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Review Article

CHILD ABUSE AND NEGLECT IN MIDDLE EAST

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Abstract:

Introduction: Child maltreatment (CM) is a universal problem with significant consequences for children, families, and communities. In the Arab world, child maltreatment is an issue that is rarely exposed or studied. Until the 1990s, cases of child abuse and neglect went unpublished by medical professionals in Saudi Arabia. Indeed, 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.

Aim of work: In this review, we will discuss child abuse in the Middle East, the cultural and familial factors that predispose to abuse, and the effects it has on the development of children

Methodology: We conducted this review using a comprehensive search of MEDLINE, PubMed, and EMBASE, January 1985, through February 2017. The following search terms were used: child abuse, neglect, child abuse in middle east, pediatrician attitude to abuse, effects of abuse in children

Conclusions: Child abuse and neglect heavily influences growth and development of a child at physical and emotional aspect, and the affect lingers in their adulthood. Unfortunately, the culture in the Middle East poses many barriers to protecting children from such trauma. Pediatricians in this region must be more informed on recognizing signs of abuse, and more importantly, need to be informed about proper and safe ways of reporting to authority. On the other hand, parents should be educated regarding consequences of abuse upon children, and also be taught constructive ways of disciplining them.

Key words: child abuse, neglect, Middle East

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INTRODUCTION:

Child maltreatment (CM) is a universal problem with significant consequences for children, families, and communities. According to the public health approach, CM is preventable through identifications of its roots and implementation of effective solutions and prevention programs rather than simply reacting to its occurrence. In a 2002 report, the World Health Organization (WHO) described the roots of CM as a complex interplay of individual, relationship, community, societal, cultural, and environmental factors. Although some risk factors are likely unique to a particular type of CM, the various types of CM share a number of risk factors, particularly those related to the family. Numerous studies have examined the characteristics of families and various other factors that could compromise parenting practices; thus, predisposing children to child abuse and neglect (CAN). Exposure to violence at home is a major factor, which has been found to be associated with being a victim, or perpetrator of abuse in adulthood. Other factors that may possibly contribute to CAN include parents' age and level of education, family size and structure, single parenting and divorce, and the presence of illness and disability within the household[1]. One study examined CAN in blended households, or households wherein a non-related parental figure resides, and concluded that the risk of physical and sexual abuse is higher compared with other household types. Several studies in the Middle East have confirmed similar familial factors that predispose families to CAN. A study conducted in Kuwait highlighted that students of divorced parents had higher scores on measures of psychological and physical abuse[2]. In the Kingdom of Saudi Arabia (KSA) in 2013, **Al-Eissa et al.**[3] conducted a prevalence study of adolescents' exposure to violence and maltreatment by adult caregivers in the home using the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) screening tool-child (home version). They found that adolescents experienced significantly greater rates of all types of violence/maltreatment when they lived with their mother, or father only (versus with both), and even greater rates were observed when they lived in a blended household. Nonetheless, some have argued that the exact connection between family profile and CAN has not received the necessary attention in the pediatric literature and thus requires further exploration. To fully understand the etiology of CAN in the KSA, professionals must focus on the unique dynamics of the family structures and values in the country, with a particular focus on the context in which CAN is most likely to occur. However, we have little knowledge of such context in the KSA, research on the family

profile of abused children in the KSA is scarce[4].

METHODOLOGY:**• Data Sources and Search terms**

We conducted this review using a comprehensive search of MEDLINE, PubMed, and EMBASE, January 1985, through February 2017. The following search terms were used: child abuse, neglect, child abuse in middle east, pediatrician attitude to abuse, effects of abuse in children

• Data Extraction

Two reviewers have independently reviewed the studies, abstracted data, and disagreements were resolved by consensus. Studies were evaluated for quality and a review protocol was followed throughout.

The study was approved by the ethical board of King Abdulaziz University Hospital

History and background

In the Arab world, child maltreatment is an issue that is rarely exposed or studied. In Saudi Arabia, 13 cases of child abuse and neglect were reported in the emergency room of King Khalid University Hospital over a period of 1 year from July 1997 to June 1998[5].

