

# Abstract



Child maltreatment affects a significant number of the world's children. This may take the form of physical abuse, sexual abuse, and neglect of the children's physical, emotional, educational and supervisory needs. In addition, children may be victims of maltreatment when they witness their own parents in a violent confrontation. The extent to which these types of abuse occur vary remarkably across studies. Research has shown that child maltreatment is associated with negative psychological consequences that may last into adulthood. Anxiety disorders, depression, PTSD aggression and other forms of externalizing behaviour problems, alcohol and substance abuse, internalizing behaviour problems and even death have all been associated with child maltreatment. Although these associations have been documented, little is known about the mechanisms (pathways) by which the various forms of child maltreatment lead to psychopathological sequelae. This study addressed the following research questions:

1. What is the prevalence of the various forms of child maltreatment among university students in Kenya, Zambia and The Netherlands as ascertained through self report measures?
2. Do the prevalence rates of child maltreatment vary significantly across the three countries, and compared to global prevalence rates?
3. Are the various forms of child maltreatment associated with the following psychopathological sequelae: antisocial personality symptoms, criminal tendencies, dating violence, borderline personality symptoms, and depressive symptoms among university students in Kenya, Zambia and The Netherlands?
4. Are the psychopathological symptoms associated with the various forms of child maltreatment culturally specific?
5. Is Posttraumatic Stress Symptomatology (PTSS) a significant mediator of the association between child maltreatment and psychopathological sequelae?

In order to answer these questions, we collected data on self-reported measures of childhood maltreatment and psychopathological symptoms from university students ( $N = 862$ ) drawn from Kenya ( $n = 375$ ), Zambia ( $n = 182$ ) and The Netherlands ( $n = 305$ ). We describe the prevalence of child maltreatment in the three samples of our study. In order to predict psychopathological symptoms from child maltreatment, we used hierarchical regression analysis. We determined whether PTSS mediated the association between child maltreatment and psychopathological sequelae using the Baron and Kenny (1986) procedure. We also compared the prediction of various types of child maltreatment in the Kenya, Zambia and The Netherlands using multinomial regression analysis. Further, we conducted cross-validation to determine whether there was similarity in the predictive patterns of PTSS from the various type of childhood maltreatment in the three countries.

## **Prevalence of Child Maltreatment**

In our study, we found that neglect in childhood was the most common type of maltreatment among university students in the three countries. Over 50% of the participants in Kenya and Zambia reported childhood neglect while in The Netherlands, this was reported by 41% of the participants. Childhood physical abuse was reported by 31% of the participants in Kenya and 40% of the Zambian participants. In contrast, only 3% of the participants in The Netherlands reported a history of childhood physical abuse. In both Kenya and Zambia over 30% of the respondents reported childhood sexual abuse. This contrasted with The Netherlands in which 13% reported childhood sexual abuse. Witnessing interparental violence was the least common of all forms of child maltreatment in Kenya and Zambia with 20% and 29% respectively reporting this type of abuse. In The Netherlands, only 6% reported witnessing interparental violence. In comparing our three samples, we found that Dutch students reported less maltreatment than did the Kenyan and Zambian students. In addition, the risk of being subjected to the various forms of maltreatment was more likely in Zambia and Kenya than it was in The Netherlands.

## **Psychopathological sequelae**

All the child maltreatment variables were associated with negative psychopathological sequelae in the three samples of our study, albeit differentially. Of all the childhood maltreatment variables, a history of neglect was associated with the most psychopathological outcomes in all the samples. Within the Kenyan sample, a history of neglect was significantly associated with all psychopathological symptoms examined except with dating violence. Childhood physical abuse was associated with higher scores on criminal tendencies while childhood sexual abuse was associated with higher scores on both criminal tendencies and dating violence. Witnessing interparental violence was related to more antisocial personality symptoms and criminal tendencies. Among the Zambian students, a history of neglect was most predictive of higher scores on scales for antisocial personality symptoms, depressive symptoms and borderline personality symptoms while childhood physical abuse was associated with more criminal tendencies.

Within the Dutch sample only a history of neglect was associated with psychopathological symptoms. Childhood neglect was associated with higher scores on criminal tendencies, depressive symptoms and borderline personality symptoms. Although the sequelae of child maltreatment varied across the samples, our cross-validation results demonstrated similarities in the predictive patterns of psychopathology from child maltreatment variables in the three samples.

