

Research Article

Abuses and Consequences on Children and Young Adults with Disabilities (CYWDS) In the Northwest Region of Cameroon

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Abstract

Objective

Child abuse is a serious global health phenomenon. It is a vital yet rarely studied issue in most developing countries. The risk of child abuse is high in Children and Young Adults with Disabilities (CYWDS). Thus this study was aimed at identifying the types of abuse as well as the consequences of such abuses in CYWDS in the Northwest Region of Cameroon.

Methods

A population-based record-linkage qualitative study was conducted among children and young adults with disabilities (both at homes and in institutions) in the Northwest Region of Cameroon. Fifty in-depth (50) interviews were conducted among CYWDS, twelve key informant interviews (12) and eight (8) Focused Group Discussions (FGDs) were conducted among key staff from child protection offices

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es for child abuse, parents and teachers in schools. Responses on abuse types and consequences of such abuses from audio tapes were transcribed, analyzed and findings reported.

Results

Findings show that physical abuse, emotional abuse, sexual abuse and neglect were the main types of abuse identified. Also, fear, stigma, depression, unwanted pregnancies, STIs and early sexual promiscuity were some consequences of abuse among CYWDS.

Conclusion

From this study abuse is common among CYWDS and several consequences are linked with the respective abuses. There is thus a need for urgent attention to curb the situation and create a safer and child friendly environment through sensitization, parental support and putting in place strategic child protection committees.

Keywords: Abuses; Abuses Northwest Region; Cameroon; Children with Disabilities; Consequences

List of Abbreviations

CYWDS: Children and young adults with disabilities

CBCHS: Cameroon Baptist Convention Health Services

FGDs: Focus Group Discussions

IDIs: In-depth Interviews

WHO: World Health Organisation

Introduction

Child abuse is an act of doing or not doing something that endangers or impairs a child's physical or emotional health and development [1]. The act may be done consciously or unconsciously. This is maltreatment or ill-treatment of children physically and/ or emotionally. Not all abusers are intentionally harming their children or are aware they are doing so. Some have been victims of abuse themselves, and don't know any other way to parent or bring up children [2].

Abuse of children is a global human rights and public health issue, with significant negative health and social impacts on children's development. Although statistics are not readily available on the total number of children with disabilities in Cameroon, judging from the WHO (2011) estimates of 15% number of persons with disabilities in a given population, it can be estimated that there are 3,7million persons with disabilities in Cameroon (15% of the total population of 24,678,234) [3]. In a previous study conducted in the Northwest region of Cameroon shows an overall population prevalence of disability at 6.2% (95% CLs 5.2-7.2%). Children 0-14years at 11.6% and youths and adults 15-49 years at 31.7% [4]. A finding from other studies has revealed high prevalence of abuse in children with disabilities [5-6]. These rates vary greatly depending on the populations sampled; the countries where the study took place, as well as the measurement

tools and definitions used, with reported prevalence rates as high as 64% for physical abuse [7] and 53% for sexual abuse [8].

The African Child Policy Forum report on violence against children with disabilities in Cameroon, Ethiopia, Senegal, Uganda and Zambia documented a very high level of violence against children and estimates that in Cameroon, over 50% had been hit, punched, kicked or beaten, over 25% made to eat hot chilli, pepper or very bitter food or drink, and over 25% choked, burnt or stabbed [9]. The situation is not different in the other countries as the report goes further to state a relatively similar percentage of occurrences of abuses.

While all children are at risk of being victims of violence, children with disability find themselves at a significantly increased risk because of stigma, negative traditional beliefs and ignorance [5]. Child abuse especially among children with disabilities in Cameroon is rampant and a common practice and constitutes the violation of the most basic rights of children and adolescents as enshrined in the universal Declaration of Human Rights [10]. The concept of child protection is relatively new in the North West Region of Cameroon as most parents believe that they are supposed to bring up their children the way they want. Corporal punishment and other abuses are still rampant in schools and in the communities across the region [6]. This participatory action research was thus aimed at capturing the various types and consequences of abuses suffered by children with disabilities in the North West Region.

Materials and Methods

Study area

This study was conducted in the North West Region of Cameroon which is one of the country's 10 Regions with a population of about 3 million inhabitants (2015 extrapolation of 2005 National Demographic Census). The study was conducted in 5 of the 7 divisions in the North West Region from where participants were selected. Following the ongoing sociopolitical crises in the Northwest Region of Cameroon, person with disabilities and older people have been among those killed, violently assaulted, or kidnapped by government forces and armed separatists, with several children undergoing one form of abuse or the other [11].

Study design/participants

A qualitative study was conducted to assess the various types of abuses experienced by children and young adults with disabilities in the North west Region of Cameroon. Study participants included a total of fifty (50) children and young adults with disabilities (10-25years) who have experienced abuse, care givers, school teachers and community members residing in the communities where these children live. Institutions of learning where these children attend school were also involved in order to get the opinion of the teachers who also play a key role in the life of the children, as well as key staff from child protection offices who receive and handle cases of child abuse.

Sampling technique

Sampling of children and young adults with disabilities

Purposive sampling was used to group children with disabilities who have experienced abuse (10 to 25years) under the different categories of impairment including hearing, visual, physical and intellectual impairments. A previously established WHO framework [12] on

the types of abuses was used to group children and young adults as per type of abuse. Purposive sampling techniques was used because our study was focused on children and young adults with disability who had undergone one type of abuse or another. Information on victims of abuse was obtained from Child Protection offices, Social Centers, the Justice and Peace office and school establishments where these children were enrolled. Considering that the CBCHS EDID program supports children with all types of disabilities, all these disabilities were represented in the study. As such, stratification was done to ensure that key informants in all the categories of disabilities were involved (hearing, visual, physical and intellectual impairments). Purposive sampling was also done to select parents, teachers, social workers, those in the justice system and community members for the interviews.

Sampling of key informants

Key staff from child protection offices were also purposely selected to take part in the study. Information on reported cases of abuse/violence was obtained from Child Protection offices, Social Centres, the Justice and Peace office and school establishments where these children are enrolled into the study. Participants were purposely selected to represent all the forms of disabilities into the study. As such, stratification was done to ensure that key informants in all the categories of disabilities were involved (hearing, visual, physical and intellectual impairments). Furthermore, family members, care givers, community members. key staff from child protection offices were also purposely selected to take part in the study.

