

## Behavioural beliefs of Ghanaian radiographers and reporting of child physical abuse



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### ABSTRACT

**Introduction:** Radiographers are well placed to flag non accidental injury in children due to their unique position within the imaging chain. Being able to identify (or suspect) physical abuse in children and reporting the incident are, however, two different issues. This study was conducted to explore the external influences in the decision making of the Ghanaian radiographer to report suspected child physical abuse (CPA).

**Method:** This was a qualitative study which applied interpretive phenomenology. Semi-structured interviews were conducted with 20 radiographers who were selected from various hospitals throughout the ten regions of Ghana using purposive sampling. Data was thematically analysed and managed with NVivo Version 10. Themes developed formed the basis of this discussion.

**Results:** Several socio-cultural beliefs and behaviours impacted on the Ghanaian radiographers' decisions to report suspected child physical abuse. The findings of this study indicated that cultural solidarity, superstition and police frustrations were among other factors that characterised the Ghanaian radiographer's inability to report child physical abuse when it occurred.

**Conclusion:** Radiographers reported fear of both physical and spiritual attack when child physical abuse was reported. This paper argues that, to achieve the fight against child physical abuse in some African countries such as Ghana, radiographers would have to be educated and counselled against belief in superstition and adherence to some cultural values which affect child protection.

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### Introduction

Child physical abuse (CPA) committed by parents or any person is of great public health and social welfare concern globally.<sup>1–3</sup> The World Health Organisation [WHO],<sup>4</sup> has described CPA as an action that results in actual or potential physical harm from an interaction or lack of an interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust; these may be single or repeated incidents. Child physical abuse has dire consequences for the child such as relational disorders and psychological problems, low self-worth, depression and negative work coordination in adulthood.<sup>5,6</sup> Moreover, among the acute and long term consequences of CPA are behavioural problems,

psychopathic symptoms and prolonged physical illness.<sup>2,7,8</sup> Child physical abuse also leads to both externalising and internalising problems, with effects such as substance abuse, aggression and mental health issues<sup>9,10</sup> with a higher than average threat of committing suicide.<sup>11,12</sup> For these individuals there is the need to report CPA when it occurs in order help prevent future incidents of child physical abuse. (see [Figs. 1 and 2](#))

Child physical abuse leads to non-accidental injuries sustained by children.<sup>13–16</sup> Diagnostic imaging is an important tool in the investigation of non-accidental injuries (NAI) such as in skeletal surveys.<sup>17</sup> Also diagnostic imaging does more than help provide the skeletal survey. The suspicious injury may be detected on a specific projection (such as a chest radiographic image) rather than a full skeletal survey. Radiographers play a significant role in providing evidence through the images they produce to assist in investigating NAIs.<sup>18–22</sup> A German study<sup>23</sup> has shown that not all physically abused children are identified or reported. Child abuse cases are not

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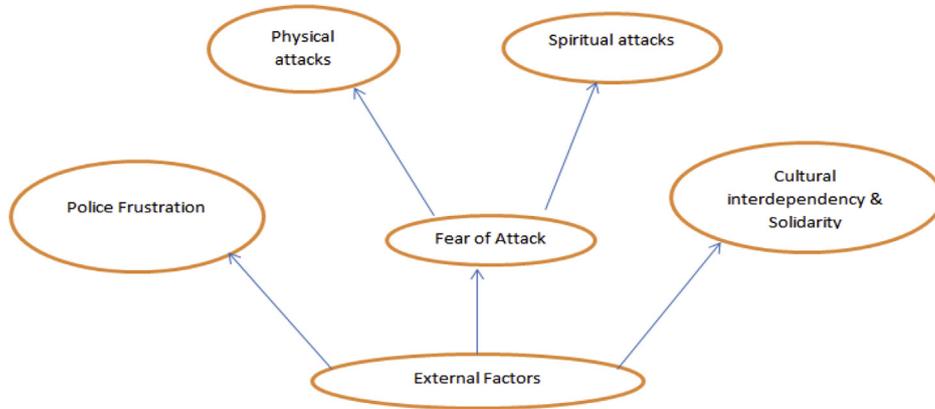


Figure 1. Factors affecting the decision to report suspected physical abuse.

