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mortality and unmeasurable morbidity amongst children in the U.S.A. The incidence has been steadily increasing with about 500,000 children being abused every year and an estimated 3 to 5 million unreported cases [2]. Not only has the total number of cases increased but the severity of abuse has escalated. Child homicide has become the fourth leading cause of death in the 1-14-year-old age group and the second most common cause of death in adolescence [2]. It is estimated that 2000-5000 children are killed each year by their parents or family members. At the University of Pennsylvania Children's Hospital in Philadelphia, over 500 cases of abuse/neglect are reported per year. This makes the recognition and reporting of an abused case at least a daily occurrence. Thus, child abuse has become a modern-day plague, a problem of epidemic proportion.

In the early 1970s, Dr Peter Wilson, a paediatrician in Philadelphia, and other professionals from hospitals in the area found that they shared a concern about preventing and treating child abuse. By 1975 this shared concern had evolved into a standing multidisciplinary team for investigating suspected child abuse and neglect. Today the Supportive Child Abuse Network (SCAN) has become one of the largest non-profit organizations specializing in a multidisciplinary family-centred approach to the prevention of child abuse and neglect. The author had the privilege of working with SCAN, which is based at the University of Pennsylvania Children's Hospital (UCPH). Abused children are seen in the children's outpatient department, paediatric wards and in family homes.

Four forms of child abuse are recognized and treated at the UCPH by SCAN. These are:

- (1) Physical abuse. The non-accidental injury of a child, ranging from minor bruises and lacerations to severe neurological trauma.
- (2) Physical neglect. The failure of a parent or another person legally responsible for the child's welfare to provide for the child's basic needs and an adequate level of care.
- (3) Sexual abuse. The exploitation of a child for gratification or profit of an adult.
- (4) Emotional maltreatment. Excessive or unreasonable parental demands on children.

Although the different forms of child abuse are identified, there are, however, divergent viewpoints on the predisposing factors to this

disturbing and pervasive phenomenon. For proper understanding, the term 'child abuse and neglect' has to be redefined for each country, even for each area in a country, and redefined from time to time. Whilst the problem of child abuse centres around the child/parent or parent substitute relationships in the western world, the issue in developing countries must be considered at three levels — global, cultural and individual [3]. The global level focuses on 'structural conditions in the world socio-economic order' and the 'maltreated child is seen as a victim of structural defects in the world system in which he finds himself'. The cultural level focuses on normative child-rearing practices which, nonetheless, have detrimental consequences for the child. The individual level deals with specific parent/child behavioural acts that lead to the maltreatment of the child. The ecological models of Diaz [3] and Garbarino [4] (Figs 1 & 2) probably sum up the confluence of various factors which lead to maltreatment in the developing countries of Africa and the western world respectively. Although the overall dynamics operating to produce child abuse and neglect are becoming better understood, the specific factors that allow for prediction of abnormal child-rearing patterns under certain circumstances have not been generally established. The ability to make accurate predictions of the possible outcome of interaction between life events and the risk factors highlighted in both models will greatly facilitate the initiation of effective intervention before significant damage has been allowed to occur. Equipped with knowledge of the risk factors, the primary physician and the police are faced with the challenge of suspecting, detecting and reporting cases of child maltreatment, a phenomenon which cuts across all ethnic groups, socio-economic status and educational levels.

What are the risk factors for abuse?

Parent factors. Unlike other conditions that are suffered at one point in time, the cyclical nature of abuse has the potential to make today's abused child the future's abusive parent. Thus, parents' perceptions of their own childhood experiences, be they violence or neglect, may affect the parental interaction with their own children. Unrealistic expectations of one's child may lead to emotional abuse or physical abuse. This is indeed true of the

Child abuse and neglect: a global phenomenon

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Summary

Child abuse and neglect are worldwide phenomena which seem to be assuming epidemic proportions in the U.S.A. Four conditions are usually considered under child abuse and these include physical abuse, physical neglect, sexual abuse and emotional maltreatment. The various predisposing factors to abuse or neglect of children in developed and developing countries are considered. The apparent low incidence of cases of child abuse in Nigeria may not be unrelated to our inability to recognize and report cases as they occur. The primary health physician therefore has a challenge to suspect, detect, treat promptly and report such cases. The urgent need for a multidisciplinary approach to the problem of child abuse and neglect in Nigeria is stressed.

