The Psychosocial Effects of Violence Against Children in Sub-Saharan Africa

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Globally, children in different countries are subjected to various forms of abuse. It is estimated that up to one billion children between the ages of 2–17 have witnessed one or more forms of violence. Violence against children (VAC) has been shown to affect the physical, psychological, and social development of the victims who have experienced childhood violence. It has been classified as a public health, human rights, and social issue due to the significant impacts it has on the psychological and social development of the victims.

The aim of the study was to obtain data on the psychological and social consequences of experiencing violence in childhood in sub-Sahara Africa. To achieve this aim, the study a) analysed the impacts of violence on children, b) examined the strategies adopted by governments and inter-governmental organisations to curb or eradicate VAC, and c) reviewed the prevalence of the various forms of VAC in the region.

The study adopted an integrative literature review method to answer the research questions and objectives. The data were generated from two social and healthcare databases. The data evaluation process produced 15 articles which were included in the study. Quality assessment of the included data was done using STROBE checklists for the observational studies, and CASP checklist for the qualitative studies.

The results of the study showed that there are various psychological and social problems associated with experiencing childhood violence. Thus, experiencing violence in childhood affects the life-long health and well-being of the child. The impacts of violence in childhood have been linked to mental health challenges, physical injuries and disabilities, impaired cognitive development, and an increased risk of sexually transmitted diseases. The study further showed the existence of a significant relationship between sexual violence, emotional abuse and self- esteem among children exposed to childhood violence. From the findings, the prevalent forms of violence in the sub-Saharan Africa region include sexual violence, child neglect, maltreatment, as well as physical and emotional violence.

Eradicating VAC is essential to protect the fundamental rights of children. Understanding the impact of VAC on the victims in sub-Sahara Africa will better direct the strategies countries will adopt to achieve the eradication of VAC. Also, identifying the prevalence of the various forms of VAC in the region will make it easier to know to which specific areas efforts and resources should be channelled.

Keywords: Violence against children (VAC), Integrative literature review, psychosocial effects.

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1   Introduction

Globally, children in different countries are subjected to various forms of abuse. Violence against children has been classified as public health, human rights, and societal issue with significant consequences globally (WHO, 2014). It is a topical issue that has remained on the front burner for decades and is still a matter of concern in present times. According to UNICEF (2014a), on average about four in five children between the ages of 2 and 14 are subjected to some form of aggressive punishment in their homes. A study by Hillis, Mercy, Amobi and Kress (2016) postulated that an estimated one billion children between the ages of 2-17yrs have experienced physical, sexual, or emotional violence within the past one-year under study (2014-2015). Globally, the rate of violence against children is statistically high and it is estimated that up to 1 billion children aged 2–17 have witnessed physical, sexual, or emotional harassment or neglect. More recently, the World Health Organization (WHO) (2020) stated that one out of two children within the age bracket of 2-17 years' experience one form of violence or another yearly.

Violence against children may be more prevalent and pronounced in certain environments due to contextual factors such as age, gender, socio-economic status of the family, presence or absence of the family support system, socio-cultural norms, and effectiveness of child protection services (ACPF, 2014). The types of violence against children prevalent in countries in Sub-Saharan Africa range from sexual molestation, physical and emotional abuse as well as child labour. According to the United Nations Children's Fund (UNICEF); Badoe (2017), record of cases of rape in countries in west Africa like Ghana's are so high that they rate alongside countries with the recent histories of armed violence, such as Sierra Leone or the Democratic Republic of Congo. Martin and Silverstone (2013) reported that a lifetime prevalence of 34% for physical abuse, 16% for emotional abuse, and 20% for sexual abuse among 15–17-year-olds was recorded in South Africa. On another hand, the issue of trafficking has been reported as affecting children in Sub-Saharan Africa. There has been a continuous rise in reported cases of child trafficking in Mali, Ghana, Burkina-Faso, Mauritania, and Benin Republic. While in countries like Nigeria, Togo, Cote d'Ivoire and Gambia, children are exposed to exploitative labour that put them at risk of physical and emotional harm (Alho 2015; Badoe 2017; David et al. 2018).

Research has identified that one of the biggest obstacles to the protection of children from abuse globally is the scarcity of data to inform policies and advocate for strategies for the prevention and eradication of violence against children (UNICEF 2014). Reporting violence against children can be stigmatizing and shameful, which can make it difficult for survivors to share their stories (Dartnell & Jewkes 2012). Again, according to Badoe (2017), this dearth in literature on issues of violence against children in Sub-Saharan Africa affects data reporting

and the implementation of actions. The term Sub-Saharan Africa refers to a grouping by the United Nations development programme of 46 countries lying partially or fully south of the Sahara. This label is employed by inter-governmental organizations for the purpose of sorting data and generating statistics in Africa. Countries categorized as sub-Saharan Africa include: Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Cote d'Ivoire, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Somalia, South Africa, United Republic of Tanzania, Togo, Uganda, Zaire, Zambia, and Zimbabwe. However, few studies have been carried out in individual countries in Africa to show the prevalence of violence against children in Africa.

The various forms of violence have significant effect on the child's physical and social development. The consequences of violence on children have been linked to death in adulthood from trauma and suicide, sexually transmitted diseases, mental health challenges, and physical and psychological injuries (Anda, Butchart, Felitti, & Brown, 2010). Thus, there has been an increased interest and preventive responses by inter-governmental organizations to end violence against children, in recognition of the long-term harmful effects on the victims. To achieve this goal, international agencies of the WHO have developed an evidence-based technical package called INSPIRE: seven strategies for ending violence against children. The objective of the study is to assist nations achieve Target 16.2 of the sustainable development goal 2030 on ending violence against children. These strategies are the implementation and enforcement of Laws, norms and values change, providing safe environments, parental and caregiver support, income and economic strengthening, response services provision, and education and life skills (WHO 2020). Therefore, the aim of the research is to systematically review literatures on the effects of violence against children, to get a unified data on the impact in sub-Saharan Africa. The thesis will answer the question; what the psycho-social effects of violence against children on children in sub-Saharan Africa are.

2   Violence against Children

According to UNICEF's Global Report on Violence against Children, violence cuts across age, ethnicity, religion, income, and location. It takes place at home, in the parks, in schools, in the office, in detention facilities and in childcare institutions (UNICEF 2013). Violence is widely categorized by the World Health Organisation as the deliberate use of physical force or control, whether threatening or actual, against oneself, another person, or against a group or society that results in, or is likely to result in, injury, death, psychological damage, under development or deprivation (WHO 2002). Furthermore, Article 19 of the United Nations Convention on the Rights of the Child (1989) described violence to include all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment, or exploitation, including sexual abuse. On the other hand, violence against children has been defined by the World health Organization (2014) as all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health development or dignity. It encompasses all acts of violence against individuals under the age of 18, whether committed by parents or other carers, peers, spouses, or strangers (Ferrara, Franceschini, Villani, & Corsello,2019; WHO, 2020).The Report of the independent expert for the United Nation's study on violence against children (UN 2006), asserts that most perpetrators of acts of violence against children are persons known to the victim and in a position of trust.

According to Sandau-Beckler (2015; 5), under the New-Mexico Child Acts, violence against children occurs in the following situations:
- Abandonment involves situations where the parent leaves the child without care for a given period without a justifiable cause.
- Violence causes distress or possible significant damage due to the intervention or omission of the parent, guardian, or custodian.
- "Aggravated circumstances" exist where a parent conspires or threatens to inflict severe physical harm, torture, chronic neglect or sexual abuse or death.
- "Great bodily harm" happens where there is a high risk of death or extreme disfigurement or lack of control of the body.
- Neglect requires abandonment; the loss of subsistence, schooling and/or medical care; inability to protect intentionally from injury or further damage; parental/guardian/custodial the discharge of duty to and for the child due to detention, hospitalization or physical or mental illness or incapacity;
- Medical violence includes when an infant suffers non-accidental injuries such as bruises, swelling, malnutrition, inability to survive, fracture burns.
- Sexual assault involves, but is not limited to, illegal sexual contact, incest or sexual penetration, as described by state law;

- Sexual trafficking involves allowing children to participate in prostitution; obscene or pornographic photographing or filming; or portraying a child for obscene or pornographic commercial purposes, as described by the state statute.

Similarly, Ferrarra et al. (2019) stated that children all over the world are faced with one form of violence or another. According to the World Health Organization's fact sheet on violence against children, violence against children is evident in the following situations:

a) Maltreatment (including violent punishment): physical, sexual, and psychological/emotional violence.

b) Bullying (including cyber-bullying).

c) Youth violence: concentrated among children and young adults aged 10–29 years, occurs in community settings between acquaintances and strangers most often. Intimate partner violence (or domestic violence): physical, sexual, and emotional violence by an intimate partner or ex-partner.

d) Sexual violence: nonconsensual completed or attempted sexual contact and acts of a sexual nature not involving contact. Emotional or psychological violence: restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection, and other non-physical forms of hostile treatment (WHO, 2020).

Reports of violence against children in various countries in Sub-Saharan Africa continue to rise despite advocacies and campaigns against child-based violence. It is claimed that Africa's rates of rape are expected to eclipse statistics elsewhere, largely due to rapid societal transition and the patriarchal structure of most African cultures –factors proven to encourage sexual abuse. Overall, the highest rates of incidence of child sexual assault recorded in Africa come from Morocco, Tanzania, and South Africa (Badoe, 2017). In the same vein, the statistics of child labour in Nigeria has continued increase. This is asserted by Audu, Geidman and Jarna (2010) who reported that 47% of female child labourers who are working in Nigeria has been sexually assaulted. The study further revealed that the vulnerable status of children and the cultural assumption of authority of all adults over children, have made them frequent targets of violence in the society. This same traditional assumptions of male authority in the society have contributed to violence against women.

2.1   Types of Violence against Children

The World Health Organization (2020) fact sheet on violence against children classified violence against children into six groups which are:

- Maltreatment (including violent punishment) involves physical, sexual, and psychological/emotional violence; and neglect of infants, children and adolescents by

parents, caregivers, and other authority figures, most often at home but also in settings such as schools and orphanages.

- Bullying (including cyber bullying) as unwanted aggressive behaviour from one child or group of children who are neither the sibling nor in a romantic relationship with the victim. It involves repeated physical, psychological, or social harm, and often takes place in schools and other settings where children gather, and online.

- Youth violence is concentrated among children and young adults aged 10–29 years, occurs in community settings between acquaintances and strangers most often, includes bullying and physical assault with or without weapons (such as guns and knives), and may involve gang violence.

- Intimate partner violence (or domestic violence) involves physical, sexual, and emotional violence by an intimate partner or ex-partner. Although males can also be victims, intimate partner violence disproportionately affects females. It commonly occurs against girls within child marriages and early/forced marriages. Among romantically involved but unmarried adolescents it is sometimes called "dating violence".

- Sexual violence includes non-consensual completed or attempted sexual contact and acts of a sexual nature not involving contact (such as voyeurism or sexual harassment); the acts of sexual trafficking committed against someone who is unable to consent or refuse; and online exploitation.

- Emotional or psychological violence includes restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection, and other non-physical forms of hostile treatment.

Violence against children has also been classified into four forms. They are Physical Violence, Sexual Violence, Emotional Violence and Neglect (Okooboh 2016).

Physical Violence: Physical violence may include punching, shaking, throwing, burning, biting, poisoning, drowning, suffocating, etc. Physical violence does not often leave the noticeable symptoms of bruises. It is not how serious the mark or the damage is, but the act itself that triggers the child injury or trauma.

Sexual Violence: Sexual violence happens when an adult, stronger child or teenager takes advantage of a child sexually because of their influence, power, and authority. Sexual violence can involve kissing or holding a child's genitals, revealing a part of a child's sexual anatomy, having relationships with a child below the age of 18; engaging in sexually suggestive conversation with a child; making inappropriate phone calls or comments to a child and sending obscene intent text messages or emails to a child among others (Okooboh 2016).

Emotional Violence: Emotional abuse is persistent abuse of the child that has significant and adverse effects on the child's emotional development. It happens when the physical, mental, cognitive, or intellectual growth of a child is compromised or endangered. They may involve emotional deprivation due to repeated denial, aggression, teasing/bullying, shouting, questioning the child's vulnerability to domestic abuse, and family violence.

Neglect: Neglect may be the inability to satisfy the physical and/or psychological needs of the child, likely to result in a significant deterioration of the child's health or development. It happens when the fundamental needs of a child's life are not fulfilled, and their welfare and growth are compromised. Basic requirements include food, accommodation, health services, sufficient clothes, personal hygiene, hygienic living standards, prompt medical attention, and adequate supervision.

