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Insights into Child Abuse Reporting: Knowledge, Perceptions and Practices of Paediatricians in the Western Province of Saudi Arabia

Abdulaziz Abdullah Alosaimi[1], Abdullah Falah Alotaibi[2], Emad Marzouq Alsufyani[3], Saud Mohammed Alnefaie[4] and Sultan Mohammed Alzahrani[5*]

[1]Taif Children Hospital, Taif 7781, Saudi Arabia
[2,5]Security Forces Hospital, Riyadh 12625, Saudi Arabia
[3,4]King Salman Specialized Hospital of the National Guard, Taif 26573, Saudi Arabia

Author Designation: [1]Medicine Consultant, [2,5]Medicine Fellow, [3,4]Assistant Consultant

*Corresponding author: Sultan Mohammed Alzahrani (e-mail: Sultan_alzahrani@outlook.sa).

Abstract **Background**: Paediatricians are pivotal in recognizing and responding to child abuse. However, there is limited evidence regarding their preparedness in the Western Province of Saudi Arabia. This study evaluated paediatricians' knowledge, perceptions, professional experience and reporting practices related to child abuse. **Methods**: A cross-sectional survey was conducted among paediatricians (n = 117) working in hospitals and clinics across Jeddah, Makkah, Madinah and Taif. A structured, expert-reviewed questionnaire assessed knowledge, perception, professional experience and reporting practices. Descriptive statistics and Chi-square/Fisher's exact tests were applied. **Results**: Most paediatricians (59.8%) demonstrated good knowledge, while 35.9% had fair knowledge and 4.3% poor knowledge. Perceptions were less favourable: only 15.4% reported good perception, while 49.6% showed poor perception. Professional experience was generally good (53.8%), but only 35.9% demonstrated good reporting practices. Male paediatricians reported better reporting ($p = 0.004$). Regional differences in perception were also significant ($p = 0.002$). **Conclusion**: While paediatricians displayed good knowledge and adequate professional experience, their perceptions and reporting practices remain suboptimal. Training programs tailored to regional challenges—emphasizing legal frameworks, reporting protocols and cultural sensitivities—are urgently needed to standardize responses and strengthen child protection outcomes.

Key Words Paediatric Healthcare, Child Protection, Child Abuse, Perception, Reporting Practices

INTRODUCTION

Child abuse is a global phenomenon that affects millions of children each year, with devastating consequences on their physical, emotional and psychological well-being [1,2]. Child abuse encompasses various forms of maltreatment, including physical, emotional, sexual abuse and neglect [3]. It is a pervasive problem that cuts across socio-economic, cultural and geographical boundaries [2]. Children who experience abuse often suffer long-term consequences, including impaired mental health, educational difficulties and increased risk of engaging in risky behaviours [4,5]. Globally, child abuse remains a prevalent issue, with alarming statistics highlighting its widespread impact [6,7]. According to the World Health Organization (WHO), an estimated 1 in 4 adults report having experienced physical abuse during childhood [8]. Furthermore, United Nations International Children's Emergency Fund (UNICEF) reports that millions of children worldwide are subjected to sexual exploitation, trafficking and other forms of violence each year [9].

In Saudi Arabia, child abuse is also a significant concern, although cultural factors and societal norms may influence the recognition and reporting of abuse cases [10]. Research indicates that child abuse rates in Saudi Arabia are comparable to global averages, with children experiencing various forms of maltreatment, including physical, emotional and sexual abuse, as well as neglect [11,12]. Health care professionals, especially paediatricians in Saudi Arabia face unique challenges in addressing child abuse due to cultural sensitivities and legal frameworks [13]. While there is a growing awareness of the importance of addressing child abuse, there may still be barriers to reporting and intervention. Paediatricians play a critical role in identifying and addressing child abuse. They are often the first point of contact for children who have experienced abuse or neglect [14].

