

Child Abuse and Pediatrician's Role in Riyadh, Saudi Arabia

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ABSTRACT

Aim: This study aimed to determine the knowledge of pediatricians on their roles in child abuse cases, identify barriers that prevent the reporting of suspected Child Abuse and Neglect (CAN) cases as well as approximate the cases of child abuse in five Hospitals in Riyadh.

Method: Using simple-random sampling, 201 pediatricians from the selected hospitals were asked to answer a self-constructed questionnaire after obtaining their consent. Questionnaire consists items related to demographic variables, knowledge and attitudes regarding CAN.

Result: The respondents (n=201) demonstrated adequate knowledge of the forms of child physical abuse and neglect with a mean average of 62.89% and 61.69% respectively; however, this is relatively low compared to published studies. Lack of knowledge on reporting CAN cases are the main barrier of reporting suspected CAN cases, 82.09%. Only (24.88%) wanted to resolve cases of child abuse rather than reporting it to authorities. It is remarkable that more than majority of the respondents preferred to report all cases of child abuse (70.43%). However, only (14.43%) of the respondents are aware of the reporting sites in Riyadh. It is alarming to note that the number of cases of CAN is high (74.63%) in less than

5 months and that the most common age is less than 5 years old.

Conclusion: This study therefore recommends the need to conduct research throughout the region to identify the extent, patterns, characteristics, and risk factors for CAN and the best ways to prevent and respond to the problem especially among healthcare professionals like pediatricians.

Key Words: Child; Abuse; Pediatrician; Role; Child Abuse; Riyadh.


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INTRODUCTION

Child abuse pediatricians are doctors with special training, experience, and skills in evaluating children who may be victims of some type of abuse or neglect. Medical staff contacts child abuse pediatricians or investigative agencies. A child abuse pediatrician may evaluate a child's records to provide an expert opinion if asked by a court, police, child protective services, or lawyers.¹

Child maltreatment, sometimes referred to as child abuse and neglect (CAN), is defined as any act or series of acts of commission or omission by a parent or other caregiver that results to misuse of power and/or a breach of trust, failing to act, potential harm, or the threat of harm to a child.² There are many forms or type of child abuse, including physical abuse and this is the most common form, followed by sexual abuse, exploitation and emotional abuse.³ Consequences of child maltreatment include impaired lifelong physical and mental health, and the social and occupational outcomes can ultimately slow a country's economic

and social development.⁴ A number of characteristics of communities and societies may increase the risk of child maltreatment. These include: gender and social inequality; lack of adequate housing or services to support families and institutions; high levels of unemployment or poverty; the easy availability of alcohol and drugs; inadequate policies and programs to prevent child maltreatment, child pornography, child prostitution and child labor; social and cultural norms that promote or glorify violence towards others, support the use of corporal punishment, demand rigid gender roles, or diminish the status of the child in parent-child relationships; social, economic, health and education policies that lead to poor living standards, or to socioeconomic inequality or instability.⁴

International studies reveal that a quarter of all adults report having been physically abused as children and 1 in 5 women and 1 in 13 men report having been sexually abused as a child Every

year, there are an estimated 41,000 homicide deaths in children under 15 years of age.⁴ The incidents of child abuse has increased almost eightfold in the Kingdom, a study conducted by the National Family Safety Program has revealed. The rate of physical abuse was put at 58.4 percent, sexual 18 percent and neglect 31.4 percent, local media has reported, citing the study. According to the study, physical assault by fathers represents 20.2 percent, by mothers 29.2 percent and by other family members 21.3 percent. Strangers 23.6 percent put the proportion of non-family assaults, including drivers and maids, at 5.6 percent, while. The study also found that among the reported cases, the number of normal children abused was 87 against 11 involving children with special needs.⁵

