

Child Abuse and Associated Coping Strategies among Adolescents in South West, Nigeria

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Keywords

Child abuse, Mental health, Trauma.

Introduction

Childhood is a period of physical, emotional, psychological, general growth and development. It is an important time when the child requires care, nurture, affection and protection from adverse life events like acts of violence, abuse and exploitation in order to achieve their full potential [1]. Unfortunately, this is not always the case as a lot of children are faced with issues of child abuse and neglect [2]. These forms of abuse could be in the form of physical, sexual, emotional, neglect or a combination of all the different forms of abuse [2]. Children who experience child abuse and neglect, score highly when they are assessed on trauma rating scales. Children with history of child abuse and neglect have been shown to present with higher prevalence of behavioural, social, emotional, cognitive and academic difficulties [3,4]. The impact of child abuse and neglect may persist long into adulthood, affecting all aspects of the lives of children who have been abused. Even children who have received some form of support and treatment following a history of abuse may still present with difficulties in various aspects of life [5,6]. Several studies have assessed for the prevalence of child abuse and associated factors, in the West African sub-region [7]. However, the way children with history of child abuse cope with such difficulties have not been adequately documented in this region [8]. This study provides additional knowledge to the topic of child abuse by assessing its prevalence and pattern in adolescent in South-West Nigeria. Also, checking for the relationship between coping strategies and mental health problems in children who have experienced child abuse.

Aims

To assess the prevalence and pattern of child abuse in adolescents in South-West Nigeria. To assess the type of coping strategies used by children who have experienced a form of child abuse.

Hypothesis

Child emotional abuse will be the most prevalent type of abuse among the adolescent population. Adolescents who have experienced any form of child abuse use at least a form of maladaptive coping style.

Methods

This was a cross sectional study of 500 adolescents living in South West of Nigeria. Ethical approval was obtained from Federal Neuropsychiatric Hospital, (FNPH) Lagos state, Nigeria. Additional permission to carry out the study in this age group was received via Office of the Commissioner of Education, Lagos state Ministry of Education. Assent was obtained from all the adolescents that took part in the study and their parents gave written consent to allow them to participate. Confidentiality was maintained throughout the period of the study.

The instruments used in the study were Socio-demographic questionnaire, Adverse Childhood Experience (ACE) questionnaire, Brief COPE, and Strength and Difficulty questionnaire (SDQ).

The study was carried out over a period of 3 months. Data analysis was done using statistical package of social sciences (SPSS) with significant p-value was put at 0.05.

Results

The age of the participants in the study ranged from 10-19 years with a mean age of 15.44 (± 1.851 years). Prevalence of child abuse in the study was 74.4%. The most prevalent form of child abuse from the study was emotional abuse at 280 (56.0%), followed by physical abuse 249 (49.8%). The least reported forms of abuse were neglect and sexual abuse at 124 (24.8%) and 51 (10.2%) respectively. A total number of 390 (78.0%) scored low on the ACE scale, while 110 (22.0%) participants scored high on total ACE score.

Multiple logistic regression analysis ($p < 0.005$, $df = \text{degree of freedom}$, $Exp = B$, $OR = \text{odds ratio}$, $CI = 95\% \text{ Confidence interval}$); showed that children who had a history of living with other persons who were not their parents had a 63.3% chance of being abused compared to those who had lived with their parents ($B = 0.491$, $OR = 1.633$, $95\% CI 1.059 - 2.519$, $p = 0.026$).

Relationship between Child Abuse and Coping Strategies

Analysis using a T-test showed that coping strategies such as self-distraction, active coping, denial, emotional support, instrumental support, behavioural disengagement, venting, positive reframing attitude, planning, humour, acceptance, religion, and self-blame were more significantly used by individuals who had experienced child abuse compared to those without a history of abuse. However, when all these variables were imputed in a logistic regression analysis, only self-distraction ($p < 0.001$) and denial ($p = 0.005$) were found to be commonly used by adolescents who had experienced child abuse.

Table 1: Binary logistic regression for child abuse and coping strategies.

| Variable | B | S.E | Wald | df | p | Exp (B) | 95% C.I. for EXP (B) | |
|------------------|-------|-------|--------|----|--------|---------|----------------------|-------|
| | | | | | | | Lower | Upper |
| Self-Distraction | 0.309 | 0.76 | 16.559 | 1 | <0.001 | 1.362 | 1.174 | 1.580 |
| Denial | 0.229 | 0.081 | 7.918 | 1 | 0.005 | 1.258 | 1.072 | 1.475 |

$p < 0.05$, Bold p value is statistically significant, $df = \text{degree of freedom}$, $Exp (B) = \text{odds ratio}$, $CI = 95\% \text{ confidence interval}$.

Discussion

Findings from this study showed a high prevalence for child abuse in the population that was studied in South-West Nigeria. The findings were found to be similar to prevalence in other part of the Country [7]. Adolescents who had experienced any form of abuse tend to use more coping mechanisms such as self-distraction and denial, to deal with the trauma and difficulties that they have experienced, when compared to other children without history of any form of abuse. From the study, children who reported a form of abuse, adopt coping styles which were more likely to be the dysfunctional coping styles. Those dysfunctional coping styles

that were commonly used included denial, self-distraction, self-blame, behavioural disengagement and psychoactive substance. Prevention of child abuse remains the most important factor in limiting abuse related mental health concerns. It is important to continue educating and facilitating discussions among the population about the detrimental impact of child abuse, as part of tools used in providing safer environment for children. For children who have experienced some form of abuse, it is important to provide continuous care using different management types. In helping them to develop more adaptive/functional coping styles and attain improved mental health throughout life.

Recommendations

1. There is need for more awareness about issues of child abuse through relevant and continuous advocacy.
2. There should be provision of clear and easier pathways where cases of child abuse can be reported and necessary support provided.
3. There is need for prospective studies among adolescents who have experienced a form of abuse. Looking at various areas of their development and impact of support/management across the region.
4. There is need to enact legislations, which prohibits practices that can be deemed as a form of child abuse in the society. Also, helping to prevent stigma in children who have experienced some form of child abuse.

Reference

1. Omigbodun O, Olatawura mu. Child-rearing practices in Nigeria: Implications for mental health. Nigerian Journal of Psychiatry. 2008; 6: 10-15.
2. Finkelhor D, Korbin J. Child Abuse as an International Issue. Child Abuse and Neglect. 1998; 12: 3-23.
3. Kathleen Kendall-Tackett. The health effects of childhood abuse: four pathways by which abuse can influence health. 2002; 6: 715-729.
4. John Stirling Jr, Lisa Amaya-Jackson. Understanding the behavioural and emotional consequences of child abuse. 2008; 122: 667-673.
5. Joanna Cahall Young, Cathy Spatz Widom. Long-term effects of child abuse and neglect on emotion processing in adulthood. 2014; 38: 1369-1381.
6. Currie J, Spatz Widom. Long-Term consequences of child abuse and neglect on adult economic well-being. Child maltreatment. 2010; 15: 111-120.
7. Jekayinfa AA, Olawepo JA. Incidence of child abuse among secondary school students in Ilorin town, Nigeria, Sub-Saharan Africa. Journal of Social Studies. 2010.
8. www.macses.ucsf.edu/research/psychosocial/coping.php.