

## Reporting child victims of abuse in the city of Yaoundé

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### Abstract

**Introduction:** The need to report any suspicion of child abuse is imperative for the medical practitioner. The general objective of our study is to describe the types of reporting of child victims of abuse suffered by children in some referral hospitals in Yaoundé.

**Method:** A retrospective cross-sectional study was conducted from January 1, 2015 to December 31, 2019, i.e., 5 years, in 4 referral hospitals in Yaoundé. All records of victims of abuse under 18 years of age were included. Descriptive statistical analysis was performed using Epi-info™ version 7.2 software. Ethical clearance was obtained to conduct our study.

**Results:** Of the 132 victims in our study, the alleged perpetrator was known in 53.0% of cases (70/132). Reporting was done in 48.5% (64/132) of cases and was more frequent if the alleged perpetrator was known (40/70; 57.1%). The administrative reporting procedure predominated over the judicial one, 57.8% (37/64) and 42.2% (27/64) respectively. The arrest of the presumed perpetrator was done only in 23.4% (15/64) of cases, followed by a conviction in 46.7% of cases, i.e. a conviction rate of 5.3% (7/132). The return to the victim's family occurred nearly 8 times/10 (105/132; 79.5%).

**Conclusion:** Reporting was done in less than half of the cases of child maltreatment resulting in a conviction in about 5 cases out of 100. Training and awareness of the practitioner remains a cornerstone in the fight against this scourge

**Keywords:** Abuse; Children; Forensic Strategies; Reporting; Yaoundé

### 1. Introduction

One billion children are abused worldwide each year, making it a major public health problem according to the World Health Organization (1)(2). It is violence and neglect of any person under the age of 18 (3). In Africa, the physical abuse of children has always been supported by the rigor of cultural education, using physical correction as a pedagogical technique to instill in children the hierarchy of values proper to the society (4) (5). But should these abuses be exempted

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from the name "abuse" because of their social acceptance? Today, this abuse is moving from denial to recognition and denunciation (6). Child protection is an imperative that requires the intervention of several sectors. Generally speaking, all legal jurisdictions are competent to recognize cases of child abuse in Cameroon. Cameroon is one of the countries that have ratified the International Convention on the Rights of the Child promulgated by the United Nations on November 20, 1989. In application of the recommendations of the International Convention on the Rights of the Child and according to local realities, Cameroon has adopted legislative and regulatory measures (7). Several ministerial departments are therefore in charge of the application of children's rights, as well as non-governmental organizations for advocacy and supervision of children. Moreover, according to the medical code of ethics, the medical practitioner is obliged to protect any child in danger by alerting the competent authorities, whether judicial or administrative. He must recognize both the warning signs, vulnerability and clinical signs of abuse (8) and respond to his medical-legal duties such as reporting. The latter is an objective written report including an evaluation of the situation of a minor presumed to be at risk of danger or in danger requiring an administrative or judicial protective measure. The need to report any suspicion of child abuse is imposed on all adults, especially health professionals working with children. However, there is an under-reporting of child abuse situations (1) (9) (10) which may explain why their numbers are probably underestimated (11). The general objective of our study is to describe the types of reporting of child victims of abuse suffered by children in some referral hospitals in Yaoundé.

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## **2. Methodology**

### **2.1. Type and location of study**

We conducted a retrospective cross-sectional study on child abuse recorded in a few referral hospitals, namely: the Centre Hospitalier et Universitaire de Yaoundé, the Centre Mère et Enfant de la Fondation Chantal Biya, the Hôpital Gynéco-Obstétrique et Pédiatrique de Yaoundé and the Centre Hospitalier d'Essos. These four hospital structures are located in the city of Yaoundé, in the central region, the political capital of Cameroon. Their purpose is to provide quality care, serve as educational support, promote research and limit medical evacuations.

### **2.2. Study duration/period**

The study duration was from November 1, 2019 to May 31, 2020, or 07 months. Data were collected over a 5-year period from January 1, 2015 to December 31, 2019.

### **2.3. Study population**

All records of children under 18 years of age who were hospitalized, seen in consultation or in the emergency room, and who were victims of abuse during the study period were included in our study. Records with inadequate information on the circumstances of possible physical and/or emotional trauma were excluded.