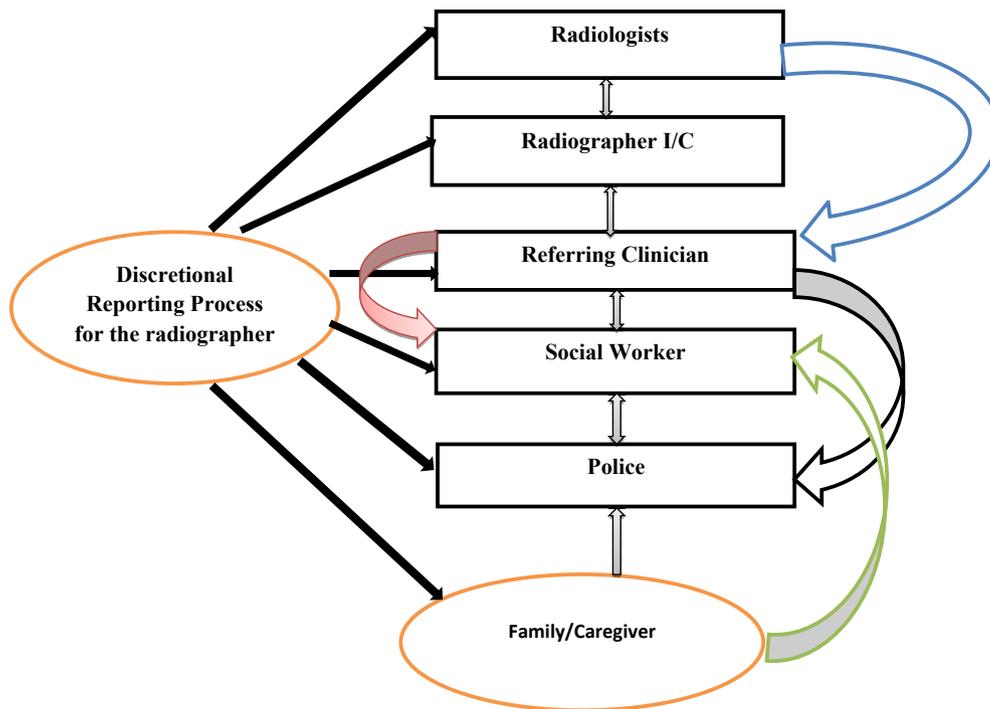


Figure 2. Potential decision trails.

reported until the child has gone through several healthcare assessments (such as diagnostic imaging) and, as a result, protection services in the United States are not always alerted after a single occurrence of abuse.<sup>24</sup>

Whereas the cultural imperative of a radiographer in Ghana to be able to recognise and report an incident of CPA remains critical, their decision trail on such cases as to either report or not to report, is important in child protection activities. Ghana was first to endorse the Convention on the Rights of the Child (CRC) in 1990.<sup>25</sup> However, the country is still going through child rights violations. Studies<sup>26–30</sup> conducted in Ghana have reported CPA and other forms of violence perpetrated against Ghanaian children. Some children have left school as a result of use of physical force or corporal punishment on them in Ghanaian schools.<sup>31</sup> A UNICEF<sup>32</sup> report on Ghana indicated that approximately 90% of children reported some form of violence and placed Ghana in the 8th position in the world with serious child rights violations. Imoh<sup>26</sup> studied 153

school children regarding corporal punishment in Ghana and found that 94 (61.4%) of the children were physically punished by their parents or whoever was assigned to take care of them at home. Also in the study, seven out of ten pupils (70.9%) found the school to be the most likely environment where they would receive physical punishment; 47 (30.4%) were found to be facing physical punishments at home and 31% claimed both physical and non-physical methods were used to correct them.

One key goal of WHO and UNICEF on child maltreatment (abuse and neglect) has been to stop the use of physical assaults on children.<sup>3</sup> Physical abuse of children is particularly relevant to the practice of the radiographer as a result of the physical injuries that usually accompany such types of abuse which often require the use of diagnostic imaging. The responsibility to recognise CPA lies in the hands of all those involved in the care of children including diagnostic imaging professionals.<sup>16</sup> Identification and reporting of possible cases of CPA are also critical

precursors to intervention with families who abuse their children. Professionals from a variety of disciplines are mandated to report suspected cases of child maltreatment in several countries including Ghana.

