

Article

Experiences of child sexual abuse survivors with formal child protection systems: An indigenist perspective

by

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Keywords:

child sexual abuse, child protection, experiences, formal child protection systems, indigenous Child Protection Systems, indigenous

DOI: <https://doi.org/10.31265/jcsw.v20i1.711>



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Abstract

Preventing abuse in childhood and providing services to the victims requires a comprehensive child protection framework. Even when the government of Uganda has made deliberate efforts to facilitate protection of children, research shows that their efforts have largely been inadequate. Adopting an indigenous perspective that centers the structural inequalities that inform social relationships in families, communities and the society rather than the individual is paramount. Thus, this study examined how indigenous child protection systems can be integrated to complement formal approaches in responding to child sexual abuse. This article presents experiences of five adult women from Luuka district, Uganda who experienced rape during their childhood. Narrative inquiry was used to explore survivors' experiences. This information was complemented by information from social workers who were purposively selected and interviewed using a semi-structured interview guide. Thematic analysis was used to analyse the findings and four major themes relating to survivors' experiences emerged from this study. Survivors reported challenges with investigations, access to justice, lack of protective shelter and challenges in accessing medical services. In addition to formal child protection systems, survivors utilised services from indigenous child protection systems which included; Local Council 1, community volunteers, social groups and savings groups. Indigenous practices based on mutual aid and community organising addressed broader welfare needs of survivors, including enabling them to access education, linkage to services and access to shelter. The social support provided through indigenous models involved multiple social welfare functions, and addressed different child protection needs. However, poverty at the household and community level limits the scalability of such approaches. Accessing formal child protection services was found to be costly for the survivors. The Informal Child Protection System is more accessible, offers comprehensive services and demonstrates to buffer the formal systems.

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Introduction

Child Sexual Abuse (CSA) is a global concern. It has been associated with adverse effects on the survivors. CSA includes unwanted and inappropriate sexual solicitation of-, or exposure to a child by an older person: genital touching or fondling, or penetration in terms of oral, anal or vaginal intercourse or attempted intercourse (WHO, 2004). In Uganda, the recent National Violence against Children Survey found that 35.5% of females and 16.5% of males aged 18–24 years had experienced sexual abuse under the age of 18 years (Ministry of Gender Labour and Social Development (MGLSD), 2018). While the United Nations' Convention on the Rights of the Child (UN CRC) advocates that all children have the right to receive loving care and support, and to be safe and free from all sorts of abuses (United Nations Children's Fund, 1989), child protection (CP) remains a significant challenge in Uganda, and for most low- and middle- income countries (Renzaho et al., 2018). Article 19 of the CRC describes CP as the 'protection of children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse'. Uganda has ratified the CRC. As part of the comprehensive response to violence against children, a formal child protection system (FCPS) was established (Child et al., 2014). The FCPS is a broad framework of preventive and responsive interventions that address the vulnerability of children to the denial of all their rights (Yiga, 2023). The system consists of government and registered child protection actors in different structures, with different functions and capacities. It offers specialised services to help children overcome traumatic situations, and ensure their future safety (MacMillan et al., 2003). The FCPS targets addressing social problems that affect children. These include: gender-based violence, domestic violence, child abuse and neglect, and mental health challenges. These challenges are addressed through psychosocial support. The FCPS has primarily adopted a therapeutic approach (Wamara et al., 2022).

Although the government of Uganda has made deliberate efforts to ensure the protection of children, research demonstrates that their efforts have largely been inadequate. Studies show that the system has been overwhelmed by the scarcity of resources, the absence of a culturally relevant curriculum and a limited prioritisation of child protection services by government. Therefore, significant CP work is being

done by civil society organisations (Kakuru et al., 2023). These organisations have introduced programmes and projects of their own, often at the behest of international donors, with a limited linkage to the contextual CP needs. CP services have been dominated by formal interventions delivered within a wider, formal administrative system by external service providers. Consequently, the Formal Child Protection Systems lack the local and grassroots knowledge required to successfully guide their efforts (Renzaho et al., 2018). There are extremely low levels of follow-up and response to CP issues. This is attributed in part to a poor prioritisation of child welfare, competing caseloads and poor training by social service providers (Child et al., 2014; MoGLSD, 2013).

On the other hand, the indigenous child protection system (ICPS) has been acknowledged as more situated, and having cultural knowledge. It is recognised as an important way of mobilising communities around child protection. It is also better equipped to effectively and sustainably address child protection needs (Kafuko et al., 2015). While it consists of smaller, less-established groups, the ICPS utilises strengths-based approaches to address violence against children at the community level. They include volunteerism and mutual aid activities, which are based on reciprocity. The ICPS includes the people, groups and networks that exist in communities at the local level, to prevent and address child protection concerns and violations. The ICPS has been studied in fishing communities in Uganda (Kafuko et al., 2015). However, its contribution in responding to child sexual abuse is seldom recognised. It is in this regard that studies such as Twikirize and Spitzer (2019) have advocated the integration of indigenous knowledge into Western social work approaches in addressing child welfare needs. Conversely, scholars such as Tusasiirwe (2022) have advocated that attempts toward indigenisation should be preceded by decolonisation. This is because decolonisation is regarded as a critical process that creates a firm ground for indigenous models to thrive. This implies that indigenous models should be prioritised instead of being integrated into Western models.

