

**CHILD ABUSE AND DEVELOPMENT OF CHILDREN IN KIRYANDONGO
REFUGEE SETTLEMENT, WESTERN REGION OF UGANDA**

**BY
MARGARET ATILIO FUAD ZOLIEN
1163-06246-05768**

**A THESIS SUBMITTED TO THE COLLEGE OF HUMANITIES AND SOCIAL
SCIENCES IN PARTIAL FULFILMENT OF THE REQUIREMENT'S FOR THE
AWARD OF A MASTER OF ART'S DEGREE IN HUMAN RIGHTS AND
DEVELOPMENT STUDIES OF KAMPALA INTERNATIONAL
UNIVERSITY**

APRIL, 2019

DECLARATION

I **Margaret Attilio Fuad Zolein**, declare that this thesis is as a result of my own efforts and has not been presented for any other academic award in any University or institution of learning.

Signature


Date.....17-04-2019.....

APPROVAL

I confirm that the work in this thesis has been submitted to the director of higher degree and research of Kampala International University and carried out by the candidate under my supervision.

Dr. Ogbonna C.Chidiebere

Signature 

Date..... 12/04/2019

DEDICATION

I dedicate this work to my parents and family members for their moral support and the encouragement that they gave me during the study.

ACKNOWLEDGEMENTS

I wish to acknowledge and be grateful to almighty God for enabling me to reach this point in my academic life and I am so thankful for his unconditional protection. Many thanks to my supervisor and advisor Dr. Ogbonna C.Chidiebere, for his never ending support and guidance throughout my master's journey.

I equally express my utmost gratitude to the respondents who afforded to spare time to complete the questionnaire and also to sit for the interviews. My research assistants who devoted their time and energy towards the accomplishment of this research project. The moral support that they gave me too was overwhelming and came in handy at times when I was being challenged by various issues in the field.

And finally, thanks to all my family members specially my mother, Josephine and my father, Attilio, for their continued support no matter what they are always first in line to help me through, tutors and numerous friends who provided me with consolidated support vital for the success of this project.

TABLE OF CONTENTS

DECLARATION	i
APPROVAL	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
LIST OF TABLES	ix
ABSTRACT	x
CHAPTER ONE	1
INTRODUCTION	1
1.0 Introduction	1
1.1. Background of the Study	1
1.1.1 Historical Perspective	1
1.1.2 Theoretical Perspective	4
1.1.3 Conceptual Perspective	5
1.1.4. Contextual perspective	5
1.2. Statement of the Problem	6
1.3. Purpose of the Study	7
1.4. Objectives of the Study	7
1.5. Research Questions	7
1.6. Scope of the Study	8
1.6.1. Content Scope	8
1.6.2. Geographical scope	8
1.6.3 Time Scope	8
1.7. Significance of the Study	8
1.8. Operational definition of key terms	9
CHAPTER TWO	11
LITERATURE REVIEW	11
2.0 Introduction	11
2.1. Theoretical Review	11
2.2 Conceptual Framework	15
2.3 Related Literature	17
2.3.1. Types of Child Abuse	17

2.3.1.1 Physical Abuse.....	17
2.3.1.2 Emotional Abuse.....	17
2.3.1.3 Sexual Abuse	18
2.3.1.4 Neglect	18
2.3.2. Causes of child abuse.....	19
2.3.2.1. Parent /Caregiver Factors.....	19
2.3.2.2 Family Factor	21
2.3.2.3. Victim risk factors.....	22
2.3.2.4 Social Factors.....	23
2.3.3. Consequences of Child Abuse	24
2.3.3.1. Psychological Health Consequences.....	25
2.3.3.2 Psychological Consequences	25
2.3.3.3. Behavioral Consequences	26
2.4 Gaps in Literature	28
CHAPTER THREE	29
METHODOLOGY	29
3.0 Introduction.....	29
3.1 Study Design.....	29
3.2 Study Area	29
3.3 Population of the study	29
3.4 Sample size	29
3.3.2 Response Rate.....	30
3.5 Sampling Procedure and Selection	31
3.6 Data Source.....	31
3.6.1 Primary data.....	31
3.6.2 Secondary data.....	31
3.7. Data Collection Instruments.....	31
3.7.1 Questionnaires.....	31
3.7.2 Key informant Interview Guide	32
3.8 Validity and Reliability of Research Instruments	32
3.8.1 Validity	32
3.8.2 Reliability.....	32

3.9. Data Collection Procedure	33
3.9.1 Before the administration of the questionnaires and interview guide	33
3.9.2 During the administration of the questionnaires and interview guide.	33
3.9.3 After the administration of the questionnaires	33
3.10 Data Analysis	34
3.10.1 Qualitative Data Analysis	34
3.10.2 Quantitative Data Analysis	34
3.11 Ethical Considerations	34
3.12 Limitation of the study	34
CHAPTER FOUR.....	36
PRESENTATION, INTERPRETATION AND ANALYSIS OF FINDINGS	36
4.0 Introduction.....	36
4.1 Demographic characteristic of respondents	36
4.2 Types of child abuse in Kiryandongo refugee settlement	39
4.2.1 Child abuse is social problem	39
4.2.2 Sexual abuse is the most common type of child abuse at the settlement	40
4.2.3 Whether abusers touch or made you to touch his / her private body parts	42
4.2.4 Whether Child victims should report their abuse cases	42
4.2.4 Type of abuse experienced by children.....	43
4.2.6 Who abuse children?.....	45
4.2.7 Where the child abuse happened.....	46
4.2.8 Reporting authority	47
4.2.9 What happened after reporting child abuse?	47
4.3 Causes of child abuse in Kiryandongo refugee settlement	49
4.3.1 Reasons for coming to the refugee settlement	49
4.3.2 Whom children live with.....	50
4.3.3 Multiplicity of family members can cause child abuse.....	51
4.3.4 Unemployed parents abuse their child	52
4.3.5 Parents who take alcohol and drugs abuse children.....	53
4.3.6 Parents who have history of abuse are highly related to child abuse	54
4.3.7 Children live in violent areas are exposed to child abuse	56
4.3.8 Poverty is a major cause of child abuse	56

4.3.9 Whether disabled children are at risk of child abuse than others.....	58
4.4 Consequences of child abuse on children in Kiryandongo refugee settlement.....	59
4.4.1 Abused child remember the person who committed the abuse to him or her	59
4.4.2 Child abuse can result brain fail to grow properly.....	60
4.4.3: Whether children develop violent behaviors after being abused	62
4.4.4 Child abuse leads the use of alcohol or other drugs.....	63
4.4.5 Drugs that cause child abuse.....	64
4.4.6 Kind physical consequences caused by drugs.....	66
4.4.7 Support have you received from the NGOs, CSOs or Government.....	67
4.4.8 Which signs emotional consequences have you experienced	68
CHAPTER FIVE	70
DISCUSSION OF FINDINGS, CONCLUSION, AND RECOMMENDATION.....	70
5.0 Introduction.....	70
5.1 Discussion of Findings.....	70
5.1.1 Types of child abuse in Kiryandongo refugee settlement	70
5.1.2 Causes of child abuse in Kiryandongo refugee settlement	71
5.1.3 Consequences of child abuse on children in Kiryandongo refugee settlement.....	71
5.2 Conclusion	72
5.3 Recommendations.....	73
5.3.1 Types of child abuse in Kiryandongo refugee settlement.	73
5.3.2 Causes of child abuse in Kiryandongo refugee settlement.	73
5.3.3 Consequences of child abuse on children in Kiryandongo refugee settlement.....	73
5.4 Contributions to Knowledge	74
5.4 Areas for Further Research	74
APPENDIX I: CONSENT LETTER	82
APPENDIX II: QUESTIONNAIRE FOR VICTIMS OF CHILD ABUS, PARENTS/ CARE GIVERS AND COMMUNITY LEADERS.....	83
APPENDIX III: KEY INFORMANT INTERVIEW GIDE	89

LIST OF TABLES

Table 3.1: Category of respondents and sampling technique.....	30
Table 3.8.1: Determination of the validity of the instrument.....	32
Table 3.7.2: Reliability.....	33
Table 4.1: Demographic characteristics of the respondents.....	36
Table 4.2.1: Whether child abuse is a social problem.....	38
Table 4.2.2: Whether sexual abuse is the most common type child abuse at camp.....	39
Table 4.2.3: Whether abusers touch or make the abused touch their private parts.....	40
Table 4.2.4: Whether child victims should report their abuse cases.....	41
Table 4.2.5: Type of abuse experienced.....	41
Table 4.2.6: Responses on who abuse children.....	42
Table 4.2.7: Whether the child abuse happened.....	43
Table 4.2.8: Reporting authority of child abuse.....	44
Table 4.2.9: What happened after reporting the child abuse.....	44
Table 4.3.1: Reasons for coming to the refugee camp.....	46
Table 4.3.2: Showing responses on whom children live with	46
Table 4.3.3: Results on whether multiplicity of family members can cause child abuse.....	47
Table 4.3.4: Showing whether unemployed parents abuse their child.....	48
Table 4.3.5: Parents who take alcohol and drugs abuse children.....	48
Table 4.3.6: Parents who have history of abuse are highly related to child abuse.....	49
Table 4.3.7: Whether children live in violent areas are exposed to child abuse.....	50
Table 4.3.8: Showing whether poverty is a major cause of child abuse.....	50
Table 4.3.9: Showing whether disabled children are at risk of child abuse than others.....	52
Table 4.4.1: Responses on whether abused child remember the person who committed the abuse to him or her.....	53
Table 4.4.2: Child abuse can result brain fail to grow properly.....	53
Table 4.4.3: Whether children develop violent behaviors after being abused.....	55
Table 4.4.4: Child abuse leads the use of alcohol or other drugs.....	55
Table 4.4.5: Drugs that cause child abuse.....	56
Table 4.4.6: Kind physical consequences caused by drugs.....	57
Table 4.4.7: Support have you received from the NGOs, CSOs or Government.....	58
4.4.8 Which signs emotional consequences have you experienced.....	59

ABSTRACT

The purpose of the study was to examine and document child abuse and development of children in Kiryandongo refugee settlement, western region of Uganda. The study objectives were to examine the types of child abuse, to identify the causes of child abuse and to examine the consequences of child abuse on children in Kiryandongo refugee settlement. The study adopted a descriptive research design that was both quantitative and qualitative. Quantitatively the data was collected using questionnaires from 298 respondents who were victims of abuse, parents and community leaders, while qualitative data was collected from 20 respondents through interviews with NGO officials. The data was analyzed based on frequency and percentages in tables, pie charts and bar graphs. The study results indicated that majority of respondents experienced neglect from their parents as a major form of child abuse, followed by sexual abuse, physical abuse and finally emotional abuses. It was established that the major cause of child abuse in Kiryandongo settlement was poverty among the people, parents taking alcohol, unemployed parents, parents who have history of abuse are highly related to child abuse and finally child abuse had negative consequences on child development. The study concludes that there are different types of child abuse existing in Kiryandongo refugee settlement, implying the prevalence of child abuse. The study conclude that majorly poverty, drug abuse, history of abuse and lack of commitment in proper nurturing of the children caused child abuse and finally child abuse had a negative effect on children, implying that child abuse has a negative effect on child development. The study recommend that child abuse in form of neglect, emotional, physical abuses exist, there is need for counseling the parents on the proper ways of handling the children in order to reduce their ways of harming the children, the alternative ways of punishments can therefore substitute the corporal punishments of abuse, this will lead to the abolition of the forms of child abuse that are disastrous to the children. On the second objective, there is further need for the provision of counseling and guidance to the parents to reduce taking of drugs as means of improving their lively hood and reduce their bearing on the children. The study finally study recommends for a policy intervention into handling the culprits of child abuse and ensures that these don't report the abuses on children. There is need for arraigning the child abusers to the legal systems as means of improving the children state of life as many would be child abusers will be scared in doing the same.

CHAPTER ONE INTRODUCTION

1.0 Introduction

This chapter covers the background of the study, statement of the problem, purpose of the study, objectives of the study, research questions, scope of the study, and significance of the study, and the operational definitions of terms and concepts as applied to suit the context of the study.

1.1. Background of the Study

The background of this study is categorized into four sections including the historical perspective, the theoretical perspective, and the conceptual and contextual perspective.

1.1.1 Historical Perspective

Child abuse is an enormous issue that affects children from every social class, race and gender. Adolescents and young children, in particular, may experience abuses in form of rape, sexual assault, sexual exploitation, defilement, and in worst cases female genital mutilation (Corwin, 1988, p.251). Children have always been subject of abuse by their parents and other adults. For thousands of years many policies and legislations have failed to protect children and childhood. Children being beaten and abandoned by their parents has been a norm that was accepted by society, in part because people believed and accepted the view that children were essentially the property of their parents. Under English common law, for example, children were considered their father's property until the eighteenth century. American colonists in the seventeenth and eighteenth century continued this tradition, recognizing children as property, but also as asset that could be employed in the performance of valuable farm labor.

Child abuse is a serious matter and should never be taken lightly. Although in early years child abuse was never talked about and viewed as a family matter. No one bothered to take action against the matter, but that changed in 1639, which was the year the first recorded trial for child abuse took place in Salem, Massachusetts. Child abuse became a powerful social issue in 1980s, generating intense media workloads for child abuse agencies.

Today it is a topic well known to everyone around the world. The problem gained international awareness when national laws were created in Great Britain in 1884 to protect children from cruel treatment, and when the national society for the Prevention of Cruelty to children originated that same year (Child Abuse History Overview, 2018). In 1848 Pennsylvania made it illegal for children twelve years of age or younger to work in factories. In 1962 an article appearing in the Journal of the American medical association described the symptoms of child abuse and deemed it medically diagnosable. Ten years later, most states had passed mandatory reporting laws, requiring certain categories of professionals, to report suspected child abuse to police and other authorities. At this point the physical abuse neglect of children was recognized, but it was until the 1970s that child sexual abuse was recognized.

The U.S early 1870 was the first that captured public attention to child abuse. Etta Wheeler, a church worker who was asked to visit a foster family, found a nine year old foster child, Mary Ellen, severely malnourished, beaten, scarred, and shackled to a bed. The child told her that she was beaten and whipped on a daily basis. The case generated enough outrage and publicity about child abuse that in 1874 citizens formed the New York Society for the Prevention of Cruelty to Children. On July 1, 1899 the first juvenile court system was established in Chicago, Illinois. In 1904 The National Child Labor Committee was formed to bring attention to the exploitation of children (Markel et al., 2009).

In Africa and other developing countries, child abuse has been in existence for a long time and remains a harsh reality for thousands of children. The region's culture, traditions, and beliefs usually promote child abuse since acts of physical abuse can be seen as disciplining a child according to (Abolfotouh et al., 2009, p.5). The awareness of this social problem came under the public radar in the early 1980s, when a special seminar supported by the World Health Organization (WHO) was organized specially for members from developing countries in Montreal, Canada, in 1986.

In 2007 the Global Fund for Children asserts that West African children are more likely to be beaten or abused ,raped, trafficked, and are less likely to go to school, receive proper health care or be properly nourished compared with fifteen years ago, despite binding legislations meant to improve children's situation (Global Fund ,2007). The World Health (2002) report, documented that 53,000 children are murdered each year and about 40 million children below the age of fifteen

years suffer from abuse and neglect. It has lifelong sequelae, including, depression, anxiety disorders, smoking, alcohol and drug abuse, aggression and violence toward others, and risky sexual behaviours and post-traumatic stress disorders are in major risk factor for psychiatric disorders and suicide. Children continue to be exposed to diverse forms of violence, often promoted by cultural beliefs and practices. Violence against children occurs on a large scale and in virtually all settings and the phenomenon continues to deprive children of their rights. There is documented evidence that the girl child is the most affected and holds a disadvantaged position (Kyamureku, 1997, p.5).

In Uganda, like many other developing societies, child sexual abuse is increasing alarmingly. According to the African Network for Prevention and Protection against Child Abuse and Neglect (ANPPCAN) annual crime and traffic safety report for 2012, there were 7,690 cases of rape recorded in 2011. The Children, HIV and Aids avert 2018 report indicates that in 2015, 54% of children exposed to HIV were tested within the recommended two months hence placing the country among the 21 highest-burden countries. The report further reveals that in 2016, the number of children becoming newly infected with HIV remained unacceptably high up to 160,000, 24% of pregnant women living with HIV did not have access to ARVs to prevent transmission to their infants.

Children are important members of the society they complement and complete the full meaning of humanity. They deserve and are entitled to total protection against any form of abuse, and this protection is to be provided by the adults. Children make up the segment of society that is the most defenseless, vulnerable, and completely dependent on adults. It is the fault of adults when children end up in areas of natural disasters and catastrophes or zones of military combat operation and become the hostages and victims of physical, sexual, and emotional violence (Alekseeva, 2007, p. 6). Child abuse is not a good way to support the growth and development of children. It affects several children physically, psychologically emotionally and sexually. Child abuse has been the most intriguing issue in most of the third world countries.

Today, the refugees are undoubtedly an issue of global concern. Refugee settlements are often characterized by on-going threats to security and well-being of children, with often limited access to meet their basic needs. According to the United Nations Higher Commissioner for Refugees. In 2016 the number of refugees, asylum-seekers and internally displaced people around the world has topped 65 million. As of December 2015, there were 65.3 million displaced people. It represents

nearly 10 percent increase over 59.5 million. And most of those refugees, 86 percent, are hosted in developing countries. More than half of the world's refugees in 2015 were children; (UNHCR, 2016). More so, Sub-Saharan Africa is estimated to host one quarter of all refugees, an indication that the trend of refugee number had been increasing partly due to conflict related crisis in different parts of the world including in East Africa.

The presence of refugees in Uganda dates back to the early 1940's with the hosting of Polish refugees at Nyabyeya in Masindi district and Kojja in Mukono District. Mulumba, (2014), postulates that Uganda's rigorous involvement with refugees and the refugee problem stated in 1955 when Uganda hosted approximately 78,000 South Sudanese refugees (Mulumba, 2014, p.1).

In December 2017, Uganda become the world's fastest growing refugee crisis zone, with South Sudanese refugees crossing the one million mark, which stretched by hosting more than a million South Sudan refugees since December 2013 (UNHCR,2017). According to a report done by the Government of Uganda and The United Nation High Commissioner for Refugees, December, 2017 the total of refugees and asylum seekers in Uganda are 1,398,991 and the majorities are South Sudanese, which are about 1,053,276. Additionally Uganda received a historic single largest refugee influx from South Sudan with a total of 674,033 new refugee arrivals between 2016 to the end of March 2017.