Data collection/duration

Focus groups and in-depth interviews guides were developed, pre-tested and used for data collection. guides were developed by JC and JN based on questions on past studies and WHO standards on the types of abuse. Focus group and indepth interview questioning guides included the following sample worded questions; *What are the various types of abuses you know? What are the general views about the abuse of children and young adults with disabilities in this community? Do you have examples. What are the consequences of abuse in children with disabilities? Example of questions for the indepth interviews among children and young adults with disability include; How do you feel as a child or youth when you are abused?. What are the things people do to you that you do not like?, What was the effect of the abuse on you? What can be done to prevent people like you from being abused?.* Data was collected sequentially, involving indepth interviews among children and young adults with disabilities. Findings further fin twined the type of questions to include in the interview guides for key informants. This was closely followed by focused group discussions among key informants. Key informants with and indepth knowledge on the topic under study from the group discussions were invited to take part in the in-depth interviews.

Trained research assistants included sign language interpreters who assisted in the interviews of children and young adults with learning with hearing impairment. Focus group and indepth interview guides were pre-tested by trained data collector on separate set of children/young adults with the different forms od disabilities, parents and key informants who were not part of the main study. Findings and responses from the pretest were used to modify the final data collection tools. The data was collected over a period of three months from March to May 2018. Category of study participants from which data was collected is shown on (Figure 1).

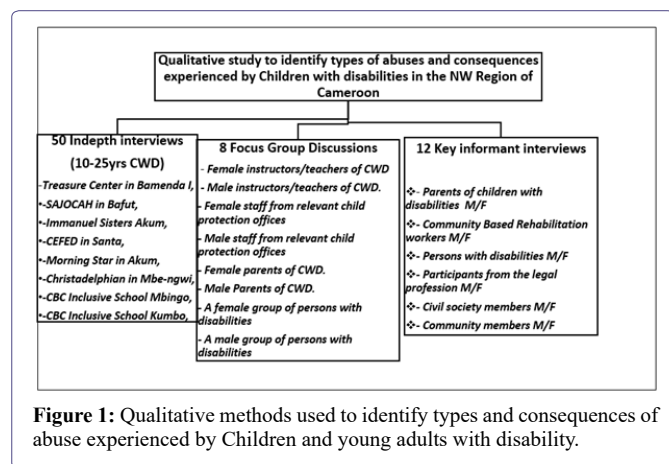


Figure 1: Qualitative methods used to identify types and consequences of abuse experienced by Children and young adults with disability.

In-depth Interviews among Children and Adolescents

In-depth interviews were conducted with 50 children and young adults with different categories of disabilities (Table 1) using an interview guide. Various techniques of interviewing children were employed and use was made of Keith’s (2013) [13] recommendations of a comfortable setting, free from distractions, use of other play techniques to enable them narrate or recall descriptions of how possible the abuse occurred without victimizing themselves again and open ended questions to get the best out of the child’s recall memory. The trained data collectors recruited from the communities and institutions also including including two sign language interpreters had a one—on-one interview with all the 50 participants using an interview guide. This was done after he/she had received an informed consent from the participants. Trained data collectors conducted interviews in collaboration with community based rehabilitation staff (in charge with care and follow up on legal procedures) and other partner organization staff (Community of Practice for Gender and Child Protection, clinical psychologist, Community Counseling Clinic) who work directly with and are accustomed with these children and young adults with disabilities. Thus frequent visits to the homes and host institutions helped in building rapport and trust for smooth data collection. The interviews were conducted in the most rigorous way to ensure reliability and validity (‘trustworthiness’) ie to ensure credibility, transferability, confirmability, and authenticity of research findings. Interviews were conducted by more than one interviewer and responses were corroborated with observations. Transcribed data was read severally and cross validation of emerged themes among researchers. The research team is thus confident that the findings reflect the questions the research sort to answer. Fifty (50) children and young adults with disabilities were interviewed, made up of 25 females and 25 males. Interviews were conducted by more than one interviewer and responses were corroborated with observations.

Key informant interviews

The participants were selected from both urban and semi urban areas and this permitted the research team to capture the type of abuse common among children and young adults in that area they. In-depth interview guides were used to obtained information from key informants starting with general questions to very specific questions. In-depth interviews among key informants were conducted after indepth interviews on children with disabilities i.e sequentially and independent of the interviews conducted among children and young adults with disabilities.

Disability	Age group category					Sex	
	10-13	14-17	18-21	22-25	Total	Male	Female
Physical	4	4	4	2	14	7	7
Hearing and speech	3	5	3	3	14	7	7
Visual	3	4	5	2	14	7	7
intellectual	1	2	2	1	8	4	4
Total	11	15	14	8	50	25	25

Table 1: Sociodemographic characteristics of children and young adult with disability.

The categories of key informants enrolled into the study included; Parents of children with disabilities, Community Based Rehabilitation workers, Persons with disabilities (experience and observed), Legal practitioners, Civil society members, and Community members.

A total of 12 key informant interviews were conducted with varied groups to ensure maximal exhaustion of ideas (Table 2).

Category	Number of key informant interviews Conducted	Males	Females
Parents of children with disabilities	2	1	1
Community Based Rehabilitation workers	2	1	1
Persons with disabilities	2	1	1
Legal practitioners	2	1	1
Civil society members	2	1	1
Community members	2	1	1
Total number conducted	12	6	6

Table2: List and number of key informants interviewed.

Focus group discussions

FGDs were conducted among study participants consisting of 6-8persons per group lasting 70-90mins. The discussions were formal using an interview guide with prearranged time and venue. Answers were audio-taped and transcribed immediately after the process. These FGDs threw more light on the social structure of the community in which these children and young adults with disabilities live and gave a more understanding of the context and social fabric of the community, and of how opinions and knowledge are formed in social contexts. The FGDs were facilitated by two facilitators. The principal facilitator posed the questions while the other made sure the tape recorders were functional and collected some notes. Both observed body language and attitudes. There were Eight (8) FGDs as follows (Table 3).

Data analysis

The participants were selected from both urban and semi urban areas and this permitted the research team to capture the type of abuse common among children and young adults in that area they. In-depth interview guides were used to obtained information from key informants starting with general questions to very specific questions. In-depth interviews among key informants were conducted after indepth interviews on children with disabilities i.e sequentially and independent of the interviews conducted among children and young adults with disabilities.