The World Vision (2017) report stated that violence against children presents itself in the following forms:

a. Physical and Psychological Abuse: Sexual violence is hard enough to hurt an infant. Physical discipline, such as spanking, which is not hard enough to hurt a child. Punishment which humiliates, threatens, scares, or ridicules a child when a parent or other caregiver fails to fulfil a child's physical, psychological needs, developmental or professional needs, even though they can continue to do so. Punishment of an infant in solitary confinement, segregation, or inhuman conditions in custody. Child neglect (parents are not providing proper care for their children).

b. Traditional Practices: Binding, scarring, burning, or branding children for cultural reasons. Arranged the marriage of a child at an early age. Acts of physical punishment towards children for the sake of retribution or family and community's honour and accusing a child of witchcraft or performing an exorcism on a child.

c. Sexual Behaviours: When an adult or another child forces intercourse or other forms of sex on a child Forcing children into prostitution or using children in pornography.

d. Behaviour Among Children: Bullying, gang violence and cyber bullying.

e. Child Labour: Making a child do work that may disrupt their education and/or physical, mental, or social development. Making a child work to pay off family debts.

f. Online Threats: Exposing a child to violence, pornography, or hate speech online and tricking or luring a child on the internet into meeting strangers offline for sex (p. 14).

2.2 Factors Contributing to Violence against Children

Several factors have been viewed as contributing to violence experienced by children. According to Akmatov (2011), although the risk of child violence could be associated with the attitudes of parents to child discipline, these risks increase with poverty in the family. Nabunya, Ssewamala, and Ilic (2014) further opined that non-parenting factors such as poverty and maternal stress have been linked to adverse effect on children's emotional well-being in developed and developing countries. In addition to critically weakening the capacity of households to provide physical support for children by supplying food, housing and clothes, poverty can also impact on family cohesion and functioning by raising parental tension and the

risk of abusive behaviours (Luby, Belden, Botteron, Marrus, Harms, Babb, & Barch, 2013). Furthermore, Ismaiyilova and Karimli (2018) stated that poverty can be linked with unresponsive or unsupportive parenting by psychosocial and physical stressors such as traumatic life experiences. In the same vein, Abamara (2016) averred that in countries like Nigeria, 70 percent of households engage children in one form of child labour or another because of poverty. The percentage of child labour remains high in countries within sub-Sahara Africa, despite legislation prohibiting the same. The right of children to be protected from economic exploitation is expressly provided in Art. 15 of the African Charter on the right and welfare of the child (1990). Also, large family size raises the dependence ratio and has been shown to be associated with the risk of child violence (Akmatov 2011). Poor children in sub-Saharan Africa are raised in comparatively large households. Poverty and financial strain not only contribute to parental stress, but have also been associated with parental depression, self-denial, the recognition of personal deficiencies in financial management and parenting, and a feeling of intense hopelessness: all of which diminish the quality of the child parent relationship (Ismaiyilova & Karimli 2018).

Other reasons for child abuse are often societal values regarding the child since children in some cultures are viewed as the properties of their parents by the community (Abamara 2016). Eight causative factors for violence against children were established in Africa by the International Labor Organization. These factors include cultural practices, economic issues, national debt, legislation, schooling, unemployment, amongst others. Again, there are a lot of harmful cultural practices that have also been categorized as a contributory factor for violence against children in Sub-Saharan Africa. The UN Report on Violence against Children (2006) highlights dangerous ritual practices including genital mutilation (female genital mutilation and male circumcision), child sexual exploitation (including girl child marriage), honour killings of women (Zimbabwe Youth Council, 2014). Akin to this, Young-Bruchi (2012) observed that violence against children is explained and made reasonable by commonly held assumptions in the innate subservience of children to adults; culminating in a bias towards children called childism which is generally unacknowledged. Furthermore, Social expectations that see the girl child as a family's means of livelihood lead to sexual violence, trafficking, or the child marriage of girls (Zimbabwe Youth Council, 2014). Recognizing the role culture plays in child development, Article 21 of the African Charter on the Welfare of the child (1990) mandates the member states of the African Union to take measures to eliminate harmful social and cultural practices that endanger the life, health, and development of children.

Summarily, the World Health Organization (2020) categorized the risk factors of violence on children under four levels; the individual, close relationship, community and societal levels. Individual level:
    a) biological and personal aspects such as sex and age
    b) lower levels of education
    c) low income

d) having a disability or mental health problems

e) identifying as or being identified as lesbian, gay, bisexual, or transgender.

f) the harmful use of alcohol and drugs

g) a history of exposure to violence.

Close-relationship level:

a) lack of emotional bonding between children and parents or caregivers

b) poor parenting practices

c) family dysfunction and separation

d) being associated with delinquent peers

e) witnessing violence between parents or caregivers

f) early or forced marriage.

Community level:

a) poverty

b) high population density

c) low social cohesion and transient populations

d) easy access to alcohol and firearms

e) the high concentrations of gangs and illicit drug dealing.

Society level:

a) social and gender norms that create a climate where violence is normalized.

b) health, economic, educational, and social policies that maintain economic, gender and social inequalities.

c) absent or inadequate social protection

d) post conflict situations or natural disaster

e) settings with weak governance and poor law enforcement.

2.3 Prevalence of Violence against Children in Sub-Saharan Africa

Studies have shown that children experience one form of violence or another in their daily lives globally. However, there is paucity of data on the level of violence suffered by children in Sub-Saharan Africa as a region. Individual studies in countries in Sub-Saharan Africa have revealed that children are exposed to one or more violent situations. The risk and protective factors associated with violence against children in South Africa at the individual, relationship and community society level were critically examined in a study conducted by Mathews, Govender and Lamb (2016). The study found that violence against children is greater in households where neither parent is involved, where financial services are limited and where they have been exposed to drugs, alcohol, crime, and conflict. Similarly, 300 students and 90 teachers from 10 schools across Malawi were included in a survey undertaken by Concern Worldwide (2013). Nearly half (46%) of the students surveyed had witnessed at least one case of sexual abuse, either physical or verbal, over the past year. A Study by Miller, Chiang and Hollis (2018) revealed

that Children aged 13–17 years in households with high economic status (ES) were 1.81, 1.78, and 4.91 times, more likely to experience sexual, emotional, and physical violence, respectively, within the last 12 months than those in the lowest economic status.

Furthermore, violence against Children Survey (VACS) conducted by the National Population Commission in Nigeria, showed that childhood sexual violence was faced by 25 percent of females and 11 percent of males. The same study showed that 50 percent of women and 52 percent of men experienced childhood physical abuse, and 17 percent of women and 20 percent of men experienced childhood emotional violence by a parent, caregiver or adult relative (NPC 2016). Also, in Kenya, a survey conducted by the Ministry of Gender (2013) found that violence against children was very high, with 31.9 percent and 17.5 percent of women and men confirmed to have been subjected to sexual violence, 65.8 percent and 72.9 percent of women and men to physical assault, respectively. In the same report, before turning 18 years of age, 18.2 percent and 24.5 percent male and female were abused respectively, and only 23.8 percent females and 20.6 percent male reported not having witnessed any form of childhood violence. In a similar vein, a study on domestic violence against children in Ghana revealed that children raised in violent homes are more likely to be severely punished. Similarly, women are twice as exposed to any form of domestic violence, and men are seven times as likely to be violent against children as other respondents when exposed to physical domestic violence (Muller, Tranchant & Oosterhoff 2016).

2.4 Effects of Violence against Children

There is comprehensive research in the fields of psychiatry, social science and other similar fields, which demonstrates the adverse consequences of serious or excessive levels of violence against children, referred to as child abuse (or maltreatment), and lack of care, referred to as neglect (Berthelon, Contreras, Kruger & Palma 2018). Research has shown that violence against children have adverse effects on children who are exposed to such violence. According to WHO (2020), experiencing violence in childhood affects lifelong health and well-being of the child. Furthermore, the risk factors of violence against children have been linked to poverty, lower level of education, biological makeup such as sex and age, and high population (Hillis et al. 2016). It has been opined that violence in childhood may result in high stress conditions for the child (Hsiao 2017). Such persistent stress and anxiety may have adverse consequences for variety of outcomes, including mental well-being and coping skills, ranging from depression to alcohol and drug abuse as well as the manifestation of health issues such as heart disease and suicide. It can also result in impaired learning and inability to socialize (Lanius & Vermetten 2010). Physical abuse has been shown to have physical effect that can cause social trauma, irreversible physical disability and long-term physical or mental illness. Medical effects are more noticeable and can involve minor or severe cuts, bruises, fractures and death by murder or suicide (Ferrara et al. 2019). According to Bicakci (2016), in more extreme situations,

physical abuse has resulted in memory loss, irreversible brain injury, suicide patterns, and premature death of victims.

The detrimental effect of emotional abuse and negligence has also been known to result in debilitating long-term effects such as self-infliction, hypersexuality, violent or aggressive behaviour, impulsivity, low self-esteem, diminished cognitive performance, mental upset, anxiety, and post-traumatic stress disorder (Ugboke 2017). The WHO (2010) suggests that neglect and violence frequently induce tension that affects early brain development. Studies have also shown that truancy, detention, bullying, and depression have negative effects on the psychological and social development of the child (Friedman 2010). Children who are physically abused are less likely than other children to internalize ethical ideals and are less likely to overcome temptation, to indulge in selfless conduct, to engage with others or to exercise moral discretion of some sort. They are more likely to develop disorderly and violent behaviours such as attacking family members, friends, and partners (Milot, Ethier, St-Laurent & Provost, 2010). Furthermore, children are more likely than their neurotypical counterparts to engage in high-risk sexual activity, drug misuse, or being incarcerated (Ferrara et al. 2019; Milot et al. 2010). It has been suggested that adults who suffered violence during childhood could suffer the long-term effects of low economic well-being in adulthood.

The influence of the educational environment on children who form the victims of school violence is an important factor to be considered. Physical, verbal, or sexual abuse by teachers or other students can make children scared to go to school, which may interfere with their ability to concentrate or to participate in school activities (Abamara 2016). Children and teenagers who are victims of abuse may have poorer grades and may be less likely to expect higher education (Ferrara et al., 2019). Different social and mental effects may be attributed to different types of childhood abuse. In a survey conducted within schools in Zimbabwe, physically abused children showed slightly higher ratings of developmental problems than neglected children. In another case, disciplinary referrals and the rate of suspensions rose in later school years for abandoned and exploited youngsters, but not for non-maltreated children (Zimbabwe Youth Council, 2014).

2.5 National and inter-governmental initiatives on ending violence against children

2.5.1 National initiatives

The member states of the African Union have agreed on the need to adopt measures to protect children. Article 5 of the African Charter on the right and welfare of the child (1990) imputes responsibility in member states to ensure the provision of protection and the development of the child. Art. 16 further mandates member states to undertake measures aimed at protecting

children from various forms of violence. Most members of the African Union have made efforts to adopt policies and legislation on the prevention and eradication of violence against children. The several strategies and efforts initiated by African governments and their non-governmental collaborators have taken place in the light of political and economic pressures, resource shortages and the persistent strength of local values, customs and perceptions that condone violence against children. Despite many years of awareness building efforts on children's rights, there are still misconceptions about the notion of a child having legally enforceable rights. There is also a widespread misunderstanding about parents and adults having comprehensive influence over children and the codes of discipline used in the household are strictly private matters (The African Child Policy Forum, 2014).

In the face of these challenges, some sub-Saharan countries have adopted policies aimed at eradicating violence against children. In Ghana, the Child and Welfare Policy which was adopted in 2014 aims to foster the well-being of children, deter violence and shield children from harm by developing a well-structured and organized Child and Family Welfare scheme. The overarching purpose of the strategy is to help improve child and family care programs and strategies to more efficiently deter and protect children from all aspects of crime, harassment, neglect and exploitation through concerted efforts; to build the capacity of agencies and service providers to provide comprehensive child protection and to amend current laws as necessary. The strategy is driven by national and globally recognized values and goals in three areas of focus, namely: child protection concerns resulting from family-related challenges; child maltreatment; and other child protection issues, in particular older children, that are not handled by a third party but as a result of the risk-taking actions of the child.

In Malawi, The National Action Plan (NAP) for Vulnerable Children for 2015-2019 seeks to enhance access to vital resources for the survival, protection, and advancement of vulnerable children to ensure the full fulfilment of their rights and potential. This includes programs to create resources for families and communities; technological and structural changes to the social protection system to ensure equal access to critical, reliable services; regulatory and regulatory reform; contributions to the part of national governments and concerted campaigns in all facets of society; the advocacy of the rights of young children by improving the national capacity to track and evaluate the problems faced by disadvantaged young people, define vulnerabilities and direct changes. Also, in Nigeria, the National Priority Agenda for Vulnerable Children 2013-2020 was laid out with six key promises to direct the multi-sectoral execution of Vision 2020 priorities and policies of Nigeria to ensure the protection of the most vulnerable children in Nigeria and to reduce child poverty. For the first time, a clear connection has been identified between the need to deter and respond to violence against children and its effect on sustainable development. Similarly, in 2016, Tunisia launched the Politique Publique Integrée de Protection de l'Enfance, an Integrated Public Policy on the Protection of Children, which will be introduced in the framework of the 2016-2020 National Development Strategy. The policy is rooted in the Convention on the Protection of the Child, universal legal principles, and the goals of sustainable development.

