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Child Abuse & Neglect



Responding to abuse: Children's experiences of child protection in a central district, Uganda[†]



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ABSTRACT

Part of a comprehensive response to violence against children involves child protection systems, but there are few data available on such systems in low-income countries. This study describes the characteristics and help seeking behavior of children referred to local child protection services and the quality of the first-line response in one district in Uganda. Participants included 3,706 children from 42 primary schools who participated in a baseline survey on violence as part of the Good Schools Study (NCT01678846, clinicaltrial.gov). Children who disclosed violence were referred according to predefined criteria based on the type, severity, and timeframe of their experiences. Children were followed up to 4 months after the study ended. First-line responses by receiving agencies were classified into 3 categories: plan for action only, some action taken, and no plan and no action taken. Appropriateness of responses was based on which agency responded, timeliness of the response, quality of the documentation, and final status of the case. From the baseline survey, 529 children (14%) were referred. Girls were more likely to be referred and to meet the criteria for a serious case (9% girls, 4% boys). In total, 104 referrals (20%) had some kind of concrete action taken, but only 20 (3.8%) cases met all criteria for having received an adequate response. Nearly half (43%) of referred children had ever sought help by disclosing their experiences of violence prior to the baseline survey. In our study areas, the first-line response to children's reports of abuse was poor even though some referral structures are in place.

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What is known on this subject

Violence against children is common globally, yet little is known on the performance of formal or informal child protection systems responding to cases of abuse, especially in low-income settings.

Abbreviations: GSS, Good Schools Study; ICAST-CI, International Society of Prevention of Child Abuse Screening Tool-Child; INGO, International Non-Governmental Organization; LSHTM, London School of Hygiene and Tropical Medicine; NGO, Non-Governmental Organization; P5, Primary 5; P6, Primary 6; P7, Primary 7; VAC, violence against children.

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What this study adds

We present some of the first data on children's experiences of the child protection system in a low-middle income country. Despite high levels of violence that necessitate responses, we show that in our study areas formal first-line responses are inadequate.

Introduction

Violence against children is common globally and a risk factor for long-term adverse outcomes including poor physical and cognitive development and mental health, substance abuse, suicidal behavior, and reproductive and sexual ill-health (Norman, Byambaa, De, & Butchart, 2012; Pinheiro, 2006). In Uganda, representative prevalence data on violence against children is lacking (Walakira, 2011), but studies indicate widespread abuse, with between 74% and 98% of those surveyed reporting lifetime experiences of physical, emotional, sexual violence, or neglect (Devries et al., 2014; Naker, 2005).

Part of a comprehensive response to abuse is child protection systems, be it formal ones run by state and local governments or informal ones facilitated by caregivers and community members. Very little empirical information exists on the performance of formal protection systems in low- and middle-income countries, but two studies found communication between referring agencies and children's social services to be poor even in high-income countries (Gajraj & Wells, 2001; Haynes, Hann, Daniels, & Fertleman, 2012). In Uganda, several mapping exercises have outlined what structures are available and who has primary responsibility for child protection at the local level (Walakira & Nyanzi, n.d.; Yiga, 2010), but there is almost no information on how well the child protection system handles cases, or children's experiences of the system. Also, little is known about children's disclosure of violence or help-seeking behavior in this context, although studies suggest that children confide primarily in parents (Naker, 2005; The African Child Policy Forum, 2006).

Structure of the child protection system in Uganda

The Uganda Constitution of 1996 and the Children Act, Cap 59, outline government obligations to provide protection to the most vulnerable children (Walakira, 2013). Nationally, protection is implemented via four major subsystems: justice, welfare, education, and health (Walakira, 2013). In practice, numerous private service providers, including nongovernmental organizations (NGOs) and faith-based organizations, are also heavily involved (Walakira, 2011). At the district level, legal duty bearers are the district probation officer, who oversees the child protection response, and community development officers, who work at the sub-country level within a district. The community development officers offer a holistic and proactive role in managing children's wellbeing in their catchment areas. All police stations are required to have a child and family protection unit, with specialist officers to handle complaints presented by children and women.

Individual schools also have mechanisms to respond to abuse. Students who experience violence are encouraged to disclose to specially appointed senior male or female teachers, who, in turn, are expected to take appropriate action by informing the school headmasters as necessary, and provide support to students. Support can involve both handling matters internally and referrals to other local agencies such as health centers, police, and the probation office.

Several commissioned reports indicate bureaucracy, corruption, funding gaps, and poorly trained staff across various agencies involved in case response (Walakira, Bulukuki, Omona, & Kafuko, 2010; Walakira, 2011, 2013). In schools, teachers often lack any training in how to deal with disclosures of violence, and students very rarely report any experiences of abuse to authority figures within their schools (personal communication, district education officer). Qualitative research in secondary schools in Uganda has shown that teachers and administrators often do not believe students, blame the students, and do not take appropriate action in response to violence disclosures, especially when fellow teachers are implicated (Naker, 2005).

The London School of Hygiene and Tropical Medicine (LSHTM) and Raising Voices are conducting a large cluster randomized controlled trial called the Good Schools Study (GSS) in Luwero district, Uganda, which provides a unique opportunity to examine children's experiences of the first-line response of some local child protection structures. GSS's overarching goal is to evaluate the effectiveness of a school-based intervention aimed at reduction of violence, fully described elsewhere (Devries et al., 2013, 2014). As part of this study, a referral strategy was designed in conjunction with local partners (detailed in the "Methods" section). For confidentiality and safety reasons, the system was designed specifically to circumvent existing school reporting pathways and to instead direct referred cases to local services.

In this article, we aim to (a) present the characteristics of those children who were referred, (b) describe children's previous disclosures and help-seeking behavior, and (c) document the response of the local child protection system to cases referred. The literature on child maltreatment in other settings highlights important gender differences in children's experiences of abuse and referral needs, so we conducted all analyses separately by sex.

Methods

The Good Schools Study

We traced the progress of children referred as part of the Good Schools Study (GSS). GSS is an ongoing cluster randomized controlled trial (NCT01678846, clinicaltrials.gov) to evaluate the Good Schools Toolkit, a school-level intervention designed to improve children's wellbeing and educational achievements by reducing violence against children in primary schools.

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