Category	Number of group discussions conducted	Males	Females
1. Female instructors/teachers of Children and young adults with disabilities.	1	0	8
2. Male instructors/teachers of Children and young adults with disabilities	1	6	0
3. Female staff from relevant child protection offices	1	0	8
4. Male staff from relevant child protection offices	1	9	0
5. Female parents of Children and young adults with disabilities.	1	0	8
Male Parents of Children and young adults with disabilities.	1	8	0
6. A female group made up of persons with disabilities	1	0	7
7. Male group made up of persons with disabilities	1	6	0
8. Total	8	29	31

Table 3: Characteristics of participants in the group discussions.

The categories of key informants enrolled into the study included; Parents of children with disabilities, Community Based Rehabilitation workers, Persons with disabilities (experience and observed), Legal practitioners, Civil society members, and Community members.

Ethical considerations

Prior to the study, administrative authorization was obtained from competent authorities in charge of the study institutions and communities visited and ethical authorization was obtained from the CBCHS institutional review board (Re: IRB2016-19). Apart from this, the study was conducted with respect of the ethical principles for the conduct of studies related to human subjects as stipulated by Tom Beauchamp and Jim Childress (1983), including autonomy, justice, non-maleficence, and respect of privacy and confidentiality of participants. The working context was carefully considered knowing that it was a sensitive topic that could be traumatizing to participants. As such the services of a psychologist were sought. The trained research assistants conducted interviews in presence of Community Counseling Clinic (CCC), providing psychosocial counseling. The CCC is headed by a psychologist and a certified clinical counselor who were all enrolled during the data collection training stage of the study to prevent possible secondary trauma. The community based rehabilitation staff incharged of following up with legal course of abused cases took actions against all children and young adults who had experience are experiencing any form of abuse to prevent re-victimization. All participants consented or assented to participate in the study and were free to withdraw at any time with no repercussions on them or on the services they were being offered. The research team had responsibilities to protect the research participants by involving legal practitioners, providing counselling for children who have experienced abused. If a child had not disclosed any previous or on-going abuse the research ensures the safety of the child through maintain contacts with child in collaboration with psychosocial counsellors, community based rehabilitation workers and legal

practitioners for justice to be done and to ensure the safety of the child or young adult with disability.

Results

Sociodemographic characteristics of children and young adults with disability

We had five categories of children and young adults with disability undergoing one form of abuse or another. Their ages ranged from 10-25years, equal number of males and females were interviewed (Table 1).

Types of abuses recorded in children and young adults with disabilities

From the findings of this study, all the children and young adults interviewed had experienced abuse in the four categories of disability. Physical abuse, emotional abuse, sexual abuse and neglect were the main types of abuses identified from this study (Figure 2). Most of these abuses occurred at homes, schools and in the communities. However, the degree of the occurrence varied from one location to the other depending on the exposure.

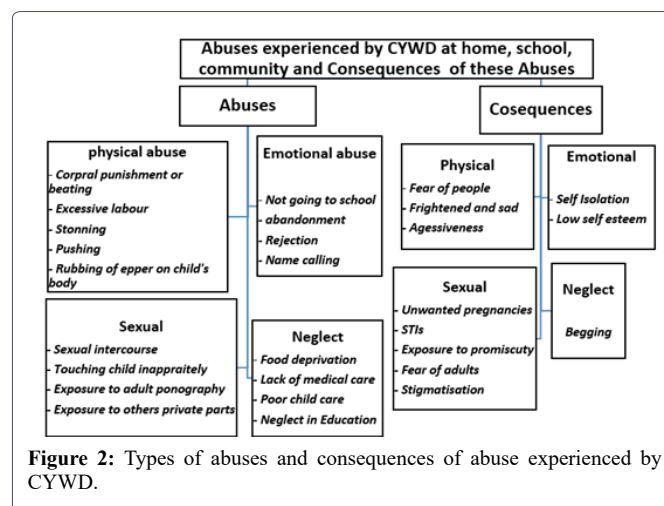


Figure 2: Types of abuses and consequences of abuse experienced by CYWD.

Physical abuse

Majority of the children and young adults with disability reported various forms of physical abuse as the main form of abuse. Most of the respondents in this study reported to have experienced at least one of these forms of physical abuse and this was substantiated by members of the focus groups and key informants. From discussions, physical abuse was least experienced in school environments while it was more common at homes and in the communities. The various forms of physical abuses included corporal punishment, rubbing of pepper on their skin, excessive work that is above the child's age and being stoned by peers.

Forms of Physical Abuse Experienced By Respondents

Corporal punishment or beating

This form of physical abuse was experienced by children and young adults at homes, in the communities and in schools. From the integrated content analysis, children said they were beaten frequently by family members and peers at home thereby affirming that the

parents and siblings are the main perpetrators of this form of abuse at homes as seen from some comments below;

"... My elder sister Susan (not her real name) always beat me like four times in a week because she does not like me, even when I have not done anything to her" (IDI 05: Male, child with physical disability, 12 years).

"My step father always beats me and when he beats me I always remain quiet without telling my mother (IDI 16: Female child with physical disability, 10 years).

"The vulnerability of the children with disability makes it difficult for them to fight back, thereby causing their siblings and other family members to abuse them at home" (FGD: Male, with disability, 42 years).

Abuse was also reported to have occurred in schools especially in mainstream schools where the teachers cannot use sign language and when the child is struggling to ask questions they think the child is agitating as seen from some comments below;

"They kick me and slap me and shut me with stones especially when they talk to me and I do not answer" (IDI 07: Female child with speech and hearing impairment, 11 years).

"Other children will come and start shooting me with stones, saying I cannot stand and run and they will start to laugh" (IDI 05: Male, child with disability, 12 years).

"My child with speech and hearing impairment always complains that her teacher beats her when she asks questions in class" (FGD female parent of CYWDs, 43years).

"Our teachers have been disturbing us and always beating us and saying we must be corrected" (IDI 24: female with visual impairment, 16 years).

Reports of physical abuse were not absent from the interviews conducted in the communities as children with disability reported that they were being beaten in the communities at times for no reason. These children also experience beatings in isolated areas especially when they are unaccompanied.

"Sometimes they come and beat me and run and go because they know I cannot follow them, and my parents are not in the house. "When I am working on the farm, they also attack me and beat me because our farm is in the bush". (IDI 28: male with physical impairment, 14).

"They follow me and beat me when I am going to carry water from the stream" (IDI 33: female with hearing impairment, 17years).

"It is very common to see both adults and children physically abusing children with disabilities in our communities" (FGD participants 3 of females with disability, 43years).