Violence, coercion, brutality, and mistreatment are forbidden in nearly all African constitutions, and children are protected under the general provisions. The right to freedom from torture and barbaric, inhuman, and degrading treatment or punishment is acknowledged in approximately 49 African constitutions and is specifically established as a non-derogable right in six. In certain nations, the Constitution clearly has provisions on the protection of children. An amendment to the Constitution of the Democratic Republic of Congo (DRC) states the right of the child to be shielded from neglect and ill-treatment, pedophilia, sexual harassment and charges of ill-treatment (the Office of the Special Representative of the Secretary-General on Violence against Children 2013). Similarly, the Constitution of South Africa explicitly safeguards children from hunger, ill-treatment, violence, and neglect and assert their right not to be disciplined or disciplined in a barbaric, unjust, or humiliating manner.

Legislative reforms aimed at mitigating child abuse, crime, neglect, and corruption in Africa was specifically aimed at targeting activities that contain or tolerate violence or injury, and at improving and enhancing security systems and structures (The African Child Policy Forum 2014). The method is complicated, as most African states have a variety of rules and regulations of the colonial period as well as a body of indigenous laws and customs within their legal code. Nevertheless, African nations have been enjoined to conduct a thorough regulatory analysis to ensure that domestic legislation relating to the protection of children from abuse, including abusive activities are applied. The provisions of legislative, customary, or religious legislation must be consistent with human rights principles, including the Convention on the Rights of the Child and its Optional Protocols and the African Charter on the Rights and Protection of the Child. In countries with a plural legal system, the dominance of laws in accordance with universal human rights principles should be expressly accepted in a statute in order to prevent future judicial understanding and enforcement clashes (The Office of the Special Representative of the Secretary on Violence against Children and Plan International 2012).

Many African countries now have laws banning sexual harassment, bullying, and trafficking. Kenya, Ethiopia, Uganda, Swaziland, Madagascar, South Africa, and Zimbabwe have adopted unique legislation to combat sexual abuse against children and women and have improved law enforcement and prosecution services. Other countries recognize that the crime of sexual assault is exacerbated if it is committed against children; if the perpetrator is younger than 21 in Côte d'Ivoire, 18 in Burundi or 16 in Ghana, the sentence is doubled. Ethiopia, Kenya, Zambia, and Zimbabwe also allow for more serious punishment if the perpetrator is a girl. Ten African countries (Angola, Benin, CAR, Egypt, Kenya, Lesotho, Namibia, Sierra Leone, Tanzania, and Zimbabwe) have different laws concerned solely with sexual crimes or other forms of violence against adults and children. The African Child Policy Forum (2014) revealed that the Sexual Offences Act in South Africa covers a wide variety of offences that are generally committed against children (the sexual grooming, sexual assault and the use and exposure of pornography).

2.5.2 Inter-governmental initiatives

The World Health Organization (2016) suggested a plan to ending violence against children in 2016. This plan was built on the need for synergistic relationships between the health professionals, families, and communities. The plan is aimed at:

- Monitoring the global magnitude and characteristics of violence against children and supporting country efforts to document and measure such violence.
- Maintaining an electronic information system that summarizes the scientific data on the burden, risk factors and consequences of violence against children, and the evidence for its preventability.
- Developing and disseminating evidence-based technical guidance documents, norms and standards for preventing and responding to violence against children.
- Regularly publishing global status reports on country efforts to address violence against children through national policies and action plans, laws, prevention programmes and response services.
- Supporting countries and partners in implementing evidence-based prevention and response strategies, such as those included in *INSPIRE: Seven strategies for ending violence against children.*
- Collaborating with international agencies and organizations to reduce and eliminate violence against children globally, through initiatives such as the Global Partnership to End Violence against Children, Together for Girls and the Violence Prevention Alliance.

In the same vein, a group of ten international agencies suggested that efforts should be made to address the risk factors that instigate any form of violence against children. The organization advocated for an evidence-based technical package termed INSPIRE. The package seeks to help countries and organizations reach the SDG Goal 16.2 on ending violence against children. The new package has been produced in collaboration with partners including: End Violence Against Children, Together for Girls, UNICEF, United Nations Office on Drugs and Crime (UNODC), US Agency for International Development (USAID), US Centers for Disease Control and Prevention (CDC), US President's Emergency Plan for AIDS Relief (PEPFAR), and the World Bank. The package is made up of seven strategies which represent each letter of the word, INSPIRE (World Health Organization, 2020). The strategies include:

- Implementation and enforcement of laws (for example, banning violent discipline and restricting access to alcohol and firearms);
- Norms and values change (for example, altering norms that condone the sexual abuse of girls or aggressive behaviour among boys);
- Safe environments (such as identifying neighbourhood ¨hot spots" for violence and then addressing the local causes through problem-oriented policing and other interventions);
- Parental and caregiver support (for example, providing parent training for young, first time parents);

- Income and economic strengthening (such as microfinance and gender equity training);

- Response services provision (for example, ensuring that children who are exposed to violence can access effective emergency care and receive appropriate psychosocial support); and

- Education and life skills (such as ensuring that children attend school and providing life and social skills training).

Also, the African Union has made efforts aimed at protecting children from violence. Firstly, the African Committee on Children's Rights and Welfare has predicted that by 2020, countries in Africa should have banned the use of violence in the education sector and expect that by 2040 there will be no children facing violent disciplinary action in any educational institution (African Committee of Experts on the Rights and Welfare of the Child 2017). The African Union (AU) also initiated a two-year plan to end child marriage, concentrating on 10 African countries. The goal of the initiative is to promote an end to child marriage in Africa by raising continental understanding about the negative consequences of child marriage and by taking effective legal, social, and economic measures (Partnership for Maternal, Newborn and Child Health 2014). The initiative is intended to give greater political exposure to the issue and galvanize support to end child marriage.

3.Goal, objectives, and research questions

The aim of the research is to systematically review literatures to increase awareness on violence against children, to get a unified data on the impact in sub-Saharan Africa and responsive actions to combat it. The specific objectives of this study were:

1. To analyse the impacts of violence against children on the survivors.

2. To examine the strategies adopted by governments and inter-governmental organizations to reduce or eradicate violence against children.

3. Review the prevalence of various forms of violence against children in Sub-Saharan Africa.

The thesis process commenced in November 2020 with the submission of a thesis proposal based on the topic of choice. The choice of the topic by the researchers was informed by personal interest and the desire to contribute to studies about the protection of children in sub-Saharan Africa, based on the personal experiences of one of the researchers. The integrative literature review methodology was chosen to conduct the study as it is a comprehensive study method which permits the inclusion of both quantitative and qualitative data.

3.1 Study method and data search process

The research applies the literature review method of studying the psychosocial effects of violence against children. Literature reviews are used to answer research questions by using selected literatures in a study area to validate, critique or analyse a topic (Vijayamohanan, 2020). It examines articles, books, and other literature relevant to an area of research to answer a research question (Fink, 2014). Literature review has proven to be an essential method to synthesizing existing knowledge to enable researchers keep up with the increasing volumes of published studies. The foundation of every research is to link the study to the existing body of knowledge in the area or subject matter of research (Snyder, 2019). The qualities that a literature review should possess are providing new and deeper understanding about existing literature, and the possibility of the results of the study to be replicated by others (Palmatier et al., 2018). Replicability of the study is the evidence of its validity and the transparency in the research process. According to Pare et al. (2015), Literature reviews are applicable in studies where it is necessary to identify previous literature on a subject-matter; regulate the amount of information particular phenomena explains in a study; to collect the results of experimental studies in a restricted research study to support evidence-based practice; to

create new research theories; and identify subject areas that require further research. Several studies have identified various purposes of literature review.

Fig 1: Purposes of Literature review (Vijayamohanan, 2020).

The methodology for the research would be an integrative literature review method to answering the research question. This methodology enables the researcher to gain wide knowledge of the area of study by exploring a wide range of literature on the subject (Hambaloyi & Jordan, 2015). Integrative literature review is usually conducted to generate new knowledge from the holistic review of a subject-matter, that has not been researched on comprehensively over an extended period (Torraco 2016). The method adopts a comprehensive literature search strategy from selected databases for theoretical and empirical publications, with search limits. Cooper (1984) defined the integrative literature review method as a study in which ¨past research is summarized by drawing the conclusion from many studies¨. It reviews, critiques, and synthesizes data from existing literature to generate new perspectives. Torraco (2016) identified five distinct goals of integrative literature review to wit: to review, update, and critique the literature; conduct a meta-analysis of the literature; review, critique, and synthesize the literature; reconceptualize the topic reviewed in the literature; answer specific research questions about the topic reviewed in the literature. Furthermore, Cooper (1998), conceptualizes the integrative literature as occurring in five stages: 1) problem formulation 2) data collection/ literature search 3) the evaluation of data 4) data analysis and 5) interpretation and presentation of results. Through integrative literature review, the researcher answers questions on: what is known? 2) what is the quality of what is known? 3) what should be known and 4) what is the next step for research or practice? (Russell 2005,8).
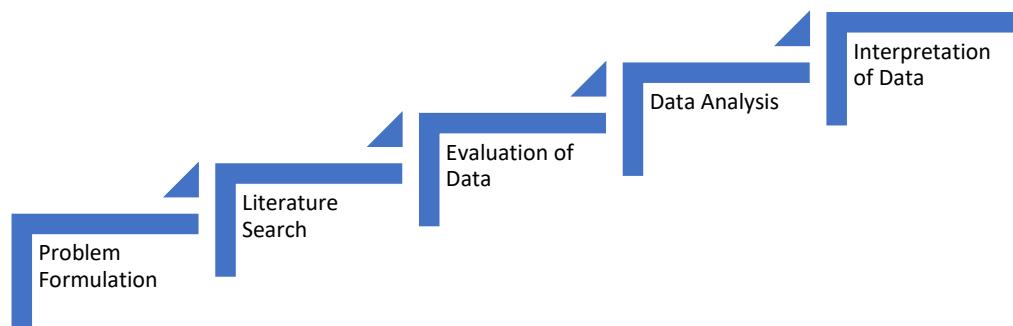
Figure 2: Stages of integrative literature review (Russell 2005).

3.2 Inclusion and exclusion criteria

Establishing an inclusion and exclusion criteria for a research are required steps for data collection or literature search. They set boundaries for literature to be used in a systematic review. The inclusion criteria are key features that qualify the literature to be used in the study. While exclusion criteria are features which a literature possess which may interfere with the success of the study or increase the risk of an unfavourable outcome. For the purposes of this study, the below listed inclusion and exclusion criteria:

INCLUSION CRITERIA	EXCLUSION CRITERIA
Literature published in English.	Non-English literature
Published from 2010 -2020	Literature published before 2010.
Full text literature	Textbooks/newspapers
Peer-reviewed articles	Abstracts
Related words/phrases	Contents outside the focus on children/
Publications on violence/abuse/children/	Child abuse/violence against children
Psychological/social effects	

3.3 Data search

Data collection/literature search for the study was conducted in March as proposed in the thesis timetable after a consensus. Literature search was conducted independently at first, and then together using three recommended university databases for healthcare and social service. The Boolean search mode was used for the search in the manner presented below.

CINAHL	PUBMED	SCOPUS
Psychosocial effects OR impacts OR side effects*AND violence against children OR maltreatment OR child abuse* AND sub-Saharan Africa.	Psychosocial effects OR impacts OR side effects*AND violence against children OR maltreatment OR child abuse* AND sub-Saharan Africa.	Psychosocial effects OR impacts OR side effects*AND violence against children OR maltreatment OR child abuse* AND sub-Saharan Africa.

Table 1: Databases and Data search keywords

For a more detailed analysis, all the references were saved in the cite-n-write program. At the first stage of the data search, the data search was limited by the number of years and all duplicates of references were eliminated. At the second stage, articles were screened by reading their titles and abstracts to see whether they met the requirements of study. Several researches were automatically ruled out because the title included adults, which did not meet the inclusion criterion. Again, several works were eliminated after reading the abstract and concluding that the analysis did not fit into the requirements of study. The third stage was to limit the search for only articles that are full texts and the articles were assessed using the inclusion criteria.

