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Case Report

Impact of Domestic Violence on Children in Senegal: About a Case of Polyaddiction

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Abstract

Domestic violence is a global phenomenon that is becoming increasingly important in Senegalese society. Difficulties may be expressed differently depending on age. The magnitude of the consequences is generally underestimated, especially among children who are not taken into account when caring for victims. Through this case study, the authors try to identify the psychological impact of domestic violence on the child in connection with the gradual installation of substance addiction.

Keywords: *Domestic Violence; Adolescence; Impact; Addiction; Senegal*

Introduction

Domestic violence is a global phenomenon that is becoming increasingly important in Senegalese society. It can affect both women and men but also children who can also be secondary victims. Indeed, a high number of children live in a family environment marked by domestic violence and this reality is not without consequences [1]. Domestic violence is defined as an evolutionary process in which a partner exercises, in the context of a privileged relationship, domination that is expressed through physical, psychological, or sexual aggression [2]. Most of the time, domestic violence is experienced in silence in our West African societies [3]. Violence can take hold acutely or evolve over a long period. It moves forward in waves, reaches a peak, and then calms down relatively, only to reappear in the form of crises. Whatever the case, the tension is palpable, permanent, even insidious, with its trail of damage [4]. In Senegal (West Africa Country), data are scarce, a cross-sectional study conducted in 2013 in Dakar showed that the number of victims of domestic violence was 60 or 37.30% of which 31 women (51.70%) and 29 men (48.30%) with a sex ratio was 0.93 [3]. It does not accurately reflect reality, as we often

see under-reporting, as Leye and coll [5] point out. Victims of domestic violence can benefit from medical, psychological, and sometimes legal care. This is not often the case for children who are secondary victims. Indeed, the trauma is not only limited to those who are subjected to domestic violence, but also to those who witness it.

Objectives of the Study

The objective of the case study is to show the impact of domestic violence on the occurrence of behavioral and conduct disorders in children.

Methodology

This is a case study of a 15-year-old girl. The client is followed in the context of hospitalization at the request of a third party in a psychiatric department on the outskirts of Dakar, the capital of the Republic of Senegal. The teenager during her hospitalization spontaneously reported a notion of domestic violence in which she evolved. Domestic violence was then indexed as being in some way the cause of the girl's suffering. This context of domestic violence has led to the search for hypotheses between this family dysfunction and the occurrence of behavioral and conduct disorders in the adolescent. To do this, an undirected maintenance method was used. The information appeared in favor of the progress of the ongoing process.

Case Presentation

The client is 15 years old at the time we meet her. She lives in Europe, temporarily stopping schooling. She was born in Senegal but grew up abroad with both her parents. She remembers a happy childhood with her parents and two younger sisters until parental conflicts broke out, plunging her into a difficult family environment. She is brought by her mother to psychiatry for runaways, thefts, associated with misuse of cannabis. We do not find a personal or family psychiatric history. This symptomatology would have begun two years ago with the gradual installation of anxiety, incessant crying, a tendency to isolate oneself in a context of constant and violent disputes between parents. At the age of nine, the client witnessed a violent argument between parents followed by a fight where her father had seriously injured her mother. Gradually, the use of violence became more recurrent, quickly reaching paroxysms. The client tells us: "When our parents started arguing we were terrified because we knew it was going to end badly. My mother could arm herself with a knife to defend herself and my father did not hesitate to give her violent blows all over her body. My younger sister and I often sat between mom and dad to separate them." She tells us that very often it was her father who beat her mother and left her with serious injuries. At the age of 13 to escape this hostile climate, the client began to smoke cannabis offered to her by friends. At first, consumption allowed her to be soothed, to escape, and to be happy without worrying about family problems. She tells us: "When I'm with my friends and I smoke a joint, I feel like I'm anesthetized, and during those moments, nothing matters anymore. I don't think about the conflicts between my parents. When I come home and my parents argue, it's less hard to bear. And as I went along, I spent more time outside. I was consuming more, at the beginning of my consumption, I could take three to four joints. Later after a few months, I could smoke up to ten joints in one evening and that's what helped me hold on. At the age of 15, my mother left the marital home. She took advantage of my father's absence, who had gone on vacation, to settle in another city. My mother had decided to end their relationship. My father had humiliated her a lot according to her." This is a difficult time for the patient who suddenly loses contact with her friends and finds herself without a landmark in an unknown city. This pushed her to consume more. She could take up to fifteen joints per day. The parents ended up divorcing. The client consumed more than usual and was absent more and more from school. The mother ends up leading the client and her sisters to the grandparent's home who lives in Senegal.