Excessive Labour

From the integrated content analysis, force and excessive labour was another form of physical abuse experienced by children and young adults with disability in the region with excessive household chores that are not age-appropriate. In the communities, some people take advantage of children because they are mostly from poor homes

and are often hungry. This type of abuse was common only at homes and in the communities as seen below;

"I am working too much when I am in the village; they give me a lot of work than my sisters who are most of the time playing with their friends" (IDI 27: female with hearing and speech impairment, 17years).

"When I work in her house, she gives me food. My mother usually goes out without leaving food for me and if I do not work for her, I will not eat till my mother comes back in the evening" (IDI 47: young adult with speech and hearing impairment, 18years).

"When my child is at home alone, neighbors always come and call for her to assist in their household chores because they know that she has an intellectual impairment and she will not refuse" (FGD: female parents of children with disability, 43years).

Stoning

Another form of physical abuse these children faced, and which is mostly common in the communities and in schools is that other children throw stones at them. According to these children, this is the only way their friends can call their attention due to the fact that they cannot hear (for those with hearing impairment) which persist as a daily abuse as seen below:

"They take stones and shoot at me because I cannot hear" (IDI 27: female with hearing and speech impairment, 17years).

"They always stone me on the campus and when I turn they start to laugh" The child went ahead to ask rhetorically; "Is it because they want to call my attention to something? Or is it because they want to hurt me?" (IDI 40: female with hearing and speech impairment, 13years).

Pushing

Pushing was also identified as a form of physical abuse in the communities and school campuses especially mainstream schools and during break period as seen below;

"when I am walking on the road other children usually run and push me that I cannot walk fast and I am blocking them... about twice I have been pushed in the gutter by a particular set of three children" (IDI 45: male with physical impairment, 16year).

"I had this scar when a student pushed me as he was rushing for break and I fell to the ground" (IDI 27: female with hearing and speech impairment, 17years).

"The quantity of food available in the dinning shed is usually not sufficient for the number of students; as a result, students without disabilities rush there to be the first in order to have something to eat in the course of that they push down those with disability" (key informant(teacher), 30years).

Rubbing of pepper on the child's body

Thematic content analysis from this study show that another form of physical abuse experienced by these children and adolescents at homes is the rubbing of pepper on wounds by parents and guardians for their offenses as seen below;

"The woman I stay with beat me, cut my body and put pepper because I went to our neighbour's farm to help her" (IDI 40: female with hearing and speech impairment, 13years).

Emotional Abuse

Findings from this study show that children and young adults with disability experience emotional abuse at homes, in schools and in the communities and which involves verbal abuse whereby children are constantly being shouted at and humiliated or frightened such as constant criticism, calling them by their disabilities, looking down upon a child, ignoring and withholding praise and love.

Forms/Causes of Emotional Abuse Experienced by the CYWDs

Not going to school

Many children and young adults were emotionally disturbed because they were not going to school like their mates and siblings as seen in some comments below:

“Every time I see my brothers and sisters going to school, I feel very bad and at times I cry”

(IDI 17: Male child with visual impairment, 13years).

“When children and adolescents do not go to school, they are emotionally abused because their parents and guardians deny them the right to be independent in the future” (FGD: CBR worker, participant 2, male 38years).

“Just pass around their houses and see how miserable they are when other children are in school” (IDI: CBR worker; participant 6, female 40years).

Abandonment

CYWDS expressed feelings of hurt and pain because they are being abandoned by their love ones as seen in some comments below;

“I feel bad when my parents take my juniors to church and other places and abandon me alone in the house” (IDI 16: Female child with physical disability, 10 years).

“Abandoning a child to himself makes him feel rejected and he is always sad” (IDI 1: Civil society member, male 36years).

Rejection

Rejection was another form of emotional abuse experienced by these children at homes, in the communities and in schools. They are often denied the right to participate in household discussions and their voices are often not heard as seen below;

“When my siblings and I are conversing and I say anything, they will reply that what do you know, do you see? Please leave us alone and go” (IDI 24: Child with visual impairment, female 11years).

“My parents will ask my siblings what they will like to eat and if I suggest anything, my mother will always say what can you do? You only know how to eat.....get away from here” (IDI 11: child with intellectual disability, male 14years).

In schools, rejection was mostly perpetrated by mates. Also, children and adolescents with disabilities were rejected by mates who feel stigmatized when seen with their disabled mates as seen from the integrated content analysis;

“Whenever other students are together and I am going towards them, they will start walking away and laughing” (IDI 40: female with hearing and speech impairment, 13years).

“When I first came to this school, I had a friend; other students started laughing at her that she is a friend to visually impaired person. That is how she stopped being my friend.” (IDI 16: Female child with physical disability, 10 years).

Findings in the communities show that other children rejected children with disabilities when they refuse to play with them.

“I do not play with them because anytime they are playing and I want to play with them, they always send me away and at times they beat me” (IDI 39: male with hearing and speech impairment, 14years).

“In the communities other children see children with disabilities as an object of amusement and not to be played with them” (Key informant: Community member, female 35year).

Name Calling

Most of the children and young adults complained that they were frequently called by their disability not by their real names which hurts them a lot. Constantly calling them by their disabilities makes them feel different, abnormal and emotionally disturbed.

“My family members and my parents always abuse me that with my bended legs which makes me feel abnormal and different from my brothers” (IDI 20: Young adult with physical disability, female 25 years).

“They keep on referring to me as an idiot and that I am mad. At times I feel like killing myself so that they will not see me again to be abusing me” (IDI 11: child with intellectual disability, male 14years).

“During break, I prefer to stay in the classroom because when I go out other students will be following me and singing “blind man no di see place” meaning a blind man who cannot see” (male respondent with visual impairment).

“Each time I try to tell a student to stop calling me that “Kotto Bass” (bended legs) other students will join him to be mocking at me” (IDI 48: female child with physical disability, 12years).

“Each time I am sent or want to go somewhere, people will ask me that “bend bend foot” where are you going to? Go back home and stay there” (IDI 45: male with physical impairment, 16year).

Furthermore, from the content analysis many CYWDs affirmed that in the communities many people do not know their real names. This was further confirmed by an adult male with disability who complained that many people do not know his real name from child hood till now as many people in the communities often call him by his disability. As seen from our findings this was also true for children and adolescents in the communities which makes them feel different.

“...during my childhood days I wonder how many people knew my real name...I was often called “Eboa” (after a popular Cameroonian musician who had a physical disability). somebody came looking for me and asked for me using my real names but nobody could identify me, so sad. If you like go to our neighborhood and ask of a child with a disability using his real names and see how many people will know him” (FGD participant 7 male with disability, 37years).