3.4 Quality assessment

Data collection was conducted using health and social service databases CINAHL and PubMed, while Data search was conducted using PRISMA Data reporting tool. The aim of using PRISMA in literature reviews is to reduce the chances of errors and improve transparency in the results of systematic literature reviews (Liberati et al. 2009). The Prisma checklist and flow diagram is essential in healthcare and social service systematic reviews to ensure transparency, accuracy, and reliability of the research result. In literature reviews, conducting a critical appraisal of the articles to be included in the study constitute a part of the review process (Higgins & Greene, 2011). Quality assessment tools were developed to aid researchers conduct transparent and reliable studies. They ensure that the results of studies reflect the quality of the Data analysed (Hong et al., 2019). Thus, quality assessment tools are the series of checklists that provide criteria for assessing the quality of a study. Conducting a study on literature with multiple study designs using the integrative literature review, would ordinarily make the data evaluation process difficult (Whittemore & Knafl, 2005). To ensure effective data assessment for the study, the mixed method`s assessment tool STROBE and CASP quality assessment tools were used. The checklists of the mixed methods assessment tool provide quality appraisal for

qualitative, quantitative, and mixed methods research conducted in systematic study reviews (Pluye & Hong, 2014). The mixed method assessment tool has a preferred advantage of providing the depth and breadth of evidence for the research question/problem. It simplifies the burden and lessens the time for conducting separate quality assessment in systematic literature reviews containing articles with qualitative, quantitative, or mixed methods.

Three of the studies used in the literature review were conducted using observational methods. It is recommended that observational studies be presented in a clear manner to enable critical assessment of the study (Cuschieri, 2019). To ensure that the quality of observational studies is maintained, the strengthening the reporting of observational studies in epidemiology (STROBE) tool is used. The aim of the STROBE guidelines is to enable the reporting of quality observational studies, and to transparently present the strengths and limitations of the studies (Von Elm et al. 2014). These guidelines enable a clear presentation of the process of conducting an observational study, as well as the outcome of the study. The STROBE checklist was applied in conducting the quality assessment of the observational studies that were included in this literature review (Appendix 3).

 The critical skill appraisal programme tool is a set of checklists used for critical assessment of qualitative research in health and social services related disciplines (Dalton, Booth, Noyes & 2017; Hannes & Macaitis, 2012). According to Long, French, and Brooks (2020), the generic CASP tool does not provide criteria for the accurate appraisal of qualitative studies, due to the diverse dimensions qualitative studies may adopt. Thus, it is recommended that the researcher clearly state the approach adopted to arrive at the results in a qualitative study to ensure quality appraisal of the study (Dixon-Woods, Shaw, & Agarwal, 2004). In the present study, the CASP quality assessment tool was used in the appraisal of the qualitative studies used (Appendix 4).

3.5 Data analysis

The Data analysis stage is the stage where separate data collected from literature is reduced into a unified result about the research question (Cooper, 1998). There is no specific standard for Data analysis in integrative literature review, as the general aim is to critically analyse the literatures (Whittemore & Knafl, 2005). Furthermore, the constant comparison method in Data analysis is compatible with integrative literature review, as it is used for varied Data generated from the diverse methodologies in the literature. Thus, the Data analysis method occurs in five stages:

| Data reduction | Data display | Data Comparison | Conclusion | Verification |
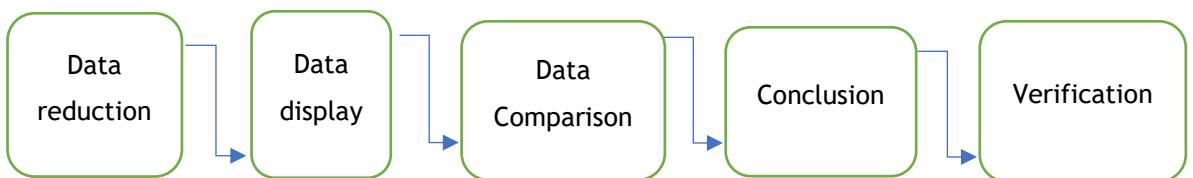
Figure 3. Data analysis stages (Whittemore & Knafl, 2005)

To produce valid results, the integrative literature review methodology requires a standard level of objectivity and theories in support of the analysis. The data analysis must be conducted in a manner that provides just the required amount of information for the readers (Soares et al. 2014). The information presented in the analysis should not be too little as to affect its understanding, or too much that it burdens the readers. Furthermore, in data analysis, each selected data is compared with each theme and then grouped according to the categories they fall under. The data analysis was conducted using the data analysis method propounded by Whittemore and Knafl (2005) above. The author at the first stage read each selected study that met the inclusion criteria and relates to the topic of research. Then parts of the articles that answers the research question were highlighted. The data reduction process started with the extraction of information from primary research and a data display spreadsheet was created to help in appraisal and comparison. Themes were used to organize, code, and categorize the data. The next step was data comparison, which included looking over the data display spreadsheet for trends and relationships. Prior to making a conclusion, primary sources were critically reviewed as new evidence was incorporated into the results of this integrative analysis. The findings were collected and discussed based on the research questions and themes of the study. The study's strengths and shortcomings were explored, as well as the consequences for practice and future studies.

4. Results

The Data search yielded a result of 1401 literatures in the first hit, after limiting the search for articles less than 10years old. The data was further limited by removing the duplicates of literature available in other databases. This reduced the number of selected references to 1124. At the first stage of screening, the researcher screened the title and abstracts of the references for relevance to the subject matter under investigation and this action further reduced the references to 800. Furthermore, the full texts of the articles were assessed for relevance and this action reduced the references to 18. At the final stage of the screening, the references were reviewed based on the inclusion and exclusion criteria as indicated in the preceding chapter and further consideration was given to the direct relevance of the articles. At the end of this process, 15 references were included for the study. The majority of the articles were rejected because they didn't cover the scope of the study, were narrative in nature, the studies were not conducted in countries in Sub-Saharan Africa or were duplicates of articles found in other research databases.

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┌─────────────────────────────────┐
│ Potential references- n=1401    │
│ Pubmed          n=671           │
│ Cinahl          n=730           │
└─────────────────────────────────┘
         │           └──────────────────> ┌────────────────────────────────────┐
         │                                │ Duplicates screened/ removed n=277  │
         ▼                                └────────────────────────────────────┘
┌─────────────────────────┐
│ Potential References     │
└─────────────────────────┘
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         │                                │ Title/abstract removed n=324        │
         ▼                                └────────────────────────────────────┘
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│ Potential references n=800 │
└─────────────────────────┘
         │           └──────────────────> ┌────────────────────────────────────┐
         │                                │ Full text assessed for inclusion    │
         │                                │ criteria and quality                │
         ▼                                │ removed=785                         │
┌─────────────────────────┐              └────────────────────────────────────┘
│ 15 references included   │
│ Observation = 3          │
│ Systematic review=1      │
│ Qualitative studies=5    │
│ Quantitative studies=6   │
└─────────────────────────┘
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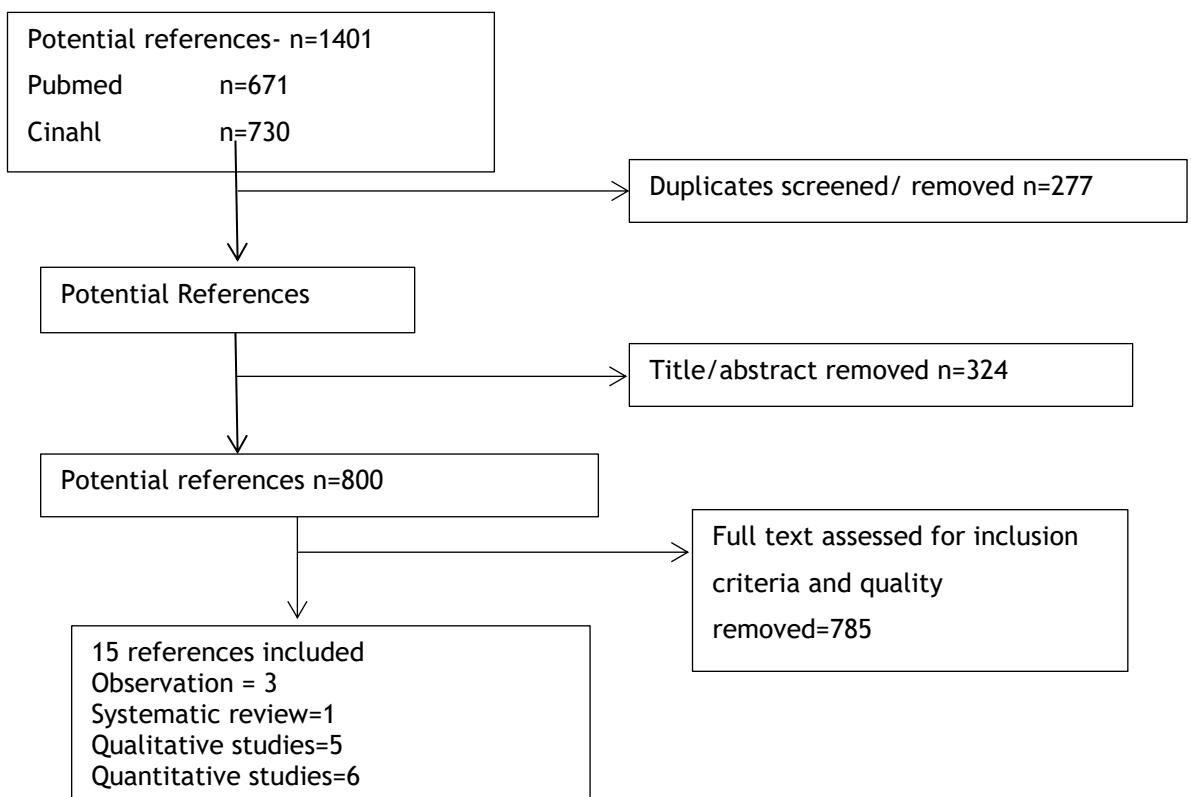
Figure 4: Data Review Process

4.1 Description of the included studies

Out of the 15 references used for the study, three were observational studies, one was a systematic review, five were qualitative studies while six were quantitative studies. The studies were published between 2011 and 2020, with 12 studies published between 2016 and 2020 and constituting 80% of the literatures used. While two studies were conducted in 2015, and the last one in 2013. The studies in the literatures selected were carried out in Burkina Faso (n=1), Ethiopia- (n=1), Namibia- (n=1), Nigeria, Uganda & Zambia- (n=1), South Africa- (n=3), Malawi & South Africa (n=2), Tanzania- (n=3), Zimbabwe- (n=1), Multi-country- (n=1), and Swaziland- (n=1). Most of the participants in the study were adolescents in primary and secondary schools, except for some adults who were still in secondary school. The study revealed a higher rate of research and Data on various forms of child violence in South Africa, as five of the literatures included in this study were studies conducted in South Africa. Also, the included literatures show a larger number of studies on sexual violence towards children, as only a few on other forms of violence.

4.2 The Impacts of Violence against Children on the Survivors

Findings from the analysis revealed that violence against children have negative psychological effect on the child. Some studies revealed that childhood violence hampers the cognitive development of a child and could result in depression, poor cognitive development, child depression, child trauma, low self-esteem, behavioural problems and risk behaviour (Skeen, Macedo, Tomlinson, Hensels, & Sherr, 2016; Sherr, Roberts, & Gandhi,2017; Nguyen et al. (2019); Adela and Yu, 2019; Ismayilova, Gaveras, Blum, ToÃ-Camier & Nanema, 2016; Alemayehu, 2013 & Hecker, 2016). Other psychological problems associated with child violence were internalizing mental health problems which were found to be affecting students' performance in schoolwork. A link between parental verbal and emotional violence has been shown to influence spatial working memory output and affects the neural pathways, which in turn negatively impacts on language development among children (Hecker 2016). According to Ismayilova et al. (2016), children who have experienced one form of violence or another in their homes, those not attending schools and those working for other families showed highest levels of depression and trauma. Post-traumatic stress disorder, mental disorder, and adult male perpetrated intimate partner violence (IPV) were found to be a consequence of childhood violence (Machisa, Christofides, & Jewkes, 2016).Furthermore, emotional violence was found to influence self-esteem among children when they become adolescents (Adela & Yu 2019). Violence relating to the parenting styles was also found to be a factor that affected students' self-esteem and cognitive development. The result of the study by Adela et al. (2018) found that there is a significant relationship between sexual abuse and self-esteem among children

exposed to childhood violence. However, the result did not show any relationship between family dysfunction and self-esteem among children exposed to violence at childhood.

