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Violence faced by Children in Residential Care Institutions in Uganda

Executive Statement

The number of residential care institutions (RCIs) in Uganda increased during the past 20 years. As more institutions have been established, issues regarding the quality of care received by children have risen. RCIs are not only characterised as being overcrowded and unhygienic but have also been accused of failing to ensure their primary role of protecting vulnerable children. RCIs have also been characterised by sexual, physical, and verbal abuse from both caregivers and other children. The calls for regular supervision and monitoring of existing RCIs as well as promotion of de-institutionalization of alternative child care in Uganda.

Uganda's alternative child care system

One of the hallmarks of Uganda's alternative child care system is residential care institutions (RCIs). Rising from only 35 institutions in the 1990s, the number of RCIs stood at more than 600 in 2016.¹ As more institutions have been established, issues regarding the quality of care received by children have risen. RCIs are not only characterised as being overcrowded and unhygienic but have also been accused of failing to ensure their primary role of protecting vulnerable children. The SOS International study on Uganda notes that RCIs are characterised by sexual, physical, and verbal abuse from both caregivers and other children.

As policies such as the 2016 amendment to the Children Act de-emphasise institutional care in favour of family-/kinship-based alternative care, the countless family problems and child protection risks imply that children continue to be separated from families. Consequently, a better understanding of the nature and extent of the violence children face in RCIs is needed to help policymakers identify and

implement strategies that improve quality of care and reduce children's exposure to violence while under institutionalised care. This policy brief provides perspectives on violence against children in RCIs. It provides methods through which the Ministry of Gender, Labour and Social Development (MGLSD) can work with other public institutions to ensure that the threat of violence against children is reduced.



Photo 1: Children in Jinja attempt to depict how different body parts are abused by either care givers or fellow children.

This brief is based on a study titled **“A Qualitative Study of Risks and Protective Factors for Violence against Children living in Residential Care Institutions (RCIs) in Uganda”** undertaken in 4 districts, namely, Jinja, Kampala, Wakiso and Mpigi, in 2015.² The study was undertaken as part of the wider **Violence Against Children Survey (VACS)**. The study qualitatively examined how children experience and respond to violence while under institutional care. Twenty-eight journal writing exercises and 22 body mapping interviews for children aged 8-17 years were conducted to capture child experiences of violence while in RCIs. To assess the exposure of children in RCIs to violence, interviews were also held with government officials such as police officers from the Child and Family Protection Unit and district probation and social welfare officers. Additionally, managers/directors and caregivers of RCIs provided their perspectives on what propels violence in RCIs.

Extent and nature of violence faced by children in Uganda

Children as victims and perpetrators of violence

Sexual violence exists within the RCIs as a form of violence against children with or sometimes without the knowledge of the caretakers. This violence occurs at night, especially after the lights in the dormitories are switched off. A young boy in Wakiso recalls such an experience:

“When electricity is off at night and the solar system is not yet on, some children pull our penises and run away...You can be lying on your bed facing upwards at night and then a child comes slowly and since it is dark you cannot identify him, he pulls your penis and runs away.”

On the other hand, young girls are verbally abused when they reject advances from fellow children or refuse to be touched inappropriately. Such encounters hurt them when boys in particular refer to their body parts as ugly and shameful.

Sexual exploitation by caregivers

Apart from harm perpetrated by children, some caregivers are also involved in sexually exploiting young girls. Unfortunately, the research notes that little support in the form of protection is offered when such cases are reported. Worse still, some of the perpetrators engage in sexual exploitation of young girls with full knowledge of their HIV-positive status. A police officer indicated the following:

“There is a home that we closed in 2009. Upon working on the kids and rehabilitating them, one of them told the social worker attached to them that when you grow and have breasts uncle uses you. And you know when you look at them you can't easily tell whether they have been abused. Again that social worker asked them what they were doing with uncle and they said each one had to sleep with the uncle in the house ... the guy and his wife were HIV positive people. When we investigated, the kids said they would interchange them for sex on a daily basis.” (Body Mapping Older boys, Kampala).

As evidence of coping with sexual activity some institutions are known to distribute contraceptives to children as reflected in their budgets.

Caretakers as perpetrators of violence

Children noted that caretakers (who include mamas, uncles and cleaners) are some of the worst offenders regarding mistreatment of children in RCIs. Caretakers subject children to extreme punishments, emotional abuse and aiding children to inflict pain on each other.

With respect to physical violence, the caretaker may sometimes use *hard objects* when punishing children or *punish them by forcing them to kneel* for long durations. Other caretakers physically inflict pain through slapping, punching and kicking children whenever they make mistakes. Additionally, they shout and verbally abuse them, pull their ears, step on them and push them violently or threaten them. Because of such abuse, some children contemplate escaping the institutions, and others actually do so. During the body mapping exercise, one of the boys in Kampala described a typical ordeal:

“Some aunties put our heads down and squeeze them in between their legs as they beat us...The moment you commit any mistakes... Even when you commit a minor mistake, for example she might send you to do work for her and if you refuse she says ‘let my week of duty come, I will show you’. So if it happens and you make a small mistake she can beat you severely...Also some aunts use their hands to pull our ears...Some of them step on our bodies as they beat us...They can even step on our heads. One time the aunt who sleeps in our house stepped on my head and I wanted to escape out of this place but children advised me not to run away (Body mapping older boys, Kampala).



