

# **Suspected Child Abuse of an Infant to the Point of Death by the Father**

## **- Need for Enforcing Protection Acts for Nigerian Children**

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### **Abstract**

Child abuse occurs when a parent or caregiver, whether through action or failing to act, causes injury, death, or risk of serious harm to a child. There are many forms of child maltreatment, including neglect, physical abuse, sexual abuse, exploitation, and emotional abuse. It is a common phenomenon that can be easily missed by the health workers, thus it has a potential of becoming perpetuated. Some are characterized by tell-tale signs that give the diagnosis away very easily while some are not. It is generally acceptable in several African cultural settings for a parent or caregiver to “discipline” his or her child or ward by spanking or by any other physical measures than 'spare the rod and spoil the child'

Case of an eleven-month old female child who was assaulted by her father while 'disciplining her' with resultant fatal outcome was reviewed. A review of some of the United Nations Articles and Acts on protection of the child and the merits or otherwise in the context of our cultural practice are highlighted.

An eleven-month old female child recuperating from a febrile illness was physically abused by her father with resultant massive subdural haemorrhage only discovered at post mortem.

The child was killed probably by the rage and over reaction of the father in attempt to discipline her. Protection Articles and Acts in the Nigerian Constitution and indeed those of other developing countries should be emphasized and enforced, given better publicity to reduce the magnitude of child abuse.

**Keywords:** Child Abuse; Protection Acts; Nigerian; Children

### **Case report**

GT was an 11-month old female child that was in a stable state of health until a week prior to presentation when child was brought to the Emergency

Paediatric Unit (EPU) by both parents with complaints of fever of one week and loss of consciousness of 16 hours duration. Fever was high and intermittent, worse in the evenings. There was no history to suggest any focus of infection. There was no history of diarrhea or vomiting. The child was taken to a military hospital shortly after the onset of the illness and was given some oral medications and injections. The fever subsided; however, child refused feeds and cried most of the time. About 18 hours prior to presentation, child was said to have been beaten by the father on account of defecating on the floor of their sitting room. Shortly after, the mother claimed to have heard what she described as “unnecessary excessive screaming”. The cause of the excessive screaming was not known by the mother but she suspected that the father must have done something to the child out of anger. She (the mother) rushed towards the room to see the child on the floor in a pool of her own faeces, with the father in the same room, fiercely staring at the child. Shortly thereafter, the child developed generalized convulsions and was rushed to the military hospital from where the child was referred to the University of Ilorin Teaching Hospital (UIH). The child was the fourth and last child in a monogamous family of 6 members. The father was a military officer while the mother was a full time house wife.

Examination revealed a well fed, unconscious, pale, and febrile (38.4°C) child with no signs of meningeal irritation or abnormal posturing. There were no bruises. Anthropometry was essentially normal for age.

Central nervous system examination revealed a floppy child, deeply comatose (Blantyre Coma score of 2), with hypotonia and hyporeflexia.

Respiratory system revealed bradypnoea (Respiratory rate 12 cycles/minute), resonant percussion note, and coarse crepitations globally.

Cardiovascular system revealed barely palpable pulse, heart rate of 186 beats /minute, only first and second heart sounds were heard, and there was no murmur.

Abdomen was full, soft and moved with respiration. There was no area of tenderness, liver was 2cm palpable below the right costal margin, hepatic span was 8cm, soft and non-tender.

A diagnosis of child abuse with severe head injury was made. Packed cell volume was 18%, random blood glucose was 2.0mmol/L, lumbar puncture was

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Figure 1: Well fed, severely pale child

