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Addressing the health needs of street children affected by sexual violence in Kampala

Executive statement

At least 60 percent of the estimated 10,000 homeless children in Uganda reside in Kampala. These children are vulnerable to sexual violence—from peers, strangers and even law enforcement personnel. Sexual violence experienced ranges from rape to sexual exploitation can inflict adverse health consequences. Addressing the health needs of sexually abused street children is critical for ensuring the survival of children who live outside of both family and residential care.

Children on the streets

In 2014, the African Network for the Prevention and Protection against child abuse and neglect (ANPPCAN-Uganda) estimated the number of street children in Uganda to be 10,000, with 60 percent of the homeless children in the country residing in Kampala.¹ These children who live outside of both family and residential care are vulnerable to violence—from peers, strangers and even law enforcement personnel. At night, street children in Kampala are exposed to fights, rape, sexual exploitation, and murders.

This brief describes the health needs of street children arising from sexual violence experienced while living on the street. The brief is based on a study titled *“Window on the World of Violence Against Children Outside of Family Care in Uganda: Pushing the Limits of Child Participation in Research and Policy-Making through Youth-Driven Participatory Action Research”*. The study, undertaken in Kampala and surrounding districts during 2015/2016, which interviewed 94 children who were either street-connected or sexually exploited utilizing life histories, focus group discussions and place perception interview techniques.² The qualitative survey supplemented the **2015 Violence Against Children Survey (VACS)** that assessed the lifetime prevalence of exposure to sexual, physical, and verbal violence among 13-24-year-olds.



Photo 1: Sleeping conditions of street connected children in Kampala (Credit: Africhild)

Sexual violence

For young girls on the streets, forced sexual encounters such as rape are a regular occurrence—particularly from strangers. Worse still, in some instances, girls on the streets have been victims of rape involving multiple gangs. A street child described the sexual vulnerabilities faced by young homeless girls

“Life becomes hard for a street girl during night. You see when people see these girls meandering at night they think the girls are interested in prostitution yet others are just raped. Like me I was just walking and two men grabbed me made me unconscious only to gain my consciousness I was in the hospital...I do not know what exactly followed because they started by beating me up only to understand when I was in the hospital...I conceived.” (Life history interview with social cartography, October 2015).

It is not only homeless girls who are exposed to sexual abuse; even young boys face the risk of being sexually exploited through sodomy by older boys—especially as they sleep at night. Furthermore, in some instances, physical violence is experienced prior to sexual abuse. This behaviour is meant to instil fear among younger boys and, as such, make them refrain from reporting the offence. A young boy describes how he was targeted by older boys and was ultimately too embarrassed to report the offence or inform anyone.

“The biggest challenge that I faced in this place was being cut on the forehead with a razorblade by one of the boys that sodomised us...At about 2:00am, he started by cutting our shorts and he first took our money. He started by sodomising my friend, for me I woke up when he was on me and my friend was crying. So I moved out and told him that I will report him. He then grabbed my hand and cut me on the forehead using a razorblade. He said that if I told anyone, he would kill my friend. I just kept quiet. I did not report him to anyone as I thought people would start despising and demeaning us.” (Place Perception Interview, sexually exploited boy, May 2016).

Sometimes, children who are promised a better life and taken off the streets also end up being sexually exploited within the confines of so-called “safe havens”. A young boy

describes how a good Samaritan who rescued him from the streets turned out to be a rapist.

“One time I went to a lady who sells phones and she asked me if I wanted to go back to school. I told her that I wanted to go back...So she suggested that she get me somewhere to stay where they would give me food and also be able to go back to school. I agreed. She asked me if I wanted her to get me a person to stay with or I would rather go to her home and stay with her as I help her with work around the house. Because I had developed trust in her I agreed to go and stay with her at her home ...With time she began forcing me to have sex with her. It later became a routine whereby whenever she would come back from work she would force me to sleep with her...” (Life history interview with sexually exploited boy, May 2016).

Commercial sexual activity

Some children on the streets undertake sex work to make ends meet but with dire consequences, including contracting HIV. Apart from the risk of contracting HIV, another major health challenge related to sexual work is the likelihood of unwanted pregnancies. Many of the young girls on the street sell their bodies to survive. Other children are forced on the street and eventually into commercial sex work, due to abuse from relatives. Two different young girls describe how abusive step mothers led to their prostitution:

“Due to being commanded to undertake laborious domestic chores by my step mother, I left home at 13 years and got a man who used me and got me pregnant. One day I went to him when I was 8 months pregnant and he told me the day he will see me again he will kill me. Up to now I am still selling myself because I don't have any other source of income.” (Sexually exploited girls focus group, 12-17 year olds, May 2016).

Another young girl also describes how she was forced into prostitution to feed herself.

“I was denied food at home and I had to fend for myself. I thought of an idea of sleeping with men to get food, and indeed I started doing that. I started sleeping with men, sometimes they would not pay me or would give me as little as UGX 2,000...the

behaviour of my mother pushed me to do that.” (Life history interview with sexually exploited girl, May 2016).

Commercial sex work is associated with physical abuse and exploitation. In some instances, young girls are not paid after offering services. A street-connected girl describes the various health challenges associated with sex work:

“You see abortion is very common among these street girls; almost whoever gets pregnant they end up aborting. Only one girl retained the pregnancy while another girl has aborted twice and she is now pregnant. You see most of them sell their bodies/are involved in prostitution.” (Life history interview with social cartography, October 2015).

“Being a commercial sex worker was very tough. The men used to beat us, they would refuse to use condoms or put it on but remove it without your knowledge. Some would leave a condom in you and you suffer with it you do not have money for medical treatment, you need help but have nowhere to get it, things like that. I for one, a man left a condom in me. I had to go to the hospital –to remove it and for treatment...” (Life history interview with sexually exploited young girl, May 2016).