Until the 1990s, cases of child abuse and neglect went unpublished by medical professionals in Saudi Arabia. Indeed, 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[3].

A study was conducted by **Al-Mahroos**[6] to provide an overview of the problem and patterns of child abuse and neglect in the seven countries of the Arab Peninsula depending on the revision of medical reports, published between January 1987 and May 2005. In addition, reports were obtained from regional meetings and professional organizations. It was concluded that 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.

While hospitals continued to receive increased CAN cases, the magnitude of the problem in Saudi Arabia, even in these settings, was not known because of 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. When physical disciplining actually occurred, the resulting potential abuse and/or neglect remained within the confirmed sanctity of family privacy. Most critical social and behavioral problems were dealt with under the good counsel of elderly members of the family. These norms of discretion have prevailed over centuries in the Arab world and have meant that social issues such as children's maltreatment or domestic violence are discussed very reluctantly[7].

Children in the Arabian Peninsula are subjected to many forms of neglect and child abuse. Abuse is ignored, tolerated, or even accepted as a form of discipline. A population-based survey in Yemen discovered the widespread use of physical punishment and cruelty to children in homes, schools, and juvenile centers, ranging from 50% to 80%[6]. Eleven reports from all over Saudi Arabia identified forty abused children: 24 with physical violence, six with sexual assault, four with multiple sexual partners, and six with neglect. In five children, the outcome was fatal. The National Family Safety Program (NFSP) was established in 2005 by the Saudi government and administratively linked to King Abdul Aziz Medical City (KAMC). The establishment of NFSP has resulted in improved reporting, and in 2008, the KAMC emergency room alone reported forty child abuse cases. Of these, 47% were of physical abuse, 32% were of neglect, 13% were of sexual abuse, and 8% were emotional abuse. The most common perpetrators of child abuse were parents[3].

Attitude of parents regarding child abuse and neglect in Middle East

A survey done in Riyadh by **Al Dosari et al.**[8], reported that most parents (50%) reported shouting at their children as punishment, 30% deprived the children of something they like, 3% punished by isolating the child in a room, and < 18% resorted to corporal punishment such as hitting. Parents who had a childhood history of abuse were more likely to hit a child. Being a witness to violence between parents was also found to be associated with physical punishment. The study also showed that parents who believed that they had poor coping skills, poor impulse control, and felt that they had a noisy child

found it difficult to monitor their child and were more likely to hit their child than using nonphysical means of punishment. Child factors can be described as violence, challenging tempers, and behavioral problems or the parental perceptions of such problems as being associated with the increased risk for all types of child abuse. Physically abusive or neglectful parents as people with low self-esteem, with an external locus of control (i.e., who believe that events are determined by chance or outside forces beyond one's personal control), poor impulse control, depression, anxiety, and antisocial behavior[9].

Similar study in Egypt revealed that among 14,016 women in the study, 91% reported shouting, 69% striking, and 39% slapping their child/ children when they did mistakes. Study also showed that women who suffered from intimate partner violence were more likely to strike their children for disciplining[10].

Attitude of pediatrician towards child abuse in the Middle East

Al-Moosa et al.[11] in Kuwait found that more than 80% of pediatricians in public hospitals did not know whether there was a legal obligation to report or which legal authorities should receive reports of suspected cases of child maltreatment. Physicians treating possible victims can report the case to the department of social services available in each of the five health regions of the country.

According to study done among Saudi pediatricians, showed that their knowledge about reporting cases of CAN was relatively deficient, ranging between 57.0% and 79.4%. Also, their perception, and professional experience regarding CAN were not optimal, ranging between 51.4% and 86.0% in favor of "I prefer to redefine child abuse and negligence" over "I prefer to resolve the case rather than reporting." His survey study showed that although the knowledge of participants about some important aspects of CAN was adequate, their knowledge about reporting cases of CAN was relatively deficient. Also, their perception and professional experience regarding CAN were not optimal. These data may reflect to some extent the serious problem of underreporting of cases of child maltreatment in Saudi Arabia or other Arab countries. This can lead to underestimation of the magnitude of the problem of CAN and consequently interfere with the development of interventions to manage this problem[11].

