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Child Abuse and Neglect in Saudi Arabia: Journey of recognition to implementation of national prevention strategies

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ABSTRACT

Objectives: To describe increased child abuse and neglect (CAN) reporting and the characteristics of the reports in the context of the development of a system of intervention for one of the hospital-based child protection centers in Riyadh, Saudi Arabia aligned with the United Nations Convention on the Rights of the Child (CRC) Article 19.
Methods: A retroprospective collection of data on all children evaluated by the Suspected Child Abuse and Neglect (SCAN) team in King Abdulaziz Medical City for the National Guard from 2000 to 2008. The cases were further divided into 3 subgroups corresponding to the years 2000–2004, 2005–2006, and 2007–2008 parallel to the stages of development of the national child protection system.
Results: During the study period, there were a total of 188 referrals to the SCAN team. Of these 133 (70.7%) were further investigated as CAN cases. The total number of referred cases increased 10-fold from 6.4 cases per year in the first period to 61.5 cases per year in the third period. The mean age was 5 years, evenly represented by males and females. Physical abuse was the most common form of abuse in the first (2000–2004) period at 61% and second (2005–2006) period at 76%, which changed to neglect (41.6%) as the most common form of maltreatment in the third (2007–2008) period. Parents were the perpetrators in 48.9% of cases throughout the 3 periods. Overall fatality rates were 4.4%, 14.3%, and 7.9% in the first, second, and third periods respectively.
Conclusion: 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 the medical facilities, 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 Saudi Arabia will continue to rise, hence adequate multisectoral services for the abuse victims require further development and improvements throughout the country.

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Introduction

Child Abuse and Neglect (CAN) is one of the most common and yet unrecognized and ignored phenomena affecting children around the world (WHO & ISPCAN, 2006). Although CAN practices in the Arabian Peninsula were described in

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historical anecdotes and Islamic literature, it was not until 1990 that the first case report from Saudi Arabia was published in the medical literature (Al-Eissa, 1991; Al Mugeiren & Ganelin, 1990). In 1996, Saudi Arabia signed and ratified the United Nations Convention on the Rights of the Child (CRC), and toward the end of the decade CAN was already recognized at major health facilities throughout the country. While hospitals continued to receive increased CAN cases, the magnitude of the problem in Saudi Arabia even in these settings was not known due to the lack of accurate statistics on incidence and prevalence. One consequence of the lack of information was that risk factors, indicators, categories, definitions, and the nature of the problem of child maltreatment were not well identified and therefore, multidisciplinary services for the victims of abuse and their families were not well informed and developed in the country.

Historically, CAN was initially recognized in Saudi Arabia by the health-care professionals as a rare problem affecting the well-being of few children in the country. Therefore, from 1990 to 2000 there were only 11 reports published in the medical literature and all were case studies (Al Ayed, Qureshi, Al Jarallah, & Al Saad, 1998; Al-Eissa, 1998, 1991; Al Jumaah, Al Dowaish, Tufenkeji, & Frayha, 1993; Al Mugeiren & Ganelin, 1990; Al-Odaidan, Ohikuaiteme, Fahmy, Al-Khalifa, & Ghazal, 2000; Elkerdany, Al-Eid, Buhaliqa, & Al-Momani, 1999; Karthikeyan, Mohanty, & Fouzi, 2000; Kattan, 1994; Kattan, Sakati, Abduljabbar, Al-Eissa, & Nou-Nou, 1995; Roy, Al Saleem, Al Ibrahim, & Al Hazmi, 1999). The official development of child protection started in the year 2000 when CAN was recognized as a public issue by the national media focusing on the lack of legislation and services. It was not until 2004 that national efforts were geared towards preservation of children's rights and the prevention of child maltreatment. During this first stage of development (2000–2004) various governmental agencies and NGOs were created and directed toward those goals and the first Child Protection Act was drafted. Most noticeable was the role played by national media in raising the public awareness of CAN practices in Saudi Arabia. In this stage (2000–2004), many multidisciplinary teams were also formed in major hospitals to serve abused children (Al Jasser & Al-Khenaizan, 2008; Al-Khenaizan, Almuneef, & Kentab, 2005).

The second stage of development was from 2005 to 2006, and was characterized by the initiation of additional governmental and non-governmental agencies specialized in child abuse and neglect prevention and treatment. Among the many positive programs and initiatives developed in the country during this stage (Al-Haidar, 2008; Al-Mahroos, 2007), the foremost was the formation of the National Family Safety Program (NFSP) in November 2005, by royal decree of the king, as an example of a specialized quasi-governmental agency dedicated to the prevention of child abuse and domestic violence. Furthermore, the Human Rights Commission (HRC) and the Human Rights Society (HRS) were also initiated in 2005 and were very active in the promotion of human rights issues, especially the implementation of the CRC in different governmental agencies.

The third stage in the development of the child protection field in Saudi Arabia occurred from 2007 to 2008 when the National Family Safety Program (NFSP) submitted a national project to establish Child Protection Centers (CPCs) in major hospitals throughout the country. The project received full approval and support by the National Health Council (NHC), which is the highest health services authority in the kingdom.

The strong recommendation to the project was primarily derived from the NHC legislatives and health-care decision makers, who believed in supporting basic rights of the children represented in the CRC (UNHCHR-CRC, 1989). Consequently, the council accredited 38 hospitals across the country as CPCs. CAN cases are now evaluated on a 24-h a day basis by on-call multidisciplinary Child Protection Teams. Advanced training is provided to the teams' staff members by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) and NFSP joint training programs. The CPC project also included drafting and issuance of health-care professionals' mandatory reporting laws and establishing a National Child Abuse and Neglect Registry (NCANR). Data on registered cases is to be entered into the registry from all CPCs from major Hospitals in the country. The case registration form adapted the World Health Organization (WHO) definitions for various forms of CAN (WHO & ISPCAN, 2006). The electronic form has bilingual (Arabic and English) entries to enable English speaking physicians and nurses to report CAN cases. It contains general information on the victim and perpetrator, form of abuse, investigation, disposition, and notifications and follow-up plan.

In this report we will describe the experience of one of the child protection centers and its Suspected Child Abuse and Neglect (SCAN) team established at the King Abdul Aziz Medical City for the National Guard in Riyadh (KAMC-R) since the year 2000, by relating its data on cases to the historical stages of the development of child protection efforts in Saudi Arabia.

Methods

Child abuse and neglect (CAN) data were collected retrospectively since January 2000 by the KAMC-R SCAN team. The SCAN team was established at King Abdul Aziz Medical City for the National Guard through an internal policy and procedure to serve abused children presenting to the medical city. The professional team, chaired by an attending pediatrician, is composed of members from social services, psychology and psychiatry, and legal department, as well as other medical disciplines as needed. A data collection form was designed to acquire information about victims and perpetrators including demographic data, forms of abuse, and patterns of injuries. Details on cases' substantiation, referrals for legal action, and final outcomes were also obtained.

All data on CAN cases from January 2000 to December 2008 were collected and analyzed using descriptive data. The cases were divided into 3 subgroups corresponding to the years 2000–2004, 2005–2006, and 2007–2008 according to the stages of the development of the child protection system in Saudi Arabia as stated above. The 3 subgroups were also analyzed separately in order to compare each of the subgroups to the other.

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