

Chapter 9

*Child Maltreatment in Kenya, Zambia and
The Netherlands: Towards a Comparative Perspective*

9.0. A synopsis of the results

This thesis had four aims. The first was to determine the prevalence of child maltreatment among university students in Kenya, Zambia and The Netherlands. Secondly, we sought to determine the association between the various forms of child maltreatment and psychopathological sequelae namely PTSS, antisocial personality symptoms, criminal tendencies, dating violence, depressive symptoms, and borderline personality symptoms. Our third aim was to determine the role of PTSS in mediating the association between the various forms of child maltreatment and the psychopathological sequelae. Lastly, we sought to compare the three countries with regard to the prevalence of maltreatment, the psychopathological sequelae, and the role of PTSS in mediating the association between child maltreatment and psychopathological sequelae.

Our study is unique because we used three samples drawn from three diverse nations to study child maltreatment. To the best of our knowledge, no other study employing similar research methods has done so in investigating child maltreatment. In addition, we examined four types of child maltreatment; childhood sexual abuse (CSA), childhood physical abuse (CPA), neglect and witnessing interparental violence. We are not aware of any other study that has examined all four forms of maltreatment in a single cross-cultural study. We also contribute important data on less researched areas of childhood neglect and witnessing interparental violence. Moreover, the current study examined how each of the four types of maltreatment predicted selected psychopathological outcomes. In Africa, it is the only study to examine all the four forms of child maltreatment and psychopathological sequelae. Most of the studies on this continent have provided prevalence data mainly for CSA. Finally we examined the role of PTSS in mediating the association between the four types of maltreatment and the psychopathology symptoms. To the best of our knowledge no other cross-cultural study has looked systematically at the role of PTSS in mediating the association between the various forms of childhood maltreatment and our selected psychopathological symptoms.

Figure 9.1 presents the prevalence data for child maltreatment in Kenya, Zambia and The Netherlands. We found that more than half of the Kenyan respondents reported having been neglected during childhood. Childhood physical abuse was the second most prevalent form of child abuse, while witnessing interparental violence was the least prevalent. Close to one third of the respondents reported CSA with more males reporting CSA than did females. It is remarkable that male respondents reported significantly more CSA experiences than did female respondents in this sample. Males also reported more childhood neglect and CPA than did females. Witnessing interparental violence was the least prevalent of all forms of abuse in the Kenyan sample. Both male and female respondents reported similar levels of experiencing interparental violence. Results from the Zambian sample showed a similar trend with regard to prevalence rates. More than half of this sample reported childhood neglect. The second most prevalent form of maltreatment was CPA, followed by CSA. Witnessing interparental violence was the least common of all forms of abuse among Zambian university

students. More Zambian males than females reported being victim to the various forms of maltreatment, except for CSA. It is notable that although more Zambian females did report a history of CSA than did males, this difference was slight. We also found a tendency for Zambian males to report more experiences of all forms of child maltreatment than Zambian female respondents although these differences were not significant.

We had hypothesized that the prevalence of all forms of maltreatment would be higher in both the Kenyan and Zambian samples than in the Dutch sample. As we had expected, the prevalence data from the female-only Dutch sample differed profoundly from what we observed in the two African countries. First, the prevalence of all forms of maltreatment was relatively low when compared to what we observed in Kenya and Zambia. For instance, the prevalence of CSA in the African female sub-samples was 2 to 3 times higher than the prevalence we found in the Dutch sample. The prevalence of CPA among the African females was more than 10 times higher than what we found in the Dutch sample. It is noteworthy however, that childhood neglect was reported by more than forty percent of the Dutch sample (see Figure.9.1).

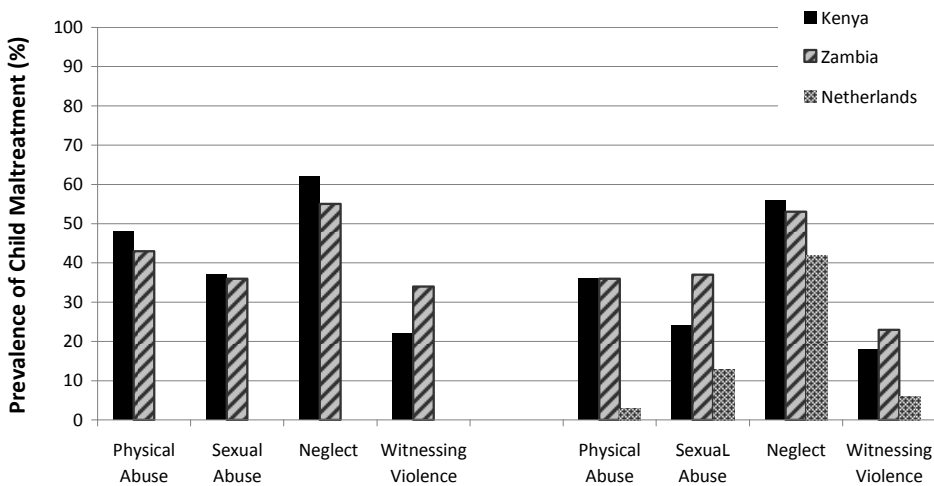


Figure 9.1 Prevalence of child maltreatment

We had hypothesized that the sequelae of the four types of maltreatment would not vary significantly across the three samples. Our results showed that the child maltreatment variables differentially predicted the psychopathological symptoms (see Table 9.1). In the Kenyan sample, a history of neglect was significantly associated with all psychopathological symptoms examined except with dating violence. CPA was associated with higher scores on criminal tendencies while CSA 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. Similar to the

Kenyan sample, a history of neglect was the most predictive of psychopathology symptoms in the Zambian sample. Neglect in childhood accounted for higher scores on scales for antisocial personality symptoms, depressive symptoms and borderline personality symptoms among Zambian students.

Physical abuse on the other hand accounted for criminal tendencies. It is remarkable that CSA and witnessing interparental violence were not related to psychopathological symptoms among Zambian university students. Of all the child maltreatment variables, only a history of neglect was associated with psychopathological symptoms in the Dutch sample. A history of neglect in childhood was associated with higher scores on criminal tendencies, depressive symptoms and borderline personality symptoms. CPA, CSA and witnessing interparental violence were all nonsignificant in the prediction of psychopathological symptoms.