1.1.2 Theoretical Perspective

The study was based on the attachment theory as proposed by John Bowlby in (1958). Bowlby argued that humans have a propensity to establish strong emotional bonds with others and posits four attachment styles identifies the quality and nature of child and caregiver interaction (secure, resistant, avoidant and disorganized) usually become the framework on which the infant will carry into childhood and adolescence to guide his or her understanding of interactions with others. The type of bond that develops between child and caregiver affects the child's later relationships they engage in as adults (particularly intimate and/or romantic relationships) are also directly related to our attachment styles as children and the care we received from our primary caregivers (Firestone, 2013).

1.1.3 Conceptual Perspective

The African Network for prevention and protection against child abuse and neglect (ANPPCAN) defines child abuse as; the intentional, unintentional or well intentional acts, which endanger the physical health, emotional, moral and the education welfare of children. It can be seen as any acts of exclusion be it physical or psychological that mistreat or neglect the child and may endanger his/her physical, emotional or psychological health and development, either by parents, guardians, caregivers or other adults. This is in line with the World Health Organization (1999) which summarizes child abuse as all forms of physical, emotional ill treatment, sexual abuse, negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power. The indicators include shaking, dragging, or spanking a child to the extremes of kicking, punching, or beating.

A Refugee camp is a place where temporary housing is provided by governments or nongovernmental organizations (NGOs) for persons displaced from their homes due to war, political oppression, and/or religious persecution, while a refugee, is someone with a well-founded fear of persecution on the basis of his or her race, religion, nationality, membership in a particular social group, or political opinion, who is outside of his or her country of nationality and unable or unwilling to return (UNHCR, 2002).

1.1.4. Contextual perspective

According to UNHCR (2018) report, Kiryandongo refugee settlement hosts almost 60,000 refugees 57,202 are registered refugees. Thus 57,639 accounts for 17% of the district population are from South Sudan, with a small number from the democratic republic of Congo, Rwandan and Burundi and 270,290 nationals in Kiryandongo district. Although now closed to new arrivals, partners continue to facilitate family reunifications and resettlement for protection cases. The vast number of people living in Kiryandongo District, and the continuous influx of refugees, especially from South Sudan, are straining the resources of the local communities, the Ugandan government, and the humanitarian organizations operating in the region. (Jakani, 2015, p.4).

The study was focused on child abuse and development of children in kiryandongo refugee settlement, western region of Uganda. It was to examine the effects that child abuse may have on children's health and wellbeing. Understanding the lifelong impact of child abuse on children in the refugee camps in Uganda and specifically in Kiryandongo refuge settlement, can help to protect victims by initiating preventive mechanisms. This research on child abuse and development of children in Kiryandongo refugee settlement, western region of Uganda was not only to provide a basis for better understanding of the major impact of child abuse on children in the country, but also for further inform policies and steps taken towards addressing the related issues both within the country and globally.

Child abuse is more than physical pain and injuries; it is emotional damage that a child will have to carry with them for the rest of their lives and has a big impact on the child development and wellbeing. Since abuse can produce such long term pain, it tends to leave a negative impact on not just the individual but the society as a whole. This research has put forward recommendations to address the child abuse related effects that unfortunately does not only occurs in Uganda but throughout the entire world.

1.2. Statement of the Problem

Child abuse is ongoing problem according to the statistics reveal the prevalence of child abuse in refugee camps in Uganda. According to the 2007 World Vision report, children living in internally displaced persons camps (IDPC) in northern Uganda were victims of sexual abuse commonly perpetrated by, people known to the victim personally, people with wealth or those with; power, authority and control over the child. However 34 percent victims were having compelled premature sex in exchange for basic needs. In 2010, the Ugandan Annual Crime and Traffic/Road Safety Report, (2010) highlighted that; Child abuse was an ongoing problem for children, of which sexual abuse was the most common form. The UNICEF 2015 report stipulated that every day 26 girls were defiled in Pabbo IDP camp northern Uganda. Which, increased rape cases from 7,360 reported cases in 2009 to 9,588 in 2013. Save the children report, (2017) reported that Many of the refugee children came to Uganda on their own, having been separated from or lost their parents during flight. These children get lured into sexual acts, early marriages, child labour to meet survival needs, as well as face exposure to sexual and physical abuse while under the care of other adults, sexually transmitted diseases, increased child pregnancies, high

school dropout rates. HIV infection rate begins to rise in the age group 15-19 particularly among girls (UNAIDS, 2014).

A Study done by Meyer Hermosilla & Stark, (2017), the surveys were conducted to identify classes of violence exposure includes physical, sexual, verbal and witnessing violence. The study revealed the existence of evidence concerning the associations between violence and adverse mental health outcomes, while identifying differences in patterns and associations between refugee youth into different context and suggested solutions. But to date starvation, abuses such as limited access to education, inadequate health services, limited water are eminent as from the UN high commissioner for Refugees 2018 report. Despite the press continuing to report these abuses, the existence of the CRC, Uganda children's act, the penal code, the large police force, the growing judiciary, civil society advocates on child rights, and parents plus local community authorities, all arrayed against child abuses, this phenomenon has persisted in Kiryandongo refugee settlement. It is, therefore, in this regard that this study was able to provide a realistic and genuine picture of children who experienced abuse in Kiryandongo refugee settlement. More over a strong foundation for future investigations to measure the prevalence of child abuse by examining the types of child abuse, identifying the causes and examining the consequences of child abuse in Kiryandongo settlement, so as suggested ways to safeguard the physical and psychological well-being of refugee children.

1.3. Purpose of the Study

The purpose of the study was to examine and document child abuse and development of children in Kiryandongo refugee settlement, western region of Uganda.

1.4. Objectives of the Study

- To examine the types of child abuse in Kiryandongo refugee settlement.
- To identify the causes of child abuse in Kiryandongo refugee settlement.
- To examine the consequences of child abuse on children in Kiryandongo refugee settlement.

1.5. Research Questions

- What are the types of child abuse in Kiryandongo refugee settlement?
- What are the causes of child abuse in Kiryandongo refugee settlement?

- What are the consequences of child abuse on children in Kiryandongo refugee settlement?

1.6. Scope of the Study

1.6.1. Content Scope

The study was directly focused on victims of child abuse, as well as their parents/ guardians and community leaders and organizations deals in cases of child abuse and development of children in Kiyandongo settlement in western region of Uganda. It was to examine factors facilitating the abuse of children and how these abuses affect the development of children in the settlement.

1.6.2. Geographical scope

Even though assessing child abuse against refugee children in all refugee settlements found in Uganda could have been significant, the scope of this study was geographically limited to Kiryandongo refugee settlement. Kiryandongo refugee settlement is located in Kiryandongo District. Its headquarters are situated approximately 225 kilometers (140 miles) northwest of Kampala. According to the 2014 National Population Census provisional result, 268,188 people (133,541 male and 134,647 female) were residing in Kiryandongo district (UBOS and UNFPA, 2014).

1.6.3 Time Scope

The study covered a period of five years that is from 2012-2017 since the influx of South Sudanese to Uganda because of crisis erupted. The study findings carried out five years period specified herein.

1.7. Significance of the Study

- The findings of the study will be useful to policy-makers, as well as government institutions such as the ministry of labor, gender and social development and the ministry of disaster preparedness and refugees in implementing policies and programmes that will tackle the prevalence of child abuse in refugee camps across Uganda.

- The study was to give voice to the victims of child abuse in Kiryandongo Refugee Settlement. The study selected refugee children as the main target group to share their experience of abuse in Kiryandongo refugee settlement, which in return has provided useful information about consequences and causes/risk factors of child abuse in the settlement.
- The study will add knowledge to the existing and growing literature on child abuse in refugee settlements to reveal the problems and challenges of children in Kiryandongo refugee settlement. Thus, it will broaden understanding and provide better information and fill the gap in research regarding child abuse in refugee settlements. Further stimulate prospective researchers to conduct research on this area and to address those to explore related areas that are not adequately addressed.
- It will be a source of reference for future researchers working on the issue of child abuse particularly in Kiryandongo refugee settlement.

1.8. Operational definition of key terms

Child: Child in this study means a person under the age of eighteen years, who is or alleged to be a victim of abuse.

Maltreatment: Constitutes all forms of child abuse including physical abuse, emotional ill-treatment, sexual abuse, neglect, negligent treatment and exploitation of children, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

Punishment: Is the imposition of an undesirable or unpleasant outcome upon a group or individual, meted out by an authority—in contexts ranging from child discipline to criminal law—as a response and deterrent to a particular action or behaviour that is deemed undesirable or unacceptable.

Victim: A victim of a crime of physical abuse, physiological abuse, sexual abuse or exploitation. Or a witness to crime committed against another person.

Physical development: Is the process that starts in human infancy and continues into late adolescent concentrating on gross and fine motor skills as well as puberty. Physical development involves developing control over the body, particularly muscles and physical coordination. The peak of physical development happens in childhood and is therefore a crucial time for neurological brain development and body coordination to encourage specific activities such as grasping, writing, crawling, and walking.

Psychological development: Refers to the development of human beings' cognitive, emotional, intellectual, and social capabilities and functioning over the course of the life span, from infancy through old age.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents the conceptual framework of the study, theoretical review, and review of literatures related to the study variables and objectives. Literatures related to the study was reviewed in a way to explain the views of other authors on the causes of child abuse in refugee camps and its effects on the lives and development of refugee children.

2.1. Theoretical Review

The theory was used in this study is the attachment theory it is introduced by John Bowlby, (1958). The attachment theory is a lasting psychological connectedness between human beings attempts to describe the dynamics of long-term and short-term interpersonal relationships between humans. It is grounded on the assumption that attachment to a particular caregiver is essential for biological survival. Bowlby argued that humans, like animals, had a set of behaviours that would heighten the likelihood that an adult or caregiver would remain close and thus protect and respond to their needs.

Attachment is the deep and enduring connection established between a child and parents or caregiver in the first several years of life. Levy & Orlans,(1998) asserts that the theory influences every component of the human condition; mind, body, emotions, relationships and values (p.199).According to attachment theory, humans have a propensity to establish strong emotional bonds with others, and when individuals have some loss or emotional distress, they act out as a result of their loneliness and isolation. Attachment is the bond between caregiver/s and child. The caregiver could be the child's mother father grandparents, aunts, uncles ' or any' other individual with whom a child develops a strong emotional bond (Shaw & Benham, 1997, p.133).

Attachment between a child and caregiver begins at birth when a child is completely dependent on the caregiver for survival and relies on the caregiver to provide consistent and responsive care. Through this process, an attachment is formed between the child and the caregiver that is reciprocal in nature, where a behavior from one evokes a response from the other. Bowlby, (1982) states that a hungry child cries and the caregiver responds either by meeting the child's needs or not. According

to Attachment Theory, the attachment relationship which continues through the first years of a child's life serves as the template for future relationships and interactions in the social world.

An infant's attachment to the caregiver is vital to the infant's ability to thrive and develop trust in its environment. Bowlby identified that a child's first three years of life are significant in terms of attachment. Based on real interactions with significant others, each mutually affecting and changing the other. Children's models of themselves reflect the image their parents have of them, both from how parents have behaved with them and from what parents have said to them (McMillen, 1992, p.207). The most important tenet of attachment theory is an infant needs to develop a relationship with at least one primary caregiver for the child's successful social and emotional development, and in particular for learning how to regulate their feelings. Any caregiver is likely to become the principal attachment figure if they provide most of the child care and related social interaction.

Attachment theory posits four attachment styles identifying different styles of attachment related to the quality and nature of child-caregiver interaction that infants display as a result of healthy or dysfunctional interactions with the caregiver. Four types of attachment pattern have been identified: (Secure, avoidant, anxious-ambivalent, and disorganized) usually become the framework on which the infant will carry into childhood and adolescence to guide his or her understanding of interactions with others.

Secure attachment is defined by a positive view of self and others. Individuals with secure adult attachment are comfortable with emotional closeness to others and have greater satisfaction in their relationships. Children who are securely attached do well (over time) in the following areas: self-esteem, independence and autonomy, resilience in the face of adversity, ability to manage impulses and feelings, long-term friendships, relationships with parents, caregivers, and other authority figures, prosocial coping skills, trust, intimacy, and affection, behavioural performance and academic success in school, and promote secure attachment in their own children when they become adults (Levy & Orlans, 1998, p.3).

Anxious resistant attachment (also known as resistant/ambivalent attachment) is representative of a person with a negative view of self but a positive view of others. These individuals seek out high levels of intimacy but also have high levels of worry about their relationships. A child who becomes extremely distressed when the significant caregiver leaves but upon the adult's return will

respond angrily to the caregiver and will not be easily comforted or reassured by them. Research done by McCarthy and Taylor (1999), found that children with abusive childhood experiences were more likely to develop ambivalent attachments. The study also found that children with ambivalent attachments were more likely to experience difficulties in maintaining intimate relationships as adults.

Avoidant attachment is characterized by a child who is unaffected or not distressed by a caregiver's departure from an area. The sense of independence is comparable to avoidant attachment in childhood. An infant with an anxious-avoidant pattern of attachment will avoid or ignore the caregiver showing little emotion when the caregiver departs or returns. The infant will not explore very much regardless of who is there. An infant with this style of attachment is also often unresponsive to a caregiver when available and may show little preference for this individual in comparison to a stranger. When an adult does return the child may ignore them and keep their distance (Pearce&Pearce,1997).

Disorganized-disorientated attachment includes those individuals who have a negative view of self and a negative view of others. Infants with this style of attachment show confused, conflicting or contradictory behaviour in the presence of a significant caregiver. Their contradictory behaviour could include: initially seeking out very intentionally the caregiver but at the same time keeping head averted or turned away; and/or exhibiting non-directed facial expressions such as fear, confusion, disorientation and a dazed look (Pearce &Pearce, 1997). Shaw and Benham, (1997) suggest that this usually indicates a disturbed and unpredictable relationship. This style of attachment may have resulted from a previously caring, positive and responsive caregiver who at some point is perceived/ experienced by the child as negative, threatening, alarming, scary or anxiety-inducing fearful attachment. Fearful attachment has been found in those with a child sexual abuse or other traumatic childhood experience.

Attachment theory helps us understand how individuals with a history of child maltreatment can experience various challenges related to interpersonal relationships, parenting, and psychosocial functioning in adulthood. Maltreated children may experience instability in the home, distant and inconsistent parenting, and inconsistent supervision and discipline (Baer and Martinez, 2006, p.187). However when a secure attachment is not established between the caregiver and child, a

child may develop an internal working model that reflects an inconsistency and unresponsiveness in others that translates into unrealistic expectations of others. The child may also experience adverse developmental consequences related to physical, behavioral, cognitive, and social functioning, such as aggressive behavior.

The period surrounding pubescence and early adolescence is critical in the development of both sexuality and social competence. With adequate parenting up to this point in development, boys should have by now acquired appropriate inhibitory controls over sexual and aggressive behavior and, thus, the transition to adult functioning, with both social constraints against aggression and the skills necessary to develop effective relationships with age appropriate partners, should not be compromised. Parents also fulfill the role of instilling a sense of self-confidence in the developing boy as well as a strong emotional attachment to others (Marshall & Barbaree, 1990, p. 257).

Research indicates that there is a relationship between poor quality attachments and sexual offending. Marshall et al,(1990) found that men who sexually abuse children often have not developed the social skills and self-confidence necessary for them to form effective intimate relations with peers. This failure causes frustration in these men that may drive them to continue to seek intimacy with under-aged partners. Seidman et al., (1994) conducted two studies aimed at examining intimacy problems and the experience of loneliness among sex offenders. According to these studies, sex offenders have deficiencies in social skills (i.e problems in accurately perceiving social cues, problems in deciding on appropriate behavior and deficiencies in the skills essential to enact effective behavior) that seriously restrict the possibility of attaining intimacy.

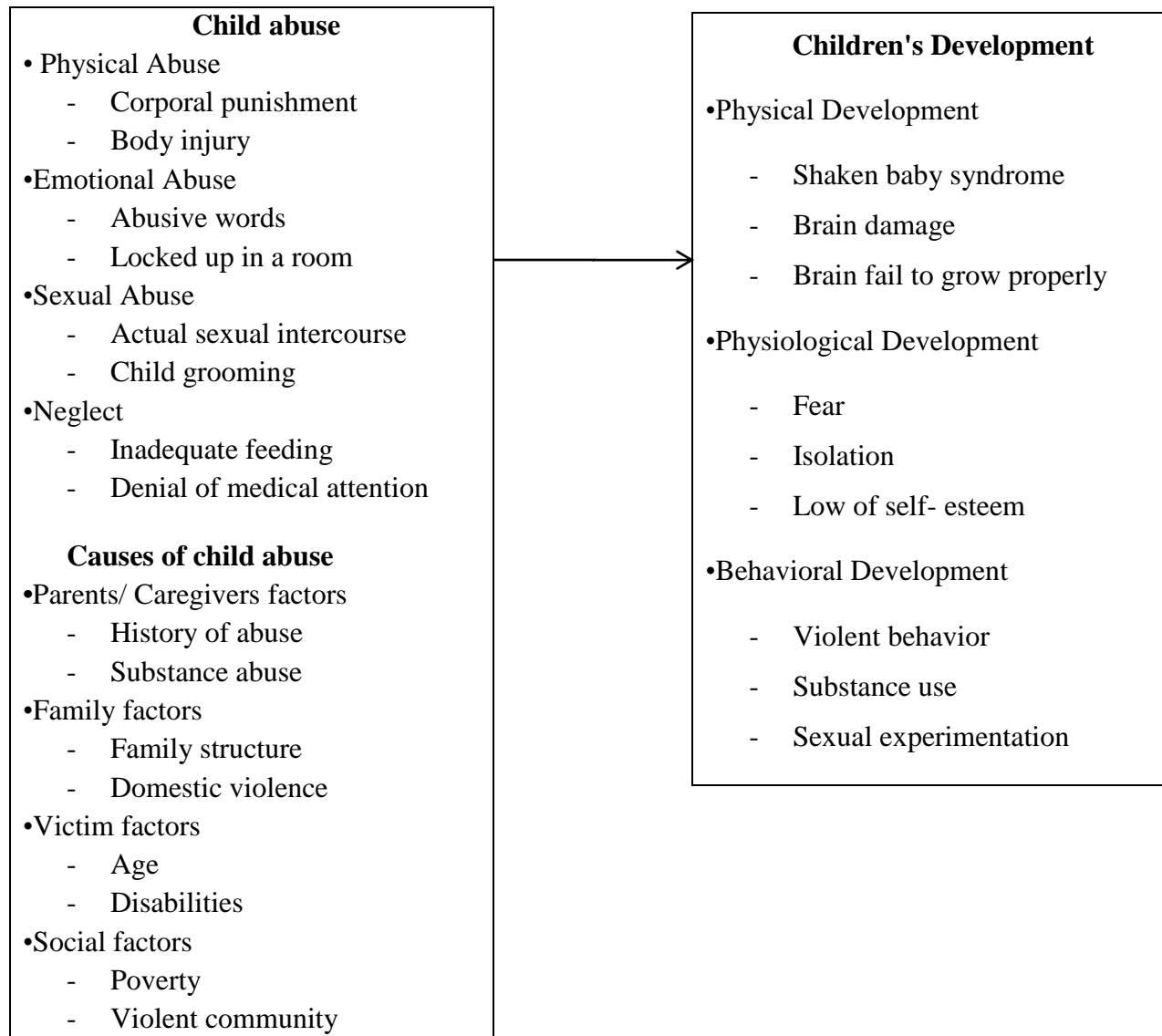
The evidence suggests that deficiencies in intimacy are a distinctive and important feature of sex offenders Marshall and Mulloy, (1999) outlined Bartholomew's four-category model of attachment and made the following observations; the rapists and non-familial child molesters in the sample appeared to be the most deficient in intimacy. Loneliness was also a significantly distinguishable variable in differentiating the sex offenders from controls and wife batterers.