4.3 National Strategies to Reduce or Eradicate Violence Against Children.

Most of the studies did not address the actions implemented by the government to curb or eradicate the various forms of violence against children. One of the studies described the INSPIRE initiative outlined by the World health organization (2020), which provides a framework for achieving the eradication of violence against children. Nguyen et al. (2019) further identified programmes aimed at preventing violence against children who have been implemented based on the INSPIRE frameworks. The parents/families' matter is an evidence-based strategy for improving communication between parents and their children on issues of sex and gender-based violence in Africa. Other programmes like the "No Means No" IM power program was initiated to improve the self-esteem of young girls and teach them ways of preventing and handling sexual violence (Nguyen et al. 2019). Also, the study by Sherr (2015) outlined the implementation of the world health organization's parenting for lifelong health programmes, which provide parenting training with the aim of preventing child maltreatment and improving the relationship between parents and children. A study on children's experiences of corporal punishment in South Africa showed that school children have the right to be protected against all forms of violence while in the care of guardians within the school environment. Breen et al. (2015) further revealed that though the South African Schools Act of 1996 abolished corporal punishment, corporal punishment still exists highly in South African schools. Just like in South Africa, many countries in Sub-Saharan Africa have various legislation that prohibit corporal punishment. Corporal punishment in schools has been outlawed in South Sudan, Kenya, Tunisia, Togo, and the Democratic Republic of the Congo (Breen et al. 2015). Although there is a Child Care and Protection Act in Namibia, the study by Sharley, Ananias, Rees, and Leonard (2019) on child neglect in Namibia revealed that the legislation is yet to be implemented. Other studies called for improved collaboration between government and members of the communities in providing protection for vulnerable children (Breen et al. 2015; Sharley et al. 2019).

4.4 Prevalence of various forms of violence against children in Sub-Saharan Africa.

The studies revealed the forms of violence against children prevalent in Sub-Saharan Africa to include physical, emotional, sexual, maltreatment, and neglect (Machisa, Christofides, & Jewkes, 2016; Adela, Dickson, & Yu, 2018; Sherr et al., 2017; Nguyen et al. 2019). Adela et al. (2018) found that physical abuse, physical neglect, emotional neglect, emotional abuse, and sexual abuse were prevalent among secondary school students in Tanzania. All forms of physical and emotional violence were also found to be prevalent among male and females (Samia et al. 2020). Statistics show that females experienced higher prevalence of physical abuse, physical

neglect, and sexual abuse in relation to their male counterparts. However, boys were found to experience more emotional abuse (Adela et al. 2018). A survey by Nguyen et al. (2019) of sexual violence in Nigeria, Uganda and Zambia revealed that Zambia had the highest prevalence of forced sexual initiation (FSI) while males in Nigeria had the highest prevalence of FSI.

The issue of location was also seen as a factor that propelled violence, especially sexual violence against female. A study conducted in Swaziland by Breiding (2011), revealed that children who experienced sexual violence in rural areas are likely not to report the violent encounter. Also, the report showed that children within the age of 17-18 experienced one form of sexual violence or another and was likely not to report cases of sexual violence before the age of 18 years. According to Meinck, Cluver, and Boyes (2017), violence against children at the household level consisted of emotional abuse and physical abuse and these were prominent among children who come from large families. Children kept in the care of caregivers experienced domestic violence and parental rejection. Out of 416 men sampled in Gauteng, South Africa, 88% percent experienced physical abuse, 55% experienced neglect, 63% experienced emotional abuse, while 20% experienced sexual abuse at least once in their childhood (Machisa et al. 2016). Sherr, Hensels, Skeen, Tomlinson, Roberts, & Macedo, (2016) found higher prevalence of emotional violence, physical violence, domestic violence, and community violence among children in South Africa and Malawi. In addition to domestic violence in homes, community-based violence, intimate partner violence and emotional violence, the study showed that children in institutionalized settings experienced violence from peers and care givers.

5.Discussion

Result of the study indicates that violence against children has several negative social and psychological consequences on the child. The effects include depression, low self-esteem, behavioural problems, poor cognitive development, and risk behaviours, among others. Humans take a long time to maintain physical immaturity and dependency. They remain psychologically dependent during childhood and adolescence. Inadequate or abusive treatment will, therefore, have significant health and social, psychological, cognitive and brain development implications for children (Petersen, Joseph & Feit, 2014). Childhood maltreatment increases the risk of depression, anxiety, and other psychological conditions later in life. Adults with a history of childhood violence were found to have a higher rate of suicide attempts than those who did not (Choi, DiNitto, Marti, & Segal, 2017). Williams, Debattista, Duchemin, Schatzberg, & Nemeroff (2016) found that adults with major depression who had been abused as children had weaker antidepressant response outcomes, particularly if the maltreatment occurred when they were 7 or younger. Childhood psychosocial abuse has been linked to DNA methylation age acceleration, implying a possible connection (Bick, Naumova & Hunter, 2012). Evidence indicates that adverse childhood experiences (particularly exposure to multiple adversities involving violence and threat) can play a role in the onset of psychotic symptoms (Hughes et al., 2017).

Findings reveal that little has been done in terms of governmental efforts to committedly curb violence against children even though some of legislation have been put in place to some legislation. It has been reported that though issues concerning violence against child in sub-Saharan frica is high, however there is scarcity of data on the systems of protecting children against violence. A joint interagency report by Save the Children (2014) noted that protecting children against violence goes beyond government legislation alone. They noted that it requires joint effort by families, communities, government, civil society group, private organisations, children, and adolescents. Hsiao et al. (2017) noted that through inter agency collaboration, there are improvements in data monitoring as practiced in South Africa. The researchers also averred that local and international donor agencies have a role to play in the development of practical steps for preventing acts of violence against children. This can be done through collaborations. These forms of collaboration might have birthed the formulation of strategies like INSPIRE by the World Health Organization. The World health organization (2020) while appreciating the role of collaboration in making the INSPIRE strategy successful, opined that each country needs to have an action plan which is well funded. However, the WHO (2020) observed that only very few countries have a workable action plan. The majority of the countries without an action plan to mitigate and prevent violence against children are in Sub-

Saharan Africa. This may be viewed as the reason for the high prevalence rate of violence against children in the region.

The findings of the study is in line with Mathews (2014) who reported that girls who have been physically and sexually abused are more likely to experience psychological consequences such as depression, anxiety disorders, drug abuse, suicide, as well as unwanted pregnancy and HIV. The consequence of childhood violence in boys who have experienced sexual, physical abuse, neglect and difficult parenting is reflected in the risk behaviours like cultism, gang involvement and truancy (Mathews, 2014). According to Omoteseo (2010) stated that children who experienced violence like bully become fearful, they tend to isolate themselves, fall into depression and do not trust easily. Learning problems; peer problems like peer rejection; internalizing symptoms like depression and anxiety; and externalizing symptoms like oppositional defiance are all common in children who have experienced abuse and neglect. These children's risk for mental problems, drug abuse, severe medical conditions, and poorer economic productivity remains high as adults (Petersen, Joseph & Fiet, 2014).

Findings of the study reveal that children who experienced violence during childhood are at risk of experiencing post-traumatic stress. This is evident in Segel et al. (2017) who found that children that have experienced violence and neglect manifest behaviours like avoiding individuals, places, and events associated with the abuse; feeling terror, horror, rage, remorse, or shame; startling easily; and displaying hypervigilance, irritability, or other mood changes. Long into adult years, PTSD in children can contribute to fear, suicidal behavior, substance abuse, and oppositional or rebellious behaviors. This can have an impact on their ability to excel in school as well as form and maintain meaningful connections.

Findings revealed that children who experienced violence at home and in schools face one form of mental disorder or another during adulthood. A previous study show links between childhood victimization and adult psychiatric disorders in the context of domestic violence, physical assault, sexual abuse, emotional abuse, and neglect (Kessler et al. 2010). Bullying victimization has also been shown to raise the likelihood of psychological disorders, contradicting the popular belief that it is harmless (Fisher et al., 2012; Winsper et al., 2012).

Furthermore, findings also show that the prevalence rate of sexual violence was seen to be high in most countries in Sub-Saharan Africa. Previous studies found sexual abuse to be very prevalent in most homes in Nigeria (Manyike et al., 2015; David et al., 2018). Most of these cases of violence were found to be perpetrated by close relatives in the family. However, Ward, et al. (2018) in their study in South Africa revealed that sexual violence was the least prevalent form of violence. They found most prevalent cause of victimisation was crime, accompanied by witnessing violent offences (i.e. indirect victimisation), family abuse, and physical assault. Physical and sexual abuse in the home and community are the most prevalent types of violence against children recorded in South Africa, according to population-based prevalence studies (Department of Social Development, Department of Women, Children and People with Disabilities & UNICEF, 2012). The study confirms the earlier findings of Meinck, et al (2016) that

revealed there is high prevalence of physical violence in South Africa. However, Meinck, et al (2016) reported a high prevalence of emotional and contact sexual abuse among children. Again, the study revealed that boys and younger children were vulnerable to physical abuse than girls. The perpetration of physical violence is seen to be a common thing across countries in East, South and West Africa and the violence is being carried out in homes. This supports the findings of the African Child Policy Forum (2014) which extensively reported that physical aggression was recorded by nearly two-thirds of females and three-quarters of males in Kenya before the age of 18. Mothers and fathers were the most mentioned abusers of those who reported being hit, slapped, whipped, or beaten with an instrument by a parent or adult partner prior to the age of 18. Similarly, the report also confirmed that in Zimbabwe about 59% of female children and 43% of male children have been subjected to physical abuse by their mothers. Furthermore, it revealed that girls were more likely than males to be subjected to physical assault by their families while boys were more likely than females to be subjected to physical abuse by their fathers.

It was also noticed that violence in school was prevalent in most countries in Sub-Saharan Africa. School violence was mostly physical violence which comes in various forms of corporal punishment. According to a survey by Ballet et al. (2012) revealed that more than half of the Talibé children in Nouakchott, Mauritania, said they were battered by the Marabout, often because they didn't bring in enough money begging or when they didn't correctly pronounce Koranic recitations. Supporting this is the finding of African Child Policy Forum (2014) which reported that teachers accounted for 99 percent of perpetrators listed by females and 96 percent of perpetrators mentioned by males in Kenya among females and males who reported being stabbed, slapped, whipped, or hit with an instrument by an authority figure prior to the age of 18. Similarly, teachers were beaten by 40% of children surveyed in Uganda who had witnessed physical abuse outside the home. Same can be said in Gambia where teachers were reported to have used physical violence on their students. Finding of the study showed that while girls are more vulnerable to sexual assault than boys, other statistics suggest that boys are also being targeted for sexual harassment. In South Africa, for example, one out of every ten boys claimed to have been subjected to coercive sex. In the case of sexual violence in schools, it has been suggested that these cases occur when teachers coerce or blackmail students for sexual gratification in exchange for higher grades. This has resulted in the practice of 'sex for grades' in West and Central Africa as revealed by a joint report by UNICEF, Plan West Africa, Save the Children Sweden West Africa and ActionAid in 2010. It was revealed that some teachers lure students into sex by promising to improve their poor grades and in some cases threatening them with a poor grade or refusing to give them a school certificate if they failed to accept their offer.

5.1 Strengths and Limitations

The strength of the study lies in the fact that it analysed literature which have studied the effect of violence against children in different countries within the region of Sub-Sahara Africa. It attempted to collate current data on child abuse and the psychological and social effect it has on children within the region. To achieve this, the study reviewed literature that are not later than 2010 and were studies conducted in countries that cut across different regions in Sub-Saharan Africa. The use of quality assessment tools (see appendix) assisted in ensuring that the quality of the included studies was high. Most of the studies reviewed where cross-sectional and qualitative. This research methods were appropriate in addressing studies of such nature. The strength of this study lies in the fact that it reviewed studies with these diverse research designs. However, the results of the study were limited as data on effects of violence against children in all countries in Sub-Saharan Africa could not be covered. The fact that only few literatures from select countries within the region were included in the study after the screening, limits the scope of coverage of the study. The study was also limited to the results provided in the included study. Dearth of literature that reports on effects of violence against children in Sub-Saharan Africa as a whole impacted on the results of the study. Generalizability of the results of the study may be limited to the countries included in the studies reviewed, thus the data from this study cannot be applied to the whole of Sub-Saharan Africa.

5.2 Ethical Considerations

Since this was an integrative literature review, it did not require ethical consent to conduct the study. However, doing an ethical literature review entails certain obligations on the part of the reviewers. This means the research must be carried out and reported in a transparent manner. Also, there are no conflicts of interest in this review. This thesis received no support from any sources. The reader can conveniently track the progress of this study because it is correctly and transparently described. The authors sought to be transparent and as impartial as possible in the evaluation of the findings by analysing them meticulously.