Table 9.1

Significant predictors of Psychopathology variables, controlling for Age, Income, Gender, Social Desirability, and PTSS.

	Kenya	Zambia	Netherlands
<i>Outcome</i>			
Antisocial personality	Neglect Witnessing violence	Neglect	--
Criminal tendencies	Physical abuse Sexual abuse Neglect Witnessing violence	Physical abuse	Neglect
Dating violence	Neglect Sexual abuse	--	--
Depressive symptoms	Neglect	Neglect	Neglect
Borderline symptoms	Neglect	Neglect	Neglect

We had also hypothesized that PTSS would significantly mediate the association between child maltreatment variables and psychopathological symptoms in all our three samples albeit differentially. We found that 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 sexual abuse as predictor were significant among the Zambian students. We were surprised to find that PTSS had a suppressing effect on the associations between a history of neglect on the one hand and depressive symptoms; borderline personality symptoms, and overall internalizing behaviour on the other hand within the Zambian sample. This finding was beyond the scope of our study and future research should investigate this phenomenon further.

We found that among university students in The Netherlands, PTSS significantly accounted for the associations between CSA on the one hand and criminal tendencies; dating violence; overall externalizing problems; depressive

symptoms; borderline personality symptoms, and overall internalizing problems on the other hand. Within the Kenyan sample, PTSS significantly accounted for the association between CSA and all psychopathological symptoms. It was interesting to find that PTSS did not mediate the association between childhood neglect and any psychopathological symptoms in both the Kenyan and the Zambian sample, yet it significantly mediated the association between childhood neglect and externalizing problems; internalizing problems; borderline personality symptoms; depressive symptoms, and criminality among Dutch students. The mediating role of PTSS in the association between CPA and psychopathological symptoms was significant for the Dutch and Kenyan samples only. Similarly, the mediating role of witnessing interparental violence and psychopathological symptoms was significant for the Dutch and the Kenyan samples only.

In comparing our three samples, we found that Dutch females reported less maltreatment than did the Kenyan and Zambian females. Subsequently, the risk of being subjected to the various forms of maltreatment was more likely in Zambia and Kenya than in The Netherlands. Comparatively, the risk of being sexually abused and witnessing interparental violence was higher in Zambia than in Kenya, whereas the risk of being physical abused was higher in Kenya than in Zambia.

9.1. Prevalence of child maltreatment

Our prevalence data converge with what has been observed in other prevalence studies where retrospective measures of child abuse are used. Studies with adult samples on child maltreatment have found that more males report maltreatment than do females for all forms of abuse except for CSA (Breire & Elliot, 2003; Scher et al., 2004). In our study this was true for all types of maltreatment, but Kenyan males reported also more often than females a history of sexual abuse. Although this phenomenon is alarming, it is not surprising because studies conducted elsewhere on the African continent show that males report higher prevalences than females (Madu, 2001a; Madu & Peltzer, 2001). In addition to the studies conducted in Africa, Leung, Wong, Chen and Tang (2008) found that male adolescents in China, were three times more likely to report a history of CSA than were females. However, unlike in the African samples, the overall prevalence rates of CSA was very low (<1%). A similar trend was found in a nationally representative probability sample of Chinese adults in which more males than females reported a history of CSA (Luo, Parish, & Laumann, 2008). In our study, we found very high CSA prevalences in both Kenya and Zambia. This was also not surprising because most of the studies that have reported CSA prevalences of over 30% were conducted in Africa (Pereda et al., 2009a; 2009b). Figure 9.2 and Figure 9.3 present the mean prevalence of CSA in college and community samples from the meta-analytic study by Pereda et al. (2009b). We have updated these data with findings from our study. Figure 9.2 shows that four out of five countries with the highest CSA prevalences in men were in Africa.

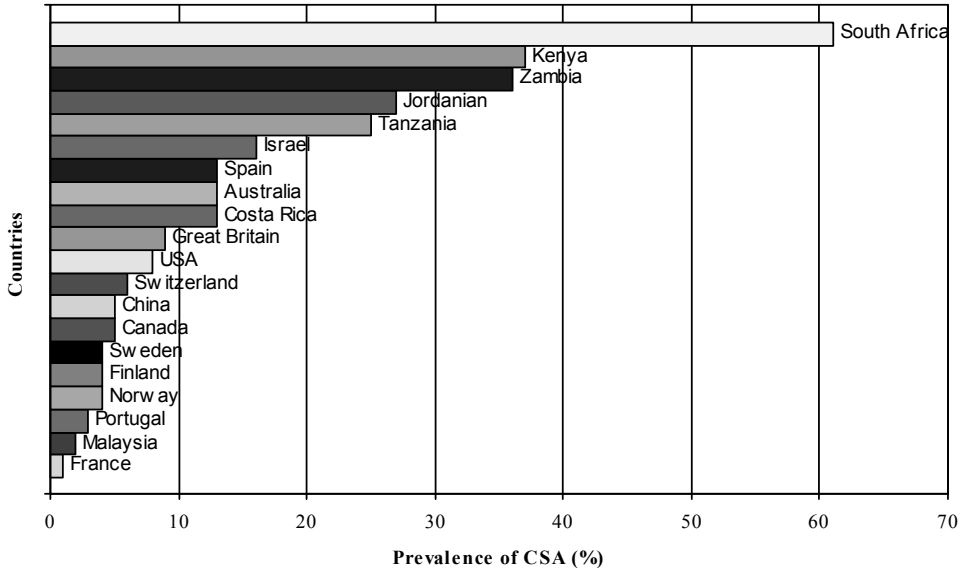


Figure 9.2.

Mean Prevalence of child sexual abuse in males according to country of origin (data adapted from Pereda et al. (2009b))

Even though the prevalence of CSA among males in Zambia did not exceed that of females, it was extremely high, and comparatively higher than what we found in Kenya. The high male prevalence data in Kenya and Zambia raises fundamental questions. Specifically, what is it in Kenyan and Zambian societies that disproportionately predisposes male children to sexually abusive experiences? We may not provide conclusive answers to this question but we speculate that initiation rites done in early and mid-adolescence, in which “transition into adulthood” is expected, may encourage behaviours with older persons that are sexual in nature. Secondly, in situations where male children are left with biologically unrelated female caregivers when parents go to work, the possibility of sexually abusive experiences is not farfetched.

