Physical Abuse in Its Extreme form Seen in a 12-Year-Old Female Adolescent

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Authors’ contributions

This work was carried out in collaboration among all authors. Author AO designed the study and managed the literature searches. Author OCO performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Author MUV managed the literature searches, supervised the work and wrote the final manuscript. All authors read and approved the final manuscript.

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ABSTRACT

Background: Child abuse occurs very frequently in Nigeria with approximately 6 out of every 10 children experiencing some form of violence. An estimate of 1 in every 4 girls and 1 in every 10 boys have undergone some form of sexual violence. Unfortunately this human violation often elicits little or no attention particularly where the abuser happens to be a close relative.

Case: A 12 year old female adolescent was admitted into the children emergency room of a Nigerian tertiary institution with high grade fever and bilateral painful leg swelling following physical abuse by her biological father. This was buttressed with the findings made on examination. Parenteral anti-inflammatory and antibiotics were administered with surgical drainage of the lesions. The mental state of the Patient was evaluated by the Psychological Medicine Experts /Psychiatrist and also had counselling sessions during the course of treatment and shortly before discharge. Patient responded well to treatment and was discharged to the care of the women and children welfare unit of the State Ministry of Women Affairs.

Conclusion: This case report underscores the need for continuous awareness creation on the inherent dangers of child abuse for both the general public and the Health practitioners.
Keywords: Child abuse; physical abuse; child growth; child development.

1. INTRODUCTION

Child abuse or maltreatment is any act of commission or omission by a parent or a care giver which results in harm, has any potential for harm or threat of harm to the child [1]. The World Health Organization further defined it as "all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power" [2]. This includes physical abuse, sexual abuse, emotional or psychological abuse and child neglect [2].

Agreement by the general public including Professionals on what constitutes physical abuse has been a burning issue which still remains mostly unresolved. Some believe that physical abuse actually follows a number events in the behavior/attitude of the perpetrator which he may exhibit such as authoritarian control, anxiety-provoking behavior, and a lack of parental warmth [3].

Generally, physical abuse is defined as the use of force to inflict injury on a child. It is a very common occurrence in our society though often under reported [4]. WHO on their part defines physical abuse as “intentional use of physical force against the child that results in – or has a high likelihood of resulting in – harm for the child’s health, survival, development or dignity. This includes hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating. Much physical violence against children in the home is inflicted with the object of punishing [5].

Factors that predispose children to abuse could be classified into social-cultural factors, parent/care giver-child interaction and child factor [6]. Corporal punishment which has been culturally accepted in our environment as a means of correcting a disobedient child is the most common form of physical abuse [7,8]. Corporal punishment involves hitting ("smacking", ‘slapping’, ‘spanking’) children, with the hand or with an implement—whip, stick, belt, shoe, wooden spoon, etc. But it can also involve, kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, forcing children to stay in uncomfortable positions, burning, scalding or forced ingestion (for example, washing children’s mouths out with soap or forcing them to swallow hot spices) [9].

This form of physical abuse (corporal punishment) is often under reported, especially as it has been culturally accepted and seeing that the perpetrators most often are the parents and care givers [1,6]. However, extreme forms of such physical abuse often present to the hospitals with lots of complications. The consequences of these injustices on these children is often unimaginable and may include physical and mental difficulties in the future, including re-victimization, personality disorders, post-traumatic stress disorder, dissociative disorders, depression, anxiety, suicidal ideation, eating disorders, substance abuse, and aggression. Physical abuse in childhood has also been linked to homelessness in adulthood [10].

This report is aimed at creating awareness on this all important but regrettably often neglected problem among the children.

2. CASE PRESENTATION

A 12 year old female adolescent who was brought into the children emergency room of Federal Medical Centre (FMC) Asaba by her father and the step mother accompanied by two police officers. She presented with the complaint of swelling of the legs which started two weeks prior to presentation. Swelling was said to have preceded extensive beating/flogging by the father who accused her as being the cause of their family misfortune which included being responsible for the death of several family members (her own mother and a paternal uncle). The father accepted that he has on several occasions physically abused her for the past two years since she shortly relocated to his home in Asaba following the demise of her mother whom she was living with. The physical abuse ranged from flogging with belt, sticks, electric cord etc. The step mother on her part admitted to abusing her emotionally by calling her unpalatable names. During this period of history taking, patient was withdrawn, reluctantly answering questions only when gently prodded, avoiding eye contact with everyone, shivering and occasionally blaming herself for her misfortune.

