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REVIEW ARTICLE

A critical review of child abuse and its management in Africa

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ABSTRACT

Introduction: Child abuse in Africa is a major threat to the achievement of the sustainable development goals on the continent and has become increasingly topical with a dramatic increase in recognition and an appreciation of the long term harmful effects on the affected population. The aim of this review was to outline current management of child abuse (especially sexual abuse) and highlight current preventive practice that could be beneficial in a resource-limited environment.

Methods: A search of Medline and reference lists of the literature on child abuse in African countries and relevant world literature was conducted in December 2016. The review was written narratively, rather than systematically as a general overview was desired, instead of a focused view of individual aspects of child abuse.

Recommendations: Opportunities for early identification of child abuse, as well as research into preventative strategies should be prioritised. Establishing strong institutions and guidance to tackle abuse when it occurs is both beneficial to the survivors and the continent at large.

African relevance

- Compared to other world regions, there is very little published research on child abuse in Africa.
- Harmful traditional practices, like child marriage, are still prevalent in parts of Africa.
- Poverty significantly contributes to child abuse.
- Violence against women and children is a global public health and human rights concern.

Introduction

Child abuse is a serious and devastating problem not just in Africa, but the world over; however, the number of children on the continent who are abused has always been underestimated. Child abuse is defined by the WHO as "all forms of physical and emotional ill-treatment, sexual abuse, neglect and exploitation that results in actual or potential harm to the child's health, development or dignity" [1]. Child labour is common in African countries where grinding poverty propels children into work. Persistence of domestic violence is a threat to basic human rights and a threat to achieving the Sustainable Development Goals. Corporal punishment can be defined as the intentional infliction of physical pain with the purpose of deterring unwanted behaviour. It remains an all too common phenomenon in African households and schools, where harsh physical punishment is associated with later aggression and other maladaptive behaviour [2]. Commonly practiced in many regions such as south-west Ethiopia, parents have a poor understanding of any legal framework protecting their children from abuse [3]. It is widely accepted that corporal punishment as a means of correcting children in Africa could have negative consequences on future generations. Data on child protection issues are becoming increasingly available in countries like Ghana, Malawi, Kenya and South Africa, but there is still a dearth of reliable information on child trafficking, commercial sexual exploitation, street children and the prevalence of harmful sociocultural practices. This narrative review aims to outline the current management of child abuse (especially sexual abuse) and highlight the current preventive practice that could be beneficial in a resource-limited environment.

Epidemiology

Child abuse research in Africa is still in its infancy and there is a paucity of data from most African countries. Yet, globally an estimated 95 million children experience abuse annually, with the highest rates reported in the World Health Organization (WHO) African region [6]. Research is fairly hit or miss. The earliest study of child sexual abuse in Africa was probably by Westcott, et al. who described 18 cases of child sexual abuse at a Cape Town hospital back in 1984 [5]. More recently, in 2015, a South African study reported lifetime rates of 34% for physical abuse, 16% for emotional abuse and 20% for sexual abuse amongst 15–17 year olds [7]. In nearby Swaziland, nearly one-in-five females had experienced physical abuse in their lifetime with nearly one-in-

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twenty having experienced abuse that was so severe, that it required medical attention [8]. Alarmingly, child abuse only recently received recognition as a social problem in Nigeria, one of Africa's largest economies [4].

Risk factors identified for lifetime childhood physical abuse included maternal death prior to age 13, having lived with three or more families during their childhood, and having experienced emotional abuse prior to age 13 [8]. Data gathered by the United Nations Children's Fund (UNICEF) show that Ghana's statistics with regard to rape and defilement are so high that they rank in certain instances alongside countries that have a recent history of violent conflict like Sierra Leone or the Democratic Republic of Congo [9]. Child marriage is common in West Africa and in some countries in East and Southern Africa, especially Mozambique, Uganda and Ethiopia [10]. There is a significant amount of violence experienced in these early marriages and a study in Zambia from a Demographic and Health Survey showed a 33.3% level of spousal violence [11].

Under harmful traditional practices, female genital mutilation is another worrying trend on the continent. Girls from a young age undergo varying forms of genital excision leading to long term problems. The UNICEF estimates published in 2005 suggest that three million girls in sub-Saharan African, Egypt and the Sudan suffer from genital mutilation, with the highest prevalence in countries like Somalia, Ethiopia, Djibouti, Egypt and Sudan, as well as parts of East and West Africa [11]. It is practiced almost universally among Kenyan Somalis, the Masai and a few other groups, reaching a prevalence of 32% in Kenya as a whole [12].