#### *Aim*

To explore the external factors that impact on the decisions of Ghanaian radiographers to report suspected child physical abuse (CPA).

#### *Objective*

To identify the cultural influences and beliefs regarding reporting of CPA by radiographers in Ghana.

### **Methodology**

#### *Study design*

A qualitative approach was applied in this study. Qualitative methods can be used to investigate micro-social processes as well as the cultural understandings the actors bring to the discussion of their social experiences and interactions. The philosophical approach guiding the research drew extensively from qualitative phenomenological methodology and perspectives.<sup>33–36</sup> Scholars who work within the phenomenological traditions use this qualitative method to offer some insights into the phenomena under study by examining how they are perceived by individuals in that specific situation.

Semi-structured interviews were conducted by the first author with 20 radiographers. There were 14 male respondents with an age range of 30–54 and six females aged 25–57. The respondents had a wide range of work experience from 3 to 29 years. All respondents had previously taken part in a quantitative survey on the topic of child protection, conducted by the first author, and had provided telephone contact details and indicated their willingness to participate in further research. The first author then contacted those who responded by telephone, firstly, to ascertain that these radiographers met the eligibility criteria, having had the opportunity to image children suspected to have been physically abused.

From this group of volunteers, potential respondents were then identified using purposive criterion sampling. The final respondent group were selected as being from different ethnic backgrounds and varying working experience and were selected from various hospitals throughout the ten regions of Ghana. They were originally invited as part of the telephone enquiries mentioned above; this was then followed up by sending each potential respondent an information leaflet and formal consent form. All interviews were conducted at the respondent's clinical department within an appropriate private setting.

The use of semi-structured interviews allowed the investigator to prepare an interview schedule prior to the study<sup>37</sup> which was piloted prior to use. The use of open questions permitted the participants the liberty to express their opinions in their own way. In phenomenological research the researcher should take a naïve stance, to allow the research participants to appreciate their perceptual prominence as they possess the meaning of their experience.<sup>38</sup> This was achieved by allowing the participants to voice their issues without hindrance while the researcher's knowledge of issues was constrained so as not to impede the flow of information from the respondent.<sup>38</sup>

Permission was sought from each participant to use a digital voice recorder VN-711PC (with 2 GB and 823 h recording capacity) after explaining to them that there would be the need to playback

after the interview for the purpose of transcription to aid in the analysis of the data.

During the interview, brief notes were also taken (where possible) either for probing or noting a reflexive concern or also to note down observations eg. of body language. Brief notes as part of the interview process allowed the researcher to describe the setting and the various activities encountered.

### **Ethical conduct of the research**

Ethical approval of this study was sought from the Ghana Society of Radiographers and also from Ghana Health Service to gain access to the radiographers in their various hospitals. Seeking informed consent from research participants is key in any qualitative study. This was obtained from the participants using an appropriate consent form this was preceded with detailed information sheet stating the aims and objectives of the study. At each interview participants' verbal consent was also sought. Ethical approval was also obtained from the university in which the study was undertaken.

### **Data analysis and coding**

The interviews were transcribed by the first author and the transcripts were read through several times, coded and then the codes were grouped into themes with concurrent data analysis and discussion of themes by the researchers. The thematically analysed data were managed with NVivo10 (QSR International 2012) after achieving data saturation. Themes developed formed the basis of this discussion.

### **Results**

The codes and themes were arrived at using the hermeneutic cycle. With this method of data analysis, parts of participants lived experiences were examined, then the whole and back again into the text in a spiral process to gain reasonable understanding and meaning of the text as propounded by Halloway and Wheeler.<sup>50</sup> This approach followed van Manen's<sup>35</sup> rigour criteria for hermeneutic phenomenology (i.e orientation, strength, richness and depth). The results from the themes showed that there was combined fear of both physical and spiritual attack; fear of being beaten up by those involved in the child's situation or being cursed by the perpetrator and family were some concerns that informed participants' decision making. These cultural beliefs or superstitions were deep-rooted in participants and prevented some of them from providing any help beyond the imaging task for the child victim. These fears are summarised below.

### **Summary of themes**

#### *Fear of physical attack*

Several of the radiographers were loathe to intervene for fear of aggression being perpetrated on them. A female radiographer saw the native community where she was working to be dangerous because of the existence of groups who would attack anyone they suspected had intruded in their affairs. The ensuing examples of expressions of intimidation from the findings suggest the reality of these fears.