Our female prevalences fall within the range reported in the meta-analysis (Figure 9.3). They also fall within the range of what has been reported for student samples in South Africa (Collings, 1997; Madu, 2001a; Madu et al., 2001), Tanzania (McCran et al., 2006) and Zimbabwe (Chiroro et al., 2006). However, our female CSA prevalences were profoundly different from what had previously been reported in Ethiopia (Worku et al., 2006). Worku et al. (2006) found CSA prevalence that was more than twice what we found in Kenya and a lot more than what we found in Zambia. The difference between the CSA prevalence of our African samples and what was found in Ethiopia could be attributed to differences in operational definitions of what constitutes CSA. In defining CSA, Worku et al (2006) included acts of verbal abuses that were sexual in nature. This consequently led to very high prevalence rates (68.7%) with a significant proportion of the female sample reporting sexual verbal abuses. In our study

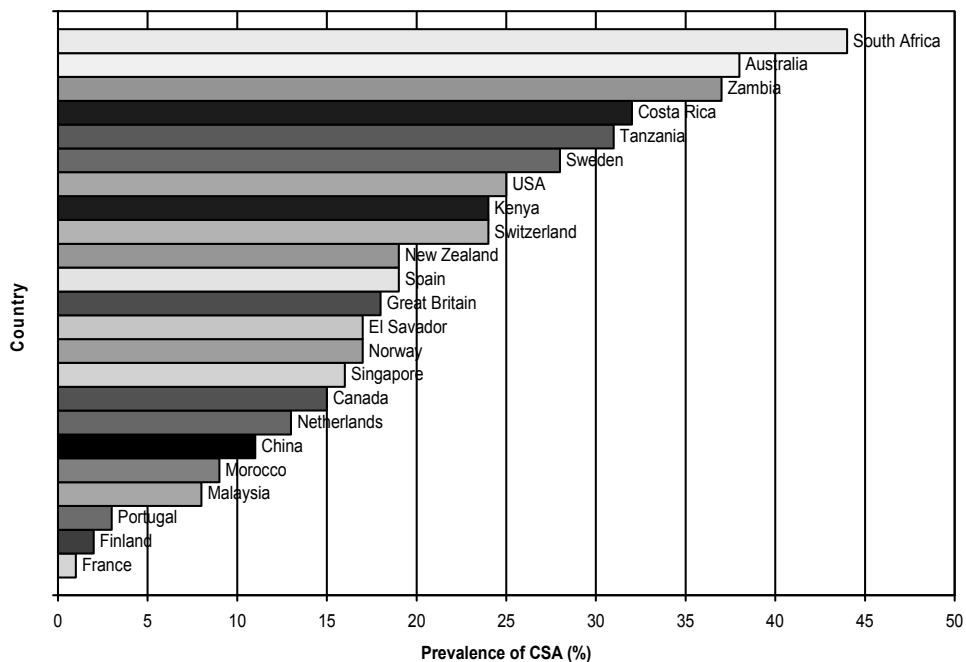


Figure 9.3.

Mean Prevalence of child sexual abuse in females according to country of origin (data adapted from Pereda et al., 2009b)

we found that compared to the African samples, the Dutch sample had lower CSA prevalence. This prevalence still was much higher than what had previously been observed in The Netherlands (Lamers-Winkelmann et al., 2007). In spite of this difference, the Dutch CSA rates fall within the range that has been observed in recent reviews (Pereda et al., 2009a) and meta-analyses of CSA literature (see Figure 9.3). Nevertheless, the fact that the CSA prevalences found in our three samples fall within the range reported in meta-analytic data does not minimize the gravity of CSA in all the three countries. We also acknowledge that, overall, the CSA prevalence in Africa is quite high compared to European countries and the USA.

In explaining these high prevalence data in Africa, we concur with the literature that attributes these high prevalences to an array of factors that include but are not limited to poverty, corruption, HIV/AIDS, lack of implementation and enforcement of the Convention on the Rights of the Child (1989), and cultural norms (Lalor, 2008; Mulinge 2010; Plummer & Njuguna, 2009). According to McCrann et al. (2006), myths associated with HIV cure and avoidance strategies may be among the causes of CSA in sub-Saharan Africa. In some parts of the continent it is believed that sex with virgins can cure disease. The “virgin-cleansing myth” has led to older men coercing young girls into sex and even sexually abusing infants with the false hope that they will be cured of sexually transmitted diseases including HIV/AIDS. In addition, men and women also have sex with young partners who are considered less likely to have HIV (Madu & Peltzer, 2000).

Poverty is also important in increasing CSA in Africa. Poverty forces people to engage in transactional sex where young males and females gain financial support from older men and women in return for sexual favours. For many girls, early sexual activity is motivated by the receipt of money or other small gifts (McCran et al., 2006). Slonim-Nevo and Mukuka (2007) found that children from poorer families in Zambia were more likely to experience physical and sexual abuse than children from more wealthy families. Besides, the rapid social change that Africa is undergoing and the increase in urbanization and individualism has led to greater isolation of families. This has resulted in the breakdown of the traditional communal childcare systems in which there was supervision of children by other adults (Lalor, 2008). The move from communal settings and responsibility to more individualistic settings and responsibility has not only increased the likelihood that CSA can occur, but it has also increased the likelihood of physical abuse. The possibility that a conflict between parent and child is minimized by extended family before it escalates into abuse is decreased in settings that are more individualistic (Korbin, 1991).

Madu and Peltzer (2000) also pointed out that the male dominant society in South Africa may be responsible for high CSA rates, because males in such societies feel that they have authority over women and children. This may lead to CSA and other forms of maltreatment especially when males use sex as a way to enhance self esteem and masculinity. In such societies, the marginal status of women and the female gender in general prevents women from making personal choices (Elbedour, Abu-Bader, Onwuegbuzie, Abu- Rabia, & El-Aassam, 2006). Male dominance has led to the belief in some African societies that men do not have self-control in matters related to sex. Such beliefs may in a way exacerbate the CSA problem in Africa. Similarly, the socialization of African children to unquestioningly obey older people puts the children at risk for sexual abuse by older people (Lalor, 2008) and by people to whom they would look up to for guidance.