Based on interviews with adult survivors of CSA, this article describes the experiences of the survivors in accessing services from the FCPS run by the state to help address CSA. It also explores how the ICPS works to complement the

FCPS. The study focuses on three major sub-systems of the FCPS (welfare, justice and health), which were primarily contacted by CSA survivors. The main research questions this article responds to are: (a) What were children's experiences in accessing services from the FCPS, and (b) How were indigenous approaches used to complement the FCPS to respond to CSA?

Context: The formal child protection system in Uganda

The FCPS in Uganda is multidisciplinary and inter-sectoral. It has four major subsystems that include justice, welfare, education and health systems (Yiga, 2023). At the national level, the Ministry of Gender Labour and Social Development (MGLSD) is the lead agency spearheading CP. At the district level, the statutory responsibility for CP rests with the Community Based Services Department, which is headed by a District Community Development Officer (DCDO). This department is responsible for the welfare needs and services in the district. The Probation and Social Welfare Office (PSWO), which is under this department, is directly responsible for executing the district's child protection mandate. They conduct interventions such as rescue, alternative placement, including emergency placement, and the preparation of children and families for reintegration. Regarding child sexual abuse response, they offer counseling and psychosocial support, and refer children to access health and legal aid services. The Community Development Officer who works at the sub-county level is responsible for the identification of children in need of protection, reporting and the referral of the cases (Wessells, 2015).

The justice sub-system, which includes the Magistrate's Court and Police (Child and Family Protection Unit), are responsible for investigating child rights violations, and addressing crimes committed against children. This is done through the arrest of perpetrators, the investigation of cases and mediation between conflicting parties. They also refer survivors of child sexual abuse for medical examination, and offer emergency shelter. On the other hand, the magistrate's court conducts investigations of crimes, including those committed by- and against children. It also prosecutes offenders. Depending on the level at which the case is reported, a case may be investigated by the Community Development Officer, the Probation and Social Welfare Officer, the Magistrate's Court or the Police.

The health system includes health facilities at the district level, which are responsible for the overall provision of both preventive and curative health services to children. They support the clinical management of sexual abuse. They are expected to carry out HIV testing, provide emergency pills to prevent pregnancies, and provide Post-Exposure Prophylaxis (PEP) for victims of sexual abuse who are negative (MGLSD,2013). However, existing evidence has revealed that FCPS has been associated with bureaucracy, corruption, funding gaps and poorly trained staff (Child et al., 2014). Limited knowledge exists regarding the unique experiences of young survivors of CSA, and how they navigate and experience these formal systems of support. Arguably, as this article shows, the ICPS can be more effectively utilised to enhance the relevancy of formal child protection interventions targeting survivors of CSA.

Indigenous Child Protection System

This study draws on the typology formulated by Midgley (1994). This typology describes indigenous systems as including four types of welfare institutions that reflect culturally institutionalised norms of obligation and reciprocity. The first type of welfare comprises family and kin obligations for nurturing, supporting and assisting family and kin members. The second includes community support networks that are utilised for social and economic purposes. These networks are broader, and benefit from assistance from neighbours and village elders, and religious leaders in time of need. The third type consists of mutual aid associations comprised of groups of people who pool resources to meet contingencies, as well as promote savings. The final type includes religiously mandated obligations to provide assistance to the poor (Patel et al., 2012). The ICPS operates at grassroots levels, such as the village level. It includes groups or networks such as families, community groups, peer support, religious leaders, elders and natural helpers. The system involves a range of strategies, which may vary from one community to another. They work to strengthen parent-child relationships, create supportive communities with a shared belief in personal and collective responsibility for child protection (Kafuko et al., 2015).

The Local Council 1 (LC1), which is a body of locally elected officials, has been instrumental in executing child protection duties at the village level. The LC 1 chairperson runs a village, which usually consists of between 50 and 70 households. It houses between 250 and 1,000 people. It also carries out judicial duties at the village level (Khadiagala, 2001). The LC 1 committee comprises nine members led by the chairperson. They are expected to maintain law, order and security, and initiate and support self-help projects in the community. It was modeled against indigenous systems with the aim of facilitating 'access to popular justice that emphasises indigenous values of communal harmony, cooperation, compromise and conciliation' (Khadiagala, 2001, p. 64). While they are not designated to handle CSA since it is a capital offense, they link survivors to formal services systems by providing information required by survivors to access services.

