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Prevalence, Risks and Prevention of Child Maltreatment in the Middle East

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ABSTRACT

Child maltreatment is the most prevalent and underreported issue in the Middle East and across the globe. Misconduct with children has adverse effects on their overall health, well-being, and psychosocial development for the longer term. This review aimed to investigate recent evidence concerning child maltreatment, prevalence, risks, protective factors, and outcomes in the Middle East; it also evaluated warranted prevention strategies to combat the rising cases of child maltreatment and minimize its serious adversities. Sixty-five primary and secondary studies were included in this study after rigorous screening through PubMed/Medline, Web of Science, Scopus, Embase, Google scholar, CINAHL, and Proquest. Evidence revealed an 88% incidence of child maltreatment in the Middle East. Factors including economic crises, lack of education, and substance abuse add to the maltreatment exposure of vulnerable children. Findings indicated the adverse impact of maltreatment on the overall mental and physical health and social development of the affected children. The protective factors include community support, self-regulation, child prevention awareness campaigns and training, social competence, and high self-esteem. In conclusion, findings from this review emphasized the need to address child maltreatment in the Middle East and formulate viable approaches to improve parenting skills, satisfy the nutritional/financial requirements of underprivileged families, and improve interpersonal relationships of children with their caretakers.

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Introduction

Child maltreatment is an illegal, and unethical practice based on neglect, physical/sexual abuse, ill-treatment, and economical exploitation of individuals <18 years of age [1]. The serious adversities of maltreatment impact the physical and mental health of children for a longer duration. The affected children experience a significant reduction in their health-related quality of life and quality-adjusted life years. In addition, the absence of family and community support worsens their symptoms and adds to their disability-adjusted life years. Maltreatment impacts the dignity of the affected children and reduces their sense of responsibility towards their families, community, and the broader society [2]. It also deteriorates their interpersonal relationships with peers and family members. The incidences of child maltreatment are reported in schools, homes, workplaces, and in the open environment. Community-based exploitation adds to the misery of children and increases their predisposition to physical disabilities and mental health conditions. With the advent of the internet, harassment of children in the virtual world deteriorates their personalities and disrupts their normal physiological development. The United Nations Children's Fund has recently recognized child maltreatment as a public health concern, requiring the immediate attention of the global community [3-5]. Importantly, the United Nations High Commissioner for Human Rights Office (2023) advocates the need to implement administrative and legal interventions across the globe to minimize the rising incidence of child maltreatment (article 19)[6].

Nations in the Middle East lack the provision of robust and systematic measures to record and analyze the cases of child misconduct and their health-related social implications. The under-reporting of child maltreatment hinders the statistical analysis of its incidence and prevalence across the Middle East [7]. The complexities concerning child maltreatment and its deep roots in cultural norms and Middle East traditions are the biggest challenges requiring the intervention of the community, social care organizations, and federal agencies. Findings from the latest studies indicate the episodes of psychological misconduct and physical harassment of children (age range: 2-4 years) in the Middle East in a ratio of 3:4; however, these ratios in female children are 1:4 and 1:5in male children, respectively [8]. The harmful and pervasive conventions and social practices trigger episodes of severe violence in children of the MENA (Middle East and North Africa Region) [4,9]. The children who migrate between different Middle East locations for refuge often experience violence during their travel. Evidence reveals the rising incidence of child trafficking and the utilization of children in smuggling activities across MENA [10].

Methodology

The current review included the literature published up to the present date and the literature search was done using the following electronic databases such as PubMed/Medline, Web of Science, Scopus, Embase, Google scholar, CINAHL, and Proquest. The search strings used in the study "Child" or "Adolescent" or "Teen" or "Youth" or "school-aged" or "young people" or "Children" or "preschool" AND "maltreatment" or "physical abuse" or "psychological abuse" or "emotional abuse" or "child maltreatment" or "child neglect". The first level of keywords includes prevalence, point prevalence, incidence and cross-sectional studies, longitudinal studies and observational studies. The second level of keywords includes risk factors, predictors, correlates, association and prevention. The determinants include demographics such as age, gender, parents' education status, parents' income, social status, and parents psychological well being.