Résumé

L'abus des enfants et le manque des soins pour les enfants est un phénomène mondial qui prend des proportions épidémiques aux Etats Unis. En parlant de l'abus des enfants, on considère surtout quatre conditions. Elles comprennent le manque des soins physiques, l'abus physique, l'abus sexuel et l'abus émotionnel. Les facteurs divers qui encouragent l'abus des enfants ou le manque des soins physiques dans les pays développés et les pays en voie de développement sont discutés. L'apparence d'une incidence peu élevée des cas d'abus d'enfants au Nigéria est probablement à lier aux difficultés que nous avons à reconnaître et à rapporter les cas au fur et à mesure qu'ils se présentent. Il est donc lancé au médecin des soins de santé primaires de soupçonner, de détecter et de traiter et rapporter promptement de tels cas. Le besoin urgent pour une approche multidisciplinaire au problème d'abus d'enfants et de manque des soins est également souligné.

Introduction

The First International Workshop on Child Abuse in Africa [1] was held at Enugu, Nigeria, in April 1986. Papers were presented on the various aspects of the abused child with special reference to the problems of child labour, child exploitation, disability, and child abuse. Some of the findings were found to be closely associated with the socio-economic situation in Africa and to the rather negative attitude of our social institutions represented by the family, the schools and the law enforcement agents. Attention was particularly drawn to the need for prevention. It is, however, realized that prevention of anything requires not only knowing what it is one wants to prevent, but also having some means of predicting the circumstances under which that which one wants to prevent is likely to occur. It is in the realization of this fact that the author attempts in this communication to report on her experience of child abuse and neglect in an environment where the phenomenon has long been recognized and documented and where positive measures are being taken to prevent or at least reduce the incidence. Philadelphia, the largest city in the state of Pennsylvania, provided that setting.

Child abuse and neglect in the U.S.A.

The author was sponsored by the United Nations Population Development to spend part of her sabbatical leave in Philadelphia, a city with a population of 1.7 million people of whom well over 40% are blacks. By virtue of its population structure and the attendant unequal educational and employment opportunities, Philadelphia has more than its fair share of social problems, of which child abuse and neglect is an important one.

Child abuse, a major medical and social problem in America, accounts for significant