2.2 Conceptual Framework

The conceptual framework illustrates how Child abuse variable is conceptualized and related in the study.

Independent Variable

Dependent variable



SOURCE: Constricted by the researcher,(2018)

Any global approach to child abuse must take into account the differing standards and expectations for parenting behaviour in the range of cultures around the world (Estroff, 1997, p.6-11). The terms child abuse or child maltreatment are often used interchangeably, although some researchers

make a distinction between them, treating child maltreatment as an umbrella term to cover neglect, exploitation, and trafficking. Different jurisdictions have developed their own definitions of what constitutes child abuse for the purposes of removing children from their families or prosecuting a criminal charge.

The term child abuse is seen as the process by which children are exposed to maltreatments by parents or guardian. Axmaher, (2010) defined child abuse as; any mistreatment or neglect of the child that result in non-accidental harm or injury and which cannot be reasonably explained. Portwood, (1998) stated that children who are physically abused are more likely to face variety of emotional problems and children who are sexually abused exposed their genitals to their parents, friends and strangers who engage in sexual acts with them or for pornographic purposes (Portwood,1998, p. 437) .In general, child means every human being below the age of 18 years (The African Charter on the Rights and Welfare of the Child, 1990,p.1). Abuse refers to acts of commission while neglect refers to acts of omission. Child maltreatment includes both acts of commission and acts of omission on the part of parents or caregivers that cause actual or threatened harm to a child. Child abuse manifest in four main categories; physical abuse, sexual abuse, emotional abuse and neglect (Oniyama et al., 2004, p.473).

To further a discussion on child abuse, clarity of terms is needed. In this study, a child will be said to be abused when the parents, care givers or any human action leads to physical, emotional and sexual abuse of the child. It also involves failure of the parents to provide the necessary love and care for the child. For the purpose of this study, child abuse will be used to represent all forms of child maltreatment. Legal definitions can be found in the definition of the World Health Organization (WHO), child abuse or maltreatment includes all forms of physical and/or emotional ill treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation (Butchart & Phinney, 1999). The organization identified five main types of abuse: physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse and exploitation. These acts result in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Abuse of any kind during childhood causes distress and disturbance at the time but can produce longer term negative impact on the individual's health and functioning.

2.3 Related Literature

2.3.1. Types of Child Abuse

The World Health stated that child abuse happens in four different ways; physical abuse, sexual abuse, emotional abuse and neglect, all of the have the result - serious physical or emotional harm. Physical or sexual abuse may be the most striking types of abuse, since they often leave physical evidence behind. However, emotional abuse and neglect are serious types of child abuse that are often more subtle and difficult to spot.

2.3.1.1 Physical Abuse

According to the World Health Organization, (1999) physical abuse is intentional use of physical force against the child that results in – or has a high likelihood of resulting in – harm for the child's health, survival, development or dignity. This includes hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating. Physical Abuse of a child is that which results in actual or potential physical harm from an act of omission or commission, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. Such injury or incidence is considered abuse regardless of whether the caretaker intended to hurt the child, which may be single or repeated incidents. The injury may not have been intended by the parent or caretaker and is not an accident but may be due to over-discipline or corporal punishment that may not be appropriate or is unjustifiable for the child at that age (Isanghede, 2004).

2.3.1.2 Emotional Abuse

Emotional abuse is also known as verbal abuse, mental abuse or psychological maltreatment. Any act on the part of a parents or caregiver that has the potential for or has actually caused serious emotional cognitive, mental or behavioral disorders impairs a child's emotional development or sense of self-worth. It attacks the child self-concept making the child see his/herself as unworthy, worthless and incapable. When a child is constantly humiliated, shamed, terrorized or rejected the child suffers more than if he/she had been physically maltreated, which is often hard to prove. Emotional abuse is evident when a parent or care giver uses abusive words such as blockhead, good for nothing, a mistake, on the child or when the child is locked up in a

room, tired both hands and feet, or not allowed to make friends emotional abuse implies constantly blaming the child, belittling and or berating the child, being unconcerned about the child's welfare and overtly rejection of the child by parents or caretakers or caregivers (Mba, 2003, p.79).

2.3.1.3 Sexual Abuse

Sexual Abuse is an involvement of a child in a sexual activity that he or she does not fully understand intended for the physical gratification or the financial profit of the person committing the act. Forms of child sexual abuse include a parent or care giver engages in appropriate sexual behaviours with the child engaging in sexual activities , which may include actual sexual intercourse, kissing, or fondling or genitals or either the abuser or the abused with a child indecent exposure ,child grooming, rape, or using a child to produce child pornography. Sexually abused children experience emotional problems from a feeling of guilt and shame.

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The effects of child sexual abuse on the victims include guilt and self-blame, flashbacks, nightmares, insomnia, fear of things associated with the abuse, self-esteem difficulties, sexual dysfunction, chronic pain, addiction, self-injury, suicidal ideation, somatic complaints, depression, post-traumatic stress disorder. Children who are the victims are also at an increased risk of sexually transmitted infections due to their immature immune systems and a high potential for mucosal tears during forced sexual contact (Thornton, et al., 2015, p.432).

2.3.1.4 Neglect

Neglect includes inadequate feeding, clothing, shelter and supervision, denial of medicinal attention and inadequate provision of educational materials and supervision. Neglect also harms children although it is more about being inactive and not doing something than the previous forms of abuse. Other aspects of neglect may include letting the child live in a filthy environment and non-provision of proper nourishment Okpara, (2001). The failure of a parents to provide for the development of their child where the parent is in a position to do so in one or more in areas of; health, education, emotional development, nutrition, shelter and safe living conditions.

2.3.2. Causes of child abuse

Child abuse occurs across socio-economic, religious, cultural, racial, and ethnic groups. While no specific causes definitively have been identified that would lead a parent or other caregiver to abuse or neglect a child. Research has however recognized a number of risk factors or attributes commonly associated with maltreatment. Several factors cause some people to have difficulty meeting the demands of parenthood, leading them to become abusive when they reach a breaking point or don't know what else to do. These factors include immaturity, unrealistic expectations, emotional problems, economic crisis and lack of parenting knowledge, difficulty in relationships, depression and other mental health problems. When the stress of childcare combines with anxiety from other sources, some parents lack the skills to cope with it in healthy ways. Instead, their tempers get the best of them in times of crisis. Furthermore, not all facts contribute to child abuse. For example, several researchers note the relation between poverty and maltreatment, yet it must be noted that most people living in poverty do not harm their children. Risk factors associated with child abuse can be grouped in four domains:

2.3.2.1. Parent /Caregiver Factors

Perpetrators of child sexual abuse include intra-familial perpetrators (individuals within the victim's family) and extra-familial perpetrators (individuals outside of the victim's family). Parent or caregiver factors potentially contributing to Child Abuse relate to: Personality characteristics and psychological well-being, history of maltreatment, substance abuse, attitudes and knowledge and age.

Personality characteristics and psychological well-being

Consistent set of characteristics or personality traits and psychological adjustment measures has been associated with maltreating parents or caregivers have been explored by few researchers. Some characteristics frequently identified in those who are physically abusive or neglectful include low self-esteem, anxiety, poor impulse control, an external locus of control, antisocial behaviour, and depression. While some maltreating parents or caregivers experience behavioural and emotional difficulties, severe mental disorders are not common. Harris and Lingo, (1955) investigated the relationships between personality variables and perpetration of child sexual

abuse. The child sexual abusers scored 35 higher on the Pedophilia Scale than the control group, but lower than the patient group, thus rendering the validity of the Pedophilia Scale.

Parental history and cycle of abuse

Parent's childhood history plays a large part in how he or she may behave as a parent. Parents with a past history of abuse may repeat their own experiences with their children if they did not come to terms with it and learn new coping strategies and skills. Individuals with poor parental role models or those who did not have their own needs met may find it very difficult to meet the needs of their children. Gelle,(1998) suggested that about one-third of all individuals who were maltreated will subject their children abuse. Children who either experienced maltreatment or witnessed violence between their parents or caregivers may learn violent behaviour and may also learn to justify violent behaviour as appropriate. Conclusion from this finding may not be correct in all cases, however, there are individuals who have not been abused as children who become abusive, as well as individuals who have been abused as children and do not subsequently abuse their own children (Gelle,1998, p.5).

Substance Abuse

Parents with drug and alcohol problems are at a much higher risk of abusing their children. Substance abuse and child abuse often co-occur with other problems, including mental illness, HIV/AIDS or other health problems, domestic violence, poverty, and prior child maltreatment. These co-occurring problems produce extremely complex situations that can be difficult to resolve (USDH, 1999). Substance abuse can interfere with a parent's mental functioning, judgment, inhibitions, and protective capacity. Parents significantly affected by the use of drugs and alcohol may neglect the needs of their children, spend money on drugs instead of household expenses, or get involved in criminal activities that jeopardize their children's health or safety.

Attitudes and Knowledge

Negative attitudes and attributions about a child's behaviour and inaccurate knowledge about child development may play a contributing role in child maltreatment (NRC, 1993). Some studies have found out that mothers who physically abuse their children have both more negative and higher than normal expectations of their children, as well as less understanding of

appropriate developmental norms for example, significantly lower achievement in reading, mathematics, science, and social studies (Black et al, 2001,p.449).

Age

Caretaker age may be a risk factor for some forms of abuse especially when they themselves are not fully developed adults, although research findings are inconsistent. Some studies of physical abuse, in particular, have found that mothers who were younger at the birth of their child exhibited higher rates of child abuse than older mothers (Black et al, 2001, p.449).

2.3.2.2 Family Factor

Specific life situations of some families such as marital conflict, domestic violence, single parenthood, unemployment, financial stress, and social isolation may increase the likelihood of child sexual abuse. While these factors by themselves may not cause sexual abuse, they frequently contribute to negative patterns of family functioning.

Family Structure

Children living with single parents may be at higher risk of experiencing physical and sexual abuse and neglect than children living with two biological parents. Single parent households are substantially more likely to have lower income, the increased stress associated with the sole burden of family responsibilities, and fewer supports are thought to contribute. Boney-McCoy and Finkelhor (1995) found that children living with only one natural parent, compared to two, were at twice the risk for child sexual victimization. Lower income, the increased stress associated with the sole burden of family responsibilities, and fewer supports are thought to contribute to the risk of single parents abuse their children (Finkelhor,1995,p.1401).

Marital Conflict and Domestic Violence

Children in violent homes may witness parental violence, may be victims of abuse themselves, and may be neglected by parents who are focused on their partners or insensitive to their children due to their own fears. A child who witnesses parental violence is at risk for also being maltreated, but, even if the child is not maltreated, he or she may experience harmful emotional consequences from witnessing the parental violence (Margolin et al, 1997, p.445).

Stress

Stress is also thought to play a significant role in family functioning. For example, losing a job, physical illness, marital problems, or the death of a family member) may exacerbate certain characteristics of the family members affected, such as hostility, anxiety, or depression, and that may also aggravate the level of family conflict and maltreatment, Rycus et al (1998). Stress brought on by a variety of social conditions raises the risk of child abuse within a family. These conditions include unemployment, illness, poor housing conditions, a larger- than- average family size, the presence of a new baby or a disabled person in the home and the death of a family member. A large majority of reported cases of child abuse come from families living in poverty. Child abuse also occurs in middle-class and wealthy families, but it is better reported among the poor for several reasons. Wealthier families have an easier time hiding abuse because they have less contact with social agencies than poor families. Those better able to find social support may be less likely to sexual abuse children, even when other known risk factors are present.

2.3.2.3. Victim risk factors

Children are not responsible for being victims of sexual abuse. However, Children's characteristics may serve as markers that are associated with increased risk for child sexual victimization; characteristics that might be helpful in identifying high risk children for prevention services.

Age of the victim

Vulnerability to child sexual abuse depends in part on a child's age. The relationship between a child's age and maltreatment is not clear cut and may differ by type of maltreatment. In 2000, for example, the rate of documented maltreatment was highest for children between birth and 3 years of age and declined as age increased (USDH, 2000). Infants and young children, due to their small physical size, early developmental status, and need for constant care, can be particularly vulnerable to child maltreatment. Very young children are more likely to experience certain forms of maltreatment, such as shaken baby syndrome and nonorganic failure to thrive. Teenagers, on the other hand, are at greater risk for sexual abuse.

Disabilities

Children with physical, cognitive, and emotional disabilities appear to experience higher rates of maltreatment than do other children. The results of studies of sexual abuse among children with disabilities have differed from those of children in the general population both in terms of the magnitude of the problem and of the gender distribution of the victims. Most studies have concluded that the risk of sexual abuse is doubled when a child is disabled. Chamberlain et al, (1984). Children with disabilities are more often abused by family members or persons within their circle of acquaintances than other children.

2.3.2.4 Social Factors

Social factors are often found in combination with parent, family, and child factors. Environmental factors include poverty and unemployment, community characteristics and social isolation. It is important to reiterate that most parents or caregivers who live in these types of environments are not abusive as highlighted in previous sections of this chapter.

Poverty and Unemployment

Poverty and unemployment show strong link with child abuse mainly neglect. It is important to underscore that most poor people do not maltreat their children. However, poverty particularly when interacting with other risk factors such as depression, substance abuse, and social isolation can increase the likelihood of maltreatment. A study done found that families with lower income, compared to other families, were at increased risk for child sexual victimization (Manion et al.,1996, p. 445).

Social Isolation and Social Support

Parents and caretakers who abuse children tend to be socially isolated. Few violent parents belong to any community organization, and most have little contact with friends or relatives. This lack of social involvement deprives abusive parents of support system that would help them deal better with social or family stress. Moreover, the lack of community contacts makes these parents less likely to change their behavior to conform to community values and standards. Some studies indicate that compared to other parents, parents who maltreat their children report experiencing greater isolation, more loneliness, and less social support, Williamson (1991).

Social isolation may contribute to maltreatment because parents have less material and emotional support, do not have positive parenting role models, and feel less pressure to conform to conventional standards of parenting behaviours.

Violent Communities

Researchers found that children living in dangerous neighborhoods have been found to be at higher risk than children from safer neighborhoods for severe neglect and physical abuse, as well as child sexual victimization (Cicchetti et al, 2006, p.623). Some risk may be associated with the poverty found in dangerous neighborhoods, however, concerns remain that violence may seem an acceptable response or behaviour to individuals who witness it more frequently. Children from dangerous communities are at increased risk for child sexual victimization 1.5, compared to those from other communities, some risks may be associated with the poverty found in dangerous neighborhoods, In addition, while the research is controversial, some studies show a positive relationship between televised violence and aggressive behaviours, particularly for individuals who watch substantial amounts of television.

2.3.3. Consequences of Child Abuse

All forms of child abuse and neglect have deleterious effects on children's health and development. Child abuse can result in adverse immediate physical, emotional effects and many chronic physical and psychological effects. Physical consequences range from minor injuries to severe brain damage and even death. Psychological consequences range from chronic low self-esteem to severe dissociative states. Health and physical effects can include the immediate effects of bruises, burns, broken bones and also longer-term effects of brain damage, hemorrhages, and permanent disabilities. Negative effects on physical development can result from physical trauma as, violent shaking, scalding with hot water and from neglect, inadequate nutrition, lack of adequate or withholding medical treatments. Specific physical effects as they relate to the early brain development of infants are highlighted in the following sections, along with some general health problems associated with maltreatment:

2.3.3.1. Psychological Health Consequences

Research investigating the effect child abuse and neglect has on overall physical, social, physical and intellectual development of children has largely focused on outcomes in adulthood. However, study found that all types of abuse and neglect were associated with 8 of 10 major adolescent health risks (Hussey et al., 2006, p.3). A further data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) in the United States has indicated strong associations between abuse/neglect and health problems in children/adolescents.

A common form of abuse affecting the health of babies is shaken baby syndrome is damage results from intracranial hypertension after bleeding in the brain. It is trauma caused by experiences of child abuse and neglect can have serious effects on the developing brain, increasing the risk of psychological problems (Streeck et al., 2000, p.903). Health problems resulting from shaken baby syndrome may include brain damage. Child abuse and neglect can result brain fail to grow properly, resulting in impaired development, which can lead to long-term consequences for cognitive, language, and academic abilities and are connected with mental health disorders. Furthermore complex trauma affects the developing brain and may interfere with a child's capacity to integrate sensory, emotional and cognitive information, which may lead to over-reactive responses to subsequent stress.

Moreover several studies have shown a relationship between various forms of child abuse and poor health. Adults who experienced abuse or neglect during childhood are more likely to suffer from cardiovascular disease, lung and liver disease, hypertension, diabetes, asthma, and obesity. Exposure to one adverse experience doubled the odds of children having overall poor physical health at the age of 6 years, and tripled them if children had experienced four or more adverse experiences. Widom et al., (2012) explains that Children who experienced neglect were at increased risk for diabetes and poorer lung functioning, while physical abuse was shown to increase the risk for diabetes and malnutrition (Widom et al., 2012, p.135).

2.3.3.2 Psychological Consequences

Child abuse can cause a range of emotional consequences that can have serious effects on the developing brain and increase the risk of psychological problems. Children who are constantly ignored, shamed, terrorized or humiliated suffer at least as much, if not more, than if they are

physically assaulted. The immediate emotional effects of abuse and neglect- isolation, fear, and an inability to trust, can translate into lifelong psychological consequences, including low self-esteem, depression, and relationship difficulties. Studies showed a high association between child abuse/neglect and depression in adolescence. Morre et al., (2010) explains that child maltreatment also negatively impacts the development of emotion regulation, which often persists into adolescence or adulthood.

A Study done by ACF/OPRE,(2011) showed that cognitive and language deficits have been noticed in abused and neglected children., more than 10 percent of school-aged children and youth showed some risk of cognitive problems or low academic achievement, 43 percent had emotional or behavioral problems, and 13 percent had both. Children exposed to abuse and neglect are more likely to experience insecure or disorganized attachment problems with their primary caregiver. Social difficulties: Children exposed to abuse and neglect are more likely to experience insecure or disorganized attachment problems with their primary caregiver.