"In this community, especially the people are indigenous and very rough who like fighting...If you don't take time, they will come with their groups; they are always in groups to attack you". (Rad-17)

... they can even attack you on your way home. They can get all information about you and plan and harm you" (Rad-11).

The refusal to seek justice and protection for the child was further justified. Rad-4 explained that when a member of the group was affected (alleged perpetrator) and they identified who brought the case to the police, group members would gang up to attack them anywhere.

"...they hire some people to meet you on the way somewhere to beat you up" (Rad-04)

The culture of personal aggression against the 'intruder' willing to pursue the case was ingrained in the minds of the radiographers. This was found to be a barrier to act on cases of CPA.

"...whatever evil thing that they will think of just to stop you from following the case they will do so that is our culture too" (Rad-04)

#### *Fear of spiritual attack*

The majority of participants interviewed reported on their superstitious beliefs regarding child protection as a significant issue for consideration before attempting to assist any child they suspected might have been physically abused. The comments made by radiographers in this study regarding how they could be attacked spiritually included the use of charms or juju (also a form of charm). They also mentioned that the suspected abuser (or the wider family) may seek the help of a 'mallam' (Muslim spiritualist capable of using charms/juju to cause problems for an individual) all of which might be ascribed to supernatural beliefs. These fears of suffering spiritual consequences spiritually were shared by a number of the radiographers (Rad-04, Rad-07, Rad-08, and Rad-12) in the study:

"Most especially too with our culture and beliefs, the person who did it can send you to a juju person, a mallam ... to make you suffer because he is not going to sit down and watch you destroy him. So all that he has to do is either they take you to juju". (Rad-04)

According to Rad -07, he lived in a native community where placing curses on people was common and the belief held was that curses would have a negative effect on the individual who intruded in peoples' affairs (such as in reporting child abuse which did not concern the reporter/radiographer). Similar sentiments were also shared by a colleague to support their superstitious beliefs.

"...in our community, we are in the indigenous area and they like cursing so if you want to take somebody on, you know they will threaten you. So I think our socio-cultural environment does not permit us even to pursue such abuse cases". (Rad-07)

"Yes, in our part of the world where we believe in spirituality to the highest...to the extent that you can even be killed through your pursuit of a suspected child abuse case" (Rad-08).

As a result of fear of such attacks one female radiographer always checked the tribe or ethnic background of the family of the child before considering whether to report or not.

"Oh you have to look at where the case is coming from which tribe or ethnic background else with such cases you can be attacked if you take it too far by some tribal families" (Rad -10).

Rad-11, in particular, attributed sudden and unusual sickness to spiritual attacks as a result of interfering in someone's case and the fact the one who reported could be traced easily was a deterrent to taking up matters of abuse.

"They can even do it in such a way that when you come to your work place you would not feel fine, you will feel like someone who is sick but when you are outside of the room you will feel better so in that case they are preventing you from doing your work (Rad-11).

These fears were noticed in most expressions of the participants interviewed which superseded the required professional intervention they should have provided the child.

The majority of the radiographers did not see the protection of suspected physically abused children as a priority. This was as a result of the fear of physical attacks and strong belief in supernatural forces which could be used to invoke curses on them.

#### *Cultural interdependency and solidarity*

The notion of *cultural interdependency* explains how a few of the radiographers felt that reporting a case of physical abuse involving the suspect who was the main source of income to the family might result in that family losing their financial support.

"Sometimes it is a family thing we depend on each other and if you report a family member who has abused a child and also happens to be the breadwinner of the family and you have this person arrested, then it's like you have cut off the source of life for them. So it's like it becomes a problem as to whether to report or not". (Rad-03)

*Cultural solidarity* was also an issue of consideration; Rad-01 revealed that as a parent he could also attempt to discipline and potentially harm a child, and therefore did not feel comfortable with reporting someone else. Moreover, it appears that child discipline has been a norm in some cultures even when the discipline could harm the child. It becomes a family matter.

"..I am also part of the culture. The cultural aspects supersedes the law because I can also do the same thing to a child...so in doing that (meaning reporting a father) I am also standing in the shoes of that parent who did that because that is what the culture says. So it becomes very difficult inherently to report a parent". (Rad-01)

"...because of our cultural differences and barriers, you seem naturally to support where you understand in terms of language". (Rad-01)

The cultural solidarity held by the radiographers implied that suspected cases of CPA were unreported beyond any imaging requirements the radiographer had to fulfil.