Theoretical framework

This study draws on the socio-ecological framework by Bronfenbrenner (1979). It describes individuals as existing in nested systems of protection. It also posits that the environment has a major effect on the well-being of children. The ecological framework emphasises the importance of multi-layered support across the micro-, mezzo- and macro systems to promote the holistic well-being of survivors (Annan & Brier, 2010). Microsystems represent the roles and inter-personal relations that may work to protect the child. Family services are a significant component in the protection of children. The child's personality and association with peers are important. The meso-systems reflect interactions between microsystems, such as families, schools and religious communities. For example, evidence has revealed that children are more likely to disclose abuse when they have access to non-kin adults who are part of community subsystems such as neighbours (Ungar et al., 2013). By contrast, the macro-systems refer to those aspects of the social ecology that form the cultural backdrop to a child. The multiple systems at higher levels form complex triangles, in which micro level systems such as families, community organisations, social groups and peer groups exchange resources in ways that enhance an individual's growth and ability to mitigate risk exposure (Ungar, 2012). The framework acknowledges resources in the environment, such as quality education opportunities, meaningful employment, and enabling cultural heritage as having a great contribution

to facilitating recovery from abuse (Moletsane & Theron, 2017). It acknowledges the fact that most of the problems experienced by individuals have their roots in the socio-economic and political environment within which they live (Stark et al., 2016). This model argues that interventions to facilitate well-being in contexts where children face adversity are most effective when they reflect the complexity of a multi-systemic view of recovery (Ungar et al., 2013). Fostering stronger linkages between formal service providers and indigenous social work approaches can increase the capacity of survivors by facilitating access to various forms of support.

Additionally, this study draws on Ubuntu, which is an African philosophy that highlights the African thought of acceptable ideas and deeds. Ubuntu is a collection of values and practices, which people of African origin view as making people authentic human beings (Kasherwa & Author's own, 2018). While literature is unclear on whether Ubuntu can be categorised as a theory, Van Breda (2019) has made attempts to describe Ubuntu as an African theory of social work practice. Ubuntu, as an African concept, refers to humanness, and it has been reflected in the phrase *I am because of who we all are* (Mugumbate & Nyanguru, (2013). Literature has indicated that Ubuntu reflects-, and is in agreement with, various social work values, notably: human solidarity, empathy and human dignity. The philosophy's recognition of human relationships is linked to the social work perspective of person-in-environment, and emphasises the importance of ecologies. Ubuntu thus 'decentres the individual as the prime unit of analysis, and centres rather the relationships between people' (Van Breda, 2019:441). Ubuntu offers comprehensive ways of understanding social problems, such as child sexual abuse. It also draws on indigenous ways of understanding the interconnectedness of people as vital in implementing relevant interventions.

Methods

This article utilised data from a larger study on 'developing and sustaining resilience by selected survivors of CSA' conducted in the Luuka District, in the Eastern region of Uganda. The Luuka District was selected because it has been ranked among those with high sex-related crimes with more than 40% of women having experienced childhood sexual violence before the age of 15 years (UBOS, 2021). This was a

cross-sectional qualitative study, with information from survivors obtained through the narrative inquiry method. Narratives were important because they allow survivors to provide accounts of their lives (Elliott, 2005). They were preferred because evidence has revealed that even in the context of in-depth interviewing, there has been a tendency to suppress stories, or to treat them as problematic in the analysis phase of research (Mishler, 1995). Additionally, conventional approaches to interviewing treat respondents as epistemologically passive, and as mere vessels of answers which make narratives appropriate. As advanced by Elliott (2005), allowing participants to provide accounts of their lives and experiences can help to redress some of the power differentials inherent in the research enterprise, and can also provide good evidence about the everyday lives of research subjects and the meanings they attach to their experiences. Open-ended questions were used to enable participants to reconstruct their experiences. Information from social workers, who were purposively selected from government and non-government institutions, was obtained using semi-structured interviews which lasted between 40-55 minutes.

Participants

This article draws on five interviews, with survivors who sought help from the FCPS, and six social workers. Out of the 14 survivors, only five reported their experiences to the FCPS, which is consistent with the recent Uganda demographic and health survey, which revealed that among survivors of sexual abuse, only 33% of the females and 30% of the males reported having sought help and services from formal institutions (UBOS, 2016). Only female survivors, who experienced sexual abuse when they were still children between the ages of 13 and 17 years, were targeted. Previous evidence has revealed that contact with FCPS was higher among younger survivors for both sexual and physical abuse (MacMillan et al., 2003), hence forming the basis for targeting this category. At the time of the interviews, participants who had sought help were between the ages of 18 and 26.

Sampling

Fourteen adult female survivors of child sexual abuse were interviewed. Female survivors, who experienced penile penetration sexual abuse, as described by Faller (2003), between the ages of 13 and 17, were interviewed. These participants had

also disclosed the abuse before making the age of 18 years. This age category was preferred to avoid the recall bias. Purposive selection was used to select survivors, with participants recruited through community service networks in the Luuka District. These included governmental and non-governmental institutions. Recruitment forms detailing the subject of the study were distributed to organisations. Organisations distributed the forms, and survivors who were willing to participate, were advised to contact the first author using the phone numbers contained in the forms. Participants who contacted the researcher were assessed for eligibility, while those who met the criteria were interviewed after obtaining informed consent.