2.3.3.3. Behavioral Consequences

Child abuse and neglect is associated with behaviour problems in adolescence are at risk of grade repetition, substance abuse, delinquency, truancy, or pregnancy. Researchers have found that children who experienced child abuse and neglect are likely to have behaviour problems in childhood and adolescence. According to Hildyard & Wolf, (2002) neglected children may also display aggressive and disruptive behavior. However, externalizing behaviour problems are more closely associated with physical and sexual abuse or witnessing domestic violence. Children exposed to abuse and neglect are at increased risk of inflicting pain on others and developing aggressive and violent behaviours in adolescence Research suggests that physical abuse and exposure to family violence are the most. Children who have experienced abuse are more likely to become involved in criminal activities. Several studies have documented the correlation between child abuse and future juvenile delinquency. A National Institute of Justice study in the United States predicted that abused and neglected children were 11 times more likely to be arrested for criminal behaviour in adolescence (English et al, 2004).

Domestic violence also takes its toll on children; although the child is not the one being abused, the child witnessing the domestic violence is greatly influential as well. Research suggests that

physical abuse and exposure to family violence are the most consistent predictors of youth violence, Gilbert et al, (2009) Children who witness family violence disputes may encounter homelessness or housing instability as a result of abuse and neglect. Children are running away from something; a home life in which they were subject to abuse, particularly sexual abuse. Only a handful of studies have attempted to describe the extent to which adolescents who run away report experiences with abuse (Gilbert et al, 2009, p.373).

Sexual abuse victims run away from home more often during adolescence. Some studies have suggested that children who see violence in their homes may view such behavior as an appropriate means of resolving conflict and also see violence as an integral part of a close relationship. Research has consistently linked teenage pregnancy with experiences of sexual abuse studies suggest that abused or neglected children are more likely to engage in sexual risk-taking as they reach adolescence, thereby increasing their chances of contracting a sexually transmitted disease. Victims of child sexual abuse also are at a higher risk for rape in adulthood. Fergusson and colleagues found that young women (14-18 years of age) exposed to child sexual abuse had significantly higher rates of teenage pregnancy, increased rates of sexually transmitted diseases, and higher rates of multiple sexual partnerships and appeared to be more vulnerable to further sexual assault and rape (Fergusson et al, 1997, p.8).

Evidence suggests that all types of child abuse can lead to higher levels of substance use. The psychological effects of child abuse and neglect may lead to alcohol and drug abuse problems in adolescence and adulthood. In addition, parental alcohol problems may be antecedent to child maltreatment and may have an important role in influencing the parent's maltreating behavior. Since most child abuse is committed by biological parents, familial factors may contribute to a relationship between childhood victimization and a child's subsequent risk for alcohol problems. Children of parents with alcohol problems are generally at increased risk for the development of alcohol problems (Goodwin et al., 1977, p.238).

A study in the United States found that 28% of physically abused adolescents used drugs compared to 14% of non-abused adolescents. It also found that 31% of a physically abused group of adolescents had suicidal thoughts compared to 10% of a non-abused group. Perkins and Jones, (2004).It is suggested that sexual abuse could be specifically related to suicidal behaviour because it is closely associated with feelings of shame and internal attributions of blame.

2.4 Gaps in Literature

The literature review is done on the effect of child abuse on children development in Kiryandongo refugee settlement. The area of child abuse and children development is a pivotal one and has attracted research by different and many authors. The studies on Gilbert et al (2009), Children who witness family violence disputes may encounter homelessness or housing instability as a result of abuse and neglect. Morre et al (2010), explains that child maltreatment also negatively impacts the development of emotion regulation, which often persists into adolescence or adulthood. Hildyard & Wolf (2002), neglected children may also display aggressive and disruptive behavior. However, externalizing behavior problems are more closely associated with physical and sexual abuse or witnessing domestic violence (Hussey et al., 2006, p.3). A further data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) in the United States has indicated strong associations between abuse/neglect and health problems in children/adolescents. Perkins and Jones (2004), suggested that sexual abuse could be specifically related to suicidal behavior because it is closely associated with feelings of shame and internal attributions of blame. The literature available on the study is drawn from different countries with little or no specific study on Uganda hence geographical gaps, the studies were not conducted in the humanitarian relief environment presenting a theoretical gap besides the studies conducted were for a period before 2013 presenting a time gaps. It is the geographical, time and theoretical gaps that warranted the study with the aim of fulfilling these research gaps.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter describes the methods and materials were used in the study. It presents the research design, target population, sample size, sampling techniques, data sources, research instruments, validity and reliability of the instruments, data collection process, data analysis, ethical consideration and limitations of data analysis.

3.1 Study Design

The study adopted a descriptive design. The reason this design was used to describe in details the experience of child abuse and the consequences on children development. More importantly the design allows the researcher to use both the qualitative and quantitative approaches by using questionnaires and/ interview methods to collect data.

3.2 Study Area

The study was carried out in Kiryandongo refugee settlement, western region of Uganda. The division was chosen because reports of a number of civil society organizations that deals with many social problems and child abuse are found within the division. The United Nation for High Commissioner for Refugees (UNHCR), The United Nation International Children's Emergency Fund (UNICEF) and The African Initiative for Relief and Development (AIRD). These are the organizations that were able to help as they deal with issues of child protection in general and child abuses in society.

3.3 Population of the study

The study population was 57,202, which was the total number of registered refugees in Kiryandongo refugee settlement according to UNHCR, (2018) annual report.

3.4 Sample size

The simple size was 397 respondents. This is determined using Sloven's Formula.

$$\text{Formula states} = \frac{N}{1 + N(0.05)^2}$$

$$\frac{57,202}{1 + 57,202(0.05)^2} = \frac{57,202}{1 + 57,202 \times 0.0025} = \frac{57,202}{1 + 143.005} = \frac{57,202}{144}$$

N = 397 = 397 Respondents

Table3. 1. Category of Respondents and Sampling Technique

Category	Sample	Sampling technique
Child abuse victims	167	Simple random sampling
Parents/ guardians	150	Simple random sampling
Community leaders	50	Simple random sampling
Officials of NGOs dealing in child abuse	30	Purposive Sampling
Total	397	

3.3.2 Response Rate

Table 3.2 Response rate

Category	Response rate
Child abuse victims	134
Parents/ guardians	120
Community leaders	44
	298 (Questionnaire)
Officials of NGOs dealing in child abuse	20 (Key informant Interview
Total	318

Table above presents the response rate of the responses to which the research instruments were administered. The findings presented show that out of 397 respondents targeted 318 responded

giving a response rate of 80% but does not meet the minimum number of respondents according to solven's formula. This implies that the response rate was high enough to carry out the study.

3.5 Sampling Procedure and Selection

The study used simple sampling procedure to choose respondents. Stratified sampling was used to identify the study area. The respondents were subjected to simple random sampling, which was mainly applied to the victims of child abuse to establish which of them would take part in the study, parents/guardians and community leaders were subjected to convenience sampling since their participation was expected. Whichever parents/guardian was available at the settlement was offered an opportunity to contribute to the study. Key informants and officials of NGO's that deals with child abuse were subjected based on their knowledge purposively selected in this study. The sample size was quite a good representation of the population of interest.

3.6 Data Source

The data was collected from both primary and secondary sources.

3.6.1 Primary data

In this study, primary data was derived from the field. It included data gathered from respondents through interviews and group dissociation.

3.6.2 Secondary data

Secondary data was obtained from recorded documents, books and some publications on child abuse in local government of Uganda, books, peer reviewed journals, magazines, newspapers, policy documents on child abuse and reports and publications of various NGO's.

3.7. Data Collection Instruments

3.7.1 Questionnaires

The questionnaires had have four parts; demographic characteristics of respondents of child abuse and development of children in Kiryandongo refugee settlement, the types of child abuse in Kiryandongo refugee settlement, the causes of child abuse in Kiryandongo refugee settlement and the consequences of child abuse on children in Kiryandongo refugee settlement, questionnaires were administered to child abuse victims, parents/ guardians and community

leaders. A total of 397 questionnaires were given to respondents, while 298 numbers were retrieved.

3.7.2 Key informant Interview Guide

The interviews carried out on the key informant's from officials, administrators/members of NGOs working on children's rights. The interviews were administered to the officials of AIRD, UNICEF and UNHCR who operate in Kiryandongo refugee settlement. A total of 30 interview quid were given to respondents, while 20 numbers were retrieved.

3.8 Validity and Reliability of Research Instruments

3.8.1 Validity

Validity refers to the degree to which results obtained from analysis of the data actually represents the phenomenon under study. In calculating validity the researcher ensured that questions are relevant in order to ensure that data collected give meaningful and reliable results represented by variables in the study. The researcher submitted the questionnaires and research questions to the supervisor and other experts who rated the questionnaires on validity and other expects for validation. The researcher used the following formula to establish validity of the research instruments as seen below.

$$\text{Content Validity Index (CVI)} = \text{CVI} = \frac{\text{Number of items declared valid}}{\text{Total no. of items in the instrument}}$$

$$\text{CVI} = \frac{28}{32} = 0.875$$

The overall Content Validity Index (CVI) of the instrument was 0.846, which was above acceptable Index of 0.7(Amin, 2005).

3.8.2 Reliability

To ensure the reliability of the instruments, the researcher conducted a pilot study using the test-retest method. The questionnaire was given to 10 people and after two weeks, the same questionnaire was given to the same people and the cronbach's alpha was computed using SPSS. The minimum Cronbach's Alpha coefficient of 0.75 was used to declare an instrument reliable (0.75).

Table 3.8.2: Reliability

Variable	Items	Cronbach Alpha Value
Forms of child abuse	9	0.832
Causes of abuse	9	0.782
Consequences	8	0.750
Mean Average	26	0.796

Source: Primary data, 2018

The table 3.8.2 above displays the reliability indices/coefficients for all constructs used in the study. All alpha reliabilities (α) for all scales computed and be above 0.5, ranging from meet acceptance standards for research (Nunnally, 1978).

3.9. Data Collection Procedure

3.9.1 Before the administration of the questionnaires and interview guide

An introduction letter was obtained from the college of higher degree and research for the researcher to ask for approval to conduct the study from respective respondents. After approval, the researcher secured a list of the qualified respondents from the officials and select through simple random sampling from this list to arrive at the minimum sample size. The researcher selected research assistants who would assist in the data collection, brief and orient them in order to be consistent in administering the questionnaires.

3.9.2 During the administration of the questionnaires and interview guide.

The researcher proceeded to the selected settlement and shows the granted introduction to subjected settlement officials and children rights and child abuse organizations to identify and select respondents who participated in the study. Sufficient questionnaires were distributed and face to face interviews were conducted with respondents in the camp. The respondents were requested to answer completely and not to leave any part of the questionnaires unanswered. The researcher and assistants emphasized interviewing the women there and then.

3.9.3 After the administration of the questionnaires

After receiving the questionnaire back, they were checked and edited every day. The researcher encoded the data into the computer and statistically analyzed using the Statistical Package for Social Sciences (SPSS) as detailed in the next section.

3.10 Data Analysis

3.10.1 Qualitative Data Analysis

The data was analyzed through reading and re-reading the text of the collected data. Key themes and patterns that address the research questions was identified and organize into coherent categories to help in summarizing and bringing meaning to the collected data. The outcome will be presented in form of content analysis after comparing and crosschecking of the collected data for accuracy and correctness using triangulation and holistic view. The transcript of the interviews were meticulously edited to improve legibility

3.10.2 Quantitative Data Analysis

On the other hand, the quantitative data through use of questionnaire through a gradual process of analysis involving editing of collected data, coding and tabulation. Coding involve classifying the answers for each item into meaningful categories. The coded data recorded, tabulated fed into the computer using Statistical Package for Social Scientists (SPSS) program and excel computer program for analysis to obtain frequencies and percentages. Then interpreted useful conclusion that attempt to address the issues raised in the study between the variables of child abuse and its consequences on the victims of abuse.

3.11 Ethical Considerations

To ensure ethical considerations in undertaking the study and the safety, social and psychological well-being of the respondents involved in the study, the researcher got an introductory letter from the College of Humanities and Social Sciences, Kampala International University. On the other hand to ensure the safety of the person and/or community involved in the study the researcher got their consent of the respondents before they fill in the questionnaires. The study will also ensure the privacy and confidentiality of the information provided by the respondent which was solely used for academic purposes.

3.12 Limitation of the study

Some respondents were found to be suspicious and sensitive about the study and therefore not willing to participate. This was overcome by explaining that the study is purely for academic purposes. In addition some of the respondents were not available on the date scheduled for

interview. This challenge was overcome by rescheduling another date for interview with those respondents involved. Language Barrier was another limitation to this study, due to some of the respondents were not able to speak fluently in English language. The researcher hired some research assistants who acted as interpreters whenever required.

CHAPTER FOUR

PRESENTATION, INTERPRETATION AND ANALYSIS OF FINDINGS

4.0 Introduction

This chapter presents the findings from the study to examine and document child abuse and development of children in Kiryandongo refugee settlement, western region of Uganda. The study solicited response for these research questions. The focus was on three objectives which included assessing the (i) to examine the types of child abuse in Kiryandongo refugee settlement, (ii) to identify the causes of child abuse in Kiryandongo refugee settlement and (iii) to examine the consequences of child abuse on children in Kiryandongo refugee settlement. This chapter is organized based on the demographic traits of respondents, following by the analysis as per the research objectives presented objective by objective. The data is presented, analyzed and interpreted as shown in the sub-chapters below.

4.1 Demographic characteristic of respondents

This was based on the gender of respondents, gender, age, education, religion and nationality. This was intended to attain a detailed understanding of the respondent's key characteristics influences the result of the study. The general information has an implication on the study variables. The different demographic characteristics are analyzed and presented in table 4.1 below.

Table 4.1: Demographic Characteristics of the Respondents

Categories		Frequency	Percentages
Sex	Male	144	48.3
	Female	154	51.7
	Total	298	100
Education	Kindergarten	46	15.4
	Primary	65	21.8
	Secondary	123	41.3
	Institutional	64	21.5
	Total	298	100
Age	13–15	48	16.1
	16-18	123	41.3
	19-35	93	31.2
	36 Above	34	11.4
	Total	298	100

Nationality	South Sudanese	187	62.8
	Congolese	45	15.1
	Ugandans	34	11.4
	Sudanese	32	10.7
	Total	298	100.0
Religion	Islam	72	24.2
	Christian	201	67.4
	African traditions	25	8.4
	Total	298	100.0

Source: Field Data, 2018

The demographics are presented in the forms of sex, age, academic qualifications, marital status and time of working experiences of respondents. The presentations were that on the gender of respondents, majority of the respondents were female who constituted 154(51.1%) of the total respondents while the male were 144(48.3%). The findings imply that the respondents were both male and female. It further implies that females dominated in provision of data given that the study and both gender was involved in the data collection.

On the education characteristics of respondents were majority of the respondents were secondary 123(41.3%) of the respondents, primary respondents were 65(21.8%) of the respondents, institutional were 64(21.5%) of the respondents while Kindergarten were 46(15.4%) of the respondents. The findings on this imply that majority of the respondents were educated, it is of no doubt that researcher attained data from the educated people.

The age findings show that the majority of the respondents were in the age category was in the category of 16-18 with 41.3% of the respondents, 31.2% were recorded on the age 19-35 category , followed by the age bracket of 13-15 with 16.1% and finally 36 above with 11.4%. The findings imply that the study was taken from mature respondents therefore information attained can be based on for decision making.

The study results regarding the nationality of the respondents reveal that the majority were South Sudanese who were 62.8% of the respondents, the Congolese were 15.1%, Ugandans were 11.4% and those of Sudanese were 10.7% of the respondents. The study reveals that different nationalities are being represented in the study.

Finally, concerning the religion of the respondents, majority were the Christians who were represented by 67.4% of the respondents, Islam constituted 24.2% while the least were 8.4% who were in African traditional religion. The study results reveal that the study was conducted across the religions.

4.2 Types of child abuse in Kiryandongo refugee settlement

The second research objective was to examine the types of child abuse in Kiryandongo refugee settlement. The study findings based on the study are presented and interpreted in line with the research questions as per the objective.

4.2.1 Child abuse is social problem

The researcher set to investigate by establishing respondent's opinions regarding whether child abuse is a social problem, the information given in regard to the question. The study findings are presented in the table 4.2.1

Table 4.2.1: Whether child abuse is a social problem

Child abuse is social problem		
Responses	Frequency	Valid Percent
Agree	51	17.1
Disagree	56	18.8
Strongly agree	103	34.6
Neutral	88	29.5
Total	298	100.0

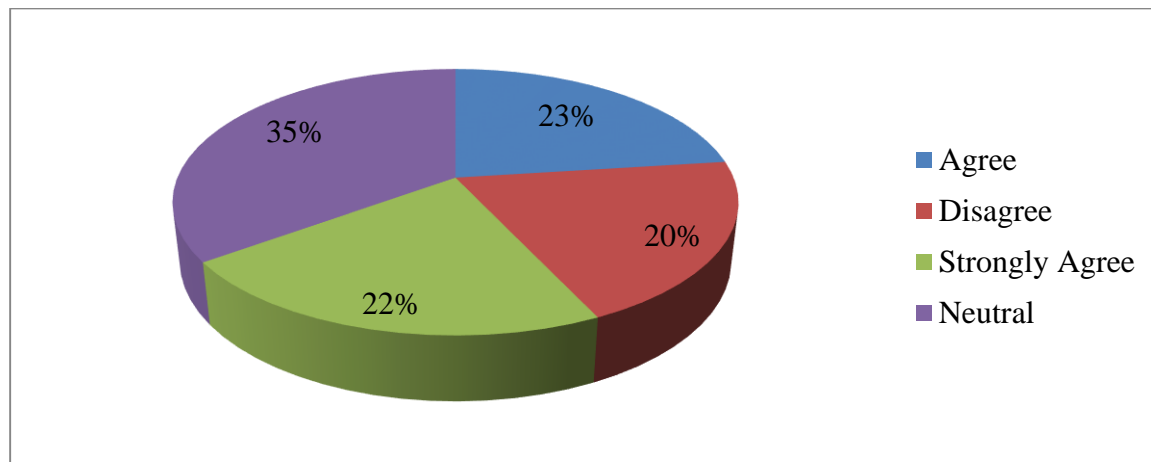
Source: Primary data, 2018

The study findings on whether child abuse is a social problem, majority of the respondents 34.6% strongly agreed, 17.1% agreed while 18.8% disagreed and 29.5% were neutral. Considering the results from the study majority respondents agreed that child abuse occurrence is a social problem. These imply that it can be handled through establishing social interventions intended to generate the means for reducing child abuse.