### **2.4. Referral pathway for child abuse**

Each health facility had the same circuit for the optimal management of a child in danger or at risk of being so. Indeed, the child could come either from the emergency room, outpatient clinic or by transfer from one of the pediatric sub-specialties. Whether the case was suspected or confirmed, it was directly entrusted to the hospital's social center for further investigation. The latter took care of the administrative procedures for the notification of the cases either to the justice system or to the Ministry of Social Affairs, or to the approved centers for the temporary or definitive reception of the child. During the entire procedure, the child was housed in the hospital department that had reported the possibility of abuse or in the care of the social services while awaiting the final verdict.

### **2.5. Data collection**

The files were examined in the archiving departments of the various hospitals after obtaining administrative authorizations. The files corresponding to the selection criteria were carefully studied in order to extract the data necessary for our study. The data collected were recorded on a data sheet with a coding system to guarantee the anonymity of the participants.

### **2.6. Study variables**

In addition to the socio-demographic characteristics of the child victim, i.e., gender, age, sibling rank, and medical history, medicolegal strategies were sought. These were: reporting, apprehension, fate of the alleged perpetrator, fate of the child, and taking protective measures for the siblings.

## 2.7. Statistical analysis

The descriptive analysis of the collected data was performed using Epi-info TM version 7.2 software. Data representations were made in the form of tables and figures. Categorical variables were presented as frequency and percentage.

## 2.8. Ethical considerations

To carry out this work, we obtained ethical clearance from the ethics committee of the Faculty of Medicine and Biomedical Sciences of Yaoundé and administrative authorizations from each hospital. The information collected was used exclusively within the framework of this study and in strict compliance with medical confidentiality.

## 3. Results

### 3.1. Study flow

Of the 19,187 records reviewed, only 271 came to our attention, of which 132 were cases of child abuse.

### 3.2. Socio-demographic characteristics of abused children

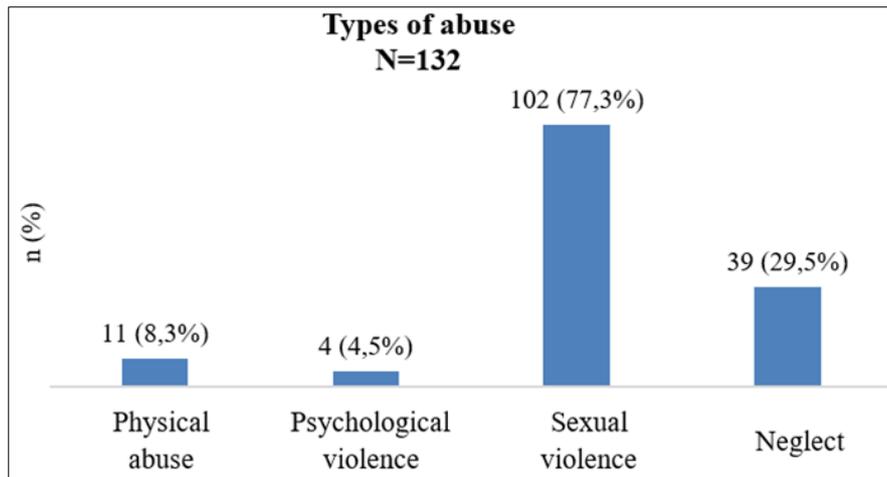
The abused children in our study were predominantly female, 91.7% (121) of cases. Children under 11 years of age made up the largest proportion of the population (80.3%, 106). Most of the victims occupied the middle position in the siblings (46; 35.0%). Regarding their medical history, HIV infection, hospitalization during the neonatal period and premature birth of the child were the most common at 17.4% (23), 11.4% (15) and 6.8% (9) respectively. In addition, in the majority of cases, there was no particular history (103; 78.0%) (Table 1).