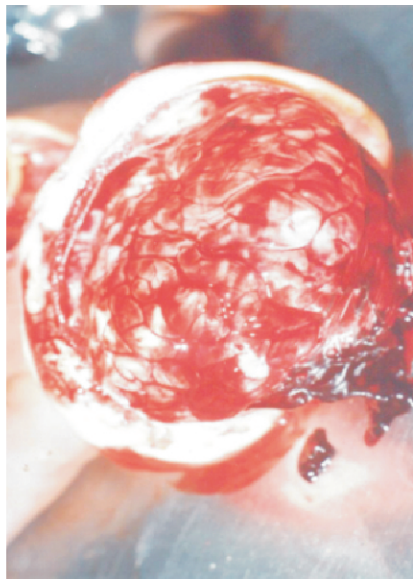


Figure 2: Blood Clots in the sub-dural space

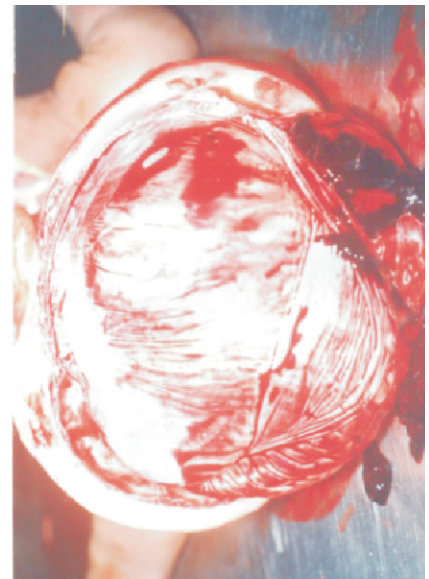


Figure 3: Massive subdural hematoma.

deferred as the child's cardiovascular status was considered not stable enough.

Child was given a bolus of 0.4mls/kg of 50% dextrose in triple dilution, and intravenous infusion was continued with 10% dextrose in 1/5<sup>th</sup> saline solution. The child's condition continued to deteriorate and she eventually died within 4 hours of presentation. Both parents were crying and the mother accused the father of inflicting fatal injury on the child. The father was remorseful and did not deny the mother's accusation.

Post mortem examination revealed a well fed child, severely pale, ( Figure 1 ) with two subcutaneous haematomata measuring 1.5-2cm each in the frontal region of the head and 2.5cm in the left occipital region. The calvarium was opened to reveal a bulging dura with massive subdural hematoma. ( Figure 2 and 3 ) About 700mls of fresh blood was evacuated. The brain weighed 1.1kg. The anatomical diagnosis was subdural haematoma. The management of the father's institution was officially communicated about the incident but there was no feedback from the institution and the case was not followed up.

## Discussion

Child abuse is probably more common than what is often reported especially in Africa and other developing countries and it is often carried out by someone close to the child.<sup>1</sup> Given that only a small proportion of child abuse is reported, the prevalence has been difficult to quantify thus evaluation of prevalence and pattern of child abuse is a very vital issue and it is often under reported in paediatrics practice. In Nigeria and other developing countries, it may be difficult discussing the issue of child abuse without eliciting the innate perspective of such countries.<sup>2</sup> Certain religio-culturally accepted child rearing practices such as employing physical

reprimand in correcting the child may make it difficult to delineate child abuse from the culturally accepted child rearing practices.<sup>3</sup>

In Nigeria for instance, Mbakogu<sup>1</sup> examined forms of Child Abuse in Nigeria and opined that several United Nations Articles and Acts to protect children from such abuses are merely on paper. Some of such rights include<sup>2,4-5</sup> the right to a protected and united family (Article 18), the right to parental care and protection (Article 19). Child abuse and neglect has been linked to various negative outcomes such as physical injuries, physical ill-health, emotional impairment, psychiatric disorders, suicidal behaviours and even death,<sup>6-9</sup> just as seen in this case.

In this case, the child apparently had maternal care and protection with suspected paternal brutality culminating in her demise. The cultural approval of corporal punishment in child rearing among many African cultures<sup>10</sup> and even religious circles could inadvertently encourage physical abuse through the teachings such as "whoever spares the rod spoils the child (Proverbs 13:24)

The child was probably ill due to treatable illness to which she was apparently responding to the treatment. There was no significant obvious physical injury on the child except for the scanty subcutaneous haematomata on the head suggesting some form of trauma.

Parents under the influence of emotional stress, poor impulse control, personality disorders, physical and or mental ill-health, use of psychotropic substances and poor quality of parent-child relationship could exhibit child abuse,<sup>11-12</sup> If a child is a member of a home where there is domestic violence, such a child is prone to physical abuse.

