development and rearing practices and promoting alternatives to corporal punishment. In addition, developing children's social skills, self-protection abilities and teaching reproductive health at schools are paramount. Finally, establishing hotlines, improving professionals' capacities and conducting systematic research are urgently needed tasks throughout the region.

Recommendations. 1. Conducting research throughout the region to identify the extent, patterns, characteristics, and risk factors for child abuse and neglect and the best ways to prevent and respond to the problem. 2. Enacting child protection laws, policies, and procedures for preventing and responding to child abuse and neglect. 3. Identification of a child protection authority responsible for responding to child abuse and neglect. 4. Capacity building of professionals and integrating of multidisciplinary services. 5. Increasing public awareness, developing parenting skills, and promoting alternatives to corporal punishment. 6. Developing children's social skills and self-protection abilities. 7. Establishing hotlines.

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