To help address emotional and psychological harm like stress, anger and depression among participants, especially after interviews, I made contact with the social worker at the Hope Hurts Foundation. This was done so that the organisation can serve as a referral point for any participant who would express or show signs of distress after in-depth interviews. Fortunately, no participant expressed or showed feelings of distress after their interviews. The recruitment process was driven by participants, who also voluntarily made the decision to participate. This study was approved by the Makerere University School of Social Sciences Research Ethics Committee, as protocol number MAKSSREC 02.2024.634, and the Uganda National Council for Science and Technology, as protocol number SS1720ES.

Data Analysis

All interviews were recorded with the consent of participants, and transcribed verbatim. The thematic data-driven inductive approach by Boyatzis (1998) was used to analyse interview transcripts. While the process of analysis was iterative and reflexive, it also involved a step-by-step procedure as outlined by Boyatzis (1998). The first step of the analysis involved developing the code manual. This was followed by testing the reliability of the code. This stage entailed determining the applicability of the code to the raw data. The third stage involved summarising data and identifying initial themes. It was followed by applying the codes from the codebook to the text, with the intent of identifying meaningful units. I was then able to discover themes and patterns in the data which were corroborated to confirm the findings. Conceptual categories that include experiences of CP systems were grouped

together to include the responses, the quality of care, and the feeling triggered. Using NVivo software, phrases were coded and underwent thematic analysis (Ritchie & Lewis, 2003). To preserve anonymity, pseudonyms chosen by the participants were used and social workers were named as Social worker 1-6. The health facilities and names of places have been anonymised.

Findings

Profiles of participants

All participants (05) had experienced rape as a form of sexual abuse during childhood, with their brief profiles presented below. To preserve the anonymity of participants, their socio-demographic information presented was limited to the nature and context of the abuse experienced, the category of the perpetrator, the age at the time of abuse and the action taken in response to the abuse. In the subsequent paragraphs, I describe the socio-demographic characteristics of the participants in the study.

Sharon narrated how her father raped her when they had gone to the garden. She was 14 years at the time of the rape. She reported the abuse to her grandmother, who advised her to keep quiet about it because it was shameful to the family. Sharon was angry at her father. She disclosed the abuse to their neighbour, who advised her to report the incident to the police.

Goretti was 16 years of age, and taking care of her six siblings at the time, when she was first raped by her uncle. She first told her mother about the abuse. However, her mother advised her to keep it a secret. The last time she was raped, she reported the issue to the police.

Patricia was raped at the age of 15 by two strangers. She reported this to her elder sister the next day. Her sister immediately escorted her to the health facility, where she was provided with post exposure prophylaxis (PEP) to protect her from contracting HIV. However, she was not given emergency pills. She therefore became pregnant from the abuse.

Shantel is visually impaired. She was raped by a stranger, which she immediately reported to her mother. With her mother, they reported to the LCI, which provided them with an introductory letter that they presented to the police the next day.

Suzan was raped by strangers. She reported the abuse to her father the next morning, who advised her to report to the nearest police station. While she was welcomed at the police, she later on felt like the police were conniving with the perpetrators. This forced her to abandon the case.

Experiences of survivors with the FCPS

Regarding survivors' experiences, five major themes emerged from this study. Participants reported challenges with investigation, access to justice, lack of protective shelter and challenges in accessing medical services.

Investigating CSA

Most survivors experienced a good reception from the police and health workers when they went to report about sexual abuse. Even when they were warmly received, they reported feelings of fear. The proceeding events, especially interviewing, were categorised as unfriendly. All survivors, irrespective of the FCP structure approached, were asked to narrate what had happened in detail that led to the abuse. Gorreti reported that she was asked by the police to explain the whole process of the abuse. While survivors appreciated the benefits of the investigations as a viable means of expressing their innocence, to some, the interviews were not done in a child-friendly environment. At the police stations, some survivors revealed that the interviewing increased their vulnerability, as they were 'interrogated' in an environment where they were not in control. Gorreti, who had been raped multiple times by her uncle, reported, 'When I came to the police, they asked me so many questions, I was scared that they were going to arrest me.' Gorreti reported to the police because she had previously reported to her mother. However, her mother only advised her to keep quiet about the abuse. Sharon reported similar feelings when she said, 'I thought I would also be locked up in prison.' These feelings of fear and vulnerability were reported by the social service providers as well.

Some survivors also reported that the investigations were intrusive. This is because the survivors were required to narrate and explain the nature of sexual abuse experienced using certain words that were culturally shameful. They indicated that they had to provide evidence of vaginal penetration, which they found to be humiliating. The lack of privacy and confidentiality was also felt in the process of investigation. It was revealed that investigations were conducted in open spaces with different people able to overhear, which they felt was shameful. Limited structures, like a private room where survivors could be attended to, limited the privacy and confidentiality of the conversations. Social worker 2 at the community welfare office, at the Luuka District, reported, 'There is a challenge of confidentiality because we don't have a gazetted room special for handling such cases. So when a child comes, she is attended to in the same office where we work.'