Paediatricians are trained to recognize signs and symptoms of abuse, conduct thorough assessments and provide appropriate interventions [15]. Moreover, they serve as advocates for children, working with multidisciplinary teams to ensure their safety and well-being [16]. While paediatricians receive training on identifying and managing child abuse, there are significant variations in their knowledge, practices and attitudes. Some paediatricians may feel confident in recognizing and addressing child abuse, while others may lack sufficient training or experience in this area [17,18]. Additionally, cultural factors, personal biases and systemic challenges can influence paediatricians' responses to child abuse cases [19,20]. However, paediatricians may require additional training and support to effectively identify and manage cases of child abuse within the Saudi context.

Child abuse is a global health challenge with profound physical, emotional and psychological consequences [1-3]. The World Health Organization estimates that one in four adults experienced physical abuse in childhood [4]. In Saudi Arabia, available studies indicate that child maltreatment rates are comparable to global averages, though recognition and reporting are shaped by cultural norms and legal complexities [5-7].

Paediatricians, as first-line healthcare providers, are uniquely positioned to identify and intervene in suspected cases [8-10]. Yet, studies demonstrate inconsistencies in their knowledge, perceptions and practices [11,12]. Western Saudi Arabia, with its diverse cultural and systemic context, remains underrepresented in child abuse research. Recent reports highlight barriers such as fear of legal consequences, inadequate training and lack of standardized protocols [13-15].

Localized data are crucial to design effective interventions, especially since previous research in Riyadh reported much higher levels of physician knowledge (90.3%) compared to emerging evidence from other provinces [16]. This study therefore sought to systematically evaluate paediatricians' knowledge, perceptions, professional experience and reporting practices regarding child abuse in the Western Province, identifying predictors of poor perception and gaps in reporting.

There is a dearth of localized research specifically focusing on the knowledge, attitudes and practices of paediatricians regarding child abuse in the Western Province of Saudi Arabia. While some studies have examined child abuse in other provinces [21-23], understanding the specific context of the Western Province is essential for developing targeted interventions and strategies to address child abuse effectively. Saudi Arabia is a diverse country with regional variations in culture, socio-economic status and healthcare infrastructure. These regional differences can impact the recognition, reporting and management of child abuse cases. Investigating the knowledge, attitudes and practices of paediatricians in the Western Province can provide insights into how these factors influence their approach to child abuse. Paediatricians' knowledge, attitudes and practices regarding child abuse can significantly impact the outcomes for abused children. Understanding the strengths and challenges faced by paediatricians in the Western Province can inform efforts to enhance their capacity to recognize and respond to child abuse cases. By identifying gaps in knowledge or barriers to effective intervention, policymakers and healthcare administrators can develop targeted training programs, protocols and support systems to improve the response to child abuse cases in the region. Thus, this research aimed to investigate the knowledge, attitudes and practices among paediatricians regarding child abuse in the Western Province of Saudi Arabia.

Objectives

- To assess paediatricians' knowledge of the forms and indicators of child abuse
- To evaluate their perceptions of recognition, reporting and management
- To examine professional experience in handling suspected cases
- To analyse reporting practices and their demographic predictors

METHODS

This study adopted a cross-sectional design to assess the knowledge, perception, experience and reporting practices related to child abuse among paediatricians practicing in the Western province of Saudi Arabia. A cross-sectional design allowed for the collection of data at a single point in time, providing insights into the current status of the target population's knowledge, attitudes and practices regarding child abuse.

The study was conducted in the Western province of Saudi Arabia, encompassing cities such as Jeddah, Mecca, Medina and Taif. Data collection primarily took place in hospitals, clinics and healthcare facilities where paediatricians practice. The population of interest for this study included paediatricians practicing in the Western province of Saudi Arabia. Paediatricians of varying levels of experience, from residents to consultants, were included in the study.

Inclusion and Exclusion Criteria

Inclusion criteria included paediatricians practicing in the Western province of Saudi Arabia, regardless of their level of experience or specialty. Exclusion criteria included paediatricians who were not currently practicing in the Western province or those who declined to participate in the study.

The sample size was determined using a suitable formula for cross-sectional studies, considering the estimated population of paediatricians in the Western province and the desired level of precision and confidence interval. A minimum sample size of 106 paediatricians was targeted to ensure adequate representation and statistical power. The minimum sample size was calculated based on the findings of previous research conducted by Alaraik *et al.* [21]. Convenience sampling was employed to select

participants for the study. Paediatricians practicing in hospitals, clinics and healthcare facilities across the Western province were approached to participate in the study.