She is a Junior secondary school (JSS) 2 student who is a day-student living with the father, step
mother and 3 step siblings in a two-bedroom apartment. Eats about 1-2 times a day, had her last meal 36hrs prior to presentation at the hospital. The three step siblings who were present at admission where well-kept and looked well-nourished. Father is a civil servant while step mother is a teacher both with tertiary levels of education. This problem was only known recently when the attention of the police officers was drawn by a concerned neighbor on the condition of the patient.

On examination, she looked withdrawn, fearful, unkempt, cachectic, febrile (39.2°C), in painful distress and occasionally muttering to herself. Musculoskeletal examination revealed multiple bruises and ulcers in various stages of healing all over the body. Majority of the bruises dated as far back as 2-3 months prior to presentation while the rest appeared relatively fresh. Both legs revealed massive hyperemic, warm to touch, tender, circumferential swelling with multiple sites bounded by necrotic edges discharging seropurulent fluid.

X-ray of the lower limbs showed massive soft tissue swelling; however, there was no evidence of acute or chronic osteomyelitis or evidence of fracture. Wound swab yielded no growth after 24hrs of incubation. Packed Cell Volume (PCV) was 35%, while the Retroviral Test -HIV test (Human immunodeficiency Virus test) was Non-reactive.

She received intravenous antibiotics, analgesics, tetanus toxoid and wound dressing. Incision and drainage yielded about 250 ml of pus. The mental state of the Patient was evaluated by the Psychological Medicine Experts /Psychiatrist and also had counselling sessions during the course of treatment and shortly before discharge. She was subsequently discharged after 14 days of hospitalization and has been scheduled for follow up treatment at the Paediatric clinic and counselling sessions with the Psychiatrists on regular bases. She is currently under the care of the State Ministry of Women Affairs while the police is investigating the evidence surrounding the case.

3. DISCUSSION

Child abuse poses a lot problem to the growth and development of children and it is a very common social problem in our society. Despite the high prevalence rate of this problem, it is regrettably often under reported [4,6,7].

Globally, the age range of children most physically abused is between 2 and 4 years while sexual abuse often occurs in children between the ages of 0 and 17 years [2,5]. In Nigeria and other African countries, corporal punishment and other forms of punitive measures are generally accepted as a means of correcting an errant child [7,8,11]. Drawing a line between acceptable means of punishment is often difficult in our society. The index child was extensively flogged with electric cord at the slightest mistake committed resulting in several bodily injuries.

Fig. 1. Appearance of legs on admission
This child was subjected not only to physical abuse but also to emotional abuse and child neglect. She was neglected by the poor feeding she received as well as the reluctance of the parents to bring her to the hospital, coupled with the repeated emotional abuse of unpalatable name calling by the step mother. The abuse which had been longstanding appeared to have robbed the child of her self-confidence and dignity, hence her withdrawn status. It equally reduced her to the level of loss of self-worth leading to her occasional acceptance of self-blame during the course of history taking. She believed she deserved every punishment that was meted out to her as she claimed responsibility for an apparent injustice done to her. Out of fear and hopelessness she was unable to find help, however, it took the intervention of a good neighbor and the police to seek help for her by bringing her to the hospital and to seek legal redress. The fact that the injury was inflicted on her by the father reinforced the general belief that perpetrators of child abuse are usually close family members [6,12].

Child right act was introduced by the Federal Government of Nigeria in 2003 and was domesticated in Delta State in 2008. Unfortunately, this has not significantly led to the reduction in the incidence of child abuse in our society. In addition to strict implementation of the child right act, education of the populace on the inherent dangers in child abuse could go a long way in reducing the rising burden of this problem. Paediatricians who are child advocates should harbour a high index of suspicion for any form of abuse on a child which may present in the form of extensive bodily injuries, loss of self esteem, fear, signs of withdrawal from realities, self blame etc and report promptly to the appropriate quarters.

4. CONCLUSION

The incidences of child abuse in Nigeria may be under reported. Physical and emotional impact on the child can be huge and irreversible. Stakeholders must come together to use all available legal framework to stem this dangerous and ugly trend.

AVAILABILITY OF DATA AND MATERIAL

Data and materials for the study are made readily available on request.

CONSENT AND ETHICAL APPROVAL

Ethical approval for the study was obtained from the Research and Ethics Committee of the Federal Medical Centre Asaba. Written informed consent duly signed were obtained from the parents/guardians.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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