A study about Explanations for Intimate Partner Violence during Childhood and Associated Effects found out that the most common explanations for IPV were that the perpetrator suffered from physical or mental illness, had relationship problems, or was distressed. Participants were less likely to blame themselves for IPV or to believe that the perpetrator was cruel when they were adults, compared to their reports of themselves as children. Evaluation of children's harmful beliefs about IPV could be useful in adapting intervention services aimed at ameliorating negative personal causal attributions.⁶ Other study was done by University of Utah, Department of Pediatrics, Salt Lake City, Utah in July 2015, about "Critical Elements in the Medical Evaluation of Suspected Child Physical Abuse" The study recruited child abuse pediatrician from two national organizations, it showed that experts identified half of recruited Required elements and the other half Highly Recommended elements for child abuse pediatrician evaluation of intracranial hemorrhage, long bone fracture and isolated skull fracture. Therefore can be used to reduce practice variability that may contribute to potential bias in evaluation.⁷

A study was done by King Saud bin Abdul-Aziz University for Health, Sciences, Riyadh, Saudi Arabia between July 2009 and December 2013. About Family profile of victims of child abuse and neglect (CAN) in the Kingdom of Saudi Arabia this study recent. They found among 220 CAN cases were retrospectively reviewed. Physical abuse was the most common form of abuse (42%), followed by neglect (39%), sexual abuse (14%), and emotional abuse (4%). In research studying prevalence of child abuse in Saudi Arabia, they find 24 cases out of 40 reported as physical abuse and considered it as most prevalent form of child abuse, and decline in physical abuse from 76% in 2005-2006 to 39% in 2007-2008. In 2007, 6 cases out of total 40 considered as sexual abuse, and the rate of sexual abuse increasing to 56 cases out of 263 in 2012. Recently the least common child abuse is psychological, reported as 14 cases out of 263 in 2012. Finally, child neglect present 6 case out of 40, and in 2012 reported as 38%.⁸ A study about knowledge, attitudes, and experience of dentists living in Saudi Arabia toward child abuse and neglect: showing more than two third dentists out of 122 having knowledge about different type of child abuse. However they define many barriers to not report the child abuse cases, so only 10% of them reported the cases and only 20.9% know about protection policy of the child.⁹ A study was done by College of Medicine, King Abdul Aziz University, Jeddah, Saudi Arabia in May 2012, about "Pediatrician knowledge, perception, and experience on child abuse and neglect in Saudi Arabia" The study targeted different

healthcare sectors in the country, it showed that there are adequate knowledge of participants about some important aspects of child abuse and negligence, But their knowledge about reporting cases of child abuse and neglect was quite deficient. However, pediatricians who received their medical education in Saudi Arabia scored statistically significantly higher knowledge. In research about Child physical and sexual abuse in Dammam, Saudi Arabia in 2012; showing more than two third of the assaults were sexual. Cases of sexual abuse were in older child compared to other abuses that happen in younger ages. The mean age for sexual abuse was 11. Most of abused child were Saudi female rather than other gender and nationality.¹⁰

A study was done in South Florida about Childhood Abuse and Current Health Problems among Older Adults: The Mediating Role of Self-Efficacy, they found Child abuse was associated with the number of current medical problems and disability. Child abuse was also related to lower self-efficacy, and self-efficacy explained the relationship between abuse and the number of health problem. In our study, we want to see the relationship between abuse and the number of health problem. Another idea should examine treatments designed to increase self-efficacy, especially among those who experienced child abuse, and observe any positive effects on health functioning. The Committee did a Study on child abuse and neglect in USA October 2010, about "The Pediatrician's Role in Child Maltreatment Prevention" This clinical reports outlined how the pediatrician can help to strengthen families and promote safe, stable, nurturing relationships with the aim of preventing maltreatment. They found some of the triggers and factors that place children at risk for maltreatment, the goal was how pediatricians can identify family strengths, recognize risk factors, and provide helpful guidance.¹¹