Result

Child maltreatment prevalence in the Middle East and across the globe

Data from child protection agencies reveals episodes of violence in ≥6.6 million children, attributing to >3.6 million referrals towards safe locations. In addition, ≥5 deaths per day are the outcomes of child abuse/maltreatment across the globe[11]. Recent studies reveal 82-88% incidence of domestic violence in the Middle East [12]. In addition, >0.046 billion children (age < 5 years) in MENA experience episodes of violence and misconduct, leading to an 88% incidence of maltreatment [12]. Moreover, evidence correlates child maltreatment cases in Syria with the rising incidence of child marriages[13]. The episodes of abuse and misconduct are the outcomes of long-term conflicts between caretakers and their urge to exploit children under the pretext of their cultural requirements. Continuous migrations and displacements further increase these episodes and adds to the misery of vulnerable children. Recent findings of UNICEF reveal 77% incidence of child/adolescent mistreatment during the migration of their families via the central Mediterranean region[12]. People from the Sub-Saharan nations reportedly victimize and abduct children to satisfy their illegitimate businesses. A recent analysis of the Indian population (at 1-year follow-up) indicated an 89.9% incidence of child mistreatment (n=6957) [14]. The subgroup analysis revealed a 19.9% incidence of lifetime episodes and a 16.7% incidence of sexual misconduct in the affected children[14]. Table 1 depicts the overall maltreatment prevalence, classified into physical, emotional/psychological, sexual, and neglect-related events in Middle East nations.

Table 1: Child Maltreatment Classification across the Middle East Nations

Country name	Study design	Form of Child Maltreatment				
		Overall prevalence	Physical	Emotional/ psychological	Neglect	Sexual
Oman [131].	Cross-section	1040 cases	31.1%	Emotional 14.2%	46.1%	8.6%
United Arab Emirates [7].	Cross-section	-	12.6%	Emotional 33.9%	12.1%	-
Saudi Arabia AlFarhan et al [132]	retrospective	60.5%	5.5%	6.8%	-	-
Saudi Arabia (Almuneef et al.. 2016)[133]	Retrospective	-	42.3%	3.6	39.5%	13.6%
Saudi Arabia (Al-Zayed et al., 2020)[134]	Retrospective	-	-	-	-	98 %
Saudi Arabia (Aldharman et al., 2023) [135]	Retrospective	42%				
Saudi Arabia (Alenezi et al., 2022)[136]	Retrospective	-	41.5%	21.1%	44.6%	12.7%
Kuwait (Almazeedi et al., 2020)[18]	Cross-section	-	35.6%	53.5%	-	19.8%

The findings from a recent cross-sectional study indicated a 10-65% incidence of child maltreatment in Saudi Arabia, including the highest prevalence of psychological misconduct and the lowest of sexual abuse [15]. The evidence further reveals 68.3% incidence of ≥1 maltreatment episode (each of a different type) among most female children in Jeddah, Saudi Arabia (n=1897) [16]. However, another study from Saudi Arabia reveal a 2.9% incidence of sexual abuse, 45.1% of physical abuse, and 50.6% of emotional misconduct in female children [17]. Also, a recent study in Kuwait reveals ≥1 episode of sexual, emotional, and physical abuse in 19.8%, 53.5%, and 35.6% of first-year university students, respectively (n=2508)[18]. Importantly, 70.9% of these students were females [18]. Similarly, outcomes from another study confirm ≥1 incidence of aggression in 30% of children (n=1026, age: 8-7 years) in Lebanon [19]. The findings also indicated ≥1 episode of physical misconduct and ≥1 psychological abuse event in 54% and 65% of children, respectively [19]. Another retrospective analysis reveals a 39% mortality rate in maltreated children (n=41, age: 3-6 years) in Egypt [20].