Photo 2: A facility described by children as a safe place Drivers of violence in RCIs

Emotional abuse in RCIs is evident when children are exposed to various forms of mistreatment. The emotional abuse can either be inflicted by caregivers or peers and can range from verbal or physical abuse to bullying. Abuse can also involve being subjected to exploitative work or denied visits to relatives.

Caregivers do not take the initiative to sit with these children to guide them on what is right and wrong. When these children make mistakes, despite their age, they are beaten instead of being guided and corrected, as revealed by a young boy in Wakiso:

“Some of the mothers don’t correct, they just beat you even on minor issues.” (Body mapping Younger boys, Wakiso).

Caretakers also make children punish fellow children. This behaviour is not morally appropriate and makes/teaches children to become perpetrators of violence. In addition, caregivers sometimes massively beat all children under their watch even if only one child was in the wrong. A girl from Mpigi narrates her ordeal of being ordered to punish fellow children.

“An Uncle sent me to get a stick and beat all the girls I find up in the house because it was assembly time. I just hit a little on a few but not all. I was reported to an Aunt that I had assaulted one of the ladies and the Aunt called me to lie down. Before I explained myself to her she beat me up everywhere.” (Body Mapping Older girls, Mpigi).

The psychological damage from the violence is so severe that some of the children consider taking matters into their own hands. Some children confessed developing feelings of retaliation by killing the caregivers who abuse them. A young boy in Wakiso expressed the following:

When I was still in the family house arrangement, my mother used to beat me a lot and I felt like escaping or even killing her at one point. Like if you didn’t do something in a right way, the mother would instruct you to go down on the floor and she beats you instead of correcting you”. (Body Mapping, Older boys, Wakiso).

The research established other instances in children are emotionally and psychologically abused, including being (a) denied food until children have completed tasks; (b) forced to eat more than the stomach can carry in a single meal; and (c) forced to stay naked for failure to wash clothes. In addition, the interviewed children identified other ways in which RCIs neglected children’s basic needs, such as failure to buy or stock food and other items on time when new children join the facility; inadequate commitment to care for children; poor supervision of staff and lack of key social services, e.g., counselling for children; and poor hygiene and sanitation such that children end up with foul-smelling bodies.

Reminding children about their bad/poor backgrounds

The research findings show that children are teased by caregivers and reminded of their unfortunate circumstances

that led them to care homes, such as being poor, an orphan or having been neglected or abandoned by their biological family. Testimonies from children indicate that such reminders distress them, leading them to cry and become angry.

Institutional actions to build children’s resilience

The Uganda Police Force (UPF), under its mandate to institutionalise children, has taken the initiative to visit RCIs to speak to children. The UPF also provides referral services to RCIs for abandoned children. A Child Family Protection Unit (CFPU) officer from Wakiso recounts the following:

“We talk to the kids and they tell us ... That so and so abuses me, so when the caretakers gets to know they are cautioned. Sometimes the kids we take into the homes from the streets have different bad manners. Some like to fight others...and others like to disturb the girls. The mamas keep telling us that you brought us so and so but he/she is a problem. But they help them a lot and the boys’ dormitories are separated from those of girls. Kids from the streets have several vices and as such most of the street kids are separated but they play together with others so the kids tell us that so and so does this or that. They are counselled daily and we also go there and counsel them and they end up relating well”.

Some of the factors identified by caregivers as drivers of violence in RCIs include the following:

- Inadequate staffing in terms of both number and professional competence,
- Institutional confinement of some children whose families exist, and
- limited care.

Implications of violence

There are several consequences of sexual violence against the children, especially girls. The effects are emotional and physical and in some instances affect the health of the

victim. The narratives from children and adults interviewed during the study indicate extreme effects such as rapture of private parts or pregnancy. A probation officer indicates the following:

“We also had an issue where a caregiver who was a male abused two kids sexually; he performed oral sex on the kids and was taken to court after being implicated. One of the kids also told a care giver that pus was coming out of her private parts”.

Need for increased sensitization and dialogue to and with managers and staff in RCIs. Some caregivers and managers hold a general perception that residential care institutions are good alternatives for vulnerable children. Some even go a step further to argue that government restrictions on their operations are unfair. This tension indicates the need not only for increased sensitisation and dialogue but also for policy and law enforcement for the implementation of child protection responses that follow the “best interests of the child” principle while ensuring that all child protection agencies understand and strictly promote this principle.

Recruitment of competent caregivers and capacity building. RCIs should be compelled to recruit caregivers with formal training and experience in child protection and development. Similarly, RCIs should be supported by government and NGO actors to build their capacity to successfully undertake family tracing, reunification and re-integration of children.

Encourage and promote de-institutionalization and follow-ups. To date, enough debates and discussions on the wellbeing of children in RCIs and alternative care arrangements have gone on locally and internationally. Consequently, de-institutionalisation interventions have been initiated in many countries, including (slowly, but steadily) Uganda. These efforts not only need to be scaled up but also sustained because the number of RCIs remains high—over 600 in Uganda.

Endnotes

- 1 Milligan, I (2016) *Alternative Child Care and Deinstitutionalisation: A case study of Uganda CELSIS and SOS International.*
- 2 Mugumya, F., A. Ritterbusch, N. Boothby, J. Wanican, T. Opobo, N.Nyende,

S. Meyer and C. Bangirana (2017) “A Qualitative Study of Risks and Protective Factors for Violence against Children living in Residential Care Institutions (RCIs) in Uganda” Draft Report