4.2.2 Sexual abuse is the most common type of child abuse at the settlement

The researcher set to investigate by establishing respondent's opinions regarding whether sexual abuse is the most common type child abuse at camp, the information given in regard to the question. The study findings are presented in the table 4.2.2

Figure 4.2.2: Pie chart showing whether sexual abuse is the most common type child abuse at the settlement



Source: Primary data, 2018

The study findings on whether sexual abuse is the most common type child abuse at the settlement, most of the respondents were neutral who 34.6% of the respondents were while 22.1% strongly agreed with 23.2% respondents who agreed and 20.1% disagreed. Considering the level of agreement the results show and reveal that sexual abuse is a common type of child abuse at the settlement.

“Some children complain of sexual abuse especially from the males who are usually related to these young children, we receive complaints on child sexual abuse, though this is not on a usual basis, it highly prevail in the settlement”.

KII with UNHCR official No (1) in the settlement, 27.10.2018

A combination of the responses from the questionnaire and interview reveal that sexual abuse is a common type of child abuse in the settlement a form that need to be handled for effective reach.

4.2.3 Whether abusers touch or made you to touch his / her private body parts

The researcher set to investigate by establishing respondent's opinions regarding whether abusers touch or made them touch his or her private body parts, the information given in regard to the question. The study findings are presented in the table 4.2.3

Table 4.2.3: Whether abusers touch or make the abused touch their private parts

Abusers touch or made you to touch his / her private body parts		
Response	Frequency	Percent
Agree	34	11.4
Disagree	67	22.5
Strongly agree	90	30.2
Neutral	107	35.9
Total	298	100.0

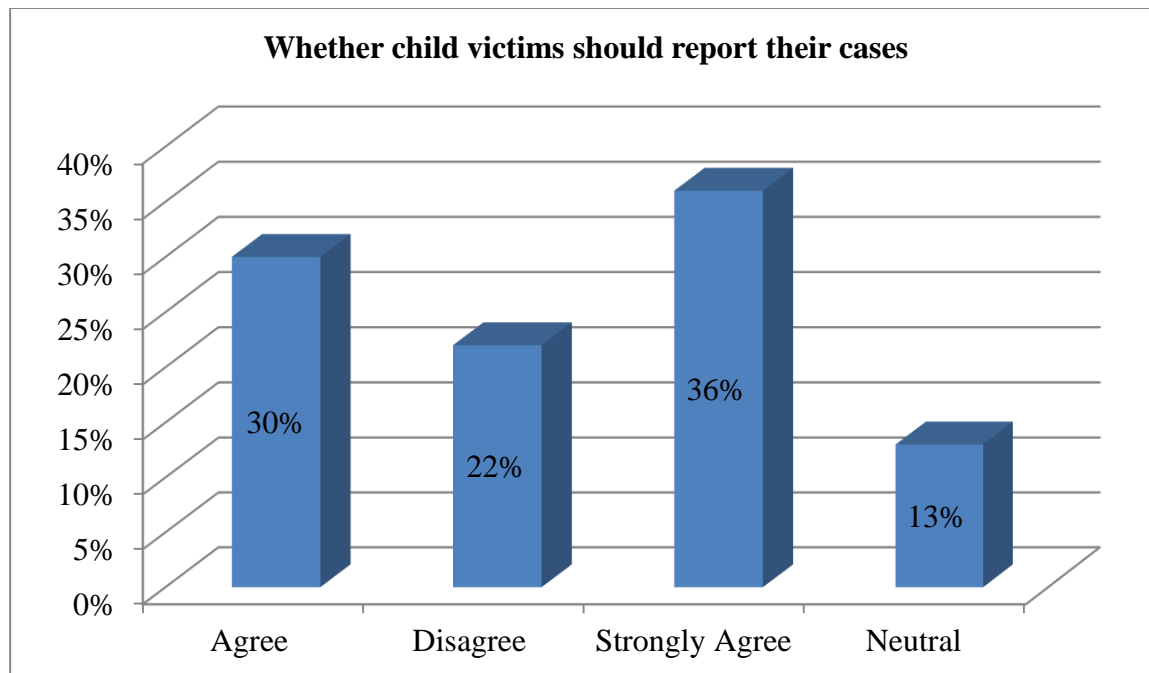
Source: Primary data, 2018

The findings in table above on whether the whether abusers touch or make the abused touch their private parts. The study results reveal that majority of the respondents were neutral with 35.9% respondents while 30.2% strongly agreed and 11.4% agreed while only 22.5% agreed. The results never the less indicate that the child abuse of touching the children private parts is prevailing in Kiryandongo refugee settlement, though some reasonable respondents could not be aware the response depict the presence of this revelations.

4.2.4 Whether Child victims should report their abuse cases

The researcher set to investigate by establishing respondent's opinions regarding whether child victims should report their abuse cases, the information given in regard to the question. The study findings are presented in the table 4.2.4

Figure 4.2.4: Whether Child victims should report their abuse cases



Source: Primary data, 2018

The study results in bar graph above reveal those majority respondents strongly agreed that child victims should report their abuse cases 35.6% of the respondents, 29.5% agreed while 22.1% disagreed and 12.8% were neutral, the results imply that the majority respondents agreed that victims of child abuse need to report the cases of abuse. The findings imply that the respondents regarded child abuse as a major issue hence the need to have it reported.

4.2.4 Type of abuse experienced by children

The researcher set to investigate by establishing respondent's opinions regarding type of abuse experienced by children the information given in regard to the question. The study findings are presented in the table 4.2.5.

Table 4.2.5: Type of abuse experienced

Type of abuse you have experienced		
Responses	Frequency	Percent
Physical	70	23.5
Emotional	54	18.1
Sexual	70	23.5
Neglect	104	34.9
Total	298	100.0

Source: Primary data, 2018

The study results regarding the forms of child abuse recorded, the results reveal that majority respondents experienced neglect from the parents as a major form of child abuse (34.9%) sexual abuse had 23.5% while physical abuse constituted 23.5% of the response while 18.1% reported emotional abuses. In general the respondents recorded that the children are faced with several forms of child abuse in Kiryandongo refugee settlement.

“The main form of child abuse is beating, sexual abuse, neglect, harassment and emotional abuse. The mode of the types of abuse reveals that beating and neglect constitute the highest concerns of child abuse among the children”.

KII with UNHCR official No (2) in the settlement, 29.10 2018

4.2.6 Who abuse children?

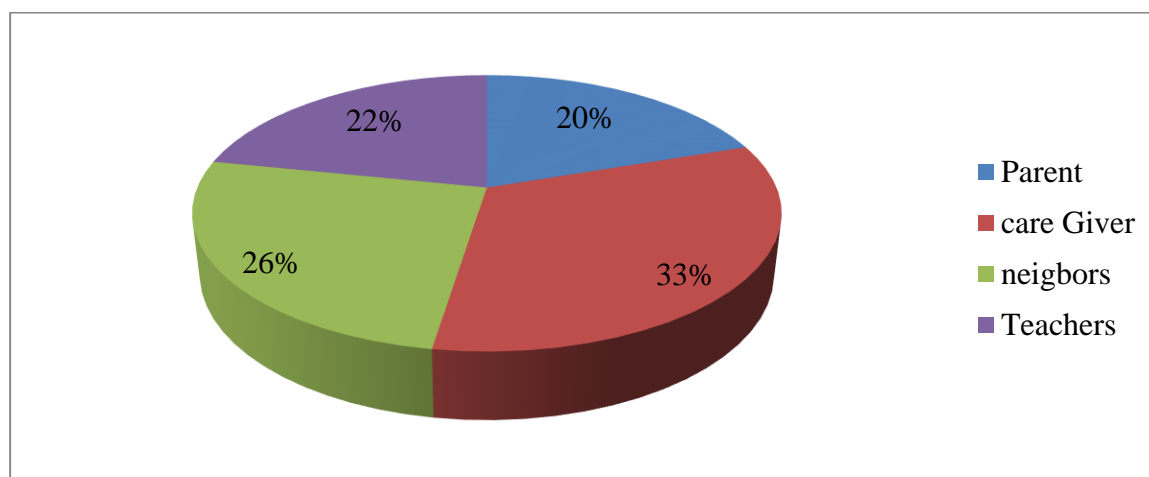
The researcher set to investigate by establishing respondent's opinions regarding the people who abuse children, the information given in regard to the question. The study findings are presented in the table 4.2.6

Table 4.2.6: Responses on who abuse children

Who abused you		
Responses	Frequency	Percent
Parent	58	19.5
Care Giver	99	33.2
Neighbors	76	25.5
Teachers	65	21.8
Total	298	100.0

Source: Primary data, 2018

The information is presented in table 4.2.6 below



Source: Primary data, 2018

The study findings in table above show that majority children were abused majorly by the care givers 33.2% of the respondents while 76% argued that the children were abused by the neighbors, teachers constituted 21.8% of the respondents while Parents had 19.5% of the respondents. The study findings reveal that several categories of the respondents have constituted and contributed to child abuse in the refugee settlement.

4.2.7 Where the child abuse happened

The study here sought to establish where the abuse happened in the refugee camp. The study results concerning the study, the information attained concerning this are presented in table 4.2.7 presented below.

Table 4.2.7: Responses on where the child abuse happened

Where did it happen		
Responses	Frequency	Percent
Inside Refuge settlement	32	10.7
Outside Refugee settlement	69	23.2
In school	94	31.5
In the play environment	103	34.6
Total	298	100.0

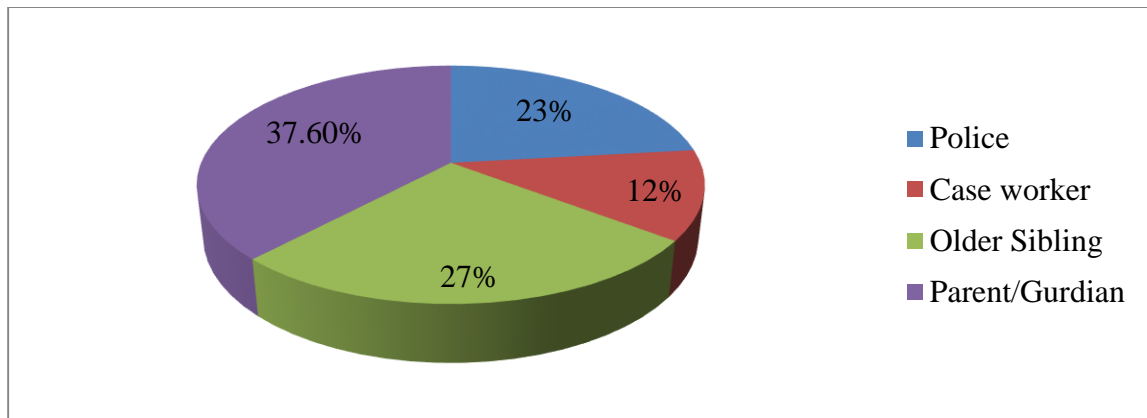
Source: Primary data, 2018

The study findings in table 4.2.7 reveal that the child abuse on children most especially occur in the play environment 34.6% of the respondents. 31.5% reveal that the abuse happen in the schools while 23.2% contend that it happen in the refugee settlement and finally 10.7% contend that the abuse happen inside the refugee settlement. The results imply that child abuse occur in different places.

4.2.8 Reporting authority

The researcher set to investigate by establishing respondent's opinions regarding the reporting authority of child abuse, the information given in regard to the question. The study findings are presented in the pie chart below 4.2.8.

Figure 4.2.8: Pie chart showing reporting authority of child abuse



Source: Primary data, 2018

The study results on the reporting authority for child abuse was majorly parents/ guardians who constituted 37.6% of the respondents while 26.5% contend that they report to older sibling with 26.5% while 23.2% reported to police and finally those who report to case workers were 12.8% of the respondents. The study results imply that there are actually limited authorities for reporting by the children. Considering the form of the response mechanisms the results reveal that there is actual a limitation in terms of authority that the children report abuse to in Kiryandongo refugee settlement.

4.2.9 What happened after reporting child abuse?

The researcher set to investigate by establishing respondent's opinions regarding the intervention or remedy taken after reporting child abuse, the information given in regard to the question. The study findings are presented in the table 4.2.9.

Table 4.2.9: What happened after reporting the child abuse?

What happened after you reported		
Responses	Frequency	Percent
Got Justice	57	19.1
Nothing	83	27.9
Abuser was warned	91	30.5
Abuser just punished	67	22.5
Total	298	100.0

Source: Primary data, 2018

Table 4.2.9 above reveals that what happened after reporting child abuse was that majority abusers are just warned 30.5% of the respondents, 27.9% abusers nothing is done on them while 22.5% abusers were just punished and finally 19.1% got justice. The study findings pin to the fact that the child abuse has not attracted a resonate response in terms of the quality of the response as remedy intended to improve the situation of the people in the refugee settlement.

“Reports that we receive indicate that children who are abused are in most cases merely warned. Those who provide an avenue for the reporting still don’t get justice, this is affiliated to the high degree of society integration were the parents negotiate with the child abusers in some cases for a ransom. This has limited the provision of justice on abused children”.

KII with UNHCR official No (3) in the settlement, 27.10.2018

“The children are also in most cases abused by the parents/ guardians and care givers who do not actually report because they are the very people in the control of the children. Because of lack of responsible neighborhood, the abusers of the children are left to go without any approach to managing the children”.

KII with AIRD official No (4) in the refugee settlement, 25.10.2018

The study findings from the context of the study reveal that child abuse is an issue in the refugee camp that has been supported by parents who have themselves limited the children from exposure to better life through abusing them.

4.3 Causes of child abuse in Kiryandongo refugee settlement

The second study objective was to identify the causes of child abuse in Kiryandongo refugee settlement. The data collected based on the set questions are presented in the provisions and sub-chapter provided below.

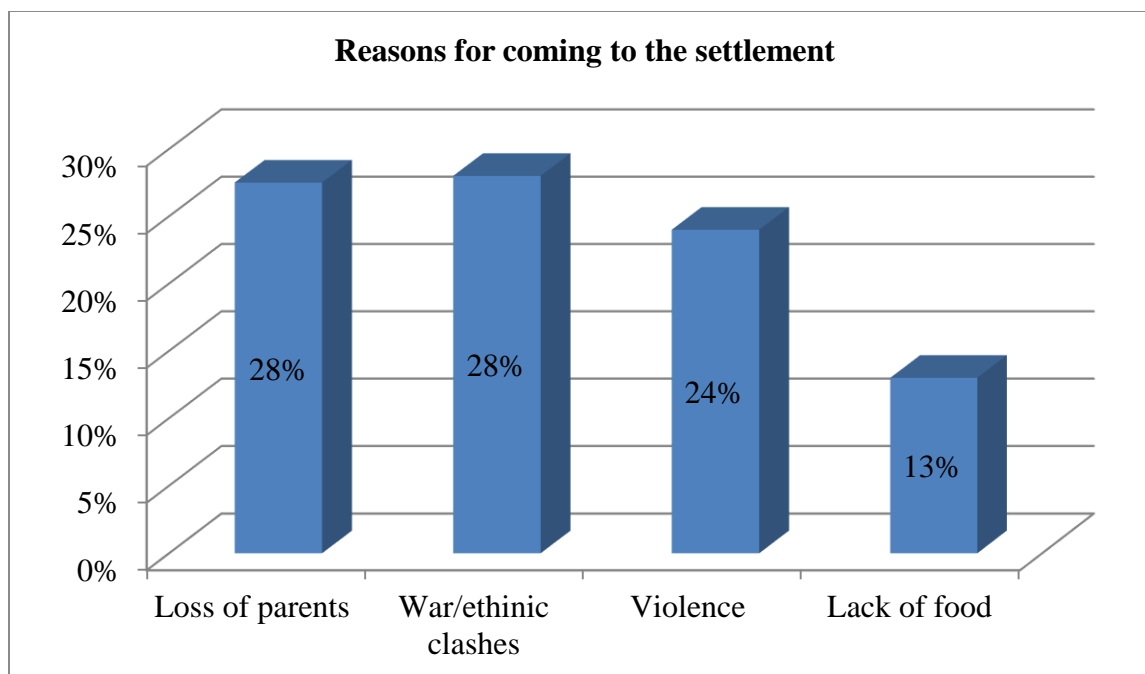
4.3.1 Reasons for coming to the refugee settlement

The researcher set to investigate by establishing respondent's opinions regarding the reasons for coming to the refugee settlement, the information given in regard to the question. The study findings are presented in the table 4.3.1

Table 4.3.1: Reasons for coming to the refugee settlement

Reasons for come to this camp		
Responses	Frequency	Percent
Loss of parent(s)/guardian	82	27.5
War/ethnic clashes	84	28.2
Violence at home	73	24.5
Lack of food	59	19.8
Total	298	100.0

Source: Primary data, 2018



Source: Primary data, 2018

The study findings reveal that the major reason for coming to the refugee settlement was war clashes that had 28.2% of the respondents, those of loss of parents presented 27.5%, violence at home had 24.5% while lack of food accounted for 19.8% of the respondents. The study findings reveal that majority respondents are in agreement that war and violence highly accounted for their coming into Kiryandongo refugee settlement. The findings denote that war and violence are highly to blame for the refugee's migration into the refugee settlement.

4.3.2 Whom children live with

The researcher set to investigate by establishing respondent's opinions regarding the people that the children live with while in the refugee settlement, the information given in regard to the question. The study findings are presented in the table 4.3.2.

Table 4.3.2: Showing responses on whom children live with

Whom do you live with		
Responses	Frequency	Percent
Parents	78	26.2
Siblings	93	31.2
Guardians	57	19.1
Well wisher	70	23.5
Total	298	100.0

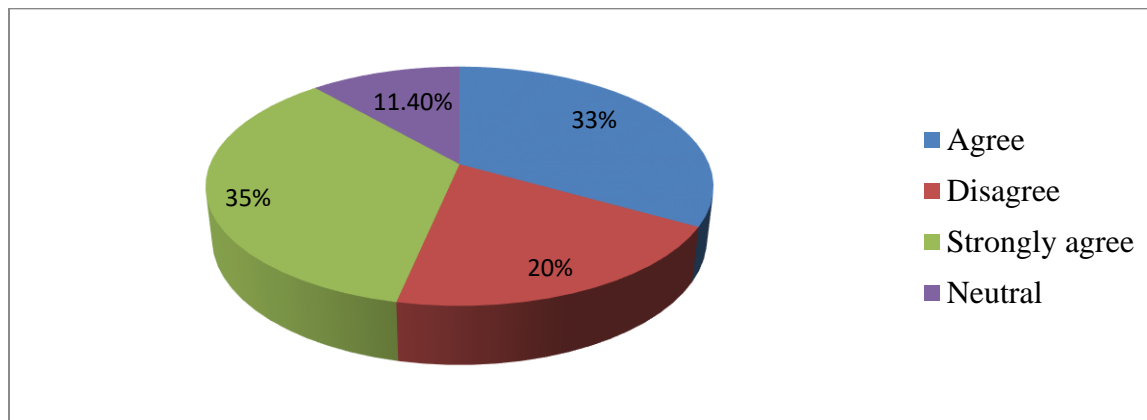
Source: Primary data, 2018

The study findings in table 4.3.2 reveal that majority of the respondents contend that the children live with siblings who represented 31.2% of the respondents, those who lived with parents were 26.2% while those with well wishers constituted 23.5% of the respondents and finally those with well-wishers were 23.5% of the total respondents in the study. The study findings reveal that few children live under the care of the parents; it is possible that child abuse occur due to this fact.