Findings indicated the involvement of fathers (60.98%) and male/female perpetrators (75.6%/24.39%) in the violence episodes against the targeted children. In addition, 7.32% of female perpetrators were mothers of the affected children. The study findings also classified perpetrators into separated couples (51.2%), individuals with low education (46.3%), highly educated people (17.1%), illiterates (36.6%), and rural residents (75.6%)[20]. Perpetrator is a person engaged in episodes of child misconduct or maltreatment [21]. A large cohort study emphasized the causes of the rising incidence of child maltreatment. The findings indicated the engagement of one or both parents (78%), relatives/friends/neighbors/daycare providers (13.4%), fathers (21%), and mothers (40%) in child maltreatment episodes (n=518,136, median age: 83.4%) [22]. Additionally, evidence indicates the limited implementation of tertiary or secondary prevention approaches due to the gross underreporting of child maltreatment cases in the Middle East [23]. In addition, the ongoing abuse against children increases the risk of developmental degradation and reduces their mental health outcomes. A vast majority of these children imitate and practice violence/misconduct in the later stages of their life. Eventually, child maltreatment progresses without interruption across generations in the absence of viable measures. Therefore, the formulation of evidence-based strategies against child maltreatment is paramount to preventing this societal problem in the current and future generations [24].

Child maltreatment risks and protective factors

Risk factors

The predisposition of children to maltreatment varies with societal, community-based, interpersonal, and individualized factors. Factors including health care requirements, gender, and age significantly influence the incidence rates of child maltreatment across the Middle East [25]. Children <5 years of age experience the highest risk for abuse and misconduct in Middle East countries [23,26,27]. However, findings of the National Child Abuse and Neglect Data System indicate a high prevalence of maltreatment in children (age: <1 year) in the United States [28]. Also, data suggest that male children are more vulnerable to abuse and maltreatment compared to female children [24,29]. In addition, physical abuse with male children is a widely reported event across Oman and Saudi Arabia [23,26]; however, the prevalence of sexual misconduct with children has the highest prevalence in Jordan and Yemen [27,30]. Disabilities in children further elevate their maltreatment predisposition in the Middle East. Other risk factors include attention deficit hyperactivity disorder, behavioral complications, and chronic diseases [24,30]. Maltreatment exposure is reportedly high in children with consistent dependency on caretakers. Importantly, the education level of children and their families potentially influences their maltreatment risks and outcomes. Several studies have correlated low levels of literacy in underprivileged households with higher episodes of child maltreatment [26,30]. The education levels of most underprivileged children in the Middle East are below high school. These children experience a high incidence of maltreatment compared to the privileged children residing with educated parents.

Data reveal the adverse impact of women's empowerment on the episodes of child maltreatment in the Middle East nations of the Gulf Cooperation Council [31]. The employability of women in these nations disrupts their work-life balance, which eventually adds to the risk of maltreatment in their children. The increased dependence of such children on housekeepers and external support also exposes them to maltreatment in the absence of their mothers. Importantly, low-income nations report the highest incidence of infant homicide in the Middle East [32]. Large households with limited living space also add to the risk and incidence of child maltreatment [33]. Additionally, frequent changes in family structures increase the interactions of children with newly added members or distant relatives, thereby increasing their risk of maltreatment [34]. The risk of child abuse increases further in households with disturbed infant-mother relationships, arising due to perinatal complications [35]. Mentally ill mothers often mistreat their children under the impact of their depressive episodes, stress, or frustrations. They often fail to satisfy the caretaking requirements of their children while attempting to achieve their career ambitions [36,37].

The provision of stepparents and the prevalence of substance abuse and alcoholism in children predisposes them to abuse and misconduct [38,39]. The psychosocial complications of caretakers/parents further increase the incidence of misconduct with their children. Marital disharmony and job dissatisfaction among parents add to the episodes of violence and aggression against their children [37]. Additionally, the social issues across urban locations further impact the mental health and wellness of parents [40]. The respective children consequently experience a high exposure and incidence of violence and abuse.

The greatest factors hindering the implementation of child maltreatment prevention measures in the Middle East correlate with the social fabric, traditions, and faith-based norms [41]. Parents refrain from reflecting on their shortcomings and vehemently oppose the liberation of their children. They also adhere to authoritative parenting approaches and refrain to adopt prosocial behavior. These sociocultural obstructions in extended families add to the vulnerability of children and increase their encounters with traumatic episodes [42]. Importantly, child abuse practices in the Middle East are cascaded across generations based on ongoing traditions, supporting the need for corporal punishment and moral policing [36,43]. The upbringing of children with these inhuman practices normalizes the episodes of misconduct in their daily routines.