"I was looking for my child and asked some children if they had seen Clinton and they asked me if I mean "mumu" (meaning and deaf and dump)? (FGD participant 3 female parent of child with disability, 43years).

"My child who is physically impaired asked me that, Papa, are people calling you Pa "Eboa" because of meI am sorry" (IDI male parent of children with disability, 40 years).

Sexual abuse

Various concepts were captured under sexual abuse such as the involvement of a child in sexual activity, exposing a child to a pornographic movie, touching sexually sensitive parts on a child's body, use of sexually sensitive language to a child, having sex relationship with a child, violation of child bodily privacy, exposing children to adult sexuality and child prostitution. Majority of the children had experienced any form of sexual abuse except for prostitution.

Forms of Sexual Abuse Experienced by children and young adults

Sexual Intercourse

Results from the integrated content analysis show that children and adolescents with disabilities have been victims of sexual abuse in the form of sexual intercourse at homes and in the communities as seen in below;

"My daughter was first abused by her distant cousin because they were sleeping on the same bed; I have just a parlour and room" (FGD participant 5 female parent of child with disability, female 30years).

"I went to the farm with my mother and she left me there and came back. Some minutes after she left, a boy came and held me forcefully and removed my pants and climbed on me. I shouted but no one could hear me because our farm is in the bush" (IDI 49: victim of sexual abuse young adult with disability, female 21years).

"We hear of cases where children and adolescents with disabilities are being abused in the bushes, the traditional council has heard cases of the inhuman treatment meted on children and adolescents with disabilities" (FGD participant 7 male with disability, 37years).

"I was coming back from fetching water from the stream when this boy came and pushed me. I tried to fight back but he overpowered me and had sex with me" (IDI 36: female with disability, 18years).

Touching of the Child Inappropriately

Another form of sexual abuse experienced by these children in the region according to the findings of this study is that they are being touched inappropriately. Some participants opined that this is done unconsciously. Since some of these children cannot bathe themselves, their relatives of the opposite sex bathe them at times and in the course of bathing them they touch them inappropriately as seen below:

"I hate the way my cousin touches my private part when he is washing it. It makes me feel a type" (IDI 05: Male, child with physical disability, 12 years).

"Each time people around want to help me out of my wheelchair, they always hold my breast longer than required. This makes me feel uneasy. I do not resist because I am afraid that if I do, they will abandon me on the wheelchair" (IDI 20: Young adult with physical disability, female 25 years).

Some CYWDs also complained of inappropriate touching like some students touching their private parts and running away knowing well that they cannot chase them. This was more common with those attending mainstream schools as seen below:

"At times when other students go out for break and I am in the class alone, some students come and touch my breast and run" (IDI 24: female with visual impairment, 16 years).

"Boys especially those with physical impairment like to hold me tight and touching me where I do not like" (IDI 16: Female child with physical disability, 10 years).

"There are certain people who always tell me that my buttocks are rounded, and they will come and touch it" (child in the community with physical impairment).

Exposing the Child to Adult Pornography.

From our study, children and adolescents with disabilities were exposed to adult pornography mostly at homes while others share rooms with their parents and guardians thereby exposing them to adult pornography. At times when their parents and guardians are fulfilling their matrimonial obligation, these children are watching them. Some of the parents are ignorant of the fact that they are exposing their children to pornography which can tempt them to try out what their parents were doing as seen from the bellow:

"At times I see my father and mother having sex, but they think that I am sleeping" (IDI 28: male with physical impairment, 14).

Exposure to other's Private Parts

Another form of sexual abuse experienced by children and adolescents in the study area is exposure to adult pornography. A male respondent with hearing and speech impairments said, *"My aunty always dresses in front of me even when I am not sleeping. The first time I saw a female private part was when she was dressing." (IDI 11: child with intellectual disability, male 14years).*

In schools this form of abuse is mainly committed by male students as some of them find pleasure exposing their private parts to female students with disabilities. *"When I am behind the class, some boys come and urinate close to me and start saying I should see them and they will start shaking it". (IDI 16: Female child with physical disability, 10 years).*

This was supported by a participant of the FGD for male teachers of children and adolescents with disabilities who said this happens usually when these students with disabilities are alone behind the classes.

"It has come to the notice of the school administration that when some boys urinate they like to expose their 'private parts' to children with disabilities who are behind the classes" (FGD: teacher in an institution for disabled children Female, 42years).

Again, when these children with disabilities are in the toilet, other students come around and are looking at them while they urinate. This happens especially to the female students.

"I feel very uncomfortable each time when I want to urinate because some boys come and stand around and are looking at me" (IDI 27: female with hearing and speech impairment, 17years).

We are cognizant of the fact that children below 9 in their psychosexual development are fun of playing with their body parts and we could ignore this but for adolescents above 14 in the study, it is evident that this is abuse.

The respondents affirmed that in some communities, adults and children bathe behind the houses in the open air and most of the time, these adults do not bother if there are children standing by. When children with disabilities are abandoned at home alone, they are usually behind the house and these adults come and bathe in front of them thereby exposing their nakedness to them as seen below;

“Uncle Max (not his real names) always comes and bathe when I am behind the house and while bathing he will be conversing with me and touching his ‘private part’ (child with intellectual disability).”

Also, these children are bathed in the open air thereby exposing their private parts to passersby who start developing sexual interests, when they see their pubic hair. *“The neighbour in the other house always tells me that he did not know that I am a big girl, that anytime he sees me bathing he feels like touching my pubic hair” (IDI 27: female with hearing and speech impairment, 17years).*

Neglect

Neglect for this study was defined as a continual failure to provide a child with basic necessities of life and adequate supervision needed for a child’s maximum growth and development such as; failure to use available resources to meet the child’s needs. Integrated content analysis shows that most parents do not understand the child’s right to education, leisure and play and thus consider the barrier they will have moving with the children more than the child’s rights.

The common form of neglect experienced by these children at home and in the community was that of abandonment. Most often these children are abandoned to themselves leading to other forms of abuse as below;

“I am always alone in the house as my parents go to the bush (farm) and my siblings to school” (IDI 11: child with intellectual disability, male 14years).

“I stay at home because my parents say they will not have the time to be “dragging” me around so it is better for me to stay at home” (IDI 24: Child with visual impairment, female 11years).

Forms of Neglect Experienced by the children and young adults with disabilities.

Food Deprivation

Our findings show that these children are being deprived of their 3 square meals a day at homes and in the communities as some parents think that giving these children food is a waste.