Data Collection Tools

Data were collected using a structured questionnaire designed to assess paediatricians' knowledge, attitudes and practices related to child abuse. The questionnaire included closed-ended items covering various aspects of child abuse recognition, reporting and management. Experts in paediatric medicine, child psychology and child protection were invited to review the questionnaire items for relevance, clarity and comprehensiveness. Feedback from experts indicated that the questionnaire adequately covered essential aspects of child abuse recognition, reporting and management. Minor revisions were made to improve item clarity and relevance based on expert suggestions. Due to time constraints or other practical limitations, formal assessments of construct and criterion validity were not conducted in this validation process.

The Cronbach's alpha coefficient for the questionnaire was calculated to be 0.743, indicating good internal consistency among the questionnaire items, suggesting that the items were closely related in measuring the intended constructs. The test-retest reliability analysis revealed a high correlation coefficient of r = 0.812 between the scores obtained from the two administrations, indicating excellent stability of questionnaire scores over time. This suggested that the questionnaire demonstrated stable and consistent results upon repeated administrations.

Data Management and Statistical Analysis

Data collected from the questionnaires were entered into a secure database and analysed using appropriate statistical software. Descriptive statistics such as frequencies, percentages, means and standard deviations were calculated to summarize participants' knowledge, attitudes and practices regarding child abuse. Inferential statistics such as chi-square tests or t-tests were used to explore associations between demographic variables and knowledge; attitudes and practices related to child abuse among paediatricians.

RESULTS

The sociodemographic details of paediatricians in the western region revealed that the majority are male (54.7%) and a significant proportion are aged between 30-40 years (45.3%), with those under 30 years making up 42.7%. Most paediatricians have less than 5 years of experience (55.6%), followed by 5-10 years (29.9%). Nearly all paediatricians work in government hospitals (98.3%). Regarding the region of practice within Saudi Arabia, the largest group is based in Taif (46.2%), followed by Makkah (27.4%), Jeddah (15.4%) and Madinah (11.2%) (Table 1).

Table 2 summarizes the scores of different domains among paediatricians in the western region. The mean score for Knowledge was 19.03 ±3.01 with a range from 6.00 to 25.00. The Perception domain had a mean score of 15.13±3.31, ranging from 8.00 to 25.00. Professional Experience scored a mean of 18.57±2.91 with a minimum of 11.00 and a maximum of 25.00. Lastly, the reporting domain had a mean score of 17.28±3.37, with scores ranging from 9.00 to 25.00.

The distribution of paediatricians' knowledge, perception, professional experience and reporting practices related to child abuse revealed that 59.8% had good knowledge, 35.9% had fair knowledge and 4.3% had poor knowledge. Perceptions were less favourable, with only 15.4% having a good perception, 35.0% a fair perception and 49.6% a poor perception. Regarding professional experience, 53.8% reported good experience, 39.3% reported fair experience and 6.8% reported poor experience. Reporting practices were varied, with 35.9% demonstrating good practices, 47.9% showing fair practices and 16.2% having poor practices. Overall, while most paediatricians had good knowledge and professional experience, their perceptions and reporting practices were more mixed (Figure 1).

Table 1: Sociodemographic details of pediatrician in western region

Variables	Categories	N	%
Gender	Female	53	45.3
	Male	64	54.7
Age	Under 30	50	42.7
	30-40	53	45.3
	41-50	9	7.7
	51-60	4	3.4
	Over 60	1	0.9
Years of experience as a pediatrician	Less than 5 years	65	55.6
	5-10 years	35	29.9
	11-20 years	12	10.3
	More than 20 years	5	4.3
Type of healthcare facility	Government Hospital	115	98.3
	Private Hospital	2	1.7
Region of practice in Saudi Arabia	Jeddah	18	15.4
	Taif	54	46.2
	Makkah	32	27.4
	Madinah	13	11.2