The prevalence of CPA in The Netherlands was much lower than what we observed in Kenya and Zambia. It was also lower than what had previously been observed among adolescents in the country (Lamers-Winkelman et al., 2007) and also among other western samples (Breire & Elliot, 2003; Springer et al, 2007). The differences in the prevalence data in the present study and the previous study (Lamers-Winkelman et al., 2007) may be attributed to differences in methodology and sample characteristics of the studies. Lamers –Winkelman et al., (2007) used self-report data from adolescents in high school (age range 11 – 18 years; M = 14 years) to determine both lifetime prevalence and one-year prevalence of child maltreatment. Our data referred to self-reported life-time prevalences, which are generally higher than one-year prevalences. Moreover, our sample was on average seven years older than that of Lamers-Winkelman and colleagues (age range 18 - 40 years; M = 21years), leading of course to higher chances of life-time experiences of CPA before age 18. It should be noted however that in Europe, The Netherlands has one of the lowest incidences of CPA, second only to Britain. The results of the present study may therefore be indicative of the general status of CPA in the country (Euser et al., 2010). Our findings on the African continent

are remarkably divergent from the Dutch prevalence rate. Over one third of the respondents in both countries reported CPA experience. This result is not different from what was previously observed in Egypt where a similar proportion of females had been physically maltreated by their parents (Youssef et al., 1998). Although studies on CPA are few, the high prevalence of CPA on the African continent may also be attributed to poverty that diminishes a parent's abilities to provide warm, responsive parenting and contributes to an increase in the use of harsh punishment (Dodge, Pettit, & Bates, 1994). The overwhelming concerns for survival in African countries may impede the use of other forms of parental discipline, especially when faced with difficult child behaviour. This may lead to harsh discipline that could escalate into physical abuse.

Another aspect of male dominance in the African society that would increase the likelihood of child physical abuse is the practice of polygamy. Polygamy involves the marriage of more than one wife to one husband. This often leads to higher parental conflict as well as rivalry between both the senior and junior wives and full and half siblings of the polygamous family. Children of such marriages may therefore become the unwarranted targets of their parents' frustration (Elbedour et al., 2006). Women in polygamous households may be expected to provide care to a co-wife's children, which is in essence step parenting. Having a stepparent has been identified as one of the risk factors for CSA and emotional abuse (Madu, 2003; Madu & Peltzer, 2000). Similarly, Van IJzendoorn, Euser, Prinzie, Juffer, and Bakermans-Kranenburg (2009) found that children with stepparents were at elevated risk of maltreatment compared to children with biologically related or adoptive parents. The authors attributed this to increased daily hassles and stresses for the stepparents and increased quarrels and fights between siblings leading to harsh discipline that might lead to maltreatment (see also Elbedour et al., 2006). In line with the parental investment theory, lack of a genetic relationship to stepchildren may decrease care-giving efforts (Hill & Kaplan, 1999). In addition to this, poor socioeconomic conditions in large stepfamilies could also lead to harsh discipline and ultimately to maltreatment. Although there is evidence that step parenting increases the risk of maltreatment, there is need for further and more specific investigation of maltreatment in polygamous households where the circumstances of providing care for a co-wife's children are different.

Our study found that neglect during childhood was the most common form of maltreatment across the three samples. The findings are consistent with what has been reported in similar studies (Hussey et al., 2006). Although we expected neglect during childhood to be the most common type of child maltreatment in all the three samples, we did not expect the Dutch sample to report rates that exceeded forty percent of the participants. In our analysis, we used a composite score of all forms of neglect which included supervisory neglect, emotional neglect, physical neglect and educational neglect. We speculate that we would have obtained different findings for the three samples if we had measured the different forms of neglect separately in all the samples. In spite of this, our findings show that a significant proportion of the students we studied considered themselves as neglected during their childhood in one way or the other.

9.2 The psychopathological sequelae of child maltreatment

Consistent with the literature, childhood maltreatment was related to psychopathological symptoms in the three samples of our study. The results showed that across the samples, childhood neglect was associated with the most psychopathological symptoms. This finding is in agreement with Erickson and Egeland (2002) who observed that although neglect may leave no physical marks, it has a devastating effect on the developing child. Among adolescents, Smith et al. (2005) found that of all maltreatment types, neglect was most associated with negative outcomes.

In our study, we found that although neglect during childhood was not significantly associated with dating violence in the Zambian and Dutch sample, it was significantly associated with dating violence perpetration in the Kenyan sample. This finding was consistent with Straus and Savage (2005) who found that neglect during childhood was associated with dating violence in their 17-nation wide international study on dating violence. We noted that neglect was significantly associated with at least three out of five outcomes in every sample of our study. We therefore submit that the prominence of neglect in predicting psychopathological symptoms is likely due to the subtle nature of neglect on its victims which increases the likelihood that it is sustained by parents and other caregivers, resulting in more profound effects on the victims. According to Van Harmelen, de Jong, Glashouwer, Spinhoven, Pennix, and Elzinga, (2010) the context in which emotional neglect occurs gives rise to negative associations because of the suggested meanings of the neglectful episodes. This in turn might lead to depressive and anxiety symptomatology. It may also be the reason why emotional maltreatment, consisting of emotional neglect and psychological abuse was the most potent predictor of automatic self-depression and automatic self-anxiety associations among individuals who report a history of child abuse than was childhood sexual- and physical abuse in their study. According to the authors, negative associations that develop automatically and unintentionally during emotionally abusive and neglectful experiences may play an important role in the development and maintenance of depressive and anxiety disorders.

The adverse consequences of sexual abuse were manifest only in the Kenyan sample, in which it was associated with symptoms of criminal tendencies and dating violence. It is likely that the inability to find significant associations between CSA and psychopathological symptoms and also between witnessing interparental violence and psychopathological symptoms may be due to the low prevalence of the two forms of maltreatment in the Dutch sample. Why we were not able to find any association between CSA and psychopathological symptoms in the Zambian sample despite its high prevalence is a question for further research.