A study about child abuse and neglect in Saudi Arabia: recognition and implementation from 2000 to 2008, they were reported 188 cases as a suspected child abuse and neglect. 133 case out of 188 were referred to child abuse and neglect team, only 94 child considered a cases of child abuse and neglect, the reminder 39 still as a suspected case. They determine mean age is 5 years old and male more than females. Physical abuse most common and presented 65 children while neglect 43 child, 20 child of sexual abuse and 5 children as emotional abuse. Other study conducted by reviewing medical literature, published between January 1987 and May 2005 regarding Child abuse and neglect in the Arab Peninsula. They have found 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%. Eleven case reports from Saudi Arabia identified 40 abused children; 24 with physical abuse, 6 with sexual abuse, 4 with MSP (Munchausen's syndrome by proxy), and 6 with neglect, the study found out Children in the Arab Peninsula are subjected to all forms of child abuse and neglect. A study about "Reporting child abuse: pediatricians' experiences with the child protection system" done in University of British Columbia, Vancouver, BC, Canada. That there was positive and good experience in filing a report to Child Protective Services, but they were not aware about the lack of feedback they received and they were hesitant whether there was a positive outcome to their report or not.¹²

OBJECTIVES

Given the occurrence of child abuse and neglect in Saudi Arabia, this study aims to:

1. Describe pediatricians' knowledge about their role in child abuse cases.
2. Determine barriers to reporting child abuse cases.
3. Identify the factors that affect child abuse and neglect.
4. Approximate the cases of child abuse.
5. Recommend ways to improve the quality of current efforts to detect, treat and prevent child abuse.

METHODS AND SYSTEMS

This study utilized descriptive cross-sectional research design to determine the knowledge of pediatricians on their role in child abuse and neglect in August 2016, Riyadh, Saudi Arabia. Using simple random sampling, all pediatricians and pediatric

emergency physicians working at King Saud Medical City (KSMC), Alyamamah Hospital (AH), King Fahad Medical City (KFMC), King Khalid University Hospital (KKUH) and Prince Sultan Military Medical City (PSMMH) in Riyadh, Saudi Arabia were invited to take part of this study after obtaining their consent.

Ethical Approval

The study was approved by the ethical committee at the College of Medicine of Al Maarefa Colleges, Riyadh, KSA.

Statistical Analysis

Respondents were asked to answer the self-constructed questionnaire based from extensive literature review developed by the researchers consisting of items related to demographic variables, knowledge and attitudes regarding child abuse and neglect. Data gathered were encoded, tallied, and analyzed using the Statistical Package for Social Sciences (SPSS v.18).

Table 1: Demographic profile of the respondents (n=201)

Characteristics	Population (N)	Percent Population (%)
Gender		
Male	123	61.19
Female	78	38.81
Marital Status		
Married	124	61.69
Single	72	35.82
Divorced	5	2.49
Nationality		
Saudi	152	75.62
Non-Saudi	49	24.38
Work Position at the hospital		
Resident	107	53.23
Specialist	44	21.89
Consultant	50	24.88
Country of Medical Education		
Saudi	153	76.12
Other Arab Countries	35	17.41
Western Countries	13	6.47

RESULTS

Demographic Profile of the Respondents

A total of 201 pediatricians from King Saud Medical City, Alyamamah Hospital, King Fahad Medical City, King Khalid University Hospital and Prince Sultan Military Medical City responded to this study. Table 1 summarizes the demographic characteristics of the respondents with 61.19% males and 38.81% females; 61.69%, 35.82%, 2.49% are married, single, and divorced respectively. As to their nationality 75.62% are Saudis while the remainder comes from other races. These respondents work as residents 53.23%, specialist 21.89%, and consultants 24.88%. Majority of the respondents finished their medical education in Saudi, 76.12% while the remainder of the population finished their medical education either in other Arab countries or in Western countries.

Knowledge of Child Abuse, Neglect and Reporting of Child Abuse

Table 2 presents the knowledge of the respondents on physical abuse, child neglect and reporting of child abuse. The knowledge

is divided into four indicators: forms of physical abuse, forms of child neglect, reporting of child abuse cases and barriers faced in reporting abuse cases.

Percent responses of the respondents in different forms of physical abuse vary from 72.64% (*burning child for misbehavior*) to 51.74% (*locking a child along at home for long hours*). All forms of physical abuses have more than 50 percent of the percent responses.