Protective factors

The factors that effectively reduce the risk and prevalence of child maltreatment in the Middle East include the self-esteem, adaptive functioning, social competence, and self-regulation skills of both children and their parents/caretakers [36,37,44]. In addition, the social support system of parents reduces their engagement in child maltreatment practices. Mutual understanding between parents and their positive interpersonal relationships lowers the incidence of their conflicts, intimate partner violence, and child abuse. Supportive marital relations between individuals with a history of child maltreatment improve their mental health and reduce the risk of their engagement in violent activities [42,45]. Importantly, community support effectively minimizes misconduct and restricts the occurrence of antisocial practices. Social bonding between individuals at the community level improves their overall conduct and self-control. Parents eventually develop an empathetic attitude towards their children and cater to their wellness requirements [46].

Such modifiable structural characteristics and social processes have the potential to provide a supportive environment that encourages positive parenting [47]. Social networking between people helps them intervene in the episodes of child maltreatment and act as whistle-blowers against unethical practices. Other important protective factors include the provision of parental education, healthcare facilities, and a positive environment at home [48].

Importantly, the availability of mental health care services reduces the frequency of child neglect and traumatic experiences. An effective legal system conducive to the well-being of children encourages them to self-report maltreatment episodes to the designated authorities. Regular wellness trainings for at-risk children increase their self-awareness and help them recognize the signals of misconduct in their community environments [49]. The provision of awareness campaigns by social workers, health care teams, and teachers improves child advocacy practices and safeguards the rights and privileges of vulnerable children. Furthermore, the participation of people in child maltreatment prevention training, symposiums, and conferences improves their self-management skills and resilience. These support systems/training also prove to be the greatest facilitators of child protection measures and help individuals to challenge the unethical societal norms, customs, and traditions against authoritative parenting. Media outlets also play a leading role in developing the perspectives and beliefs of people against child maltreatment [50]. Regular dissemination of child prevention guidelines via newspaper articles, YouTube videos, television programs, podcasts, and radio broadcasts help modify the community environment and prepare individuals to combat misconduct and violence against children. Other important measures against child maltreatment include the provision of fund-raising events, exhibitions, discussion forums, community-based programs, and websites targeting the prevention of child maltreatment incidences in the Middle East regions [51,52].

The impact and outcomes of child maltreatment

Findings in the contemporary literature emphasize the long-term impact of maltreatment on the physiological, behavioral, emotional, and social development of the affected children [26,53]. Physical abuse and misconduct add to the incidence of disabilities that adversely impact their health, wellness, and quality of life. Some of the prominent disabilities include brain damage, walking difficulty, and memory/vision/hearing loss [54]. The traumatic episodes in children can result in wounds, fractures, burns, and bruises that adversely affect the day-to-day functioning of vulnerable children. In addition, children with fatal/life-threatening injuries experience a high risk of death [55]. Child maltreatment reduces the quality-adjusted life years and increases the disability-adjusted life years of the exploited children. They experience a high risk of developing altered consciousness states, dissociative identity disorder, anxiety, and depression [26,56,57]. In addition, their low self-esteem reduces their coping skills and adds to their risk of several mental health conditions.

Children with maltreatment exposure tend to lose focus and develop hyperactivity, attention issues, and learning disorders [58]. They also experience cognitive decline and their low emotional intelligence adds to their risk of mental health complications. They face substantial challenges in developing peer relationships and experience high difficulties in maintaining social contacts [59]. Children with a history of maltreatment imitate similar misconduct with peers and often engage in abusive relationships. They tend to continue and contribute to the vicious cycle of aggression, violence, and misconduct during adulthood [60]. These findings indicate serious and long-term implications of child misconduct in human societies.