The issue of torture is discussed by several instruments applicable in Nigeria.<sup>2,4</sup> The Constitution

of the Federal Republic of Nigeria states in its Article 34 (1) that: "Every individual is entitled to respect for the dignity of his person, and accordingly (a) no person shall be subject to torture or to inhuman degrading treatment." Torture is also prohibited under the African Charter on Human and Peoples' Rights (Ratification and Enforcement) Act 59: Nigeria signed the Convention against Torture and Other Cruel, Inhuman, and Degrading Treatment or Punishment (CAT) on July 28, 1988 and ratified it on June 28, 2001. Despite this, several evidences of tortures are still part of daily occurrences in Nigeria. This case is also one corroborating such.

Very recently in Nigeria, in July 2016, two news broke of fathers who claimed to be pastors that chained their children for months in the name of casting out evil spirit, starving them while the event lasted. It is believed that if these cases are well prosecuted; they may serve as deterrents to some other parents or guardians with similar disposition to child abuse.<sup>13-14</sup>

In Nigeria, the constitution is not uniform as regards Child Acts, while the North operates Penal Code, the South operates Criminal Code, The Penal Code gives room to the use of torture on children. For instance, Article 55 (1) (a) of the Penal Code (North) stipulates that: "Nothing is an offence which does not amount to the infliction of grievous hurt upon any person and which is done: by a parent or guardian for the purpose of correcting his child or ward such child or ward being under eighteen years of age". Article 295 of the Criminal Code (South) also admits corporal punishment as a measure for the education of a child: "A blow or other force, not in any case extending to a wound or grievous harm, may be justified for the purpose of correction as follows: a father or mother may correct his or her legitimate or illegitimate child, being under sixteen years of age, or any guardian or person acting as a guardian, his ward, being under sixteen years of age, for misconduct or disobedience to any lawful command". The article goes on reading: "a master may correct his servant or apprentice, being under sixteen years of age, for misconduct or default in his duty as such servant or apprentice" and "a father or mother or guardian, or a person acting as a guardian, may delegate to any person whom he or she entrusts permanently or temporarily with the governance or custody of his or her child or ward all his or her own authority for correction, including the power to determine in what cases correction ought to be inflicted; and such a delegation shall be presumed, except in so far as it may be expressly withheld, in the case of a schoolmaster or a person acting as a schoolmaster, in respect of a child or ward;"

The legal definition of "grievous hurt/harm" for the purpose of the Criminal Code means "any harm which amounts to a main or dangerous harm, or which seriously or permanently injures health, or which is

likely to injure health, or which extend to permanent disfigurement or to any permanent or serious injury to an external or internal organ, member, or sense." As described in Article 295 of the Criminal Code.<sup>4</sup>

The fact that the father was remorseful and did not make any response to the mother's accusation suggested that he might not have intended to kill the child but did, admittedly mistakenly. When this happens, the act above is silent on what the spouse should do in terms of legal pursuit of justice for such injured or killed child.

The volume of blood in the subdural space seen at post mortem examination was massive; nearly the whole of projected blood volume for the child (680-750mls) using the formula 80-85mls/kg.<sup>15</sup> For 700mls of blood to have accumulated over a short period of time in the subdural space speaks volumes about the severity of the impact of the trauma to the head. Also, the concomitant imbalance in the cardiovascular status also contributed to the quick demise of the child. The fact that nothing apparent was done to the father and the issue was settled as a family mis-adventure is something that should continually challenge the role of doctors- especially the Paediatrician in the prevention of child abuse.

## Conclusions

There is need to institute measures targeted at educating all those involved in the health and wellbeing of children about Child abuse. Efforts should be made to address factors associated with child abuse especially those that operate within the family.

All cases of suspected child abuse should involve the legal department of the hospital and the police from the onset. More awareness should be provided to the public on the types of child abuse and how to prevent its occurrence. The protective articles and acts in our Constitution must be made to work rather than being a paper documentation alone.

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