**Table 1** Distribution of general characteristics of abused children in our study

Variables	Modalities	Number N=132	Percentage (%)
Gender	Female	121	91.7
	Male	11	8.3
Age range (years) 0-2	0-2	31	23.5
	3-5	40	30.3
	6-10	35	26.5
	11-14	19	14.4
	15-17	7	5.3
Position in siblings	1st born	36	27.5
	In the middle	46	35.0
	Last born	20	15.0
	Only child	30	22.5
Medical history	Congenital malformation	3	2.3
	Premature	9	6.8
	Neonatal hospitalization	15	11.4
	HIV	23	17.4
	Psychiatry	2	1.5
	Other	3	2.3
	No particular history	103	78.0

### 3.3. Types of abuse

The most common types of abuse were sexual abuse (102; 77.3%) followed by severe neglect (39; 29.5%) (Figure 1).



**Figure 1** Distribution of types of abuse in our study

### 3.4. Alleged Perpetrator of Maltreatment

The alleged perpetrator was known in just over half of the cases (70/132; 53.0%). If the alleged perpetrator was identified, it was mainly parents and neighbors, 27.1% (19/70) each (Table 2).

**Table 2** Distribution of data on the alleged perpetrator of child abuse in our study

Variable	Modalities	Number	Percentage (%)
Alleged perpetrator (N=132)	Known	70	53.0
	Not known	62	47.0
Identity of alleged perpetrator (N=70)	Parents	19	27.1
	Uncles	6	8.6
	Close environment	11	15.7
	Siblings/cousins	7	10.0
	Neighbors	19	27.1
	Other	8	11.4

### 3.5. Forensic management strategies

Child welfare was most often involved in the management of abused children (59/132; 44.7%). Reporting after medical consultation was carried out in less than half of the cases (64/132; 48.5%). It should be noted that it was more frequently carried out if the alleged perpetrator was known (40/70; 57.1%), whereas if the suspect was unknown, the abuse was reported in only 38.7% (24/62) of cases. The administrative reporting procedure was predominant in the judiciary, 57.8% (37/64) and 42.2% (27/64) respectively. Following the report, the alleged perpetrator was arrested in only 23.4% (15/64) of the cases, among which 46.7% (7/15) were convicted, i.e. a conviction rate of 5.3% (7/132) in cases of child abuse. In case the victim was a sibling, protective measures were put in place in less than one third of the cases (33/102; 32.4%) (Table 3).

**Table 3** Distribution of forensic management strategies for child abuse in our study

Variable	Modalités	Effectif	Pourcentage (%)
Child care manager	Child welfare	59	44.7
(N=132)	Gendarmerie	16	12.1
	Police	12	9.1
	No follow-up	61	46.2
Reporting procedure	Yes	64	48.5
(N=132)	No	68	51.5
Reporting if known suspect	Yes	40	57.1
(N=70)	No	30	42.9
Report if suspect unknown	Yes	24	38.7
(N=62)	No	38	61.3
Type of report (N=64)	Judicial	27	42.2
	Administrative	37	57.8
Arrest of the alleged	Yes	15	23.4
perpetrator (N=64)	No	21	32.8
	Not known	28	43.8
Judicial follow-up of the procedure (N=15)	Alleged perpetrator assisted	4	26.7
	Alleged perpetrator sentenced	7	46.7
	Alleged perpetrator punished	4	26.7
Protective measures in	Yes	33	32.4
siblings (N=102)	No	69	67.6

### 3.6. Outcome of the abused child

The return to the family of the victim of abuse was carried out in nearly 8 cases/10 (105/132; 79.5%) and most of the time if it was their parents, i.e. in 81.9% (86/105) of the cases (table 4).

**Table 4** Distribution of data on the fate of the abused child in our study

Variables	Modalities	Number	Percentage (%)
Child's outcome (N=132)	Return to family	105	79.5
	Child care center	23	17.4
	Foster family	4	3.0
Relationship if returned to family (N=105)	Father/Mother	86	81.9
	Uncle/aunt	10	9.5
	Grandparents	7	6.7
	Other	2	1.9