The social worker under the justice sub-system also reported this challenge when they said, '...even the probation office doesn't have a private room to handle the cases, so these cases are dealt with in the open, which is very dangerous.' The findings imply that the setting in which SCA is responded to is not friendly, and can limit survivors' expression of feelings about the abuse.

Access to justice

Participants reported that they disclosed the abuse to the police because it was one of the main channels to accessing justice. The FCPS responded by asking survivors to share information about perpetrators to help facilitate their arrest. Shantel, Gorreti, Sharon and Suzan revealed that the police responded positively, and spearheaded the process of arresting the perpetrators. While some survivors wished to have the perpetrators arrested, it was revealed that most perpetrators could not be tracked by the police, as they fled after learning that they had been reported to police. Gorreti narrated, 'They then asked me where my uncle stayed, and I directed them, but by the time they got there he had already run away.' Sharon experienced the same, and reported, 'I went with two policemen who took me to my dad's home, and they found when he had escaped'.

Shantel and Suzan, who had been raped by strangers, wished that their perpetrators could be imprisoned for life to stop the violence, unlike Gorretti and Sharon, who

were raped by their uncle and father respectively. They expected light but deterrent punishments for the perpetrators. Although they reported to the police to obtain justice, they did not like the police's response of arresting and imprisoning the perpetrators. Sharon preferred simple punishments that would maintain a peaceful co-existence in the family. Sharon reported that imprisoning her father would contribute to hatred and abandonment by the entire family. In her words, 'I wanted him to be punished, but not to be imprisoned...I wanted to let him know that I was not happy with him.' This implies that survivors attach different meanings to justice, as some preferred restorative, as opposed to retributive, justice.

Some survivors were required to meet the cost of arresting the perpetrators, which they felt was a strain. Whereas some paid to have their perpetrators arrested, there were limited efforts by police to follow up on the cases. The social worker at the probation and social welfare office alluded to the constraints in financing activities, such as follow-up, which requires having a reliable means of transport. While they are expected to assist children in accessing services in the referral system, they are limited by resources. This implies that access to justice involves an extra cost, which some survivors may not be able to raise.

Lack of protective shelter

FCPS, such as the welfare and justice sub-systems, are expected to accommodate survivors in need of emergency shelter. Despite this, survivors could not be housed in a decent shelter. When Sharon reported to the police, she could not be received at her home since she had defied her grandmother's instruction of keeping the abuse a secret. She needed a safe space to live. Due to a lack of safe spaces to accommodate survivors, some children were left to spend nights in prison. Sharron narrates her experience thusly:

The first day I reported to the police, I slept in the prison because they had nowhere to put me... they told me that there were people who were going to come and pick me up but no one came: later a certain police lady told me to sleep in prison...they put me in the women's prison. (Sharon)

The lack of shelter exposed Sharon to fear and further traumatisation. She was threatened when she was asked to share a sleeping area with women who were detained for having broken the law. In her words:

I found three ladies there...they asked me why I was in prison and I did not tell them anything. They promised to beat me up at 2:00 a.m. so that I tell them why I was there, and I refused. I just kept quiet and stayed seated. I did not sleep. (Sharon)

When Patricia was chased away from home by her mother due to the pregnancy that resulted from the abuse, she reported to the health worker. She felt like she was not adequately helped to obtain a decent accommodation, but she relied on her friends to find accommodation. Patricia narrated:

My friends helped me when I was about to deliver; after delivering, we went with one of my friends to her home. I stayed there... whenever I tell them I have nowhere to sleep, they allow me to sleep over; when I tell them I have no food, they say come and we give you food (Patricia).

The lack of protective shelter may expose survivors to further abuse, leading to losing interest in the case, and hence limit access to services.

Challenges in accessing medical services

Survivors applauded the FCPS for offering them psychological first aid through counselling. This counselling helped them to overcome their emotions. However, survivors reported that while the FCPS provided psychosocial support, they experienced challenges in accessing the medical services they were referred for. Survivors were referred for services such as medical examination, HIV testing and PEP. However, they could not afford the cost for these services. Survivors had to pay a cost in terms of transport, or pay directly for the services. Survivors who reported to the police and the probation and social welfare officers within 72 hours following the abuse were referred for medical examination and HIV testing. Other services included the administration of PEP to those who are found to be negative, and the enrolment on ART for those found HIV-positive. Survivors accessed post-exposure prophylaxis (PEP), which is a short course of HIV medicine taken after a possible exposure to HIV to prevent the virus from taking hold in the body. Survivors reported that they accessed PEP from the Baba Health Facility, which is the nearest health centre, approximately 35 km from survivors' homes. The Baba Health Facility is the facility based at the sub-county level, and is the only government health facility mandated to provide medical examination for the survivors of sexual abuse in the district. Patricia acknowledged receiving PEP when she said, 'When I came to the facility, they gave me medication to prevent HIV, I took it for 30 days, and it was free.'