“I eat only when my parents come back in the evening. They leave the house early in the morning without giving me food or leaving food for me to eat” (IDI 28: male with physical impairment, 14).

“In the morning I eat what is left over by my siblings because I do not go to school. My parents say I am wasting their food” (IDI 40: female with hearing and speech impairment, 13years).

“My parents keep saying that I only sit at home and eat and that I can never be of any help to them like my other brothers and sisters” (IDI 24: female with visual impairment, 16 years).

“Since these children have a disability, some parents and guardians think that giving them food is a waste because they cannot be productive in the future” (FGD: participant 3, females with disability 32years).

Lack of Medical Care

Results of integrated content analysis shows that when some of these children are sick, they are not taken to the hospitals as some parents attribute sickness to disability that cannot be cured and some prefer to buy medications from local drug vendors with no consultations done at the hospitals.

“Usually when I am sick, my parents do not take me to the hospital but when my other brothers and sisters are sick, they are taken to the hospital” (IDI 07: Female child with speech and hearing impairment, 11 years).

“It is that your bended legs that is making you to be sick. Nothing can be done about it” (IDI 28: male with physical impairment, 14).

“Whenever I am sick, my parents just go to any medicine store or to the boys selling medicine by the roadside and buy my medicine” (IDI 11: child with intellectual disability, male 14years).

Poor Child Care

Another form of neglect at home as seen in this study was the lack of adequate childcare. Even the basic hygiene of these children and adolescents with disabilities are neglected. When it comes to bathing in the house, preference is given to children without disability as seen below: *“There are days I do not bathe because her children have used all the water that I fetched, and I am too tired to go to the river again” (IDI 07: Female child with speech and hearing impairment, 11 years).*

Also, from observations during the data collection, most of the children and adolescents with disabilities looked shabby and usually wear worn out dresses. Parents and guardians hardly buy new dresses for these children on the pretext that they will spoil it.

“My mother always says what a cripple will do with new dresses? If I buy you dresses you just spoil them” (IDI 45: male with physical impairment, 16year).

Neglect in Education

Some children and young adults with disability were not enrolled into schools as their parents complained of cost as they need assistive devices and as such they are left behind as seen below;

“Today, I am learning this work thanks to other people. My parents did not send me to school on the pretext that they do not have money, but all my other siblings went to school” (IDI 48: female child with physical disability, 12years).

Our study also showed that children also experience neglect at schools especially mainstream schools because teachers are not trained in inclusive teaching skills. Consequently, these children go to school for the sake of going to school. The teachers can hardly follow them up and most often they fail exams because the appropriate pedagogic educational methods were neglected especially for those with, visual, intellectual, hearing and speech impairments as seen below;

“The teacher does not wait for me to finish copying notes on the board before wiping it. I usually end up not copying all my notes” (IDI 24: Child with visual impairment, female 11years).

"I can only copy notes in class when it is written on the board but cannot understand the explanation when the sign language interpreter is not there" (IDI 07: Female child with speech and hearing impairment, 11 years).

Furthermore, some children and young adults with disability expressed abandonment by classmates who are not willing to assist them in school.

"When I am constantly refused assistance by my classmates, I feel neglected and abandoned to myself" (IDI 07: Female child with speech and hearing impairment, 11 years).

"During break other students rush out of the class and I am left alone, and they know fully well that I do not see".... "I hardly take part in sporting activities because there is no provision for us who are visual impaired". (IDI 24: female with visual impairment, 16 years).

Consequences of Abuse in children and young adults with disability.

From the content analysis the consequences of abuse cut across all the types of abuse mentioned in the study.

Consequences of Physical Abuse on children with disabilities

According to the respondents, abusing them physically causes them to be afraid of people especially those who abuse them. This was further corroborated by participants in group discussions as seen below;

"Every time I am at home alone and see someone coming I am afraid that he is coming to beat me so I go inside and lock the door" (IDI 28: male with physical impairment, 14).

"My child is afraid of going to the stream alone, claiming that other children will beat him" (IDI male parent of children with disability, 40 years).

Another consequence that emerged from the study is that these children and adolescents with disabilities are most often frightened and/or sad because of the pains they feel from these physical abuses.

"I do not feel happy most of the time especially when I think of the way my father beats me. It makes me cry" (IDI 45: male with physical impairment, 16year).

"Most of the times these children are sad and they look frightened when you are approaching them" (Legal practitioner 2, female 40years).

"At times when we visit the homes of these children, their first reaction is to run away due to fright and they also look sad and at times dirty" (FGD: female staff of child protection organization, female 33years).

"There are these particular three boys, each time I see them, I pick stones or sticks ready to shoot them or beat them, because if I do not do like this, they will want to beat me" (IDI 45: male with physical impairment, 16year).

From our findings some have also become so aggressive. This aggressiveness makes the children to be easily irritated and some live with permanent scars as a result of physical abuse. These scars always remind them of the abuse and the abusers thus causing hatred in them.

"Each time I see the scars on my hand I remember the day my aunty hit my hand with firewood and I hate her for that" (IDI 40: female with hearing and speech impairment, 13years).

Consequences of emotional abuse

Some children and young adults with disability expressed emotional trauma as they complained that many people in the communities and in the schools call them directly by their disability. As such, they deliberately withdraw themselves from playing with other children for fear of further abuse as seen in their statements below;

"I prefer to stay in our house, because each time I go to the market or church other children will be laughing at me and calling me that "blind boy" (IDI 06: male with visual impairment, 15years).

When other children are calling them names and laughing at them, they at times want to fight back thus becoming so aggressive.

"When I tell them that my name is not "Eboa" and they keep on calling me "Eboa" I abuse them too and try to fight back at times" (IDI 28: male with physical impairment, 14).

Another consequence of emotional abuse as reported by the respondents is that, these children develop low self-esteem which they carry throughout their life. They also see themselves as different from other children and they are constantly reminded of their disability.

"When they constantly refer to me by my disability, I feel different and I know that I cannot ever be like the other children. I just know that they are better than me" (IDI 48: female child with physical disability, 12years).

Consequences of Sexual Abuse

Thematic content analysis shows that sexual abuse resulted in unwanted pregnancy, contraction of STDs, exposure to promiscuity, fear of adults and stigmatization.