5.3 Author's Contribution and Acknowledgement

The authors conducted the literature review process individually and jointly. The first author wrote the introduction and background for the study and carried out the theoretical review process for the study. Both authors conducted the data search, data evaluation and data interpretation separately and jointly. Both authors were instrumental to writing the results and discussion of the study. The second author was responsible for the concluding parts of the study. The study was carried out in partial fulfilment of the author's master's degree studies in Laurea University of Applied Sciences.

5.4 Implication for Practice and Future Research

The study has made significant contribution to research in the field of social and healthcare. The objectives of the study were targeted at determining the prevalence rate and psychological

effect of violence against children in Sub-Saharan Africa while examining the roles of governmental and non-governmental in preventing acts of violence against children. The findings of the study on the prevalence rate of violence against children has helped in showing that cases of violence against children have continued to persist despite efforts by stakeholders to curb same. The study would also bring to the notice of the Finnish Government and Health Aid agencies, the need to support the World Health Organization and other inter-governmental organizations to achieve better health and welfare of children in the Sub-Saharan African region. Again, the finding of the study revealed that exposure to childhood violence has significant psychological and social effects on the child, therefore there is need for social and health workers to provide personalised care for children or adults who were exposed to violence in childhood.

Furthermore, the findings of the study have raised areas for future studies. The study was focused on only select countries in Sub-Saharan Africa, so there is need for studies to be conducted to determine the psychological effect of childhood violence on children in Africa. A similar study can be done to determine the prevalence and effects of violence among children in institutionalized care in Sub-Sahara Africa. It is imperative that issue of childhood violence is looked at globally in order to get a broader perspective on the prevalence rate and psychological effect on children.

5.5 Conclusion
The study sought to determine the psychological effect of violence against children in Sub-Saharan Africa. It reviewed the psychological effect, prevalence rate and the strategies adopted by governmental and non-governmental organizations. The study utilized 15 studies that adopted different research designs. Depression, low self-esteem, behavioural problems, poor cognitive development, and risk behaviours were found to be some of the psychological effect of childhood violence. It was also revealed that the prevalence of physical violence and sexual violence was high. It also revealed that girls tend to experience sexual violence more than boys while boys experienced more physical violence than girls. Cases of emotional violence and neglect were also found to be evident in some countries. Despite efforts through legislation by government and joint agreement by inter government and international agencies regarding setting out strategies to prevent cases of childhood violence little success has been recorded given the high prevalence of violence against children in the region.

REFERENCES

Printed Sources

Abamarra, N. (2016). Factors precipitating child abuse and neglect among Nigerians: https://www.researchgate.net/publication/314925638.

Adela, A. M. & Yu, Y. 2019. Psychological maltreatment and its relationship with self-esteem and psychological stress among adolescents in Tanzania: a community based, cross-sectional study. https://doi.org/10.1186/s12888-019-2139-y

Adela, A. M., Dickson, P. W. & Yu, Y. 2018. Multi-type child maltreatment: prevalence and its relationship with self-esteem among secondary school students in Tanzania. BMC Psychology, 6:35. https://doi.org/10.1186/s40359-018-0244-1

Alemayehu, H. 2013. Psychopathological correlates of child sexual abuse: the case of female students in Jimma zone, South West Ethiopia. Ethiop J Health Sci., 23(1), 32-38.

Allen B. 2008. An analysis of the impact of diverse forms of childhood psychological maltreatment on emotional adjustment in early adulthood. Child Maltreat.,13(3),307–312.

Akmatov, M. K. 2011. Child abuse in 28 developing and transitional countries—Results from the Multiple Indicator Cluster Surveys. International Journal of Epidemiology, 40(1), 219–227. doi:10.1093/ije/dyq168

Alho, C.M. (2015). The social effects of the exposure to domestic violence during childhood: A socio-educational perspective, A Master's Thesis, University of South Africa

Anda, R.F., Butchart, A., Felitti, V.J., Brown, D.W. 2010. Building a framework for global surveillance of the public health implications of adverse childhood experiences. Am Journal Prev Med. **39**(1):93–98.

Antonowicz, L. 2010. Too Often in Silence: A report or school-based violence in West and Central Africa. UNICEF, Plan West Africa, Save the Children Sweden West Africa and ActionAid.

Arslan G. 2015. Psychological maltreatment, emotional and behavioral problems in adolescents: the mediating role of resilience and self-esteem. Child Abuse Negl, 52, 200–09.

Audu, B., Geidnan, A. & Jarna, H. 2010. Child labour and sexual assault among girls in Maidugri, Nigeria. Int. J. Gynecol. Obstet, 104, 6-7.

Badoe, E. 2017. A critical review of child abuse and its management in Africa. African Journal of Emergency Medicine, 7(supp), P. 32-35.

Ballet, J., Bhukuth, A.& Bilal Hamzetta, B. (2012). Vulnerability to Violence of Talibe Children in Mauritania, Child Abuse & Neglect (The International Journal), 36(7-8), 602-607.

Berthelon, M., Contreras, D., Kruger, D., Palma, M.I. (2018). Violence during Early Childhood and Child Development, Discussion Paper Series, IZA Institute of Labour Economics.

Bicakci, M. Y., Er. S., & Aral, N. 2016.An overview of child neglect and abuse: Types, causes, impact and prevention. Ethno Med, 10(2), 221-228.

Bick, J, Naumova, O. & Hunter, S. .2012. Childhood adversity and DNA methylation of genes involved in the hypothalamus-pituitary-adrenal axis and immune system: whole-genome and candidate-gene associations. Dev Psychopathol. 24:1417–25.

Breen, A., Daniels, K. & Tomlinson, M. 2015. Children's experiences of corporal punishment: A qualitative study in an urban township of South Africa. Child Abuse Negl., 48, 131–139. doi:10.1016/j.chiabu.2015.04.022

Breiding, M.J., Jama Gulaid, A.R., Bianton, C., Mercy,J.A. Dahiberg, L. Dlamini, N. & Bamrah, S. 2011. Risk factors associated with sexuai violence towards giris in Swaziland. Bulletin of World Health Organization, 89, 203-210.

Burton. P. & Leoshcut, L. (2013) School Violence in South Africa: Results of the 2012 National School Violence Study. Cape Town: Centre for Justice and Crime Prevention.

Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2017). Association of adverse childhood experiences with lifetime mental and substance use disorders among men and women aged 50+ years. International Psychogeriatrics, 29, 359–372. doi:10.1017/S1041610216001800

Chowdhury, U. & Pancha, A. 2011. Post-traumatic stress disorder in children and adolescents. Community Practice, 84, 33–35.

Cohen JA, Mannarino AP, Deblinger E. (2017). Treating Trauma and Traumatic Grief in Children and Adolescents, 2nd ed. New York, Guilford.

Cooper H. (1998) Synthesizing Research: A Guide for Literature Reviews, 3rd edn. Sage Publications, Thousand Oaks, CA.

Cuschieri S. (2019). The STROBE guidelines. *Saudi journal of anaesthesia*, *13*(Suppl 1), S31–S34. https://doi.org/10.4103/sja.SJA_543_18

Dalton, J, Booth, A, Noyes, J, et al. Potential value of systematic reviews of qualitative evidence in informing user-centered health and social care: findings from a descriptive overview. J Clin Epidemiol 2017; 88: 37–46.

Dartnall, E., and Jewkes, R. 2012. Sexual violence against women: The scope of the problem. Best Practice and Research Clinical Obstetrics and Gynaecology, 27(1),1-11.

David N, Ezechi O, Wapmuk A, Gbajabiamila T, Ohihoin A, Herbertson E, Odeyemi K. 2018. Child sexual abuse and disclosure in South Western Nigeria: A community-based study. Afri Health Sci. , 18(2), 199-208. https://dx.doi.org/10.4314/ahs.v18i2.2

Dixon-Woods M, Shaw RL, Agarwal S, et al. The problem of appraising qualitative research. Qual Saf HealthCare 2004; 13: 223–225.

Fang, X., Fry, D. and Brown, D. 2015. 'The burden of child maltreatment in the East Asia and Pacific Region', Child Abuse Negl., 42, 146-162.

Ferrara, P., Franceschini, G., Villani, A. & Corsello, G. 2019. Physical, psychological, and social impact of school violence on children. Italian Journal of Pediatrics, 45 (76), 1-4.

Finkelhor, D., Turner H, Ormrod R, et al. 2010. Trends in childhood violence and abuse exposure: evidence from 2 national surveys. Arch Pediatr Adolesc Med, 164, 238–242.

Fisher HL, Schreier A, Zammit S, Maughan B, Munafò MR, Lewis G, Wolke D. Pathways between childhood victimization and psychosis-like symptoms in the ALSPAC birth cohort. *Schizophrenia Bulletin.* 2012 doi: 10.1093/schbul/sbs088. Epub

Friedman, R. (2010). Child abuse: A review of psychosocial research. In Hefner and Company (Eds.), *Four Perspectives on the status of Child abuse and neglect research.* Washington, DC: National Center on Child Abuse and Neglect.

Gallion, H.R., Milam, L.J., Littrell, L.L. 2016. Genital findings in cases of child sexual abuse: genital vs vaginal penetration. J Pediatr Adolesc Gynecol, 29, 604-611.

Hannes, K, Macaitis, K. A move to more systematic and transparent approaches in qualitative evidence synthesis: update on a review of published papers. Qual Res 2012; 12: 402–442.

Hanson, R.F. & Adams, C.S. 2016. Childhood sexual abuse: identification, screening, and treatment recommendations in primary care settings. Prim Care, 43, 313–326.

Hanson, R.F. & Wallis, E. 2018. Treating Victims of Child Sexual Abuse. Accessed https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2018.18050578.
Hecker, T., Hermenau, K., Salmen, C., Teicher, M. & Elbert, T. 2016. Harsh discipline relates to internalizing problems and cognitive functioning: findings from a cross-sectional study with school children in Tanzania. BMC Psychiatry, 16,118. DOI 10.1186/s12888-016-0828-3

Hillis S, Mercy J, Amobi A, Kress H. 2016. Global prevalence of past-year violence against children: a systematic review and minimum estimates. Pediatrics, 137(3), e20154079.
Hsiao C, Fry D, Ward CL, et al. 2018. Violence against children in South Africa: the cost of inaction to society and the economy. BMJ Glob Health, 3, e000573. doi:10.1136/bmjgh-2017-000573.

Hughes, K., Bellis, M.A., Hardcastle, K.A., Sethi, D., Butchart, A., Mikton, C., Jones, L., Dunne, M.P. 2017. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. Lancet Public Health, 2(3), 56–66.

Ismayilova, L., Gaveras, E., Blum, A., Toã –Camier, A. & Nanema, R. 2016. Maltreatment and Mental Health Outcomes among Ultra-Poor Children in Burkina Faso: A Latent Class Analysis. PLoS ONE ,11(10), e0164790. doi:10.1371/journal. pone.0164790

Ismayilova, L. & Karimli, L. 2018. Harsh parenting and violence against children: A trial with ultra-poor families in Francophone West Africa. Journal of Clinical Child & Adolescent Psychology, 00(00), 1–18. https://doi.org/10.1080/15374416.2018.1485103.

Jewkes, R., Dunkle, K., Nduna, M., Jama, N. & Puren, A.2010. Associations between childhood adversity and depression, substance abuse and HIV and HSV2 incident infections in rural South African youth. Child Abuse & Neglect, 34(11): 833-841.

Kessler RC, McLaughlin KA, Green JG, Gruber MJ, Sampson NA, Zaslavsky AM, Aguilar-Gaxiola S, Alhamzawi AO, Alonso J, Angermeyer M, Benjet C, Bromet E, Chatterji S, de Girolamo G, Demyttenaere K, Fayyad J, Florescu S, Gal G, Gureje O, Haro JM, Hu CY, Karam EG, Kawakami N, Lee S, Lépine JP, Ormel J, Posada-Villa J, Sagar R, Tsang A, Ustün TB, Vassilev S, Viana MC, Williams DR. Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. *British Journal of Psychiatry*. 2010;197:378–385.

Lanius, V., Vermetten, E., & Pain, C. 2010. The impact of early life trauma on health and disease: the hidden epidemic. Cambridge: Cambridge University Press.

Laird, S. 2016. Protecting children from nutritional and medical neglect in Sub-Saharan Africa: A five country study. International Journal of Social Welfare, 25(1), 47–57.

Liberati,A., Altman, D., Tetzlaff,J., Mulrow, C., Gotzsche, P.C., Loannidis, J.P., Clarke, M., Devereaux, P.J., Kleijnen, J., Moher, D. 2009. The PRISMA Statement for Reporting Systematic Reviews and Meta-analysis of Studies that Evaluate Healthcare Interventions: Explanation and Elaboration. BMJ, 339.
Long, H., French, D., Brooks, J. Optimising the value of the critical appraisal skills programme (CASP) tool for quality appraisal in qualitative evidence synthesis Research Methods in Medicine & Health Sciences 2020, Vol. 1(1) 31–42.