On the other hand, percent responses in different forms of child neglect showed that *no attention to child's cleanliness* is the highest form of child neglect, 75.62%. *Parents refusing dental care of children* showed the lowest form of neglect, 47.26%. It is interesting to note that as to reporting child abuse cases, unclear reporting of procedures showed the highest percent response, 82.09%. While it is good to report child abuses to authorities, it is somewhat difficult for the concerned to report to authorities as it is not good for the sake of the child, 6.47% and reporting it to authorities is not accepted 5.47%.

Because more than 82 percent of the respondents showed that procedures for reporting are unclear, it showed parallel ideas with barriers faced in reporting abuse cases. Such procedures may be attributed to *poor training on child protection issues* (55.72%) and *poor knowledge about the policies* (70.65%).

Perception on Child Abuse, Neglect and Reporting

Table 3 presents the perception of the respondents on child abuse, neglect and reporting. As seen from the table, only 50 respondents (24.88%) wanted to resolve cases of child abuse rather than reporting it to authorities.

It is remarkable to note that more than majority of the respondents preferred to report all cases of child abuse (70.43%). However, only 29 (14.43%) of the respondents are aware of the reporting sites in Saudi Arabia.

Profile on the Knowledge of Child Abuse and Neglect Cases

Profile on the knowledge on child abuse and neglect cases is presented in Table 4. It is alarming to note that the number of cases of child abuse is high at 150 (74.63%) in less than 5 months and that the most common age is less than 5 years old.

It can also be seen from the table that the number of child abuses by the father and the mother would account to 41.29% and 35.83% respectively. A child being at home is with the father and the mother most the time. This can be the reason for 72 and 83 responses on child abuse by the father and the mother.

It is noteworthy that the respondents know what to do if there is an abuse case. This accounts for 66.67% of the respondents. However, 93.53% of the respondents say there are not enough current efforts regarding child abuse by concerned agencies.

Table 2: Knowledge on Physical abuse, child neglect and reporting of child abuse cases. (n= 201)

Indicator	Number of Responses	Percent Response (%)
Forms of Physical Abuse		
Burning child for misbehavior	146	72.64
Locking a child alone at home for long hours	104	51.74
Beating the child severely leaving body marks	138	68.66
Throwing different objects on the child	135	67.16
Smoking at home in the presence of children	109	54.23
Area Mean		62.89
Forms of Child Neglect		
Parents refusing sending the child to school	112	55.72
Parents refusing assistance of medical/surgical health team to the child	129	64.18
No attention to the child's cleanliness	152	75.62
Child fails to thrive because of social deprivation	132	65.67
Parents refusing dental care of children	95	47.26
Area Mean		61.69
Reporting of Child Abuse Cases		
It is not legally mandating to report	30	14.93
Reporting is not good for the sake of the child	13	6.47
Reporting procedures are unclear	165	82.09
Reporting to authorities is not accepted	11	5.47
Fear of parent response	53	26.37
Others	1	0.50
Area Mean		27.06
Barriers faced in reporting abuse cases		
Defect in knowledge	50	24.88
Poor training on child protection issues	112	55.72
Feared reprisals from perpetrator	25	12.44
Poor knowledge about the policies	142	70.65
Past negative experience with reporting such case	41	20.40
Lack of documentation about suspected child abuse and neglect	86	42.79
Feared being wrong	44	21.89

Table 3: Perception on child abuse, neglect and reporting (n=201)

Indicator	Number of Responses	Percent Response
I prefer to redefine child abuse and negligence	61	30.35%
I prefer to resolve the cases rather than reporting	50	24.88%
I prefer to report all cases	141	70.43%
I am aware of reporting sites in Saudi Arabia	29	14.43%

Table 4: Profile of Knowledge on child abuse and neglect cases

Indicator	Number of Responses	Percent Response
Number of Cases of child abuse per month		
Zero	47	23.38%
Less than 5 months	150	74.63%
More than 5 months	4	1.99 %
Most common age of child abuse and neglect dealt with		
Zero	47	23.38%
Less than 5	150	74.63%
More than 5	4	1.99%
Primary abuser of the child		
Mother	72	35.82%
Father	83	41.29%
Mother in-law	51	25.37%
Father in-law	20	9.95%
Family member	36	17.91%
Household	58	28.86%
Others	9	4.48%
Knowledge what to do if there is abuse case		
Yes	134	66.67%
No	67	33.33%
Enough current efforts regarding child abuse and neglect		
Yes	13	6.47%
No	188	93.53%
Belief that physicians in the community report cases		
Yes	191	95.02%
No	10	4.98%