Survivors were required to pay for medical examination. However, due to the cost attached to the services, it became difficult for some survivors to get examined. They reported that the average cost for medical examination ranged from UGX 40,000-50000 (UGX 10.66-13.5). Gorreti, while sharing her experience, reported, 'They instructed dad to raise money to take me to hospital for examination...it was UGX 50,000 (USD 13.5).'

Participants also reported that due to limited supplies and funding to the health facilities, survivors could not be supported with emergency pills. The lack of free emergency pills makes some survivors vulnerable to pregnancies when they could be avoided. At the Baba Health Facility, it was reported that emergency pills were not supplied by the government since they are not considered essential in the national medicines supply chain; as the social worker reported, 'We don't have emergency pills here, we tell the girls to go to private pharmacies and buy the pills.' Logistical limitations at the health facility leave survivors with no option, which makes them vulnerable to pregnancy and other health-related complications.

Indigenous Child Protection structures responding to CSA

The indigenous systems that survivors relied on, included Local Council 1, community volunteers, social groups and savings groups.

The Local Council 1

Participants who first reported to the LC1 described it as a friendly and welcoming structure. Additionally, they reported that they felt secure. Shantel reported that the process of reporting the abuse to the LCI was friendly, and she felt she was in control of the process. She reported that she talked to the committee member who represents women, 'Nabakyala' (a member of the nine members of the committee who represent women). The interviewing process was supported by her mother, which encouraged her to open up. She experienced the environment as conducive and supportive. She narrated, 'the LC1 treated us well, she felt sorry for me as I narrated the whole story, and my mother helped me to calm down.'

Participants reported that the local councils offered guidance on what to do after the abuse. Shantel narrated that when she reported her case, she was advised by the

LC1 leader to go for medical examination: 'We went to the LC, and we were advised to go and check whether I have not been infected with any other disease.' The LC was mentioned as a structure that facilitated the linkage and referral to formal services. The social workers reported that this structure is accessible since LC members are living in the same village as survivors, as social worker 3 reported: 'These people are living within them and it is easier to approach them, some people fear police.' Local Council leaders helped to identify categories of children in need, and provided information required to enable vulnerable survivors to access formal services. It was revealed that in some cases when the survivors do not have the money to conduct a medical examination, they obtain introductory letters from the LC1. This letter introduces them to the hospital authority for assistance:

When we went to the health facility, they needed money to test me, my mother did not have money, so we were advised to obtain an introductory letter, ... the chairman gave her a letter that we took to the hospital, and I was tested for free. (Shantel)

While the LC1 structure does not directly handle CSA cases due to its criminal nature, it sets sanctions for perpetrators. It also provides psychological support to the survivor and her family, as well as linking survivors to FCP systems for services.

Community Volunteers

Community volunteers include neighbours, community elders and religious leaders who are trusted by community members. They include people who have built a good reputation in the community, and are passionate about helping children. Social workers reported that they were relying on community volunteers to offer shelter to the survivors who could not be accommodated by their relatives. Sharon reported that a member of the community volunteered to host her when she left the prison. In her words, 'I did not go back home but they brought me to stay with this man in this home... I have been here for four years now.' Sharon felt that her condition became better when she started living with a community member who volunteered to take care of her. She was supported to return to school. She said:

My dad had refused to take me to school, and I thought I would never study again. But this man took me to school and told me to keep focused; he promised to pay my tuition until I finish my studies. (Sharon)

Sharon reported that while she was able to resume school, she survived on one meal a day since her caretaker could not afford to pay money for her to obtain lunch from school. In her words:

I don't have meals for lunch. The school provides lunch only to those who have paid for it, but they don't pay for me. So I only eat when I go back home...we start classes at 8:00 am and go back home at 5:00 pm, and when I reach home we have to first cook, so we eat at around 7:00 pm. (Sharon)

Patricia also reported that she relied on her friends and peers to obtain accommodation when she was chased from home by her mother. These findings point to decisions informed by generosity and assistance, which is not based on wealth.

Social groups

Survivors reported that they had organised themselves into groups, which facilitated their emotional recovery. For instance, at Bibi Sub County, survivors formed a group called, 'Blessing teenage mothers.' Survivors mentioned that these groups were instrumental in providing them with a safe space to share their experience, which facilitated their recovery process. Patricia narrated, 'I met several girls there with kids and they would share what they went through and I told them my experiences as well... others come when they were still crying and we encouraged them to be strong.' Social groups created avenues for psychosocial support among survivors. Unlike the FCPS, social groups helped the survivors to interact with people who underwent the same sexual abuse, and enabled them to open up. As Gorreti reported, 'When you share your challenge, they talk to you, they counsel you and encourage you to be strong. They even advise you on certain decisions you can take in your life.' Survivors revealed that these groups provided them with an opportunity to take charge of their lives. They felt empowered that they could discuss, negotiate and make decisions with their partners regarding sex, and plan their sexual activities.