4.3.3 Multiplicity of family members can cause child abuse

Here, the researcher set to investigate the results on whether multiplicity of family members can cause child, the information given in regard to the question. The study findings are presented in the table 4.3.3.

Figure 4.3.3: Pie chart showing whether multiplicity of family members can cause child abuse.



Source: Primary data, 2018

The study findings reveal that majority respondents contend that multiplicity of family members can cause child abuse, 35.2% strongly agreed while 33.2% agreed while 20.1% disagreed and finally 11.4% were neutral in the respondents. The study results imply that multiple family members have caused child abuse among the children in Kiryandongo refugee settlement. The results contend that the mode of multiplicity has accounted for child abuse.

4.3.4 Unemployed parents abuse their child

Here, the researcher set to investigate the results on whether unemployed parents abuse their child, the information given in regard to the question. The study findings are presented in the table 4.3.4.

Table 4.3.4: Showing whether unemployed parents abuse their child

Unemployed parents abuse their child		
Responses	Frequency	Percent
Agree	89	29.9
Disagree	101	33.9
Strongly agree	54	18.1
Neutral	54	18.1
Total	298	100.0

Source: Primary data, 2018

The study findings regarding the study reveal that majority respondents disagreed that 33.9% of the respondents disagreed while 29.9% of the respondents agreed, 18.1% strongly agree and that of 18.1% were neutral. The study findings reveal that the level of employment does not have a high bearing on child abuse; these could be associated with the limited level presence and prevalence of child abuse in the organization.

4.3.5 Parents who take alcohol and drugs abuse children

Here, the researcher set to investigate the results on whether parents who take alcohol and drugs abuse children, the information given in regard to the question. The study findings are presented in the table 4.3.5.

Table 4.3.5: Parents who take alcohol and drugs abuse children

Parents who take alcohol and drugs abuse children		
Responses	Frequency	Percent
Agree	84	28.2
Disagree	81	27.2
Strongly agree	70	23.5
Neutral	63	21.1
Total	298	100.0

Source: Primary data, 2018

The study findings regarding to whether parents who take alcohol and drugs abuse children, the results were that 23.5% strongly agreed while 28.2% agreed, and 27.2% disagreed while 21.1% was for neutral. The study findings reveal that the parents who take alcohol abuse their children especially through beating. The study implies that parents with the alcohol history and taking have abused their children, it is imperative to assess that taking alcohol is responsible for child abuse among the children in families.

4.3.6 Parents who have history of abuse are highly related to child abuse

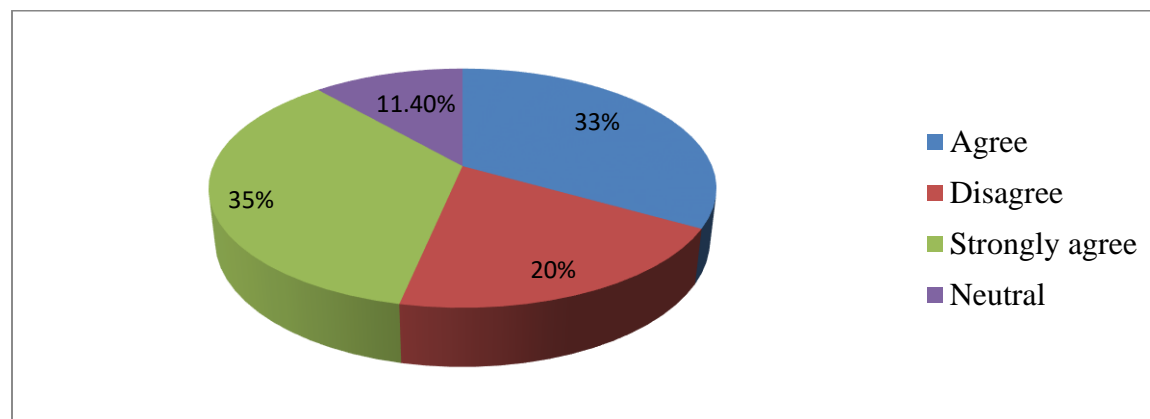
Here, the researcher set to investigate the results on whether parents who have history of abuse are highly related to child abuse, the information given in regard to the question. The study findings are presented in the table 4.3.6.

Table 4.3.6: Parents who have history of abuse are highly related to child abuse

Parents who have history of abuse are highly related to child abuse		
Responses	Frequency	Percent
Agree	84	28.2
Disagree	63	21.1
Strongly agree	70	23.5
Neutral	81	27.2
Total	298	100.0

Source: Primary data, 2018

The information is presented below



Source: Primary data, 2018

The results presented in table above reveal that a simple majority respondents who were 27.2% were neutral while 28.2% respondents agreed, furthermore 21.1% disagreed while 23.5% strongly agreed, based on the results (level of agreement) it is possible to argue that parents who have history of abuse have continued to abuse their children, these imply that due to limited control and restrictions in the management child abuse, the issue of abuse prevail in the refugee settlement.

4.3.7 Children live in violent areas are exposed to child abuse

Here the researcher set to investigate the question on whether children who live in violent areas are exposed to child abuse. The information based on respondents has been presented in table 4.27 below.

Table 4.3.7: Whether children live in violent areas are exposed to child abuse

Children live in violent areas are exposed to child abuse		
Responses	Frequency	Percent
Agree	56	18.8
Disagree	91	30.5
Strongly agree	77	25.8
Neutral	74	24.8
Total	298	100.0

Source: Primary data, 2018

Findings in table 4.2.7 regarding whether children who live in violent areas are exposed to child abuse, 25.8% of the respondents strongly agreed, 18.8% agree, 24.8% were neutral while 30.5% of the respondents disagreed. In regard to the responses, the researcher reveals that majority respondents were in agreement with the study.

4.3.8 Poverty is a major cause of child abuse

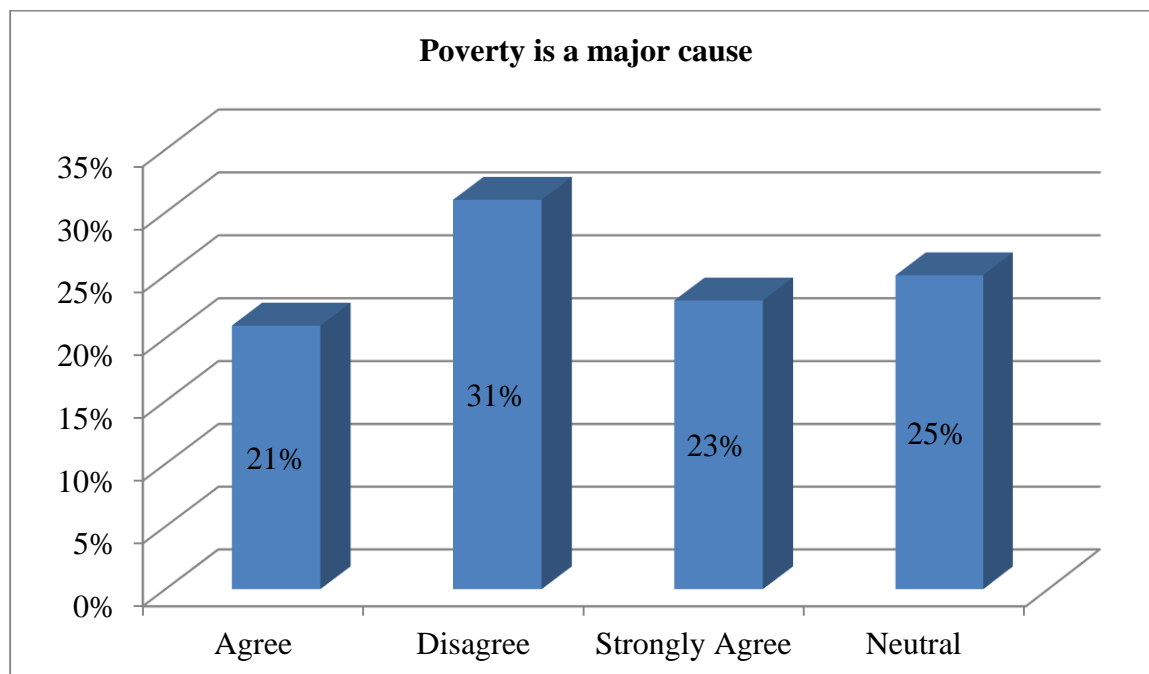
Here the researcher set to investigate whether poverty is the major cause of child abuse; in this regard the researcher presented the questions that attracted the answers from the respondents. The results attained from the field data are presented for interpretation as below.

Table 4.3.8: Showing whether poverty is a major cause of child abuse

Poverty is a major cause of child abuse		
Response	Frequency	Percent
Agree	62	20.8
Disagree	93	31.2
Strongly agree	68	22.8
Neutral	75	25.2
Total	298	100.0

Source: Primary data, 2018

The information further presented below



Source: Primary data, 2018

The study results regarding the question present that majority respondents agreed that poverty is the major cause of child abuse with 22.8% who strongly agree while 20.8% agree. Even if 25.2% were on the neutral position, 31.2% disagreed. The results reveal that the majority authors agree that poverty has also accounted for some degree of child abuse.

The study results are in agreement with the of the Key informant interviews from the respondents who were officials of the NGOs operating in the refugee settlement.

“The poor frustrated parents always give their children hard punishments to their children over petty and simple mistakes like eating food, picking little coins (money) among others. The state of poverty reveals that majorly poor people have been difficulty in handling their children. We always got reports of parents and care takers punishing their children over petty crimes, even when we have tried to intervene, the scarcity of the resources at house hold level is to blame for the increasing child abuse”.

KII with official No (5) of UNICEF, 27.10. 2018

4.3.9 Whether disabled children are at risk of child abuse than others

In this regard the researcher asked whether disabled children are at risk of child abuse than others. To fulfill this objective the researcher set to investigate this by seeking people’s opinions, the results attained are presented in table 4.3.9 presented below.

Table 4.3.9: Showing whether disabled children are at risk of child abuse than others

Disabled children are at risk of child abuse than others		
Response	Frequency	Percent
Agree	145	48.7
Disagree	86	28.9
Strongly agree	51	17.1
Neutral	16	5.4
Total	298	100.0

Source: Primary data, 2018

Findings in table above reveal that majority respondents are in agreement that disabled children are at the risk of abuse other than other children with 48.7% agreeing, 17.1% strongly agreed. Even when the few respondents who disagreed and were not sure constituting 28.9% and 5.4% were neutral, the responses still pin to the fact that disabled children are at a more risk of abuse than other children in the refugee settlement. The study is guided and maintained by the fact that the most respondents are in agreement with the presence of disabled children who have been discriminated and abused in this study. The study findings imply that the children with disability have been discriminated at several occasions in the schools and in the different avenues.

“We have received complaints that disable children are at a high risk of child abuse, the abuse is in the play environment, schools and at homes were these children are discriminated on the grounds of togetherness and social cohesion. The children in the schools are at a risk of living in danger way especially discriminations from the society, these has left the children in the refugee camps to be at low operations risks of the work force”.

KII with UNICEF official No (6) in the refugee settlement, 27. 10.2018

The study results imply that from the interview and questionnaire responses, the children with disability are at a more risk of discrimination arising from across the society intended to enhance their social inclusion into society that is always limited.

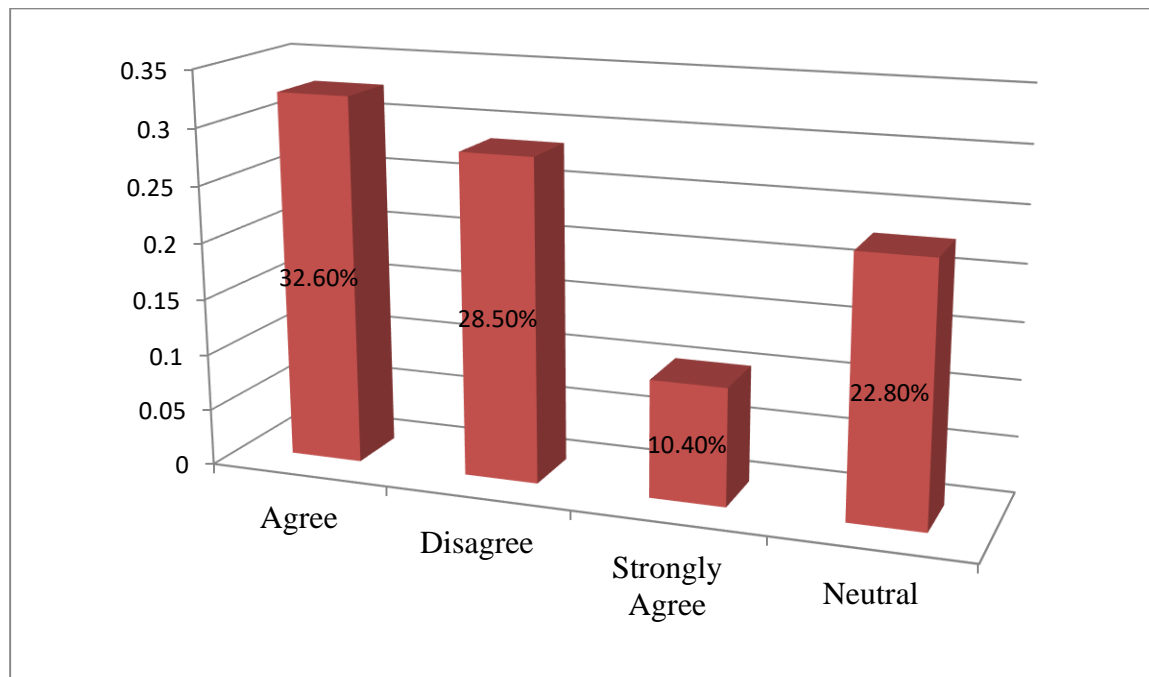
4.4 Consequences of child abuse on children in Kiryandongo refugee settlement

The third objective of the study was to examine the consequences of child abuse on children in Kiryandongo refugee settlement. The study results concerning the study are presented as per the findings from the field provided below.

4.4.1 Abused child remember the person who committed the abuse to him or her

In this section the researcher sought to establish the whether the abused child remember the person who committed the abuse to him or her. The study results based on the study are provided in the information provided below.

Figure 4.4.1: Responses on whether abused child remember the person who committed the abuse to him or her.



Source: Primary data, 2018

Results in the field reveal that regarding the issue of abused child remembers the person who committed the abuse to him or her. The study findings regarding this reveal that children remember those people who abused them, 32.6% agreed while 15.1% strongly agreed. The nature of agreement shows that abused children don't remember the persons who committed the abuse. The findings reveal that most children can't remember the people who abused them in the case of provided work ethical environments.

4.4.2 Child abuse can result brain fail to grow properly

The study results regarding whether child abuse can result brain fail to grow properly, the study findings based on the results collected from the field is presented and interpreted as presented in table 4.4.2 below.

Table4.4.2: Child abuse can result brain fail to grow properly

Child abuse can result brain fail to grow properly		
Responses	Frequency	Percent
Agree	103	34.6
Disagree	80	26.8
Strongly agree	31	10.4
Neutral	84	28.2
Total	298	100.0

Source: Primary data, 2018

Findings on whether child abuse can result brain fail to grow properly, majority of the respondent were in agreement with 34.6% who agree, 10.4% agree while those in disagreement were 26.8 and those who were neutral were 28.2%. Considering the percentage of agreement which was 45% is higher than that of disagreement, this implies that the respondents contend that child abuse can cause poor brain functionality of the children. The results here presented reveal that child abuse affects the functionality of the brain. The results were compatible with that of the interview were the respondents argued that Child abuse is responsible for poor brain functioning, the functionality of the brain is limited and hindered in operation.

“We have seen children in high emotional sought, many have not managed to continue with their education to the greatest extent some have ran away from homes for fear of further victimization”.

KII with UNHCR official No (7) in the settlement, 28.10.2018

The study findings are therefore in agreement with the view that child abuse can affect the functionality of the brain. Physical or emotional, any form of child abuse generates brain constraints to the children that can have a long term effect on growth of a child.

4.4.3: Whether children develop violent behaviors after being abused

The study sought to establish whether children develop violent behaviors after abuse, the researcher set this to seek respondent's opinions on these; the results are presented in the table 4.4.3 below.

Table 4.4.3: Whether children develop violent behaviors after being abused

Children develop violent behaviors after being abused		
Responses	Frequency	Percent
Agree	77	25.8
Disagree	66	22.1
Strongly agree	55	18.5
Neutral	100	33.6
Total	298	100.0

Source: Primary data, 2018

The study results regarding the study show those majority respondents agreed that children develop violent behaviors after being abused with 25.8% of the respondents, 18.5% of the respondents while 22.1% disagree and that neutral were 33.6% were neutral, considering the responses, the study imply that child abuse has affected the behaviors of the children. The mode of the assessment prevail which imply that the mishandling of children cause them suffering.

“We have received reports of children developing violent behaviors and leaving their homes as a result of abuse from the parents and guardians. There are several children reported becoming wild in the homes and stubborn on their parents that has limited their way of living and negatively deterred the means of living. The more some stubborn children are abused by their parents, the more they have become difficult to manage in the families and homes”.

KII with UNICEF official No (8) in the settlement, 28.10.2018

The study findings based on the field reveal that the means of the behaviors exhibited by the children is affected by the mode of behavior that is put on the children. Therefore the means of the behavior children exhibit present a challenging effect on the children social living conditions.