Law enforcement agencies

The study also found that law enforcement authorities were major perpetrators of violence against children on Kampala streets. Indeed, reference to law enforcement officials was mostly mentioned in the context of violence against children, rather than protection of children on the streets. Street children described how they were harassed, brutally beaten, tied in sacks and dragged through the streets by law enforcement authorities or, in the case of girls, raped. Most of the cases of rape of children on the streets were not reported to the authorities because these acts occurred at night and most cases involved complete strangers. Indeed, children try as much as possible to hide from law enforcement officials. A sexually exploited young woman describes her encounter with law enforcement agencies:

“I was with friends at Dancer’s Club and the police came. My friends ran away and a policeman held my hand. He informed that he was taking me to the

police station but he instead took me to his house and raped me.” (Life history interview with street connected young woman, December 2015).

Even in more formal detention centres such as prisons, arrested street children are at risk of sexual exploitation by older prisoners. An adolescent arrested and taken to jail describes how “senior” inmates sodomised him at one of Uganda’s prison facilities:

“When I was taken to prison, I was taken to a room...The next three weeks that followed I was sodomised...I was in the bathroom as I was bathing; there was no one else, that is where they found me. I tried to report them but nothing happened; No one listened to me. When I was remaining with two weeks to be released. I was taken to the hospital, given medicine, treated and I healed.” (Life history interview with sexually exploited young boy, May 2016).

Responding to sexual violence

Some of the sexually exploited children seek medical services and often find that most health facilities offer limited options—mainly the provision of treatment and drugs. For children who are unfortunate to contract HIV/AIDS, receiving drugs without proper nutrition or a proper place to stay can affect the effectiveness of antiretroviral (ARVs). A teenage girl who was raped on the streets and contracted HIV described her ordeal in enrolling taking ARVs:

“I was raped and after some time I got sick...When I went to Hospital, I had my blood tested and the doctor came with the sad news that I had contracted a virus. I was a little confused and I asked, ‘What virus?’ he told me ‘HIV’. He told me I had to start taking drugs immediately because my CD4 count was very low. When I started taking the drugs, they really affected me so much that I was admitted at hospital. I explained my situation to the doctors and told them that I had nowhere to stay, but they told me that apart from the free medication, they couldn’t help me in any other way. I came out of hospital and used to sleep at the cinema hall...So for the past one year I have been taking ARVs.” (Life history interview with social cartography, October 2015).

For the children taken off the street, the majority end up in one of the four major public reception centres or juvenile detention centres. Nonetheless, it appears there is limited rehabilitation at these remand homes. A young girl described her first forced sexual encounter on the street that eventually led to active prostitution.

"...I was 11 years old...I met a man and he told me, 'Come and I buy you a sweet and food at the shop'. Remember I was hungry. So I went with the man. Along the way, he asked me if he should take me to his home to sleep and I accepted... he took me to a deserted building and he told me that after I finish eating I sleep...He came and started caressing me ...I told him to leave me alone, then I tried to make an alarm. He held my mouth tight and removed all my clothes...He used me and ruptured my private parts after which I started bleeding and the days that followed I started smelling; flies would be all around me...I went, sat on the street and started begging. That is where the policemen ... came and rounded me off /arrested me. They took me to remand home and I stayed there for some time. By the time I came out, I was older and I understood life better. That is when I started selling myself..." (Life history interview with sexually exploited young girl, May 2016).

Addressing the health needs of sexually abused street children

There are a number of ways to address the health needs of street children affected by sexual violence. The first policy initiatives involves providing adequate health services at the major juvenile detention centres. Because most of the children taken off the streets in Kampala end up in these remand homes, there is need to ensure that the facilities have adequate services, particularly services for testing

and treating sexually transmitted diseases (STDs). For instance, knowing the HIV/AIDS status of children newly evacuated from the streets could help ensure that children practice safe sex.

For children who remain on the street, KCCA has health facilities in all the five divisions of the capital city including centres at: Kisenyi, Kawempe, Kirundu, Naguru, and Kitebi. There is need to train health workers at these facilities on the appropriate handling of street children cases. For instance, there is need to improve pre-hospitalization services and causality/ emergency room services, including by training emergency room staff to provide timely and quality emergency trauma care to mitigate negative consequences of sexual violence. Apart from treatment and counselling, health workers should be able to provide information on the available options to victims of sexual abuse to enable them seek redress including legal options, shelter etc.

Third, there is need to ensure that the transitional centres proposed by KCCA are established and linked to adequate health services. Since the 2016/17 fiscal year, the Kampala divisions of Kawempe and Makindye have proposed establishing transitional centres where street children and sexually exploited and vulnerable children can be rehabilitated, as part of the wider array of services offered to orphans and vulnerable children. Such transitional centres can offer children a place of abode for a period of six months to a year before being reunited with their families or taken into foster care. However, the actual establishment is yet to take off. Given that the budgeting of the Kampala administrative division is centralised, KCCA must prioritise the establishment of these transitional centres through adequate budget provisions. Furthermore, other divisions with large numbers of street children, e.g., the Rubaga and Central divisions, have yet to formulate a similar proposal for transitional homes.

Endnotes

- 1 Human Rights Watch (2014) *Where Do you Want Us to Go? Abuses against street children in Uganda*.
- 2 Ritterbusch, A.E., N. Boothby, F. Mugumya, S. Meyer, J. Wanican, C.

Bangirana, N. Nyende, D. Ampumuza, and J. Apota (2017) Window on the World of Violence Against Children Outside of Family Care in Uganda: Pushing the Limits of Child Participation in Research and Policy-Making through Youth-Driven Participatory Action Research (YPAR). Draft Report.