We expected witnessing interparental violence to be associated with dating violence as has been suggested by social learning and the intergenerational transmission of violence theory (Bandura 1986; Black, Sussman & Unger, 2010; Ehrensaft et al., 2003; Egeland, 1993). This association was however not significant in any of the three samples. Witnessing interparental violence was associated

with more criminal tendencies and higher scores on antisocial personality symptoms in Kenya. Physical abuse on the other hand was associated with criminal tendencies in both Kenya and Zambia. Within the framework of social learning and intergenerational transmission of violence, we argue that general violent socialization characterized by witnessing interparental violence and childhood physical abuse in families may be responsible for the internalization of vices such as mistreatment of other persons as is typified in antisocial personality symptoms and the propensity to harm others as it would be observed in criminal tendencies. We suggest that the general circumstance of violent socialization in families makes it difficult for children to learn positive interpersonal relationships and respect for other people. This may account for the antisocial personality symptoms and criminal tendencies among Kenyan and Zambian students with a history of physical abuse and witnessing interparental violence.

9.3 Mediation models

Table 9.2 shows a summary of significant mediations by PTSS in the three countries. We chose PTSS as a potential mediator in the association between child maltreatment and psychopathological symptoms because it has been shown to develop after traumatic events and subsequently affect psychological and social functioning (Molnar et al., 2001). Indeed in our study, PTSS significantly predicted almost all psychopathological symptoms in the three countries. As we had expected, PTSS mediated the association between CSA and criminal tendencies, depressive symptoms, borderline personality symptoms, and the composite scores of externalizing and internalizing behaviours in all the three countries. In addition, PTSS mediated the association between CSA and dating violence in Kenya and The Netherlands and CSA and antisocial personality symptoms in Kenya.

It is remarkable that the association between CSA and all the psychopathological symptoms examined in our study could be accounted for fully or partially by PTSS. This means that the effect of CSA on the psychopathological symptomatology was either fully or partially through PTSS. We submit that a constant state of hyperarousal associated with PTSS may impede normal interpersonal functioning hence lead to psychopathological symptoms. Similarly, the avoidance and re-experiencing symptoms also associated with PTSS may keep the childhood trauma of sexual abuse unresolved, subsequently affecting psychological and social functioning. In this way, the symptoms associated with PTSD predispose individuals with histories of CSA to behavioural problems and subsequent psychopathological symptoms.

Similarly, PTSS mediated the association between CPA and antisocial personality symptoms, criminal tendencies, depressive symptoms, borderline personality symptoms and overall scores of externalizing and internalizing behaviours in the Kenyan and Dutch samples. In addition, PTSS mediated the association between CPA and dating violence in Kenya. Of note is the fact that the mediation of the association between CPA and psychopathological sequelae

in Kenya and The Netherlands by PTSS was in the same direction. This implies that even in cultures that endorse physical discipline such as Kenya, physical abuse is a potentially traumatic event that is distinct from physical discipline. The trauma symptoms associated with CPA fully or partially account for the subsequent psychopathological symptoms.

We do not know why PTSS did not mediate the association between CPA and any of the negative outcomes that we examined in Zambia. It is probable that other emotional consequences of CPA could account for this association in the Zambian sample. It should also be noted that PTSS did not fully mediate all associations between CPA and the psychopathological sequelae examined in the Kenyan sample. A substantial part of this association remains to be accounted for. Future research should endeavour to investigate other probable mediators of the association between CPA and psychopathological sequelae in the Kenyan sample. In the Dutch sample, PTSS fully mediated the association between CPA and all psychopathology variables for except dating violence. Further research should also investigate whether PTSS would fully mediate the association between CPA and other psychopathological symptoms that we did not examine in this study. Possible mediators of the association between CPA and dating violence should also be investigated.

PTSS mediated the association between witnessing interparental violence and dating violence, borderline personality symptoms, depressive symptoms and overall internalizing behaviour in Kenya and The Netherlands. Additionally, PTSS mediated the association between witnessing interparental violence and antisocial personality symptoms and witnessing interparental violence and depressive symptoms in Kenya. The mediation of the association between witnessing interparental violence and overall externalizing behaviours by PTSS was significant only for The Netherlands.

In explaining this mediation, we suggest that witnessing parents in a physical fight must be a traumatic experience for children all over the world and certainly in Kenya and The Netherlands. The fact that such an event is associated with trauma symptoms that impact psychological functioning of individuals implies that it is not normative for violence to be part of the socialization process in both African and Western cultures. The potential trauma associated with witnessing ones parents in a physical fight may lead to a constant state of hyperarousal and a continuous state of psychologically re-experiencing the event. These symptoms associated with PTSS may keep the trauma of witnessing interparental violence unresolved, subsequently affecting psychological and social functioning. In this way, the symptoms associated with PTSS may predispose those who witnessed interparental violence to later psychopathological symptoms.

We observed that PTSS did significantly mediate most of the associations between witnessing interparental violence and the psychopathological sequelae examined in Kenya and in The Netherlands. In contrast, we found that all the mediation models involving witnessing interparental violence in Zambia were nonsignificant. This does not mean that witnessing interparental violence is a normative occurrence in Zambia, hence is not traumatic to the victims. It is likely that the mechanism by which witnessing interparental violence leads to negative

sequelae in Zambia is beyond the scope of this study. Future research should investigate this and other mechanisms besides PTSS that would significantly account for these associations in Kenya, Zambia and The Netherlands.

9.3.1 Neglect and Poverty

It is remarkable that PTSS did not mediate the association between neglectful experiences in childhood and any of the psychopathological sequelae in the African samples, yet it did significantly mediate this association among the Dutch students. Hierarchical regression analyses showed that indeed a history of neglect in childhood was the most common predictor of psychopathological sequelae in all the three samples, but mediation analyses showed that PTSS did not account for this association in the African samples. Although we did not expect this, it is interesting to find this variation implying “cultural specificity” in the mechanism through which neglectful experiences in childhood leads to psychopathological symptoms.

We therefore tried to answer the question: Why would PTSS not account for the association between neglectful experiences in childhood and negative psychological sequelae among Kenyan and Zambian students? It may be that neglectful experiences have different meanings to the African and Dutch students. We suggest that what are indeed neglectful experiences for children in Zambia and Kenya may be a result of rampant poverty. The failure to provide adequate meals, sufficient clothing, and necessary supervisory and emotional needs for children in the two countries may not be a traumatic experience for them. This is because more than half of the population in both Zambia and Kenya live on less than \$ 1 per day (UNDP, 2009) and for children growing up in such circumstances, lacking adequate physical, emotional, and supervisory needs is the norm rather than the exception.

