Case Series
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Burn Injuries in Children Accused of 'witchcraft'

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Abstract

Background: Burns from assaults are common in children. Torturing of children by burning is rare. This study reports a series of cases of burn injury inflicted in children who were accused of 'witchcraft'.

Patients and Methods: Four children who were accused of 'witchcraft' and were consequently assaulted by burning were managed at the Jos University Teaching Hospital, Jos and the Plateau State Specialist Hospital, Jos. These have been retrospectively reviewed and presented in this report.

Results: Their ages ranged between 6 and 14 years. They all sustained burns in the head and neck regions, in 3 the burns also involved the upper limbs and trunk. One of them who had 50% burns surface area in addition to inhalation injury, died.

Conclusion: Any burn injuries in the head/neck region in children should raise a high index of suspicion of assault. Increased awareness of this pattern of presentation is necessary to recognise this form of child abuse.

Keywords: Burns, 'witchcraft', assault, children, Abuse

Introduction

Burn injury accounts for about half the cases of burns in children[1,2]. A number of reports showed that the burden of burn injury in children is on the increase[1,3-8]. The leading causes are scalds and flame burns, resulting mainly from domestic and accidental injuries[1,3,7,8]. There is a growing trend in inflicting burns by assault or torture/abuse[9-16], this is a form of a homicide[11,17] using fire, chemical or hot liquid. The reason for burning varies from one environment to another, amongst them include refusal of marriage proposal, marital problems, robbery, disputes, punishment, substance abuse, psychiatric disorders and in some it is unknown[14,15,18]. Recently the world has been alerted by the reports of torturing by burning of persons accused of 'witchcraft' [17,19]. The victims of such torture are said to be responsible for the misfortune, illhealth or the death of a family member through 'witchcraft'.

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We report four cases of children, accused of 'witchcraft' who were assaulted by burning. The motive for such burn is not commonly reported and it is another form of child abuse. This report is to draw attention to this, a preventable cause type of burn injury in children.

CASE REPORTS

Case 1

A 6 year old male was referred to us with burn wound involving the head and neck region which was gradually developing into a mentosternal contracture. He had tripped and fallen unto an open fire made of charcoal while running. There was no history of convulsion and he was healthy before the accident. The referring physician was informed that the boy was assaulted by burning by his relations because he was believed to be a 'witch'. The grandmother confessed that the boy was accused of witchcraft by the father and some of their neighbours. It was in an attempt to exorcise him of the 'witchcraft' by candle flame during prayers that he sustained the injury. The boy's parents were neither married nor lived together, and so he

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lived with his paternal grand parents.

At presentation he had a burn injury in the head and neck region that had healed with some residual wounds around the neck and the lower face. He had mentosternal contracture with associated bilateral ectropion and loss of nasolabial folds. The estimated burn surface area (BSA) was 10%. He had initial wound dressing followed by the release of the contracture and skin grafting. The mentosternal contracture was released and the wounds covered with bilateral bilobe flap and split skin graft, while the ectropion was released and the wound covered with full thickness graft.

Case 2

A 14year old male was admitted with a burn injury following an assault nine hours prior to presentation. He was assaulted by his stepmother who poured kerosene on him and set him ablaze because she believed he was involved in 'witchcraft'. At presentation he sustained a 24% BSA mixed thickness burn involving the face, upper limbs and the anterior trunk.

He had tetanus prophylaxis, analgesia, antibiotics, vitamins, wound debridement and subsequent daily dressing with silver sulphadiazine. This was followed by skin grafting with split thickness skin two weeks after the injury. He did very well and was discharged after the surgery.

Case 3

A 10year old female presented with burn injury caused by kerosene explosion. Initially it was reported that she sustained the burn while attempting to light up firewood that had a large quantity of kerosene which exploded and caught her cloths; and that she could not be rescued because there was a noisy milling machine nearby that prevented people from hearing her cry.

She was a young girl with 50% BSA mixed thickness burn involving the head , neck, the upper limbs and the trunk with associated inhalation injury as evidenced by cough, singeing of the nasal vibrissae and respiratory difficulty.

She had wound deridement with escharotomy, tetanus prophylaxis, analgesia, antibiotics, intravenous fluid, blood transfusion, and daily dressings. She was managed in the intensive care unit (ICU) of the hospital on a ventilator; she died two weeks after the injury. After her death it was confirmed that kerosene was poured on her and subsequently set ablaze because she was believed to be a 'witch'.

Case 4

A 13year old male presented to the hospital two days after he sustained flame burn. His uncle poured petrol on him and set him ablaze because he was 'involved' in 'witchcraft'. Some “prophets” had prophesized that he was responsible for his uncle's ill health. The boy was brought to the hospital without the knowledge of the uncle to avoid his wrath. On examination he was in pains, dehydrated, not pale with an infected wound. The burn surface area was 35% infected mixed thickness burns involving the face, head, upper trunk and the upper limbs.

He was admitted and had tetanus prophylaxis, analgesia, antibiotics, vitamins, wound debridement and daily wound dressing with silver sulphadiazine. The wound healed and was subsequently discharged to the outpatient clinic.

Discussion

Assault by burning is becoming a common pheno-menon[10,11,14-16,20,21], although assault by burning indivi-duals accused of 'witchcraft' is uncommon with only a few reported cases[17,19]. The practice of burning indivi-duals that are believed to be witches was a common practice in Europe between the 15th and the 18th century[22], but recent reports are from the developing countries.

The phenomena that children are thought to be 'witches' is widespread in sub-Saharan Africa[17]. Unlike in the past only old people were thought to be 'witches', children are now the group that are accused of witchcraft. We were able to gather at the time of

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admis-sion that witchcraft was the motive of the assault in two patients (case 2 and 4), in the rest the information came lately after discharge or death of the patient. One of the patients was assaulted by burning because he was believed to be responsible for his uncle's ill-health. The death or the ill-health of a family member, friend or colleague has been blamed on another member[17]. In Papua New Guinea some women were tortured because it was believed that they were responsible for HIV/AIDS disease in others[19]. In addition to ill-health, other social and economic problems are sometimes the factors that lead to such assault.

The first patient in our series was a child delivered out of wedlock, and had to be raised by the boy's paternal grandparents. In Congo DR[17], children that were accused of 'witchcraft' were considered as an unproductive burden for the parents who were no longer able to cater for them. The high unemployment rate has contributed in worsening the situation. The economic problem that lead to such acts is not confined to the poor but also a few well to do indivi-duals who have had a misfortune. This group of people when they encounter any problem, tend to accuse colleagues, friends or family members for the downturn in their financial misfortune or ill health. The accused may be tortured and even set ablaze, to make them confess or accept that they are responsible for the person's misfortune through 'witchcraft'.

Fire was used for the assault in all the four cases in this report, unlike scalds in other report[11]. The pattern of burn injury in this report agrees with most reports[15,20]. The areas most affected are usually the face, head and neck, upper limbs and the upper part of the trunk. A child presenting with burn injury affecting these parts of the body should arouse suspicion especially when there is an attempt to hide the circumstances surrounding the injury as seen in two of our patients.

Because the assault is usually planned, the injury is usually severe, deep and covers a wide area and in some cases the attack is by more than one person[11,17,19].

Children with these types of injuries develop psychological problems[23-25]. As they grow up, they become objects of ridicule by their peers and

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