This unplanned, brutal journey, experienced by the client as a punishment had made her very angry, which pushed her to rebel and consume more about fifteen joints per day. She commits robberies, she was stealing money kept by her grandmother, gold jewelry, mobile

phones of her cousins and often selling her personal belongings such as her clothes, and her phone... runs away often and ends up being kicked out by her grandparents. However, she did not commit crimes outside the house. She is again entrusted to her paternal aunt. After a few months, she meets a friend and decides to live with him without telling her aunt. For several days she was searched for without success. Her mother, who is informed, decides to return to take care of her. Found by chance by her uncle, she is taken back to her aunt's house, then taken to the hospital a few days later.

Upon admission to the psychiatric ward, the client had psychomotor agitation, total insomnia, irritability, and incessant crying. This symptomatology gradually settled during his brutal stay in his country of origin.

At the psychiatric examination, the body and clothing presentation is correct, the mimicry is anxious. Gaze is terrified and worried. Speech is interspersed with silences and tears. Words reflect a sense of helplessness about what she is experiencing: "I don't understand why my mother confided in me to my grandparents, I'm lost and I feel lonely since I've been here. I miss my friends. They don't know that we have suffered much from their arguments and fights during all this time, and now that they are separated, I live the disorder by finding myself here without landmarks. They don't understand that it's smoking that soothes me and makes me forget all the suffering I've been accumulating over the years." The mood is hyperaroused. Her mother insists that her daughter eats little, does not sleep, and is very aggressive towards her.

The neuropsychological assessment did not find a memory or dysexecutive disorder. The client is well oriented in time and space without impaired judgment. The neurological examination was strictly normal without motor or sensory deficits.

The addictive assessment finds a severe addiction to cannabis and cigarettes according to the criteria of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSMV). Motivational interviewing finds a patient at the pre-contemplation stage.

The client's care focused on three areas: chemotherapy, addiction follow-up, and psychological support. The drug treatment was based on sedative neuroleptic, chlorpromazine at a daily dose of 300 mg associated with anxiolytic diazepam at a rate of 40 mg per day, and a hypnotic, alimemazine syrup at a rate of 5 ml in the evening. Psychological support interviews were held with the patient and her mother regularly (three times a week). The goal was on the one hand to help verbalize one's suffering in the face of parental conflicts and on the other hand to develop resilience. Addictive management was more focused on motivational interviewing combined with nicotine replacement therapy with nicopatch 14 mg at the rate of one patch per day. After 60 days of follow-up in hospital, the client was quiet, had better self-esteem and recuperative sleep. Relations with her mother had improved and she was in the phase of maintaining abstinence from her cannabis use. She was still receiving nicotine replacement therapy. Doses of sedative neuroleptic were reduced to 100mg and diazepam to 10mg, moreover, hypnotic was stopped. Psychotherapy sessions were continued. Our patient is seen in consultation fifteen days and then a month later. She had returned to live with her grandparents and decided to go back to school. Her mother returned to Europe but promised to return a month later to spend more time with her and her sisters. It is in the phase of maintaining abstinence from cannabis.

Discussion

Domestic violence can have a variety of psychological and behavioral effects on children. Exposure to domestic violence is a form of psychological abuse that manifests itself in many ways, as it terrorizes the child, isolates him or her through fear or shame of the violence, and corrupts him or her by socializing him or her to abuse of power and inappropriate forms of interpersonal relationships [6]. Indeed, even if they are not direct victims, children who face the violence of the parental couple can present sequels affecting their functioning and likely to lead to behavioral disorders.