This situation contrasts with The Netherlands which ranks 6th globally on the Human Development Index (UNDP, 2009). Therefore, neglectful experiences for children growing up in The Netherlands might be understood as deliberate failure by parents to provide adequate physical, emotional and supervisory needs to the children. This can be a highly traumatic event in a developed country where such a phenomenon is an exception. Thus childhood neglect in Kenya and Zambia may imply financial inability to provide for the needs of the children whereas neglect in The Netherlands may imply deliberate psychological failure by parents to attend to the needs of their children, or the result of serious parental psychopathology.

Our hypothesis is informed by a number of studies that have examined ethnic differences in developmental outcomes in the USA. These studies suggest that differences in child development across cultures may be accounted for by demographic risk factors which include socioeconomic status (Belsky 1993; Gershoff 2002). Amato and Keith (1991) found that divorce had more negative consequences for White children than it had for Black children. According to the authors, Black children may be less vulnerable to the adverse effects of family discord than are White children because the former experience stressful familial processes alongside other life events and chronic conditions. The experience of

such an overwhelming array of stressors decreases the specific psychological effects of certain family stressors. Thus divorce would bring with it little difference for Black children who are living in more disadvantaged settings anyway. But for White children, profound differences will be experienced because of the abundance of opportunities. Thus, neglectful experiences in our study would not be as traumatic to children living in developing countries in Africa as it would be for children in developed Western countries.

In The Netherlands, children from immigrant families were three times more likely to suffer from maltreatment than children of native Dutch families. Euser, Van IJzendoorn, Prinzie, and Bakermans-Kranenburg (in press) examined the role of socioeconomic and family factors in the risk of child maltreatment in native Dutch families, traditional immigrant families (from former Dutch colonies) and other immigrant families. It was found that although there was no difference in the risk for sexual abuse on the basis of immigration status, the risk for physical abuse and emotional abuse and neglect was higher in immigrant families than in native Dutch families. Low level of parents' education was associated with increased risk of maltreatment. Among the non-traditional immigrants, immigration status in addition to low level of education significantly increased the risk for maltreatment while among traditional immigrants parental educational level more than immigrant status was associated with maltreatment. According to the authors, the association between education level, associated poverty and resultant compromised parenting is notable among immigrant families in The Netherlands. Therefore the elevated risk of maltreatment in immigrant families in The Netherlands should not be automatically ascribed to ethnicity before taking into account the lack of education and low economic status of the immigrants as a major risk factor for child maltreatment. In interpreting our result, we are cognizant not of the racial differences in child maltreatment, rather the different socioeconomic environments from which we drew our samples.

Differences in developmental outcomes due to socioeconomic status as opposed to ethnicity or culture have also been found in attachment research. Bakermans-Kranenburg, Van IJzendoorn and Kroonenberg (2004) found that although children of African-American mothers were less secure than children of European-American mothers, this difference was fully accounted for by socioeconomic status. Ethnicity did not significantly contribute to attachment security, but rather did lower income levels in African-American families. Lower income influenced maternal sensitivity negatively which in its turn influenced attachment insecurity. These findings support the "no group differences hypothesis" which explains that no real group differences exist in attachment security between African-American and European American children but rather that the patterns of covariation among relevant variables are similar in both groups. A "third variable" on which the groups differ could thus be responsible for the differences in outcomes (Van IJzendoorn, Bakermans-Kranenburg & Sagi-Schwartz, 2006). In this case, socioeconomic status would account for the differences between the two ethnic groups.

The findings of our study may also be considered to support the "no group differences hypothesis". This is because we found no significant between group

differences in the covariations of child maltreatment variables and PTSS across the three samples. The regression equations of the Kenyan, Zambian, and the Dutch samples predicted PTSS in the three samples largely in a similar manner. This implies that although our three samples may differ in child abuse rates and may be exposed to country-specific socioeconomic and cultural experiences, these do not alter the association between child maltreatment and PTSS. The differences observed among the three countries, especially with regard to childhood neglect may be a result of a "third variable" on which the groups differ. In this case, socioeconomic status seems to be the variable on which the African and the Dutch samples differ most drastically. This is suggested to lead to variation in the mechanism by which neglect leads to psychopathological symptoms. Although we were not able to test this empirically because a low SES sample from The Netherlands was lacking from the equation, it would be interesting in a future study to find out if indeed socioeconomic status is the "third variable" that alters this association.

Scher et al. (2004) examined emotional abuse, emotional neglect, physical abuse, physical neglect, and sexual abuse in relation to socioeconomic status, ethnicity and sex in a community sample in the USA. The authors found that neglect during childhood was the most common type of maltreatment. There were ethnic differences however, in the types of neglect experienced by the White and Black participants in the study. Whites were more likely to report emotional abuse and emotional neglect while Blacks were more likely to report physical neglect. There were no significant ethnic differences in the experience of physical abuse and sexual abuse. Low educational level was associated with both physical neglect and emotional neglect. The authors suggested that ethnic differences in the types of maltreatment may indeed be a reflection of economic status of their study population in which a disproportionate number of Black people reported a poverty status compared to White people. Secondly, it may be that cultural background affects a person's perceptions of some types of maltreatment. Therefore the way the social group including children interpret parental behaviour may be different for various ethnic populations.

Deater-Deckard et al. (1996) sought to find out possible differences and similarities in the covariation of the use of physical discipline and child externalizing problems in African-American families and European-American families. The results showed that African-American children were more likely to live in lower SES homes and were also more likely to have received physical punishment compared to European-American children. In this study, externalizing scores were negatively associated with socioeconomic status. Thus lower socioeconomic status was associated with higher externalizing scores. After controlling for effects of SES, gender and marital status, Deater-Deckard et al. (1996) found that the relation between parents' use of physical discipline and children's externalizing problems was different for European-American and African-American children. Children of European-American mothers who used physical discipline had higher externalizing scores while children of African-American mothers who used harsh discipline had lower aggression and externalizing scores. Harsh discipline may have different meanings across ethnic

groups. According to the authors African-American children may not view their parents' physical discipline as an indication of lack of parental warmth and love, whereas among European-American families, physical discipline may imply an out-of-control parent-centered household. Of note is the fact that there are ethnic and cultural group variations in the way children view their parents' behaviour (Deater-Deckard & Dodge, 1997). This implies that the variation in the developmental outcomes of maltreatment in our study samples may be a function of how the groups interpreted their parents' behaviour in addition to group variability in socioeconomic status.