About 200,000 children are trafficked annually across borders in the sub regions of West and Central Africa, from and into countries such as Benin, Ghana, Nigeria, Mali, Burkina Faso and Mauritania [13]. Ghanaian children are particularly trafficked to Cote d'Ivoire, Togo, Nigeria and the Gambia for domestic service and exploitative labour [14]. Fishing on Lake Volta, Ghana by children is commonplace. These children experience a high level of maltreatment such as being forced to dive to remove trapped nets, as well as physical and verbal abuse, and sexual harassment [15].

Child sexual abuse

The definition for child sexual abuse is "forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening". These activities may involve physical contact, including penetrative (e.g. rape, defilement, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at or in the production of, sexual online images, watching sexual activities or encouraging children to behave in sexually inappropriate ways [16]. Studies considering child sexual abuse in the African context vary in terms of estimates depending on the country under study, type of sexual abuse studied, quality of the data collected (mainly retrospective studies) and the definitions used. Unsurprisingly, the majority of cases are not known by official agencies; however, it is believed that African rates of abuse likely surpass figures elsewhere, mainly because of rapid social change and patriarchal nature of most African societies – variables that have been known to foster sexual abuse [17,18]. Overall the highest prevalence rates for child sexual abuse reported in Africa are from Morocco, Tanzania and South Africa [19]. However, just because data exist does not necessarily mean that these are the main culprit countries. Other work has revealed that 47% of female child labourers in Nigeria had been sexually assaulted [20]. The National Child Protection study carried out by the Government of Ghana and UNICEF, published in 2014, found that transactional sex (having sex for money or other needed items such as shelter, food and clothes) and children watching pornographic images was the most prevalent forms of sexual abuse within the Volta, Upper West, Upper East, Ashanti, Western and Brong Ahafo regions [9]. The transactional sex figures were reported as above average.[9] A growing number of studies, particularly from sub-Saharan Africa, would suggest that many girls' first sexual experience is unwanted and forced [21].

Medical management of children who are victims of violence and abuse

Clinicians who regularly deal with children must maintain a high index of suspicion in order to identify abuse promptly. Bruising remains the most common finding in abused children of all ages [22]. Bruising itself is not dangerous but it may prompt recognition of significant abuse and a disordered family. In addition, it affords the opportunity to intervene to protect the child before serious injury occur. Physical abuse rarely exists on its own and it is important to recognise links with other forms of abuse [23]. Accidental bruises to children tend to occur over bony prominences and on the front of the body [24]. Once a child is walking, the most common accidental bruising sites are the shins and knees [23]. In contrast the most common site for abusive bruises is the head and neck [25]. Ghareman, et al. showed that 11% of children with non-accidental head injury presented with bruising to either the scalp or face [26]. In fact, abusive head trauma is the leading cause of death due to child physical abuse in young children worldwide [27]. The Pittsburgh Infant Brain Injury score (PIBIS) uses four clinical variables: abnormal dermatological exam, age more than or equal to three months, head circumference > 85th centile and haemoglobin < 11.2 g/dl to determine which infants with vomiting are at increased risk for brain injury and may benefit from neuroimaging [28]. In a major study to determine prior opportunities to identify abuse in children with associated head trauma, children that presented with vomiting, prior child protection concerns and bruising were found to be more likely to also have chronic subdural haemorrhage and healing fractures [29]. Diagnosis is not easy. Vomiting, lethargy, fussiness and decreased oral intake can of course be symptoms of brain injury, but it can also result from many other childhood diseases. Caregivers frequently do not provide a trauma history, or if they do provide one, it tends to be inaccurate or incomplete. Resultantly, abusive head trauma may therefore not be considered as part of the initial differential diagnosis [29]. Table 1 provides some common sense signs that should prompt suspicion.

Fractures and burns related to abuse deserves particular attention. Most abusive fractures present as occult injuries that are detected during an investigation for suspected child abuse although at times they may present when a child has had an X-ray for another clinical reason. These are characteristically multiple and may have been sustained over a period of time, thus showing different stages of healing on imaging [31]. A full skeletal survey is recommended in infants less than two years with suspected abuse and includes x-rays of all the bones of the body, including localised views of the hands, feet, spine, chest, pelvis and skull. Burns can occur anywhere with the face, head, buttocks, perineum and genitalia frequently involved.

General points to remember in handling abuse in the hospital or community setting is that the child's safety should always come first. Most abused and neglected children do not require admission to hospital but a family or social situation may make placement in hospital as a temporary, safe and supportive environment desirable. Genuine accidents do occur. The examiner must always be polite and considerate

Table 1
As a rule of thumb, non-accidental injury should be suspected when [30].

1. There is significant delay between the time of injury and the presentation for medical examination
2. The explanations provided do not fit with the injuries sustained
3. The descriptions of the mechanism of injury are inconsistent and change on retelling
4. Evasiveness or anger from caregivers as further details are sought
5. The explanation provided is at variance with the developmental level of the child
6. There is a history of abuse in the child or their siblings