#### 4. Discussion

The protection of the child from maltreatment requires denunciation, which allows the child to be protected from often disastrous consequences. The role of hospital services and in particular of the medical practitioner is essential in this process. The general objective of our study is to describe the types of reporting of child victims of abuse suffered by children in some referral hospitals in Yaoundé. In more than half of the cases, the alleged perpetrator was known in 53.0% of the cases. Given the fact that most of the time the perpetrators of abuse are known to the children, and therefore enjoy their trust, so that the victims feel, openly or implicitly, forced to keep silent, "the younger the child, the more the aggressor comes from the family environment. The closer the abuser is to the child, the guiltier the child feels" (12) (13). Regarding the identity of the alleged perpetrator, in 61.4% of cases, the other perpetrator was either the child's parent (27.1%) or an aunt or uncle, a close relative or a sibling/cousin (34.3%). In the practical guide of the French-speaking world for the accompaniment of children who are victims of violence, it is noted that the violence is in most cases of family origin: the father or the mother, or even both together, the step-parents, or the grand-parents (13). The other supposed link in an abuse situation mentioned by the Francophonie is the position of authority outside the workplace (teacher, staff of an institution, an educator working in a vacation center). However, in our study, we have a significant proportion of the role of neighbors as perpetrators of abuse. This phenomenon can be explained by the type of relationship between family and neighborhood in Africa, where the boundaries can be quite blurred. 44.7% of abused children were taken care of by child welfare services, 21.2% by the gendarmerie or the police, and the rest (46.2%) were not followed up. According to the Francophonie, the social services are in the front line in taking care of abused children. As for the police, their role is threefold: protection, listening and arresting/arresting the aggressors or presumed aggressors (13). In our study, in 51.5% of the cases the reports of child abuse were not made, and even when the report was made, the suspect was not known; attributable to the close family bond between aggressor and child implying a difficulty in reporting to the authorities (Marta Santos Pais UN 2011) (13). The types of reporting were of two types, administrative and judicial. These two procedures are quite distinct, unlike in other countries. In Morocco, for example, cells have been created in which prosecutors, judges and social workers collaborate with the police, often with the recruitment of psychologists within the juvenile brigade (13). In France, medico-judicial reception units set up within hospitals have been created jointly by prosecutors, health authorities and associations (practical guide of the French-speaking world for the accompaniment of child victims of violence) (13). In Quebec, on the other hand, a specific unit dedicated to both administrative and judicial care does not exist as such. However, there is a "multisectoral agreement" on child victims that brings together various representatives of the administrations involved in child protection, including the judicial authorities. Only 23.4% of cases were reported to the police. According to UNICEF, only a small proportion of acts of violence against children are reported and investigated; few perpetrators are held accountable for their actions; violence is often hidden for various reasons (close relationship between the aggressor and the victim, taboo nature...) (14). However, in the case of an arrest, the perpetrators of child abuse were either convicted or punished in 73.3% of cases and assisted in 26.7%. As far as protective measures are concerned, 32.4% of the cases in our study were subject to them, a figure that is much higher than the average of 2.4% reported by UNICEF in its survey of parliamentarians (14). The child, certainly freed from the aggressor, has to find a new balance, especially since in nearly 80% of cases, the child was returned to the parents' home, i.e. 81.9%. This puts a further layer on the difficulties in the effective management of abuse against minors, knowing that the majority of the alleged perpetrators were in their family environment.

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#### 5. Conclusion

Child abuse is a reality in our context and the fight against it requires awareness and reporting. In our study, the reporting of child abuse was done in less than half of the cases and resulted in a conviction in about 5 cases out of 100. Practitioner training remains a cornerstone in the fight against this scourge. The importance of protecting the child after the report is even more important in our environment because 8 out of 10 children return to their parents, an environment familiar to the majority of the alleged perpetrators. It is a forensic responsibility to ensure that child victims have a safe place to stay to avoid recurrence of abuse and disastrous consequences for their education.

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#### Compliance with ethical standards

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### *Disclosure of conflict of interest*

The authors declare that they have no conflicts of interest.

### *Authors' contributions*

NSEME ETOUCKEY Eric designed the study. ABBA-KABIR Haamit and LOWE NANTCHOUANG Jacqueline Michéle and VOUNDI VOUNDI Esther collected the data. MEGUIEZE Claude-Audrey and MEKONE NKWELE Isabelle carried out the statistical analysis. KOKI NDOMBO Paul critically read the manuscript. NSEME ETOUCKEY Eric drafted the manuscript. All the authors have given their approval for publication.

### *Statement of informed consent*

Informed consent was obtained from all individual participants included in the study.

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