The association between ethnicity and SES has been empirically demonstrated. We therefore propose that the association between childhood neglect and psychopathological symptoms in Kenya and Zambia may be accounted for by SES. This is a testable hypothesis and future research should examine the mediating role of SES in the association between neglect in childhood and psychopathological symptoms. In addition, there is need to test other potential mediators of this association because PTSS only partially mediated most models and sometimes even did not have a mediating role at all. Depressive symptoms are one of the most commonly occurring sequelae of abuse (Kendall-Tackett 2002). It is possible that besides PTSD, depressive symptoms could be a significant mediator of the association between child maltreatment and psychopathological symptoms. Dating violence literature has also shown that childhood abuse is a risk factor for revictimization (Fergusson, Horwood & Lynskey 1997; Daigneault, Hébert, & McDuff, 2009). It is likely that revictimization would significantly account for the association between child maltreatment and psychopathological symptoms. In addition, child maltreatment has been associated with insecure- and disorganized attachment (Cyr, Euser, Bakermans-Kranenburg & Van IJzendoorn, 2010) and attachment insecurity has also been associated with psychological problems (Brumariu & Kerns, 2010). It is likely that attachment security would mediate the association between child maltreatment and subsequent psychopathological symptoms.

Table 9.2
Significant Mediation of the Associations between Child Maltreatment and Psychopathology Symptoms by PTSS

	Kenya	Zambia	Netherlands
<i>Model</i>			
Physical abuse → Antisocial personality	*		*
Sexual abuse → Antisocial personality	*		
Neglect → Antisocial personality			
Witnessing violence → Antisocial personality	*		
Physical abuse → Criminal tendencies	*		*
Sexual abuse → Criminal tendencies	*	*	*
Neglect → Criminal tendencies			*
Witnessing violence → Criminal tendencies			
Physical abuse → Dating violence	*		
Sexual abuse → Dating violence	*		*
Neglect → Dating violence			
Witnessing violence → Dating violence	*		*
Physical abuse → Externalizing	*		*
Sexual abuse → Externalizing	*	*	*
Neglect → Externalizing			*
Witnessing violence → Externalizing			*
Physical abuse → Depressive symptoms	*		*
Sexual abuse → Depressive symptoms	*	*	*
Neglect → Depressive symptoms			*
Witnessing violence → Depressive symptoms	*		*
Physical abuse → Borderline symptoms	*		*
Sexual abuse → Borderline symptoms	*	*	*
Neglect → Borderline symptoms			*
Witnessing violence → Borderline symptoms	*		*
Physical abuse → Internalizing	*		*
Sexual abuse → Internalizing	*	*	*
Neglect → Internalizing			*
Witnessing violence → Internalizing	*		

* significant mediation

9.4. Limitations of the studies

The findings of our studies should be viewed in light of the following limitations. First, we used student samples to measure child maltreatment and psychopathology symptoms. University students differ from the general population in age, education and socioeconomic status. Even though our samples sizes were fairly large, they were selective and may not be representative of the populations from which they were drawn. This limits the generalizability of our results. It should be noted however that in the meta-analyses by Pereda et al. (2009) there were no differences in CSA prevalences as reported by either community or student samples. Besides, as a step towards bridging knowledge gaps in child maltreatment on the African continent, our results provide a basis upon which future studies using community samples can be designed.

Secondly, we used retrospective self-report measures in which we relied on the respondents' memory and perceptions of child maltreatment and psychopathology symptoms. We are not certain how accurately the respondents remember their childhood experiences. There is the likelihood of distortion of memory that may occur with the passage of time and with experience. This may result in recall bias (Trickett & McBride-Chang, 1995). However, for major traumatic events, memory research has shown that distortion might not be an important factor (Krinsley, Gallagher, Weathers, Kutter, & Kaloupek, 2003) because imagery of traumatic events tends to persist in memory more than imagery of non-traumatic events (Peace & Porter, 2004). In addition, there is the possibility of the respondents to under-report or over-report in order to give socially desirable responses. In our study we statistically controlled for the possibility of socially desirable responses, hence our findings may be robust in this respect.

Thirdly, we used a cross-sectional design to address causal hypotheses. This design limits our ability to draw inferences regarding the temporal and causal relations between child maltreatment, PTSS and psychopathology symptoms. Ideally mediation has to be shown over time in a longitudinal study. Nevertheless, our purpose of testing mediation in this study was not to prove evidence of causality but rather to imply a causal ordering of variables (Risser et al., 2006), and to suggest empirically grounded causal hypotheses for further examination. We found statistical mediation by PTSS. This finding is an important step towards establishing that indeed PTSS is a causal risk factor for psychopathology symptoms among victims of child maltreatment. Also, our findings add important knowledge to the growing literature on the significant pathways by which various forms of child maltreatment could lead to behavioural and emotional problems.

Despite the fact that the three samples of our study consisted of university students, we are aware that these samples were profoundly different from each other. We drew two samples from developing countries and compared them with a sample drawn from a developed country. The differences in the socioeconomic circumstances of the samples may have confounded our results and limited effective comparisons. Also, gender distributions differed between the three countries. Due to these limitations, our results should be interpreted with caution. In spite of this, we have for the first time examined four forms of

child maltreatment in three nations using a cross-cultural perspective. We believe that findings of our study provide important knowledge upon which future cross-cultural studies on child maltreatment can be designed. As a cautionary measure future cross-cultural research should attempt to match respondents on socioeconomic status and gender.

9.5. Recommendations for future research

In order to replicate our findings, we suggest that future research on child maltreatment should focus less on student samples and more on community samples. Such replication is important in Africa where there is a dearth of knowledge on all the forms of child maltreatment and associated sequelae.

Second, the veracity of self-reports of victims of child maltreatment cannot be ascertained. Future researchers in Africa should design studies that collect maltreatment data from teachers and other professionals working with children. In designing studies similar to the National Incidence Studies in the USA and the NPM-2005 in The Netherlands (see Euser et al., 2010) and adapting these to suit African socioeconomic and cultural situations, we believe that data on the current state of child maltreatment in African countries can be generated in a more valid way than through self-report studies.