Luby, J., Belden, A., Botteron, K., Marrus, N., Harms, M. P., Babb, C., …Barch, D. 2013. The effects of poverty on childhood brain development: The mediating effect of caregiving and stressful life events. JAMA Pediatrics, 167(12), 1135–1142.
doi:10.1001/jamapediatrics.2013.3139.

Machisa, M.T., Christofides, M. & Jewkes, R. (2016). Structural Pathways between Child Abuse, Poor Mental Health Outcomes and Male-Perpetrated Intimate Partner Violence (IPV). PLoS ONE, 11(3), e0150986. doi:10.1371/journal.pone.0150986

Manyike, P.C., Chinawa, J.M., Elias, A., Udechukwu, N.P., Odutola, O.I., Awoere, C.T. (2015). Child sexual abuse among adolescents in southeast Nigeria: A concealed public health behavioral issue. Pak J Med Sci, 31(4):827-832. doi: http://dx.doi.org/10.12669/pjms.314.7115

Martin, E.K. & Silverstone, P.H. 2013. How much child sexual abuse is "below the surface" and can we help adults identify it early? Front Psychiatry, 15 (4), p. 58

Mathews, S. (2014). Violence against children in South Africa: Developing a prevention agenda.http://ci.org.za/depts/ci/pubs/pdf/general/gauge2014/ChildGauge2014_preventiona genda.pdf

Mathews, S., Govender, R., Lamb, G., et al. 2016. Towards a more comprehensive understanding of the direct and indirect determinants of violence against women and children in South Africa with a view to enhancing violence prevention. Safety and Violence Initiative: University of Cape Town.

Meinck, F., Cluver, L.D., Boyes, M.E.& Loening-Voysey, H. 2016. Physical, emotional and sexual adolescent abuse victimisation in South Africa: Prevalence, incidence, perpetrators and locations. J Epidemiol Community Health 2016;70:910–916. doi:10.1136/jech-2015-205860.

Meinck, F., Cluver, L.D. & Boyes, M.E. (2017). Longitudinal Predictors of Child Sexual Abuse in a Large Community-Based Sample of South African Youth. Journal of Interpersonal Violence, 32(18) 2804–2836

Mekonen, Y. and Wiegers, E. 2011. Girls and the Budget: Towards Gender Equality. Addis Ababa: The African Child Policy Forum. Unpublished.

Miller, G.F., Chang, L. & Hollis, N. 2018. Economics and violence against children, findings from the Violence against children survey in Nigeria. Child Abuse Negl., 85,9–16. doi:10.1016/j.chiabu.2018.08.021.

Milot, T., Ethier, L.S., St-Laurent, D., & Provost, M.A. 2010. The role of trauma symptoms in the development of behavioral problems in maltreated pre-schoolers. Child Abuse Neglect, 34(4), 225–34.

Mueller, C. & Tranchant, J. & Oosterhoff, P. 2016. "Domestic violence and violence against children in Ghana 2015," MPRA Paper 79534, University Library of Munich, Germany.

Musiwa, A.S. 2019. Addressing Intrafamilial Child Sexual Abuse: Lessons from the Victim-Friendly Court in Marondera District, Zimbabwe. Child and Adolescent Social Work Journal, 37, 207–225

Nabunya, P., Ssewamala, F. M., & Ilic, V. 2014. Family economic strengthening and parenting stress among caregivers of AIDS-orphaned children: Results from a cluster randomized clinical trial in Uganda. Children and Youth Services Review, 44, 417–421. doi:10.1016/j.childyouth.2014.07.018

Nduna, M. & Jewkes, R. (2012) Disempowerment and psychological distress in the lives of young people in Eastern Cape, South Africa. Journal of Child and Family Studies, 21, 1018-1027.

Nguyena, K.H., Padilla, H., Villaveces, A., Patel, P., Atuchukwu, V., Onotu, D., Apondi, R., Aluzimbi, G., Chipimo, P., Kancheya, N & Kress, H. 2019. Child Abuse Negl.,96, 104074. doi:10.1016/j.chiabu.2019.104074

Okooboh, J. 2016. Child abuse in Nigeria: The barking but not biting laws. https://ssrn.com/abstract=3099350.

Omoteseo, B.A. (2010). Bullying behaviour, its associated factors and psychological effects among secondary students in Nigeria. The Journal of International Social Research, 3(10), 498-509.

Russell, C.L. 2005. An Overview of the Integrative Research Review. Progress in Transplantation, Vol. 15(1), p.8-13.

Samia, P., Premiji, S., Tavangar, S., Yim, I., Wanyonyi, S., Merali, M., Musana, W., Omuse, G., Forcheh, N., Dosani, A., & Might Consortium. (2020). Adverse Childhood Experiences and Changing Levels of Psychosocial Distress Scores across Pregnancy in Kenyan Women. Int. J. Environ. Res. Public Health, 17, 3401.

Sege, R. D.; Amaya-Jackson, L.; American Academy of Pediatrics Committee on Child Abuse and Neglect, Council on Foster Care, Adoption, and Kinship Care; American Academy of Child and Adolescent Psychiatry Committee on Child Maltreatment and Violence; & National Center for Child Traumatic Stress. (2017). Clinical considerations related to the behavioral manifestations of child maltreatment. Pediatrics, 139(4). Retrieved from http://pediatrics.aappublications.org/content/pediatrics/early/2017/03/16/peds.2017-0100.full.pd

Sharley, V., Ananias, J., Rees, A. & Leonard, E. 2019. Child Neglect in Namibia: Emerging themes and future directions. British Journal of Social Work, 49, 983–1002.

Sherr, L., Roberts, K.J. & Gandhi, N. 2017. Child violence experiences in institutionalised/orphanage care. Psychology, health & Medicine, 22 (s1), 31–57.

Sherr, L. Hensels, I. S., Skeen, S., Tomlinson, M., Roberts, K. J. & Macedo, A. 2016. Exposure to violence predicts poor educational outcomes in young children in South Africa and Malawi. Int Health 2016; 8: 36–43. doi:10.1093/inthealth/ihv070

Skeen, S., Macedo, A., Tomlinson, M. Hensels, I. S. & Sherr, L. (2016). Exposure to violence and psychological well-being over time in children affected by HIV/AIDS in South Africa and Malawi. Aids Care, 28(S1), 16–25

Suri, H. (2018). 'Meta-analysis, systematic reviews and research syntheses' In L. Cohen, L. Manion & K. R. B. Morrison Research Methods in Education (8th ed., pp. 427–439). Abingdon: Routledge.Google Scholar.

Torraco, R.J. 2016. Writing Integrative Literature Reviews: Using the Past and Present to Explore the Future. Human Resource Development Review, 15(4), p. 404-428

Ugboke, H. (2017). The impact of violence against children on human capital in South Africa South Africa. https://scholarworks.gsu.edu/iph_theses/567

Von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP, et al. Strengthening the reporting of observational studies in epidemiology (STROBE) statement: Guidelines for reporting observational studies. International Journal of Surgery, Volume 12, Issue 12, December 2014, Pages 1495-1499, https://doi.org/10.1016/j.ijsu.2014.07.013

Whittemore, R. & Knafl, K. 2005. The Integrative Review: Updated Methodology. Journal of Advanced Nursing 52, p.546 – 553.

Williams, L. M., Debattista, C., Duchemin, A. M., Schatzberg, A. F., & Nemeroff, C. B. (2016). Childhood trauma predicts antidepressant response in adults with major depression: data from the randomized international study to predict optimized treatment for depression. Translational Psychiatry, 6, e799. doi: 10.1038/tp.2016.61

Winsper C, Lereya T, Zanarini M, Wolke D. Involvement in bullying and suicide-related behavior at 11 years: A prospective birth cohort study. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2012;51:271–282.

Wondie,Y., Zemene, W., Reschke, K., Schroder, H. 2011. Early Marriage, Rape, Child Prostitution, and Related Factors Determining the Psychosocial Effects Severity of Child Sexual Abuse in Ethiopia. Journal of Child Sexual Abuse, 20:305–321.

Young – Bruchi, E. (2012). Childism: confronting prejudice Against Children, New Haven, Connecticut Yale University Press.

Zietz, S., Kajula, H., Reyes, Moracco, B., Shanahan, M., Martin, S., Maman, S. 2020. Patterns of adverse childhood experiences and subsequent risk of interpersonal violence perpetration among men in Dar es Salaam, Tanzania. Child Abuse Negl., 99, 104256. doi:10.1016/j.chiabu.2019.104256

Electronic Sources

African Charter on the Rights and Welfare of the Child. OAU Doc.CAB/LEG/24.9/49 (1990)

African Committee of Experts on the Rights and Welfare of the Child. 2017. Africa's agenda for children 2040: fostering an Africa fit for children. http://www.acerwc.org/download/africas-agenda-for-children-rights-2040-english_version/?wpdmdl=9752. Accessed 16 Jun 2017.

African Child Policy Forum (ACPF). (2014). The African report on violence against children, Addis Ababa, Ethiopia, African Child Policy Forum.

Africa Unite Against Child Abuse (2013). https://afruca.org/wp-content/uploads/2013/06/SACUS01_what-is-child-abuse.pdf

Department of Social Development, Department of Women, Children and People with Disabilities & UNICEF .2012. Violence Against Children in South Africa. Pretoria: DSD, DWCPD & UNICEF.

Ministry of Gender, Children and Social Development. 2012. Violence against Children in Kenya-Findings from a 2010 National Survey. United Nations Children's Fund Kenya Country Office, Division of Violence Prevention, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention, and the Kenya National Bureau of Statistics.

National Population Commission of Nigeria. (2016). Violence against children in Nigeria: Findings from a National Survey, 2014. Retrieved from UNICEFU.N., US Centers for Disease Control and Prevention.

Office of the Special Representative of the Secretary-General on Violence against Children (2013). Toward a World Free from Violence- Global Survey on Violence against Children
Office of the Special Representative of the Secretary on Violence against Children and Plan International (2012). Protecting children from harmful practices in plural legal systems with a special emphasis on Africa.

Partnership for Maternal, Newborn and Child Health (2014). African Union launches its first-ever campaign to end child marriage. http://www.who.int/pmnch/media/news/2014/child_marriage/en/.

Pereznieto P., Montes, A., Routier, S. and Langston, L. (2014). The cost of and economic impact of violence against children. ChildFund Alliance Report. Available at: https://www.childfund.org/uploadedFiles/public_site/media/ODI%20Report%20%20The%20cost%20and%20economic%20impact%20of%20violence%20against%20children.pdf.

Petersen, A.C., Joseph, J. & Fiet, M. (2014). New directions in child abuse and neglect research. https://www.ncbi.nlm.nih.gov/books/NBK195987/

Pluye, P., Robert, E., Cargo, M., Bartlett, G., O'Cathain, A., Griffiths, F., Boardman, F., Gagnon, M.P., & Rousseau, M.C. (2011). Proposal: A mixed methods appraisal tool for systematicmixedstudiesreviews.Retrievedfromhttp://mixedmethodsappraisaltoolpublic.pbworks.com.

Sandau-Beckler, P. (2015). The Psychosocial Impact of Child Maltreatment and Strategies for Prevention   and   Intervention. https://www.purdue.edu/hhs/hdfs/fii/wpcontent/uploads/2015/06/s_nmfis02c01.pdf

Sedlak, A.J., Mettenburg, J., Basena, M., et al. 2016. Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress. Washington, DC, US Department of Health and Human Services.

United Nations Children's Fund. 2017. A familiar face: violence in the lives of children and adolescents, New York, United Nations Children's Fund.

United Nations Development Programme (UNDP). 2018. Sustainable Development Goals [SDGs] [Online], available online at: http://www.undp.org/content/undp/en/home/sustainable-development-goals.html.

UNICEF. (2014). United Nations Children's Fund, Hidden in Plain Sight: A statistical analysis of violence   against   children,   New   York,   UNICEF. http://files.unicef.org/publications/files/Hidden_in_plain_sight_statistical_analysis_EN_3_Sept_2014.pdf

UNICEF, Plan West Africa, Save the Children Sweden West Africa and ActionAid, (2010). Too Often in Silence. A report on school-based violence in West and Central Africa.

United Nations. (2006). Report of the independent expert for the United Nations study on violence against children (No. UN Doc A/61/299). https://www.unicef.org/violencestudy/reports/SG_violencestudy_en.pdf

United Nations (1989). Convention on the Rights of the Child. United Nations General Assembly. A/RES/44/25. New York: United Nations General Assembly.

World   Health   Organization.   2020.   Violence   Against   Children.   Accessed   at https://www.who.int/news-room/fact-sheets/detail/violence-against children#:~:text=Globally%2C%20it%20is%20estimated%20that,lifelong%20health%20and%20well%2Dbeing.