DISCUSSION

The results of this study shed valuable insights to important issues that significantly describe the knowledge, perception and profile of child abuse, neglect and reporting among pediatricians of King Saud Medical City and Alyamamah Hospital, King Fahad Medical City, King Khalid University Hospital and Prince Sultan Military Medical City in Riyadh, Saudi Arabia.

Respondents of this study showed adequate knowledge on the forms of physical abuse and neglect with an area mean of 62.89% and 61.69%. This result though is quiet low when compared to a similar study on the knowledge of child abuse among dentists in Saudi Arabia with an average score of 80%⁶ and with pediatricians in Saudi Arabia with an average of 84.2%.⁶ Another similar study in Jordan reported that 97% of both general dental practitioners and specialist were able to identify physical abuse, 92% identified sexual abuse, and 84% identified emotional abuse and neglect as forms of child maltreatment.¹³ This result may be explained by the respondents' exposure to their practice as pediatricians, however, the quite lower score compared to published literatures necessitate seminars or information drive for pediatricians to be more familiar with these forms of physical abuse and neglect.

The low reporting of CAN cases by allied healthcare professionals and medical practitioners such as pediatricians remain a challenging task in the healthcare field. As to barriers of reporting the suspected child abuse cases, respondents show deficient knowledge on the reporting process of child abuse and neglect citing unclear reporting procedures 82.09%. This result corroborates to the findings of a similar study among dentists,⁵ which reported that the lack of knowledge to referral procedures

serve as a barrier to reporting suspected CAN cases. Another study reported that almost one in every five respondents did not take action after suspecting a CAN case. Only 39.5% of the respondents indicated that they had recorded suspected findings in the affected child's medical record.¹⁴ A similar study in Jordan reported uncertainty of referral process as a main barrier to reporting suspected CAN cases.¹⁶ Fear to parent response once reported to appropriate authorities is another reason as revealed by 26.37% of the respondents. Taken together, these results indicate that a need still exists for training of health professionals to policies, ways and means to child protection. In Saudi Arabia, child protection teams consist of a pediatric physician, psychologist, and a social worker.¹⁵

While it is true that pediatricians in this study lack adequate knowledge on reporting CAN cases, it is noteworthy that 70% would still like to report suspected CAN cases to authorities. Perhaps giving extensive information drive, seminars and trainings would give more confidence to these pediatricians and consequently improve reporting of CAN cases.

This study reported the alarmingly high number of cases of child abuse at 150 (74.63%) in less than 5 months and that the most common age is less than 5 years old. These abuses are committed by the fathers, 41.49% and 35.83% by the mothers. While this study did not specify specific type of abuses committed by either the father or mother, relevant literature search revealed that child abuse is rampant in Arab Peninsula. 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%.¹⁷ These results truly call for some concerted efforts of all the stakeholders of the society. There is a need for clear guidelines, regulations, and training related to child protection. Good communication is also needed between health care providers and local authorities, child protection teams, and pediatricians in order to establish protocols to deal with CAN cases.

CONCLUSION

While there are many pieces of information that needs to be explored in this investigation, somehow we could say that we have attained our objectives of exposing the knowledge of KSMC, AH, KFMC, KKHU and PSMMH pediatricians which may be similar to other regions of the Kingdom. There is adequate knowledge on the forms of child abuse and neglect but they still have inadequate knowledge on reporting CAN cases which serve as a main barrier for reporting suspected cases which warrants training and information campaign on CAN.

This study therefore recommends the need to conduct 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 especially among healthcare professionals like pediatricians which can serve as a baseline data in streamlining and enacting child protection laws, policies, and procedures for preventing and responding to child abuse and neglect.

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