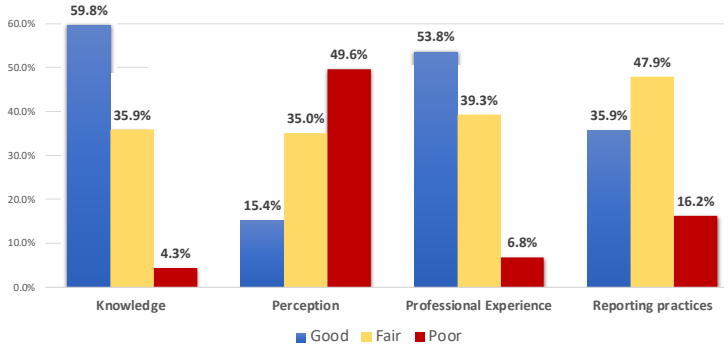

Figure 1: Distribution of different domains related to child abuse

Table 2: Scores of different domains

Parameter	Mean	SD	Minimum	Maximum
Knowledge	19.03	3.01	6.00	25.00
Perception	15.13	3.31	8.00	25.00
Professional Experience	18.57	2.91	11.00	25.00
Reporting	17.28	3.37	9.00	25.00

Table 3: Relationship between knowledge related to child abuse and sociodemographic details

Parameters		Knowledge			Total	P value
		Good	Fair	Poor		
Sex	Female	32	19	2	53	0.970
		45.7%	45.2%	40.0%	45.3%	
	Male	38	23	3	64	
		54.3%	54.8%	60.0%	54.7%	
Age in Years:	Under 30	23	24	3	50	0.028
		32.9%	57.1%	60.0%	42.7%	
	30-40	34	18	1	53	
		48.6%	42.9%	20.0%	45.3%	
	41-50	9	0	0	9	
		12.9%	0.0%	0.0%	7.7%	
	51-60	3	0	1	4	
		4.3%	0.0%	20.0%	3.4%	
	Over 60	1	0	0	1	
		1.4%	0.0%	0.0%	0.9%	
Years of experience as a pediatrician:	Less than 5 years	32	29	4	65	0.007
		45.7%	69.0%	80.0%	55.6%	
	5-10 years	22	13	0	35	
		31.4%	31.0%	0.0%	29.9%	
	11-20 years	12	0	0	12	
		17.1%	0.0%	0.0%	10.3%	
	More than 20 years	4	0	1	5	
		5.7%	0.0%	20.0%	4.3%	
Type of healthcare facility you work in:	Govt. Hospital	68	42	5	115	0.505
		97.1%	100.0%	100.0%	98.3%	
	Private Hospital	2	0	0	2	
		2.9%	0.0%	0.0%	1.7%	
Region of practice in Saudi Arabia:	Jeddah	14	4	0	18	0.165
		20.0%	9.5%	0.0%	15.4%	
	Taif	28	22	4	54	
		40.0%	52.4%	80.0%	46.2%	
	Makkah	17	14	1	32	
		24.3%	33.3%	20.0%	27.4%	
	Madinah	11	2	0	13	
		15.7%	4.8%	0.0%	11.1%	

Table 3 shows the relationship between knowledge related to child abuse and sociodemographic details of paediatricians in the western region showed that both female and male paediatricians have similar distributions of good, fair and poor knowledge, with no significant difference (p = 0.970). Paediatricians under 30 years tend to had more fair and poor knowledge compared to older age groups, with a significant difference noted (p = 0.028). Those with less than 5 years of experience also showed a higher percentage of fair and poor knowledge, with a significant difference (p = 0.007). The type of healthcare facility and region of practice did not show significant differences in knowledge levels (p = 0.505 and p = 0.165, respectively).

Table 4 shows the relationship between perception related to child abuse and sociodemographic details of paediatricians in the western region shows that perception didn't significantly differ by sex (p = 0.211), with both females and males having similar distributions of good, fair and poor perceptions. Age

Table 4: Relationship between perception related to child abuse and sociodemographic details