Physical outcomes

The physical injuries from maltreatment adversely impact the wellness paradigm of the affected children [61]. Physical abuse increases the risk and incidence of several clinical complications including subdural hemorrhage, brain trauma, burns, and bruises in the pediatric population [23,62-64]. The complications from shaken baby syndrome/abusive head trauma, skeletal injuries, sexual abuse, and neglect often lead to growth failure, dental caries, malnutrition, scapular/spinal/sternal fractures, and hematuria. These clinical complications adversely impact the academic performance and overall personality development of the affected children. Sexual abuse in children often results in anal/genital trauma that increases the risk of unwanted pregnancies and sexually transmitted diseases [65]. Neglect or lack of parental supervision followed by misconduct increases the incidence of poisoning/toxicities, infections, unattended diseases, obesity, and vitamin deficiencies [66,67]. Lack of nutrition not only leads to malnutrition but also challenges the physical development of the affected children leading to the development of failure to thrive. Indeed, child maltreatment increases the predisposition of abused children to obesity in their later phases of life [68,69]. Also, physical misconduct and violence against children result in brain dysfunction, deafness, complete blindness, and death. High mortality rates were reported in children of age <5 years following the episodes of their maltreatment, including neglect and abuse [70]. Evidence indicates the implications of child maltreatment history in individuals of age >41 years [71].

The race/sex/gender-adjusted findings reveal the occurrences of respiratory complications, visual field defects, kidney damage, liver dysfunction, and poor glycemic control in adults/middle-aged individuals with past exposure to misconduct during their childhood. Data further reveal incidences of oral health complications and hepatitis C in adults after 30 years of childhood maltreatment, including sexual abuse [71]. The profound long-term impact of maltreatment on the health outcomes of children during their adulthood is evidenced by several studies after adjusting other possible causes including mental illnesses, smoking history, sedentary lifestyle, socioeconomic crises, and demographic factors [71].

Cognitive outcomes

Evidence indicates the passive impact of maltreatment episodes on the academic performances and executive functions of the targeted children. Neglect and abuse of children deteriorate their communication and language skills and increase the risk of neurocognitive disorders[72,73]. Many children with a history of maltreatment experience substantial delays in their intellectual development; marked reductions in their verbal intelligence challenge their expressions and predispose them to long-term mental health complications [72]. Importantly, they also experience trouble in coping with panic circumstances and face difficulty in solving complex problems [74,75]. The impact of maltreatment on the academic performances of children is evidenced by their high special education needs/referrals, failed grades, low test scores, and unsatisfactory conduct/responsiveness in classrooms [76-79]. Importantly, children with a history of abuse have reduced focus, memory issues, and low verbal intelligence/episodic memory [80].

Psychological Complications

Children with maltreatment experience a high risk of psychosocial complications not only during childhood but also at later life stages. Findings from several studies reveal a multifold risk of lifetime depression in children affected by violence/aggression and neglect [27,81]. Maltreated children with depression show low responsiveness to standard treatments and have a high risk of subsequent abuse and recurrent depression [82]. A high incidence of post-traumatic stress disorder (PTSD) is observed in children with a maltreatment history. Children with PTSD experience mood

alterations, hyperarousal, avoidance, and intrusive thoughts that adversely impact their well-being and quality of life; in addition, they experience a high risk of depression, anxiety, and panic attacks[83-85].

Data suggest a four-times greater risk of personality disorders in maltreated children compared to those without a mistreatment history [86,87]. Evidence also reveals a high prevalence of borderline personality disorder in children with a history of abuse/neglect compared to those with psychosocial complications [88]. In addition, child maltreatment increases the risk of drug dependence and alcoholism during adulthood [89]. Most children with substance abuse, including drug addiction and alcoholism, reportedly have a history of maltreatment compared to otherwise healthy children [90,91]. These findings indicate psychological complications as the independent predictors of child maltreatment in the Middle East and across the globe.

Behavioral and Social Outcomes

Neglect and maternal detachment predominantly deteriorate the emotional bonding of children with their parents, which eventually impacts their emotional intelligence and social networking skills [92]. The vulnerable children experience substantial difficulties in expressing their concerns and expectations in front of their parents. Maltreated children with emotional dysregulation also have difficult relationships with their peers and low coping skills [93]. Other outcomes of maltreatment in children include aggressive conduct/violent behavior, engagement in crimes/ delinquency, promiscuity, truancy, the tendency to escape, and conduct disorders [94-97]. Moreover, tendency to commit physical assaults and social withdrawal are significant attributes of children with a history of neglect and abuse [98-100]. Importantly, child maltreatment also increases the risk of recurrent abuse and violence among its victims. Their offensive/disrespectful behaviors and abusive relationships in later life stages fuel the vicious cycle of child maltreatment and cascade it to subsequent generations [101-103].