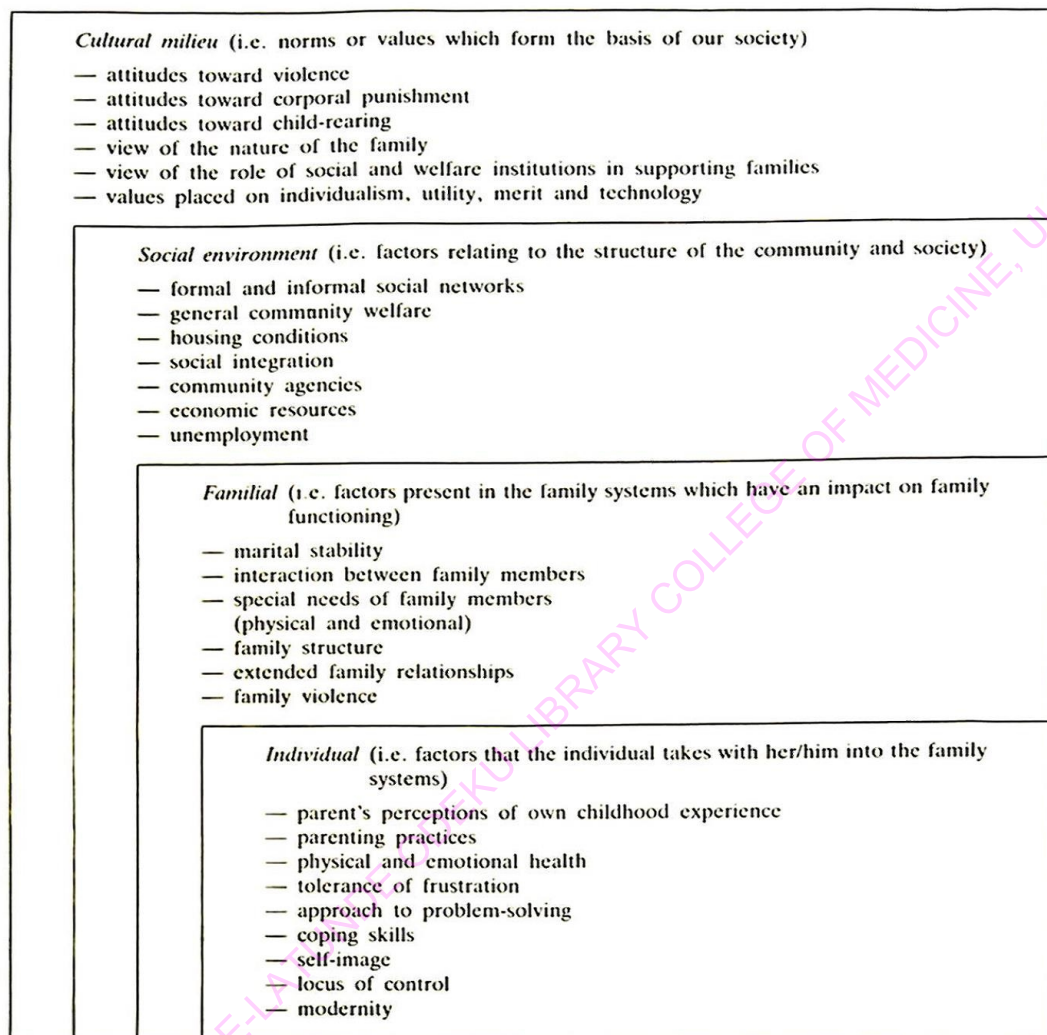


Fig. 2. Levels of predisposing factors. (Adapted from Garbarino [4].)

rently born to different fathers, neither of whom could be located by the social worker. The author later had the opportunity of talking to Janet in hospital. Although friendly, she seemed to have little insight into her problem as she kept saying 'Doc, there is nothing wrong with me; I wanna go home to me kids'. In such circumstances in which there is a stressed parent, a needy child and, in particular, if there is a perceived crisis, child abuse and neglect is likely to occur.

Another important parental factor that contributes to abuse is society's belief in the value of corporal punishment which leads to the philosophy of 'spare the rod and spoil the child'. However, when corporal punishment is the discipline technique of choice, many parents escalate their punishment to the point that abuse occurs. There is a continuum between 'normal' corporal punishment and reportable abuse. The point of excess along this continuum is a vague one. For instance, our