Unwanted Pregnancy

It was discovered from this study that some adolescents with disabilities became pregnant after being raped by people in the society. This pregnancy lead to more responsibility on the part of the adolescent with disability and her family since most of the perpetrators do not identify with the girls after the act. *"I was impregnated on the day I was raped. When I told the boy, he said I should never mention his name again, else he will kill me" (IDI 49: victim of sexual abuse young adult with disability, female 21years).* She also said that since she gave birth to her son who is 2 years old, the boy has never seen the child. The consequence of unwanted pregnancy was mentioned in all the FGDs and they all agreed that this is how most women with disabilities become pregnant as seen below; *"If my child was not raped, she could not have been pregnant. Though it is bad for a woman to be raped, I am now a proud grandmother" (FGD: female parent of child and with disability, 32years).*

Although un wanted teenage pregnancy was obtained as a consequence of sexual abuse, some parents did not perceive this as abuse as they were happy children born from such abuses as seen below.

"If not that I was raped, I could not have this child, who is the one helping me now". Although the father does not take care of her, I am thanking God daily for my child, because she is a blessing to me." (FGD: female with disability participant 6, 30years).

Contraction of STIs

According to the findings of this study, none of the respondents confessed to have contracted HIV/AIDS because of sexual abuse as they have not gone for HIV/AIDS screening. However, some of them said they had contracted other forms of STIs like gonorrhoea and vaginal itches and it took long before they were taken to the hospital for diagnosis and treatment. Some said they were not taken to the hospital and the vaginal itches were on and off. One of the victims responded;

“After I was raped, I started having vaginal itches and I was not taken to the hospital by my parents. The itches just stopped but at times it comes back” (IDI 49: victim of sexual abuse young adult with disability, female 21years).

Exposure to Promiscuity

From the respondents of this study, most children and adolescents with disabilities experienced sex for the first time without their consent. To some of them, this has exposed them early thereby arousing the urge in them for more sex as seen below;

“I knew nothing about sex until the day I was forced into it and surprisingly I think I like having sex now. That is the reason I go out at nights at times” (FGD: female with disability participant 6, 30years).

“I was shocked one night when I went into my daughter’s room at night and realized that she was not in her room. When I asked her where she was, she said she went to visit a male friend, if she had not been raped, she could not have known how it feels to have sex and she could not have been going out at night to visit boys” (FGD: female parent of child and with disability, 32years).

Fear of Adults and depression

Content analysis shows that victims of sexual abuse among children and young adults with disability expressed fear for adult males and distrust for men in general as seen below;

“When I am walking on an isolated road and I see a male coming I run and hide in the bush” (IDI 48: female child with physical disability, 12years).

“When my mother sends me somewhere that is isolated, I am afraid to go alone because I do not trust the men in this village. I always beg our neighbor to go and see me off” (IDI 24: female with visual impairment, 16 years).

Stigmatization

Children and young adults with disability who had been raped experienced stigma among community members and in the schools;

“People always look at me and say look at that girl who was raped” (IDI 48: female child with physical disability, 12years).

Consequences of neglect

Children who were neglected were at risk of harm or abuse while some ended up as beggars at schools and in the communities and some even do not continue with their education. They beg in order to have something to eat and at times to have money to provide for their needs as seen below;

“In order for me to have something to eat I have to beg from our neighbours” (IDI 24: female with visual impairment, 16 years).

Discussion

Types of Abuse experienced by children and young adults with disability

The care of children with disabilities requires unique knowledge and skills and so does the consideration of their abuse, neglect and consequences of such abuse. From this qualitative study physical, emotional, sexual abuse and neglect were the main types of abuse in children and young adults with disabilities in the Northwest Region of Cameroon. Our findings are consistent with findings from the limited number of studies published on abuse against children with disabilities in West Africa [14,15,16].

Physical abuse was seen to manifest in the following ways: a child is deliberately physically hurt by someone; causing harm, cuts, bruises, rubbing of pepper on the child’s skin etc. Other forms included corporal punishment, child labour or putting objects on the way of a child with visual impairment to stumble on it. Corporal punishment is prohibited in Cameroonian schools however some teachers might not be aware of this, talk less of inflicting such punishment on children with disability. That is why even though not only the child with disability is beaten by the teacher, it is understood that any beating is abuse in the present context. Our study also showed that people in the communities find pleasure in beating these children for reasons best known to them. A qualitative descriptive study among children with disabilities and stakeholders dealing with disabled children spanning four countries in west Africa [17] shows that almost all the children with disabilities interviewed reported experiencing some form of violence from parents, teachers, peers, or community members. The type of behaviors that were reported included teasing, bullying, restricted food access, and physical punishment. The children with disabilities attributed these provocations to their disability, as the perpetrator often made reference to the child’s disability when carrying out the maltreatment [17]. Physical abuse of children and young adults with disability may be attributed to negative attitudes and ignorance in the schools and the communities as some people may think children with disabilities are subhuman or can be used as objects of fun to inflict pain. Stoning was also seen as a form of physical abuse in abut to capture the attention of children with disability(deaf). There is need for sensitization to build inclusive mechanisms on ways of communicating with children with disabilities in our school settings. Our findings were similar with that obtained in East Africa [18] in which Physical abuse with many forms including killing, mutilation, extreme neglect, burnings and abandonment were types identified in children with disability. Differences in the forms of abuses obtained might be as a result of differences in the study areas.

Abandonment, name calling (by their disabilities) and rejection were some forms of emotional abuse experienced by these children and young adults with disabilities. Rejection is a common cause of emotional abuse and has been reported also in other contexts in Africa [19]. The rejection is mostly because persons with disability are generally considered different from other people. Calling these children by their disabilities was also a common form of emotional abuse in the region. Identifying these children by their disabilities maybe emotionally challenging as they are reminded by their disability. In a study from Turkey, children with disability were found to have higher rates of emotional abuse than controls [20].

Sexual intercourse, touching on sensitive parts of the body, exposure to pornography and exposure to private parts were forms of

sexual abuse experienced by children and young adults with disability. Many of them were being forced into sexual intercourse by relatives and members of their communities especially in isolated areas. Sexual abuse is common in schools, institutions, and homes, and with the majority of violent acts perpetrated by people who are part of children's lives; parents, teachers, and peers [21]. Similar findings on the forms of sexual abuse experienced by children with disability, including sexual intercourse, touching of general body parts and sexual organs etc were reported by Amanda et al (2022) [22]. Exposure to pornography and to adult sex organs was reported in our study. Such exposures may stir up the sexual drive of the young adults and cause to get involve in sexual activities.