Child Maltreatment Prevention

The prevention and mitigation of child maltreatment practices is the key to discouraging other malpractices, including intimate partner violence and gender-based inequalities in the Middle East [104-106]. Evidence indicates a marked reduction in adolescent arrest and delinquency incidences following the implementation of child maltreatment prevention programs, including home visits [107,108]. The child abuse prevention measures in different regions reciprocate with their cultural conventions and community-based norms and practices [109]. Since economically weaker sections of Middle East society experience a high risk of child abuse, financial assistance to underprivileged families is the key to reducing child maltreatment episodes [110,111]. Economic support to underprivileged societies assists in fulfilling their unmet needs and reducing the risk of depression/anxiety in parents [112]. Furthermore, subsidies to low-income groups assist in accomplishing their nutritional demands. These measures eventually increase the overall quality of life of underprivileged families and lower the risk of mental illnesses and associated child abuse episodes. Other prevention approaches include the implementation of safe workplace policies and the provision of sick/paternity leaves for the workforce [113].

Positive parenting and parental support are the key measures to minimizing the incidence of child maltreatment and abuse in the community environment [114]. The provision of training and support via community/home-based sessions assists in improving the parenting skills of caretakers [115]. Psychosocial support, including cognitive behavior therapy, is another potential measure to change the attitudes, behaviors, and conduct of parents against child abuse [116]. Child maltreatment prevention campaigns through media outlets also help to transform the thinking processes in people and reduce their apprehension about parenting challenges [115,117]. Importantly, the implementation of the 2030 Agenda for Sustainable Development by the United Nations is necessary to prevent discriminatory practices against children and to protect their dignity and human rights [118,119]. Childhood care in foster homes and native residences increases the sense of safety among children and improves their societal perceptions; it also strengthens their interpersonal relationships with caretakers, relatives, and peers [120]. Educational sessions at the preschool level in association with guardians/parents improve the executive functions of children, which eventually enhances their academic performances. Findings from a recent study reveal noticeable reductions in child maltreatment-related petitions following the enrolment of parents in child abuse prevention programs [121].

Evidence confirms the role of parental support programs based on early childhood home visiting in improving parenting skills and minimizing the incidence of child mistreatment [122]. A 50% decline in crimes against children and maltreatment episodes were observed following the implementation of the nurse-family partnership program [123]. The SafeCare and Incredible Years programs also aim to improve parenting skills for reducing the prevalence of child maltreatment episodes [124,125]. These programs also aim to foster primary care of parents and develop holistic strategies to effectively mitigate child maltreatment risk factors [126]. Studies demonstrate the role of cognitive behavioral therapy in reducing abnormal behaviors and minimizing trauma-related psychosocial complications in children [127]. The evidence further indicates the role of child-friendly helplines to increase the early escalation of mistreatment events [127]. Cross-professional collaboration between public health personnel, administrative personnel, children, parents/caretakers, social care organizations, and federal agencies is necessary to challenge the rising cases of child maltreatment in the Middle East regions [128]. It is important to note that despite the child protection legislation in MENA, crimes against children continue to increase due to financial crises, infrastructure challenges, and limited public funding. Armed conflicts in the Middle East Nations add to the risk of wars and create an environment of fear and financial instability, which further increases the risk and incidence of childhood trauma [129]. Accordingly, Middle East countries need to collaborate and formulate comprehensive measures to extend psychosocial and financial support to underprivileged families in order to minimize the rising incidence of child maltreatment [31,130].

Conclusion

The high incidence rates of child maltreatment in the Middle East warrant proactive measures from the governmental authorities and social care organizations to improve parenting skills, provide extra privileges to the stratified societies, and administer awareness campaigns. It is important to strengthen protective factors and implement preventive approaches to reduce the risks of maltreatment in underprivileged children. Future studies should compare child maltreatment incidences and outcomes in the Middle East with other nations of the globe to standardize prevention approaches conducive to the reduction of child abuse cases and their deleterious complications [131-142].

Conflict of Interest

The authors disclosed no conflict of interest.

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