Saving groups

Indigenous approaches have been adopted to help survivors address their financial challenges. Through the creation of saving groups, survivors are provided with protection against a wider risk of contingencies. One group called '*brave girls and happy babies*', comprised of girls who delivered children as a result of rape, were engaged in activities such as tailoring to enable them to earn income, which improved their financial capacity. Social worker 1 reported, 'They contribute UGX 2000 (USD 0.53) per week, instead of using it to eat *chapatti* (snack), they save it,

and at the end of the year they collect their money at once.’ This approach was applauded for instilling a saving culture among the survivors, and buffering them in case of emergencies such as child ill-health. Patricia shared her experience when she reported, ‘Sometimes I get some money from our savings group when my child falls sick. I used to struggle before I joined. The baby would fall since when you don’t even have a coin to buy her food.’ These words show that being a member of the savings group was associated with protection from risks, such as illness and a better financial stability.

Discussion

The current study explored the experiences of adult survivors of CSA in accessing services from the FCPS. It also examined the integration of indigenous approaches in responding to CSA. The findings show a lack of support for the survivors at all levels. Systemic barriers relating to logistics, limited funding and corruption limit access to services in the FCPS. The underlying assumption of referral, in which the recipient of the referred person is assumed to have the resources to provide the services, has been limited by less allocation and the prioritisation of welfare services. There were limited efforts to link survivors to other services, which would enable them to cope with the abuse. The FCPS, especially police, are usually pre-occupied with investigations at the expense of the welfare of the survivors. Additionally, they are constrained by limited funding. Previous literature has highlighted the lack of funding as a key challenge facing the implementation of CP programmes (Child et al., 2014). The experiences of survivors indicate that, in addition to paying inadvertent costs, reporting cases of abuse also caused fear, especially from the police. Relying on structures at the community level can be an important avenue to prepare the survivors before they interface with formal child protection systems. The LC1 can serve as an intermediary between families of survivors, perpetrators and other formal service providers, such as the police.

The FCPS mainly offers remedial services, which tend to be curative, and do not adequately address survivors’ needs. The social support provided through ICPS, such as community volunteers, is reflected to involve multiple social welfare functions, such as education, peer support, positive social interaction and material

aid. This is in conformity with existing literature, indicating that ICPS offer comprehensive support based on a relationship built on reciprocity and mutuality (Whittaker & Whittaker, 2023). This implies that collaborating with the FCPS would minimise access challenges attributed to the costly services. Drawing on the socio-ecological framework (Bronfenbrenner, 1979), ICPS systems and relationships work to support healing and better welfare for girls impacted by sexual abuse. The child's micro-level environment, which encompasses small environments of face-to-face interactions such as family, were instrumental in responding to CSA. Most participants reported to their family members before they approached the FCPS. Survivors felt more secure when they disclosed CSA with family member to support them. Related literature has revealed that in most cases, girls will report to their parents since sexually related issues are supposed to be reported in the home environment. Parents are believed to be understanding and friendly compared to FCPS such as police (Kafuko et al., 2015). Some family members were instrumental in linking survivors to formal services. However, the culture of keeping sexual abuse a secret could greatly hinder access to services for some survivors.

Strong connections and coherence within the mezzo system are beneficial for the child, especially, when the health facilities and communities collaborate effectively for the child's best interests. Conversely, the mesosystem operates poorly, particularly when CSA within the home is isolated and left unaddressed due to factors like poverty and a fear of retribution. While ICPS provides support to the survivors, in some instances the community volunteers are constrained by poverty at the household level, which increases the risk of vulnerability among survivors. It is evident that even when some volunteers offered to support the education of survivors, they could not afford to pay for their meals at school. This implies that while indigenous social welfare approaches are based on communal solidarity, there is a need for dedicated resources and targeted interventions to address household poverty.

At the macro level, social policies such as welfare provisions impact the type of assistance provided to children. Challenges such as limited structures limit social workers' ability to adhere to children's right to privacy. Contrary to the cultural expectations, the FCPS involves reporting experiences of sexual abuse to people

outside the home environment, yet cultural norms governing sex and sexuality in many African countries, including Uganda, consider this as a taboo (Orchowski et al., 2022). The Children's Act prohibits the detention of children with adults; however, due to structural limitations some survivors are accommodated in prison as alternative options are being sought. The ecological framework, particularly, the notion of person-in-environment, is reflected in the importance of relationships in healing and recovery processes. While interventions in the FCPS focus on relationships, ICPS have much in common with the African aphorism that 'it takes a village to raise a child' (Mugumbate & Chereni, 2019).

Formal child protection services in Uganda also reflect the Western models, which are built on equitable social structures that rely on individual and collective resources to promote social justice. Previous studies have revealed that child protection systems in Uganda have been generally premised on services provided by professionals recruited in a top-down approach by government institutions (Jailobaeva et al., 2021). However, such an approach may not be suitable for some low-income settings, with the prevailing socio-economic and cultural context. The structural issues in low-developed countries such as household poverty, limited qualified social workers and cultural differences create gaps in social work practice, and hence necessitate the adoption of context-specific models of practice.