Similarly, **Youssef et al.**[12] reported that Saudi

medical students, pediatrics trainees and pediatricians have good basic knowledge, positive attitude and willingness to learn more to provide a safe environment for children in Saudi Arabia. However, knowledge in regards to reporting child maltreatment is a major observed defect.

Consequences of child maltreatment and neglect

Cognitive and psychological effects

Children who experience abuse and neglect appear to be especially at risk for deficits in executive functioning, which have implications for behavioral regulation. Extreme neglect, as seen in institutional care, has been related to executive functioning in a number of studies conducted by the Bucharest Early Intervention Project team found that many children who had been adopted following institutional care showed problems with inattention or overactivity, but that such problems were usually seen in combination with reactive attachment disorder, quasi-autistic behaviors, or severe cognitive impairment. Using NSCAW data, examining mental health problems in teens older than age 12 who were the subject of a child welfare agency investigation. They found that 18.6 percent of abused and neglected teens scored positively for ADHD, compared with 5 percent of children and 2.5 percent of adults in the general U.S. population[13].

Perez found that child abuse and neglect had a significant impact on reading ability, IQ scores, and academic achievement. For example, 42 percent of abused and neglected children completed high school, compared with two-thirds of the matched comparison group without histories of abuse and neglect. The average IQ score for the abused and neglected children was about one standard deviation below the average for the control group; this association was significant after controlling for age, race, gender, and social class[14].

Given that child abuse and neglect are social experiences that undermine the ability to trust in caregivers, either because caregivers are frightening (as in cases of abuse) or because they fail to protect or provide care (as in cases of neglect), it makes sense that children who experience abuse and neglect are at risk for interpersonal problems. At the most proximal level, problems are seen in children's ability to form trusting attachments to their parents

Child abuse and neglect are predictive of disorganized attachment, as well as insecure attachment more generally. A meta-analysis included

the 10 studies that have examined attachment quality with samples of children who have experienced abuse and neglect. The effect size was large for both disorganized and insecure attachment. Although abuse was more strongly related to disorganized attachment and neglect to insecure attachment, both abuse and neglect were associated with both types of attachment. These results are consistent with theory and with other empirical findings suggesting that when parents are either frightening or unavailable, children fail to develop a secure attachment to them[15].

Study by Pollak had examined differences among children who have experienced abuse and neglect in how readily they identify angry, sad, and happy faces. He found that the threshold for detecting anger in the face was lower among abused than non-abused children; there were no differences in processing happy faces. Thus, these children appear to have a bias toward angry faces rather than a general deficit in processing faces. Pollak pointed out that it is useful to identify emotions in others based on less than full information. Abused children's bias toward attributing angry or sad affect may be adaptive when living with parents whose anger may be an important threat cue; nonetheless, it comes at the cost of assuming hostile intent too readily under benign conditions, leading to aggressive responses that would not have been evoked had attributions been different. Neglected children, on the other hand, generally are not as good as nonneglected children at identifying facial expressions, showing a general deficit[16].

Children's relationships with their peers are critical to their sense of well-being. Abused and neglected children have problematic peer relations at disproportionately high rates, as do children with a history of institutional care. Chronicity of child abuse and neglect predict peer relations, as reported by teachers, at age 8. Problematic emotion regulation and higher levels of aggression and withdrawal found in abused and neglected children can become apparent to peers when frustrations and challenges arise in school and playground environments[17].

Manly *et al.*[18] found that children who had experienced severe emotional abuse only as infants or severe physical abuse only as toddlers were more aggressive and showed more externalizing symptoms as school-aged children than children without a history of abuse or neglect. The severity of abuse experienced predicted aggressiveness and externalizing symptoms in middle childhood. Although abuse experienced only in early childhood

had lasting effects, abuse experienced beyond early childhood also had effects on aggression and externalizing symptoms, and the most problematic effects were seen for children subjected to chronic, severe abuse. On the other hand, internalizing problems—problems that are manifested internally—include symptoms of depression and anxiety. Child abuse and neglect have been found to put children at increased risk of internalizing symptoms from early childhood through adolescence and adulthood[19].