Parameters		Perception			Total	P value
		Good	Fair	Poor		
Sex	Female	7	15	31	53	0.211
		38.9%	36.6%	53.4%	45.3%	
	Male	11	26	27	64	
		61.1%	63.4%	46.6%	54.7%	
Age in Years	Under 30	9	15	26	50	0.141
		50.0%	36.6%	44.8%	42.7%	
	30-40	8	24	21	53	
		44.4%	58.5%	36.2%	45.3%	
	41-50	1	1	7	9	
		5.6%	2.4%	12.1%	7.7%	
	51-60	0	0	4	4	
		0.0%	0.0%	6.9%	3.4%	
	Over 60	0	1	0	1	
		0.0%	2.4%	0.0%	0.9%	
Years of experience as a pediatrician	Less than 5 years	11	24	30	65	0.596
		61.1%	58.5%	51.7%	55.6%	
	5-10 years	5	14	16	35	
		27.8%	34.1%	27.6%	29.9%	
	11-20 years	2	2	8	12	
		11.1%	4.9%	13.8%	10.3%	
	More than 20 years	0	1	4	5	
		0.0%	2.4%	6.9%	4.3%	
Type of healthcare facility	Govt. Hospital	17	41	57	115	0.317
		94.4%	100.0%	98.3%	98.3%	
	Private Hospital	1	0	1	2	
		5.6%	0.0%	1.7%	1.7%	
Region of practice in Saudi Arabia	Jeddah	8	2	8	18	0.002
		44.4%	4.9%	13.8%	15.4%	
	Taif	9	21	24	54	
		50.0%	51.2%	41.4%	46.2%	
	Makkah	1	14	17	32	
		5.6%	34.1%	29.3%	27.4%	
	Madinah	0	4	9	13	
		0.0%	9.8%	15.5%	11.1%	

groups also showed no significant differences (p = 0.141), though those under 30 and those aged 30-40 have higher percentages of good and fair perceptions. Years of experience didn't significantly affect perceptions (p = 0.596), with similar distributions across experience levels. The type of healthcare facility showed no significant impact on perception (p = 0.317). However, there was a significant difference in perceptions based on the region of practice (p = 0.002), with paediatricians in Jeddah showing the highest percentage of good perception (44.4%), followed by Taif (50.0% for good and fair), Makkah and Madinah.

Table 5 shows the relationship between professional experience related to child abuse and sociodemographic details of paediatricians in the western region revealed that there is no significant difference based on sex (p = 0.233), with both females and males having similar distributions of good, fair and poor professional experience. However, age showed a significant difference (p = 0.006), with paediatricians under 30 years having a higher proportion of fair and poor professional experience. Those aged 30-40 have the highest proportion of good experience. Years of experience as a paediatrician also showed a significant difference (p = 0.002), with those having less than 5 years of experience exhibiting higher percentages of fair and poor

Table 5: Relationship between professional experience related to child abuse and sociodemographic details

Parameters		Professional experience			Total	P value
		Good	Fair	Poor		
Sex	Female	24	25	4	53	0.233
		38.1%	54.3%	50.0%	45.3%	
	Male	39	21	4	64	
		61.9%	45.7%	50.0%	54.7%	
Age in Years	Under 30	17	27	6	50	0.006
		27.0%	58.7%	75.0%	42.7%	
	30-40	36	16	1	53	
		57.1%	34.8%	12.5%	45.3%	
	41-50	8	1	0	9	
		12.7%	2.2%	0.0%	7.7%	
	51-60	1	2	1	4	
		1.6%	4.3%	12.5%	3.4%	
	Over 60	1	0	0	1	
		1.6%	0.0%	0.0%	0.9%	
Years of experience as a pediatrician	Less than 5 years	25	33	7	65	0.002
		39.7%	71.7%	87.5%	55.6%	
	5-10 years	25	10	0	35	
		39.7%	21.7%	0.0%	29.9%	
	11-20 years	11	1	0	12	
		17.5%	2.2%	0.0%	10.3%	
	More than 20 years	2	2	1	5	
		3.2%	4.3%	12.5%	4.3%	
Type of healthcare facility	Govt. Hospital	61	46	8	115	0.418
		96.8%	100.0%	100.0%	98.3%	
	Private Hospital	2	0	0	2	
		3.2%	0.0%	0.0%	1.7%	
Region of practice in Saudi Arabia	Jeddah	11	5	2	18	0.902
		17.5%	10.9%	25.0%	15.4%	
	Taif	28	22	4	54	
		44.4%	47.8%	50.0%	46.2%	
	Makkah	17	14	1	32	
		27.0%	30.4%	12.5%	27.4%	
	Madinah	7	5	1	13	
		11.1%	10.9%	12.5%	11.1%	