4.4.4 Child abuse leads the use of alcohol or other drugs

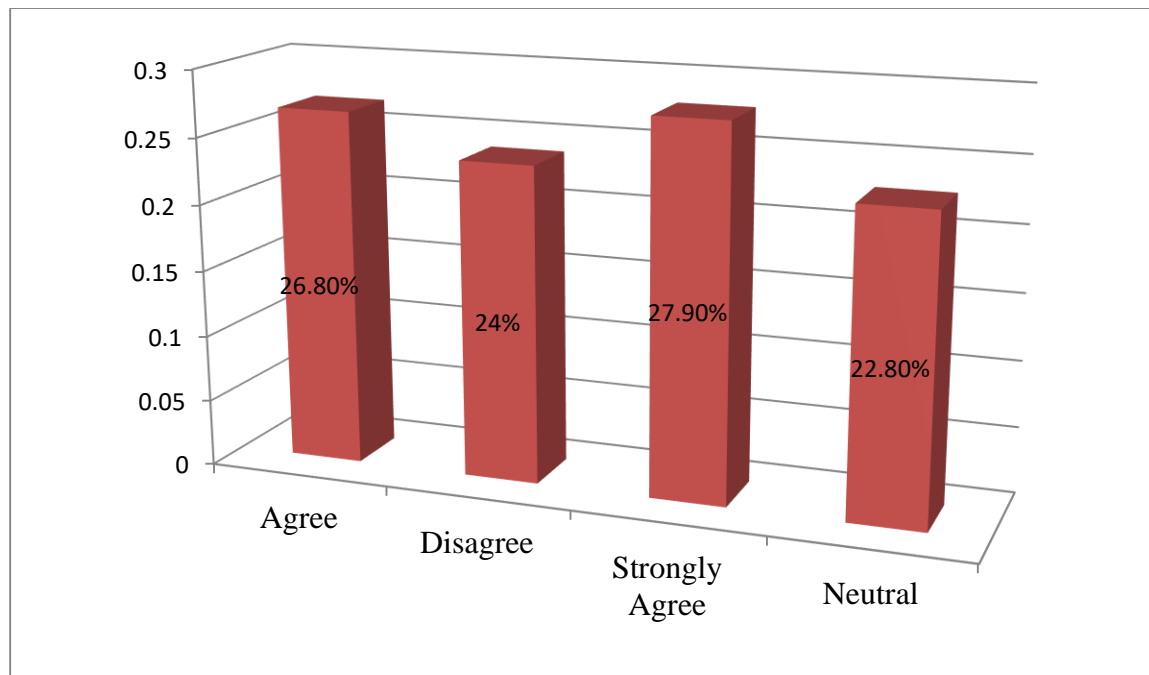
The study sought to establish whether child abuse lead the use of alcohol or other drugs , the researcher set this to seek respondent's opinions on these, the results are presented in the table 4.4.4 below.

Table 4.4.4 Child abuse leads the use of alcohol or other drugs

Child abuse lead the use of alcohol or other drugs		
Responses	Frequency	Percent
Agree	80	26.8
Disagree	71	23.8
Strongly agree	84	27.9
Neutral	64	21.5
Total	298	100.0

Source: Primary data, 2018

The information is further presented below.



Source: Primary data, 2018

The study findings reveal that simple majority respondents agree that child abuse lead the use of alcohol or other drugs with 27.9% agreeing strongly while 26.8% agreed, the study findings can further be explained by the presence of the respondents who disagreed 23.8% while 21.5% of the study responses were neutral in the study focus. The study revealed that having the high degree of child abuse can be affiliated to low level of family handling, this therefore means that mechanisms for child abuse has somehow led to children taking alcohol at their tender ages and even as grownups.

4.4.5 Drugs that cause child abuse

The study sought to establish the drugs that cause child abuse, the researcher set this to seek respondent's opinions on these, and the results are presented in the table 4.4.5 below.

Table 4.4.5: Drugs that cause child abuse

Drugs that cause child abuse		
Responses	Frequency	Percent
Alcohol	123	41.3
Weed	100	33.6
Codein	34	11.4
Others	41	13.8
Total	298	100.0

Source: Primary data, 2018

The study findings concerning the drugs that cause child abuse, 33.6% contend that weed cause drug abuse while 41.3% also agreed in the same context, codein constituted 11.4% of the respondents and finally others had 13.8% of the respondents. The study findings therefore indicate that irrespective of the drugs taken by the people all the drugs have a negative effect on livelihood and cause child abuse in the families. The study opinions are also shared by the NGO officials through a KII with AIRD official in the refugee settlement who reveal that families that are in the dealing and use of drugs have had a negative effect on the mode of child treatment.

“We have always got complaints from the children who originate from the families that are using the drugs, even with the usage of different drugs. The effect of child abuse is present”.

KII with AIRD official No (9) in the settlement, 30.10.2018

4.4.6 Kind physical consequences caused by drugs

The study sought to establish the kind physical consequences caused by drugs, the researcher set this to seek respondent's opinions on these, and the results are presented in the table 4.4.6 below.

Table 4.4.6: Kind physical consequences caused by drugs

Which kind physical consequences have got		
Response	Frequency	Percent
Injuries	74	24.8
Brain damage	38	12.8
Frustration	33	11.1
Loss of body weight	153	51.3
Total	298	100.0

Source: Primary data, 2018

The study findings in this regard report that drugs present different forms of consequences on human life, injuries account for 24.8% of the respondents while brain damage had 12.8% respondents, frustration accounted for 11.1% of the respondents and finally loss of body weight had 51.3% of the respondents. The study results indicate that drugs present a negative consequence of injuries to the people. The study findings are in agreement with the interview that revealed from the NGO official that Child abuse has caused numerous effects on the physical bodies.

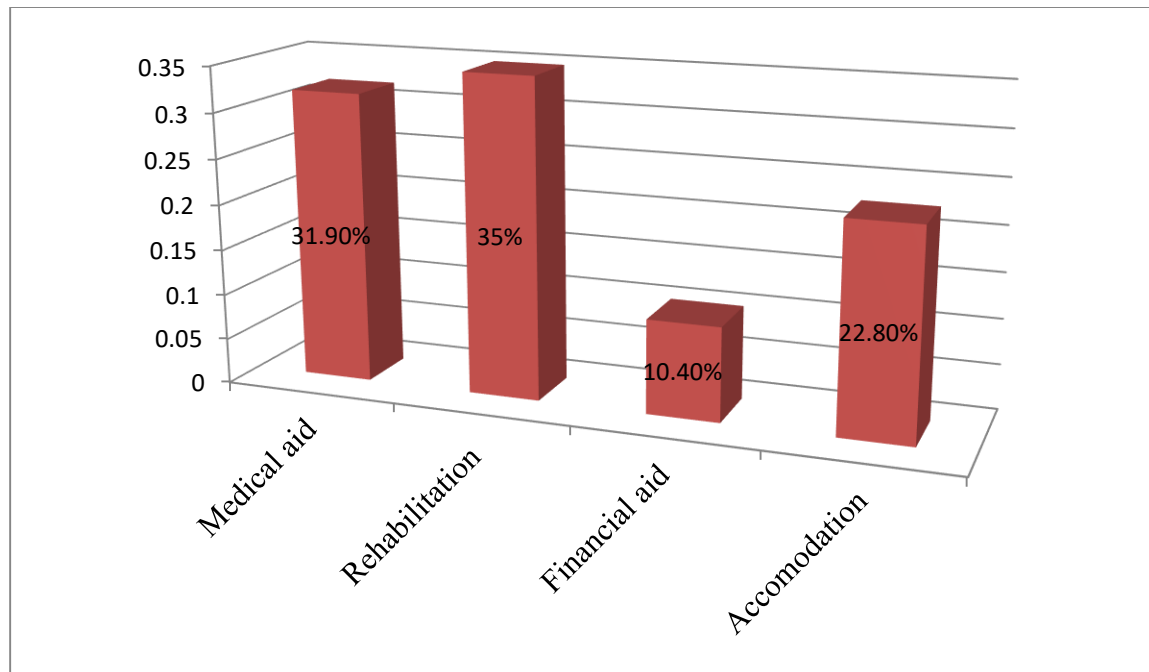
“Those we visited looked emaciated, weak and helpless, there were also those who sustained body injuries on their body a sign of physical assault, beating and mishandling. These could be affiliated to the negative form of abuse that is presented to the children in their living environment”.

KII with AIRD official No (10) in the settlement, 30.10.2018

4.4.7 Support have you received from the NGOs, CSOs or Government

The study sought to establish the support received from the NGOs, CSOs or Government, the researcher set this to seek respondent's opinions on these, and the results are presented in the figure 4.4.7 below.

Bar graph 4.4.7: Showing support received from the NGOs, CSOs or Government



Source: Primary data, 2018

Findings from the field regarding the study revealed that there are different forms of support provided from the NGOs, CSOs and government in the bid to improve the situation of abused children; these include medical aid 31.9%, rehabilitation, 35%, financial aid 10.4% and accommodation presenting the results of 22.8%. The study therefore present that prevalence of the support from the Organizations exist, these are however not sufficient based on the respondents from the field presented according to the interview responses.

“There is provided for aid to the abused aid, this aid is in the form of treatment and rehabilitation majorly intended to improve the stakes of the children abused. There has also been

reprimanding of the parents found in the issues of mistreatment of children, Counseling is also provided to the negatively affected children in the environment of child abuse in the country”.

KII with UNICEF official No(11), in the settlement, 30.10.2018

The study results indicate that there has been some interventions in the management of the abused children in the families, the interventions seem to be deterred by the cost of required rehabilitation that in essence limit the workforce of the organizations.

4.4.8 Which signs emotional consequences have you experienced

The study sought to establish which signs emotional consequences have you experienced, the researcher set this to seek respondent's opinions on these, the results are presented in the table 4.4.8 below.

Which signs emotional consequences have you experienced		
Responses	Frequency	Percent
Law of self esteem	89	29.9
Isolation	71	23.8
Anxiety	49	16.4
Lack of hope	89	29.9
Total	298	100.0

Source: Primary data, 2018

The study findings reveal that child abuse is affiliated with a series of emotional consequences have you experienced, these are law of self-esteem 29.9% while isolation had 23.8% of the respondents, anxiety had 16.4% and finally lack of hope had 29.9% of the respondents. The study results are in agreement with the interview conducted. The interviews reveal that the mode of child abuse in the refugee settlement has contributed too much harm than good.

“There are usually existing signs of limited hope and violence that is caused by the children especially in the way of the living situation. The means of the living is defined by the highly existing framework for the child abuse, these has limited the children growth for development in the bid to improve workforce excellence for improved performance of the children”.

KII with UNICEF official No.12, in the settlement, 30.10.2018

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSION, AND RECOMMENDATION

5.0 Introduction

This final section of the report deals with the discussion of the findings presented in the preceding chapter. The discussion is made with reference to other similar works done in previous studies. The section then draws conclusions from these discussions after which it offers recommendations. Finally, it suggests areas that are potential grounds for research that could not be completed in the body of this report.

5.1 Discussion of Findings

This section is further organized into three subsections with respect to the research objectives that guide the study.

5.1.1 Types of child abuse in Kiryandongo refugee settlement

The study findings regarding the forms of child abuse indicate that majority respondents experienced neglect from the parents as a major form of child abuse, followed by sexual abuse, then physical abuse and finally emotional abuses. These findings are backed by previous research studies that undertook to establish a similar purpose as elaborated below.

Isanghedehi (2004) argued that the injury may not have been intended by the parent or caretaker and is not an accident but may be due to over-discipline or corporal punishment that may not be appropriate or is unjustifiable for the child at that age. Mba (2003) argued that emotional abuse is evident when a parent or care giver uses abusive words such as blockhead, good for nothing, a mistake, on the child or when the child is locked up in a room, tired both hands and feet, or not allowed to make friends emotional abuse implies constantly blaming the child, belittling and or berating the child, being unconcerned about the child's welfare and overtly rejection of the child by parents or caretakers or caregivers. Thornton, et.al (2015) argued that the effects of child sexual abuse on the victims include guilt and self-blame, flashbacks, nightmares, insomnia, fear of things associated with the abuse, self-esteem difficulties, sexual dysfunction, chronic pain, addiction, self-injury, suicidal ideation, somatic complaints, depression, post-traumatic stress disorder. Children who are the victims are also at an increased risk of sexually transmitted

infections due to their immature immune systems and a high potential for mucosal tears during forced sexual contact.

5.1.2 Causes of child abuse in Kiryandongo refugee settlement

The study findings on the causes of child abuse reveal that the major cause of child abuse in Kiryandongo settlement was poverty among the people, parents taking alcohol, unemployed parents, parents who have history of abuse are highly related to child abuse, multiplicity of family members can cause child abuse, children live in violent areas are exposed to child abuse and whether disabled children are at risk of child abuse than others. Most previous studies that dealt in this context are in collaboration with these findings as outlined hereunder.

The results are in agreement with Gelle (1998) who argued that children who either experienced maltreatment or witnessed violence between their parents or caregivers may learn violent behaviour and may also learn to justify violent behavior as appropriate. Conclusion from this finding may not be correct in all cases, however, there are individuals who have not been abused as children who become abusive, as well as individuals who have been abused as children and do not subsequently abuse their own children. Even Manion et al (1996) contend that poverty particularly when interacting with other risk factors such as depression, substance abuse, and social isolation can increase the likelihood of maltreatment. A study done found that families with lower income, compared to other families, were at increased risk for child sexual victimization, Even Williamson (1991) contend that social isolation may contribute to maltreatment because parents have less material and emotional support, do not have positive parenting role models, and feel less pressure to conform to conventional standards of parenting behaviors.

5.1.3 Consequences of child abuse on children in Kiryandongo refugee settlement

The consequences of child abuse are numerous that included child abuse leading to use of alcohol or other drugs, children developing violent behaviors after being abused, abused children remember the person who committed the abuse them and child abuse can result into brains failing to grow properly. Even though the effect is highly negative, it is supported by other studies that undertook to establish a similar purpose as elaborated below.

Streeck et al (2000) just like the study findings argued that it is trauma caused by experiences of child abuse and neglect can have serious effects on the developing brain, increasing the risk of psychological problems. Health problems resulting from shaken baby syndrome may include brain damage. Child abuse and neglect can result brain fail to grow properly, resulting in impaired development, which can lead to long-term consequences for cognitive, language, and academic abilities and are connected with mental health disorders. Even Widom et al., (2012) explains that Children who experienced neglect were at increased risk for diabetes and poorer lung functioning, while physical abuse was shown to increase the risk for diabetes and malnutrition. Even a study done by ACF/OPRE,(2011) showed that cognitive and language deficits have been noticed in abused and neglected children., more than 10 percent of school-aged children and youth showed some risk of cognitive problems or low academic achievement, 43 percent had emotional or behavioral problems, and 13 percent had both. Children exposed to abuse and neglect are more likely to experience insecure or disorganized attachment problems with their primary caregiver.

5.2 Conclusion

In conclusion, the study was successfully carried out and all the objectives fulfilled.

- The first objective was accomplished where it was found out that there are different types of child abuse existing in Kiryandongo refugee settlement, these were majorly neglect of children, sexual abuse, while physical abuse constituted and emotional abuses. This means that child abuse is present and exists in different forms, the parents, guardians, care givers and entire communities in the refugee camps are constrained in handling the vice of child abuse.
- The second objective was fulfilled where it was determined that child abuse was caused highly by majorly poverty, drug abuse, history for abuse and lack of commitment in proper nurturing of the children. It implies that reducing this avenues of living and improve the parents state of life can enhance workforce performance.
- The final objective of the study also undertook to investigate the consequences of child abuse on children in Kiryandongo refugee settlement. Child abuse was found to have a negative bearing on children development as it caused physical injuries, emotional disturbances and child

abuse can result brain fail to grow properly. These imply that child abuse has a negative effect on child development.

5.3 Recommendations

The following are the researcher's suggestions regarding what should be done to positively influence of child abuse on children development. The study therefore makes the following recommendations.

5.3.1 Types of child abuse in Kiryandongo refugee settlement.

The study recommends that child abuse in form neglect, emotional, physical abuses exist, there is need for counseling the parents on the proper ways of handling the children in order to reduce their ways of harming the children, the alternative ways of punishments can therefore substitute the corporal punishments of abuse, this will lead to the abolition of the forms of child abuse that are disastrous to the children.

5.3.2 Causes of child abuse in Kiryandongo refugee settlement.

The study further recommend that the causes of child abuse such as poverty, unemployment, drug abuse and history of abuse can be removed by providing an avenue of improving the parents and guardians earnings through establishing income generating activities. There is further need for the provision of counseling and guidance to the parents to reduce taking of drugs as means of improving their lively hood and reduce their bearing on the children.

5.3.3 Consequences of child abuse on children in Kiryandongo refugee settlement.

The study recommends for a policy intervention into handling the culprits of child abuse and ensures that these don't report the abuses on children. There is need for arraigning the child abusers to the legal systems as means of improving the children state of life as many would be child abusers will be scared in doing the same. It is hence forth fundamental to argue that improving the status of life families, providing them with food and necessary requirements as an avenue for improving income generations.

5.4 Contributions to Knowledge

The study made contribution to knowledge by relating the attachment theory to child abuse in Kiryandongo refugee settlement. In addition, the study provided information that shows that child abuse in refugee settlement camps are beyond physical and psychological injuries and trauma, but it goes further to manifest adverse impact on the overall life of the victims.

5.4 Areas for Further Research

- Social interventions and children welfare.
- The role of government in managing for children welfare in organizations.
- Non-government organizations and child abuse management in communities.

REFERENCES

- Abolfotouh M., A., El-Bourgy,M., D., Seif, E., I., Mehanna. A., A. (2009). *Corporal punishment: mother's disciplinary behavior and child's psychological profile in Alexandria*. Egypt. J Forensic Nurs, Vol.5, p.5–17.
- Administration for Children and Families, Office of Planning, Research and Evaluation. (2011). NSCAW II baseline report: Child well-being. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/nscaw2_child.pdf. June 20, 2018.
- Alekseeva, L., S. (2007). Problems of child abuse in the home. *Problems of child abuse in the home*, Vol.49, No.5, p 6-18.
- ANPPCAN Uganda Annual report. (2012) .*High rates of sexual abuse of minors in Uganda*. Retrieved from: <http://www.theafricareport.com/East-Horn-Africa/high-rates-of-sexual-abuse-of-minors-in-uganda-a-tip-of-the-iceberg.html>. on November 30, 2017.
- ANPPCAN Uganda Chapter (2011), *A Situational Analysis Of Child Abuse And Neglect In Uganda*, p. 8.
- Axmaher, L., W. (2010). *Causes of child abuse*. Texas: Health plus and Vanderbilt family and staff wellness program.
- Baer, J., C., & Martinez, C., D. (2006). Child maltreatment and insecure attachment: A meta-analysis, " *Journal of Reproductive and Infant Psychology*, Vol.24, No.3, p.187–197.
- Berk, L. (2000). *Child development*. Fifth edition. Boston: Allyn and Bacon.
- Black, D., A., et al. (2001a). Larrance, D. T. Twentyman, C. T. (1983). Maternal attributions and child abuse, *Journal of Abnormal Psychology*, Vol.92, p.449-457.
- Boney-McCoy, S., & Finkelhor, D. (1995). Prior victimization: A risk factor for child sexual abuse and for PTSD-related symptomatology among sexually abused youth, *Child Abuse Neglect*. Vol.19, p. 1401- 1421.
- Butchart A, Phinney, H., A., Kahane, T. (1999). *Preventing child maltreatment: a guide to action and generating evidence*. Geneva: World Health Organization and International Society for Prevention of Child Abuse and Neglect.
- Chamberlain, A., Rauh, J., Passer, A., McGrath, M., & Burket, R. (1984). *Issues in fertility control for mentally retarded female adolescents*. Pediatrics, Vol.73, p. 445–450.