Neglect was also observed in children and young adults with disability from their basic rights and necessities. Children and adolescents with disabilities suffer neglect in various forms which included abandonment, failure to go to school, hunger, poor hygiene and no access to healthcare even where medical treatment is free and the clinic close to their location. It is understood that access to health care is a general challenge in the region but the difference with the case here is that is that other children are able to access medical care in hospitals, but parents deny those with disabilities of this right. The medical complexity of children with disability may account for the increase in medical neglect [23]. It is common in our context to hear of children with disability being locked up at home for long periods without food or water. Poor child care or attention was also seen as some caregivers do not bathe these children even for days. Children with various forms of disability may not be able to take care of themselves and will need caregivers to assist with such hygienic and other locomotive needs. Furthermore, from our findings, some caregivers do not take these children out for leisure and this might be partly due to fact that they are ashamed of having a child with a disability and they consider them as a burden. Though education is a universal human right for all children, children and young adults with disabilities in the North West region of Cameroon hardly go to schools. According to our findings some children complained that their parents don't send them to school due to financial reasons as many of them needed assistive devices. This is not be a valid justification because we found instances where their siblings without disabilities attended schools and their parents bought their textbooks and other school needs while the disabled ones were left at home. Thus there is need to sensitize and encourage caregivers to see a bright future in their children with disability, provide them with quality education and not only see them as burdens. Further in some schools children and young adults with disabilities complained of neglect by teachers and fellow students. Some students do not offer assistance to their counterparts with disability when they solicit it. Children with disability mentioned the fact that, students do not allow them to copy notes from their books and at times when they want to join them for discussions their classmates without disability will send them away. Another form of lack of assistance from other students is when they are going out for break and other school activities, they are being trampled upon. To the respondents they expect other students to assist them to the dinning and to the field for sports, but unfortunately this is not the case. Sullivan & Knutson (2000) [24] showed that neglect was the most prevalent, followed by physical, sexual and emotional abuse among children with disability. Research has yet to fully grapple with the difficulty of measuring physical neglect in a way that clearly distinguishes it from poverty [24].

Consequences of Abuse

Fear, aggressive behaviours, scars on the body, sadness were some consequences of physical abuse in children and young adults with disability. Consequences of abuse may be physical in nature, such as damage to the central nervous system, fractures, injury to internal organs of the abdomen, burns, malnutrition, and trauma to the head. Other consequences reap havoc on the heart and in the mind of a child, with abuse resulting in long-term emotional trauma and behavioral problems [25]. The physical scars inflicted on these children made them to live with pains and at times caused them to be vengeful and develop hatred for other people. Some of these consequences may threaten the social cohesion of the family and the communities. From the findings of this study, abusing children and young adults with disabilities emotionally affected their lives negatively by making them to be traumatized, have low self-esteem thereby reducing their self-assertiveness.

Unwanted pregnancies, STIs, promiscuous lifestyle, and stigma were some consequences of sexual abuse. Though early and unwanted pregnancies were a serious consequence, some caregivers accepted the fact that these adolescents were raped because it made them to be mothers and grandmothers who are held in high esteem in the society. Thus such abuses are not always reported for legal actions to take place. Disabled children who are victims of abuse lack the skills or abilities necessary to act independently to seek help therefore, resulting in deteriorating health condition [26]. Apart from STIs child abuse is also associated with various forms of physical illness as well as various indicators of physical health problems. A recent longitudinal study found associations between childhood sexual abuse and the development of depression, anxiety, post-traumatic stress and dissociative symptoms, as well as risky sexual behaviour and other behaviour problems [27]. Tilburg and colleagues (2010) [28] used data collected from multiple informants among a sample of 845 children enrolled in the longitudinal, prospective studies on Child Abuse and Neglect, young adults who had experienced abuse or neglect had an increased likelihood of gastrointestinal symptoms, which often followed or coincided with sexual abuse. Fear of adult males and distrust for men in general was seen in our study as consequence of sexual abuse among these children and young adults with disabilities. This causes them not to feel safe, often depressed and live with low self-esteem in their communities. A growing body of research examines whether different types and combinations of abuse or neglect in childhood result in different levels of risk for the development of depressive symptoms. The results in this domain are mixed, with strong evidence that sexual and physical abuse in childhood are associated with depression later in life [29], but mixed evidence that neglect increases risk for depression independent of contextual factors. Many studies have found child sexual abuse to have large and independent effects on risk for depression later in life. For example, [30] found that young adults who reported a history of childhood sexual abuse had mental health disorders, including depression, at a rate 2.4 times higher than that among those not exposed to such abuse.

Physical neglect of children with disability led to begging in the communities to take care of their basic needs as well as some being dropped out of school. Neglect of these children put them at risk of harm or abuse, while some end up begging in the communities and at roadsides to survive. In a meta-analysis, Norman (2012) [31] concluded that there is credible evidence that neglect is associated with road side begging, depressive and anxiety disorders, suicide attempts,

drug use and risky sexual behaviour. In the Northwest Region of Cameroon, it is common to see these children at homes and in the streets begging. Some also end up dropping out of school since their school fees and school needs are not being catered for. Similar findings were obtained in Rwanda [32] where by up to half of the children with disabilities had dropped out of school due to abuse and neglect by their families, at school, and community in general.

Conclusion

This study identified the types of abuse experienced by children and young adults with disability at homes, in schools and in the communities as well as the consequences of such abuse. Physical abuse, sexual abuse, emotional abuse and neglect were the main types of abuses identified with their various forms. Physical scars, fear, depression, aggressive behavior, illnesses such as STIs, stigmatization, school dropout, low self-esteem were some of the consequences of such abuses in children and young adults with disability. There is thus an urgent attention to curb the continuity of abuse and its consequences through various intervention strategies to create a safer and child friendly environment. Children and young adults with disability need to be equipped with correct knowledge on abuse, reporting to appropriate authorities and also empowered to take care of their basic life's needs and any form of abuse perpetrated on them. In essence there is need to encourage training and continuing education about violence against children with disabilities for those with disabilities themselves, their families, legal professionals, judges, prosecutors, victim advocacy agencies, public defenders and police officers.

Data availability

Qualitative data that support the findings of this study are available on request from the corresponding author.

Conflict of Interests

No financial gain is promised as a result of publication of this study. The authors declare no competitive interest.

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Author's Contribution

GTT participated in the protocol development, design of data collection instruments, supervision of data collection, review of analysis and report writing. PMT oversaw the whole research process from data collection to manuscript development, read and corrected the manuscript for scientific content. JCA participated in proposal development, analysis and report writing. CWA participated in analysis, drafting the manuscript, correction and proof reading for scientific content. JN participated in proposal development, data collection and report writing. All authors read and approved the final copy of the manuscript.

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