World Health Organization. 2016. The World Health Assembly endorses the global plan of action on   violence   against   women   and   girls,   and   also   against children.https://www.who.int/reproductivehealth/topics/violence/action-plan-endorsement/en/

World Health Organization, United Nations. *Global Status Report on Violence Prevention 2014.* Geneva, Switzerland: WHO Press; 2014.

World Health Organization. 2002. World Report on Violence and Health, available online at: https://www.who.int/violence_injury_prevention/violence/world_report/ en/full_en.pdf?

World Vision. (2017). Violence against children & child protection systems: Public Perceptions in Latin America and the Caribbean, El Salvador, World Vision.

Zimbabwe Youth Council. (2014). Harmful cultural and social practices affecting children: Our Collective Responsibility, Harare, Zimbabwe, Zimbabwe Youth Council

Figures

Tables

Appendices

Appendix 1: Timetable

STAGES	TIMETABLE
Planning Stage • Topic selection and presentation • Thesis proposal	 November 2020 December 2020
Implementation Stage • Data search and collection • Data evaluation • Data analysis	 January 2021 February 2021 February – March 2021
Final Stage • Presentation of results • Thesis publication	 April – May 2021 June 2021

Appendix 2: Characteristics of Included Studies

REFERENCE	COUNTRY	PURPOSE AND AIM OF THE STUDY	STUDY METHOD AND SAMPLE	DATA AND METHODS	RESULTS	
Sharley et al. 2019. Child neglect in Namibia: Emerging themes and future directions.	Namibia	To explore professional construction of child neglect among indigenous communities in Namibia.	A Qualitative study. 15 participants comprising of life-skill teachers, school caretaker and social workers from 3 regions in Namibia.	In-depth qualitative interviews were conducted for the participants.	The study identified three themes of tension between western and traditional parenting, teenage pregnancy, and substance abuse as factors affecting child neglect in Namibia.	
Sherr et al.2017. Child violence experiences in institutionalized/orphanage care.	Multi-country	To explore the prevalence of child abuse in institutionalized homes, and the interventions used to reduce violence.	A systematic literature reviews. 66 studies were included in the study for the systematic review.	Database search from psycINFO, Medline, Web of Science, and Embase generated the data for the systematic review.	The study results show high prevalence rate of child abuse in institutionalizing settings in various countries studied by the literatures. 42 0f the studies reported that children exposed to violence in institutionalized setting have a deficit in cognitive and social development.	

Musiwa 2019. Addressing intrafamilial child sexual abuse: lessons from the victim-friendly court in Marondera district, Zimbabwe.	Zimbabwe	To evaluate the multi-sectoral response to intrafamilial child sexual abuse by the victim friendly court initiative in Zimbabwe.	A mixed-methods case study. 40 participants who are stakeholders in implementing the victim-friendly court programme.	Semi-structured questionnaires, face to face interviews, and review of court records of cases of child sexual violence.	Findings from the study showed that there has been increased awareness about child sexual abuse and a decrease in the incidence of abuse since the introduction of the victim-friendly courts (VFC). The study also identified the major challenges facing the VFCs.	
Skeen et al. 2016. Exposure to violence and psychological well-being over-time in children affected by HIV/AIDS in South Africa and Malawi.	South Africa and Malawi	To assess the relationship with mental health status and rate of child exposure to violence, as well as the long-term mental health outcome in children affected by HIV.	A cross-sectional study. 989 participants from HIV affected children attending community-based organizations in South Africa and Malawi.	The participants were interviewed alongside their caregivers at the community-based organizations. A follow-up on the participants was conducted after 15months of the first data were collected.	The results showed that about half of the participants have been exposed to violence in the community and from caregivers. Also, violence exposure in the home and community was associated with higher depression, trauma, behavioural and emotional problems, and low self-esteem.	

Breiding et al. 2011. Risk factors associated with sexual violence towards girls in Swaziland	Swaziland	To explore the risk factors for sexual violence in childhood in adolescents in Swaziland.	A survey design study. 1244 participants comprising of female adolescents from various households in Swaziland.	Questionnaires were issued to the female participants from the selected households	The study found that there are several factors associated with the experience of sexual violence in childhood. Furthermore, sexual violence exposure affects school attendance and social development.	
Meinck et al. 2017. Longitudinal predators of child sexual abuse in a large community-based sample of South African youths.	South Africa	To examine the association between risk factors and sexual abuse in South African youths.	A cross-sectional study. 3,515 participants comprising of children aged 10-17 in South Africa.	Self-report questionnaires were given to the participants during the interview process.	The result of the study showed that previous abuse in the community, food insecurity, and school dropout were associated with sexual abuse. The protective covers were revealed to be positive parenting and peer support.	
Nguyen et al. 2019. Coerced and forced sexual initiation and its association with negative health outcomes among youth: Results from the Nigeria, Uganda, and Zambia violence against children surveys.	Nigeria, Uganda, and Zambia	To describe the health outcomes associated with forced sexual initiation in Nigeria, Zambia, and Uganda.	A survey design study. The study had 4,203 participants from Nigeria,5,804 from Uganda, and 1819 participants from Zambia, between the ages of 13 and 24years.	A face-to-face structured questionnaire was given to each participant in privacy.	Results showed that forced sexual intercourse was significantly associated with sexually transmitted diseases, self-harm, mental distress, and suicidal thoughts.	

Machisa et al.2016. Structural pathways between child abuse, poor mental health outcomes and male perpetrated intimate partner violence (IPV).	South Africa	To describe the relationship between history of child abuse exposure and male perpetrated intimate partner violence.	A cross-sectional survey. 416 adult male participants from Guateng province, South Africa.	Questionnaires were administered to the participants by trained male interviewers in the language of their choice, and the interview recorded using digital devices.	The study showed an association between violence exposure as a child and poor mental health conditions.24% of the participants had depression symptoms, 24% had PTSD, 56% perpetrated physical violence on their partners, and 75% drank alcohol in the year preceding the study.	
Myanwakanyale et al. 2018. Multi-type child maltreatment: prevalence and its relationship with self-esteem among secondary school students in Tanzania.	Tanzania	To investigate the prevalence of multi-type maltreatment and its relationship with self-esteem among secondary school students.	A cross-sectional study. 1000 participants from secondary schools in Tanzania.	Two questionnaires covering the adverse childhood experiences and the Rosenburg scale for measuring self-esteem were administered to each of the participants.	In the study, 97% of the participants reported to have experienced more than one form of abuse. The results showed that emotional neglect, physical abuse, emotional abuse, and physical abuse are associated with low self-esteem.	

Ismayilova et al.2016. Maltreatment and mental health outcomes among ultra-poor children in Burkina-Faso: A latent class analysis.	Burkina-Faso	To examine the relationship between adverse childhood experiences and mental health outcome of children living in ultra-poverty.	Latent class analysis. 360 mothers and 360 of their children from the poorest villages in the Nord region of Burkina-Faso.	Separate surveys administered by an interviewer were conducted for the mothers and the children at the participants' homes.	The study identified a nexus between adverse childhood experiences and the mental health of a child. The poor and abused children demonstrated poor mental health outcomes, with significantly higher depressive and trauma symptoms, and lower self-esteem.	
Sherr et al. 2016. Exposure to violence predicts poor educational outcomes in young children in south Africa and Malawi.	South Africa and Malawi	To examine the relationship between violence at home or community and educational outcomes for young children.	A longitudinal study. 989 child participants attending community-based organizations in South Africa and Malawi.	Initial Data were collected from community-based organizations in the community childcare study who have enrolled children affected by HIV. Follow-up data on the participants were collected 12-15months later.	The study identified a link between domestic violence and harsh physical punishment, and grade progression in school. Children who are experiencing violence are less likely to be in the appropriate class for their age.	

Breen et al. 2015. Children's experiences of corporal punishment: A qualitative study in an urban township in South Africa.	South Africa	To study the experiences of children with corporal punishment in low and medium-income countries.	A qualitative study. 24 child participants who speak the Xhosa language, living and attending school in the same area.	In-depth interviews were conducted for the participants in the study.	The study revealed that corporal punishment is experienced daily by the participants, and this has a negative emotional and behavioural consequences for the children. Also, experiencing corporal punishment at home and in school affected the way children resolve interpersonal disputes.	
Alemayehu 2013. Psychopathological correlates of child sexual abuse: The case of female students in Jimma zone, South west Ethiopia.	Ethiopia	To examine the psychopathological correlates of child sexual abuse.	A cross-sectional survey studies. 400 female participants from 5 high schools in Jimma Zone, Ethiopia.	Structured questionnaires were administered on the participants.	The Results revealed that verbal sexual abuse and inappropriate touching were the most common forms of child sexual abuse among the participants. The study also noted the associated effects of child sexual abuse to include depression, panic anxiety disorder, and PTSD.	

Hecker et al. 2016. Harsh discipline relates to internalizing problems and cognitive functioning: findings from a cross-sectional study with school children in Tanzania.	Tanzania	To Investigate children's internalizing problems and its association with harsh discipline, children's memory capacity and school performance.	Qualitative study. 409 participants from one primary school in a town in southern Tanzania.	Structured interviews were conducted by the researchers for the participants in their native language and then translated to English language.	The study found a significant relationship with harsh discipline and students internalizing their problems. 23% of the participants showed an increased level of peer problems, while 18% showed increased level for emotional symptoms.	
Myanwakanyale & Yizhen 2019. Psychological maltreatment and its relationship with self esteem and psychological stress among adolescents in Tanzania: a community-based, cross sectional study.	Tanzania	To describe the relationship between childhood maltreatment and self-esteem among adolescents in Tanzania.	A cross-sectional study. 1000 participants from secondary schools in Tanzania.	Participants were issued written questionnaires to fill at home and return to the researchers.	76% of the participants have experienced psychological maltreatment. The results show that psychological maltreatment significantly impacts on psychological distress and self-esteem.	

Appendix 3: Quality assessment of cross-sectional studies applied from STROBE statement.

REFERENCE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
Skeen et al. 2016	..	..	..	..	.	..	o	..	o	..	..	.	..	.	..	..	..	.	..	..	..	..	37/44
Meinck et al. 2017	..	..	..	..	..	..	..	..	.	..	..	.	..	..	.	..	..	..	.	.	.	..	41/44
Machisa et al.2016.	..	..	..	..	..	..	..	..	.	..	..	..	..	o	o	..	.	..	..	..	o	x	34/44
Myanwakanyale et al. 2018.	..	..	..	..	..	..	..	..	..	..	..	..	..	o	o	..	o	..	..	..	..	x	36/44
Alemayehu 2013.	..	..	..	..	..	..	.	..	.	..	..	..	..	..	..	..	.	..	..	..	o	x	37/44
Myanwakanyale & Yizhen 2019.	..	..	..	..	.	.	..	..	o	..	..	..	..	.	..	..	..	..	..	..	x	x	35/44

1. Study title and abstract is defined
2. Background of the study is explained
3. Objectives are stated
4. Study design is presented
5. Study settings are described
6. Participants eligibility criteria are presented
7. Variables are defined
8. Data sources/measurement are described
9. Bias are defined
10. Study size is explained
11. Quantitative variables are explained
12. Statistical methods are described
13. Number of the participants is reported and explained
14. Descriptive data is presented
15. Outcome data is reported
16. Main results are reported
17. Other analyses are reported
18. Key results are summarised
19. Study limitations are discussed
20. Interpretation is presented
21. Generalisability is discussed
22. Funding is reported

•• Satisfies assessment criterion

• Partly satisfies assessment criterion

o Hardly or not at all satisfies assessment criterion

X Assessment criteria do not apply

Appendix 4: Quality Assessment of Qualitative Studies Applied from CASP

REFERENCES	1	2	3	4	5	6	7	8	9	10	
Sharley et al. 2019.	.	..	..	..	..	..	..	..	0	..	17/20
Sherr et al.2017	..	..	..	..	..	x	o	..	..	0	14/20
Breen et al. 2015.	..	..	..	..	..	.	..	..	..	..	19/20
Hecker et al. 2016.	..	..	..	..	..	..	..	..	..	o	18/20

1. Aims of the research are clearly stated.

2. Qualitative methodology is appropriate.

3. The research design is appropriately addressed to the aims of the research.

4. Recruitment strategy is appropriate to the aims of the research.

5. The data is collected in a way that it addresses the research issue.

6. The relationship between researcher and participants are adequately considered.

7. Ethical issues have been taken into consideration.

8. The data analysis is sufficiently rigorous.

9. The findings are clearly stated.

10. The value of the research is discussed.

•• Satisfies assessment criterion.

• Partly satisfies assessment criterion.

o Hardly if not at all satisfies assessment criterion.

x Assessment criteria do not apply.