We also suggest that future research should focus on longitudinal examination of the effects of child maltreatment. It is true that there are ethical and practical constraints associated with attaining a longitudinal sample of survivors of child maltreatment, but it is possible to attain this with a targeted sample (Whiffen & MacIntosh, 2005). The Minnesota Study of Risk and Adaptation from Birth to Adulthood (Sroufe, Egeland, Carlson, & Collins, 2005) is a prime example of a study on child maltreatment that should be replicated in Africa and in Europe as well. Longitudinal studies may also allow for the study of maltreated children alongside matched controls on socioeconomic status. Research has shown that there is variation in developmental outcomes between maltreated and non-maltreated children in similar socioeconomic and high risk circumstances. For example, meta-analytic data in attachment studies has shown that high risk children who are maltreated are likely to be more disorganized and insecurely attached than children who are not maltreated but are in similarly high risk circumstances (Cyr, et al., 2010). Using a longitudinal design in which participants are matched on socioeconomic status is useful if firm conclusions are to be made with regard to the psychopathological sequelae of child maltreatment. In addition, longitudinal designs are the most appropriate in testing mediation. Such a design is likely to strengthen causal inferences with regard to child maltreatment, mechanisms and psychopathology.

Our study shows that child maltreatment is highly prevalent in Kenya and Zambia and that it is associated with psychopathological symptoms. Future research must endeavor to develop and validate evidence-based intervention methods with a focus on child abuse and neglect as a step towards prevention of child maltreatment and associated psychopathology symptoms among victims

in African countries. This calls for randomized controlled trials of interventions adapted for the African context. There is evidence from randomized controlled trials in South Africa that it is possible to improve mother-infant relationship and infant attachment in socioeconomically deprived circumstances by adapting evidence-based interventions to the specific context (Cooper et al., 2009). It is feasible to carry out similar trials for the prevention of child abuse and neglect in other parts of the African continent. This should be the direction of future research.

9.6. Practical and clinical implications

We found high rates of child maltreatment in Kenya, Zambia and The Netherlands. It is notable that these countries have ratified the United Nations Convention on the Rights of the Child (see Appendix) and are therefore bound by Article 19 (1) which states, “all state parties should take all appropriate, legislative and administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury, or abuse, or neglect or negligent treatment maltreatment or exploitation including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.” Kenya, Zambia and The Netherlands are obligated to establish programs to provide necessary support for the child as well as for those who care for the child.

The child maltreatment rates in Kenya and Zambia were very high compared to what we found in The Netherlands. Most African countries attribute their failure to protect its children from maltreatment to insufficient funds for establishing effective child protection measures (Svevo-Cianci, Hart, & Robinson, 2010). Although there is evidence that poverty is related to child maltreatment, it should be noted that protection of children by governments is not a function of how rich a country is but rather the commitment and will to do so (Svevo-Cianci et al., 2010). To illustrate this, Kenya ranks first among all African Nations with regard to laying appropriate institutional, legal and policy foundations for the protection of children (Bequele, 2010). These however have not been accompanied by comparable achievements by way of actual protection of children due to challenges faced in implementation and enforcement (Mulinge, 2010, Svevo-Cianci et al., 2010). This too can be said of many other African countries, including Zambia. Commitment to protecting children against maltreatment means prioritizing children’s needs through budgetary allocations that provide for their basic needs and contribute to their full development (Bequele, 2010). It is possible for developing countries to achieve this if proper governance structures that prevent corruption are put in place. Corruption weakens African economies, thereby impeding protection of the rights of the child through increased poverty (Mulinge, 2010). Poverty makes children vulnerable to sexual abuse as they exchange sex for financial benefits. Second, poverty increases parental stress which in turn increases the odds of physical abuse and neglect as parents struggle to provide for the needs of their children. If corruption is dealt with then poverty

will reduce, people's lives will improve, and ultimately maltreatment of children will decrease.

One major finding of our study is that PTSS mediates the association between child maltreatment and psychopathological symptoms. This implies that there should be treatment of trauma symptoms available for all maltreated children. Research has shown that abused and neglected children are highly traumatized and are likely to have a diagnosis of PTSD even when they have grown up (Widom, 1999). A meta-analysis of randomized controlled trials has shown that psychotherapy effectively reduces both specific PTSD symptomatology and other psychological symptoms (Sherman, 1998). Trauma therapy of both abused and neglected children may block the pathways to other psychopathology symptoms. It is therefore important that governments should put in place functional child protective service systems, served by trained professionals to identify and report cases of maltreated children and to make referrals for psychotherapy. In many countries, such services have been put in place and fulfill an important function in the diagnosis and treatment of child maltreatment, for example in Canada, the USA, UK, and The Netherlands.

Information and knowledge are among the most effective forms of child protection (Lalor, 2004b). There is need for public awareness and re-education of the people about myths and practices that encourage child maltreatment. This information should contribute towards changes in behaviour and attitudes and lead to greater recognition and understanding of child maltreatment and the negative psychological sequelae. In addition, African governments should intensify their efforts in empowering women through affirmative action and gender mainstreaming in order to counteract the male dominance in the society. Interparental violence sanctioned by extremely gendered status and power hierarchies may represent one of the most important maltreatment experiences for children with potentially major developmental and intergenerational consequences. Empowerment of women would therefore go a long way in reducing interparental violence and improving developmental outcomes for African children. Besides, forums in which children can raise their concerns and be heard should be enhanced. These efforts should ultimately result in a safer environment for children.

In the course of our survey we found that there were no valid incidence data on child maltreatment in both Kenya and Zambia. This calls for a properly researched information base on all forms of child maltreatment in Kenya and Zambia as a strategy to prevent child maltreatment. Respective governments should put in place monitoring systems and systematic mechanisms of collecting data on child maltreatment in schools, homes, and institutions (Lalor, 2004b; Svevo-Cianci et. al., 2010).

In sum, the prevention of child maltreatment and its negative consequences calls for greater government involvement as well as greater social awareness of its detrimental effects on children. This has financial implications especially for developing countries like Kenya and Zambia. The multiplicity of seemingly urgent problems for African governments should not consign issues of child maltreatment and child protection lower on the list of priorities but rather governments should

prioritize them. This is because child maltreatment is a human rights issue and 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.