Impact of interspousal violence and maternal deprivation on a child’s mental health: A case report.

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ABSTRACT: This paper presents a case of an emotionally deprived child with some evidence of child neglect resulting from husband-wife violence and subsequent separation of parents. It, also, further confirms the long recognized fact that the most successful treatment of growth failure and weight loss due to psychosocial deprivation is restoration of a normal social environment. In particular, it highlights the need for a high index of suspicion and awareness on the part of medical personnel with regard to emotional disorders in children.

Key Words: Interspousal violence, Emotional deprivation, Maternal deprivation, Child’s mental health.

INTRODUCTION

The World Health Organisation defines violence as: “The intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”

Violence by intimate partners is an important public health issue, occurring in all countries, all cultures and at every social strata. Often, the children in these households witness these episodes of marital violence. For example, in two separate studies, one in Ireland and the other in Mexico, 64% and 50% respectively of the abused women reported that their children witnessed the violence. Research reports indicate that children who witness marital violence are at a higher risk for a whole range of emotional and behavioural problems including anxiety, depression, poor school performance, low self-esteem, disobedience, nightmares and physical health complaints. The separation of a child’s parents has a profound effect on them.

The impact of emotional deprivation depends on the age and stage of development of the child, the quality of relationship with the absent person, the nature (length and completeness) of the separation, the experiences during the period of separation and the attitude of parents when child is returned to them. Emotional deprivation may result in listlessness, emaciation, quietness, loss of appetite, general apathy and psychosomatic illness. A high index of suspicious and awareness are required by medical personnel, otherwise the underlying emotional basis will be missed and the child evaluated superficially for organic cause of the symptoms.

This paper presents a case seen on 25th October 2008 at St. Philomena Catholic Hospital (SPCH), Benin City, Nigeria which illustrates some of the ill-effects of emotional deprivation on a Nigerian child’s mental health. It also highlights the need for high index of suspicion and awareness on the part of medical personnel with regard to emotional disorders.

CASE REPORT

The patient was a 5-year old boy who was the elder of two children of his parents and was closely attached to his mother (a 28-year old school-certificate holder and a full-time house wife). He was a bright and cheerful child who was in the custody of his mother following
separation of his parents when he was 2 years old. The relationship between his father and mother became strained when his father decided he will marry a second wife. The mother of our patient did not approve of her husband’s plan. This disagreement resulted in her husband becoming increasingly aggressive towards her, culminating in several episodes of physical abuse of our patient’s mother, especially each time the would-be second wife visited. Despite this protest, her husband went ahead and married a second wife. At this point, our patient’s mother had to leave the household with her two children. Our patient’s father, a 35-year old university graduate with a lucrative job in a big company refused to provide for the upkeep of his two children. After a period of 2 years and nine months, his mother brought him to his father in Benin City and abandoned him. For the first 3 days, our patient had good appetite and ate voraciously. Thereafter, he lost appetite and ate very little and slowly. Our patient’s class teacher reported that he does not play with classmates at school and also refused to write or participate in class activities. At home, he was also unusually quiet especially when the step-mother was around. He does not play with age-mates in the neighbourhood. Not only did he not eat his food, he also vomits into it. This was associated with weight loss. His step-mother, on the instruction of her husband, sought for medical help. One important feature of this case is that two previous medical consultations have been made in another hospital. The first with a Non-specialist General Medical Practitioner and the second, a month later, with a Consultant Paediatrician. Both doctors made a diagnosis of “Helminthiasis” (step-mother brought the case records with her). Helminthiasis refers to a clinical condition due to infestation by vermiform intestinal parasites, such as Ascaris lumbricoides. The first doctor prescribed albendazole (zentel) while the second prescribed mebendazole (vermox). But these medications did not help as vomiting continued. This prompted them to seek medical help at SPCH, Benin City.

Physical examination revealed a socially withdrawn child with apathy. Oral hygiene was poor with long finger and toe nails. The hair was unkempt and his clothes were dirty. Anthropometry showed weight of 14.5 kg, height of 100 cm, mid-upper-arm circumference of 13 cm. Packed cell volume was 28%. From the history and physical examination, we concluded that this was an emotionally deprived child with some evidence of child neglect. When his step-mother was told that the patient’s symptoms and behaviour were related to the marital discord in the household as well as maternal deprivation and that the child needs love. She said she had no time to pet him and that the patient was merely wicked. The patient’s father was invited and the problem explained to him. Following this mediation, he reconciled with his first wife and they were re-united. At the time of this report they were all living in harmony, in the same household. Following the re-union of his parents, he improved both emotionally and physically. He looked bright, cheerful and stopped vomiting. Also he resumed participation in class activity. His appetite improved and his weight rose to 15.8 kg. His personal hygiene improved considerably.

DISCUSSION

This case is reported because it illustrates some aspects of the impact of emotional deprivation resulting from interspousal violence and separation of the parents on the mental health of the child. It also serves to remind physicians of the need to consider emotional problems when evaluating a child presenting with unexplained persistent vomiting, apathy, social withdrawal and behavioural problems.

A child’s relationship with the mother is by far the most important relationship a child could ever have in the first 5 years of life. Maternal deprivation at this stage of life without a suitable mother substitute may spell a disaster in social and emotional development for the child. In the index case, the child was forcefully taken back to his father and abandoned by his mother. This child was closely attached to his mother before the temporary separation. Children under the age of five years, because they are still immature in mind and body may not be able to cope with disturbances of inner life resulting from separation from their parents, particularly their mother. Absence of a suitable mother substitute, as exemplified by the attitude of his step-mother compounded our patient’s problem. This unfavourable experience manifested as apathy, social withdrawal and poor appetite in this patient. The anti-social behaviour of vomiting into his food was probably an attention-seeking strategy. Unhappiness portends danger for a child’s personal and social adjustments.
One lesson to be learnt, as doctors, from this case is that a child presenting with vomiting, poor appetite, social withdrawal and apathy should be evaluated for emotional disorder. This child was evaluated for vomiting on two different occasions, within an interval of 4 weeks, by two different doctors and both made a diagnosis of “Helminthiasis.” It would, therefore, be necessary in future manpower development planning to lay more emphasis on child psychiatry as a discipline because childhood psychiatric problems are likely to increase in number as our society becomes sophisticated.

The poor oral hygiene, over-grown finger and toe nails, unkempt hair and dirty clothes are subtle evidences of child neglect. This suggests that child neglect goes on in many families, especially with the introduction into the household of a step-mother (or step-father) following family crisis and marital discord.

The parental reconciliation and subsequent return of our patient’s mother into the household restored a normal social environment for the child, leading to increase in weight from 14.5kg to 15.8kg at the time of writing this report. This is in keeping with the long recognized fact that the most successful treatment of growth failure and weight loss due to psychosocial deprivation is restoration of a normal social environment.

REFERENCES