## **Mediation of child maltreatment variables and psychopathological symptomatology by PTSS**

PTSS significantly accounted for most of the associations between child maltreatment variables and psychopathological symptoms among Kenyan and Dutch university students but accounted for fewer of these associations among Zambian university students. Only models that involved childhood sexual abuse as predictor were significant among the Zambian students. We found that PTSS significantly accounted for the association between childhood sexual abuse and all psychopathological symptoms in the Kenyan sample. Within the Dutch sample, PTSS significantly accounted for the associations between childhood sexual abuse and criminal tendencies; dating violence; overall externalizing problems; depressive symptoms; borderline personality symptoms, and overall internalizing problems. PTSS also significantly mediated the associations between childhood physical abuse and psychopathological symptoms and also between witnessing interparental violence and psychopathological symptoms among the Dutch and Kenyan samples only.

An interesting finding of this study was that PTSS did not mediate the association between a history of neglect and any psychopathological symptoms in both the Kenyan and the Zambian sample, yet it did significantly mediate the association between a history of neglect and externalizing problems; internalizing problems; borderline personality symptoms; depressive symptoms, and criminal tendencies among Dutch students.

### **Limitations and recommendations for future research**

The findings of our study should be viewed in the light of the following caveats. First, we used student samples that may not be representative of the general population from which the samples were drawn. Second, we used a cross-sectional design which limits our ability to draw inferences regarding the causal relationships between child maltreatment, mechanisms and associated psychopathological sequelae. In addition, we used retrospective and self-report measures of child maltreatment and psychopathology symptoms and the veracity of these reports therefore cannot be ascertained. We suggest that future research should focus on community samples that are more representative of general populations. Also, longitudinal examination of the effects of child maltreatment would enable causal inferences with regard to child maltreatment, mechanisms and psychopathological sequelae. In order to generate more valid data on child maltreatment, African researchers should collect incidence data from professionals who work with children as opposed to using self report measures. Due to the fact that child maltreatment is associated with psychopathology, future research should endeavour to develop and validate evidence-based intervention methods aiming at the attenuation of the effects of child maltreatment.

## **Conclusion**

Kenyan and Zambian students reported higher prevalences of child maltreatment than did students in The Netherlands. The high prevalences within the two samples are attributable to poverty in African countries that may drive abuse of children. In addition, the cultural norms associated with the dominant position of men and the subordinate position of women and children may enhance interparental violence and abuse of children. All forms of child maltreatment were associated with psychopathological symptoms. The prominence of a history of neglect as a predictor of psychopathological symptoms indicates that although neglectful experiences may not leave physical marks on its victims, its sequelae may be as bad as or even worse than the psychological sequelae associated with childhood sexual and physical abuse.

PTSS accounted for a significant number of associations between child maltreatment and psychopathological symptoms. The fact that PTSS did not mediate the association between a history of neglect and psychopathology symptoms among Kenyan and Zambian participants suggests that failure by parents to provide for the needs of their children may not be traumatic for children living in the two countries where poverty levels are high. The lack of adequate physical, emotional and supervisory needs in such socioeconomic environments may not be uncommon. It is likely that other factors and not PTSS may account for the link between early neglect and later psychopathology symptoms among Kenyan and Zambian university students.

## **Implications**

All the three countries in our study have ratified the United Nations Convention on the Rights of the Child (1989). They are therefore obligated to establish programs to provide necessary support for the child as well as for those who care for the child. There is also need to provide the public with information and knowledge on practices and myths that encourage child maltreatment in African countries. This should lead to a greater recognition and understanding of child maltreatment and its consequences, and ultimately to the prevention of child maltreatment. In order to mitigate the negative psychological effects of child maltreatment, trauma therapy should be provided to all victims. This can be achieved if respective governments put in place functional child protective service systems. The lack of valid incidence data on child maltreatment in Kenya and Zambia calls for the respective governments to put in place systematic mechanisms of collecting child maltreatment data in schools, homes, and institutions. Children's rights are human rights and they are inalienable. Children are the most vulnerable members of society and at the same time they are the future. Governments would therefore be wise to use their resources in protecting and upholding the rights of the child especially when resources are limited.