#### **Discussion**

This study identified the factors affecting the decision trail of the radiographer when confronted with cases of child physical abuse. Behavioural and cultural beliefs of the Ghanaian radiographer were found to be a hindrance to reporting child abuse generally. Natan et al.<sup>39</sup> p332 described behavioural beliefs as "one's assumption that certain behaviour will lead to certain consequences". This was found to inform the Ghanaian radiographer's decision as to

whether to act on their suspicions of physical child abuse. The majority of radiographers anticipated an element of physical and spiritual hostility towards any attempt to provide intervention for the physically abused child. These beliefs formed the greater part of their decision whether or not to report such cases. They automatically presumed that, when the suspect or the family of the suspect became aware of the identity of the reporter, they would visit on them either physical or spiritual vengeance. The possibility of physical aggression towards the radiographer involved in child protection has been reported in previous studies.<sup>40</sup> This was noted as a challenging situation in the current study, especially when the alleged perpetrator happened to come from physically aggressive tribal groups in the locations in which the radiographers lived and worked. As a result, some of the radiographers checked the cultural or tribal origin of the parties involved before deciding to pursue a case involving child physical abuse. Moreover, radiographers may use their mobile phones to report an incident, making them easily identifiable because of lack of official phone lines in most of the hospitals and departments.

Aggression against health professionals, in the form of intimidation, has been reported in the UK leading to a lethargic attitude generally towards the reporting of suspected child abuse cases by professionals in the field. It was revealed in a UK study that doctors who reported child protection concerns experienced several types of intimidation.<sup>41</sup> In the Ghanaian situation (as the current study suggests) the presumed influence of cultural forces was found to shape the radiographer's approach to child protection issues, especially in reporting such cases. It has been propounded that the individual possesses several views about the world and themselves and when what they believe in, or see themselves to be, clashes with the world, the outcome will induce conflicts which in turn lead to overbearing pressures. They therefore tend to adapt to what will ensure his/her safety (known as cognitive dissonance).<sup>42</sup>

Radiographers aligned their work with the perception that they might be attacked by unknown forces when they intervened on behalf of a child victim of physical abuse. Consistent with literature,<sup>18</sup> the radiographer's decision process in such cases, takes into consideration the benefits and the risks involved before acting on suspicion of child abuse. If undertaking a particular role to which the individual attributed certain repercussions, the required action may not be performed.<sup>18,39</sup> Radiographers in the current study preferred to drop their ethical standards, in preference to their adherence to illogical cultures of superstition in order to remove tensions and attain consonance with self. These beliefs and cultural mind set impacted on the majority of them who feared the repercussion of getting involved in reporting any incidence of CPA. As stated by the radiographers, one could experience sudden health challenges at the work place resulting from spiritual curses caused by the alleged perpetrator who might be aggrieved.

The spiritual concerns of Ghanaian radiographers were supported by previous studies<sup>43,44</sup> in Ghana which indicated that the experiences of any abnormal inexplicable ailment and its causes, premature deaths, or downfall of businesses were ascribed to illogical forces as causative agents. Radiographers interviewed argued that these (supposedly mysterious) forces in their cultural environment, were dangerous to their working life. Radiographers, as a result of these fears, mostly concentrated on the imaging requirements that confronted them. These beliefs certainly impacted negatively on the Ghanaian radiographers' professional demeanour. When a professional identifies any apparent signs of child abuse, it is required that the professional takes positive action rather than remaining uncommitted.<sup>45</sup> The behaviour of Ghanaian radiographers was incongruent with these expectations, because the radiographers generally exhibited a bystander attitude. There were no professional sanctions or discipline against such professionals as the situation appeared to

be a generalised behaviour which was largely hidden until this research took place. As a result it does not appear to have come to the notice of the professional association or the authorities.