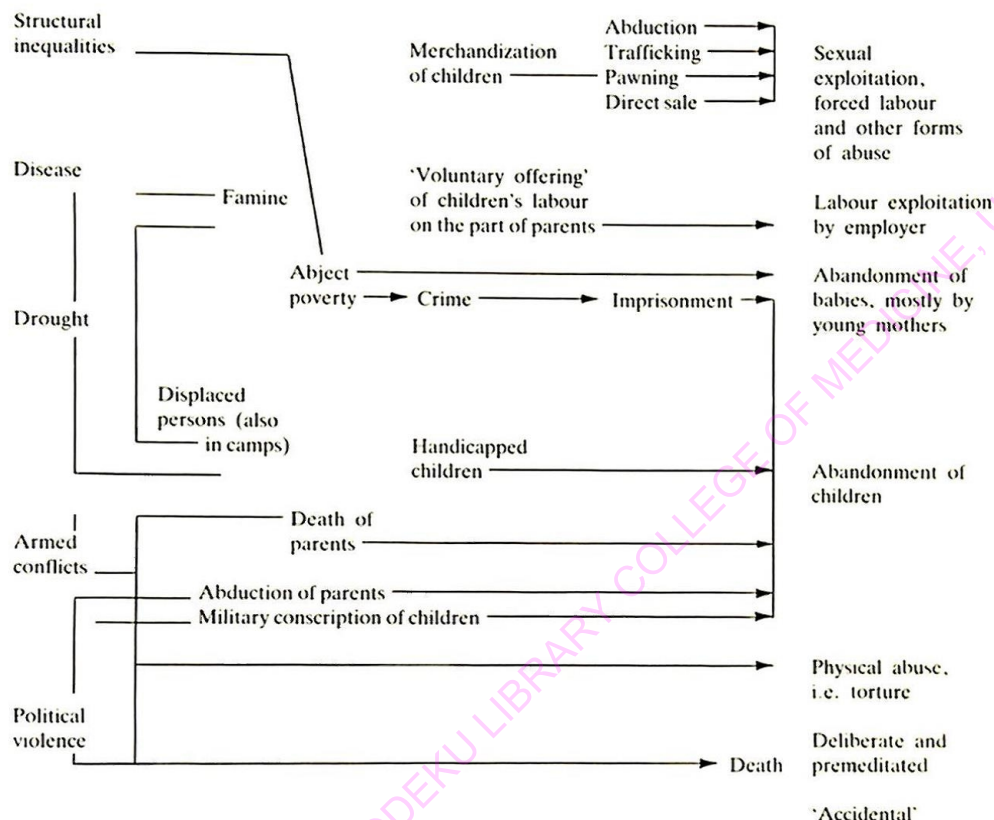


Fig. 1. The major routes towards the abandonment and abuse of children in Africa. (Adapted from Diaz [3].)

Nigerian situation where a child's performance or capability may be at variance with parental expectation and this often leads to verbal assault and physical abuse of the child.

Other parental factors which may lead to child abuse are alcoholism and drug addiction. These are particularly common among the black Americans living in Philadelphia but can and do occur among the American whites. Janet's story, one of many similar cases that were encountered during the author's home visits to some problem families, illustrates the role of parental antisocial behaviour and child abuse.

Janet was 18 years of age, already had two children aged 4 years and 2 years, and was expecting another baby. She was admitted to the UCPH at 34 weeks gestation for observation because she was a cocaine addict. Janet's

mother, who was 31 years of age, had her first child when she was 13 years. The young grandmother took care of her daughter's two toddlers whilst the latter was receiving treatment in hospital. A home visit revealed that the grandmother was not coping well as she herself was an alcoholic, a habit resulting from her social isolation and depressed mood. She attributed her depression to the fact that Janet was always getting into trouble with the law enforcement agents. At the time of the author's visit to the home, accompanied by the family's social worker, Janet had already made two court appearances for being in possession of a pistol during previous police raids on her and her all-male gang of drug pushers. The two children that were supposed to be cared for by their grandmother were found to be fretful, withdrawn and malnourished. They were appa-

own concept of normal corporal punishment in Nigeria may constitute abuse in the U.S.A. or in Britain.

Life events. In all countries of the world, economic depression, poor housing, unemployment, famine, war, divorce, separation, death in the family, and physical and mental illness are all life events which lead to stressful situations. Stress seems often to be the spark that ignites an abusive explosion; it is an unfortunate human condition that results in depression, agitation, anger, aggressive behaviour towards others and one's self but, above all, towards a defenceless child. However, personal characteristics and availability of supportive resources will determine to what extent an individual can cope with stress.

Finally, teenage mothers constitute the most serious social problem in the U.S.A. today. Most first-time teenage parents have had little or no preparation for parenthood. For most of them, the decision to have children is more often based on conforming to one's peer group than on the achievement of a level of child care competence. The unpreparedness for parenthood may cause a stressful situation which invariably leads to child abuse or neglect. This may well be one of the major causes of child abandonment in Nigeria.

Child factors. There are certain conditions in the child which may lead to the child being neglected or abused. These include epilepsy, cerebral palsy, mental retardation and chronic illness. In Nigeria our culture seems to attach a great deal of stigma to any form of physical handicap. Consequently, supportive measures from parents and the community at large are grossly inadequate and distorted [5], a situation aggravated by the lack of well co-ordinated social services for disadvantaged children.

Conclusion

In conclusion, child abuse and neglect are world-wide phenomena which seem to be assuming epidemic proportions in the U.S.A. The apparent low incidence of cases of child abuse in Nigeria may not be unrelated to our inability to recognize and report cases of abuse. The primary health physician therefore has a challenge to suspect, detect, treat promptly and report cases of child abuse. The urgent need for

social workers in Nigeria has been stressed [6] and their role in the prevention, care and after-care of the abused or neglected child cannot be overstressed. Members of the public must be involved in reporting any cases of child abuse but an important barrier to reporting is their subsequent involvement in court sessions and the doubtful ultimate good that comes from the whole exercise. In order to get full co-operation from the public, police actions as regards pressing criminal charges must be prompt, unbiased and consistent with the current laws.

Finally, accurate and comprehensive records must be kept by all arms of the multidisciplinary team involved with the prevention, detection, reporting and treatment of cases of child abuse and neglect. Only through such records can the true magnitude of the problem be appreciated and appropriate intervention instituted.

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