Consequences for the child's mental health

Behavioral and conduct disorders

The climate of violence that reigns at home and the terror engendered by conjugal violence unbalance the child and can provoke the child's disinterest and disinvestment in school, aggressiveness and violence, running away and delinquency, addictive behaviors, suicidal ideas, and suicide attempts [7]. This is the client's case with the unhealthy climate in the home, sought to establish a bad peer association by using cannabis. The effects sought by the consumption of cannabis are most often sharing, belonging to a group as well as euphoria, relaxation, well-being, sedation, and sleep. The substitute product, here cannabis, is a mode of investment in the object. The client resorts to cognitive avoidance through addiction, which allows her not to think about violence. Cannabic intoxication causes euphoria with thymic exaltation, heightened sensory perceptions, changes in temporal and/or spatial sensations. Sometimes, there is a "self-therapeutic" dimension of anxiolysis or antidepression [8]. This allowed the client to have moments of anesthesia of the negative thoughts that overwhelmed her, reminding her of the violent arguments that often opposed her parents.

The addictive behaviors most often begin in adolescence and sometimes have a role of relief for the latter. The multiple intrapsychic conflicts experienced during this period can disturb the adolescent. It is often at this moment that a psycho-active product or behavior can come and allow to "short-circuit" the psychic work sometimes complex to carry out. The appeasement can be temporary and illusory but brings immediate and restful relief for the adolescent. This immediacy is seductive and the risk of repetition of the behavior is all the greater when the adolescent is weakened in other areas of his life, as is the case with our patient who lives in an atmosphere dominated by recurrent parental conflicts [7]. Adolescence is often accompanied by a need for self-affirmation and identification, experimentation and risk-taking which can lead, as in client, to a permanent search for her identity. The relationship with her parents, who are model's role, is disturbed by the tension at home. Added parental conflicts that will affect her affective and emotional life to this already difficult period of the patient's life.

Affective and emotional disturbances

The results indicate that children who have been exposed to domestic violence have significantly poorer emotional health and exhibit more internalizing problems than children of non-abused mothers, such as depression or anxiety. They appear sadder, more worried, unhappy and have lower self-esteem. The symptoms may be related to the fact that these children are under a great deal of internal tension without being able to find the appropriate help to answer their questions, ease their anxieties and find an effective way to solve the problem [9]. In the beginning, the client felt very bad about the conflicts that the parents were experiencing and presented great psychological distress with great anguish on a background of permanent sadness. This situation further distanced the client from the family circle in favor of the negative influence of peer consumers. Thus, given the number of families affected by domestic violence, where situations of neglect and abuse are likely to emerge, and where children learn very early on a method of conflict resolution, it seems to us essential to be attentive very early on to the children, the parents, and the conjugal, parental, family and social interactions, to reduce the risks of physical and psychological suffering [10]. The parental couple probably did not appreciate the impact of the conflicts. The client was looking for any way to escape from this highly toxic environment and confided friends who were directed towards deviant behavior. The installation of the addiction leads to a craving that pushes the client to go out at irregular hours and to defy parental authority. The adolescent takes advantage of this family chaos to transgress all the rules.

Precariousness of parental authority and insecure attachment

Domestic violence can have an impact on the mother's ability to discipline the child and to exercise, positively and constantly, her role as an educator [7]. The client, seeing that her mother is weakened, takes advantage of this to run her law. The mother who is humiliated