- Child Abuse A History Overview. (2018). *Children, Parents, Century, and Master*. Retrieved from: [https://www.libraryindex.com/pages/1360/Child-Abuse-History OVERVIEW.html](https://www.libraryindex.com/pages/1360/Child-Abuse-History%20OVERVIEW.html). On November 24, 2017.
- Children, HIV And Aids Avert. (2018). *Children, Hiv And Aids*. Retrieved from: <https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/children> .On July 20, 2018.
- Cicchetti, D., Rogosch, F., A., &Toth, S., L. (2006). Fostering secure attachment in infants in maltreating families through preventive intervention, *Development and Psychopathology, Vol.18*, p. 623–649.
- Corwin, D. (1988) .Early diagnosis of child sexual abuse: diminishing the lasting effects, in Wyatt, G. & Powell, G. (Eds.). *Lasting Effects of Child Sexual Abuse*," Newbury Park, CA: Sage, p251-71
- Mulumba, D. (2014).*Historical Background Of Refugees In Uganda*.,Makerere University International, pp.1. Retrieved from: http://makir.mak.ac.ug/bitstream/handle/10570/4077/mulumba_MAK_res.pdf?sequence=1. On January 09, 2018.
- Jakani, D. (2015),*Kiryandongo Refugee Settlement Basic Needs Assessment Final Report*, HYPERLINK "http://www.lachalced.org/index.php/media/lced-downloads/10-kiryandongo-refugee-settlement-s-basic-needs-assessment-kiryandongo-refugee-settlement-bweyale-kiryandongo-district-uganda-december-2015/file"Lach Community and Economic Development (LCED) , p.4.
- English, D., Widom, C., &Brandford, C. (2004).Another look at the effects of child abuse.*National Institute of Justice Journal, Vol.251*, No.23.
- Estroff, S.,E., A. (1997).*cultural perspective of experiences of illness, disability, and deviance*.In: Henderson GE et al., eds. *The social medicine reader*. Durham, NC, Duke University Press, p:6–11.
- Fergusson, D., Horwood, L., and Lynskey, M. (1997).Childhood sexual abuse, adolescent sexual behaviors and sexual revictimization, *Child Abuse and Neglect, Vol.21*, p.8.
- Firestone, L. (2013). How your attachment style impacts your relationship. *Psychology Today*.Retrieved from:

- <https://www.psychologytoday.com/blog/compassion-matters/201307/how-your-attachment-style-impacts-your-relationship>. On January 03, 2018.
- Gelles, R., J. (1998). The youngest victims: *Violence toward children*, In: Bergen R. K. (Ed.), *Issues in intimate violence*. Thousand Oaks, CA: Sage.,p. 5-24.
- Gilbert, R., SpatzWidom, C., Browne, K., Fergusson, D., Webb, E., and Janson, J. (2009). *Burden and consequences of child maltreatment in high-income countries*. The Lancet, p. 373.
- Global Fund for Children.(2007) .*News on children's issues* , Retrieved from: "http://www.globalfundforchildren.org/news/news_3252008.html"www.globalfundforchildren.org/news/news_3252008.html. On November 30, 2017.
- Goodwin, D.W., F. Schulsinger, J. Knop, S. Mednick, and S.B. Guze.(1977). *Alcoholism and depression in adopted daughters of alcoholics*. Archives of General Psychiatry ,Vol. 34, p.751-755.
- Harris, R., & Lingoes, J. (1955).*Subscales for the Minnesota Multiphasic Personality Inventory: An Aid to Profile Interpretation*. San Francisco, CA: Department of Psychiatry, University of California, San Francisco.
- Howard Markel, M., D. (2009). *Case of Mary Ellen McCormack Shined First Light on Child Abuse*.Retrieve from: <https://www.nytimes.com/2009/12/15/health/15abus.html>. On November 25, 2017
- Hilyard, K.L., & Wolfe, D.A. (2002). "Child neglect: Developmental issues and outcomes," *Child Abuse & Neglect*, Vol.26, p.679-695.
- Hussey, J., Chang, J., and Kotch, J. (2006).*Child maltreatment in the United States: Prevalence, risk factors, and adolescent health consequences*. Pediatrics,Vol.118,p.3.
- Isangedighi, A., J. (2004). *Child abuse*.Akwa: Erudition publishers.
- Karakurt, G., & Silver, K., E. (2014). Therapy for childhood sexual abuse survivors using attachment and family systems theory orientations, *American Journal of Family Therapy*, Vol.42, No.1,pp. 79-91.
- Administration for Children and Families Administration on Children, Youth and Families* ,Children Bureau, Office on Child Abuse and Neglect. Retrieved from: <https://www.childwelfare.gov/pubPDFs/childcare.pdf>. On January 21, 2018.

- Levy, T.,M., &Orlans, M. (1998). Attachment, trauma, and healing. Washington, DC: CWLA Press.
- Lieberman, A.,F., Weston, D.,R., & Pawl, .H. (1991). Preventive intervention and outcome with anxiously attached dyads. *Child Development*, Vol.62, p:199 209.
- Manion, I.,G., McIntyre, J., Firestone, P., Ligezinska, M., Ensom, R., & Wells, G. (1996). Secondary traumatization in parents following the disclosure of extrafamilial child sexual abuse: Initial effects, *Child Abuse Neglect*, Vol.20, p.1095- 1109.
- Margolin G., Gordis E.,B.(2000).*The effects of family and community violence on children*. Annu Rev Psychol, Vol.51,p.445–479.
- Marshall, W. L, Barbaree, H. E, (1990)." An integrated theory of the etiology of sexual offending", In W. L. Marshall, D. R. Laws, & H. E. Barbaree (Eds.), "*Handbook of sexual assault: Issues, theories, and treatment of the offender*," New York: Plenum Press, p. 257- 275.
- Marshall, W., L. ,Serran, G., Fernandez, Y., M., Mulloy, R., Thornton, D., Mann, R., & Anderson, D. (1999).Improving the effectiveness of Sexual Offender Treatment, *Journal of Consulting and Clinical Psychology*, Vol.59, p.381- 386.
- Martin, J., Anderson ,J., Romans, S., Mullen ,P., O'Shea ,M. (1993). Asking about child sexual abuse: methodological implications of a two stage survey. *Child Abuse & Neglect*. Vol.17,No,3,p.383–392.
- Mba, A., I. (2003). *The problems of child abuse in Nigeria*. Edited conference proceedings: pp79 – 82
- McMillen, J., C. (1992). Attachment theory and clinical social work.*Clinical Social Work journal*, Vol.20 , No.2, p. 207.
- Messman-Morre, T., Walsh, K., &DiLillo, D. (2010). Emotion dysregulation and risky sexual behavior in revictimization, *Child Abuse & Neglect*, Vol.34,No.12, p.967–976
- Mfonobong, E.U. (2013).Child abuse and its implications for the educational sector in Nigeria, *Child Maltreatment*, Vol.2,p.2.
- Okpara, J. (2001). *Forms of child abuse and neglect practice amongst market women in Akwa South Local Government Area*.NnamdiAzikiwe University: Unpublished Masters Theses.
- Newton, C., J. (2001). Child abuse: An overview. *Mental Health Journal*. Retrieved from: <http://www.therapistfinder.net> on February 27, 2018.

- Oliver E., Williamson, Walter, A.(1991). *Haas School of Business, Economics* : First published: Winter .Retrieved from: <https://onlinelibrary.wiley.com/doi/abs/10.1002/smj.4250121007>.On June 05, 2018.
- Oniyama, Oniyama and Asamaigbo. (2004). The Influence of Child Abuse on the Academic Performance of Primary School Pupils in Primary Science in Cross River State, Nigeria ,*An International Multi-Disciplinary Journal*, Ethiopia January, 2010,Vol.4, No.1, p 473.
- Peace,T. Kyamureku. (1997). African women in the age of transformation, *Voices from the continent*, Vol.25, No.2, p5-7
- Pearce, J., W., &Pezzot Pearce, TD.(1997). *Psychotherapy of abused and neglected children*. New York: The Guilford Press.
- Portwood, S. (1998).The Impact of Individuals Characteristics and Experiences on the Definitions of Child Maltreatment, *Child Abuse and Neglect*, Vol.22, p.437-452.
- Rycus, J., S., & Hughes, R., C. (2003). *Issues in risk assessment in child protective services: Policy white paper*. Columbus, OGH: North American Resource Center for Child Welfare, Center for Child Welfare Policy. Retrieved from: <https://pdfs.semanticscholar.org/1887/515d3f52198df1d60cef4e5f10e97f731e11.pdf>.On May 29, 2018.
- S., R., Meyer,G., Yu,S., Hermosilla, and L. ,Stark.(2017). Latent class analysis of violence against adolescents and psychosocial outcomes in refugee settings in Uganda and Rwanda ,*Global mental health*,Vol.4.
- Save The Children. (2017).*Children At Risk As Funding For The South Sudanese Refugee Response Dwindles, Uganda*. Retrieved from: <https://uganda.savethechildren.net/news/children-risk-funding-south-sudanese-refugee-response-dwindles>.On January 23, 2018.
- Seidman et al. (1995).A Review and New Report of Medial Temporal Lobe , HYPERLINK "<https://academic.oup.com/schizophreniabulletin/article-pdf/29/4/803/5334766/29-4-803.pdf>"Psychiatry, HYPERLINK "<https://academic.oup.com/schizophreniabulletin/article-pdf/29/4/803/5334766/29-4-803.pdf>"*Oxford Journals*,Vol.58 ,p.148-157.
- Shaw, R.j., &Benham, A.,L. (1997). *Disorders of attachment*. In H. Steiner & !.D. Yalom (Eds)., *Treating Preschool Children* San Francisco: Jossey Bass Publishers, p. 113 136).
- Bowlby J., Attachment and loss .(1982). Attachment. 2. New York: *Basic Books*;.Vol.1.

- Streeck-Fischer, A., & van der Kolk, B. (2000). Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development. *Australian and New Zealand Journal of Psychiatry*, Vol.34, p. 903-918.
- The African Charter On The Rights And Welfare Of The Child.(1990).*Definition Of The Child: The International/Regional Legal Framework*, p.1.
- Thornton, Clifton P. Veenema, Tener Goodwin. (2015). Children seeking refuge: A review of the escalating humanitarian crisis of child sexual abuse and HIV/AIDS in Latin America, *Journal of the Association of Nurses in AIDS Care*, Vol.26 , No.4, p. 432–442.
- U.S. Department of Health and Human Services. (1999). *Child Maltreatment 1997: Reports from the States to the National Child Abuse and Neglect Data System*. Washington, DC: U.S. Government Printing Office.
- UBOS and UNFPA.(2014).*National Population and Housing Census 2014*.Provisional Results.Retrieved from:<http://www.ubos.org/onlinefiles/uploads/ubos/NPHC/NPHC%202014%20FINAL%20RESULTS%20REPORT.pdf>.On January 21, 2018.
- Uganda Police.(2010) *Annual crime and Traffic/ Road and Safety report* ,pp7. ANPPCAN (2014) .*"Uganda Chapter Uganda Police Annual crime report,"* p.26.
- UNHCR (2016).*Refugees, Displaced People Surpass 60 Million For First Time* .Retrieved from:<https://www.npr.org/sections/thetwoway/2016/06/20/482762237/refugees-displaced-people-surpass-60-million-for-first-time-unhcr-says>. On January 03, 2018
- UNHCR (2018).*Uganda Refugee Response Monitoring Settlement Fact Sheet: Kiryandongo* .pp1. <https://reliefweb.int/report/uganda/uganda-refugee-response-monitoring-settlement-fact-sheet-kiryandongo-january-2018>.On January 22, 2018
- UNHCR(2017) *.South-Sudan Situation.* Retrieved from: ["http://data.unhcr.org/SouthSudan/settlement.php?id=168&country=229%C2%AEion=49"](http://data.unhcr.org/SouthSudan/settlement.php?id=168&country=229%C2%AEion=49)country=229@ion=49.on January 03, 2018.
- UNHCR.(2002) *.Protecting Refugees: Questions and answers*.Retrieved from: <http://www.unhcr.org/afr/publications/brochures/3b779dfe2/protecting-refugees-questions-answers.html>.On January 21, 2018.

- WHO (2002) *World Report on Violence and Health: Summary*, Geneva, World Health Organization.
- Widom CS (1999). Post-traumatic stress disorder in abused and neglected children grown up, *American Journal of Psychiatry*. Vol.156 .No.8. p.1223-1229.
- Widom, C., Czaja, S., Bentley, T., & Johnson, M. (2012). A prospective investigation of physical health outcomes in abused and neglected children: New findings from a 30 year follow-up, *American Journal of Public Health*, Vol. 102, No.6, 1, p.135–1,144.
- World Vision Org(2007), Sexual abuse of children high in Uganda's refugee camps: report <https://reliefweb.int/report/burundi/sexual-abuse-children-high-ugandas-refugee-camps-report> On January 26, 2018.

APPENDIX I: CONSENT LETTER

Dear Respondents,

I **Margaret Attilio Fuad Zolien** final year student at Kampala International University chasing a Master's Degree in Arts of Human Rights and Development. As part of the requirements for the master's award, I am conducting a research on child abuse and development of children in Kiryandongo refugee settlement. I hereby implore you to supply valid and correct information to the questions asked. Your response will be treated confidentially for academic purposes only. Thanks for your cooperation.

Best regards

Margaret Attilio

**APPENDIX II: QUESTIONNAIRE FOR VICTIMS OF CHILD ABUS, PARENTS/ CARE
GIVERS AND COMMUNITY LEADERS**

SECTION A: DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Instruction: For the questions in this section, please answer by ticking as appropriate

A1. Gender

- Male
- Female

A2. Age

- 13 to15
- 16 to 18
- 19 to 35
- 36 Above

A3.Nationality

- South Sudanese
- Congolese
- Others (Specify)_____

A4. Religion

- Islam
- Christianity
- Others (Specify)_____

A5. Education class level

- Kindergarten
- Primary
- Secondary

- Institutional

A6. How long have you been in this refugee settlement?

- 1 to 3
- 4 to 7
- 7 to 10

SECTION B: TYPES OF ABUSE

Instruction: Tick as appropriate

B1. Child abuse is social problem?

- Agree
- Disagree
- Strongly agree
- Neutral

B2. Sexual abuse is the most common type child abuse at the settlement

- Agree
- Disagree
- Strongly agree
- Neutral

B3. Abusers touch or made you to touch his / her private body parts?

- Agree
- Disagree
- Strongly agree
- Neutral

B4. Child victims should report their abuse cases

- Agree
- Disagree
- Strongly agree

- Neutral

B5. Which type of abuse did you, your child or someone you know experienced?

- Physical
- Emotional
- Sexual
- Neglect

B6. Who is the abuser?

- Parent
- Caregiver
- Others(Specify)_____

B7. Where did it happen?

- Inside refugee camp
- Outside refugee camp
- Others(Specify)_____

B8. If you or someone you know were abused, whom did you report to?

- The police
- Caseworker
- Older sibling

B9. What happened after the abuse was reported?

- Got justice
- Nothing
- Others(Specify)_____

SECTION C: CAUSES OF CHILD ABUSE

Instruction: Tick as appropriate

C1. What made you come to this settlement?

- Loss of parent(s)/guardian
- War/ethnic clashes

- Violence at home
- Others (specify)_____

C2. Whom do you live with?

- Parents
- Siblings
- Others(Specify)_____

C3. Multiplicity of family members can cause child abuse?

- Agree
- Disagree
- Strongly agree
- Neutral

C4. Unemployed parents abuse their child?

- Agree
- Disagree
- Strongly agree
- Neutral

C5. Parents who take alcohol and drugs abuse children

- Agree
- Disagree
- Strongly agree
- Neutral

C6. Parents who have history of abuse are highly related to child abuse

- Agree
- Disagree
- Strongly agree

- Neutral

C7. Children live in violent areas are exposed to child abuse

- Agree
- Disagree
- Strongly agree
- Neutral

C8. Poverty is a major cause of child abuse

- Agree
- Disagree
- Strongly agree
- Neutral

C9. Disabled children are at risk of child abuse than others

- Agree
- Disagree
- Strongly agree
- Neutral

SECTION E: CONSEQUENCES OF CHILD ABUSE

Instruction: Tick as appropriate

E1. Abused child remember the person who committed the abuse to him or her

- Agree
- Disagree
- Strongly agree
- Neutral

E2. Child abuse can result brain fail to grow properly

- Agree
- Disagree
- Strongly agree

- Neutral

E3. Children develop violent behaviors after being abused

- Agree
- Disagree
- Strongly agree
- Neutral

E4. Child abuse leads the use of alcohol or other drugs?

- Agree
- Disagree
- Strongly agree
- Neutral

E5. If yes, which one?

- Alcohol
- Weed
- Codeine
- Others (specify)_____

E6. Which kind physical consequences have got?

- Injuries
- Brain damage
- Others (specify)_____

E7. What kind of support have you received from the NGOs, CSOs or Government agencies being ill-treated?

- Medical Aid
- Rehabilitation
- Others (Specify)_____

E8. Which signs emotional consequences have you experienced?

- Low of self esteem
- Isolation
- Anxiety
- Others (specify)_____

APPENDIX III: KEY INFORMANT INTERVIEW GUIDE

INTRODUCTION

First, I would like to thank you for the time that you are kindly spending with me. You are giving me a great support in order to understand more about children's life in Kiryandongo refugee settlement. I will make some questions related child abuse in refugee camps in Uganda. As you have already read in the consent form, whenever you want to stop the conversation or whether you don't want to reply to some questions, please, be free to do so. Your identity will be hidden and I will record just under your permission.

1. What are the major causes of child abuse among the children in this settlement?

2. What are the main forms and type of child abuse common among children in this settlement?

3. What criteria are used in to protect children from abuse in this settlement?

4. What, if any, services have you been involved in providing refugee children who have experienced child abuse?

5. Where do survivors of child abuse report their cases?

6. Did you perceive any barriers facing refugee children in reporting child abuse within the settlement?

7. What roles does the government play in the operations and management of this settlement?

8. What methods does the NGOs use in this settlement in integrating the rehabilitated children back into the society?

9. What follow-up integration mechanisms have you put in place to ensure that the victim child is properly integrated in the society?

10. What are the effects of child abuse?

11. Have refugees ever shared their personal experience with you, in reporting or trying to report child abuse within the refugee settlement camp? If yes, please elaborate on their experience.

12. What are the challenges facing victim children of abuse in this settlement?