Some evidence indicates that PTSD may mediate the association between childhood abuse and neglect and later adverse outcomes. A study by Wolfe found that boys who had been abused or neglected in childhood and displayed a greater number of PTSD symptoms were at higher risk of perpetrating emotional abuse in a dating relationship compared with abused or neglected boys who displayed fewer trauma symptoms. He found that the specific PTSD symptoms of reexperiencing, avoidance, and numbing mediated the relationship between childhood experiences of abuse and neglect and non-suicidal self-injury. In a study of adult women survivors of childhood sexual abuse, severe childhood maltreatment, including sexual abuse as well as other types of abuse or neglect, was significantly associated with experiencing high levels of dissociation in conjunction with PTSD, while less severe childhood maltreatment was not significantly associated with the dissociative subtype[20].

Physiological effects

In their most extreme forms, abuse and neglect are associated with stunted growth. Children living in institutional environments or adopted from highly neglecting institutional environments sometimes show very delayed growth in height and head circumference[21].

Gross motor development often is delayed among children with a history of institutional care who have then been adopted internationally found that children adopted from institutional settings showed motor system delays, with greater balance delays being predicted by length of time institutionalized and bilateral coordination delays being predicted by severity of deprivation[22].

Child abuse and neglect have been linked to various forms of physical illness as well as various indicators of physical health problems. Adolescents with a history of childhood abuse or neglect report a lower rating of their own health compared with low-risk

peers. Likewise, more gastrointestinal symptoms were reported by adults who reported having been abused or neglected as children[23]. Both physical abuse and neglect predicted hemoglobin A1C (a biomarker for diabetes) and albumin (a biomarker for liver and kidney function); physical abuse uniquely predicted malnutrition and blood urea nitrogen (a marker for kidney function); neglect uniquely predicted poor peak airflow; and sexual abuse uniquely predicted hepatitis C[24].

Different forms of child abuse and neglect have been linked with increased body mass index and higher rates of obesity in childhood, adolescence, and adulthood. Some studies link neglect but not abuse to obesity[21].

Effects in adulthood

There is evidence that childhood abuse increases the risk for crime and delinquency. Adults with a history of abuse and neglect were more likely than adults without such a history to have committed nontraffic offenses (49 percent versus 38 percent) and violent crimes (18 percent versus 14 percent). Victims of childhood physical abuse and neglect were more likely to be arrested for violence (odds ratios 1.9 and 1.6, respectively) after controlling for age, race, and sex. These authors also found that abused and neglected girls were at increased risk for being arrested for violence relative to girls who had not been abused and neglected, with an odds ratio of 1.9[25].

As adolescents and adults, those with a history of abuse and neglect have higher rates of alcohol abuse and alcoholism than those without a history of abuse and neglect. The effects tend to be stronger for women, being seen even when other factors are covaried. For example, no association was found between a history of abuse and neglect and alcohol use by young men but found an association for women even after controlling for parental substance use and other correlated variables[24].

Experiences of abuse and neglect in childhood have a large effect on suicide attempts in adolescence and adulthood. Among adults in their late 20s, it was found that 19 percent of those with a history of abuse or neglect had made at least one suicide attempt, as compared with 8 percent of a matched community sample. One study reported found high rates of suicide among a New Zealand sample as well. These effects are seen for physical and sexual abuse even after accounting for other associated risk factors. More incidents of self-harm and suicidal

behaviors among women who had been sexually abused than among a control group of women who had not been sexually abused[26].

Children who experience abuse and neglect may initiate sexual activity at earlier ages than other children. This association has been studied most frequently for sexual abuse; however, research has shown that physical and emotional abuse, but not neglect, contributed to risky behaviors over and above the effects of sexual abuse[27].

CONCLUSION:

Child abuse and neglect heavily influences growth and development of a child at physical and emotional aspect, and the affect lingers in their adulthood. Unfortunately, the culture in the Middle East poses many barriers to protecting children from such trauma. Pediatricians in this region must be more informed on recognizing signs of abuse, and more importantly, need to be informed about proper and safe ways of reporting to authority. On the other hand, parents should be educated regarding consequences of abuse upon children, and also be taught constructive ways of disciplining them.

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