Structural gaps in the formal child protection systems may expose survivors to additional challenges. Previous studies have reported that Western social work skills, methods and practices fail to address challenges in developing countries, such as poverty, oppression, corruption and human rights abuses (Wamara et al., 2023). Studies have reported extremely low levels of follow-up and response to child protection issues by formal child protection systems. This is partly attributed to economic factors, competing caseloads and the poor training of social workers (Child et al., 2014). These challenges can be addressed by collaborating with the non-governmental organisations and indigenous child protection system to reduce the vulnerability of survivors to further abuse.

In line with the communal and collective welfare principles of Ubuntu philosophy, community members were a great avenue for survivors to access services and

express their feelings about the abuse. Community members were a source of accommodation, which implies that people are concerned with the dignity and worth of individuals and communities. The practices of community volunteers reflect the Ubuntu principle of generosity. Their willingness to offer support to survivors demonstrates actions that are motivated by a consideration and humanness towards others. Generosity implies people are aware of- and pay attention to the needs of those around them and in vulnerable situations, rather than only focusing on their own needs (Van Breda, 2019).

The findings indicate that survivors attach different meanings to justice depending on the perpetrator. Where perpetrators are relatives, some survivors preferred a restorative justice that focuses on repairing the harm done by the perpetrator, and rebuilding that person's relationship with the victim and society. They prefer simple but deterrent punishments that allow offender rehabilitation and accountability, reconciliation and community peaceful co-existence, as opposed to an imprisonment proposed by the formal systems. This implies that there must be deliberate attempts to consider culturally specific practices when handling survivors (Gray et al., 2008). Unlike the FCPS, which aims at retributive justice, and views punishment as the best response to crime, some survivors prefer community co-existence and harmony, which are emphasised in Ubuntu philosophy (Kasherwa, Kapalata & Author's own, 2023). Therefore, Child Protection approaches the need to be designed to reflect the needs and cultures of indigenous societies.

Generally, there are aspects of collective action and communal welfare similar to the community development approach. The local values of solidarity and mutuality are greatly reflected in the response of community members, and they reflect a strong attachment to people's cultures and history. Drawing on ecological theory, and developing an interdisciplinary and coordinated system that builds on the capacity of actors at the community level, would enable formal systems to tap resources in the community, and avoid a piecemeal approach to child protection.

Conclusion

Conclusively, it can be argued that children's vulnerability to abuse often results from multiple factors, including cultural, economic, political, structural and social elements. These causes may be embedded in the family, the community and the social environment. While FCPS may attempt to offer remedies and respond to child protection needs, they are constrained by resource and capacity limitations, differences in cultural expectations and formal requirements, which make it difficult for vulnerable children to access services. The intrusive narrations of CSA experiences, and talking about sexual issues with a stranger, contradict cultural expectations. The structural gaps in the FCPS unintentionally silence and deprive the minority and vulnerable populations from accessing and utilising formal services by making them costly. Corruption continues to embody formal structures, and is a major human rights violation that fosters injustice. It is therefore crucial to acknowledge the role that local cultural contexts and resources play in responding to child protection needs. ICPS appear to be more accessible to the survivors, offer comprehensive services and demonstrate to buffer and strengthen formal support systems. The services are largely offered through informal macro-level operations based on mutual aid and collective action, which facilitates a sustainable response to child protection needs.

Implications for social work practice

Most social work interventions fall under community development. The unique and local nature of the context in African countries like Uganda creates a need for structurally appropriate interventions. This study has highlighted the potential of survivors' relatives, peers and other pre-existing support networks to provide valuable support. Findings from this study suggest that it is important that programmes aimed at addressing the needs of survivors of CSA work not only with individual survivors, but also with their families, communities and other relevant actors in order to promote recovery from CSA.

The findings have significant implications for the decolonisation agenda. Before the introduction of FCPS, CP problems were largely addressed through informal micro-level operations based on mutual aid and collective action organised by the family,

kinship and chiefdoms. The introduction of planned and institutionalised social welfare and social policy contributed to less a focus on the whole, but instead on individuals. Social work interventions must therefore be understood within the historical context of the country and structural inequalities that inform social relationships in families, communities and the society, rather than the individual.

Exploring experiences of survivors facilitates an appreciation of local and indigenous knowledge, which is line with the decolonisation agenda. Identifying the contribution of local resources in social work practices is important in reducing the dominance of Western social work models and practices in Uganda, and in African in general. Understanding the experiences of survivors helps in restoring and rebuilding African ways of helping, and improves the recognition of local social work models and practices at the community level in responding to child sexual abuse, which is in line with decolonisation processes.

Research on experiences with the formal institutions can provide valuable information to the social work profession. First, it can inform the design of treatment and prevention programmes against the adverse effects of CSA. For instance, the unique context of the formal system constrained by limited resources in Uganda creates a need for structurally appropriate interventions. Additionally, identifying context related challenges may help professionals to avoid system-induced trauma by linking survivors to informal structures. This is helpful in enabling survivors to navigate trauma resulting from abuse. This is what facilitates recovery.

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