and abused by the father has difficulty demanding respect from the client. The violence perverts the rules that maintain the balance of family life and installs a feeling of insecurity in the child. Interactions that should be safe and loving during the day between mother and child can become the occasion for violent outbursts, depriving the mother of comforting contact with the child. The silence that surrounds domestic violence is an additional element that can undermine the mother-child relationship. Many mothers do not talk about the abuse with their children. They are afraid of their children's questions and reproaches. They also fear damaging the father's image. Many children would rather turn a blind eye to the violence than have to shake the family foundation and feel responsible for it [11]. Spousal violence can threaten the child's psychological integrity and lead to a violation of the child's safety needs. The recurrence of violence will create hypervigilance in the child in the face of any sign of violence. In such cases, the child may become very anxious, watching for a possible fight. Children exposed to domestic violence, like their mothers, are thus subjected to the cycle of violence. They adapt their daily lives to the phases. They feel the tension, suffer the effects of the violence and, during the remission phase, cherish the hope that the violence will not recur [7]. This high level of vigilance is a source of distress. Repeated exposure to violence leads to feelings of fear, threat, and feelings of fear, threat, and powerlessness, which in turn leads to less appropriate responses to the stresses and challenges of everyday life [12].

Occurrence of a conflict of loyalty

Loyalty conflict occurs when a child feels trapped between parents and believes that it is possible to lose one or the other. Trapped in this situation, the child no longer feels free to express loyalty to one parent in the presence of the other. Discord, hostility, and violence between the parents lead the child to feel caught in the middle. Some parents may exacerbate the child's loyalty conflicts by soliciting the child to form a coalition. They try to gain the child's sympathy or support against the other parent and thus counter their distress. Still, others will criticize or denigrate the other parent, regardless of the child's presence, feeding the child's sense of being torn and having to choose sides [7]. The client's mother often criticized her father and made the daughter always see him as the source of all their problems. The mother would often tell about the origin of the arguments and blame the client's father. The client was very confused about where to stand with her parents and didn't want to ally herself with one at the expense of the other.

Psychological support: A necessity in care

The child is subjected to traumatic events on a recurrent basis when exposed to domestic violence, and it is the repetition of the facts that build the trauma [10]. Traumatic memory that revives the abuse can be a source of emotional suffering and involves survival strategies to escape or anesthetize the victim. These strategies are avoidance and control behaviors among which, phobic and obsessive behaviors but also dissociating behaviors. It can be addictions to anesthetize with psychoactive substances but also situations of endangerment, self-mutilation, and risky behaviors that will trigger significant stress and cause disjunction to obtain emotional anesthesia. The different strategies will lead to low self-esteem and guilt ideas in the victim. This is the case for the client who developed low self-esteem and was dragged along by a bad group of peers who used psychoactive substances.

To heal from the trauma, the client needs psychological assistance that can be combined with chemotherapy. Indeed, the treatment of psychotraumatic disorders is essentially psychotherapeutic centered on the traumatic memory of violence. It requires networking with all other actors in the care. Psychotherapeutic work aims to integrate traumatic memory into autobiographical memory. This is done initially by giving victims and their protective relatives precise and detailed information and explanations on their rights and psychotraumatic disorders, their mechanisms, and impacts. This time of psycho-education is a fundamental therapeutic time [13].

Psychotherapeutic aspects can be worked on in different formats with individual, couple, or family interviews, ensuring neutrality and respect for benevolent listening. The contradictions and ambivalences of the child will be taken into account while respecting the rhythm of the child. The child needs time to understand and "metabolize" what happened to him and his family. The more the situation has dete-

riorated and become chronic, the more complicated and full of painful feelings will be the relationship with the parent. For it to become serene again, the child needs, among other things, time and listening [14].

Psychotherapy is therefore essential in the care of this kind of client so that they can hope to return to a normal life.

Conclusion

Domestic violence remains important in our societies and has become more and more recurrent. The main problem lies in the lack of psychological care for secondary victims. This case report shows that it is not uncommon for children living in an atmosphere of parental violence to present emotional and affective disturbances, but also to develop behavioral disorders and addictive behaviors. Domestic violence can also lead to psychosocial disorders in children, with a risk of school disinvestment. Therefore, it is important to include early multidisciplinary management involving other health care providers such as gynecologists, midwives, or orthopedists who usually see the primary victims. The objective of such management would be to identify the situations at risk in the child and to limit their impact very early. This clinical case example could be a pretext for advocacy on the search for causes of domestic violence among expatriates.

Authors' Contributions

All the authors contributed to the care activity described in the study and to the design. They approved the final document.

Conflicts of Interest

None.

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