The radiographers' interests principally rested in securing their personal safety in order to remain alive to care for their own children. A female radiographer interviewed, strongly felt that she preferred to live and take care of her children rather than involving herself in an unknown child's case for which the cost to her spiritually might be high. These apparently irrational beliefs and cultural behaviours characterised the responses of most of the radiographers interviewed. Such beliefs and perception of the people have been found to be a hindrance to performing several activities in Ghana and the West African sub-region.<sup>46</sup>

It may be apparent to many that no single individual or professional could be identified and targeted for any form of retaliatory attacks because the reporter would be invisible to the aggrieved party. It was notable, however, that most of the radiographers held this belief, even though a few were aware that child protection was not exclusively an individual affair. Within the smaller towns in Ghana, people know each other, and health professionals are easily identifiable by the community. This was a concern to several of the radiographers when a case of suspected abuse might have been reported, as they feared themselves vulnerable to attacks by the aggrieved individual or family members. This might be a result of radiographers tending to work more individually, rather than as part of a team of fellow professionals, especially in smaller regional hospitals. It has been identified that the propensity to report cases of NAI by radiographers was higher in larger cities because of the perceived neutrality of the society.<sup>18</sup>

The belief in spiritual forces and their power to adversely affect an individual occurs across various faiths and is not peculiar to one nation or culture<sup>45</sup>; however not everyone is persuaded by these beliefs.<sup>46</sup> Moreover, in the current study, cultural or ethnic solidarity in some circumstances became the basis for abuse reporting. It has been reported elsewhere that the decision to report child abuse also depends (in some cases) on the ethnicity of both the child and the reporter.<sup>47,48</sup> Culture influences an individual's views about the world and forms the values people give to life experiences, which could also be the case for Ghanaian radiographers. In this regard, once the radiographer identifies his or her own cultural affiliate, a different interpretation could be given to the situation by the radiographer, resulting in a tendency to side with their own cultural or ethnic kin.

It may be right to ask how Ghanaian health care will advance in the context of presumed belief in superstition and its unforeseen negative impact on the system. The rights of the Ghanaian child are not protected because of deep-seated socio-cultural beliefs (social force field) and practices in Ghana. While literature has linked child physical abuse to culture, faith and beliefs,<sup>45,49</sup> this study also found that indifference towards child physical abuse and the reporting of suspected abuse, was adversely linked to the cultural mind set and belief in supernatural powers. Professionalism was thus affected, because the ethics of professional conduct to protect child victims of physical abuse were often discarded by the radiographers because of needless fears. In the ideal situation, the radiographer should not be fully responsible for intervening on suspected child physical abuse when identified from their side. A unit designated for child protection (or a designated professional) is required to handle that after the radiographer has raised a red flag. It was identified that one teaching hospital had a child protection unit where cases of abuse could be reported, however participants interviewed in this study reported they were not aware of any such unit in the hospital.

One can suggest that expert decisions seem to have been prejudiced by superstition and a culture of solidarity affecting the reporting attitudes of the Ghanaian radiographer. The situation

seems to be a general challenge for other health professions which would require further studies to get a broader understanding of the problem. To the best knowledge of the researchers, there has not been any training programme for healthcare professionals which could change these attitudes and beliefs.

### Limitations

First, this study cannot claim the results encompass how other professionals handle child physical abuse cases in Ghana specifically because only radiographers were studied. The study also failed to explicitly associate participant's reports with their gender to gain insight into whether males had different perceptions and/or behaviour from their female counterparts. Since this was the first study of its kind, the researcher was of the view that gaining initial insight into the situation was paramount in order to establish base line information. Though the study targeted radiographers, their relational challenges should have prompted further interaction with the necessary stakeholders to understand their situation and how it corroborated with radiographers' reports, however this will form a basis for further study.

### Conclusion

The aim of the study was to explore the external factors that impact on the decisions of Ghanaian radiographers to report suspected child physical abuse (CPA). A number of factors were found to impede the radiographers' decision-making in child physical abuse cases. Factors that impacted on the radiographer's professional commitment in managing child physical abuse cases in Ghana ranged from spiritual fear, cultural expectations and behaviours and fear against personal attacks. Radiographers in the current study appeared to hold their professional values second to their spiritual and cultural beliefs. The Radiographers interviewed were strongly attached to these beliefs which strongly suggested that to demystify such long held dogmas would require a determined programme of education, training and counselling in order to change future behaviour.

### Conflict of interest

There is no conflict of interest.

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### Appendix A. Supplementary data

Supplementary data related to this article can be found at <https://doi.org/10.1016/j.radi.2018.10.002>.

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