Table 6: Relationship between reporting related to child abuse and sociodemographic details

		Reporting of child abuse			Total	P value
		Good	Fair	Poor		
Sex	Female	12	27	14	53	0.004
		28.6%	48.2%	73.7%	45.3%	
	Male	30	29	5	64	
		71.4%	51.8%	26.3%	54.7%	
Age in Years	Under 30	11	29	10	50	0.189
		26.2%	51.8%	52.6%	42.7%	
	30-40	26	19	8	53	
		61.9%	33.9%	42.1%	45.3%	
	41-50	4	4	1	9	
		9.5%	7.1%	5.3%	7.7%	
	51-60	1	3	0	4	
		2.4%	5.4%	0.0%	3.4%	
	Over 60	0	1	0	1	
		0.0%	1.8%	0.0%	0.9%	
Years of experience as a pediatrician	Less than 5 years	20	33	12	65	0.519
		47.6%	58.9%	63.2%	55.6%	
	5-10 years	15	14	6	35	
		35.7%	25.0%	31.6%	29.9%	
	11-20 years	6	5	1	12	
		14.3%	8.9%	5.3%	10.3%	
	More than 20 years	1	4	0	5	
		2.4%	7.1%	0.0%	4.3%	
Type of healthcare facility	Govt. Hospital	41	55	19	115	0.800
		97.6%	98.2%	100.0%	98.3%	
	Private Hospital	1	1	0	2	
		2.4%	1.8%	0.0%	1.7%	
Region of practice in Saudi Arabia	Jeddah	9	4	5	18	0.185
		21.4%	7.1%	26.3%	15.4%	
	Taif	21	27	6	54	
		50.0%	48.2%	31.6%	46.2%	
	Makkah	7	19	6	32	
		16.7%	33.9%	31.6%	27.4%	
	Madinah	5	6	2	13	
		11.9%	10.7%	10.5%	11.1%	

professional experience, whereas those with 5-10 years and 11-20 years show better professional experience. The type of healthcare facility didn't significantly impact professional experience (p = 0.418). Region of practice also showed no significant difference (p = 0.902), with Taif having the highest proportion of good and fair professional experience, followed by Makkah, Jeddah and Madinah.

Table 6 shows the relationship between reporting related to child abuse and sociodemographic details of paediatricians in the western region indicated a significant difference based on sex (P = 0.004). Male paediatricians show a higher proportion of good reporting (71.4%) compared to females (28.6%), who more frequently reported fair and poor reporting. Age didn't show a significant difference (p = 0.189), although paediatricians aged 30-40 years had the highest proportion of good reporting. Years of experience as a paediatrician also didn't show a significant impact on reporting (p = 0.519), though those with less than 5 years of experience report higher rates of fair and poor reporting. The type of healthcare facility didn't significantly influence reporting (p = 0.800), with both government and private hospitals showing similar distributions. Region of practice also showed no significant difference (p = 0.185), though paediatricians in Taif reported the highest proportion of good and fair reporting, followed by those in Makkah, Jeddah and Madinah.

DISCUSSION

The study findings showed a concerning disparity between knowledge and action regarding child abuse among paediatricians in the Western Province of Saudi Arabia. While the majority demonstrate sound knowledge and professional experience, their perceptions and reporting practices lag significantly. This discrepancy between knowledge and practice echoes findings from previous studies conducted globally. Research by Leung et al. on Hong Kong GPs found that despite encountering suspected cases, only 35.8% reported every case [22]. Similarly, Flaherty et al. found that while recent child abuse education increased confidence in identification and management, other factors like attitudes towards domestic violence screening played a significant role in actual reporting [23]. The high percentage of paediatricians with poor perceptions of child abuse reporting (49.6%) is alarming. This could stem from various factors, including fear of legal repercussions, concerns about damaging the family structure or a lack of faith in the reporting system. This aligns with findings from Leung et al., where concerns about anonymity and potential harm to the family were significant deterrents to reporting [22]. While your study focuses on existing knowledge, it doesn't delve into the specifics of training

received. Previous research, such as the study by Starling et al., highlights inadequate child abuse training within medical education as a significant barrier [24]. A study done by Alkathiri et al. in Saudi Arabia revealed that 64.2% of the sample demonstrated excellent attitudes toward the issue, while an overwhelming majority (90.3%) achieved excellent knowledge scores. Interestingly, participants who were married and had over ten years of experience showed greater awareness of child maltreatment reporting procedures compared to their unmarried and less experienced counterparts. Furthermore, a significant portion of the sample (67.2%) believed that child abuse and neglect are underreported in Saudi Arabia, with lack of knowledge being cited as the primary reason for underreporting [21].

It is crucial to acknowledge the cultural context specific to the Western Province of Saudi Arabia. The social stigma surrounding child abuse, family dynamics and legal frameworks regarding reporting could influence both perceptions and practices [25].

Paediatricians play a crucial role in identifying and addressing child abuse. Their knowledge about this complex issue is paramount for effective prevention, early detection and intervention. Paediatricians must be skilled in recognizing the diverse physical and behavioural indicators of child abuse, including identifying injury patterns such as bruises in atypical locations, burns, fractures and head trauma [26,27]. Moreover, they need to be vigilant in assessing family, social and individual risk factors that elevate the likelihood of abuse, such as domestic violence, substance abuse and mental health issues [28]. Critically, while the identification of these signs is crucial, paediatricians must also consider the context and patterns of these indicators to differentiate between accidental injuries and those resulting from abuse. This requires a comprehensive understanding of both the typical manifestations of abuse and the broader psychosocial environment of the child. Effective detection and intervention hinge on the paediatrician's ability to integrate these observations with a thorough evaluation of risk factors, underscoring the necessity for ongoing training and a multidisciplinary approach to ensure the well-being and safety of children. Paediatricians' face a complex interplay of legal and ethical obligations when addressing suspected child abuse. While their primary duty is to protect the child, navigating confidentiality concerns and maintaining a supportive relationship with families can be challenging. The legal mandate to report suspected abuse is clearly outlined [29], yet research highlights the dilemmas faced by physicians in balancing reporting obligations with potential harm to the family [22]. Successfully navigating this complex landscape requires paediatricians to engage in open communication with families, provide support and resources and collaborate effectively with multidisciplinary teams to ensure comprehensive care for the child and family [30,31].

This study highlights a striking gap between knowledge and perception among paediatricians in Western Saudi Arabia. While 59.8% demonstrated good knowledge, nearly half (49.6%) held poor perceptions toward abuse recognition and reporting. This echoes global findings where knowledge does not consistently translate into reporting [22,23].

Regional differences were evident, paediatricians in Jeddah reported better perceptions compared to Taif and Madinah, suggesting contextual influences such as healthcare infrastructure, training access and local reporting mechanisms. This aligns with prior research underscoring the role of system-level supports [24,25].

Legal and cultural barriers also appear to contribute. Fear of damaging family honour and uncertainties about legal protections for physicians may discourage reporting, a phenomenon similarly documented in other Gulf contexts [26,27]. Addressing these barriers requires not only technical training but also policy reforms that reinforce physician protection and streamline reporting pathways.

Importantly, the high reliability of the questionnaire indicates potential for its refinement and validation in larger, multi-regional studies. However, reliance on convenience sampling and lack of multivariate analysis are limitations. Future research should incorporate probability sampling, qualitative insights and longitudinal designs to track training outcomes over time.

CONCLUSIONS

Paediatricians in the Western Province exhibit adequate knowledge and professional experience regarding child abuse but demonstrate critical gaps in perception and reporting. These findings emphasize the need for structured training programs incorporating case-based simulations, legal education and culturally sensitive communication strategies. Future policies must prioritize strengthening reporting mechanisms, protecting physicians from legal repercussions and establishing standardized national protocols to ensure consistent child protection practices.

Ethical Statement

Ethical approval was obtained from the relevant institutional review board (IRB) or ethics committee of Taif University before commencing the study. Informed consent was obtained from all participants, ensuring confidentiality, anonymity and voluntary participation. Participants were informed of their right to withdraw from the study at any time without consequences.

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